



PUTNAM
COUNTY CHARTER SCHOOL SYSTEM

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2014–2015

Special Education Handbook for Teachers and Administrators

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Forward

This handbook was adapted to assist personnel in the Putnam County School District who are serving individuals with Exceptional Needs. The intent of this document is to be comprehensive while allowing for a “user friendly” document that can be amended each year to reflect significant changes in special education law, philosophy and methodology. To this end, we hope staff members will contribute to the process of continuing revision and improvement.

Each school is assigned a due process facilitator/lead teacher and teachers and administrators should work closely with their assigned person to make sure we are in compliance on student services and records. The assignments are as follows:

Primary School: Kim McLaulin
Elementary School: Connie Brannon
Middle School: Leah McGowan
High School: Vicky Black

Dear Administrator, Teacher, and Support Staff

This handbook has been designed to assist educational professionals in the implementation of Special Education Programs and services that meet federal and state regulations. It is intended to serve as a procedure guide on how Putnam County plans to stay compliant with state and federal laws.

The data contained in this book is specific to our county and students with disabilities. We know you are all constantly working on ways to improve your teaching and the learning of your students. We will establish individual, school and district goals based on this data.

The other procedures are considered part of the duties and responsibilities of special education teachers and compliance will be reflected in yearly evaluations conducted by the principal. If a teacher is out of compliance, the director of special programs will advise the principal and together work to resolve issues of non-compliance.

We are committed to helping you be successful when dealing with students with disabilities on an everyday basis. You make a huge difference in the lives of these students and we say thank you. We wish you and your students much success in the coming year.

Sincerely,

Laura Melton
Director of Special Programs

Area of General Supervision I: Identification Processes

I. Confidentiality of Personally Identifiable Information

A. Confidential Information:

- *Directory Information:* information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the student's name, address, telephone listing, date and place of birth, major field of study, participation in

officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.

- *Disclosure*: to permit access to or the release, transfer, or other communication of education records—or the personally identifiable information contained in those records—to any party, by any means, including oral, written, or electronic means.
- *Education Records*: those records that are directly related to a student, contain personally identifiable information, and are maintained by the school district or institution or by a party acting for the agency or institution. The term does not include sole possession records of instructional, supervisory, and administrative personnel, provided that the record is kept in the sole possession of the maker of the record and is not accessible or revealed to any other person except a temporary substitute for the maker of the record.
- *Eligible Student*: a student who has reached age of majority or is attending an institution or postsecondary education.
- *Records*: any information recorded in any way including, but not limited to, handwriting, print, film, microfilm, microfiche, and all electronic records such as email, CD, and or DVDs.

B. Access Rights and Required Procedures: The Putnam County Charter School System (PCCSS) shall permit a parent to inspect and review the education records of the student. The school shall comply with a request for access to records within a reasonable period of time but in no case more than 45 days after it has received a request. Parents may obtain this information from either the site school or from the Board of Education Office.

- *Record of Access*: Each school shall maintain a record of all requests for access to and disclosure of information from the education records of each student. The record must include the date of access, the person's name, and the purpose for accessing the record. This record of access is located in every student's special education folder.
- *Disclosure to Federal and State Officials*: Authorized federal and state officials may have access to education records in connection with a monitoring or evaluation of federal or state supported education programs or for the enforcement of or

compliance with federal legal requirements that relate to those programs.

C. Amendment of Records at Parent Request: When a parent believes the information contained in the student's education record is inaccurate, misleading, or in violation of the privacy or other rights of the student, the parent may ask the school to amend the record. If the school decides not to amend the record, the parent shall be informed of their right to request a hearing.

D. Results of Hearing: If, as a result of the hearing, the school decides that the information is inaccurate, misleading, or otherwise in violation of the student's privacy or other rights, the school shall amend the information accordingly and inform the parent/guardian in writing. If, as a result of the hearing, the school decides that the information is not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights, the school shall inform the parent/guardian of the parent's/guardian's right to place in the student's records a statement commenting on the information and/or providing any reasons for disagreeing with the school's decision. Any explanation placed in the student's records shall be:

- Maintained by the school as part of the student's records as long as the record or contested portion is maintained by the school; and
- Included with the record or contested portion if the record or contested portion is disclosed to any party.

E. Parent Consent:

- *Parent Consent Required for Disclosure:* The parent shall provide a signed and dated written consent before a school discloses personally identifiable information from the student's education records.
- *Parent Consent Not Required for Disclosure:* The school will disclose personally identifiable information from an education record of a student without the written consent of the parent **if** the disclosure is:
 1. To officials of another school or institution in which the student seeks to enroll provided that the school has a notice in its policies that it forwards education records on request to a school in which the student seeks or intends to enroll;
 2. For directory information if the school has given public notice to parents of students in attendance of the types of information that the school has designated as directory

information—a parent has the right to refuse to let the agency or institution designate any or all of those types of information about the student as directory information;

3. To organizations conducting studies for or on behalf of educational agencies or institutions to develop, validate, or administer predictive tests; administer student aid programs; or improve instruction provided that the personally identifiable information is destroyed when no longer needed for the purposes for which the study was conducted; and/or
4. To comply with a judicial order or lawfully issued subpoena.

F. Safeguards: *Notice of Procedural Safeguards*

- *General.* The *Notice of Procedural Safeguards* provides parents with notice of all pertinent IDEA and State procedural safeguards requirements. The notice must be offered to the parent.
 - a. *Assessment.* Upon student’s initial referral or parent request for an assessment.
 - b. *Annually.* For students currently receiving special education services (typically this will be provided to parents at the time of the annual review meeting)
 - c. *Complaint/Due Process.* Upon receipt of the first complaint and/ or first due process hearing request in a school year. The Director of Special Programs sends this notice to the parent.
 - d. *Disciplinary Change of Placement.* On the date a decision is made to suspend a student when the suspension constitutes a change of placement because of a violation of a code of student conduct.
 - e. *Upon Request* by a parent.
- *Contents of Procedural Safeguards Notice.* Procedural Safeguards pertaining to the following are described in the notice:
 - a. Independent educational assessments;
 - b. Prior written notice;
 - c. Parental consent;
 - d. Access to education records;
 - e. Opportunity to present and resolve complaints through the due process complaint procedures, including:
 - i. Time period in which to file a complaint;

- ii. Opportunity for the agency to resolve the complaint; and
- iii. Difference between the due process complaint and the State complaint procedures, including the jurisdiction of each procedure, what issues may be raised, filing and decisional timelines, and relevant procedures;
- f. Availability of mediation;
- g. Child's placement during the pendency of any due process complaint;
- h. Procedures for students who are subject to placement in an interim alternative educational setting;
- i. Requirements for placement by parents of students in private schools at public expense;
- j. Hearings on requests for due process, including requirements for disclosure of assessment results and recommendations;
- k. Civil actions, including the time period in which to file those actions;
- l. Attorneys' fees.

G. Destruction of Confidential Information: Our school system maintains the special education folder of all students with a disability. Our school district will destroy personally identifiable information at the parent's request when that information is no longer needed to provide educational services. This can be accomplished by removing personal identifiers from retained records. When records are no longer needed for educational purposes, the school will separate them from active files and retain them in a special file with limited access. Although largely complementary, IDEA regulations on student records go beyond the requirements of FERPA in some respects. For example, IDEA requires that parents be informed when a school proposes to destroy student records. Parents must be informed of their right to request destruction of information whenever their child graduates or leaves school, and with certain exceptions, this information must be destroyed at the parent's request. The district notifies parents and former students annually via the local newspaper and the district website that records no longer required and will be destroyed. The district, however, may retain a permanent record of a student's name, address, phone number, grades, attendance record, classes attended, grade level completed, and year

completed even over parental objections. Parents can request that their child's record be amended if they feel the contents are misleading or inaccurate. If the school disagrees, the parent can request a hearing. If the parent does not prevail at the hearing, they can ask that a written statement be included in the record that explains their position.

II. Student Support Team (SST/RTI)

The Putnam County Charter School System has identified procedures and a process for students in the Tier process. The system has established a separate manual outlining the process and a copy of the manual can be obtained from the school psychologist, RTI coordinator at each school or Director of Special Programs for the school system.

III. Child Find Procedures

The Putnam County School System recognizes the need for early intervention in assisting students with disabilities. Therefore, the local school system utilizes a variety of methods in identifying, locating and evaluating students with suspected disabilities who reside in Putnam County or attend an early intervention program in our county.

A. Annual Child Find: The Office of the Director of Special Programs produces a flyer which is annually distributed to private schools, daycare centers, Department of Family and Children Services, Local Health Department, Local doctors' office detailing the child find process, how students can be evaluated from birth to 3 by agencies such as Babies Can't Wait and then how transition occurs to our local school district.

B. Screenings/Evaluations: The Putnam County Charter School Districts completes screenings or a comprehensive evaluation of all children with suspected disability ages 3 to 21 including:

- Children Birth through age three
- Preschool children, ages 3-5
- Children enrolled in the LEA schools including public charter schools
- Children who are suspected of being children with disabilities
- Highly mobile children, including migrant children
- Children who are detained or incarcerated in jails or correctional facilities
- Children in home school/study programs

- Parentally-placed private school children, including religious, elementary and secondary schools
- Screenings such as hearing and vision, universal screenings of all students and academic review of educational progress can be used to determine appropriate educational strategies, but are not considered to be a comprehensive evaluation.

C. Appropriate Educational Strategies: Students referrals must be accompanied by documentation of scientific, research or evidence based academic or behavioral interventions (as outlined in our section on Response to intervention) that demonstrate insufficient rate of progress. The only exception is allowed when evaluation and/or placement is required due to a significant disability.

IV. Evaluations and Reevaluations

A. Referral Procedures: A student shall be referred for special education instruction and services only after the resources of the regular education program have been considered and, where appropriate utilized.

- Each school shall have a RTI- Response to Intervention Team Process for students identified as needing extra help and support within the regular education setting. School site principals are responsible for ensuring all resources of the regular education programs have been utilized before a referral to special education is made.
- The RTI, (Pyramid of Interventions) process is part of the regular education program which schools will use to demonstrate that appropriate classroom instruction and interventions have occurred with data results which support a need to make a referral to special education.

Once the Response to Intervention team has exhausted all possible resources and has data to support the need for a referral, the following referral procedures should occur.

- Referrals for the birth - 2 year olds for possible special education services can be written or given orally and are typically generated through the Babies Can't Wait Program, Georgia Pines, or Head Start. Other individuals, i.e., parents, physicians, preschool staff and entities as appropriate may also

make infant/preschool referrals. Children birth-2 years should be referred to the office of the Director of Special Programs for the Putnam County School System.

- Director of Special Programs will have the parent complete a referral packet:
 - a. Child history
 - b. Vision/hearing screening
 - c. Medically relevant information
- Director of Special Programs will:
 - a. Begin the initial checklist for pre-k referrals
 - b. Forward information to School Psychologist
- School Psychologist will:
 - a. Add student to SEMS Program
 - b. Print out parent permission form; obtain parent signature
 - c. Schedule child for evaluation
 - d. Complete evaluation
 - e. Forward evaluation results to DPF (Due Process Facilitator)
- DPF will:
 - a. Schedule and conduct an eligibility meeting with appropriate team and develop a plan if deemed necessary
 - b. Contact parents and appropriate staff to attend
 - c. Return completed checklist to director
 - d. Consult with school administrator regarding teacher assignment
- Referral for possible special education services within the local school system should go to the building principal who, along with the RTI Team, determines if adequate classroom interventions have occurred with supporting data. A written record of interventions should accompany all special education referrals. The initial and referral forms must come with each folder to the central office. After evaluations have been completed, the folder will be given to due process facilitator in each school for processing. Referrals shall be accepted from students, teachers, parents, agencies and members of the public.
 - a. Each classroom teacher is a member of a grade level group.

- b. Grade level groups meet regularly to discuss students who have fallen below grade level standard OR students who have fallen below the 25th percentile.
 - c. An initial Student proficiency plan is completed which identifies a specific research based intervention, staff responsible for implementing the intervention, the intensity & frequency of the intervention, staff responsible for the fidelity checklist, and a follow up meeting date.
 - d. Follow up Tier 2 meetings will also be documented on a Student Proficiency Plan accompanied by a GAP Analysis. GAP analysis will compare the student's level of performance to expected levels for a period of 12 weeks.
 - e. Students who do not reach grade level standards OR who do not reach the 25th percentile will move to Tier 3 interventions.
 - f. Tier 3 RTI coordinators will add the student to the SEMS Program and will document all Tier 3 interventions and meeting summaries in SEMS.
- Referrals for special education services available through State schools (such as the Georgia Academy for the Blind) and private specialized schools will be made through the office of the Director of Special Programs in conjunction with school administrators.
 - Referrals of individuals suspected of having exceptional needs requiring special education services will be accepted from other public or private agencies/schools. A written referral listing appropriate classroom interventions shall be sent to the Director of Special Programs in which the child attends school. Once the public school team determines that the appropriate interventions have been utilized and data has been gathered to support the intervention, a multidisciplinary team shall assess the student for special education eligibility and services. If a private school student is determined to be eligible for and require special education services, the student's parents can choose to have their child receive a "free and appropriate public education". If the parents choose to keep their child in a private school, they could have their child receive consultive special education services through an Individual Service Plan. (ISP) Services Plans must be met on annually just like an IEP.

