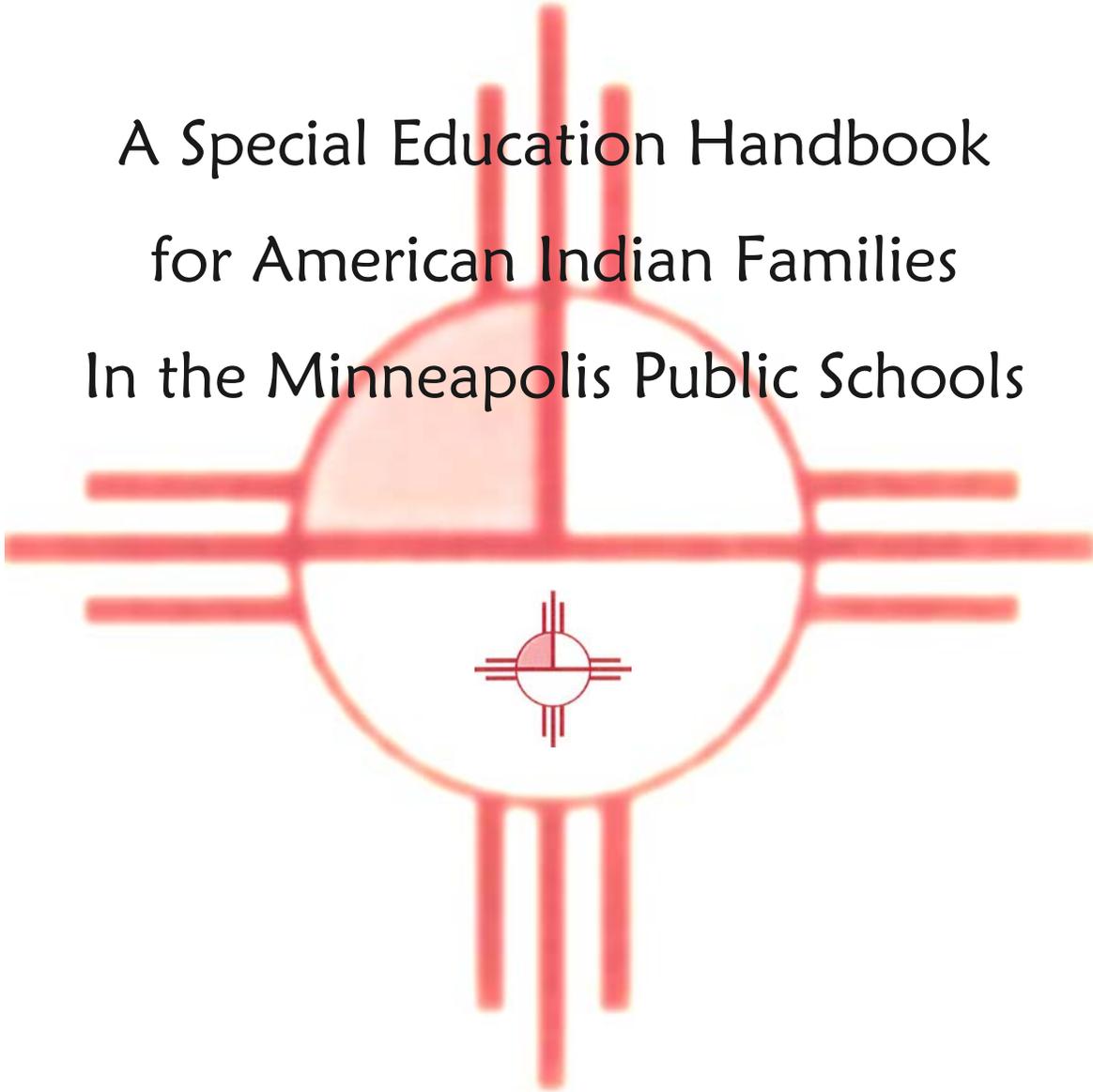


ENSURING THE BEST

A Special Education Handbook
for American Indian Families
In the Minneapolis Public Schools



A Collaboration between the Minneapolis Public Schools Indian Education Department,
Special Education Department, and PACER

*Updated: November 2012
By MPS, Indian Education Department*

Funded by the Minnesota Department of Education

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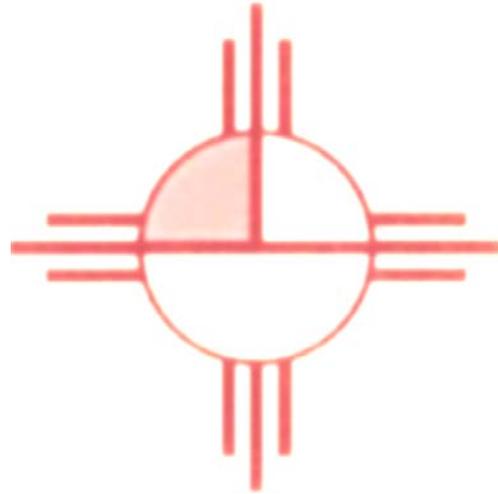
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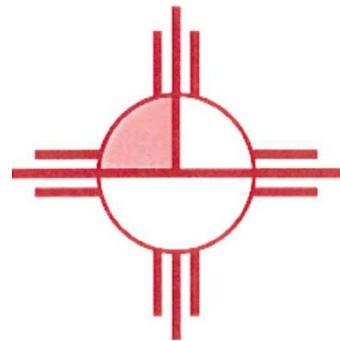
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I. Purpose

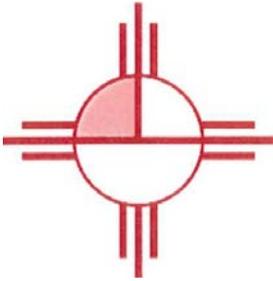
The special education process is a positive, powerful experience that helps students with disabilities be successful. It can also be a confusing process that leaves parents wondering if their child's needs are being met. The difference in how families experience special education is often determined by their level of understanding. That is why the Minneapolis Public Schools (MPS) Indian Education Program, together with the MPS Special Education Department and PACER Organization have developed this handbook.

