Updates to the 2004 Edition

Updates: IDEA

In December of 2004, the Individuals with Disabilities Education Act (IDEA) was reauthorized and re-named the Individuals with Disabilities Education Improvement Act (IDEIA). Most of the changes in the new law went into effect on July 1, 2005. Some of those changes affect this book. They are:

Transition

The chart on page 22 of this book indicates that transition planning for school age occurs at ages 14 and 16. The IDEIA removes the requirement for transition planning at age 14 but maintains the requirement for age 16. Please note that Ohio law still requires transition planning at age 14 as of December 2005. You should check the status of Ohio law at the time you are using this book.

Evaluation

The IDEIA now requires that school districts complete a multi-factored evaluation of a child with a disability within 60 days of a request for evaluation. This is faster than the Ohio requirement of 90 days from consent (see page 34 of the book). Keep this new faster timeline in mind when working with your school to get an evaluation of your child.

Goals and Objectives

IDEIA no longer requires short-term objectives for all IEPs. The new law requires them only for children with disabilities who take alternate assessments.

IDEIA

References to the OLRS publication *Special Education: Putting the Pieces Together*

This OLRS publication is cited throughout this book but is not currently available. It is no longer accurate as it does not reflect the changes in IDEIA.

independent
incomparable
industrious
indescribable
interesting
interactive
invaluable
innovative
instinctive
inquisitive
interested
intelligent
ingenious
incredible
individual
inventive
informed
inspiring
included
involved
inspired
intricate
intuitive
intense
inviting

so much more than injured

students with tbi

TRAUMATIC BRAIN INJURY

thriving beyond injury

a guide for parents and schools
working together to improve
special education services
for students with tbi

ohio legal rights service
hrsa p&a tbi program
june 2004

OHIO LEGAL RIGHTS SERVICE

We en***vision*** a society in which people with disabilities enjoy the same rights and opportunities as all people. Everyone is entitled to make decisions about where, how and with whom they will live and work as full and equal members of their communities.

Our ***mission*** is to protect and advocate the human, civil and legal rights of people with disabilities. We accomplish our mission by providing information, referral and educational services, individual case advocacy, policy analysis, legal representation and systems change.

Ohio Legal Rights Service does not discriminate in provision of services or employment because of race, color, religion, sex, national origin, handicap, age or sexual orientation.

Ohio Legal Rights Service acknowledges with gratitude
the members of the
TBI P&A Advisory Committee
for their guidance and contributions.

THRIVING BEYOND INJURY WAS PRODUCED BY
OHIO LEGAL RIGHTS SERVICE
THROUGH THE
TRAUMATIC BRAIN INJURY PROTECTION AND ADVOCACY GRANT, PROJECT NUMBER CFDA #93.234-D, FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) HEALTH RESOURCES AND SERVICES ADMINISTRATION, MATERNAL AND CHILD HEALTH BUREAU. THE CONTENTS ARE THE SOLE RESPONSIBILITY OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF DHHS.

Students with TBI

THRIVING BEYOND INJURY

CONTENTS

Sources for TBI *FACTS* at the beginning of each part:

Goldstein, F. C., & Levin, H. S. (1987). Epidemiology of pediatric closed head injury: Incidence, clinic characteristics, and risk factors. Journal of Learning Disabilities, 20, 518-525.

Kraus, J. F., Fife, D., Cox, P., Ramstein, K., & Conroy, C. (1986). Incidence, severity, and external causes of pediatric brain injury. American Journal of Diseases in Childhood, 140, 687-693.

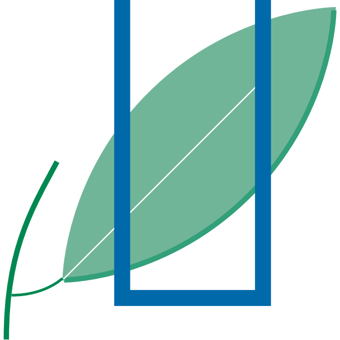
Kraus, J. F. (1995). Epidemiological features of brain injury in children: Occurrence, children at risk, causes and manner of injury, severity, and outcomes. In S. H. Broman & M. E. Michel (Eds.), Traumatic head injury in children (pp. 22-39). New York: Oxford University Press.

Ohio Department of Education, Education Management Information System, as of December 2, 2002.

US Census Bureau.

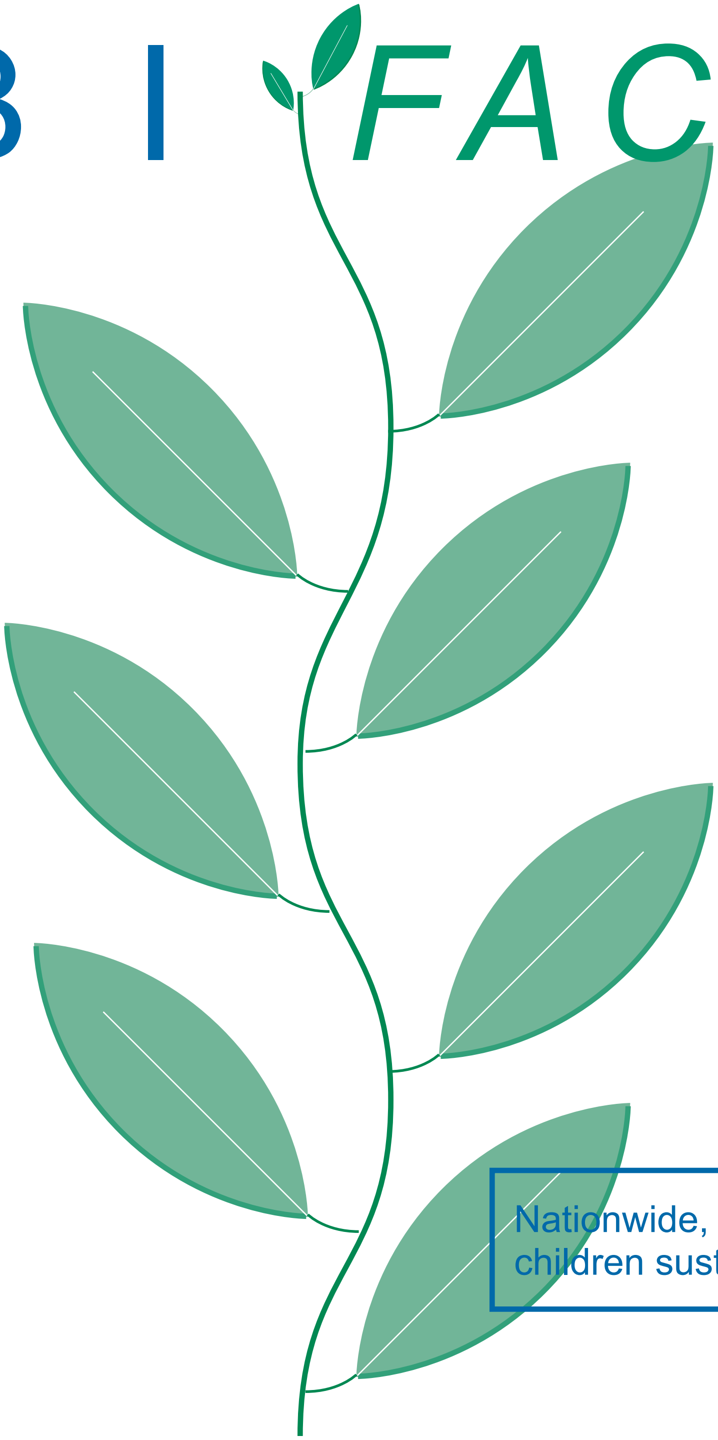
Introduction

1



background on traumatic brain injury (TBI), on the laws which define your child's rights, and important TBI facts and figures to assist you, as you advocate for your child's right to thrive beyond injury

TBI FACTS



Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 1: Because there is no clear direction from Ohio on evaluation of children with TBI or best practices in providing educational services to children with TBI, your child's school may need information and guidance to provide a FAPE to your child. This book can help you and your school work through the process of developing a plan to educate your child. Remember that there is an expanded definition of TBI in Ohio that may qualify your child for special education services through an IEP.

Ohio Legal Rights Service

As of December 2, 2002, the Ohio Department of Education reported only 630 children served under the TBI category in Ohio's schools. Given that TBI became a category for special education eligibility in 1991, OLRS believes that many more children should have been identified by Ohio's schools as eligible for services under the TBI category. Our motivation for writing this book is based on these and other statistics, and our agency usage statistics. The primary goal of this book is to help parents and schools to work together to improve services to children with TBI. Another goal of this book is to emphasize the discrepancy between the number of children who sustain moderate to severe TBI, and the number of children who are identified and served in the TBI category in Ohio's schools.

MANY
MORE
CHILDREN
SHOULD BE
IDENTIFIED
FOR TBI
SERVICES

IDEA

INDIVIDUALS
WITH
DISABILITIES
EDUCATION
ACT

This book is designed to provide parents of children with traumatic brain injuries with information about special education and related services as they are provided under the Individuals with Disabilities Education Act (IDEA) in the state of Ohio. This publication has been written to guide parents through the process of getting appropriate special education services through the various stages of traumatic brain injury and rehabilitation.

FAPE

FREE
APPROPRIATE
PUBLIC
EDUCATION

Special Education Law

LRE

LEAST
RESTRICTIVE
ENVIRONMENT

The IDEA is a federal law which requires specialized services to be provided to children with disabilities age 0 through 21. That law requires schools to provide a Free Appropriate Public Education (FAPE) to children beginning at age 3 in the least restrictive environment (LRE), and the provision of early intervention services to children age 0 through 2. A team of individuals with knowledge of your child and special education is required to decide eligibility for services and what services your child needs. You are an important member of that team. This book will help prepare you for your role as a team member.

A FAPE means that your child receives the appropriate special education and related services to address his or her unique needs. These services are provided at no cost to you. Special education is specially designed instruction to meet the needs your child has because of his or her disability. Related services are services your child needs in order to benefit from his or her specially designed instruction. Related services include, but are not limited to, speech therapy, physical and occupational therapy, assistive technologies and transportation.

IF YOUR CHILD DOES NOT QUALIFY FOR SERVICES UNDER IDEA, ASK ABOUT SECTION 504

In addition to the IDEA, there are other federal laws which may provide specialized services to your child. The Rehabilitation Act of 1973, commonly called Section 504, is a federal law which prohibits schools and other agencies that receive federal money from discriminating against people with disabilities. Your child may qualify for services through Section 504. If your school tells you that your child does not qualify for an IEP through the IDEA, you should ask your school to determine whether your child qualifies for services through a Section 504 plan.

ADA

Americans with Disabilities Act

Another federal law, the Americans with Disabilities Act (ADA), requires schools and other programs to provide access to people with disabilities. This law may apply to your child if your child is being denied access to school or another program because of a disability.

This book addresses services, procedures and rights regarding the IDEA. For more information on 504 and the ADA, see the OLRS publication, *Special Education: Putting the Pieces Together*.

Definition of TBI - Ohio v. IDEA

There are two definitions of traumatic brain injury that apply to children with disabilities and special education. The definition of TBI in the IDEA is limited to acquired brain injuries caused by an external force to the head. Ohio has a different definition of TBI. In Ohio, the definition of TBI includes damage to the brain caused by medical conditions which are not external, such as strokes, tumors, and injuries caused by surgeries.

The distinction in Ohio is important because it qualifies more children with brain injuries for special education services.

You should make sure that your school district understands the broader Ohio definition of TBI when advocating for services for your child. Below is the definition of TBI with the additional ***Ohio language in italics***:

> An acquired injury to the brain caused by an external physical force *or other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments*.
>
> The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries, *as well as to other medical conditions that result in acquired brain injuries*.
>
> The injuries result in impairments 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; information processing; and speech.
>
> The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

TBI TIPS
advocacy

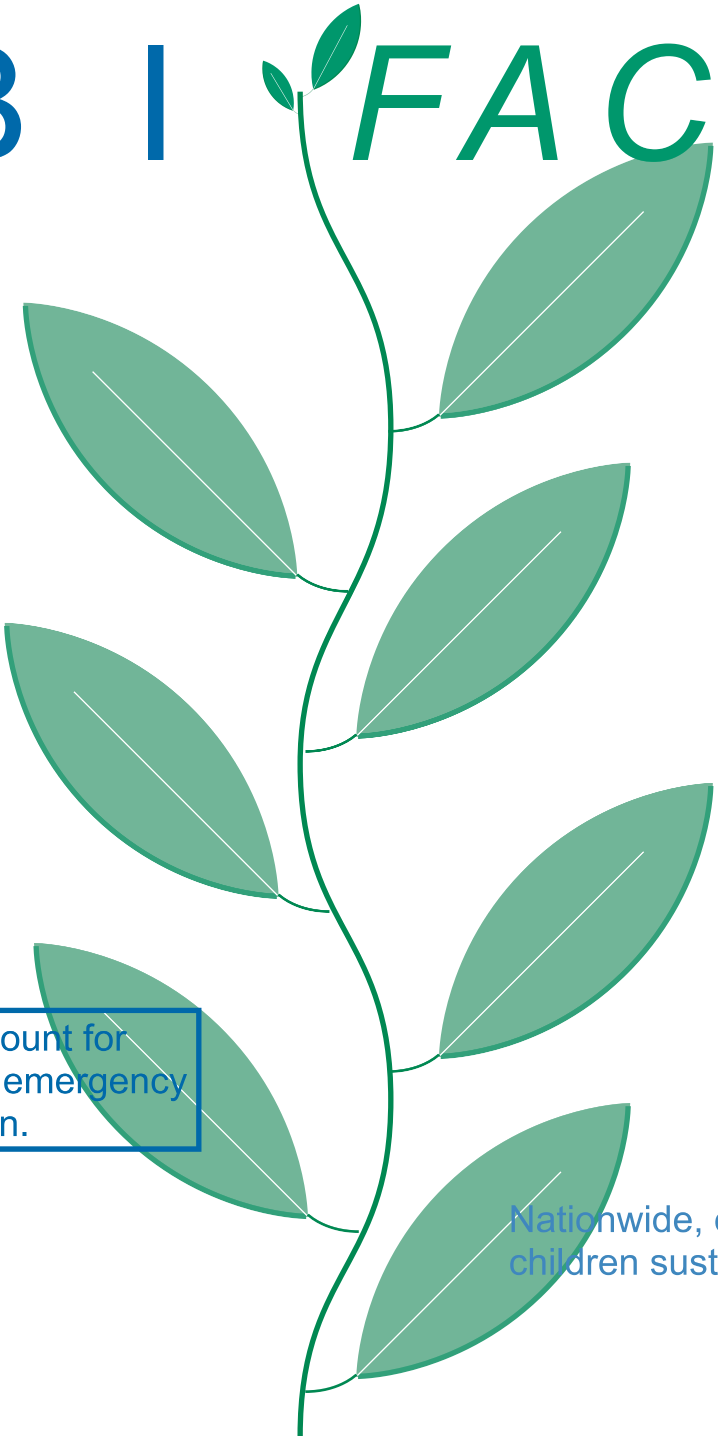
Will my school understand that my child is eligible for services under Ohio law?