- Private or specialized schools will:
 - a. Complete initial SPP for each area of concern.
 - b. Begin and continue parent communication throughout the process.
 - c. Begin and continue intervention planning & monitoring.
 - d. Set up and continue weekly monitoring of students in the identified area(s) of weakness.
 - e. Submit requests for v/h screen, or private physician or Health Department documentation may be obtained.
 - f. Complete SPP Review with GAP analysis.
 - g. With adequate progress END HERE; with inadequate progress continue.
 - h. If student has not shown progress with initial intervention(s), return to initial SPP & introduce a new research based intervention or a modified or intensified version of the initial intervention.
 - i. Collect classroom work sample for targeted area(s).
 - j. IF 2 interventions have failed to produce adequate progress; referring teacher will complete a request for Tier 3.
 - k. Referring teacher will submit referral folder to RTI Coordinator (interventions & progress monitoring continue).
 - l. RTI Coordinator will review all Tier 2 documentation (minimum of 2 research based interventions have failed) and, if incomplete, return folder to referring staff.
 - m. RTI Coordinator will establish Tier 3 meeting (contact parents, relevant personnel with date & time).
 - n. RTI Coordinator conducts Tier 3 Problem Solving Team meeting; meetings are documented in SEMS with attendance page.
 - o. IF 2 interventions at Tier 3 have failed to produce adequate progress, RTI Coordinator will complete Referral for Psycho-educational Evaluation and will request Social History.
 - p. RTI Coordinator will submit referral folder to School Psychologist for review.
 - q. School Psychologist will review all documentation for accuracy and if incomplete, return to referring staff.
 - r. If complete, School Psychologist will print parent permission & deliver folder & form to appropriate staff.

- s. RTI Coordinator will obtain parent permission; begin appropriate checklist; and send checklist & referral packet to County Director of Special Services.
- t. RTI Coordinator will request classroom observation.
- u. School Psychologist, with Director Approval, will begin evaluation; complete evaluation & report.
- v. School Psychologist completes **SEMS** Administrative Data & Eligibility Report tabs 1, 2, 3 & 4; submit all to DPF.
- w. RTI Coordinator will set up eligibility meeting and include appropriate private school staff, school psychologist, and DPF. Eligibility report will be completed in **SEMS**.
- x. DPF, if eligibility is established, will insure that parents are aware of the options to receive FAPE in the public school setting or a service plan with consultative services at the private setting.
- y. DPF will return completed checklist to Special Education Director.

B. Timeframes for Evaluations:

- All initial referrals will be completed within 60 calendar days of date parent signed consent for evaluate (although rule says date system received consent). Exceptions include:
 1. Parent repeatedly fails to produce the child for evaluation
 2. Illness or unusual medical needs
 3. Student transfers from another system and parents agree to a new timeline
 4. Babies Can't Wait referrals that are not turned in within the expected 90 day
- Holiday periods and other circumstances when children are not in attendance for five consecutive days shall not be counted toward the 60 day timeline.
- During the summer vacation period, beginning thirty calendar days prior to the last day of school, the evaluation will be conducted within 90 calendar days of receiving parental consent for evaluation.

C. Parental Consent for Evaluation:

- No assessments shall be conducted without written consent from the parent. Parents should sign and date the consent form. If the parent fails to date the consent, the consent form is

sent back home or parent is asked to come to the school to put a date on the form.

- If the system decides to use an outside evaluation, provided by the parents, to establish eligibility, consent from the parents to evaluate must be obtained.
- Do not give parents names to psychologist or psychiatrist. We have compiled a list and it will be given to the health department for their use.
- If a student is found eligible for services, an individual education plan should be written and services shall begin.
- If a student is found to not be eligible for services, the special education department will document that eligibility was held using the other meeting summaries in SEMS and then send all necessary documentation back to the Tier 3 RTI committee in which the child attends school. Decisions are made by the RTI committee about other services after documentation has been given to the RTI coordinator in the school.

D. Reevaluation Consideration

- **Assessment Process:** Upon teachers receiving caseloads at the beginning of the school year, teachers should determine what reevaluations are due during the current school year and begin completing the reevaluation process as needed. All reevaluations should be turned in for processing 90 days prior to the due date, even if continuing eligibility. All eligibilities/continuation of eligibilities are due within three years from the previous **eligibility** date. Teachers look at the eligibility date and count back 90 calendar days to determine when the referral is due to the central office.
 1. For re-evaluations due before November 1st of the upcoming school term, documentation should be submitted by May 1st of the current school year.
 2. All forms needed to complete eligibilities are available on the shared drive.
 3. Teachers use the reevaluation packet checklist as a reference form for completing a reevaluation/redetermination and date/initial as directed on the form.
 4. Before the meeting to determine if testing or continuation of eligibility will occur, consent for vision and hearing testing should be obtained and passed.

5. Once vision and hearing screenings are passed, the caseload teacher invites the parents (giving them at least seven days notice) and committee members to the meeting to determine if a reevaluation is needed or if there is sufficient evidence to continue eligibility. Caseload teacher should complete the reevaluation/redetermination conference form.
- **Procedures for continuing eligibility:** If eligibility is continued, the caseload teacher updates IEP program (SEMS) with new dates and send reevaluation packet checklist with required items completed to Special Education Director. Documentation must include: vision/hearing screenings, documentation that parent has been informed, and a detailed summary of specific reasons for continuation.
 - **Procedures for reevaluation to determine eligibility:**
 1. If committee agrees to conduct evaluation, the caseload teacher obtains consent to evaluate and immediately begins the reevaluation process.
 2. The caseload teacher completes the first four tabs of the SEMS eligibility form.
 3. The caseload teacher sends home all necessary forms for parent to complete (social history [Form 12 i-r] and appropriate behavioral scales). The behavioral scales used must not be copied. The forms may be obtained from the Due Process Facilitator (DPF) at the appropriate school.
 4. The caseload teacher collects annotated work samples.
 5. The caseload teacher completes at least one structured observation in **each** SLD area and at least one observation when considering the other disabilities (EBD/OHI/MID/MOID/SDD/AUT).
 6. For SLD referrals, PCPS and PCES teachers complete the Psychological Processing Checklist (PPC) or Behavior Rating Inventory of Executive Functioning (BRIEF) (as assigned by the School Psychologist). PCMS and PCHS teachers complete the PPD and BRIEF.
 7. For EBD/OHI/MID/MOID/SDD/AUT referrals, teachers complete the appropriate rating scales (i.e. BASC-2, ADDES 3, BES, ABAS, ABES, ASDS, and GARS).
 8. The caseload teacher collects records (medical if any, report cards, cumulative records/grades, statewide

assessment results, attendance records, discipline, DIBELS, benchmark testing).

9. The caseload teacher compiles data on each IEP goal in quantitative terms (data should cover a minimum 12 week period with 4 to 6 data collection points).
10. The caseload teacher copies reevaluation/redetermination conference, last psychological report, last eligibility report, and most recent IEP.
11. The caseload teacher gives packet to Due Process Facilitator, who will review packet and send to Special Education Director.
12. Once testing is completed and packet is returned, the caseload teacher schedules the reevaluation conference. School psychologist, parents, teachers, student if applicable, and any other relevant participants are invited. All 8th graders and high school students are invited to their meetings and this is documented on the checklist if the parent and/or the student attended the meeting. This is documented in SEMS as to if the parent or student attended for all students primary through high school.
13. The caseload teacher finishes completing reevaluation packet checklist and sends it to Special Education Director.

Should the special education teacher fail to adhere to the guidelines outlined above in the reevaluation or redetermination process, the due process facilitator at the school will notify the special education director who will in turn notify the principal. Together the two administrators will determine the appropriate steps to intervening and in providing follow up professional development or a plan of corrective action.

• **Independent Educational Assessment:**

1. A parent has the right to obtain, at public expense, an independent educational evaluation of the student from a qualified specialist, if the parent disagrees with an assessment conducted by our local school psychologist. Parents have to notify the Director of Special Programs in writing of their wish for an independent evaluation.
2. If the teacher, therapist, or consultant believes a student needs an outside evaluation beyond the scope of our evaluation, the person should talk to the Director of Special

Programs first about concerns and why an additional evaluation from an outside source is necessary. The district has and will seek evaluations outside the school system for students who speak another language, if the district believes a bilingual psychologist is needed due to the scope of the language barrier.

3. If the district believes a medical evaluation is warranted as part of the determination of eligibility, it must seek parental permission before such evaluation is provided, and the evaluation must be provided at public expense or at no cost to the parent.

E. Comprehensive Evaluations:

- Putnam County Charter School System uses a variety of evaluation tools which may include:

- | | | |
|-----------|-----------|-------------------|
| • ABAS II | • CDI | • PPC |
| • ABS S2 | • Conners | • RADS depression |
| • ADDES | • DAB 3 | • TONI 3 |
| • ADHDT | • DATA 2 | • Vineland |
| • ASDS | • DP3 | • VMI long |
| • BASC | • ERSI | • VMI short |
| • Bender | • GARS | • WCJ ach |
| • BES | • GORT 4 | • WCJ IQ |
| • Binet | • KBIT 2 | • WIAT II |
| • BRIEF | • OWLS | • WISC IV |
| • CARS | • OWLS OE | • WRAT 3 |
| • CAS | • Piers | |

Harris

- Evaluations are administered by trained and knowledgeable staff
 1. One full time certified School Psychologist
 2. One half time certified School Psychologist

F. Determination of Eligibility:

- Eligibility team
 - DPF/LEA Representative

- School Psychologist
 - Regular Education Teacher
 - Special Education Teacher
- Documentation of Evaluation Results
 - Completed psycho-educational evaluation
- Exclusionary Factors
 - Addressed on the SEMS eligibility report
- Determination of the disability
 - Addressed on the SEMS eligibility report
- There are only two situations a student can be exited from special education.
 1. Student shall be exited from special education when he or she achieves his/her goals and short term objectives or at the end of the school year once a child reaches age 22 and/or receives a high school diploma. A reassessment is not necessary to exit a student upon graduation.
 2. The other circumstance a student can be exited from special education is after a re-evaluation and the IEP team finds the student no longer has a qualifying disability.

V. Eligibility Determination and Categories of Eligibility

A. AUTISM SPECTRUM DISORDER (AUT).

- **Definition:** Autism spectrum disorder is a developmental disability generally evident before age three that adversely affects a child's educational performance and significantly affects developmental rates and sequences, verbal and non-verbal communication and social interaction and participation. Other characteristics often associated with autism spectrum disorder are unusual responses to sensory experiences, engagement in repetitive activities and stereotypical movements and resistance to environmental change or change in daily routines. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance as defined in (d). Children with autism spectrum disorder vary widely in their abilities and behavior. The term of autism spectrum disorder includes all subtypes of Pervasive Developmental Disorder (such as Autistic Disorder; Rett's Disorder; Childhood Disintegrative Disorder; Asperger Syndrome; and Pervasive Developmental Disorder, Not Otherwise Specified) provided the child's educational performance is adversely affected and the child

meets the eligibility criteria. Autism spectrum disorder may exist concurrently with other areas of disability.

- **Evaluations and Assessments:** The following evaluations and assessments shall be utilized to determine the presence of the characteristics of autism spectrum disorder.
 1. Comprehensive psychological evaluation to include a formal assessment of intellectual functioning and an assessment of adaptive behavior.
 2. Educational evaluation to include an assessment of educational performance and current functioning levels.
 3. Communication evaluation to include assessment of verbal and non-verbal communication, prosody (linguistics including intonation, rhythm and focus in speech), and pragmatic language utilizing both formal and informal measures.
 4. Behavioral evaluations to include assessment of social interaction and participation, peer and adult interactions, capacity to relate to others, stereotypical behaviors, resistance to change, atypical responses to sensory stimuli, persistent preoccupation with or attachment to objects and other behaviors often associated with autism spectrum disorder.
 5. Developmental history to include developmental differences and delays and age of onset, which is typically before the age of three. A child may be diagnosed as a child with autism spectrum disorder after age three if the characteristics of autism spectrum disorder are met.

- **Eligibility and Placement:** Eligibility shall be based on assessment of the five characteristic areas associated with autism spectrum disorder. The assessments shall minimally document that each of the characteristic areas of (1) developmental rates and sequences, (2) social interaction and participation and (3) verbal and non-verbal communication are affected. The adverse effect on a child's educational performance shall be documented and based on the following criteria:

1. **Developmental rates and sequences.** A child exhibits delays, arrests, and/or inconsistencies in the acquisition of motor, sensory, social, cognitive, or communication skills. Areas of precocious or advanced skill development may also be present, while other skills may develop at typical or

extremely depressed rates. The order of skill acquisition frequently differs from typical developmental patterns.