The purpose of this handbook is to offer American Indian families a primer to the terms and programs in MPS. In addition to district programs, key aspects of the Individual Education Plan are explained. Finally, the book offers ideas and insights to bear in mind as you interact with your child's school. Hopefully the material in this booklet can help families and schools begin their relationship in the spirit of caring and mutual trust. Why American Indian families? For too long, American Indian students were over-represented in special education classes. While receiving special education services is not necessarily a negative thing, being misdiagnosed as having a disability is. Today, MPS has specific measures called The Problem Solving Model in place to reduce any bias in referring or diagnosing students. The three stages of this model are explained in their own chapter.

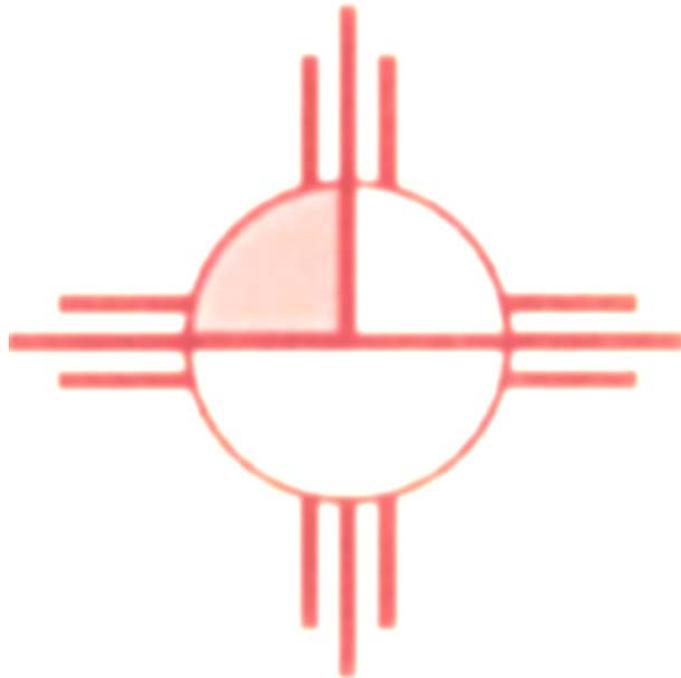
The booklet was compiled through the joint efforts of MPS Indian Education Department, MPS Special Education Department, PACER, and the Minnesota Department of Education. Special thanks goes to Tim Brown - formerly of MPS Indian Education, Cy Thompson - MPS Special Education, and Lucy Favorite - formerly of PACER. In special education communication, is everything. It is designed to be a partnership between families and schools, because the better a parent communicates with their child's school, the better their experience will be. More importantly, the more a parent and school staff communicate, the more effective the child's special education plan can be.



II. How to Use This Handbook



The information in this handbook is general and designed to be user-friendly. Use this to become familiar with MPS, the IEP, and advocacy. Within each of these chapters, volumes could be written to explain many of the technical details, but to keep this document manageable and handy, we have decided to offer an overview, highlighting and detailing only the most common areas of concern. Each family will have their own set of questions at different times throughout their child's education. When this happens, use this book to find out where to go for additional help. The contents in this handbook came directly from the MPS website, PACER handouts, and the MPS Special Education Due Process manual. Families are encouraged to use this handbook to support, not replace their relationship with the school. Minneapolis is a large district and special education is a maze of forms and terms, but hopefully this handbook will shrink and simplify the special education process in MPS for you and your child.



III. Basic Terms and Acronyms

Terms

Special Education: Any specially-designed instruction for a student with a disability.

Related Services: Transportation, developmental, corrective, and other supportive services required to assist a student in order to benefit from special education. Related services include:

- Speech Pathology
- Audiology
- Psychological services
- Physical and occupational therapy
- Recreation
- Counseling
- School health services
- Social work services

Individual Education Plan (IEP): The IEP is the plan that is developed specifically for your child's needs. It is the central document of your child's special education and articulates specific goals and objectives in areas of concern that your child will work on for one year. The IEP also specifies who will do what, how often and when and where to help your child reach his/her goals for the next year. Progress towards these goals are reviewed and reported to families as frequently as regular education reporting periods. Certain sections of the IEP will be discussed later in this handbook.

Evaluation: Evaluation is the process for determining whether a child has a disability and needs special education and related services. It is the first step in the special education process. Before schools can provide any services, an initial evaluation must be done. **You must give your consent in writing before an initial evaluation can take place.** An evaluation is not a single test. A team gathers information from a variety of sources to gauge a student's level of functioning in all areas of concern. If a student qualifies for special education, a re-evaluation must be done at least every three years.

Evaluation Process: If you believe your child is having problems learning or may need assistance in other ways, talk with your child's teacher, principal or school social worker. Request a meeting to discuss your concerns. The school could also be contacting you to

discuss concerns. They or you may request that an evaluation be done to determine whether your child has a disability. Then a planning evaluation meeting is scheduled to determine what areas will be assessed and who will be doing various assessments. Once you give permission in writing for the school to evaluate your child, the school has 30 days to complete the evaluation. The school then meets with you to determine if your child is eligible for special education. If your child is found to be eligible, the school-parent team will discuss his/her needs, form goals and determine the best placement for your child. If you disagree with the results of an evaluation, you have the right to obtain an independent educational evaluation. This is done by qualified professionals not employed by the school. If you have questions about the evaluation process, or any other special education questions, please contact Cy Thompson, MPS Parent Advocate at 612-668-5437.

Reasons for Evaluation:

- Identification: To identify students who are having delays or learning problems
- Eligibility: To determine if a student qualifies for special education
- IEP Planning: To provide information developing goals and objectives
- Measuring Progress: To establish a starting point (baseline) and track gains

Measures Used In Evaluations:

In addition to formal tests given by trained practitioners, students' ability and performance is examined by looking at:

- Medical information
- Observations in the classroom, home and community
- Interviews and surveys with parents and school staff

Questions To Ask Before Your Child Is Evaluated:

- What tests are being considered and why?
- Will someone be doing classroom observations?
- Has the person giving the test had experience testing children whose problems are similar to my child's?
- What process will be used to ensure that my child's culture is considered during assessment?
- Where will the evaluation take place? What will be done to make my child feel at ease?
- Will test scores be based on my child's age or grade?

