

Webinar Q & A
June 5, 2018

1. When a student's IEP team recommends a modified day, they determine which goals will be the focus during the time in school.
 - a. Is the continuum based on the time the student starts school through the time the student leaves for the day? [For example, the student spends one 90 minute block in special education. School day starts at 9:00 and student leaves at 12:00.]
 - b. Would the continuum remain regular or does the remainder of the day 12:00-3:00 also count toward the continuum?

The continuum is based on the length of the child's school day. If the child attends school for three hours and 90% of that time the student receives instruction in a special education setting, the student is considered separate on the continuum.

The school day is adjusted to reflect the length of the modified day.

It is highly likely that the child's continuum will change if the child only receives special education during the modified school day.

2. If a parent provides the school a written request for a special education evaluation, but no interventions through a student support team (SST) have been completed, can the IEP referral team send the request back to SST for interventions OR is the referral team obligated to move forward with testing?

If a written request for an evaluation is submitted by a parent, the IEP team must meet to consider the request and to examine the information the parent brings forward, along with other available information, to determine if there is sufficient evidence to establish a suspicion of a disability and initiate an evaluation. If suspicion of a disability is established based on available evidence, a Referral cannot be delayed in order to implement and monitor interventions. If there is evidence of need to conduct an evaluation to determine eligibility for special education, the intervention and progress monitoring would be implemented concurrently with the evaluation.

Sound decisions of need for SDI come through determining the level of impact that the disability has on educational (academic and/or functional) performance and what (if any) resources are needed through SpEd that are determined to be insufficient through gen. ed resources. The guidance that our section has offered in determining adverse effect and need for SDI is as follows:

Adverse Effect on Educational Performance – *Adverse effect means the child's progress is impeded by the disability to the extent that some level of support is needed. The level of impact may be minimal and supportive strategies and/or accommodations may be sufficient in addressing adverse effect. The IEP Team's determination of adverse effect*

shall be based upon the results of assessments and/or data sources determined by the Team to be necessary to verify the effect of the disability on educational performance. The IEP Team shall consider multiple assessments/data sources for determination of adverse effect.

Need for Specially Designed Instruction –*The child’s progress is impeded by the disability to the extent that educational performance is significantly and consistently below the level of similar age and grade level peers; educational performance includes not only academic performance, but also social development, functional performance, communication skills, and self-management. As a result of the disability’s significant and consistent impact on educational performance, changes to the content, methodology or delivery of instruction are needed that cannot be met by solely through general education.*

3. For eligibility in the category of ED, how are we to determine if the student needs specialized instruction as opposed to mental health intervention?
 - a. If the student does not need specialized instruction would counseling be appropriate as part of an 504 plan?

Counseling is defined as a related service in policy. Eligibility decisions must be based on (1) child has a disability (2) disability has an adverse effect on educational performance (3) requires specially designed instruction.

If the child does not meet the three prongs of eligibility, the child is not eligible for special education and related services.

If the child is referred to the section 504 team, the child must meet the eligibility criteria for services through a 504 plan. The 504 team would then decide the appropriate services to offer the student.

4. Following an IEP team meeting where testing was decided to be conducted and the parent signed a DEC 2, can additional testing be added to a new DEC 2 following the meeting and mailed for the parent to sign (with a DEC 5 completed that explains what has happened and the need for additional assessment(s)? Or does the IEP team need to reconvene to add the additional testing to the DEC 7 or DEC 1?

IEP teams should plan a comprehensive evaluation of the student in the areas of suspected disability. The EC Division often receives this question when consent is

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obtained for screening and after the screening is administered the evaluator determines an evaluation is needed.

It is recommended that if this scenario is possible, based on the suspected disability, strengths and weaknesses of the child, that both the screening and evaluation tool be selected for consent at the consent meeting. If the evaluation is not conducted because the screening was sufficient, an explanation of why the evaluation was not appropriate should be included when the results are shared. This ensures that an adequate explanation is given based on screening results rather than an arbitrary or procedural error in omitting a required evaluation.

5. When will be informed of the training plan for ECATS SPED module?
6. When will the ECATS LEA Trainers be trained?

Slide was given during Webinar; memo will go out by next week with locations and times.

7. Which documents require team signatures in ECATS?

Currently: Initial consent for evaluation & Initial consent for provision of services will require a wet signature. More information will be provided during ECATS training.

8. Will there be FBA and BIP documents in ECATS when the platform goes live?

No – more to come in future releases to the system.

9. Can you all talk about the OCS criteria for participation?

We have received 2 students from another county with IQs in the 90s being served as LD in the OCS. Such an injustice to the students. Can you talk about how to handle this when it happens?

The OCS Pathway Considerations document is located on the EC Division webpage and can assist with the pathway decision making process. The document will help guide the team in gathering the historical evidence of the student's learning supports, instructional needs, and other necessary data and information to assist in making an appropriate pathway decision.

For more information, you make contact Beverly Colwell at Beverly.colwell@dpi.nc.us.gov who can provide you technical assistance around this process.

10. Are Speech Therapists expected or required to provide “interventions” to students prior to an EC Referral if articulation, fluency or language are concerns?

At no time are interventions expected or required to be provided prior to referral for special education if suspicion of a disability is established. Related Service Providers and/or other EC teaching staff could possibly provide interventions during the evaluation period, if required by the evaluation and screening requirements for the suspected area(s) of disability. See [Appendix B of the Considerations for Specially Designed Instruction](#) document for further information.

Certainly, if articulation, fluency and/or language are concerns, the expertise of the SLP should be sought by problem solving teams as they problem solve for individual students.

11. Is an LEA (EC Department) required to pay for “general education” opportunities for three year old students with a disability if the child is not in a child care setting?

See Questions 11 through 15 in the [Preschool LRE Q&A](#) for information. Link is found below.

https://content.govdelivery.com/attachments/NCSBE/2018/02/19/file_attachments/960778/Memo-Preschool%2BLRE%2BSettings%2B0218%2BQA%2BEarly%2BChildhood%2BSettings.pdf