2. **Social interaction and participation.** A child displays difficulties and/or idiosyncratic differences in interacting with people and participating in events. Often a child is unable to establish and maintain reciprocal relationships with people. A child may seek consistency in environmental events to the point of exhibiting rigidity in routines.
3. **Communication (verbal and/or nonverbal).** A child displays a basic deficit in the capacity to use verbal language for social communication, both receptively and expressively. Characteristics may involve both deviance and delay. Verbal language may be absent or if present, may lack usual communicative form, or the child may have nonverbal communication impairment. Some children with autism may have good verbal language but have significant problems in the effective social or pragmatic use of communication.
4. **Sensory processing.** A child may exhibit unusual, repetitive or unconventional responses to sensory stimuli of any kind. A child's responses may vary from low to high levels of sensitivity.
5. **Repertoire of activities and interests.** A child may engage in repetitive activities and/or may display marked distress over changes, insistence on following routines and a persistent preoccupation with or attachment to objects. The capacity to use objects in an appropriate or functional manner may be absent, arrested, or delayed. A child may have difficulties displaying a range of interests and/or imaginative play. A child may exhibit stereotypical body movements. A child with autism spectrum disorder may be served by any appropriately certified teacher in any educational program as described in the child's individualized education program (IEP). The identification of autism spectrum disorder for educational programming does not dictate a specific placement; however, it is based on the assessed strengths, weaknesses and individual goals and objectives of the child.

B. DEAFBLIND (DB).

- **Definition:** Deaf blind means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs

that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

- **Eligibility and Placement:**

1. For a child to be determined eligible for placement in special programs for the deafblind, the child shall have current optometric or ophthalmological examination and an audiological evaluation, all administered by qualified professionals. Children who are deafblind shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), immittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), and an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report is required indicating the dates of the audiological evaluation and a description of the results of the audiological testing and amplification evaluation. In addition, the report should include a description of classroom environmental modifications which will assist the individualized education program (IEP) team in making instructional decisions, the child's ability to understand spoken language with and without amplification, and an interpretation of the results as they apply to the child in his or her classroom setting.
2. Children who are deafblind may receive educational services in classes with other disabled children; however, the class-size ratio for deafblind shall be maintained.

- **Additional Requirements:** Each child who has been diagnosed as deafblind shall be reported in the Georgia Deafblind Census.

C. DEAF/HARD OF HEARING (D/HH).

- **Definitions:** A child who is deaf or hard of hearing is one who exhibits a hearing loss that, whether permanent or fluctuating, interferes with the acquisition or maintenance of auditory skills necessary for the normal development of speech, language, and academic achievement and, therefore, adversely affects a child's educational performance.

1. A child who is deaf can be characterized by the absence of enough measurable hearing (usually a pure tone average of 66–90+ decibels American National Standards Institute without amplification) such that the primary sensory input for communication may be other than the auditory channel.
2. A child who is hard of hearing can be characterized by the absence of enough measurable hearing (usually a pure tone average range of 30–65 decibels American National Standards Institute without amplification) that the ability to communicate is adversely affected; however, the child who is hard of hearing typically relies upon the auditory channel as the primary sensory input for communication.

- **Eligibility and Placement:**

1. The eligibility report shall include audiological, otological and educational evaluation reports.
 - a. Audiological evaluations shall be provided with initial referral. Children who are deaf or hard of hearing shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), immittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report shall be included in the audiological evaluation. This written report shall include, but is not limited to: the date of the audiological evaluation, description of the results of the audiological testing, an amplification evaluation including the child's ability to understand spoken language with and without amplification, as well an interpretation of the results as they apply to the child in his or her classroom setting.
 - b. An otological evaluation report from appropriately licensed or certified personnel is required at the time of initial placement in the program for the deaf/hard of hearing. The otological evaluation report is required as medical history pertinent to the absence of hearing. If such a report is not available upon initial placement, it

shall be obtained within 90 days of placement. The initial or most recent otological evaluation result shall be summarized and that otological evaluation report shall be attached to the eligibility report.

- c. A comprehensive educational assessment shall be used in the development of the child's individualized education program (IEP). The educational evaluation shall include assessment data from more than one measure and shall include, but is not limited to, information related to academic/achievement levels, receptive and expressive language abilities, receptive and expressive communication abilities, social and emotional adjustment and observational data relative to the child's overall classroom performance and functioning.
 2. A psychological evaluation, using instruments appropriate for children who are deaf or hard of hearing, is recommended as part of the overall data when eligibility is being considered.
 3. Children who exhibit a unilateral hearing loss may be considered for eligibility provided documentation exists that indicates academic or communicative deficits are the result of the hearing loss.
- **Additional Requirements:**
 1. An evaluation of the communication needs of a child who is deaf or hard of hearing shall be considered in the program and class placement decisions. An evaluation of a child's communication needs shall include, but is not limited to: language and communication needs and abilities, opportunities for direct communication with peers and professional personnel in the child's preferred language and communication mode, severity of loss, educational abilities, academic level and full range of needs, including opportunities for direct instruction in the child's language and communication mode.
 2. Any classroom to be used for a child who is deaf or hard of hearing shall be sound-treated and present an appropriate acoustical environment for the child. All placements, including regular education placements and desk arrangements within classrooms shall be made so that environmental noise and interruptions are minimized.

3. Recommendation of the appropriate educational environment, including acoustical considerations, should be made by the IEP Team.
4. Each school has procedures to ensure the proper functioning of assistive amplification devices used by children who are deaf or hard of hearing. These procedures shall include the designated qualified responsible personnel, daily and ongoing schedules for checking equipment, as well as follow-up procedures.

D. EMOTIONAL AND BEHAVIORAL DISORDER (EBD):

- **Definition:** An emotional and behavioral disorder is an emotional disability characterized by the following:
 1. An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers.
 2. An inability to learn which cannot be adequately explained by intellectual, sensory or health factors.
 3. A consistent or chronic inappropriate type of behavior or feelings under normal conditions.
 4. A displayed pervasive mood of unhappiness or depression.
 5. A displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.
 6. A child with EBD is a child who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency and intensity that interferes significantly with educational performance to the degree that provision of special educational service is necessary. EBD is an emotional disorder characterized by excesses, deficits or disturbances of behavior. The child's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory general health factors, or other additional exclusionary factors.
- **Eligibility and Placement:**
 1. A child may be considered for placement in a program for children with EBD based upon an eligibility report that shall include the following:
 - a. Documentation of comprehensive prior extension of services available in the regular program to include counseling, modifications of the regular program or alternative placement available to all children, and data

- based progress monitoring of the results of interventions.
 - b. Psychological and educational evaluations.
 - c. Report of behavioral observations over a significant period of time.
 - d. Appropriate social history to include information regarding the history of the child's current problem(s), the professional services and interventions that have been considered or provided from outside the school; and
 - e. Adequate documentation and written analysis of the duration, frequency and intensity of one or more of the characteristics of emotional and behavioral disorders.
2. A child must not be determined to be a child with an Emotional and Behavioral Disorder if the primary factor for that determination is:
 - a. Lack of appropriate instruction in reading, including the essential components of reading instruction;
 - b. Lack of appropriate instruction in math;
 - c. Lack of appropriate instruction in writing;
 - d. Limited English proficiency;
 - e. Visual, hearing or motor disability; Intellectual disabilities;
 - f. Cultural factors; Environmental or economic disadvantage; or
 - g. Atypical education history (multiple school attendance, lack of attendance, etc.).
 3. The term does not include children with social maladjustment unless it is determined that they are also children with EBD. A child whose values and/or behavior are in conflict with the school, home or community or who has been adjudicated through the courts or other involvement with correctional agencies is neither automatically eligible for nor excluded from EBD placement. Classroom behavior problems and social problems, e.g., delinquency and drug abuse, or a diagnosis of conduct disorder, do not automatically fulfill the requirements for eligibility for placement.

E. INTELLECTUAL DISABILITY (ID).

- **Definition:** Intellectual disabilities refer to significantly sub average general intellectual functioning which exists

concurrently with deficits in adaptive behavior that adversely affects educational performance and originates before age 18. Intellectual disability does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences or a history of inconsistent and/or inadequate educational programming.

- a. Significantly sub average general intellectual functioning is defined as approximately 70 IQ or below as measured by a qualified psychological examiner on individually administered, nationally normed standardized measures of intelligence.
 - b. All IQ scores defining eligibility for children with intellectual disabilities shall be interpreted as a range of scores encompassed by not more than one standard error of measurement below and above the obtained score. The standard error of measurement for a test may be found in the technical data section of the test manual.
 - c. Any final determination of the level of intellectual functioning shall be based on multiple sources of information and shall include more than one formal measure of intelligence administered by a qualified psychological examiner. There may be children with IQ scores below 70 who do not need special education. Interpretation of results should take into account factors that may affect test performance such as socioeconomic status, native language, and cultural background and associated disabilities in communication, sensory or motor areas.
 - d. Significantly sub average intellectual functioning must be verified through a written summary of one structured observation that demonstrates the child's inability to progress in a typical, age appropriate manner and with consideration for culturally relevant information, medical and education history.
2. Deficits in adaptive behavior are defined as significant limitations in a child's effectiveness in meeting the standards of maturation, personal independence or social responsibility, and especially school performance that is expected of the individual's age-level and cultural group, as determined by clinical judgment.

- a. The child demonstrates significantly sub average adaptive behavior in school and home, and, if appropriate, community environments. These limitations in adaptive behavior shall be established through the use of standardized adaptive behavior measures normed on the general population, including people with disabilities and people without disabilities. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is two standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall (composite) score on a standardized measure of conceptual, social, and practical skills. Documentation must include information from two sources. The first source shall be someone from the local school who knows the child and the second source shall be someone who knows the child outside of the school environment such as a parent, guardian, or person acting as a parent. Interpretation of results should consider the child's cultural background, socioeconomic status and any associated disabilities that may limit or impact the results of the adaptive behavior measures.
 3. Deficits in intellectual functioning and adaptive behavior must have existed prior to age 18.
 4. A child must not be determined to be a child with an Intellectual Disability if the determinant factor for that determination is:
 - a. Lack of appropriate instruction in reading, including the essential components of reading instruction;
 - b. Lack of appropriate instruction in math;
 - c. Lack of appropriate instruction in written expression;
 - d. Limited English proficiency;
 - e. Visual, hearing or motor disability;
 - f. Emotional disturbances;
 - g. Cultural factors;
 - h. Environmental or economic disadvantage;
 - i. Atypical educational history (multiple school attendance, lack of attendance, etc.).
- **Eligibility and Placement:**

1. A child may be classified as having an intellectual disability (at one of the levels listed below) when a comprehensive evaluation indicates deficits in both intellectual functioning and adaptive behavior.
2. Intellectual functioning and adaptive behavior shall be considered equally in any determination that a child is eligible for services in the area of intellectual disability.
3. A comprehensive educational evaluation shall be administered to determine present levels of academic functioning.
4. The report shall be prepared for each child to provide an adequate description of the data collected and explicit pre-referral interventions prior to evaluation and to explain why the child is eligible for services in a program for children with intellectual disabilities.
5. In situations where discrepancies exist between test score results from intellectual functioning, adaptive behavior and academic achievement, the eligibility report must contain a statement of specific factors considered which resulted in the decision of the eligibility team.
6. Eligibility teams must establish that any limits in performance are not primarily due to the exclusionary factors and must document this in the eligibility report.
7. A child may be classified as having an intellectual disability at one of the levels listed below.
 - a. **Mild intellectual disability (MID)**
 - i. Intellectual functioning ranging between an upper limit of approximately 70 to a lower limit of approximately 55; and
 - ii. Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, personal independence or social responsibility, and especially school performance that is expected of the individual's age level and cultural group, as determined by clinical judgment.
 - b. **Moderate intellectual disability (MOID)**
 - i. Intellectual functioning ranging from an upper limit of approximately 55 to a lower limit of approximately 40; and
 - ii. Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of

maturation, personal independence or social responsibility, and especially school performance that is expected of the individual's age-level and cultural group as determined by clinical judgment.

c. Severe intellectual disability (SID)

- i. Intellectual functioning ranging from an upper limit of approximately 40 to a lower limit of approximately 25; and
- ii. Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, personal independence or social responsibility and especially school performance that is expected of the individual's age-level and cultural group as determined by clinical judgment.

d. Profound intellectual disability (PID)

- i. Intellectual functioning below approximately 25; and
- ii. Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, Putnam County Charter School System, personal independence or social responsibility and especially school performance that is expected of the child's age-level and cultural group, as determined by clinical judgment.