Transition Services: By the time your child has reached age 14 or 9th grade (whichever comes first) the IEP must include transition planning. A good transition plan provides the structure for your child to live, work, and play as fully and independently as possible. This planning revolves around five areas:

1. Post-Secondary Education Planning
2. Employment
3. Community Participation
4. Recreation/Leisure
5. Home/Daily Living

When working on transition planning, your child's needs are combined with his/ her interests to develop activities in each of these areas. This is the phase of special education where your child can really self-advocate and steer the IEP in the direction he/she wishes. When transition services are being discussed at an IEP meeting, it is important that staff direct questions and comments to your child, not just you. Planning here is directed at enhancing your child's participation in school, home and community.

Acronyms

These acronyms may be used in meetings and on a student's IEP.

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BIP	Behavior Intervention Plan
CLASS	Coordinated Learning for Academic Social Success
DAPD	Developmental Adapted Physical Education
DCD	Developmental Cognitive Delay
DD	Developmentally Delayed
D/HH	Deaf/Hard of Hearing
E/BD	Emotional/Behavioral Disability
ECSE	Early Childhood Special Education

ESY	Extended School Year
FAPE	Free, Appropriate Public Education
FASD	Fetal Alcohol Spectrum Disorder
FBA	Functional Behavior Assessment
IEP	Individual Education Plan
LRE	Least Restrictive Environment
MCA	Minnesota Comprehensive Assessments
M/MMI	Mild/Moderately Mentally Impaired
MSMI	Moderate/Severely Mentally Impaired
OHD	Other Health Disabilities
OT	Occupational Therapy
PALS	Program for Academic Language Services
POHI	Physically and Other Health Impairments
PT	Physical Therapy
SERT	Special Education Resource Teacher
SEPP	Special Education Placement Policy
SIMS	Systematic Instructional Management Strategies
SLD	Specific Learning Disability
SNAP	Students Needing Alternative Programming
SPAN	Special Program for Adolescent Needs
SPEN	Special Program for Elementary Needs
TBI	Traumatic Brain Injury



IV. Advocating For Your Child

This section offers tips that can help you advocate for your child. In our busy lives, it is easy to put most of our child's educational decisions in the hands of teachers. But when it comes to special education, you automatically become a member of a team, a very important member. Here are some valuable points to remember about your role as an American Indian parent/ caregiver of a child with special needs:

General Things to Remember

No one knows your child better than you do. While teachers have training and licenses, you often are the only one who knows what works best with your child. A problem or behavior that may baffle teachers can often be explained by you.

You are a member of a team. Choosing whether or not to work with this team can have a huge impact on the quality of your child's education. You should be at the table when the team makes decisions.

You are the primary decision-maker for your child. No significant changes in your child's placement or services should take place without your approval except in emergency situations. Don't feel pressured to accept everything that other members of the team say. You call the shots- do so in a thoughtful and well informed manner.

Don't be all-or-nothing. Sometimes parents fall into two categories, those that *disagree* with everything the school says and those that *agree* with everything the school says. Don't feel as if you have to do either. It's not about agreeing or disagreeing. It's about what is best for your child. Carefully consider each idea and recommendation on its own in terms of how it impacts your child, not how it impacts your relationship with the school.

Before a Meeting

Know what tests will be done and why. Also, know who will give each test. Ask for other tests if you think they are needed. Likewise, if you don't agree that a certain test is needed, share this with the team. You should have a clear idea why each test is given.

Talk to your child. Ask what kind of help he or she would like to get. Ask if there are any changes he or she would like to see. How does your child feel about his/her teachers?

Ask if he/she would like to attend the meeting. If your child is in 9th grade or 14 years old or older, he/she must be invited to attend the IEP meeting.

Look over all previous records and forms. You will eventually have a file of records and forms for your child. Review all this before a meeting to make sure that questions raised in the past have been answered.

Go over the IEP form and its parts. Carefully review all previous versions and see if goals and objectives are appropriate.

Write down your goals for the next year. What do you want your child to learn next year? In what areas do you feel your child needs help?

Write down a list of concerns or questions you want answered. Often, during a meeting, we forget important things that we want to discuss. Make a cheat sheet to make certain that your questions get answered.

Talk to other parents of students with special needs. They may give you good ideas and advice. It may also offer support hearing from other parents with similar challenges.

During a Meeting

Ask questions. Some team members may use terms and abbreviations that are unfamiliar to you. When you are unsure about anything, ask for clarification. This is often the most difficult thing for parents to do but remember that you must ask on behalf of your child. It is your responsibility to make the team spell out their plans for your child.

Be focused. Try not to get sidetracked by other issues. You have a team of professionals that want to hear what you have to say, but make sure that it's about your child.

Remember your child's strengths. Giving students a taste of success can be a powerful thing. Always remind teachers what your child is good at and steer activities towards his/her strengths. Again, teachers are good at this but they don't know everything about your child the way you do.

Use face-to-face time with teachers to teach them. Teachers work with several students every day. They sometimes don't get a complete picture of every student. Use

your meetings to teach them about your child and his/her roles and responsibilities at home. The more information you share with teachers about your child, the better they can use it to connect with him/her in the classroom.

On-Going

Get involved and get information. Talk to other parents that share your concerns. You are not alone and you should not have to solve problems alone. Often, by talking to others and sharing information parents can develop new strategies and solutions that can help your child in the classroom.

Keep everything and keep it organized. This isn't always easy given the amount of paperwork that special education creates. But every letter and form that you receive represents a piece of your child's education.

Keep notes on every meeting. Record the date, the place, who was there, and what was said. Keeping track of meetings this way will help you and the team from covering old ground. Forms are provided in the back of this booklet.

Keep notes on every phone call. When talking to a teacher, social worker, or the principal, record who said what and when. Again, this isn't always easy but a form is provided in the back of this book. If you ever disagree with the school remember - if it isn't written down, it didn't happen.

You may request an IEP meeting at any time during the year. If you believe it is important to consider changes in your child's IEP, you can contact the school to have a meeting.