Your school may not be as familiar with the expanded Ohio definition of TBI. You may have to educate your school about the expanded definition by copying the definition provided in this book and sharing it with your school.

Transitions

a coordinated set of activities designed to assist your child in moving among school settings, and from school to post-school activities

TBI FACTS



Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 2: Transitions are inevitable and a part of life. Transitions can be stressful but can also be managed with planning and preparation. It is helpful to anticipate transitions and work with others to address your child's transition needs. Providing positive transition experiences for your child will help your child learn to see transitions as a positive part of life.

Children with brain injury will go through many transitions from injury to recovery. Unlike many disabilities, brain injury is unique because children with brain injuries acquire the injury after birth. The family must make the transition from having a child without brain injury to accepting a child with brain injury and its consequences.

In addition to the family transitions, there will be transitions from medical/ rehabilitation service settings, between providers of service, and within educational service settings.

Depending on the age at which your child's brain injury occurs, different agencies will be responsible for assisting you through the transition process. Successful transition includes a well thought out plan to assist your child from one setting or circumstance to another and includes necessary supports and services.

TRANSITIONS FROM PLACE TO PLACE, SERVICE TO SERVICE, OR PROGRAM TO PROGRAM

Transition Between Settings

You and your child are likely to engage in multiple transitions. You will encounter transitions in both setting and providers. Transition is the movement from place to place, service to service, or program to program. Successful transition requires planning, cooperation, and coordination. Transitions can also be stressful as you move from the known to the unknown. Knowing that transitions are inevitable and a necessary part of growth and development can lessen the stress. Transitions also can become less stressful with support, practice, and patience.

AND FROM HOSPITAL TO REHAB, TO HOME, TO SCHOOL, AND TO THE COMMUNITY

For children with TBI, transitions are likely to occur from hospital to rehabilitation, to home, and to school and the community. Not only do transitions involve different settings, they will also involve different providers. In order to begin a successful transition, you must seek support from individuals who can help you through the process. Seek individuals who are knowledgeable about the programs and services available to your child.

Transition from Hospital to Rehabilitation Program

Some health care facilities are better equipped to provide transition services and support than others. If your child is in a major children's hospital or trauma center, the hospital will likely have its own rehabilitation unit and individuals responsible for assisting you with your child's transition. When a facility has an in-house rehabilitation program, it is more likely that staff have the opportunity to establish smooth communication and collaborate in transition efforts. Because rehabilitation staff is on-site, staff has the opportunity to assess and get to know you and your child prior to transition.

A small, rural hospital is less likely to have in-house rehabilitation services and may transfer your child to another location. You should work to ensure that this transition is as smooth as possible by planning and coordinating the move. You should determine if there is someone on staff who has transition knowledge and responsibilities. If not, you should begin to educate yourself about your child's needs and the options available. It can be helpful to visit a program before any move and/or read as much information about the program and its services as possible. The hospital may have a library or internet access with information about programs available. You should also contact the Brain Injury Association of Ohio for information and referrals. See Part 7, Resources, for contact information and other helpful resources.

BIAOH
Brain
Injury
Association
of Ohio
toll free
866-644-6242

TRANSITION
FROM
GENERAL
CLASSROOOM
TO SPECIAL
EDUCATION

Transition from Rehabilitation Program to School

One of the first transitions faced by parents of children with brain injury in education is the transition from sole membership in the regular education community to dual membership in both the regular and special education communities.

This transition can raise issues that parents of children with recently acquired disabilities have not previously encountered.

> A TIME OF ADJUSTMENT FOR THE SCHOOL, FOR YOU AND FOR YOUR CHILD

Your child's school, including teachers and administrators may have difficulty adjusting to your child's new way of functioning. Your school is used to thinking of your child in pre-injury ways. There will be an adjustment period where your school is re-thinking the way that it works with your child. This adjustment is particularly difficult where the results of a TBI may not be obvious by looking at your child. Because your child may look the same, your school may find it difficult to remember that your child is injured. It can be helpful to discuss ways to support your school in this adjustment. Support can include providing information on brain injury, in-service training, and other learning opportunities for school staff.

In addition to the adjustment to your child's new abilities, your child may receive services from special service providers. Your child's regular education teachers may now have to work with special services teachers and support personnel. There can be an adjustment period where the providers from both systems must learn to coordinate and work together. In this case, training and support can also be helpful.

> INFORM THE SCHOOL IN WRITING ABOUT YOUR CHILD'S INJURY AS SOON AS POSSIBLE

Because it takes time to transition your child into school after a TBI, you should begin the transition process by notifying your school as soon as possible that your child has sustained a TBI. Because you may not know how the TBI will ultimately affect your child's educational progress, you should inform the school, in writing, that you suspect your child might have a disability and may be in need of special services. See the sample letter on page 26. With this information, your child's school can monitor your child for any negative impact on learning and make arrangements for evaluation and special services if necessary.

At any time, you can request evaluation for your child. This request should be in writing. In a letter, you should request that your child be evaluated to determine eligibility for special education. You should also provide express permission (consent) for the evaluation to begin. See the sample letter on page 48.

ASK FOR AN EVALUATION AS SOON AS POSSIBLE IN WRITING, EVEN IF YOUR CHILD IS NOT YET READY

Requesting the evaluation as soon as possible is important because schools have 120 days from the date of request for an evaluation to get the evaluation completed, or 90 days from the date of written consent. This is why it is important to convey your request and consent in writing as soon as possible. You should address your letter to your school's special education director/coordinator.

Even if your child is not capable of participating in an evaluation immediately, you want the evaluation to begin as soon as possible after your child is capable of participation. It is better to have an active request for evaluation that exceeds time-lines than to begin the process after your child can participate and have to wait for assessment. You can always have an active request and give the school permission to extend the time-lines. Under these circumstances, the school will be poised to begin evaluation as soon as your child is ready.

Your request for evaluation will require your school to begin a planning process for your child. The school psychologist would likely contact you to obtain a release to speak to medical providers and review records. The school needs to develop a plan to evaluate your child. This plan may be developed with or without a meeting. Because there are unique issues regarding the evaluation of children with TBI, you should be an active participant in the evaluation planning process for your child. During this process, you should ensure that your school is educated about the need for a neuropsychological evaluation as a part of your child's assessment and discuss how and when such evaluation will be completed.

If a neuropsychological evaluation is necessary for your child's appropriate assessment, and one has not already been completed for your child, you should request that your school ensures that one is completed at no cost to you. See Part 3, Evaluation, for more information.

IF YOUR CHILD NEEDS ONE, ASK FOR A NEUROPSYCHOLOGICAL EVALUATION

Transition from Private School to Public School

Some children who acquire a brain injury may have been attending a private/parochial school prior to the injury. Depending on the severity of the injury, the child may or may not be able to return to the private school. Just as brain injuries vary widely, so do private schools in their ability to serve and accommodate students with brain injury.

FAPE

FREE
APPROPRIATE
PUBLIC
EDUCATION

PRIVATE SCHOOLS DO NOT HAVE THE SAME OBLIGATION AS PUBLIC SCHOOLS TO PROVIDE FAPE

Private and parochial schools may offer services to students with disabilities but do not have the same obligation to provide a FAPE as the public schools. There are federal laws that provide some limited protections to children with disabilities in private or parochial schools. See OLRS publication, *Special Education: Putting the Pieces Together*, Chapter 10, for a more detailed discussion.

If your private school is unable to accommodate your child you will likely transition to the public school system. If you have not already contacted your public school about your child's TBI, you should do so immediately. The process of transition will begin with the enrollment of your child in your local school district. You should contact your local board of education for specific information regarding enrollment and to refer your child for special education.

In order to facilitate the enrollment process, you should ask your child's private school to provide your child's educational records to your local school district. You will need to sign a consent form for your child's records to be released to the public school. You should also consider consenting to the release of relevant medical information about your child, such as information about the brain injury and current physical status.

A BALANCE

YOUR CHILD'S PRIVACY VERSUS THE SCHOOL'S NEED TO KNOW

Some parents are reluctant to consent to release of information when they are unsure of who will see the information and why release is necessary. In addition, some parents feel that medical information can be embarrassing or stigmatizing and may affect how others perceive their child. Parents need to balance the need to provide accurate information to schools with concerns for privacy. In most cases, it is in your child's best interests to share all relevant information with the school team. Once your child is enrolled, and information has been shared, the evaluation process can proceed.

Transitions within School

There are certain times in your child's educational career where your school is required to address transition for your child. Figure 1 below summarizes these transitions.

Figure 1 - Planning for Transitions

Child's Age	State Agency Responsible	Local Agency Responsible	Person Responsible	Type of Plan	Transition Points
Early Intervention (E.I.) ages 0 through 2	Ohio Department of Health	County Collaborative Local Family and Children First Council	Service Coordinator	Individual Family Service Plan (IFSP)	between providers, between programs, from E.I. to preschool
Preschool ages 3 through 5	Ohio Department of Education	Local School District	Special Education Coordinator	Individualized Education Program (IEP)	between providers and programs, from preschool to school age
School Age ages 5 through 21	Ohio Department of Education	Local School District	Special Education Coordinator	IEP including transition plan	at age 14 and 16

In addition to the mandated transitions mentioned above, you may ask your school to address other transitions in your child's life. For example, if your child is moving from middle school to high school, from one school building to another, or from one teacher to another, a transition plan may be appropriate. Whether a plan is needed to address transition in such circumstances depends on the individual needs of your child. If you want to address transition for your child, and it is not a mandated transition, do not hesitate to request the support you need to coordinate the necessary transition activities. This can include convening an IEP meeting.

Transition from School to Community

PLANNING YOUR CHILD'S FUTURE IN THE COMMUNITY SHOULD BEGIN AT AGE 14

The last transition your child will make in special education (IDEA) is the transition from school to community life. Beginning at age 14 the IEP team will address future planning for your child.

This planning should focus on the course of study appropriate for your child to achieve future goals. At age 16, the IEP will address the services necessary to support your child's future goals. For children with disabilities, this transition planning addresses options for post-secondary education, employment and community involvement.

Within the general category of post-secondary education the options can include a four year college, community college, vocational program, or other appropriate educational opportunities. For employment, the options can include competitive employment, supported employment, sheltered workshop, or other appropriate employment opportunities. Community involvement will include a wide array of social, recreational, and civic opportunities. Examples of community involvement include housing, transportation, budgeting, recreation/leisure, social networks and activities of daily living.

THE SCHOOL IS REQUIRED TO INCLUDE ALL NECESSARY AGENCIES ON YOUR CHILD'S TRANSITION TEAM

Because transition covers a variety of topics and is a process of movement from one program or service to another, a variety of individuals and agencies should be involved. Schools are required to ensure that necessary individuals and agencies participate in transition planning. For example, if your child is likely to transition to college, the transition team should include the guidance counselor from your school and a college representative if a college has been identified. If your child is likely to transition to supported employment a representative of the Bureau of Vocational Rehabilitation should be present. In this case, your child would likely undergo a vocational assessment to inform future vocational planning. If your child is likely to transition to a group home, your county board of mental retardation and developmental disabilities should be present.

MOST COLLEGE PROGRAMS REQUIRE RECORDS OF DISABILITY CURRENT WITHIN 1 YEAR.

For students who will transition to post-secondary education the IEP team should develop a plan which addresses what documentation is necessary to qualify for post-secondary disability services. Most colleges and post-secondary programs require evidence/documentation of disability and a history of accommodations/modifications provided. This documentation must be current (within one year). If your child's last re-evaluation did not occur within a year of application to college, you should request that re-evaluation be addressed through the transition process. Parents/students should be prepared to provide the necessary documentation to colleges as colleges are not permitted to inquire about disability status. The student must request any accommodation/modification.

COLLEGE PROGRAMS ARE NOT REQUIRED TO PROVIDE FAPE

Colleges and post-secondary institutions are required to provide access to their programs and services to students otherwise qualified to attend the program. They are not, however, required to provide a FAPE, including the evaluations, services, and procedural rights required by the IDEA. When advocating for accommodations for your student in a college or post-secondary program, you should request information from the office of disability services. This should include the policies and procedures followed by the institution regarding students with disabilities.

The transition process is to be guided by the interest and preferences of the student. Therefore, it is important for your child to be prepared to participate in any transition planning. You may begin prior to age 14 by talking to your child about his vision for himself, his understanding of his disability, and what he finds helpful at school. As time goes on you may include your child in all or a portion of the IEP meeting with a goal to have your child fully participating before graduation. The amount and nature of your child's participation depends on your child's individual needs and choice.

Extended Eligibility

YOUR CHILD IS ELIGIBLE FOR EDUCATION ACCOMMODATION UNDER IDEA THROUGH AGE 21.

IDEA eligibility extends through age 21 to address the special challenges that may be encountered by children with disabilities. This extension provides to the student and team additional time to accomplish goals which students without disabilities should achieve within the traditional four years of high school. For example, a child with TBI may need to reduce the number of courses or credits taken during a year to allow time to access needed support resources such as tutoring, guided study hall, and scheduled breaks. Some schools have begun to offer basic courses in two parts, where the student will accomplish the same goals over an extended period of time. For example, Algebra I will be covered in two years with half the curriculum offered per year. If your school does not offer the necessary accommodations for your child, you should explore modifications to your child's schedule.