F. ORTHOPEDIC IMPAIRMENT (OI).

- **Definition:** Orthopedic impairment refers to a child whose severe orthopedic impairments adversely affects his/her educational performance to the degree that the child requires special education. This term may include:
 1. Impairment caused by congenital anomalies, e.g., deformity or absence of some limb.
 2. Impairment caused by disease (poliomyelitis, ontogenesis imperfecta, muscular dystrophy, bone tuberculosis, etc.).
 3. Impairment from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures.
 4. Secondary disabilities may be present, including, but not limited to, visual impairment, hearing impairment, communication impairment and/or intellectual disability.
- **Eligibility and Placement:** Evaluation for initial eligibility shall include the following.

1. A current medical evaluation from a licensed doctor of medicine. The evaluation report used for initial eligibility shall be current within one year. The evaluation shall indicate the diagnosis/prognosis of the child's orthopedic impairment, along with information as applicable regarding medications, surgeries, special health care procedures and special diet or activity restrictions.
2. A comprehensive educational assessment to indicate the adverse affects of the orthopedic impairment on the child's educational performance.
3. Assessments shall document deficits in: pre-academic or academic functioning, social/emotional development, adaptive behavior, and motor development or communication abilities resulting from the orthopedic impairment. When assessment information indicates significant deficit(s) in cognitive/academic functioning, a psychological evaluation shall be given.
4. Children served in a program for orthopedic impairments should be functioning at no lower than criteria outlined for mild intellectual disabilities programs. For those children with orthopedic impairments served in other special education programs due to the severity of their sensory or intellectual disability, support by the OI teacher regarding the implications of the child's orthopedic impairment may be appropriate.

G. OTHER HEALTH IMPAIRMENT (OHI).

- **Definition:** Other health impairment means having limited strength, vitality or alertness including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:
 1. Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficient hyperactivity disorder, diabetes, epilepsy, or heart condition, hemophilia, Lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome, and
 2. Adversely affects a child's educational performance. In some cases, heightened awareness to environmental stimulus results in difficulties with starting, staying on and completing tasks; making transitions between tasks;

interacting with others; following directions; producing work consistently; and, organizing multi-step tasks.

- **Eligibility:** Evaluation for initial eligibility shall include the following:
 1. The medical evaluation from a licensed doctor of medicine, or in the case of ADD and ADHD an evaluation by a licensed doctor of medicine or licensed clinical psychologist, should be considered by the child's Eligibility Team as part of the process of determining eligibility. The evaluation report shall indicate the diagnosis/prognosis of the child's health impairment, along with information as applicable regarding medications, special health care procedures and special diet or activity restrictions. The evaluation report used for initial eligibility shall be current within one year and must document the impact of the physical condition on the vitality, alertness or strength of the child. In cases of illness where the child's physical health and well-being are subject to deterioration or change, this report shall be updated as frequently as determined by the IEP Committee. A medical diagnosis does not automatically include or exclude a child from determination of eligibility.
 2. A comprehensive developmental or educational assessment to indicate the effects of the health impairment on the child's educational performance. Assessments shall document deficits in pre-academic or academic functioning, adaptive behavior, social/emotional development, and motor or communication skills resulting from the health impairment. When assessment information indicates significant deficits in cognitive/academic functioning, a psychological evaluation shall be given.
 3. A child must not be determined to be a child with Other Health Impairment if the determinant factor for that determination is:
 - a. Lack of appropriate instruction in reading, including the essential components of reading instruction;
 - b. Lack of appropriate instruction in math;
 - c. Lack of appropriate instruction in writing;
 - d. Limited English proficiency;
 - e. Visual, hearing or motor disability;
 - f. Intellectual disabilities;

- g. Emotional disturbances;
- h. Cultural factors;
- i. Environmental or economic disadvantage; or
- j. Atypical educational history (attendance at multiple schools, lack of attendance).

- **Placement and Service Delivery:**

1. A child meeting eligibility criteria must be served by any appropriately certified teacher in any educational program, as specified in the child's individualized education program (IEP).
2. According to State Board of Education Rule 160-1-3-.03 Communicable Diseases, the district shall allow a child infected with a communicable disease to remain in his or her educational setting unless he or she currently presents a significant risk of contagion as determined by the district after consultation with the child's physician, a knowledgeable public health official and/or a physician designated by the Putnam County Charter School System.

H. SIGNIFICANT DEVELOPMENTAL DELAY (SDD).

- **Definition:** The term significant developmental delay refers to a delay in a child's development in adaptive behavior, cognition, communication, motor development or emotional development to the extent that, if not provided with special intervention, the delay may adversely affect a child's educational performance in age-appropriate activities. The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage or lack of experience in age appropriate activities. The SDD eligibility may be used for children from ages three through nine (the end of the school year in which the child turns nine).

- **Eligibility :**

1. Initial eligibility must be established, and an IEP in place, on or before the child's seventh birthday. SDD eligibility is determined by assessing a child in each of the five skill areas of adaptive development, cognition, communication, physical development (gross and fine motor), and social/emotional development. Any child who scores at 2 standard deviations below the mean in one or more of the five areas or 1½ standard deviations below the mean in two or more areas shall meet eligibility for SDD.

2. For children who are kindergarten age or older, initial eligibility shall also include documented evidence that the impact on educational performance is not due to:
 - a. Lack of appropriate instruction in reading or literacy readiness, including the essential components of reading instruction;
 - b. Lack of appropriate instruction in math or math readiness skills;
 - c. Limited English proficiency; Visual, hearing or motor disability;
 - d. Emotional disturbances; Cultural factors; or
 - e. Environmental or economic disadvantage.
 3. The application of professional judgment is a critical element at every stage of eligibility determination: as test instruments are selected, during the evaluation process, in the analysis of evaluation results, as well as the analysis of error patterns on standardized, teacher made or other tests.
 4. All five skill areas shall be assessed using one formal assessment. In those areas in which a significant delay is suspected, one additional formal assessment must be utilized to determine the extent of the delay. All formal assessments must be age appropriate, and all scores must be given in standard deviations.
 5. For children eligible under SDD with hearing; visual; communication; or orthopedic impairments, a complete evaluation must be obtained to determine if the child also meets eligibility criteria for deaf/hard of hearing, visual impairments, speech and language impairments or orthopedic impairments. Students with sensory, physical or communication disabilities must receive services appropriate for their needs, whether or not specific eligibility is determined.
- **Placement and Service Delivery**
 1. Preschool-aged (3-5) children meeting eligibility criteria as SDD and needing special education services may receive those services in a variety of placement options, as determined by the child's IEP Team and participation by other agencies, such as, but not limited to:

- a. Regular Early Childhood Setting, Head Start Programs, Georgia Pre-K Classes, Community Daycares, Private Preschools
 - b. Separate Early Childhood Special Education Setting
 - c. Day School
 - d. Residential Facility
 - e. Service Provider Location; or
 - f. Home
2. School-aged children with SDD shall be served by any appropriately certified teacher in any education program designed to meet the needs of the child, as specified by the child's IEP team.

I. SPECIFIC LEARNING DISABILITIES (SLD).

• Definition:

1. Specific learning disability is defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not apply to children who have Putnam County Charter School System problems that are primarily the result of visual, hearing or motor disabilities, intellectual disabilities, emotional or behavioral disorders, environmental, cultural or economic disadvantage.
2. The child with a specific learning disability has one or more serious academic deficiencies and does not achieve adequately according to age to meet State-approved grade-level standards. These achievement deficiencies must be directly related to a pervasive processing deficit and to the child's response to scientific, research-based interventions. The nature of the deficit(s) is such that classroom performance is not correctable without specialized techniques that are fundamentally different from those provided by general education teachers, basic remedial/tutorial approaches, or other compensatory programs. This is documented by the child's response to instruction as demonstrated by a review of the progress

monitoring available in general education and Student Support Team (SST) intervention plans as supported by work samples and classroom observations. The child's need for academic support alone is not sufficient for eligibility and does not override the other established requirements for determining eligibility.

- **Exclusionary Factors:** A child must not be determined to be a child with a specific learning disability if the determinant factor for that determination is:

1. Lack of appropriate instruction in reading, to include the essential components of reading instruction (phonemic awareness, phonics, fluency, vocabulary, and comprehension);
2. Lack of appropriate instruction in math;
3. Lack of appropriate instruction in writing;
4. Limited English proficiency;
5. Visual, hearing or motor disability;
6. Intellectual disabilities;
7. Emotional disturbances;
8. Cultural factors;
9. Environmental or economic disadvantage; or
10. Atypical educational history (such as irregular school attendance or attendance at multiple schools)

- **Required Data Collection**

1. In order to determine the existence of Specific Learning Disability, the group must summarize the multiple sources of evidence to conclude that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards and intellectual development. Ultimately, specific learning disability is determined through professional judgment using multiple supporting evidences that must include:
 - a. Data are collected that include:
 - i. Two current (within twelve months) assessments such as the results of the CRCT or other state-required assessment, norm-referenced achievement tests or benchmarks indicating performance that does not meet expectations for State-approved grade-level standards;

- ii. Information from the teacher related to routine classroom instruction and monitoring of the child's performance. The report must document the child's academic performance and behavior in the areas of difficulty.
- iii. Results from supplementary instruction that has been or is being provided:
 - That uses scientific, research or evidence based interventions selected to correct or reduce the problem(s) the student is having and was in the identified areas of concern;
 - Such instruction has been implemented as designed for the period of time indicated by the instructional strategy(ies). If the instructional strategies do not indicate a period of time the strategies should be implemented, the instructional strategies shall be implemented for a minimum of 12 weeks to show the instructional strategies' effect or lack of effect that demonstrates the child is not making sufficient progress to meet age or State-approved grade-level standards within a reasonable time frame;
- iv. The interventions used and the data based progress monitoring results are presented to the parents at regular intervals throughout the interventions.
- b. Any educationally relevant medical findings that would impact achievement.
- c. After consent is received from the parents for a comprehensive evaluation for special education determination the following must occur:
 - i. An observation by a required group member;
 - ii. Documentation that the determination is not primarily due to any of the exclusionary factors;
 - iii. Current analyzed classroom work samples indicating below level performance as compared to the classroom normative sample; and
 - iv. Documentation of a pattern of strength and weaknesses in performance and/or achievement in relation to age and grade level standards must include:
 - A comprehensive assessment of intellectual development designed to assess specific measures of

processing skills that may contribute to the area of academic weakness. This assessment must be current within twelve months.

- Current Response to Intervention data based documentation indicating the lack of sufficient progress toward the attainment of age or State-approved grade-level standards.
- As appropriate, a language assessment as part of additional processing batteries may be included.

• **Eligibility Determination**

1. The child who is eligible for services under the category of specific learning disability must exhibit the following characteristics: a primary deficit in basic psychological processes and secondary underachievement in one or more of the eight areas along with documentation of the lack of response to instructional intervention as supported by on-going progress monitoring.
2. Deficits in basic psychological processes typically include problems in attending, discrimination/perception, organization, short-term memory, long-term memory, conceptualization/reasoning, executive functioning, processing speed, and phonological deficits. Once a deficit in basic psychological processes is documented, there shall be evidence that the processing deficit has impaired the child's mastery of the academic tasks required in the regular curriculum. Though there may exist a pattern of strengths and weaknesses, evidence must be included documenting that the processing deficits are relevant to the child's academic underachievement as determined by appropriate assessments that are provided to the child in his/her native language. Though a child may be performing below age or State-approved grade level standards, the results of progress monitoring must indicate that the child **is** not making the expected progress toward established benchmarks. This is indicated by comparing the child's rate of progress toward attainment of grade level standards.
3. Underachievement exists when the child exhibits a pattern of strengths and weakness in performance, achievement, or both, relative to age, State-approved grade level standards and intellectual development and when a child does not

achieve adequately toward attainment of grade level standards in one or more of the following areas:

- a. Oral expression– use of spoken language to communicate ideas;
- b. Listening comprehension–ability to understand spoken language at a level commensurate with the child’s age and ability levels;
- c. Written expression – ability to communicate ideas effectively in writing with appropriate language.
- d. Basic reading skills–ability to use sound/symbol associations to phonics in order to comprehend the text;
- e. Reading comprehension–ability to understand the meaning of written language based in child’s native language;
- f. Reading Fluency Skills– the ability to read and process a text with appropriate rate and accuracy;
- g. Mathematics calculation–ability to process numerical symbols to derive results, including, but not limited to, spatial awareness of symbol placement and choice of sequence algorithms for operations required; and
- h. Mathematical problem solving –ability to understand logical relationships between mathematical concepts and operations, including, but not limited to, correct sequencing and spatial/symbolic representation.