When you think school personnel are doing a good job - tell them. Being in special education is hard work and if you like how someone at the school works with your child, tell them. They deserve praise like everyone else.

V. The Individual Education Plan (IEP)

The Significance of the IEP

The most important and central part of your child's special education is his/her Individual Education Plan (IEP). The IEP itself is a legal document that should contain several things, such as:

- Student's present performance in targeted areas
- Specific needs based on present performance
- Goals and objectives that the student will reach
- The special education services that will be provided; who, where and when

Because your child's entire special education plan comes from the IEP, deciding what goes into it is very important. This is where you as a parent; care provider play an extremely important role. An IEP meeting is where you and the school personnel jointly decide the needs of your child. Ideally, everyone agrees on the nature and significance of the student's needs. Sometimes however, people see things differently and sorting out the biggest challenges facing your child can take some time. Once this is established, a plan can be developed to address these challenges.

When the IEP is completed, it serves as an evaluation tool for you and the special education staff. Everyone can refer to the goals and objectives throughout the next year and see what kind of progress your child is making.

Sections of an IEP

Student Information:

Make certain that information here is correct.

Parent/Guardian Information:

Make certain that information here is correct.

IEP Information:

IEP Manager: A SERT (special education resource teacher) or related service staff (School Social Worker, Speech Language Clinician, Occupational Therapist, Physical Therapist, School Nurse) must be your child's IEP manager. This person's responsibilities include coordinating your child's special education instruction and related services. The IEP manager is the one who schedules team meetings and is your primary contact at the school.

IEP Type: There are three types of IEPs

1. *Initial:* The initial IEP is the first one developed when a student begins to receive special education services. In many ways, this is the most significant type of IEP

because it is where everyone first has the opportunity to meet each other and share their concerns.

2. *Annual:* Within one year of the initial IEP meeting date, the team meets again to review progress and make decisions for the next year.
3. *Interim:* Sometimes, an IEP team may choose to develop an Interim IEP which can serve as an IEP for up to 60 days. Teams do this sometimes when there are questions about a student's best placement. They may also need to gather more evaluation data or resolve questions about the contents of an IEP.

Federal Setting: Refers to the percentage of time your child spends in Special Education, away from regular education peers:

Federal Setting I	Less than 21%
Federal Setting II	21%-60%
Federal Setting III	60% or more
Federal Setting IV	Separate Special Educational Site
Federal Setting V	Public hospital, day treatment, correctional facility, etc.

Primary Disability: The main disability that your student qualifies for special education services within Minneapolis Public Schools.

Secondary Disability: Additional categories that student may also qualify for and receive special education services for.

Progress Reporting:

Reports of a student’s progress (toward meeting the student’s annual goals), must be provided to parents/guardians as often as the progress reports (report cards) of students without disabilities. In Minneapolis, the progress reports are usually mailed around the same time as regular education report cards. This area should state how often you will receive progress reports.

IEP Planning Meeting:

The names and titles of all team members of the IEP are listed here. Parents/guardians must be invited to IEP meetings and scheduling the meeting should be set at a time you are available to come. If you receive a notice about an IEP meeting that is scheduled at a time when you are unable to be there, call the social worker or case manager to reschedule. In addition to the special education teacher, for students who are or may be participating in the general education environment, a general education teacher must be present at the IEP meeting. The meetings are often scheduled when the regular education teacher does not have teaching responsibilities (before and after school, or during his/her preparation time during the school day. The administrative designee is usually the school social worker, but could be the assistant principal, or principal. There is also an area that indicates who actually attended the meeting. Check to make sure it is correct.

Program:

The Program section is the heart of the IEP. Here is the blueprint for your child's education for the next year.

- *Performance Areas:* The targeted area(s) that your child will receive instruction.
- *Transitional Areas:* All of these areas must be addressed by the team if your child is in grade 9 or 14 years of age. Not every area necessarily needs a goal, but the team must discuss each area. If it is determined that no goal is required for an area, the IEP should indicate that in writing.
- *Present Level of Educational Performance and Educational Needs:* Make certain that this section DOES NOT just say "See Evaluation Report". There should be, in clear, measurable terms comments that specify your child's current level of functioning. This should spell out BOTH your child's strengths and weaknesses. This should NOT simply be a laundry list of scores. The comments here should clearly identify the specific skills/ behaviors your child needs to work on. This section (like all others) should be readable to you. Make certain that any terms or abbreviations listed here are explained clearly.
- *Transition Present Level of Performance and Transition Service Needs:* The same as above except your child's voice should be more evident in Transition needs. The needs here will generally specify services that your child will need in each transition area.

- *Transition Activities:* These are activities that your child will perform to meet his/her determined outcome in each transition area. Examples of transition activity would be “I will help my family prepare dinner at least once a week with the help of my grandmother” or “I will complete five job applications with the help of my schools’ work coordinator.”
- *Annual Goal:* This is the desired outcome, based on the Present Level of Performance statements, for your child in a 12-month period. Things to remember about goals are:
 - ✓ The behavior to be changed must be measurable
 - ✓ The goal should be reachable in one year’s time
 - ✓ Each goal should have three parts:
 1. Direction of change: Increase, decrease, expand, improve, maintain
 2. Specific skill or behavior to be changed: Expressive language, Math computation skills, Reading decoding skills, Compliance to adult direction, etc.
 3. Expected level of ending performance: 75 words a minute, solving three-step division problems with remainders, telling time to the quarter hour, following directions 90% of the time, etc.
 - ✓ Example of GOOD goal: “Misty will increase her functional math skills to a level where she can correctly identify the names and values for all coins and tell time to the quarter hour.”
 - ✓ Example of POOR goal: “Misty will improve her math skills.”
- *Short-term Objectives:* These are the small steps that your child will take toward reaching the goal(s). These are the actual instructional activities that your child’s SERT (special education resource teacher) will develop to work on your child’s area of need. For every goal, there must be at least two objectives. Each objective should have four parts:
 1. Condition under which behavior is performed: The materials, equipment, setting where behavior will take place.
 2. A specific behavior: A specific, objective and measurable act.
 3. Acceptable performance: Criteria determining the level at which your child must perform.
 4. Evaluation procedures: How progress will be measured.