A choice generally needs to be made whether a child will be expected to learn the same material as typical peers with or without extended time, or have modifications made in the curriculum studied with or without extended time. For some children, the same curriculum can be accomplished if the child is given extended time to do so. Other students will need modifications in curriculum and extended time. The specific way in which your child progresses through school depends on his unique needs.

Special education eligibility ends if your child graduates, accepts a diploma, withdraws from school, or loses eligibility through re-evaluation. Because children with disabilities are eligible to receive services from their school district until they turn 22, you should consider whether to delay graduation or have your child graduate with his classmates.

Figure 2 – Sample Letter: Notice to School of Injury

Date (include month, day, and year)

Name of Your Child's Special Education Coordinator
Name of School District
Street Address
City, State, Zip Code

Dear (name of Special Education Coordinator),

I am writing to inform you that my child (child's name) has sustained a traumatic brain injury. The injury occurred on (date), and occurred when (explain how the injury occurred). I am enclosing information that I have from (name of hospital, evaluator, etc.) that documents and explains the injury.

Since (child's name) injury, we have noticed the following changes in (name). (Describe the changes you have noticed including changes in personality, behavior, abilities, memory, etc.).

I believe that (name) may have a disability because of the traumatic brain injury. I do not yet know how the injury will affect (name's) progress in school, and I believe that he may need special services in order to learn. My child attends (name of school) and is in the (_) grade.

Please provide me the name and telephone number of the person who will be forwarded this letter and who will contact me about this letter . I am requesting that you inform me of the process for determining if my child needs special services. I am also requesting that this process begin for my child as soon as possible. You can send me information or call me during the day at (daytime telephone number).

I look forward to hearing from you within five school days of the date you receive this letter. Thank you for your help.

Sincerely,

Your Signature
Your Name
Street Address
City, State, Zip Code
Daytime telephone number
E-mail address

cc: specialists or other staff

TBI TIPS
advocacy

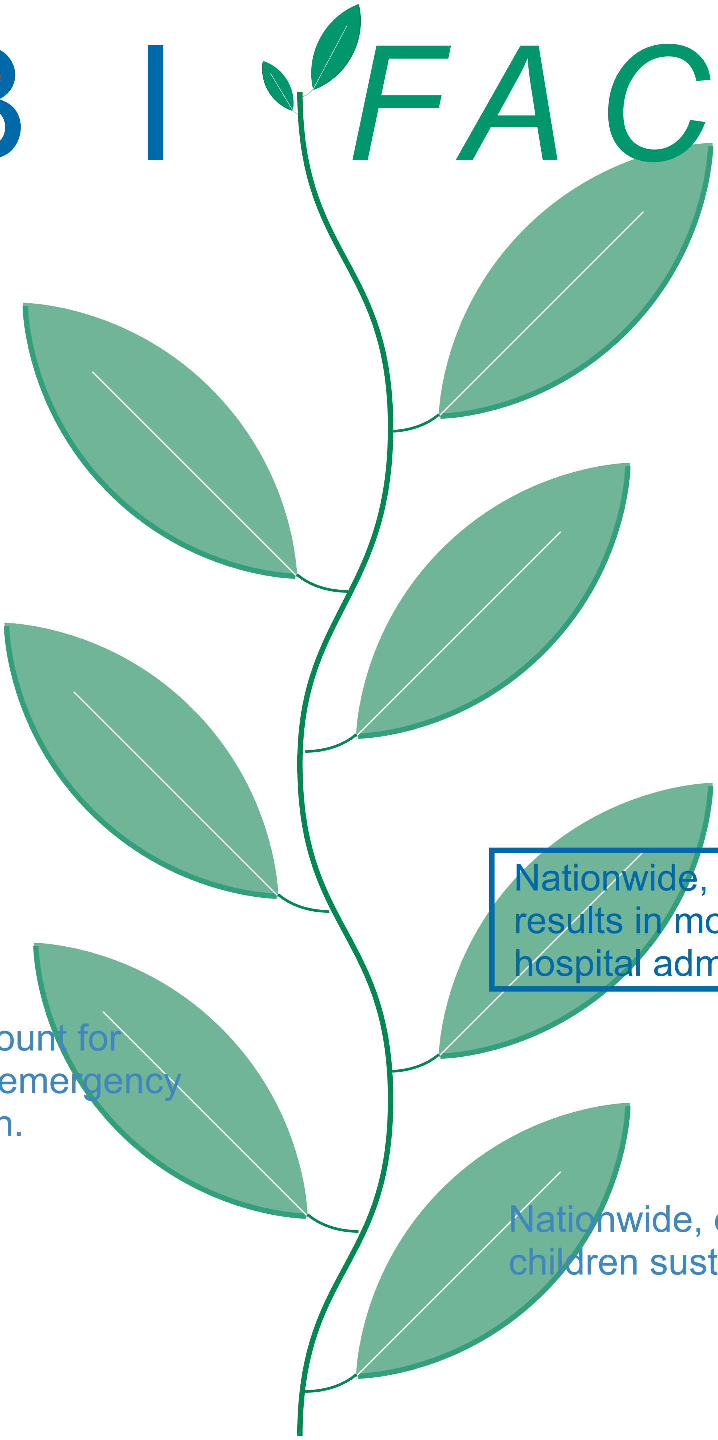
Who is responsible for making sure my child receives transition services?

Good transition planning often involves collaboration among different agencies or service providers. When your team is ready to discuss transition, community services providers should be included in the discussion. Your school is required to invite necessary providers to your transition planning meeting. If the providers fail to attend, your school remains responsible for ensuring that appropriate transition services are provided.

Evaluation

assessments, tests and activities used to determine whether your child has a disability, and to assess the nature and extent of the services your child needs

T B I FACTS



Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 3: Your child with TBI may be ready for or may benefit from educational services sooner than you think. It is very important that you notify your school of your child's injury as soon as possible. When you and your child's medical team have decided that your child is ready for educational services, make a written request for a multifactored evaluation (MFE). See sample letter on page 48. Be sure to collect as much documentation of the effects of the TBI as you can. Ask for copies of tests and evaluations done by medical professionals for your own records. Having this information will help your school complete evaluation of your child without delay.

Documentation and Eligibility

One of the first things you need to do to get special education services for your child is to determine if he is eligible for services through any of the laws discussed in this book. The first step in beginning this process is to identify and evaluate your child as eligible for services. This process requires two determinations. The disability condition must be documented followed by the documentation of what is called adverse effect. Adverse effect is the negative impact of the injury/disability on your child's ability to learn and participate in school.

COLLEGE PROGRAMS ARE NOT REQUIRED TO PROVIDE FAPE

You can keep a journal about changes in your child's behavior, personality, mood, and abilities. Write down changes that you notice and when you notice them. Note any trends that you see in your child's functioning. For example, if your child's behaviors get worse at the end of the day, you should document this. This can mean that your child is tiring more easily because of the TBI or the behaviors can be in response to your child's late day routine. In any case, careful documentation of trends can assist your child's school in planning for services.

You should also keep copies of all important documents about your child's injury. These documents can include medical records, therapy records, information about medications, information about insurance, and any other relevant records. Consider keeping all of your documentation in a three-ring binder organized in sections. Having all of the necessary information in one, easily accessible place can save you time and can prevent loss of documents.

KEEP ALL RECORDS TOGETHER TO HELP EVALUATE NEEDS AND TO PLAN SERVICES

Your school should also document changes in your child's behavior. Changes should be documented to assist in determining whether your child needs special education services and whether the services being provided are responsive to your child's needs. See the sample documentation form on page 50.

ELIGIBILITY REQUIRES A DISABILITY *AND* SUBSTANTIAL NEGATIVE IMPACT ON LEARNING

Any negative impact on your child's learning must be substantial and prevent your child from receiving FAPE if specialized services are not provided. There may be children with disabilities that do not substantially impact their ability to learn. For example, a child who uses a wheelchair but attends a fully accessible school building would have complete access to his educational environment and may not require any individualized services. A child with ADHD who takes medication which enables him to focus on and complete his school work may not require additional support.

A child with a mild TBI or one who has substantially recovered from a TBI may or may not initially require special education support in school. The TBI alone does not establish eligibility for special education services. There must be a substantial negative impact on the child's ability to function in school. As your child grows and develops, learning challenges may appear that substantially impact your child's ability to learn, thus qualifying him for special education services. If you notice a decline in your child's academic performance or social behavior, contact your school for an evaluation.

Child Find

The Ohio Department of Education is required to implement policies and procedures to make sure that efforts are made to identify, locate, and evaluate children in the state who have disabilities and who need special education and related services. Each school district, in consultation with county boards of mental retardation and developmental disabilities and community mental health boards, must identify and test children under the age of 22 with known or suspected disabilities. Additionally, public notices and awareness campaigns must be used in order to make people aware of special education services. This can be done through television radio and newspapers; posters and flyers; and speaking with community groups. For children 0 through 2, the Ohio Department of Health is responsible for child find activities. See page 41, Early Intervention.

ODE MUST IDENTIFY & EVALUATE CHILDREN UNDER AGE 22 WITH DISABILITIES

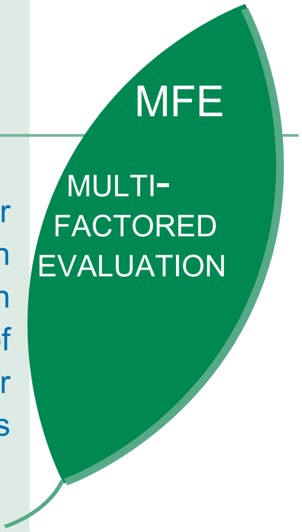
Referral

A child may also be identified by a referral or request for evaluation. A school professional may ask that your child be evaluated to see if he or she has a disability. You may also contact your child's teacher or other school professional to ask that your child be evaluated. If the school decides not to evaluate your child, you must be notified of this decision and the reasons for the refusal.

If a referral is made to have your child evaluated, and school officials decide that your child should be evaluated, they will need to obtain your written consent before they proceed with the evaluation. You should provide your written consent as quickly as possible because your child's IEP must be written no later than 90 days after you provide your written consent.

Evaluation

Evaluation helps to establish that your child is eligible for special services. The evaluation must assess your child in all areas related to the suspected disability. This evaluation is called a multi-factored evaluation (MFE). The results of the MFE will be used to determine your child's eligibility for special education and related services and to make decisions about an appropriate educational program for your child.



Eligibility

The results of the evaluation will be reviewed to determine whether your child is eligible for special education and related services. The team will decide if your child is a "child with a disability" as defined by the IDEA.

IEP process

Once your child is determined to be eligible for services, the IEP team must meet to write an IEP for your child. This document describes the special education and related services necessary to provide your child with a FAPE.

IEP

INDIVIDUALIZED
EDUCATION
PROGRAM

Re-evaluation

Every three years or whenever necessary, your child will be re-evaluated to determine if he or she is still eligible for special education and related services. More frequent re-evaluation may be necessary for children with TBI because of the recovery process that occurs during the first couple of years after injury. The standard 3-year re-evaluation period under the IDEA generally is not adequate for children with TBI, whose disabilities are potentially more fluid than those of children with learning or other developmental disabilities.

IEP

REEVALUATION
REQUIRED AT
LEAST EVERY
3 YEARS

The Evaluation process for children with TBI

MFE

WITHIN 90
DAYS OF YOUR
CONSENT, OR
THE REASON
IF DENIED

If your school does not contact you through its child find activities and you suspect that your child may need special education due to a brain injury, you should contact your school and ask that an evaluation of your child be completed. You should contact your school as soon as possible and in writing. See the sample referral letter on page 48.

The school is required to conduct a multi-factored evaluation of your child within 90 days of your consent for evaluation or notify you that they do not think an evaluation is necessary and why. To ensure that your child's evaluation is completed as quickly as possible, provide your consent for evaluation in the letter requesting evaluation.

Differentiated Referral Process

Ohio schools are required to document that they have implemented a differentiated referral process prior to beginning a multi-factored evaluation (MFE). This process is designed to address a concern that a child may have a disability. The intent of this process is to ensure appropriate referrals and to prevent the misidentification of children who do not have disabilities.

The process starts when someone, who has knowledge of a child, shares with the school a concern that a child may have a disability. School personnel will respond with a variety of activities which could include reviewing records, interviewing staff, and pulling together an Intervention Assistance Team (IAT), defined in the box on page 36. The record review could include attendance, grades, discipline, group testing results and IAT notes if a referral has already been made . You and the teacher(s) may be questioned or asked to complete surveys about school work, social skills or other areas of concern. You may be asked to share test results, evaluations or reports from community professionals who work with your family. You may also be asked to give school personnel permission to speak with community professionals for additional information.

IAT

ONLY SOME SCHOOLS HAVE INTERVENTION ASSISTANCE TEAMS

Once this information has been gathered, the process could move in several possible directions:

- a referral to the IAT if the IAT is not already involved
- a referral to other school or community resource such as community counseling/rehabilitation center or a medical provider
- a referral to a school-based resource such as a remedial reading program or a math tutoring group
- a referral to complete a MFE.

If a decision is made to work with the IAT and/or refer to counseling/rehabilitation resources the school will want to have some time to see if the interventions make a difference or whether different resources are needed. This can be a crucial time for a child who has sustained a TBI. Even though the brain is still healing, it may also be important to maintain the neurological functioning with specific types of educational activity, even during hospitalization and rehabilitation. In consultation with your child's physicians and the school, you should discuss whether and how long the intervention process should be used for your child. If the recommendations support the provision of more formalized services, you should ask that a MFE begin immediately.

Intervention Assistance Team (IAT) Defined

A school-based problem-solving group that assists teachers with intervention strategies to address the learning needs and challenges of students. For example, a building Intervention Assistance Team (IAT) may begin with the building principal and the 3rd and 4th grade teachers coming together once every two weeks to share concerns about particular students who are struggling in school. The group will ask what has already been tried and suggest further ideas or resources the teacher may want to try. Usually a plan is written down to track the progress of the plan and document what has been tried. Many IATs routinely include parents and other school personnel such as the guidance counselor, school psychologist, or related service provider to bring additional ideas and resources to the problem-solving effort. The work of these building teams can establish the ground work for a referral for a multi-factored evaluation, if efforts made to help the student are not successful.