4. Progress monitoring includes the data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting child progress during instruction. When reviewing progress monitoring data, those students that exhibit a positive response to the research validated instruction being provided by general education cannot be considered as having a specific learning disability even though they may show deficits on achievement tests in the specified areas. In addition, children whose achievement in classroom academics indicates performance that is commensurate with pervasive weaknesses that are not indicative of a pattern of strengths and weaknesses may not be considered as having a specific learning disability.

5. One group member responsible for determining specific learning disability must conduct an observation of the

child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent for special education evaluation is obtained. The observation of the child is conducted in the learning environment, including the regular classroom setting, to document the child's academic performance and behavior in the areas of difficulty. The observation must include information from the routine classroom instruction and monitoring of the child's performance.

- **The SLD Eligibility Group**

1. The determination of whether a child suspected of having a specific learning disability is a child with a disability must be made by the child's parents and a team of qualified professionals that must include:
 - a. The child's regular teacher; or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age;
 - b. A highly qualified certified special education teacher; and
 - c. A minimum of one other professional qualified to conduct individual diagnostic assessments in the areas of speech and language, academic achievement, intellectual development, or social-emotional development and interpret assessment and intervention data (such as school psychologist, reading teacher, or educational therapist).
 - d. Determination of the required group member should be based on the data being reviewed and the child's individual needs.
2. Each group member must certify in writing whether the report reflects the member's conclusions. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.

J. SPEECH-LANGUAGE IMPAIRMENT (SI).

- **Definition:** Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation, language or voice impairment that adversely affects a child's educational performance. A speech or language impairment may be congenital or acquired. It refers to impairments in the areas of

articulation, fluency, voice or language. Individuals may demonstrate one or any combination of speech or language impairments. A speech or language impairment may be a primary disability or it may be secondary to other disabilities.

1. **Speech Sound Production Impairment (e.g. articulation impairment)**– atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that interferes with intelligibility in conversational speech and obstructs learning, successful verbal communication in the educational setting. The term may include the atypical production of speech sounds resulting from phonology, motor or other issues. The term speech sound impairment does not include:
 - a. Inconsistent or situational errors;
 - b. Communication problems primarily from regional, dialectic, and/or cultural differences;
 - c. Speech sound errors at or above age level according to established research-based developmental norms, speech that is intelligible and without documented evidence of adverse affect on educational performance;
 - d. Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment; or
 - e. Children who exhibit tongue thrust behavior without an associated speech sound impairment.
2. **Language Impairment** – impaired comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is negatively impacting the child’s ability to participate in the classroom environment. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child’s educational performance. The term language impairment does not include:
 - a. Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.

- b. Children who have regional, dialectic, and/or cultural differences.
 - c. Children who have auditory processing disorders not accompanied by language impairment.
 - d. Children who have anxiety disorders (e.g. selective mutism) unless it is also determined that they have a speech language impairment. There must be a documented speech–language impairment that adversely affects the educational performance for these children to qualify for special education services.
3. **Fluency Impairment** – interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker’s ability to participate within the learning environment. Excessive tension, struggling behaviors and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany dysfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include dysfluencies evident in only one setting or reported by one observer.
4. **Voice/Resonance Impairment** – interruption in one or more processes of pitch, quality, intensity, or resonance resonance that significantly reduces the speaker’s ability to communicate effectively. Voice/Resonance impairment includes aphonia or the abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual’s age and/or gender. The term voice/resonance impairment does not refer to:
- a. Anxiety disorders (e.g. selective mutism).
 - b. Differences that are the direct result of regional, dialectic, and/or cultural differences.
 - c. Differences related to medical issues not directly related to the vocal mechanism (e.g. laryngitis, allergies, asthma, laryngopharyngeal reflux (eg. acid reflux of the throat, colds, abnormal tonsils or adenoids, short–term vocal abuse or misuse, neurological pathology).

- d. Vocal impairments that are found to be the direct result of or symptom of a medical condition unless the impairment impacts the child's performance in the educational environment and is amenable to improvement with therapeutic intervention.
- **Evaluation, Eligibility and Placement:** All of the special education rules and regulations related to evaluation, eligibility and placement must be followed including:
 - 1. Evaluation:
 - a. Documentation of the child's response to prior evidenced-based interventions prior to referral for a comprehensive evaluation.
 - b. A comprehensive evaluation shall be performed by a certified or licensed Speech- Language Pathologist (SLP) for consideration of speech-language eligibility. Following receipt of a hearing and vision screening and medical evaluation for voice (as appropriate) this evaluation consists of an initial screening of the child's speech sounds, language, fluency, voice, oral motor competency, academic, behavioral, and functional skills using either formal or informal assessment procedures to assist in determining if the child is a child with a disability. An in-depth evaluation of each area suspected of being impaired, using at least one formal test and/or procedure.
 - c. A full and individual initial evaluation for each area suspected of being a disability must be provided and considered prior to the child's eligibility for speech-language services. This may include assessments in the areas of health (e.g. ENT, otolaryngologist, ophthalmologist) optometrist), vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.
 - d. The evaluation is sufficient to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been referred or classified.
 - e. Children with voice/resonance impairment must have a medical evaluation to rule out physical structure etiology by a medical specialist either prior to a comprehensive

evaluation or as part of a comprehensive evaluation. The presence of a medical condition (e.g., vocal nodules, polyps) does not necessitate the provision of voice therapy as special education or related service nor does a prescription for voice therapy from a medical doctor. A written order from a medical practitioner is a medical opinion regarding the medical evaluation or treatment that a patient should receive. When directed to a school, these medical orders should be considered by the team as a part of the eligibility process. The team, not a medical practitioner, determines the need for an evaluation for special education services based on documented adverse effect of the voice impairment on the child's educational performance.

- f. A variety of assessment tools and strategies must be used to gather relevant functional, developmental and academic information about the child, including information provided by the parent. Information from the evaluation is used to determine whether the child is a child with a disability and the content of the child's IEP including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities).

2. Eligibility:

- a. Determining eligibility for speech-language impaired special education services includes three components:
 - i. The Speech-Language Pathologist determines the presence or absence of speech-language impairment based on Georgia rules and regulations for special education.
 - ii. Documentation of an adverse effect of the impairment on the child's educational performance.
 - iii. The team determines that the child is a child with a disability and is eligible for special education and appropriate specialized instruction needed to access the student's curriculum.
- b. Eligibility shall be determined based on the documented results of at least two or more measures or procedures, at least one of which must be formal, administered in the

area of impairment and documentation of adverse affect.
A speech-language disorder does not exist if:

- i. Environmental, cultural, or economic disadvantage cannot be ruled out as primary factors causing the impairment.
 - ii. A child exhibits inconsistent, situational, transitory or developmentally appropriate speech-language difficulties that children experience at various times and to various degrees.
 - iii. Because children who have communication difficulties do not necessarily have speech or language impairments, the speech-language program may not be the appropriate service delivery model to adequately meet the child's educational needs. For this reason, all children who are suspected of having communication problems shall be the subject of an RTI team to problem solve and implement strategies to determine and limit the adverse affect on the child's educational performance.
 - iv. For nonverbal or verbally limited children and those with autism and/or significant intellectual, sensory, or physical disabilities, a multidisciplinary team of professionals shall provide a functional communication assessment of the child to determine eligibility for speech-language services. The multidisciplinary team shall consist of professionals appropriately related to the child's area of disability.
 - v. A child is eligible for placement in a speech-language program if, following a comprehensive evaluation; the child demonstrates impairment in one or more of the following areas: speech sound, fluency, voice or language that negatively impacts the child's ability to participate in the classroom environment. The present adverse effect of the speech-language impairment on the child's progress in the curriculum, including social and/or emotional growth, must be documented in writing and used to assist in determining eligibility.
3. Placement: Placement in the speech-language program shall be based on the results of the comprehensive

assessment, and eligibility, along with all other pertinent information.

4. Children shall not be excluded from a speech–language program based solely on the severity of the disability. Cognitive referencing (i.e., comparing language scores to IQ scores) is not permissible as the only criteria for determining eligibility for speech–language impaired services.

- **Communication Paraprofessionals:** A communication paraprofessional is an adjunct to the Speech Language Pathologist (SLP) and assists with certain duties and tasks within the speech–language program. The communication paraprofessional is under the supervision of a certified or licensed SLP. The communication paraprofessional can not carry their own caseload, nor do they increase the certified SLP’s caseload outside of a self–contained classroom. The primary responsibility for the delivery of services, as indicated on the IEP, remains with the certified or licensed SLP. Children who receive services from the communication paraprofessional shall also receive services from the supervising SLP and/or licensed or certified SLP a percentage of the time designated in the IEP for speech–language services, but no less than one hour per month. The Putnam County Charter School System will develop and implement procedures for the training, use and supervision of communication paraprofessionals, if the district ever hires someone to work in this capacity.

K. TRAUMATIC BRAIN INJURY (TBI).

- **Definition:** Traumatic Brain Injury (TBI) refers to an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance. The term applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing. The term does not apply to brain injuries that are congenital or degenerative in nature, brain injuries induced by birth trauma.

- **Eligibility:**

1. Evaluation for eligibility shall include the following:
 - a. A summary of the child's pre-injury functioning status. This information may be available through previous formal evaluations, developmental assessments, achievement tests, classroom observations and/or grade reports.
 - b. Verification of the TBI through the following:
 - i. A medical evaluation report from a licensed doctor of medicine indicating that TBI has occurred recently or in the past, or;
 - ii. Documentation of TBI from another appropriate source, such as health department or social services reports, or parents' medical bills/records.
 - c. A neuropsychological, psychological or psychoeducational evaluation that addresses the impact of the TBI on the following areas of functioning.
 - i. Cognitive – this includes areas such as memory, attention, reasoning, abstract thinking, judgment, problem solving, speed of information processing, cognitive endurance, organization, receptive and expressive language and speed of language recall.
 - ii. Social/Behavioral – this includes areas such as awareness of self and others, interaction with others, response to social rules, emotional responses to everyday situations and adaptive behavior.
 - iii. Physical/Motor – this includes areas such as hearing and vision acuity, speech production, eye-hand coordination, mobility and physical endurance.
2. Deficits in one or more of the above areas that have resulted from the TBI and adversely affect the child's educational performance shall be documented.

- **Placement and Service Delivery:** The identification of TBI for educational programming does not dictate a specific service or placement. The child with TBI shall be served by any appropriately certified teacher in any educational program, as specified in the child's individualized education program (IEP).

L. VISUAL IMPAIRMENT

- **Definitions:** A child with a visual impairment is one whose vision, even with correction, adversely impacts a child's

educational performance. Examples are children whose visual impairments may result from congenital defects, eye diseases, or injuries to the eye. The term includes both visual impairment and blindness as follows:

1. Blind refers to a child whose visual acuity is 20/200 or less in the better eye after correction or who has a limitation in the field of vision that subtends an angle of 20 degrees. Some children who are legally blind have useful vision and may read print.
2. Visually impaired refers to a child whose visual acuity falls within the range of 20/70 to 20/200 in the better eye after correction or who have a limitation in the field of vision that adversely impacts educational progress.
 - a. Progressive visual disorders: Children, whose current visual acuity is greater than 20/70, but who have a medically indicated expectation of visual deterioration may be considered for vision impaired eligibility based on documentation of the visual deterioration from the child's optometrist or ophthalmologist.

• **Eligibility and Placement:**

1. A current (within one year) eye examination report shall be completed and signed by the ophthalmologist or optometrist who examined the child.
 - a. A report from a neurologist in lieu of the optometrist/ophthalmologist report is acceptable for students who have blindness due to cortical vision impairment.
2. A clinical low vision evaluation shall be completed by a low vision optometrist for children who are not totally blind:
 - a. If the student is under the age of 8 and/or has a severe cognitive and/or physical disability that would make the use of low vision aids unfeasible, a functional vision evaluation may be used instead of a low vision evaluation to establish eligibility.
 - i. The low vision evaluation should be completed by age 10 for children who do not have one during eligibility determination prior to age 8 unless other circumstances apply.
 - ii. The low vision evaluation is often difficult to schedule within the 60 day timeline, therefore, if children meet

- all other eligibility requirements, the eligibility report shall document the date of the scheduled upcoming low vision evaluation and the team may proceed with the eligibility decision.
- iii. Once the low vision evaluation has occurred the eligibility information shall be updated, and as appropriate, the IEP.
 - iv. The low vision evaluation must occur within 120 days of receipt of parental consent to evaluate to determine eligibility for visual impairment.
3. A comprehensive education evaluation shall be administered to determine present levels of functioning. The impact of the visual impairment on the child's educational performance shall be considered for eligibility.
- a. Educational assessments may include cognitive levels, academic achievement, and reading ability.
 - i. Educational assessments related to vision must be completed by a teacher certified in the area of visual impairments.
 - b. In some cases, comprehensive psychological evaluations may be indicated and must be completed by appropriately certified personnel.
4. Braille instruction is always considered critical to appropriate education for a child who is blind. Children identified with visual impairments shall be evaluated to determine the need for braille skills. The evaluation will include the present and future needs for braille instruction or the use of braille. For children for whom braille instruction and use is indicated, the individualized education program (IEP) shall include the following:
- a. Results obtained from the evaluation conducted for the purpose of determining the need for Braille skills;
 - b. How instruction in Braille will be implemented as the primary mode for learning through integration with other classroom activities;
 - c. Date on which Braille instruction will commence;
 - d. The length of the period of instruction and the frequency and duration of each instructional session;

- e. The level of competency in braille reading and writing to be achieved by the end of the period and the objective assessment measures to be used.
- f. For those children for whom braille instruction is not indicated, the IEP shall include a statement with supporting documentation that indicate the absences of braille instruction will not impair the child's ability to read and write effectively.