Adaptations in General and Special Education

An area of the IEP to describe things that may be done differently or in addition to, what regular educations students receive, to increase your child’s opportunity for success.

These can include supplemental aids and services that will be provided to a student in general and special education settings; program modifications or supports for school personnel to meet the needs of the student, and/or assistive technology, if needed. This is also the area where transportation accommodations are listed. Examples of adaptations could also include: textbook and curriculum changes, classroom modifications (seating arrangements), instruction and assignment changes (ex. additional time to complete assignments), behavior modifications (ex. frequent praise/reinforcement for appropriate behavior, provide pass to “cooling off” area when student is under stress, etc.), grading and test modifications (ex. use credit/no credit or alternative grading system).

Also **Modification of the District City Wide Discipline Policy** is reviewed at each annual IEP meeting and determined as a team if the student can follow the policy without modification. Some students have behavioral difficulties that are related to their disabilities and in many cases it would be an unrealistic expectation for these students to follow the policy without any accommodations or modifications. A student with a disability in any area may need the discipline policy modified. If the team determines that modifications to the discipline policy are appropriate, the specific modifications should be described in this section of the IEP.

Minnesota Academic Standards

The IEP must document decisions made about state and district level testing for individual students. The No Child Left Behind Act requires that, with few exceptions (for students with “the most significant cognitive disabilities”), students with disabilities must take the same state and district-wide assessments as students without disabilities. Once a team has determined that a student is capable of taking the tests, the team must decide what accommodations or modifications are necessary. There will be some students, because of the severity of their needs, who will require an exemption from testing. If the IEP team chooses to exempt a student, it must include in the IEP an explanation for the exemption decision and what alternative assessment process will be used instead. In cases where a student is using the alternative assessment process, the completion of the student’s IEP goal and objectives will then serve as the criteria for awarding a high-school diploma. Your child’s case manager is the best resource to discuss/explain testing modifications.

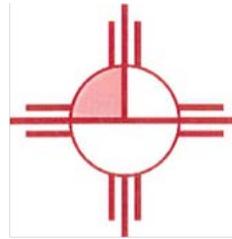
Parental Notification of Alternative Assessment

An area that would need to be checked that indicates parent is aware of alternative assessments.

Special Education and Related Services to Meet Goals and Objectives:

Depending on the goals and objectives that are developed at the IEP team meeting, your child may require certain related services in addition to special education. Special education means any specially designed instruction. Related services are transportation and developmental, corrective, and other supportive services required to assist a student in order to benefit from special education. Related services include:

- Speech Pathology
- Audiology
- Psychological services
- Physical and occupational therapy
- Recreation
- Counseling
- School health services
- Social work services



Your child's special education and related services must be documented specifically on the IEP. The amount of time and frequency for each service must be spelled out and must be appropriate for your child's needs.

Start Date: On an initial IEP, services will begin upon receipt of your signed permission. You do not have to sign anything at the meeting. Often, if there are no questions, parents can sign and services can begin the next school day. This is the most convenient for everyone but you may wish to take a day to carefully read over the IEP. You have 10 days before you need to reply.

Altered School Day

This area of the IEP indicates, based on your child's needs, the length of his/her school day. An altered school day is an increase or decrease of the number of hours a student spends in school from that of the normal school day and is determined by the IEP team. The parent must be involved with the decision and must give consent as required for other IEP changes. The decision to alter the school day must be related to the student's needs as identified in the IEP.

Least Restrictive Environment

Federal law requires “to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are [to be] educated with children who are nondisabled.” There is a process that is required in determining the LRE (Least Restrictive Environment), and your child’s IEP case manager and/or team should be able to explain and answer questions about this process to you. It is an important area of the IEP because it states where most of your child’s education will take place. If the IEP team is making a change in the setting for your student, it must be explained in this section. That explanation should include why the effect of the student’s disability requires service(s) in the setting selected.

Plans Coordinated Through the IIIP Process

If your child receives special education services from at least one other public agency outside of the school district, it would be described here.

Extended School Year

At each annual IEP meeting, the team discusses and determines the need for extended school year services. When teams determine whether a student is eligible for these services, they look at student data, discuss self-sufficiency, and whether students have unique needs, that require ESY services. You as an IEP team member can ask about extended school year services and advocate for your child’s unique needs.



VI. Minneapolis Public Schools Special Education Programs

Decisions to place your child into a program are made by an IEP team at each school. Minneapolis Public Schools offers a wide-range of Special Education programs and services. Each student with a disability receives the education programs and support based on their individual needs. Programs and services are provided to students and their families beginning at birth through age 21 or completion of a secondary education program. Special education is also available for students attending non-public schools. This section presents the district’s special education programs and services in seven areas:

- Early Childhood Special Education (ECSE) Programs

- Programs and Services for Students with Academic Learning Disabilities
- Programs and Services for Students with Emotional and Behavioral Disabilities
- Programs and Services for Students with Emotional and Behavioral Disabilities
- Programs and Services for Students with Cognitive/Neurological/Physical Disabilities
- Programs and Services Provided at all MPS Schools
- Transition Plus Services

1. Early Childhood Special Education (ECSE) Programs

Early Childhood Special Education: Serves students from birth to kindergarten identified as having a Developmental Delay (DD) or other disability. Screening for ECSE evaluation is available by calling 612-348-TOTS (8687). Eligibility is determined through evaluation by Minneapolis Public Schools. ECSE services are offered in the community, homes, child care sites and schools throughout the school district.

2. Programs and Services with Academic Learning Disabilities

Programs and Services for Academic Learning Disabilities include Coordinated Learning for Academic and Social Success (CLASS), a cross-categorical program serving students in grades K-8 who require more intensive special education services for the majority of the day due to significant discrepancies from grade level peers in most or all academic skills. Students participate in general education classes that are appropriate for their age and skill level. *Current locations: Andersen, Anthony, Armatage, Kenwood, Lucy Laney, Olson, Pillsbury, Sheridan, Sullivan, and Jenny Lind.*

Life Skills Program: Serves students with severe learning, language and various developmental disabilities in grades 9-12. Emphasis is on maximizing the independence of young adults through the development of job-seeking and job-retention skills, decision-making and social skills, independent living skills, self-advocacy skills, applied academic skills and other skills which enable them to successfully transition to the community after they complete their high school program. *Current locations: Edison, South, Henry, Roosevelt, and Southwest.*

Special Education Resource Program: Special Education Resource Teachers (SERTs) provide direct and indirect services to students in every school in the areas of academic, emotional/behavioral, motor, social skills, functional and adaptive skills and/or

vocational skills for us to 50% of a student's day. *Offered at: all schools.* Schools develop their own models to meet the needs of students. Models range from pull out (small group instruction) to collaborative models, teaming with regular education staff, special education staff and other support service.