Components of Evaluation

All children suspected of having a disability will be evaluated by a school district to determine eligibility for special education. Your child will be evaluated by a multi-disciplinary team comprised of individuals with expertise in different areas affecting your child's educational performance (domains). This team can include school personnel, your child's private therapists/physician, and other individuals necessary to assist the team. Different individuals will be responsible for conducting the various components of your child's evaluation. The evaluation will include specific instruments as well as structured observations and procedures to determine your child's strengths and needs.

As a member of the team, you should ensure that your child is evaluated in all areas that are affected by his or her traumatic brain injury. You should talk to the person who is going to test your child to find out whether they are going to test/evaluate for the following issues: attention, memory, information processing, communication and language capacity. You should also discuss whether they can address the issues unique to children with TBI.

For example, a child who acquires short-term memory problems from a TBI may have pre-injury memory which is not affected by the TBI. The injury may only affect the ability to remember new information. The assessments used to test memory must be able to distinguish between overall memory and pre and post injury memory problems.

For example, if you suspect that your child's vision has been affected by a brain injury, you should request that a vision assessment be included in the MFE. There are many different ways that vision can be affected and there are corresponding methods to evaluate a suspected vision problem. It is important that an individual familiar with traumatic brain injury assist the team in determining the appropriate assessments necessary for evaluation. If your school psychologist or other evaluator is not going to test your child for specific TBI problem areas, you should determine whether to pursue a neuropsychological or other evaluation.

Neuropsychological Evaluation

For most children with TBI, the MFE alone will not provide the necessary information to address all educational needs. Generally, children with TBI will need a neuropsychological

MFE
TESTS CAPACITY AND SKILLS FOR ACADEMIC ACHIEVEMENT

NEUROPSYCHOLOGICAL EVALUATION
DIAGNOSES LEARNING OR BEHAVIOR DISORDERS

evaluation to assist the team in determining educational planning and services. A neuropsychological evaluation differs from the MFE. The MFE focuses on academic achievement and skills needed for academic success. This evaluation generally tests your child in areas such as intelligence, academic achievement, language, psychological adjustment, and adaptive behavior.

The neuropsychological evaluation diagnoses learning or behavior disorders caused by altered brain function or development. These evaluations assist in better understanding your child's functioning in areas such as memory, attention, visual-spatial skills, coordination, language, problem solving skills, and personality. This information will help you and your child's teachers, therapists, and physicians provide treatments and interventions to assist your child with learning.

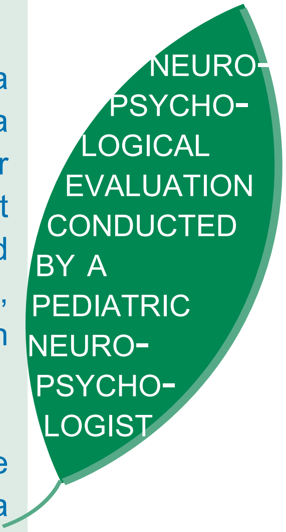
The specific skills assessed and the length of the neuropsychological evaluation will vary depending on your child's age, the severity of your child's injury, and where your child is in the recovery process.

Many schools have difficulty understanding and using a neuropsychological evaluation because its recommendations are generally stated in terms not used by schools in their evaluations. The MFE generally provides standardized scores or numbers to assess a child's abilities. For example, the MFE might determine that a 5th grader has an I.Q. of 90 and reads at the 2nd grade level. The neuropsychological evaluation may indicate that the child has damage to the brain which causes visual perception problems which are interfering with reading. The neuropsychological evaluation is often vital to assisting a child with TBI in the classroom as it can provide the reasons for the child's difficulty and assist the team in determining how to address the difficulty through modifications in teaching method, materials, content, and environment.

A typical neuropsychological evaluation may assess:

- general intelligence
- academic achievement
- executive skills (organization, planning, inhibition, flexibility)
- attention
- learning and memory
- visual-spatial skills
- motor coordination
- behavioral and emotional functioning
- social skills

This evaluation typically includes an interview with you about your child’s history, observation and interview with your child, and testing. The testing portion of the evaluation involves paper and pencil activities, answering questions, and sometimes the use of a computer. Parents are usually not in the room during testing although they may be present with very young children. The time required for the evaluation depends on the age of your child and your child’s needs.



The neuropsychological evaluation is conducted by a pediatric neuropsychologist. Pediatric neuropsychology is a professional specialty concerned with learning and behavior in relationship to a child’s brain. A pediatric neuropsychologist is a licensed psychologist with expertise in how learning and behavior are associated with the development of the brain, as well as how learning and behavior are affected after brain injury.

Because the MFE conducted by your school and the neuropsychological evaluation look at your child in a different way, you will have to work with your child’s team to understand the value of the neuropsychological evaluation in educational planning for your child. Your school may have never considered a neuropsychological evaluation in education planning and will need information and support in understanding your child’s evaluation. For the benefit of all team members, consider inviting (or including by conference call) your child’s neuropsychologist to the IEP meeting to explain the results of the evaluation.

Both the MFE and the neuropsychological evaluation rely on standardized tests and comparisons to group norms. However, the traditional MFE focuses on academic achievement and a limited range of cognitive abilities. In contrast, the neuropsychological evaluation tests a broader range of cognitive abilities in more depth. A neuropsychological evaluation focuses on a child's pattern of strengths and weaknesses and the process of thinking/learning, but also on how those relate to brain functioning and the nature of a brain injury (i.e., how a child's ability to learn is affected by or related to the injury). Thus neuropsychologists will focus on areas of functioning (e.g., attention, memory, executive functions) that typically are not paid much attention or formally assessed in an MFE, but that have substantial implications for educational progress.

The neuropsychological evaluation is also different in that a neuropsychologist has specific training and experience in brain injury, and can relate evaluation findings to what is known about brain injury and its effects on education. School psychologists and MFE teams typically have limited experience with or knowledge about TBI. So while a part of the difference between a MFE and a neuropsychological evaluation is the tests or evaluation procedures that are used, perhaps an even bigger difference is the professional training and knowledge of the professionals doing the evaluations. For more information on standardized testing see page 44.

When: Timing of Evaluation

If your child has a moderate to severe brain injury, it is often apparent that your child needs an evaluation to determine if special education services will be needed in school. With mild brain injuries the need for evaluation is often not clear and the effects of the head injury may not be apparent at the time of injury. Typically the effects of mild TBI do not worsen over time. If they do, there may be other issues present, such as psychological issues or family stress. However, deficits may become more apparent over time as various higher level

MILD TBI MAY NOT WORSEN OVER TIME, BUT COGNITIVE DEFICITS MAY BECOME MORE APPARENT cognitive functions develop or emerge, or fail to develop or emerge as academic demands increase.

If your child has sustained any brain injury you should seek medical attention, you should document the injury (see next section) and monitor any changes in your child's behavior, progress, or functioning. For example, changes in your child's personality (irritability, temper, patience) or your child's ability to concentrate, remember, or follow directions, could be the result of a brain injury. Keeping track of these changes can help you recognize that an evaluation for special education is necessary.

CHANGES IN BEHAVIOR OR PERSONALITY MAY SIGNAL TIME FOR EVALUATION

In consultation with your child's physician and other providers, you should decide when your child is ready to be evaluated and to resume educational activities. Your physician will be able to determine when your child is medically stable to participate in evaluation and educational activities. Your child will benefit from peer support and socialization, and the resumption of normal routines.

Early Intervention

Very young children (birth through age two) with TBI can receive services through The Individuals with Disabilities Education Act (IDEA), Part C, which provides financial assistance to states for the purpose of providing core services to infants and toddlers with disabilities. The purpose of these services is to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. The goal of the program is to maximize the child's potential for independent living as an adult.

The focus of early intervention services is to increase the capacity of families to care for their children with disabilities and potential delays. The services are provided through a coordinated network of service providers. The services are driven by the needs of the family and child and are documented through an Individualized Family Service Plan (IFSP).

IDEA
PART C

EARLY INTERVENTION FROM BIRTH THROUGH TWO

IFSP

Individualized
Family
Service
Plan

The Ohio Department of Health, Bureau of Early Intervention Services, is the state agency designated by the governor to administer the E.I. Program. In Ohio, the early intervention program is a part of Help Me Grow, a program that provides developmental services so that children start school healthy and ready to learn. For more information about the E.I. Program see the OLRS publication *First Steps*. If you have a young child with a TBI you should call 1-800-755-GROW for help and to get your child evaluated for services.

Help
Me
Grow

800-
755-
GROW
(4769)

Preschool Child with a Disability

Children with TBI who are ages three through five could be eligible for special education preschool services. A preschool age child is determined to be eligible for services based on "documented deficits" in specific areas of functioning, not by the diagnosis of a particular condition such as TBI. The areas of functioning addressed include:

- Motor
- Cognitive
- Adaptive behavior
- Social / Emotional
- Communication
- Hearing
- Vision

PRE-
SCHOOL

FROM AGES
3 TO 5

For a preschool child with a traumatic brain injury, eligibility will be determined by documenting the areas where the TBI affects the child's functioning. For example, the injury may have affected the child's speech and walking. The child could be identified as a preschool child with a disability with documented deficits in the areas of speech and motor development. The existence of the TBI itself will not determine eligibility for special education services, but the way the TBI has affected the child's functioning will be the determining factor.

Since Ohio law does not require all preschool children to go to school, children may be served in a variety of settings where they would be if they did not have disabilities. This includes center-based special or typical preschool programs, Head Start programs, daycare centers, and in their home environment. For sources of information about special education services for preschool children, see Part 7.

For very young children, the results of testing may be relatively normal. This is because very young children do not have as many skills and as great a range of skills as older children. For example, a one year old child's speech skills are significantly limited. The child may only approximate letter sounds. That child is not expected to have good communication skills and there may not be a great difference between pre and post injury in the child's ability to talk. With an older child who has good communication skills and a large vocabulary, the results of a TBI can be significant. A child can go from speaking in complete sentences prior to injury to not speaking at all after injury. This significant change can be captured by testing. You should consider your child's age and discuss with your physician/provider whether and what testing would be appropriate.

TESTING METHODS MUST BE CHOSEN WITH YOUR CHILD'S AGE IN MIND

VERY YOUNG CHILDREN WITH TBI MAY TEST NORMALLY DESPITE THEIR INJURY AND DEFICITS

Parent / Child Role in Evaluation

Your child can provide the team with valuable information about how the brain injury affects him or her. Your child may be able to explain to the team what services and supports would best assist him or her to function in school as well as possible. Examples of assistance that can be provided to your child include extra time to complete work, shortened assignments, true-false or multiple choice format tests rather than short answer/essay, opportunity to respond orally, and copies of teacher's notes. You should be sure to ask the neuropsychologist to include appropriate recommendations in your child's neuropsychological evaluation.

As the parent, you have information about how your child has changed in the home and community environments. This information should be shared with the team, especially information about what has been successful in accommodating those changes to assist your child. You may also have evaluation information (from the hospital or private therapist) that will assist the team. It is important that all relevant information about your child's brain injury be shared with the school team.

IEE (Independent Educational Evaluation)

If you disagree with an evaluation that your school has conducted you can seek an independent educational evaluation (IEE) at public expense. If you want to pursue an IEE you should request a copy of your school's IEE policy. This will tell you the qualifications your professionals must meet and any other requirements you must meet to seek the IEE at the school's expense. The school's policy can suggest possible IEE evaluators but cannot require you to use one of the suggested evaluators or limit your choice of evaluator. If the school recommends evaluators you should give serious consideration to those recommendations. The most beneficial IEEs are done by individuals that both the parent and the school view as impartial, competent and qualified. Your school will be more likely to accept and use recommendations from an evaluator in which they have confidence. In any event, seek individuals who have experience is making recommendations to school teams.

IEE
INDEPENDENT
EDUCATIONAL
EVALUATION

IEES ARE MOST BENEFICIAL WHEN YOU AND THE SCHOOL AGREE ON AN EVALUATOR

At any time you can seek an IEE at your own expense. The school must consider the results of any IEE you provide but is not required to follow any or all of the recommendations. Your school can only refuse to pay for your IEE if they pursue an impartial due process hearing (see Part 6, Advocacy, Negotiation and Rights) to prove that their evaluation is valid. To facilitate payment for your IEE, it is helpful to reach agreement with your school about evaluators and payment arrangements before pursuing the IEE.

THE SCHOOL MUST PAY FOR AN IEE UNLESS IT PROVES AT HEARING ITS EVALUATION IS VALID

IDEA versus 504 Eligibility

Most children with moderate to severe brain injuries will be eligible for special education and related services under the IDEA. Some children with mild brain injury may not be eligible under the IDEA but under a different federal law. The Rehabilitation Act of 1973 (commonly called Section 504 in education) is a federal law that provides the right to educational accommodations and FAPE to children who do not meet IDEA eligibility. The definition of disability under Section 504 is more inclusive. While IDEA looks at categorical eligibility determinations, Section 504 looks at whether a child has a substantial limitation in one or more major life activity (learning, walking, seeing, breathing, etc.).

If your child is not entitled to services under IDEA, you should request that the team consider whether your child is eligible under Section 504. Your district is required to have procedures and policies that address Section 504 in the school setting. This determination may or may not require additional evaluation. For more information on Section 504 see *Special Education: Putting the Pieces Together*, Chapter 8.

SECTION 504 OF THE REHAB. ACT OF 1973

A MORE INCLUSIVE DEFINITION

Categorical Identification / Inappropriate Labels

The original federal special education law (P.L. 94-142, The Education for all Handicapped Children Act) became law in 1975. Since then, the law has undergone several changes and is now called the IDEA. Because traumatic brain injury is a relatively new eligibility category under IDEA (1991) and Ohio law (1997) there is little guidance for schools and parents regarding how to identify and evaluate children with traumatic brain injuries.