• **Determination of eligibility by Eligibility Team (qualified professionals and parents):** Every student placed for Specialized Instruction must first be determined eligible for services. In Putnam County, initial Special Education eligibility is determined by the Eligibility Committee. This Committee is chaired by the Due Process Facilitator. For re-evaluations, the IEP Committee may determine a student's continued eligibility, but may not terminate a student from special education without a comprehensive psychological re-evaluation. Putnam County Eligibility Committees will include:

1. One regular education teacher.
2. One special education teacher.
3. A Putnam County Charter School System representative
4. School Psychologist or professional who can interpret test results
5. Parent or legal guardian
 - a. Exceptions:
 - i. Parent gives permission to have the meeting without him or her in attendance.
 - ii. Parent participates by conference call.
 - iii. Parent was given a minimum of three documented contacts to arrange for the meeting.
6. Student must be invited (if 8th grade or over)
7. Optional staff as required:
 - Speech Therapist
 - Occupational Therapist
 - Physical Therapist
 - School Counselor
 - Interpreter
 - Administrator

8. All documentation related to the eligibility process must be provided to the parents or guardians of the identified student within 30 days.

VI. Private School Students and Parents:

A. LEA Privately Placed

- The Putnam County Charter School System may determine that a student in our district needs placement in a private school. In consultation with the superintendent of the school, the special education director and the parent, the IEP committee will make a recommendation as to how FAPE will be provided in the least restrictive environment. If the district determines a student will be placed in a private school then the cost of the school will be the responsibility of the school district and provided at no cost to the parent. This only occurs when all resources, services and accommodations have been exhausted by the school system.

B. FAPE/Written Notice

- If a parent believes the district can't provide FAPE, the parent must provide the district in writing their intent to place their child in a private school. The district will schedule an IEP meeting with the family and make sure procedural safeguards and parental rights are given to the parents at the time of the meeting or after receiving the intent in writing.

C. Child Find

- The Putnam County Charter School district meets annually with the representatives from the private schools and home school students prior to school starting each fall. The Director of Special Programs places an ad in the local newspaper and on-line detailing the date, time and place of the meeting. Responsibility for child find, child count and provision of services to parentally-placed school students with disabilities is all discussed in the meeting and minutes are kept. Responsibility for child find, child count and provisions of services to parentally-placed private school students with disabilities has shifted from the LEA in which the student lives to the LEA in which the student's private school is located.

D. Provision of Services/Funds

- The term "parentally-placed private school student" refers to children placed by their parents in private, parochial, or other religiously-affiliated schools or home schools.

- Parentally-placed private school students do not have an individual right to FAPE and will generally not receive the same type or amount of services that they would receive if they were enrolled in a public school. However, our district determines annually the proportionate share of federal funds and discusses with the private school representative which equitable services they wish for their students to receive. Any monies not spent in a year are rolled over for use for private schools during the following year. If there is not enough money to serve students the entire year, the district notifies the private schools and determines how the student needs will be addresses for the remainder of the school year.
- The services (including special education and related services) provided to parentally-placed private school children with disabilities will be:
 1. Provided by personnel meeting the same standard as personnel providing services in the public schools.
 2. May be a different amount of services than children in our public school receive.
 3. Described in a service plan developed through a meeting that the LEA will initiate and conduct. Meetings will be held yearly before their service plan expires to review and revise the service plan. In our district, all meetings are held at the private school where representative from both private and public schools will participate.
 4. Services will be provided either by employees of the district or through contracted services provided by the district. Services are provided at the private school unless deemed necessary by the district to be served in another location. If that occurs, the district will work with the private school to determine the need for transportation.
 5. Materials and equipment needed to serve the private school students will be secular, neutral and non-ideological. All materials and equipment purchased by the district will be retained and inventoried yearly by the LEA.

Area of General Supervision I: Identification Processes

I. Least Restrictive Environment (LRE):

A. LRE Requirements:

- LRE requires that, to the maximum extent appropriate, students with disabilities aged 3 through 21, in public or private

institutions or other care facilities, are educated with children who are not disabled. PCCSS has written policies and procedures to ensure that to the maximum extent appropriate, children with disabilities, including children in public or private institutions, shall be educated with children who are not disabled.

B. Placement in the Least Restrictive Environment:

- PCCSS monitors programs that serve students with disabilities to ensure that the first placement option considered is a regular education environment, with the use of supplemental aids and services as needed. Special classes, separate schooling, or other placements by which students with disabilities are removed from the regular education environment should occur only if the student's Individual Educational Program (“IEP”) team determines that the nature or severity of the disability is such that education in a regular classroom setting, even with the use of supplemental aids and services, cannot be achieved satisfactorily.

C. Continuum of Alternative Placements:

- A continuum of alternative placements is available to address the needs of students with disabilities and ensure that those students receive special education and related services appropriate to their needs.
- The continuum of alternative placements includes instruction in regular classes, special classes, special schools, residential, hospital/homebound, and considers the use of supplementary services.
- The IEP team bases its placement decisions on the identified needs of each student with a disability. The team determines how or whether the individual needs of the student can be met in the regular education classroom with individual supports and aids. It must justify a more restrictive option based on the needs of the student.

D. Preschool placements and services:

- The early childhood educational programs in the PCCSS (Head Start, Bright from the Start Pre-Kindergarten, public or private daycare), and preschool programs offer special education services delivered as:

1. Additional supportive services. The child remains in a regular early childhood program with supplementary aids and services provided to the teacher. The services provided include personnel such as paraprofessionals, interpreters, or others.
2. Direct services:
 - a. The child remains in a regular early childhood program with direct services from special education personnel including consultative, collaborative or coaching model.
 - b. The child is in the regular education early childhood program but special education and related services are provided outside a regular education early childhood program.
3. Placements for children not attending a regular early childhood program:
 - a. A separate special education program may be offered in a community-based setting, in a separate school, or residential school or facility.
 - b. A program provided at home as a natural environment.
 - c. A program provided through service providers in their offices.

E. Placement

- Placements are based on the identified needs of individual students with disabilities as documented in their respective IEPs.
- Decisions about the placement of students with disabilities are made by a group of persons, including the parents and other persons knowledgeable about the child, who will review and evaluate relevant data and consider placement options appropriate to each student's specific identified needs.
- Placement decisions conform to the LRE provisions referenced in state and federal laws, rules and associated regulations.
- Placements of students with disabilities are determined at least annually.
- To the maximum extent appropriate, students with disabilities are involved in the regular education curriculum. The IEP must include a statement regarding the effect of the child's disability

on his or her progress and involvement in the **general education curriculum**.

- Each student's IEP states whether the student will participate in state and/or local district assessments, and if so, whether any modifications or accommodations are appropriate and necessary.

F. Nonacademic Settings

- When the LEA provides or arranges nonacademic and extracurricular services/activities appropriate for a student with disabilities, the IEP team must determine what supplementary aids and services, if any, are necessary for participation.
- Nonacademic and extracurricular services/activities may include, but not be limited to, meals, recess periods, counseling services, athletics, transportation, health services, recreational activities, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, both inside and outside of the LEA.
- Children in Public or Private Institutions: To ensure that students with disabilities are educated in the LRE and receive a free, appropriate public education, the LRE must locate, identify, and assess all students suspected of having a disability who are enrolled by their parents in both public and private schools.
- Technical Assistance and Training: The LEA will ensure that teachers and administrators of students with disabilities are fully informed about their responsibilities for implementing the LRE requirements. The LEA will provide any technical assistance and training needed to ensure knowledge of the LRE requirements.

II. Discipline/Compensatory Services:

A. Code of Conduct

- The district has one code of conduct that is provided to all students in the district either in their agendas and are posted on each school website. The parents and students sign that they have read and understood the contents of the handbook at the beginning of each year or upon transferring to our system. Students with disabilities are expected to follow the rules that are in effect for all of the students in the district.

B. 10 Day Rule/Manifestation Determination

- The Putnam County Charter School System uses a positive behavior approach to discipline. District personnel follow specific procedures when they discipline students with disabilities and the number of suspensions is monitored monthly by the Director of Special Programs, the due process facilitator and the principals of each school. However, caseload teachers are responsible for keeping up with how many days students on their caseloads have been suspended. Within 10 school days from the beginning of a disciplinary action that either exceeds 10 school days in a row or that constitutes a pattern of removals up to ten days, a manifestation determination meeting will be conducted to determine whether the conduct in question was caused by, or had a direct and substantial relationship to, the student's disability or whether the conduct was a result of the district's failure to implement the student's IEP. A pattern of removals occurs when a series of removals totals more than 10 school days in a school year or the behavior is substantially similar to previous incidents that required removal or the length of each removal, the total amount of time the student has been removed, and the proximity of the removals to one another have been considered. A functional behavioral assessment must be conducted and a behavior intervention plan put in place if the student does not already have one written in his/her IEP. On the 11th day of suspension, students must receive services which insure that he/or she can appropriately progress in the general curriculum and advance toward achieving the goals set out in his/or her IEP.

- Arrangements are made to provide services for the student with the Director of Special Programs. This can be done through a telephone call or email. Services may be conducted at the public library, the board of education office or a place agreed upon by the parent and teacher. Documentation of the dates and times of services will be maintained, along with student signatures of attendance and turned in after services are over for payment and student record documentation.
- If the IEP team during the manifestation review determines that the student's behavior was caused by or has a substantial relationship to the student's disability, or that the behavior was a direct result of the district's failure to implement the IEP, then the behavior is a manifestation of the student's disability. At this point, the student would be returned to the placement from which the student was removed, except in cases involving weapons, serious bodily injury, or illegal drugs or controlled substance, unless the parent and the district agree to a change in placement.
- If the IEP team finds that the student's behavior was not a manifestation of the student's disability, the same disciplinary actions can be imposed on the student with a disability as those imposed on any student. If the actions include expulsion, the IEP team must determine how the student will continue to receive educational services that allow him or her to continue to participate in the general education curriculum and progress toward meeting goals in the IEP.

C. Special Circumstances

- Certain serious behaviors such as weapons, drugs, and serious bodily injury upon another person may lead to a student being removed to an interim alternative educational setting for up to 45 days, even if the conduct is determined to be a manifestation of the student's disability. The district will provide parental rights and procedural safeguards any time a change of placement occurs.

D. Appeal Process

- A parent may appeal the manifestation determination and the selection of an interim alternative educational placement regarding the issues of weapons, illegal drugs or controlled

substances, or serious bodily injury. The district may appeal if it believes that maintaining the current placement of the student is substantially likely to result in injury to the student or others.

- The due process hearing will occur within 20 school days of the date the hearing is requested. A determination will be made by the administrative law judge within 10 school days after the hearing.

E. Placement During Appeal

- The student will remain in the interim alternative educational setting pending the hearing decision or until the expiration of the 45 school day time period unless the parent and district agree otherwise.

F. Protections for Children Not Yet Eligible

- Students not yet determined eligible for special education services may have protection under the Discipline Rule if the district had knowledge that the student may be a student with a disability. The parent had to have expressed concern that the student was in need of special education and related services or the parent had requested an evaluation or the teacher of the student or other district personnel expressed specific concerns about a pattern of behavior.

G. Referral to Law Enforcement

- The Putnam County Charter School System principals or designee may report criminal acts committed by a student with a disability to local law enforcement. If local law enforcement is called, parents are notified by school personnel.

III. Individualized Education Programs (IEP's)

A. Definition

- The IEP team is a team of professionals knowledgeable of that particular student. The IEP team designs services for each student based on his/her unique needs and not on the category of the student's disability. The members should include: regular education teachers, special education teachers (one of these will be the LEA representative), parent, and student (8th grade and over), and others if applicable (such as an interpreter, counselor, administrator, etc.). Each member invited should receive notice early enough to ensure an

opportunity to attend. Notice should include date, time, and location of the IEP meeting.