3. Programs and Services for Students with Emotional and Behavioral Disabilities (EB/D)

Hospital/Agencies: Serves students placed by the county, courts, or others for care and treatment. These programs provide residential treatment, day treatment and emergency shelter services. A student's educational program is provided in coordination with the medical treatment or care plan. *Current locations: Children's Residential Treatment Center, Hennepin County Juvenile Detention Center, Minnesota Teen Challenge, Riverside Medical Center, University of Minnesota Hospitals, and St. Joseph's Home for Children.*

Special Education Resource Program: Special Education Resource Teachers (SERTs) provide direct and indirect services to students in every school in the areas of academic, emotional/behavioral, motor, social skills, functional and adaptive skills and/or vocational skills for us to 50% of a student's day. *Offered at: all schools.* Schools develop their own models to meet the needs of students. Models range from pull out (small group instruction) to collaborative models, teaming with regular education staff, special education staff and other support service.

Special Program for Adolescent Needs (SPAN): Serves students in grades 7-12 who have emotional and/or behavioral needs which adversely affect their progress in the regular education setting despite intensive interventions. Students are in special classrooms on a full- or part-time basis. The program provides highly structured and small group instruction in academic and social skills necessary for school success. Students attend mainstream classes as appropriate. *Current locations: Anwatin, Northeast, and Sanford.*

Special Program for Elementary Needs (SPEN): Serves students who have significant emotional and/or behavioral problems K-6 which adversely affect their academic and social progress, despite intensive interventions. Students are in special classroom on a full- or part-time basis. Classrooms are self-contained, highly structured and provide opportunities for individual and small group instruction in academic and social skills

necessary for school success. *Students attend mainstream classes as appropriate. Current locations: Bryn Mawr, Elizabeth Hall, Northrup, Waite Park, and Whittier.*

Self-Contained Schools: Students who have significant emotional, behavior and mental health needs that adversely affect their academic and social progress. Students receive intensive individual academic and behavior management support. *Current location: W. Harry Davis/Riverbend (K-8).*

4. Programs and Services for Students with Cognitive, Neurological, Physical Disabilities

Autism Spectrum Disorder Program (ASD) provides highly structured, individualized programming; intensive communication and language training; social skills training; use of natural environments for instruction; positive behavioral programming; and inclusion with mainstream peers and activities. *Current locations: Andersen, Anthony, Bancroft, Burroughs, Cityview, Folwell, Hale/Field, Jefferson, Kenny, Lake Nokomis Wenonah/Keewaydin, Lyndale, Marcy, Olson, Pillsbury, Ramsey, Bethune, Jenny Lind, South, Sanford, Sheridan, and Sullivan.*

Deaf/Hard of Hearing Program (DHH) serves students with varying levels of hearing loss. Instruction designed to increase academic, communication, interpersonal, amplification management and other skills is delivered based on individual communication needs. These needs range from using listening and speaking to communicate with others to using a manually-encoded language (like ASL or Cued Speech). *Current location: Sullivan and Southwest. Itinerant services are offered at all Minneapolis Public Schools sites.*

Developmental Cognitive Delay Program (DCD) serves students with mild to severe mental disabilities whose needs cannot be met in regular classrooms even with support from special education resource teachers (SERT). Services include academic skills, functional and adaptive skills, intellectual functioning, social skills and vocational skills. *Current locations: Anwatin, Bancroft, Bethune, Cityview, Dowling, Hiawatha, Hmong International Academy, Jefferson, Lake Harriet Lower, Lake Harriet Upper, Northeast, Sanford and W. Harry Davis/Riverbend.*

Physical and Other Health Disabilities Program (P/HD) serves students who are identified as Physically Impaired (PI), Other Health Disabilities (OHD) or Traumatic Brain Injury (TBI). Students are served at their school of attendance or at accessible sites with

a more comprehensive service model. The P/HD program serves students who are identified as needing more intensive services. *Current locations: Nellie Stone Johnson and South.*

Special Education Resource Program: Special Education Resource Teachers (SERTs) provide direct and indirect services to students in every school in the areas of academic, emotional/behavioral, motor, social skills, functional and adaptive skills and/or vocational skills for up to 50% of a student's day. *Offered at: all schools.* Schools develop their own models to meet the needs of students. Models range from pull out (small group instruction) to collaborative models, teaming with regular education staff, special education staff and other support service.

5. Special Education Services Provided at All Schools

Assistive Technology/Augmentative Communication: Serves students with disabilities who require assistive devices and services to benefit from special education.

Audiology Services: Serves students who are hearing impaired. Offered at: Student's assigned school (public or non-public), pre-kindergarten community site, or home (birth to three program). The Audiology Test Suite, which is used for hearing evaluations, is located at Dowling School.

Developmental Adapted Physical Education (DAPE): Serves students with disabilities who cannot safely or successfully participate in the regular physical education program. Students identified as having a disability as defined by state criteria.

Occupational & Physical Therapy (OT/PT): Occupational therapy addresses the functional needs of a child; adapted behavior and play; and sensory, motor, postural, and emotional development. Physical therapy addresses the promotion of optimal human health and function through the application of scientific principles to prevent, identify, assess, correct, or alleviate acute or prolonged movement dysfunction related to the educational setting.

Services for Students with Vision Disabilities: Serves students identified as eligible for having a visual disability and in need of special education.

School Psychological Services: All students are eligible for referral; all MPS staff and parents may receive consultation. The assessment is used to determine special

education eligibility and programming needs. Services are usually provided following staff, parent, or school team referral.