This often results in children with traumatic brain injuries either not being identified or being identified and served under different categories. While some children with TBI can be appropriately served under a different category, problems often arise. These problems can include:

- perception of the child is based on inappropriate label
- unique needs not addressed including behavior, learning and memory issues
- other adjustment problems/changing needs over time

ETR

Evaluation
Team
Report

Once all portions of your child's evaluation have been completed, someone on the team (usually the school psychologist) will complete an evaluation team report (ETR) that summarizes the results of your child's evaluations and assessments. This report is reviewed by the team in a meeting where a determination of eligibility is made. At the ETR meeting you should advocate for a TBI eligibility identification for your child if TBI is your child's primary disability.

Special Evaluations for Vision and Hearing

Children with TBI are at risk for having problems with vision and hearing. Problems with vision and hearing can range from blindness and deafness to mild perception problems. Your child's eyes and ears may not be damaged by his TBI, but his brain may have difficulties processing vision and hearing information. This processing problem can result in vision and hearing problems.

If your child has vision and hearing problems, it is important to have your child's vision and hearing evaluated to determine if there are problems and to recommend ways to address the problems. Your child can receive accommodations and modification that can help. In addition to a neuropsychological evaluation, you should ask your school to make sure that your child receives a test from an audiologist for hearing, a test from a pediatric optometrist and/or a pediatric ophthalmologist for vision, and a test from a low vision specialist to determine how your child uses his vision in day to day situations.

There are tests available for children who have severe TBI. These tests can be conducted in a way that does not require the child to make intentional responses to the test. These are useful to test children who have no means of communicating.

For more information on resources for children with vision and hearing problems, see Ohio Center for Deafblind Education, 800-229-0844, www.ssco.org/ocdbe. The Center offers free technical assistance to parents and parent support services and training in the area of deafblind education.

Figure 3 – Sample Letter: Request for Evaluation

Date (include month, day, and year)

Name of Your Child's Principal
Name of Your Child's Special Education Coordinator
Name of School
Street Address
City, State, Zip Code

Dear (names of Principal and Special Education Coordinator),

I am writing to request that my child, (name), be evaluated for special education and related services. (Name) sustained a traumatic brain injury (TBI) on January 10, 2002. I enclose documentation of the injury and medical treatment.

I believe (name) may have a disability because of the TBI. I do not yet know how the TBI will affect his progress in school, and I believe he may need special services in order to learn. [Name] is in the [level] grade at (school name). (Teacher's name) is his teacher.

Specifically, I am concerned because (follow with a few direct examples of problems at school). We have tried the following to solve the problems: (follow with anything extra you or the school has done to address the problems).

This letter is my formal request and consent for a multifactored evaluation for (name). Please provide me the name and telephone number of the person who will be forwarded this letter and who will be coordinating the multifactored evaluation.

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

Your Signature
Your Name
Street Address
City, State, Zip Code
Daytime telephone number
E-mail address

cc: your special education advocate or attorney, if working with one

Figure 4 – Sample Letter: Request for IEE or Neuropsych. Eval.

Date (include month, day, and year)

Name of Your Child's Special Education Coordinator
Name of School
Street Address
City, State, Zip Code

Dear (name Special Education Coordinator),

I am writing to request an independent educational evaluation (IEE) for my child (child's name). I am requesting this evaluation because (state why you disagree with the evaluation conducted by the school and what part of the evaluation you will address through an IEE).

Please provide me with a copy of your criteria on IEEs and information about where an IEE may be obtained.

Once I have decided upon an independent evaluator, I would like to discuss with you how to facilitate billing and payment for the evaluation.

I look forward to hearing from you within five school days of the date you receive this letter. Thank you for your help.

Sincerely,

Your Signature
Your Name
Street Address
City, State, Zip Code
Daytime telephone number
E-mail address

cc: specialists or other staff

Figure 5 – Sample Form: Documentation of Behavior Changes

Child's Name: ______________________ Teacher's Name: ________________________

Date & Time	Behavior & Circumstances	IEP Measures Implemented	Responses & Comments

TBI TIPS
advocacy

What can I do if my school tells me my child does not qualify for special education services?

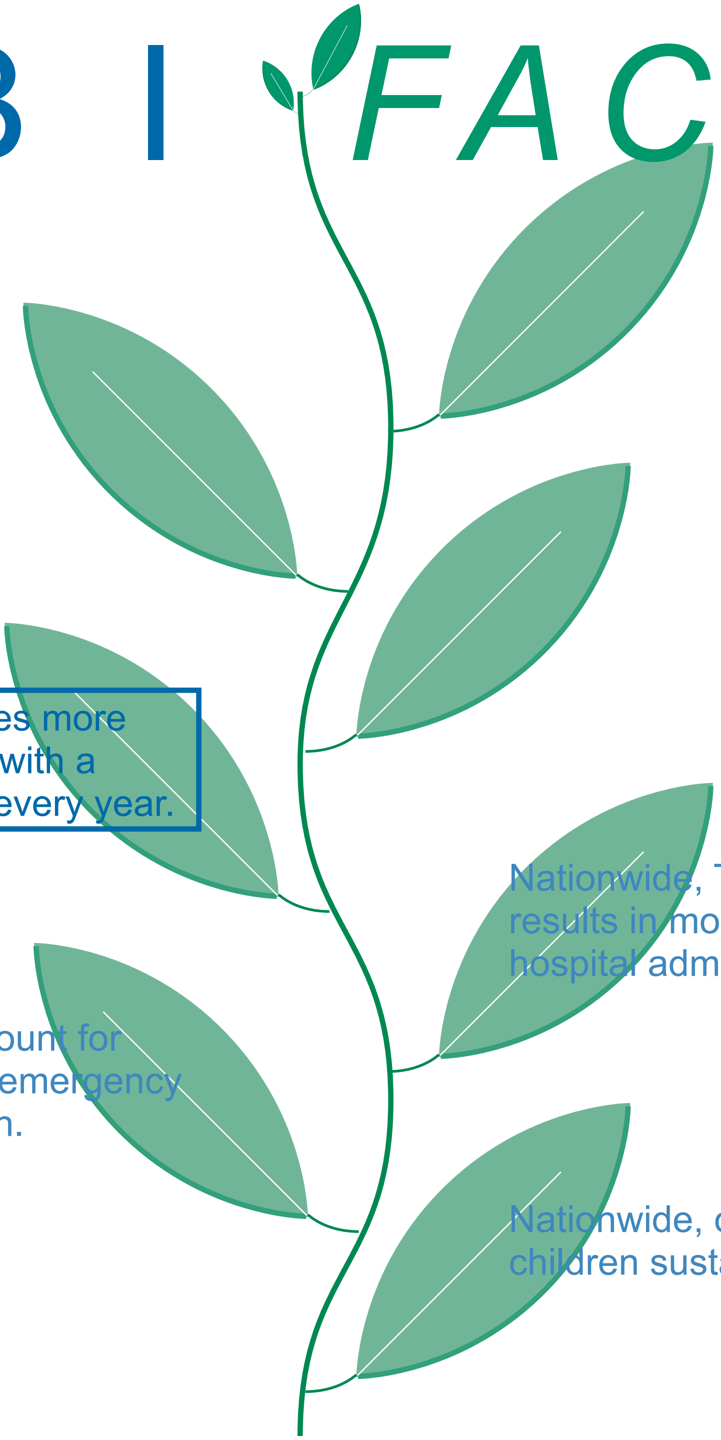
Make sure that your child’s school is aware of the expanded definition of TBI in Ohio. This definition is broader than the definition of TBI in the federal law, and should qualify more children for services. Ask your child’s school whether they considered eligibility for services under Section 504 of the Rehabilitation Act of 1973. This federal law qualifies children with a disability for services under what is called a Section 504 plan. Children can qualify for a Section 504 plan if they have a substantial limitation in their ability to learn or another major life activity such as walking, seeing, hearing, etc.

For more information on Section 504, see *Special Education: Putting the Pieces Together*, chapter 8.

Services

specially-designed instruction to meet your child’s unique needs for education and services that will support your child’s ability to learn and access the general curriculum

TBI FACTS



Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 4: The IEP process can be overwhelming. It will appear more manageable if you think of the process as individual steps. You will find that each step builds toward the next, and following the process will lead to a plan which addresses your child's unique needs for education. You are a key participant in this process. Your special knowledge of your child and your parent advocacy skills will help to maintain the integrity of the IEP process.

When and Where Services can be Provided

Because it is important to start providing educational services to children with TBI as soon as appropriate after injury, you should consider ways to access educational services for your child even if your child is not yet ready to return to school. Your child may receive educational services during times and in settings other than during the regular school year or in a traditional school. Services can be provided in alternative settings because your child is not yet ready to transition into a traditional school environment but still can benefit from services. Services can be provided in the hospital, in a rehabilitation setting, at home, and during the summer. Services can be provided in other settings depending on the individual needs of your child.

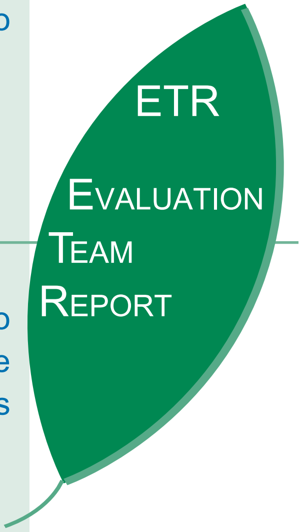
SCHOOL IS MORE THAN A BUILDING. SCHOOL IS A SOURCE OF EDUCATION SERVICES

Some children who sustain a TBI can benefit from the provision of educational services in a hospital setting. This is especially true if the child will be spending extended time in the setting. A child can receive individual instruction and related services such as occupational and speech therapy in the hospital. For children with TBI who were eligible for special education services prior to the TBI, the school district would be required to decide how to provide educational services during the hospital and rehabilitation stays and provide those services. For children not yet identified as eligible for special education prior to the TBI, the process of evaluation described in the previous part (Part 3, Evaluation) would determine eligibility for services.

SERVICES AND EDUCATION CAN BEGIN EVEN BEFORE YOUR CHILD LEAVES THE HOSPITAL

You should consult with your child's physicians and other treatment professionals and your school district about beginning services for your child during the hospital and rehabilitation phases of treatment. Some hospitals have an educational component to their rehabilitation program and can provide information and assistance to you about getting services. Hospitals with educational programs should have established contacts with school districts and procedures for providing services.

If your child's TBI occurs during the summer, you do not have to wait until school starts again to seek services. Your child may need services to begin sooner to address the needs associated with the TBI. Contact your local school district to begin the process of accessing services.


ETR

Evaluation
Team
Report

Services provided through an IEP

After the ETR meeting where your child is determined to be eligible for services, the team will meet to develop the individualized education plan (IEP) for your child. This document will include the following components:

Future Planning

This section of the IEP is written by the team to describe what you and your child want for the future. This could be a short or long term vision and may include things that take place outside of the educational setting. For example, parents may include statements addressing community involvement, employment and social opportunities.

Present Levels of Performance

Present levels of performance describe your child's current strengths and needs in the educational environment. This includes your child's functioning in all areas of school including classroom, lunch, transportation and extracurricular activities. This description is necessary to establish a base line of skills and behaviors from which the team can measure your child's progress. By determining areas of needs the team will have guidance to identify appropriate services.

It is important that the present levels of performance are written in observable and measurable form. For example, writing that Kristin has difficulty with reading is not helpful to the team. Instead, the present levels of performance should indicate Kristin's reading level (according to assessment) and specify areas of difficulty within the category of reading (decoding, comprehension, fluency, etc.)

Needs

After determining your child's present levels, the team should identify your child's educational and social needs that require specially designed instruction. The identified needs are the basis for developing your child's goals and objectives and determining provision of supports and services.

Goals and Objectives

Goals and objectives describe the specific educational activities your child will be addressing in the school environment. They are not the only activities your child will do, but rather are priorities for your child to make progress in the general curriculum of the class and have access to the educational environment. Goals and objectives are designed to be accomplished within a school year and are based on the present levels of performance established by the team. This progress should be linked to the grade level curriculum used by your district.

Statement of Progress / how evaluated

The IEP must include criteria for evaluating whether your child has made progress on his goals and objectives. This includes how and when the progress will be evaluated and the person(s) responsible for the evaluation. It is critical that the evaluation measures are observable and measurable and connect specifically to the present levels of performance to allow the team to extract accurate and meaningful information. Additionally, the goal and objective must be written in a

IEP
GOALS AND
OBJECTIVES
MUST BE
MEASURABLE
AND DATA-
DRIVEN

measurable way and reflect the issues identified by the present levels of performance. In order to have an IEP where the goals are measurable the following must be included:

- established present level of performance for each area addressed by the goals,
- goals that are written in measurable terms,
- objectives that are written in observable, measurable terms, and
- data driven assessment.

For example, a badly written goal such as “Kristin will improve her reading” cannot be measured because the goal does not specify by how much Kristin’s reading will improve. The goal should instead say “Kristin will improve her decoding skills by one grade level.” Additionally, the present levels of performance for Kristin must indicate her current grade level decoding ability. Finally, the person responsible for evaluating progress on this goal must regularly collect data about Kristin’s progress with this skill. This information should be shared with you periodically. While multiple persons may be collecting data, a single person should be responsible for reporting the collective results to you and the team.

Periodic sharing of information is important so that the team can address slower or faster than expected progress during the school year. This is particularly important for children with TBI as their needs and abilities can change quickly as they move through the healing process. If progress is faster than expected the team should meet to modify the goals and objectives accordingly. If progress is slower than expected, the team should meet to determine if additional supports and services are necessary for your child to meet his or her goals or if the goals and objectives were unrealistic for your child.

Services

Services are the specially designed instruction and supports necessary to address your child’s educational needs. The primary provider is the special education teacher. He or she may function in a variety of ways including direct instruction to your child, team teaching with other teachers, consultation with other teachers, and tutoring. Depending on where your child receives educational services, he or she may receive a combination of services from the special education teacher. The nature of your child's needs will determine where he receives educational services. The law requires that your child be educated in the least restrictive environment.