B. Required Sections

- The IEP is 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 local/state/psycho-educational assessment results, strengths, needs, parental concerns, and how the student's disability affects his/her involvement and progress in the general education curriculum.
 2. Consideration of special factors. These include: impact of behavior, limited English proficiency, and blindness/visual impairment, communication needs, deaf/hard of hearing, assistive technology, and alternative format for instructional materials.
 3. 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. For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives.
 - Goals include statements showing how the child's progress toward meeting the annual goals will be measured and criteria for mastery. Periodic reports on the progress the child is making toward meeting the annual goals are given concurrent to the issuance of report cards.
 4. A statement of the special education and related services and supplementary aids and services and a statement of the program accommodations, modifications, or supports for school personnel that will be provided to enable the child:
 - a. To advance appropriately toward attaining the annual goals;
 - b. To be involved in and make progress in the general education curriculum and to participate in extracurricular

- and other nonacademic activities and; to be educated and participate with other children with disabilities and nondisabled children in academic, nonacademic and extracurricular activities.
5. An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the nonacademic and extracurricular activities.
 6. A statement of any appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments.
 - a. If the IEP Team determines that the child must take an alternate assessment instead of a regular state or district wide assessment of student achievement , a statement of why:
 - i. The child cannot participate in the regular assessment;
 - ii. The particular alternate assessment selected is appropriate for the child; and
 - iii. The parents of the child must be informed that the child is being assessed against alternate or modified achievement standards and any consequences of such assessments.
 - b. IEP teams must select for each assessment only those accommodations that do not invalidate scoring.
 7. The projected date for the beginning of the services and the anticipated frequency, location, and duration of those services.

C. Transition Services:

- Beginning no later than entry into ninth grade or by age 16, whichever comes first, or younger if determined appropriate by the IEP Team and updated annually, the IEP includes:
 1. Preferences, strengths, and interests including a career and interests inventory.
 2. Career pathway and diploma type sought.
 3. Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.
 4. Involvement of student and family in developing and updating the transition plan.

5. The transition services (including courses of study) needed to assist the student in reaching those goals.
6. Appropriate activities to meet annual goals;
7. People and representatives of agencies involved to meet the annual goals.
8. Date of complete/achieved outcome.

D. Transfer of Rights at age of Majority:

- Beginning no later than one year before the student reaches age 18, the IEP must include a statement that the student has been informed of the student's rights under Part B of the **IDEA**, if any, which will transfer to the student upon reaching age 18.

E. Excusal of IEP Team Members:

- A member of the IEP Team is not required to attend an IEP Team meeting if the parent of a child with a disability and the LEA agree, in writing, 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. A member of the IEP Team may be excused from attending an IEP.
- Team meeting when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if:
 1. The parent, in writing, and the LEA consent to the excusal; and
 2. The member submits in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting.

F. Transition for Children birth through 2:

- In the case of a child who was previously served under early interventions, when requested by the parent, the case manager must invite the preschool's disabilities coordinator or other representatives of the early intervention system to the IEP meeting to assist with the transition of services.

G. Parent Participation in the IEP:

- The LEA will take steps to ensure that one or both of the parents of a child with a disability are present at each IEP, team meeting or are afforded the opportunity to participate, including notifying parents of the meeting early enough to ensure that they will have an opportunity to attend, and scheduling the meeting at a mutually agreed upon time and place.

- The invitation to the IEP Team meeting will indicate the purpose, time, and location of the meeting, titles of participants who will be in attendance, and inform the parents of their right to invite other individuals who, in their opinion, have knowledge or special expertise regarding their child, including related services personnel. The invitation also informs the parents of a child previously served in Babies Can't Wait of their right to request that an invitation to the initial IEP Team meeting be sent to the Service coordinator or other representative of Babies Can't Wait to assist with the smooth transition of services.
- For a student with a disability, beginning not later than entry into ninth grade or by age 16 whichever comes first, or younger if determined appropriate by the IEP Team, the invitation must also indicate that a purpose of the meeting will be the consideration of postsecondary goals and transition services for the student. The LEA will invite the student and other agency representatives who may be involved in transition.
- If neither parent can attend an IEP Team meeting, the LEA will use other methods to ensure parent participation, including individual or conference telephone calls or video conferences. A meeting may be conducted without the parents in attendance if the LEA is unable to convince the parents that they should attend. In this case, the LEA keeps a record of its attempts to arrange a mutually agreed on time and place such as records of telephone calls made or attempted and the results of those calls; copies of correspondence sent to the parents and any responses received; and records and results of any visits made to the home or place of employment and the results of those visits.
- The LEA will take whatever action is necessary to ensure that the parents understand the proceedings of the IEP Team meeting, including arranging for an interpreter for a parent who is deaf or whose native language is other than English.
- The LEA will provide a copy of the IEP to the parents at no cost.
- The LEA will ensure that the parents of each child with a disability are included when making decisions on the child's educational placement.

H. IEPs and IFSPs:

- A meeting to develop an IEP for a child is conducted within 30 days of a determination that the child needs special education and related services. As soon as possible following development of the IEP, special education and related services are made available to the child in accordance with the child's IEP. All IEPs and IFSPs are reviewed at least annually. The child's case manager ensures that:
 1. The child's IEP is accessible to each regular education teacher, special education teacher, related services provider, and any other service provider who is responsible for its implementation; and
 2. Each teacher and provider is informed of:
 - a. His or her specific responsibilities related to implementing the child's IEP ; and
 - b. The specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

I. Inter and Intra-state Transfer of Students With IEPs:

- When a student with a disability transfers to PCCSS in the same school year from another Georgia school district, the system (in consultation with the parents) will provide FAPE to the child (including services comparable to those described in the child's IEP from the previous LEA), until the district either :
 1. Adopts the child's IEP from the previous LEA; or
 2. Develops, adopts, and implements a new IEP.
- If a child with a disability (who had an IEP that was in effect in a LEA in another state) transfers to PCCSS within the same school year, the system (in consultation with the parent) must provide the child with FAPE (including services comparable to those described in the child's IEP from the previous LEA), until the LEA:
 1. Conducts an evaluation if determined to be necessary by the new LEA; and
 2. Develops, adopts, and implements a new IEP, if appropriate.

J. FERPA: The Putnam County Charter School System will adhere to all FERPA requirements as it pertains to students with disabilities.

K. Review and Revision of the IEP:

- All IEPs are reviewed at least annually to reflect potential changes, including:
 1. Lack of progress toward annual goals;
 2. Lack of adequate progress in the general curriculum;
 3. Revision of services as appropriate;
 4. Parental concerns;
 5. Modify, add, delete goals/objectives;
 6. Discuss the need for extended school year;
 7. New information obtained due to reassessment or from parents, teachers, or other sources;
 8. Student's behavior.

IV. PERSONNEL, FACILITIES, AND CASELOADS:

A. Maintenance of Credentials:

- Maintenance of current credentials shall be the ongoing responsibility of any professional employed by or under contract with the Putnam County Charter School System. Maintenance of records of current credentials shall be the ongoing responsibility of the Putnam County Charter School System.
- The Putnam County Charter School System shall recruit, hire, train and retain an adequate supply of highly qualified (certified or licensed) personnel, including special education, related services and Putnam County Charter School System leadership personnel, to meet the needs of children with disabilities.
- Related service personnel who deliver services in their discipline or profession must maintain current, State approved or recognized certification, licensing, registration or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services and these related service personnel must have not had certification or licensure requirements waived on an emergency, temporary or provisional basis.
 1. The required standard credential for all personnel providing educational interpreting for children who are deaf or hard of hearing in the Putnam County Charter School System, regardless of job title, shall hold a current Georgia Quality Assurance Screening (G-QAS) rating of Level III or higher in both interpreting and transliterating, as approved

and maintained by the Georgia Department of Labor/Vocational Rehabilitation Program (DOL/VR), and/or documentation of advanced interpreting skills and qualifications through current national certification from the Registry of Interpreters for the Deaf (RID), and/or documentation of advanced interpreting skills and qualifications through current national certification from the National Association of the Deaf (NAD) Levels III , IV or V, and/or documentation of advance interpreting skills and qualifications through a current Educational Interpreter Performance Assessment S (EIPA) rating of Level 3 .5 or higher . The EIPA rating cannot be more than five years old.

2. Maintenance of current credentials shall be the ongoing responsibility of any educational interpreter employed by an Putnam County Charter School System for purposes of educational interpreting for children who are deaf or hard of hearing. Maintenance of records of current credentials shall be the ongoing responsibility of the Putnam County Charter School System, and current credentials of educational interpreters must be filed with other personnel records (e .g, teacher certification credentials).

B. Classroom Size and Appropriateness:

- The Putnam County Charter School System shall provide a classroom of suitable size in a distraction-free area, as required by the type of program or services to be established, with appropriate furniture, materials, supplies and equipment to meet the needs of the class or individual children to be served. Putnam County Charter School System will make reasonable efforts to prevent placing children with disabilities in classrooms that are too small, have visual or auditory distractions or do not have items necessary to provide appropriate instruction.
- Thirty-eight square feet shall be provided for each child in the class with a variance of 10 percent depending upon the total number of personnel in the class at any time, the type of children and class , the kind and amount of furniture and equipment required and the necessity for storage capabilities. Special circumstances shall be outlined in the local facility plan.

C. Maximum Class Size/Caseload:

- The following are maximum class sizes and caseloads for personnel providing services for children, ages 3 through 5, in Community, Full Day, and Part Day classes. All numbers shown for Maximum Class Size are with a Paraprofessional.

| | Maximum Class Size | Caseload |
|----------|--------------------|----------|
| Full day | 8 | 16 |
| Part day | 12 | 32 |
| C | - | 32 |

APPENDIX A - CLASS SIZES AND CASELOADS

| PROGRAM AREA | DELIVERY | | MAXIMUM CLASS SIZE | | CASE-LOAD |
|------------------------------------|---------------------|--------------|--------------------|------------|-----------|
| | Self-contained (SC) | Resource (R) | W/O Para | With Para* | |
| INTELLECTUAL DISABILITIES | | | | | |
| Mild | SC | | 10 | 13 | 14 |
| | R | | 10 | 13 | 26 |
| Moderate | SC | | NA | 11 | 11 |
| Severe | SC | | NA | 7 | 7 |
| Profound | SC | | NA | 6 | 6 |
| EMOTIONAL AND BEHAVIORAL DISORDERS | SC | | 8 | 11 | 12 |
| | R | | 7 | 10 | 26 |
| SPECIFIC LEARNING DISABILITIES | SC | | 12 | 16 | 16 |
| | R | | 8 | 10 | 26 |
| VISUAL IMPAIRMENTS | SC | | NA | 6 | 7 |
| | R | | 3 | 4 | 13 |
| DEAF/HARD OF HEARING | SC | | 6 | 8 | 8 |
| | R | | 3 | 4 | 11 |
| DEAF-BLIND | SC | | NA | 6 | 7 |
| SPEECH-LANGUAGE IMPAIRMENTS | SC | | 11 | 15 | 15 |
| | R | | 7 | NA | 55 |
| ORTHOPEDIC IMPAIRMENTS | SC | | NA | 11 | 11 |
| | R | | 4 | 5 | 15 |

See Rule 160-5-1-.08 (Class Size) for specifics.

Note: Each *paraprofessional (para) is equivalent to 1/3 teacher and affects individual class size, caseload and system average proportionately. Three paras are the maximum number that can be used to increase the maximum class size for any special education class.

Note: If children from different programs/delivery models are within the same segment, the class size shall be determined by the program/delivery model with the smallest class size. The caseloads shall be determined by averaging the respective caseloads.

V. The Psycho-educational Network is known as the Georgia Network for Educational and Therapeutic Support (GNETS):

A. GNETS

- GNETS programs provide comprehensive special education and therapeutic support for the children served. The purpose of the GNETS is to prevent children from requiring residential or other more restrictive placements by offering cost-effective comprehensive services in local areas. Families have the opportunity to be engaged in all aspects of service planning. Child specialists (educators, psychologists, social workers, psychiatrists, behavior support specialists, or etc.) from a variety of professions collaborate on behalf of the children served.
- All program serve children ages 3 through 21 years by the program staff in classes, with direct therapeutic services, evaluation and assessment or other services as appropriate.
- The PCCSS uses GNETS of Oconee and all students referred to the program should be approved by the Director of Special Programs and a referral packet should be completed on the student and sent to the center prior to the students first day of school.

B. Eligibility and Placement:

- An IEP team may consider in-class services by a GNETS program for a child with an emotional and behavioral disorder based upon documentation of the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavioral disorders (EBD). This documentation must include prior extension of less restrictive services and data which indicate such services have not enabled the child to benefit educationally. For children receiving in-class services, local schools are actively involved and exit criteria are developed upon entry into the GNETS program.
- GNETS programs provide an array of therapeutic and behavioral supports as well as specialized instruction for

students. These supports are designed to assist the student to progress in the general curriculum and graduate ready for work or post-secondary studies. In addition, the GNETS program provides supports to families and works collaboratively with other agencies serving students.