Speech-Language Services Program: Serves students with communication disabilities including: oral language, articulation, voice, stuttering, and augmentative communication. Service includes direct intervention from an educational speech/language pathologist in the regular or special education classroom, direct intervention outside of classroom, and indirect or consultative service.

6. Transition Plus Services

Transition Plus Services (TPS): This program is designed to provide an adult environment for 18-21 year old young adults with disabilities and identified transition needs. A transition focused plan will be developed in the high school prior to coming to Transition Plus. This plan should include appropriate services, resources and agency linkages, which will assist with providing a smooth transition from high school to the adult world. Through programming in the classroom, in the community, and on the job, students are exposed to all areas of adult life. Related services are available as determined by the IEP team. Current location: 3320 Elliot Avenue S, Minneapolis, MN 55407 (use door #16). Phone: (612) 668-4100.



VII. The Problem Solving Model (PSM)

(This section was copied directly from the MPS special education website.)

Identification of Students with Disability under the Problem-Solving Model

The Minneapolis Public Schools Problem-Solving Model (SNAP) was developed in 1993 as a "Best Practice" approach to assessment and decision making. The model supports student achievement and school staff effectiveness through a systematic, school-wide approach to problem solving and service delivery. In September 2002, Minneapolis Public Schools received their third extension of a waiver of special education eligibility criteria from the Minnesota Department of Children, Families and Learning (now named Minnesota Department of Education). This waiver of eligibility criteria allows students to receive Special Education service under the PSM who otherwise would qualify under the disability categories of Specific Learning Disability (SLD) and Developmental Cognitive Disability (DCD) - Mild to Moderate range.

The purpose of implementing the PSM in Minneapolis is to:

- *improve pre-referral interventions and assessments for students who may have disabilities*
- *reduce the emphasis on IQ scores and potential bias in evaluation*
- *minimize the stigma of special education labels.*

The Problem Solving Model is a systematic process emphasizing: a) problem identification, clarification, and analysis; b) intervention design and implementation; and c) ongoing monitoring and evaluation of intervention effects. The process is data-based, includes specific decision-making points, and emphasizes the use of multiple intervention strategies and functional, multidimensional assessment procedures. The problem-solving process involves collaborative teaming across three stages. The first two stages are considered pre-referral interventions within regular education. The student's response to regular education interventions is the primary determinant of need for referral for additional services or special education evaluation.

At stage three a comprehensive special education evaluation addresses cognitive functioning, adaptive skills, and academic skills and other relevant areas of concern (behavior, speech, motor skills, etc.). Under PSM criteria students may be found eligible for special education if they exhibit a severe discrepancy between their actual academic skills and expected academic performance, and a need for intervention beyond the scope of regular education. Expected performance is based on multiple sources of information about overall ability.

The following are two scenarios under which the student may be found eligible for special education service: a) if they are found to be within the broad average range of cognitive and adaptive skills with severe underachievement, or b) if they are within the significantly deficit range of cognitive and adaptive skills with severe underachievement. Individuals who are identified as needing special education service under the PSM have the same due process rights as those who are found eligible for special education using the state criteria. They should have access to the same special education services as any other student identified under traditional models.

Common Questions Regarding the Problem Solving Model

Why is Minneapolis trying a different process for LD and MMMI?

- Required intelligence tests have consistently demonstrated bias against poor, inner city and minority children

- The State discrepancy model does not help identify instructional needs, it's focus is on labels
- The State discrepancy model is very expensive in terms of staff time relative to student benefit

Will all district schools use this process?

- The current agreement with OCR (Office for Civil Rights) and the state department calls for full district implementation by June 2001. As of fall 2000, all K-8 and middle schools sites are expected to implement the PSM. High schools will be trained during the 2000-2001 school year.

How well is the new model working?

- An evaluation funded by CFL found that there was no increase in placement of students in special education and that PSM sites used higher quality interventions. Students at PSM sites have been found to perform better on district-wide reading tests. Furthermore, the PSM model appears to decrease the probability that an African American student with academic difficulties will be placed in special education - it appears that earlier interventions are successful for many students.
- We are encountering anticipated problems implementing a new program - a need for more staff training and resources to help teachers develop instructional modifications; the process seems slow to use at first.
- Sites with well-functioning building teams are experiencing the most success.
- So far, parents have responded positively to the change in labeling and evaluation.

Will the new process increase or decrease the number of students on IEPs?

- There is no apparent pattern of increase or decrease overall. This is difficult to judge because referrals to special education are increasing at all sites. At this point, the PSM seems to be helping reduce disproportionate placements of children of color to a small degree.
- In the long run, effective classroom and team interventions will likely reduce the number of students needing special education service, all other things being equal.
- We are working with the state department and funding sources in general to assure schools that the level of needed support for students does not decrease.

Block grant funding is likely to occur in the future across the nation, which means services won't be determined strictly on the basis of IEPs. MPS currently uses a formula to allocate staff, which is not dependent on number of IEPs.

- We have data which show between 1983 and 1999, there was only a very slight increase in the percent of students served in special education due to academic disabilities (LD, MMMI and SNAP) despite the significant changes in our population of at risk students. This indicates that we are not identifying more students as a result of the change to the Problem Solving Model.

Is the new process really taking a lot of teacher time to implement?

- Yes and No. It depends on past experience. If teachers are accustomed to trying a variety of modifications prior to referral, this process will seem similar.
- Documentation of intervention effectiveness seems to cause the most concern. Very simple strategies for tracking student progress are necessary fancy charts and graphs are not! More training will be offered to help make this more efficient.
- PIC and the Special Education Department offer courses on a variety of interventions including Phonemic Awareness, Direct Instruction, Peer Assisted Learning Strategies, etc.

Have IQ tests been “banned” under the new model?

- Certainly not!
- The school psychologist must address intellectual functioning. Teacher judgments, observation, review of past assessments, etc., are generally helpful in obtaining an estimate of ability. Psychologists, as of fall 1998, must include at least one face-to-face interactive procedure with students; this might be a test, but could be a diagnostic teaching and/or other procedures.
- There will be situations where formal intellectual ability evaluation will be helpful, particularly when different placements are of concern. However, the results will not be used in a quantitative manner - scores will not be used to determine eligibility as they are under state rules. Before referral to more restrictive placements, there should be evidence of comprehensive individualized assessment. All assessments as of Fall 1999 must follow Guidelines for Reducing Bias in Special Education Assessment.