LRE
Least
Restrictive
Environment

Least Restrictive Environment

Just as children with TBI can receive services during alternative times and in alternative settings than the traditional school year and building, they can receive services from a provider other than a public school. However, children with TBI are entitled to receive educational services in the least restrictive setting (LRE). The LRE is the educational setting the child would be in but for the injury, if that setting is appropriate for the child. This generally means the regular education setting. Your child's right to the LRE is balanced against your child's need for support and services. If the regular education environment can be modified to support your child's needs by providing extra supplementary aids and services, and your child can benefit from education in the setting, your child should be placed in that environment.

Supplementary aids and services can include the provision of an educational aide or attendant services, assistive technology, modification of curriculum and modifications to teaching methods, and procedural accommodations. All appropriate and necessary supplementary aids and services must be considered for your child prior to removing him from the regular education setting.

Some children with TBI, because of the nature and severity of their injury, cannot be supported appropriately in the regular education classroom and will receive services elsewhere.

Examples of other settings include a special education classroom, a special education building, such as a county board of mental retardation and developmental disabilities school, or a county educational service center building, and special day treatment and residential facilities. Your child's IEP team is required to decide the LRE for your child.

THE IEP TEAM DECIDES THE LRE FOR YOUR CHILD, AND YOU ARE PART OF THE IEP TEAM

Related Services

In addition to specialized instruction for your child, your child may also need related services which include, but are not limited to

- transportation,
- therapies,
- aide and attendant services,
- orientation and mobility training,
- interpreters,
- Braille instruction, and
- nursing services.

Related services are provided to your child if they are necessary for your child to benefit from education or access and make progress in the general curriculum. Your child is entitled under the law, to related services for which there is supporting data (e.g. evaluations, medical/psychological recommendations, progress notes).

Related services can be provided in all school settings (regular education, special education, other school settings e.g., lunchroom, recess) and for all school activities (field trips, sports), if necessary for your child and required by his IEP.

If you want a related services provided for your child you should ask your school to provide the service. If you cannot reach agreement with your school about the provision of the service or the amount of service provided, you should seek expert support for your request. The expert support can be in the form of an evaluation with written recommendations that you share with the IEP team. You can also request the expert to participate in your IEP meeting. If agreement is reached, your child's IEP should clearly define the type and amount of service that will be provided and the location of service provision

Recommendations for related services made by private providers (such as a private physical therapist) should specify the level of service necessary in the school setting not the private therapy setting. If possible, any prescriptions written for a related service should specify that the frequency and duration of service is being recommended for the school setting, and is based on educational needs. See page 91, Legal Standards.

Figure 7 - Legal Standards

SPECIAL EDUCATION	Specially designed instruction that meets your child's needs and provides more than minimal educational benefit.
RELATED SERVICES	Services your child needs to benefit from special education, such as transportation and speech/language, physical and occupational therapies.
MEDICAL / MENTAL HEALTH SERVICES	What your child needs to restore healthy physical or mental functioning and to reach his maximum rehabilitation potential. (Schools are not required to provide this level of service unless necessary to benefit from education.)

For more information about the IEP document and process, see ODE IEP forms at www.ode.state.oh.us.

Accommodations / Modifications

Your child may need changes to the regular education classroom or curriculum due to his brain injury. Your child is entitled to modifications or accommodations necessary to receive an appropriate education. An accommodation is usually an adaptation or adjustment in the way school work is presented to your child, or in the way your child approaches his school work. For example, your child would be expected to learn the same material, but have extended time lines to complete large assignments. Or, Algebra I, normally a one year course, could be divided into a two year course with the same material presented over two years.

A modification usually involves a change in some or all of the work your child is expected to learn or how your child shows what he has learned. For example, your child may be required to learn five facts about Brazil, while the rest of the class is required to learn twelve facts. And, your child might take a different test with fewer questions or true and false format instead of essay format.

Children who receive modifications can progress from grade to grade with their peers who do not receive modifications. However, the children who receive modifications may not have learned the same amount of information as the rest of the class and may not be able to show what they know on the same level as their peers. Teams should consider the impact of modifications on the child when developing IEPs and transition plans.

In addition to modifications and accommodations in class work, your child should receive modifications and accommodations in testing. This includes in-class and proficiency testing. The same accommodations provided in class and for in-class tests, should be provided for proficiency testing. Your child may participate in proficiency testing in a variety of ways. For children with mild to moderate TBI, the IEP team may decide that the child will take the proficiency test with modifications.

SEE THE ODE ALTERNATE ASSESSMENT GUIDELINES AT WWW.ODE.STATE.OH.US

For a small percentage of children, such as children with severe to profound TBI, the IEP team may decide that taking the proficiency test, even with modifications, would not be appropriate. In this case, the IEP team must assess the child's progress in another way. This other way of assessing children who cannot take the proficiency tests is called "alternate assessment." Alternate assessment is an individualized assessment of progress that usually involves assessing a child's work product as it relates to the IEP goals and objectives. A child's progress can be assessed by reviewing progress on goals and objectives and reviewing work samples such as worksheets and projects. The actual alternate assessment plan for your child is determined by the IEP team.

THE IEP TEAM MAY CONSIDER ALTERNATIVE WAYS TO ASSESS YOUR CHILD'S PROGRESS

Nursing Services

Some children with brain injury may have medical conditions which would prevent them from attending school without nursing services. Because all children with disabilities have the right to FAPE, school districts are required to provide nursing services to children who need them in order to go to school. Your school district is not required to provide medical services (except some evaluation) which require a licensed physician to provide.

NURSING SERVICES MAY BE NECESSARY FOR YOUR CHILD TO RECEIVE FAPE

For example, your school district would not be required to pay for surgeries your child might need to attend school. They would, however, be required to provide a nurse to provide on-going nursing care to your child if he needs care for a catheter or a feeding tube. Your school district is required to provide necessary intermittent or full-time nursing services regardless of cost.

If your child needs nursing services in school, you should ask your child's physician to write a prescription or a letter stating the need for the service and provide the information to your school. Because many school districts are struggling financially, you should ask your child's physician if the service your child needs could be provided by a licensed practical nurse rather than a registered nurse, or whether the services can be provided by a lay person trained or under the supervision (delegation) of a nurse. Considering ways to provide a service appropriately but more economically will be appreciated by your district.

Extracurricular Activities

Your child is entitled to participate in extracurricular activities sponsored by your school as part of a FAPE or as a general school activity. If the activity is necessary for FAPE, these activities should be included on the IEP. Your school is responsible for providing any necessary accommodations or modifications for participation in an extracurricular activity.

EXTRA-CURRICULAR ACTIVITIES ARE AN IMPORTANT PART OF FAPE

For example, if your child with a mobility impairment is involved in a school activity which requires travel away from school, the school would be required to provide accessible transportation for your child. The school may approach you to provide this transportation. You may provide it but are not obligated to do so in order for your child to travel. Similarly, your school is required to provide your child with accommodations and supports so that he can participate in any field trips taken by his class.

Your school is also required to provide any service your child may need to participate in school activities. For example, if your child has challenging behavior that interferes with participation in structured activities, your school must provide behavioral support to allow your child to participate. Supports should be similar to those outlined in your child's IEP or behavior plan. Examples of supports provided during school activities include: aide or attendant services, behavior modification, additional adult support, and special seating. You may be asked to accompany your child on field trips or school activities. You may, but are not required to do so as a condition of your child's participation.

Transportation

Transportation should be included on your child’s IEP as a related service if it is necessary for your child to get to school. Children with brain injury can need transportation because they do not have the self-direction or judgment skills necessary to walk safely to school. Other children have mobility impairments which prevent them from traveling to school without assistance.

It is not required that your child ride a school bus specifically for the transportation of children with disabilities. Transportation should be provided in the most integrated fashion possible. Your school should consider supplementary aids and services on your child’s school bus before moving your child to a less integrated bus. For some children, riding a school bus can be inappropriate. For example, some children are very overwhelmed in crowded, noisy settings. Exposure to such settings can lead to behavior outbursts and set a negative tone for the remainder of the day. In such cases, alternate forms of transportation should be considered. Alternate transportation can include school vans, taxi cabs and private vehicles.

> IF YOU TRANSPORT YOUR CHILD TO SCHOOL, YOU SHOULD BE PAID FOR MILEAGE

You may be approached by your school to provide transportation for your child. If you choose to transport, you should be reimbursed by the school for your mileage. You cannot be required to provide transportation for your child to attend school.

Figure 8 on the following page compares the features of early intervention, preschool and school programs.

Figure 8 - Early Intervention, Preschool and School Compared

PROGRAM AND AGE	STATE AGENCY	PERSON	WHERE	ELIGIBILITY FACTORS	SERVICE PLAN
Early Intervention (EI) 0 through 2	Dept. of Health Bureau of Early Intervention Services (BEIS) "Help Me Grow" program	Service Coordinator	County-based service	Documented disability, delay, risk factors	Individual Family Service Plan (IFSP)
Preschool 3 to 5	Dept. of Education Office for Exceptional Children / Early Childhood	Special Education Coordinator	Local Education Agency (LEA)	Documented deficit areas	Individualized Education Program (IEP)
School Age 5 to 21	Dept. of Education Office for Exceptional Children	Special Education Coordinator	Local Education Agency (LEA)	Categorical identification	Individualized Education Program (IEP)

TBI TIPS

advocacy

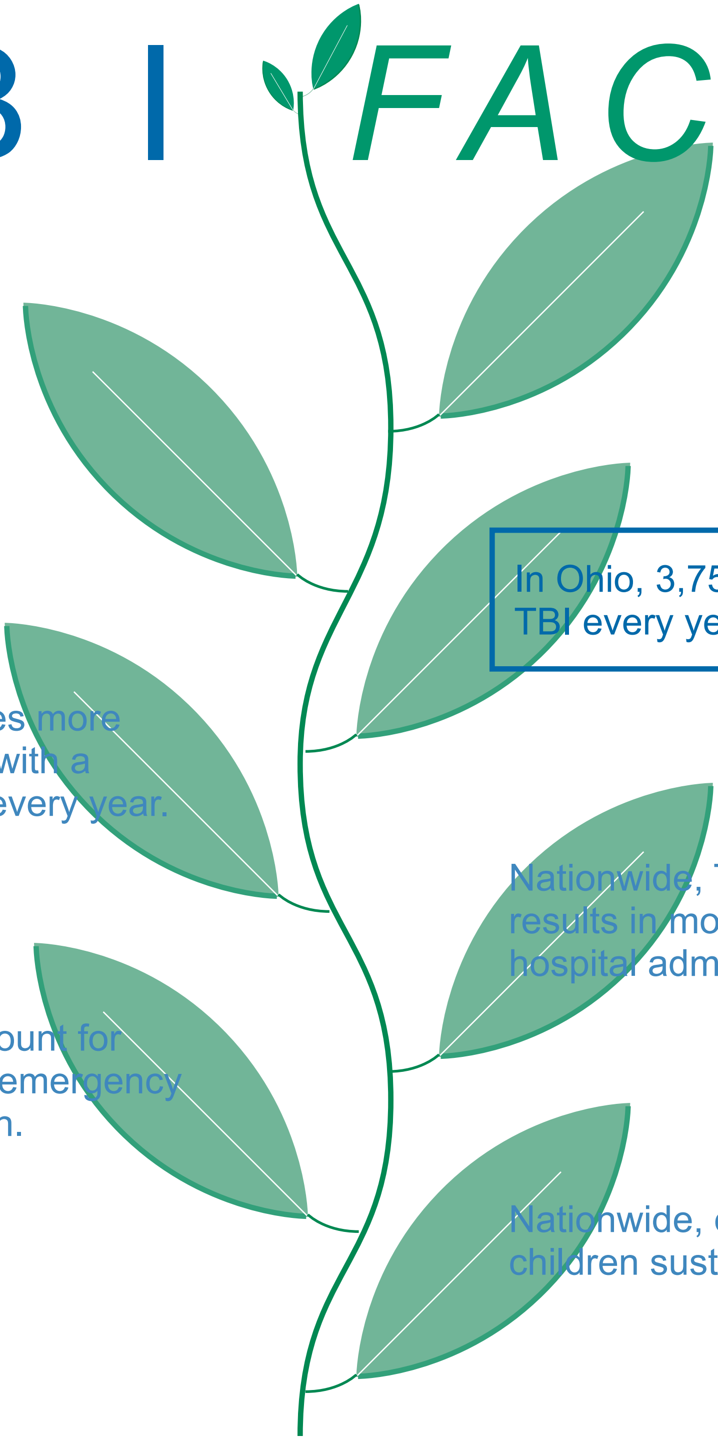
What if my child's teacher is unfamiliar with children with TBI and doesn't know how to teach my child?

Your child is entitled to teachers and service providers who are appropriately trained and qualified. Your child's IEP team should discuss whether additional training and technical assistance is needed for school personnel to provide the IEP services your child needs. If training for school personnel is identified as a need, it should be included in the services column of your child's IEP. Training and technical assistance can include books and other materials, in-service training, on-site training and educational conferences.

Special Factors

any specialized services and supports necessary for your child to receive a free, appropriate public education (FAPE); your child's individualized education program (IEP) team must consider all of your child's unique needs

TBI *FACTS*



In Ohio, 3,750 children sustain a TBI every year.

Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 5: Your child's school is required to discuss any special factors that should be considered in providing a FAPE to your child. If your child has behavior that impedes learning, the IEP team must consider strategies and positive behavior supports to address the behavior. For communication needs, your child's team must consider and provide supports such as speech therapy and assistive communication devices to address the communication need. All decisions about the provision of supportive services must be based on your child's individual needs and not on the availability or cost of the service.

Ohio Legal Rights Service

Behavior, Assistive Technology, ESY and Communication

In addition to the components of the IEP mentioned in Part 4, the IEP process requires the team to consider whether your child needs to have any special factors considered and addressed by the school. Special factors include assistive technology, communication (including vision and hearing), behavior, and extended school year.

Assistive Technology (AT)

Assistive Technology (AT) can be a device which is used to increase, maintain, or improve the functional capabilities of a person with a disability or a service that directly assists a person with a disability in the selection, acquisition, or use of an assistive technology device. Examples of AT include augmentative communication devices which assist a person who cannot communicate through speech to communicate with others, and adaptive equipment which assists a person to write (such as an adapted pencil or arm brace) or move objects in the person's environment (such as a switch or remote control device).