- Students are referred by their local school districts through the Individualized Education Program (IEP) process. An IEP team may consider services by a GNETS program for a child based upon documentation of the severity of the duration, frequency, and intensity of one or more of the characteristics of the disability category of emotional and behavioral disorders (EBD). This documentation must include prior extension of less restrictive services and data that indicate such services have not enabled the child to benefit educationally. For children receiving services, local schools are actively involved, and exit criteria must be developed upon, or prior to, entry into the GNETS program.
- Most students served by GNETS programs are those with severe emotional and behavioral disorders. Other eligible students with disabilities may be served in GNETS classes when the frequency, intensity, and duration of their behaviors is such that this placement is deemed by those students' IEP teams to be appropriate to meet the students' needs. Students who are served in GNETS classes are those requiring the intensive therapeutic interventions and educational support that GNETS programs are designed to provide.

C. Program Operation

- **Class Size by Level:** The recommended maximum class size for GNETS preschool, elementary and middle school classes is eight. The recommended maximum class size for high school classes is ten.
- **Positive Behavioral Intervention Supports:** GNETS programs utilize evidence-based positive behavioral interventions, supports and other strategies designed to increase children's resilience and social emotional competence.
- The academic curriculum for all children is Georgia's general education curriculum.
- Documentation must include evidence that appropriate research-based interventions were provided for a significant length of time and data that indicate such interventions have

not enabled the child to benefit educationally. Additional evaluations prior to placement may also be necessary.

- Placement in a GNETS program is determined by the student's IEP team. GNETS directors and special education directors do collaborate to ensure that GNETS program staff are included in IEP meetings when GNETS services are being considered and to develop a process to consider all available data and information in order to facilitate a student's entrance and exit from a GNETS program.
- The Putnam County Charter School System will coordinate with the GNETS program to ensure that all student data are accurately entered into the Student Record and Student Information Systems and reported in accordance with State Board of Education.
- The Putnam County Charter School System Due Process Facilitator in consultation with the Director of Special Programs will collaborate with the GNETS director to ensure that textbooks, Georgia State Standards curriculum materials and resources, technology and its support, and state and local testing materials are provided to its students served in GNETS.
- Putnam County Charter School System will coordinate with the GNETS director to ensure that appropriate facilities will be provided and maintained in accordance with all applicable laws and regulations.
- The Putnam County Charter School System Director of Special Programs will coordinate with the GNETS program to ensure that transportation is provided to students participating in the GNETS programs. The Putnam County Charter School System has the ultimate responsibility for ensuring that its students receive the necessary transportation.
- In addition, the Putnam County Charter School System Director of Special Programs will coordinate with GNETS to ensure that related services are provided when these services are determined as educationally necessary by the student's IEP team. The Putnam County Charter School System, however, has the ultimate responsibility for ensuring that a student receives all services necessary under the student's IEP, including but not limited to related services such as occupational and/or physical therapy, Extended School Year (ESY), and/or assistive technology.

Area of General Supervision III: Student Progress

I. Free Appropriate Public Education (FAPE):

A. FAPE Inclusive For Students Age 3 To 21

- A free appropriate public education (FAPE) will be available to all children residing in the Putnam County between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school.

B. FAPE For Students Age 22

- If a student is receiving services upon reaching age 22, he or she may remain in the system until the end of the current school year. Putnam County Charter School System will offer these students assistance with a successful transition to their desired post-school outcomes and will collaborate with the student or his/her parents to complete that transition by age 22. If an adult student remains after their 22nd birthday, Putnam County Charter School System shall notify the adult student and the parent(s) that although services will continue, no individual entitlement to FAPE or other rights under IDEA are afforded the adult student.

C. FAPE Provision by 3rd Birthday

- The obligation to make FAPE available to each eligible child residing in Putnam County Charter School System begins no later than the child's third birthday and an IEP is in effect for the child by that date. If a child's third birthday occurs during the summer, the child's IEP Team shall determine the date when services under the IEP or IFSP will begin.

D. FAPE for Incarcerated Students

- The obligation to make FAPE available to all children with disabilities does not apply with respect to adult students aged 18 through 21, who, in the last educational placement, prior to their incarceration in an adult correctional facility were never identified as a disabled student, did not have an active IEP, or who had graduated. If a student 18 to 21 years of age is identified as a disabled student, has an active IEP, and has not graduated, FAPE continues to apply. The facility where the student is incarcerated must notify Putnam County Charter School System of the incarceration and the need for FAPE.

E. Medicaid Reimbursement (Fee for Services):

- Our district does seek Medicaid reimbursement for services such as Occupational Therapy, Physical Therapy and Speech. Our therapist bill for the services they provide if the student is Medicaid eligible. Regardless of the Medicaid status all students receiving a therapy service our entered into the computerized program used for billing (PaddyNet). Therapist will be expected to serve students on the first day of school and will be expected to have a 90% compliance rate monthly and an overall compliance for 90% of services delivered to the students.
- At each annual review, caseload teachers are responsible for having the parent sign the Medicaid eligibility form. You only have to get this done if the student is receiving one of the therapy services. We must have a new form signed each year stating whether or not we can bill for services. Once the form has been obtained, send the form to administrative assistant (Karen) so that she can process each form and file it for compliance.

1. **Random Moment of Time Study(ACE)** Under the Medicaid billing for the State of Georgia, anytime a district receives Fee for Services monies, an additional eligibility exist for districts to re-coup monies from Random Moments of Study. All special education teachers, administrators, therapist, nurses, counselors and other support personnel will be part of the staff pooling and could potentially be chosen to participate in the random moment. If you are chosen for the random Moment you will receive and email from gaace@pcgus.com. Please do not delete. The system will send you a date and time of your moment of study and you must answer questions as to what you were doing in regard to your job at that moment and time. You could be working with students, working on an Individual education plan, scheduling of special education students, writing lesson plans, etc. The participant can take up to 30 minutes to answer the questions once inside the study. The participant has 5 calendar days to complete the random moment of study. Staff should be as detailed as possible; please don't use acronyms, names or any shorten phrases

that will not be completely understood by the centralized coder.

2. Extended school year services must be considered annually on a student. Teachers should not unilaterally place all students into the same type of service or the same duration of service, but each student should be looked at as to what that student needs. Teachers should use the ESY form found in SEMS to determine the appropriate services for the student. Once the committee has determined the student needs services, please notify the central office, so a teacher can be contracted with to work with the child. Once ESY is over, documentation as to progress should be made in the students' IEP. It can be made in student progress, under the student goals or under the ESY section of the IEP.

Area of General Supervision IV: Parent Engagement

I. Procedural Safeguards and Parental Rights

- A. The Notice of Procedural Safeguards provides parents with notice of all pertinent IDEA and State procedural safeguards requirements. The Putnam County Charter School System will utilize the state provided "Parental Rights" and will post yearly on the district website in both English and Spanish and will be provided to other non-English speaking parents in a language they can understand. The notice must be offered to the parent when one of the following occurs and should be documented under the meeting summary in the student IEP Program.
 - **Assessment.** Upon student's initial referral or parent request for an assessment.
 - **Annually.** For students currently receiving special education services (typically, this will be provided to parents at the time of the annual review meeting).
 - **Complaint/Due Process.** Upon receipt of the first complaint, and/or first due process hearing request in a school year. The Director of Special Programs sends this notice to the parent.
 - **Disciplinary Change of Placement.** On the date a decision is made to suspend a student when the suspension constitutes a change of placement because of a violation of a code of student conduct.
 - **Upon Request by a parent.** Procedural safeguards pertaining to the following are described in the notice:

1. Independent educational assessments;
2. Prior written notice;
3. Parental consent;
4. Access to education records;
5. Opportunity to present and resolve complaints through the due process complaint procedures, including:
6. Time period in which to file a complaint;
7. Opportunity for the agency to resolve the complaint;
8. Mediation;
9. Interim Placement;
10. Private school placement by parent;
11. Due process Hearings;
12. Attorney Fees;
13. Provided in Language understandable to parents;

II. Surrogate Parents

- In order to provide every student eligible for public education with the protection of procedural due process, under circumstances where a student's parents or guardians are not known or are unavailable, or a student is a ward of the State, that student will be assigned a surrogate parent. The person who is selected to be a surrogate parent may not be an employee of the State Education Agency, Local Education Agency or any agency that is involved in the education or care of the child; has no personal or professional interest that conflicts with the interest of the child s/he represents; and has knowledge and skills that ensure adequate representation of the child (attends a Surrogate Parent Training Session.) In the case of a child who is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs may be appointed as temporary surrogate parents.
- Children who are in the custody of DFCS and DJJ are considered "wards of the state" or in Georgia the term most often used "in state custody". Children in the custody of DJJ or DFCS that are residing in group homes, residential facilities, or emergency shelters may all qualify as wards of the state that need a surrogate parent. Children in the custody of DFCS who reside with a foster parent are also wards of the state; however, the foster parent can fit the definition of parent under the 2004 IDEA. Therefore, a foster

parent can sign without getting a surrogate parent or requiring that the foster parent attend training prior to signing.

- Review of Guidelines to Determine the Need for a Surrogate Parent:

1. If the child is in the custody of a State agency (DFCS), then the child is a ward of the state. If the child is a ward of the state, then the following question must be asked to determine whether a surrogate is needed or not. If the child is in the custody of DFCS, then ask the person enrolling the child if the child resides with a foster parent.
 - a. Yes—(If yes, then the foster parent may sign.)
 - b. No—(If no, then the school will assign a surrogate parent to the case.)

- If the school due process facilitator or the caseload teacher believes they need a surrogate then they should notify the Director of Special Programs so she may obtain a trained surrogate person. The criteria for surrogate parent selection will be based on student needs. The surrogate parent responsibilities will include fulfilling all parental duties in the absence of the parent.

III. Dispute Resolution

The district shall work with parents to resolve any issues related to students with disabilities in accordance to the guidelines outlined in this manual. If a parent files a complaint with the Georgia Department of Education, the district will in a timely manner provide any written documentation or copies of IEPs, evaluations, etc. The district will make contact with the parent and try to resolve the issues. Upon receipt of a complaint the Director of Special Programs, will provide via US mail, or hand delivery, a copy of the parent procedural safeguards with documentation of receipt.

Other Notes & Guidelines:

- IEP meetings should be held within 365 days from the previous meeting date. Give ample time when setting up meetings in case a meeting is rescheduled so the timeline is still met.
- Your IEP team members should include: regular education teachers, special education teachers (one of these will be the LEA representative), parent, and student (8th grade and over), and others if applicable (such as an interpreter, counselor, administrator, etc.). Make sure to give everyone **at least seven days notice**. Notice should include date, time, and location of the IEP meeting. **Make sure to inform your Due Process Facilitator (DPF) when you schedule an IEP meeting.**
- The district will utilize the pending files in SEMS when working on an IEP and keep the current IEP in place until the meeting is held and the new IEP has been approved.
- In preparing for the meeting, make sure to have the meeting attendance page, parental rights, IEP folder, the reevaluation/redetermination form if applicable, and any other relevant forms. Make it your practice to print out the students testing history from the SLDS system and come with all school specific testing data (SRI, STAR math, DIBELS, school benchmarks and percent of standards mastered, etc.) If a team member within the school is unable to attend, complete the excusal letter for parent to sign, which may or may not give permission to proceed with the meeting.
- At times, it is permissible to have meetings without parents.
 1. Parent gave permission to have meeting without him/her in attendance;
 2. The parent participated by conference call/telephone speaker;
 3. The parent was given at least three documented contacts to arrange for meeting. Documentation could include: records of phone calls, copies of correspondence sent to parents and responses received, or detailed records of visits made to the home or place of employment.
- **Once IEP meeting is conducted, complete IEP in the IEP program within fifteen days.** Inform your DPF that it is ready for review and give the folder with paperwork in appropriate places to the DPF.
- DPF will return folder with any needed corrections marked within five days.
- Return corrected folders to DPF within two days.

- If a folder has to be returned more than twice, the DPF will notify the Special Education Director, who will then notify the appropriate principal that these duties and responsibilities have not been met. At such time, the Principal and the Special Education Director will determine the course of action to take with the teacher. This could include professional learning opportunities, a timeline of correction or an actual professional development plan with detailed activities.

Due Process checklist is a checklist for teachers that all required documentation is in the folder and accounted for. These checklists should be completed on each child annually, usually after the annual review. If a child does not have say a BIP because that does not apply to them, then the BIP should be checked. If the student is suppose to have a BIP according to the IEP and they don't in the folder then the item for BIP on the due process checklist should be checked no. Our system will use the n/a for items which don't apply to students unless the folder is suppose to have some type of documentation and it does not, that should be coded as NO and corrected as needed.

Amendments to IEP

Remember amendments to IEP's can be made throughout the year. You don't even have to have a meeting, it could be a phone conference, but the amendment grid should be filled out in SEMS with it well documented as to why a change is needed. The parent, even if they agreed to the change on the phone, should be given a copy of all changes and it [should be documented when you sent the changes home](#). Staff and teachers working with the student should also be given copies of the changes.