Currently, the term Response To Intervention (RTI) is being referred to in the Minneapolis School District more frequently. It essentially follows the same principles as the Problem Solving Model.

VIII. Resources

MPS does not necessarily endorse these agencies - they are provided for your informational use.

Access Ability, Inc., 350 Hoover St. NE, Minneapolis, MN 55413. 612-331-5958. Access to work and community for people with severe or multiple disabilities. Website: www.accessability.org

ACT (Advocating Change Together), 1821 University Ave. W., Room 3065, St. Paul, MN 55104. (651)641-0297. Provides self-advocacy training for persons with disabilities and their allies. Website: www.elfadvocacy.org

Arc Minnesota 800 Transfer Road., Suite 7A, St. Paul, MN 55114-1422 (651)523-0823. Support and advocacy for people with developmental disabilities and their families. Website: www.thearcofminnesota.org

Autism Society of Minnesota, 2380 Wycliff St., #102, St. Paul, MN 55114. (651) 647-1083. Seeks to educate families, professionals, and public about autism. Advocates for rights and appropriate services. Supports families with referrals. Website: www.ausm.org

Brain Injury Association of Minnesota, 34 13th Ave. NE #B001, Minneapolis, MN 55412. Services available to support persons affected by brain injury and the professionals who support them. Website: www.braininjurymn.org

Courage Center, 3915 Golden Valley Rd., Golden Valley, MN 55422-4298. (763)588-0811. Rehabilitation and resource center that empowers people with disabilities. Website: www.courage.org

DeafBlind Services Minnesota, 1936 Lyndale Ave. S., Minneapolis, MN 55403. (612) 362-8454. Promotes independence among people of all ages with hearing and vision impairments. Website: www.dbsm.org

Down Syndrome Association of Minnesota, 656 Transfer Road, St. Paul, MN 55114-1402. (651) 603-0720 Website: www.dsamn.org

Fraser Community Services, 2400 W.64th St., Minneapolis, MN 55423. (612) 861-1688. Provides education, rehabilitation and other support services to people with special needs. Website: www.fraser.org

Goodwill Industries Inc., Easter Seal Society of Minnesota, 553 Fairview Ave. N., St. Paul, MN 55104 (651) 379-5800. Provides employment and support services for individuals who face barriers to self-sufficiency. All services are offered at no cost to eligible program participants. Website: www.goodwilleasterseals.org

Hennepin County Children’s Mental Health Collaborative. (612) 673 2312 HCCMHC is a catalyst for improving children’s lives by serving as a convener, coordinator, advisor, and advocate for community efforts to increase access to and resources for high quality mental health services for children and families. Website www.hccmhc.com

LDA of Minnesota (LDA Learning Center), 6100 Golden Valley Rd., Golden Valley, MN 55422 (952) 582-6000, Serves children & adults with ADHD. Offers education, workshops, support groups, tutoring, referrals, etc. Website: www.ldaminnesota.org

Minneapolis Public Schools Parent Advocate, Cy Thompson (612) 668-5437

MPS Indian Education Department, Marie Wilson, District Program Facilitator, (612) 668-0614

MPS SPECIAL EDUCATION ADVISORY COUNCIL: The Special Education Advisory Council, SEAC, consists of a group of parents who have children with disabilities that receive special education services from the Minneapolis Public Schools, as well as liaisons from community agencies. Meetings are held at the Davis Center at 1250 Broadway Avenue, Minneapolis. SEAC strongly encourages American Indian parents to participate in the council. To receive meeting notices or if you are interested in becoming part of SEAC, please contact Cy Thompson at 612-668-5437. For updated information and a listing of forms, contacts and programs visit the MPS Special Education Website: www.mpls.k12.mn.us

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), 2233 University Avenue W. #395, St. Paul, MN 5514 (651) 917-2370. Statewide organization serving as a voice and resource on FASD. Website: www.mofas.org

Minnesota Department of Education, 1500 Highway 36, Roseville, MN 55113. www.education.state.mn.us

Minnesota Special Education Mediation Services (MNSEMS), Office of Dispute Resolution, 340 Centennial Building, 658 Cedar St., St. Paul MN 55155. (651) 297-4635. Assists students, parents, schools, and agencies to resolve conflicts regarding special education issues. Website: www.mnsems.state.mn.us

National Council on Disability, 1331F St. NW, Suite 1050, Washington DC 20004. 202-272-2004 V, 202-272-2074 TTY. Federal agency making recommendations to the President and Congress. <http://www.ncd.gov>

Parent Advocacy Coalition for Educational Rights (PACER). 8161 Normandale Blvd., Bloomington, MN 55437. (952)838-9000 E-mail: pacer@pacer.org The federal government's designated parent training and information center in Minnesota for families of children with disabilities. Provides advocacy services for students and families. Website: www.PACER.org

People Incorporated, 2060 Centre Pointe Blvd., St. Paul, MN. (651) 744-0011. Nonprofit organization that serves children & adults with mental illness in Minneapolis and St. Paul. (Effective Jan 1, 2012, People Incorporated became the provider of the Child & Family Support programming formerly offered by Children's Home Society & Family Services). Website: www.peopleincorporated.org

Tourette Syndrome Association of Minnesota, PO Box 4153, St. Paul, MN 55104. 612-827-1774. Website: www.tsa-mn.org

Washburn Center for Children, 2430 Nicollet Ave., Minneapolis, MN 55404. (612) 871-1454. Focuses on children's mental health and helps those with social, emotional, and behavioral problems in the Twin Cities metro. Website: www.washburn.org

School Contact Log

It is important to record every communication with your child's school. It is helpful to keep all contacts recorded and together if you ever need to compare notes with the school. Use this to make copies as needed.

Date of contact: _____

Phone call: _____ Meeting: _____

Person(s) I spoke with: _____

Reason for communication: _____

Action proposed: _____

Summary: _____

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