AT

ASSISTIVE TECHNOLOGY

Your child is entitled to assistive technology in school. There are many types of AT and the type your child needs depends on the way in which his brain injury affects him. For example, if your child has vision difficulties due to a brain injury, he can be provided with specialized glasses, magnifiers, or filters. If your child has difficulty with fine motor skills and writing, writing tools can be modified with appliances to improve grip and fluency, or your child can be provided with a computer so that manual writing is not required.

SERVICES AND EDUCATION CAN BEGIN EVEN BEFORE YOUR CHILD LEAVES THE HOSPITAL

Many children with brain injuries have difficulty speaking after their injury. Schools are required to assess whether AT is required to provide your child with the means to communicate in the school setting. It is especially important to address the communication abilities of children with brain injury as soon as possible. Children who are frustrated by their inability to communicate their needs can develop behavior problems which interfere with their ability to learn and maintain relationships with others.

There are many forms of augmentative communication devices which assist children with communication. Your team should consider whether an augmentative communication device would improve your child's communication at school.

If your child is provided with AT, you should discuss under what conditions your child will have access to the device outside of the school environment. Most children who use an augmentative device to communicate in school will also need the device to communicate in other environments. Therefore, it is generally necessary for the child to have the device at home to communicate with family members and in the community to communicate with others. It should also be determined how the device will be maintained in working order.

Communication

In addition to augmentative communication devices, there are other ways to assist a child with a brain injury to communicate. A thorough evaluation of your child's communication status may require the team to access additional expertise. Traumatic brain injury is not an area of traditional expertise for many schools. You may be aware of experts to assist the team in evaluating your child's needs. If the team is not aware of qualified experts, there are educational resources which may point you in the right direction.

STANDARD SENSORY ASSESSMENTS MAY NOT DETECT ALL DEFICITS FROM TBI

Your child's team is required to determine whether your child has hearing and/or vision difficulties which interfere with learning. The usual evaluations schools use for vision and hearing assessments may not adequately address the issues your child has due to brain injury. Many of the traditional evaluation methods focus on acuity of vision or hearing whereas a brain injury can affect the processing or perception of the senses. As with your child's communication status, it is important for an individual with expertise in brain injury to be involved in the evaluation of your child.

For example, the Ohio Center for Deafblind Education (OCDBE) is a federally-funded project that provides free technical assistance services to children, birth through 21 years, with combined vision and hearing losses. Families, service providers and support agencies of children with deafblindness may request services. Technical assistance can include on-site consultations, training services, information dissemination, and other consultative services.

OCDBE

Ohio
Center for
Deaf
Blind
Education

For other sources of general technical assistance, see Resources, Part 7.

Behavior

For many reasons, children with brain injury may develop behavior problems at home and in school. Brain injuries may cause personality changes, mood fluctuations, attention deficits, and memory problems. It is often difficult for children to self-regulate these behaviors. Self-regulation is necessary to maintain relationships with peers and comply with adult requests. In addition, the school environment requires children to follow routines, remember rules, and take responsibility for themselves. The inability of many children with brain injuries to comply with school expectations significantly impacts their educational progress.

It is important for all team members to understand that many of these behaviors are beyond the control of the child with brain injury. These behaviors may be neurologically generated and not in the direct control of the child. Frequently the child is also confused and frustrated by his own inability to be like he used to be. It can be very helpful to team members to have experts explain the source and function of the behavior and provide information and suggestions about how to address the behaviors in various settings.

SOME BEHAVIORS ARE NEUROLOGICALLY BASED AND NOT IN YOUR CHILD'S CONTROL

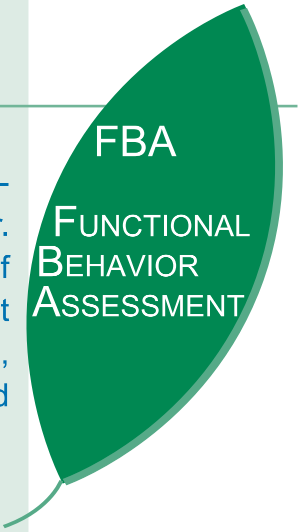
It is important to identify the purpose of your child's behavior. Behaviors can serve different purposes for different children. For example, a child may call out in class without raising his hand. This could be a result of lack of impulse control, a common result of a brain injury. Teachers who are not aware of the brain injury or its possible effects may think the child is deliberately choosing to ignore the rules. Another child may speak out in class because he is afraid that he will not be able to remember his thought if he does not speak it immediately. Short-term memory problems are very common for children with brain injury. It is important to distinguish the reason for the behavior in order to provide appropriate interventions.

For example, the student who is impulsive may need a signal to wait his turn or the teacher may need to call on him first and then move on to other students. The student with short-term memory difficulties may need assistive technology (palm pilot, tape recorder) to capture thoughts so that they will not be lost.

Your child's entire class may be affected by his behavior. In addition to expert support for the team and teacher, your child's classmates may benefit from information/in-servicing about brain injury. Children who understand that behaviors are beyond the control of the child with brain injury are more patient and accepting of those behaviors. They are often more willing to continue their friendship with a child they perceive as different.

Functional Behavior Assessment

The functional behavior assessment (FBA) is a problem-solving process for addressing student problem behavior. The purpose of the FBA is to identify the function or purpose of specific behavior and guide the IEP team in the development of interventions. The focus is on identifying the specific social, affective, cognitive, and/or environmental factors associated with the occurrence (or non-occurrence) of specific behavior.



It is useful to understand why a child misbehaves in terms of the “causes” or “functions” of behavior. While the behavior may be considered to be inappropriate, the functions generally are not judged on an appropriate/inappropriate scale. The behavior can appear to be the same among several children but a closer look at the causes will show that the behavior may serve very different functions for each child. For example two children may be making funny noises while they are supposed to be working on an assignment and the class responds with laughter. While the behavior may appear the same on the outside, one child is seeking the attention of his peers to gain acceptance, while another is attempting to avoid the task because he does not understand the material. The team would design a different intervention for a student who seeks attention for social acceptance than for a child who does not understand the material. Different behavior functions require different interventions.

Through the functional behavior assessment process, the IEP team can develop a plan that teaches and supports appropriate behavior. Once the observational data and other information have been gathered the team will develop a written plan with a statement of the behavior, the proposed function and steps to intervene. The plan will have time lines to determine when the intervention will begin and when it will be reviewed. The plan should also include the persons responsible for implementation and the data to be gathered at intervals.

Positive Behavior Intervention Plan

BIP

Positive
Behavior
Intervention
Plan

The first step in developing a behavior plan is to identify the behavior in a problem statement. A behavior plan may not address all of a child’s behaviors in school but instead may focus on the behaviors that interfere the most with educational progress. Second the team develops goals and objectives to address the behavior. These goals and objectives must be measurable and observable so that the team can determine if your child is making progress. Good behavioral objectives should include ways to teach your child an appropriate behavior to replace the target inappropriate behavior.

Because your child's BIP should include strategies for positive behavior support and methods to teach your child new ways to manage behavior, your IEP team may require the services of a behavior specialist if one is not already on the team. Your team should discuss whether the participation of a behavioral specialist is needed.

Any behavior plan should be supported by data collected about what happens before the behavior, the behavior itself and what happens after the behavior. Data collection may also include information about the frequency, setting, duration and intensity of the behavior as well as other factors such as, previous interventions and educational impact of the behavior, which may assist the team in identifying the function of the behavior and appropriate intervention strategies.

Your child's behavior plan will be implemented for a period of time agreed upon by the team and specified in the plan. If the plan is not successful or only partially so, the team will revisit the plan including the hypothesis to determine if the team has accurately identified the problem and whether the team has faithfully carried out the interventions. Based on this review, the team can revise the plan based on the new data and / or a new hypothesis for the function of the behavior.

Extended School Year

ESY

Extended
School
Year

Extended school year (ESY) services are the provision of educational services beyond the regular school year (approximately 180 days in Ohio) in order for the student to receive FAPE. Children who show the need for continuing all or part of their school program into the summer months have a legal right to receive those services at no cost to their parents. See OLRS' publication, *Special Education: Putting the Pieces Together*, Chapter 6.

ESY can be especially important for children with brain injuries who frequently have problems with short term memory and loss of acquired skills. Because ESY is provided over a short time period (usually 10 weeks) there is often not enough time to evaluate and identify a child as eligible for special education and ESY if the injury occurs during the summer. In addition, many school personnel do not work during the summer months and are not available on a regular basis.

The sooner your school is notified of your child's injury, the sooner the school can begin the process necessary to determine eligibility for special education and related services, including ESY. Gather as many documents supporting your child's needs or disability status and seek expert support for service requests. You will need to be persistent in seeking ESY services for your child not previously identified when the injury occurs during the summer. The request for ESY will appear irregular to school personnel since the services are traditionally available to students who are already identified as needing special education. You may need to explain how your child will not receive FAPE if the ESY is not provided. See OLRS' publication, *Special Education: Putting the Pieces Together*, Chapter 6, Advocacy Tips # 2.

ESY services can be provided in settings other than the school building. ESY services can be provided to your child in a hospital or rehabilitation facility, or in your home or other community setting. In addition, ESY services can be provided by someone who is not a direct employee of your school. Some hospitals and rehabilitation facilities have on-site teachers who offer direct services and transition services to children. Your school district can make arrangements for the on-site teacher to provide ESY services to your child or send school district personnel or other qualified providers to serve your child. Your child's ESY should address his unique needs and can include special education, related services, and AT. Any ESY your child receives should be documented on an IEP.

TBI TIPS
advocacy

What can I do if my school says it cannot afford to provide a service to my child?

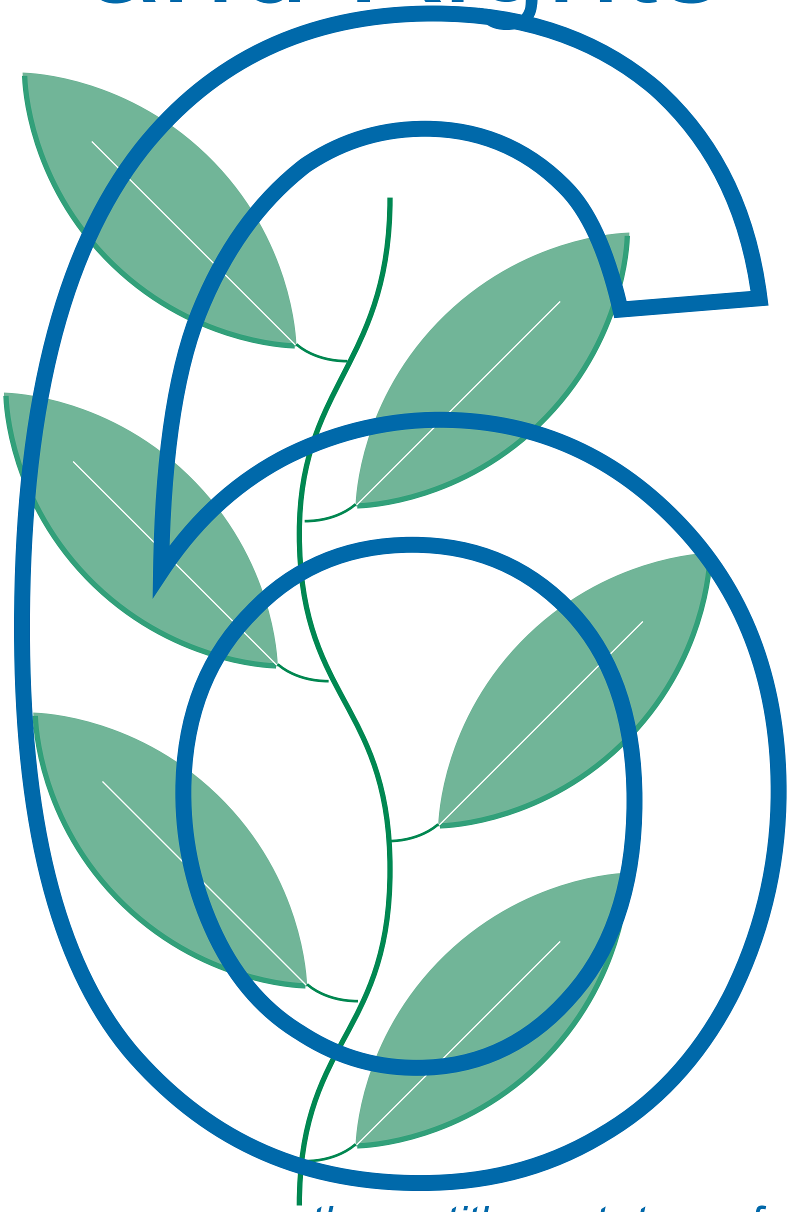
Your child is entitled to necessary services regardless of the cost of the service or your school's ability to pay for the service. Cost can only be considered if the team is looking at multiple ways to provide a particular service. In that case, the school can choose to provide the cheapest service as long as the choice is appropriate for your child. For example, if an evaluator has recommended two different augmentative communication devices for your child and both are appropriate, the school can choose to provide the cheaper of the two.

Because there may be tension between your child's entitlement to services and your school's budget, the team should discuss alternative sources of funding for services. If an alternative source of funding is available such as private insurance, Medicaid, or assistance from another agency, such funding can be used to provide a service to your child. However, you cannot be required to use your private insurance.

What can I do if my school only provides 30 minutes of speech therapy per week to students because of the therapist's schedule?

The provision of a service to your child must be based on your child's individual need for the service. Because your child is unique, the recommendation for a service should be based on an individualized assessment of your child. The assessment should take into consideration your child's unique situation and recommend a service amount necessary to address your child's needs. A school cannot limit the amount of service to a child based on administrative considerations such as availability of the service provider or cost of the service.

Advocacy, Negotiation and Rights



the entitlement to a free, appropriate public education (FAPE) that meets the requirements of the law, and the procedures to ensure full parental participation in decision-making and in addressing conflicts and grievances

TBI FACTS

In Ohio, 450 to 600 children sustain a TBI in the moderate to severe range every year.

In Ohio, 3,750 children sustain a TBI every year.

Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Summary of Part 6: Use the strategies for successful negotiation described in this book to work through issues encountered as you advocate for services for your child. Successful team work is important is providing your child with a successful education. If your efforts at advocacy and negotiation fail, you have options available to resolve issues. You can seek the assistance of an advocate to help you through the process or you can pursue a complaint or request a hearing. Remember it is usually better to try to resolve your issues by the least confrontational method available. Because after the issue is resolved, you must continue to work as a team to provide services and supports to your child.

Ohio Legal Rights Service

The Child as Advocate

In Ohio, when a student with a disability reaches the age of 18, all of the rights and responsibilities in IDEA transfer to the student. This happens regardless of the student's disability and functional ability. The only exception to this transfer of rights would be in cases where legal action was taken to prevent the transfer of rights. These actions can include seeking a power of attorney to make decisions for your child in limited areas (educational, medical or financial decision-making) or limited or full guardianship.

In order for your child to be as independent as possible you should begin exposing your child to decision-making opportunities as early as possible in his educational career. Because one of the goals imbedded in a FAPE is the development of independence, your child's IEP should address skills necessary for the development of independence. Everything from activities of daily living and self care, organization of school work, management of relationships, money management, and self-advocacy should be considered. Therefore, your child should participate in the IEP meeting as your child is capable.

For children with TBI, who may have had a major change in their life, it is especially important to gain a measure of confidence in their ability to direct activities within their own lives. All students look forward to increased independence. Students with TBI may require specific skill development, supports and services to achieve greater independence. Including the child in the identification and provision of these supports can increase independence and expose the child to a broader range of experiences. In addition, the team can benefit from the child's participation as the child often knows the best interventions and approaches to foster independence.

The Parent as Advocate

Collaboration and cooperation are key to working successfully within the team structure. Your first team will probably be comprised of medical health providers (doctors, nurses, therapists, and other specialists). This team will work together to provide a system of interventions and supports for your child while in the hospital setting. As your child recovers, you may encounter additional team members (rehabilitation specialists, social workers, on-site teachers) necessary to support your child's continued progress. Eventually, you will work with your child's IEP team to develop the plan that will provide appropriate services and supports to your child in an educational setting.

YOU WILL BE A MEMBER OF SEVERAL TEAMS - IN HOSPITAL, IN REHAB, AND ON THE IEP TEAM

As a member of a team you have a responsibility to provide information about your child and to become knowledgeable about the system in which you are working. Learning new information can be stressful. It is necessary, however, for you to advocate effectively for your child. At first, this role may seem awkward or intimidating. Being prepared with information and educating yourself about available resources will help to reduce your stress and make you a more effective advocate. There are many facets to good advocacy.

STANDARD SENSORY ASSESSMENTS MAY NOT DETECT ALL DEFICITS FROM TBI

Prepare To Negotiate

The first step in getting services for your child is being prepared to explain what you want for your child and having information that supports your request. After you decide what your child needs, you must be able to clearly communicate to the appropriate person what you are requesting. Communicating with the appropriate person is the quickest, simplest way to resolve or address issues.

Identify the Problem and What You Want

Understand the nature of the problem and the position of both sides. Determine whether there is a simple solution to the issue or whether additional work is necessary for resolution. Determine if there is more than one way to resolve the issue and remember that it is easiest to implement a solution that all team members support. If there are many ways to resolve an issue, generally the school has the final say in which option will be used as long as it is an appropriate option for your child. If the teacher and other school personnel agree with an option, it is more likely that it will be implemented well and be successful for your child.

Communicate with the Right Person

Talk with the person who has the information you need or has the authority to make the changes that you want. If there is an individual in the school setting with authority with whom you have established a good relationship, it can be helpful to communicate problems with that person first. Avoid communicating with people with whom you have a bad relationship if it is possible. Try to limit the number of people trying to resolve your concerns. Identify the person who will follow-up on the issues and respond to you and agree upon a timeline for communication. Make sure that everyone understands her role and responsibility in resolving the issue. It is helpful to write an outline that everyone signs that indicates who will do what and when it will be done. Be a role model and be sure that you complete what you agree to do.

Determine Who Has the Information You Need

A very important step in successful negotiation with your school is to know the facts of your situation. The ease of getting the information and facts that you need depends on knowing who has that information.

TRY TO GIVE SCHOOL OFFICIALS THE CHANCE TO RESOLVE PROBLEMS AT THE LOWEST LEVEL

People appreciate the opportunity to work problems out at the lowest level possible. How many times have you had someone say, “if you had let me know, I would have been happy to change that.” Generally the person who is working with your child on a regular basis has the most information about your child. In many cases, the superintendent will have no idea about the everyday issues regarding your child. This can also be true for the special education administrator and the principal, unless a specific issue has been brought to their attention.

Figure 9 - Determine Who Has the Information You Need

TEACHER	has information about the IEP and the general curriculum for your child’s grade level as well as the classroom schedule and environment.
PRINCIPAL	has information about building schedules and transportation, staff availability (aides, teachers) and special building projects and themes.
SPECIAL EDUCATION ADMINISTRATOR	has information about district resources for services for children with disabilities, whether additional services can be provided, location of programs and services, and can generally determine what the superintendent is willing to do.
SUPERINTENDENT	has the ultimate decisionmaking authority together with the school board regarding resource allocation and location of service.

Communicate Effectively

It is always best to try to resolve any issue at the lowest possible level with the simplest means of communication available. If you think you can resolve an issue by talking with the teacher, do it. If it doesn’t work, go to the next level.

It is good practice to ask people how they prefer to be contacted. Some teachers are comfortable with parents contacting them in person (unscheduled) for minor matters. Some prefer telephone or e-mail contact, and others prefer a scheduled conference to discuss matters. Determine the preferred method and try to use it whenever possible. You should also make your own preferences for contact known. Many parents establish a regular communication notebook or pattern with the teacher to communicate about the child's daily/weekly progress or problems that arise. Determine if the teacher is willing to communicate in this way. If so, you can request that a communication notebook be added as a service to your child's IEP. This is particularly helpful in situations where children are unable to communicate or where children have regular problems in the classroom.

Personal Contact

Good communication with the person working with your child can prevent many problems at school. Establish rapport with your child's teacher before problems arise. Make yourself available to volunteer in class and to receive regular feedback. This will help create an atmosphere of open communication.

Try to work out problems with the teacher first and as they arise. You can ask to talk with your child's teacher or for a parent/teacher conference. You can offer suggestions to the teacher or provide helpful materials. Information should be offered in a manner that is careful not to suggest that the teacher lacks knowledge, and should not be so voluminous as to overwhelm the teacher.

Communicating with someone in person allows you to interpret a person's body language and demeanor and may provide some insight into a person's feelings about your requests, and willingness to follow through with them.

Proceed to the next level if you cannot resolve the issue with the teacher. Determine who is the next person who can help you. If one person stands in the way of what you need, go to another person who can help you.

Telephone Contact

If it is inconvenient for you to get to the school to talk with the teacher or other staff, a telephone call can be made to resolve issues. It helps to ask when it is best to call. Telephone contact should be initiated for brief conversations and questions that can be answered simply. If the issue is more complex, a face-to-face contact or meeting to discuss the issue is probably necessary.

Written Communication

KEEP NOTES OF EVERY COMMUNICATION: DATE, TIME, WHO SPOKE, AND WHAT WAS SAID

There are two kinds of written communication that you can have with your school. The first is written documentation of all of your communications with the school. You should keep written notes of all discussions, telephone calls, meetings, and other communication you have with the school. It is helpful to have a notebook (three ring binders work well) where you can document the date, time, content of the discussion, and name of the person. All paperwork relating to your child's education can be stored in the same binder (this can include your child's IEP, evaluations, progress reports, classwork, etc.). This type of documentation is necessary to develop a record of all interactions with the school. This information may become necessary for a more formal negotiation with the school.

The second type of written communication is to inform the school of your concerns about your child or to request specific information or action from the school. If informal methods of negotiation fail, you can proceed with more formal methods. The first step in the process is to send a letter to the school making a specific request with a timeline for a response. You should send the letter in a manner which will verify its receipt (certified, registered mail). You can also deliver it by hand and ask someone to initial a copy as received. Always keep a copy of all correspondence for your records and never give anyone your only copy of a record.

Figure 10 - DOs and DON'Ts of Written Communication

DO share routine information. For example, use a communication book which goes from school to home and back on a regular basis to share information about your child's day or issues of concern.	**DON'T try to share complex information** which requires significant explanation and clarification. However, a letter could be used to request a meeting to discuss this complex issue in person.
DO make specific requests of the school regarding your child's program or to object to specific proposals made by the district especially when timelines are involved and you need to document when you made the request.	**DON'T try to solve a very complex problem.** A letter can be used to state the problem as you see it, but the actual problem solving process is usually best conducted by phone or in person, depending upon the complexity.
DO summarize past communication from meetings or phone calls where commitments have been made for action.	**DON'T send the school your only copy of a record.** Make another copy for team members.
DO say thank you. A card or note can go a long way to demonstrate your appreciation and support for the work the school is doing with your child.	**DON'T send a letter to the school that you wrote when you were angry.** Take time to cool off so that your letter is written in a calm and clear way.

Get Positive Results At Meetings

Sometimes it becomes necessary to request a meeting to resolve an issue. Meetings can be requested by a telephone call, but the call should be followed by a letter of confirmation.

A meeting may be necessary to resolve a conflict that is complex or that involves a request for services that may be expensive or time consuming for a school to provide.

There are certain steps that you should take to prepare for the meeting process. The more prepared you are going into the meeting, the better your chance of leaving the meeting with the resolution you want.

Communicate with Experts to Seek Support for Your Position

An expert is someone who has specialized education and experience in a specific area. Experts often have a license or certificate or other credentials to provide professional services. Experts can include, but are not limited to, physicians, psychologists, educators, speech therapists, occupational therapists, and physical therapists.

Having expert or professional support for your position will greatly increase your chance of a successful outcome at any meeting. During the meeting, you should refer to documents from experts or professionals that support your position.

If possible, have the expert or professional participate in the meeting. It is much easier for a school to ignore a document than it is to ignore a person sitting in the meeting.

IEE

INDEPENDENT
EDUCATIONAL
EVALUATION

You can ask the school to pay for this expert if you are requesting an independent educational evaluation (IEE) of your child. You can ask your school to pay for an IEE if you disagree with an evaluation the school conducted of your child.

The school must either agree to pay for the IEE or request an impartial due process hearing to show that its evaluation was appropriate. If you want to pursue an IEE at the school's expense, it is best to reach agreement with your school about the qualifications of the evaluator, what tests will be used, and who will pay prior to scheduling the IEE. You can also get an IEE at your own expense at any time.

Many experts and professionals are busy and cannot come to your meeting. Explore whether the person can participate in the meeting using a conference telephone. This would limit the amount of time that the individual has to set aside to assist you. If your expert or professional can assist you in this manner, make sure to set up a time and place for the meeting that is convenient to this person and make sure that there is a conference telephone at the meeting. Determine who will place the telephone call prior to the meeting.

Legal Standards

In order to effectively advocate for services for your child, you must be familiar with the law and standards which are in effect that cover your issue. The law does not require your school to provide your child with the best possible education or to maximize your child's educational potential in school. Your child's IEP must provide your child with an education that provides more than minimal benefit. This usually means that your child is making reasonable progress towards the agreed upon goals and objectives in one year.

IEE

Independent
Educational
Evaluation

Be careful to advocate for services to which your child is entitled under the law and for which you have the expert or professional support. Be sure to use language that is compatible with the law and avoid using terms describing your emotions, such as "I feel that," or "I want this." Instead, use language such as "it is necessary for my child to have physical therapy because...," or "the evaluation supports the need for occupational therapy for my child because..."

The legal standards used in special education are not the same as the standards used in other disciplines such as psychology, medicine, and related therapies. Because of the different standards, disagreements between parents and schools can arise when medical or mental health professionals recommend services for a child in the school setting. These services can include psychotherapy, counseling, occupational therapy, physical therapy and other types of services.

Frequently a family's first contact with these services is through their doctor or medical/mental health specialist who prescribes the service based on a medical model of necessity. This model focuses on all domains of a child's functioning and development and provides services based on a model of recovery or maximizing rehabilitation potential. These services can be prescribed for needs that are beyond what is necessary to address the adverse effect of a child's disability in school.

Figure 11 - Legal Standards

SPECIAL EDUCATION	Specially designed instruction that meets your child's needs and provides more than minimal educational benefit.
RELATED SERVICES	Services your child needs to benefit from special education, such as transportation and speech/language, physical and occupational therapies.
MEDICAL / MENTAL HEALTH SERVICES	What your child needs to restore healthy physical or mental functioning and to reach his maximum rehabilitation potential. (Schools are not required to provide this level of service unless necessary to benefit from education.)

In education, related services are also provided to children, but the provision is based on educational necessity, which focuses on skills and functioning necessary for the child to benefit from his education. All domains of the child's functioning are not required to be addressed by the school. Often, parents will expect the school to comply with recommendations of medical/mental health providers with regard to eligibility, frequency, and duration of service. Sometimes, the level of service recommended by the medical provider exceeds what the school would be responsible for providing.

In order to be able to successfully negotiate for appropriate services for your child, you must determine with the medical/ mental health professional what level of service is necessary in the school setting. If possible, any prescriptions written for a related service should specify that the frequency and duration of service is being recommended for the school setting, and is based on educational needs. If you cannot determine what legal standard applies to your situation, you should seek the assistance of an advocate or other professional who can provide you with this information.

Before the Meeting

Prior to any meeting, you should identify the persons with authority to resolve your dispute and request that they attend the meeting. Clearly identify the issue(s) and gather as many facts about your problem as possible. Be sure to seek expert support for your position.

Explain clearly to the school what you think would resolve your concerns. You may be asking to review your child's IEP because the goals are not appropriate, or you may be asking that a service be added to the IEP to address unmet needs. Come to the meeting prepared with one or more possible resolutions to your concerns.

Request written notice from the school about its position on the issue. If school personnel refuse to do something that you have asked them to do, or if the school is proposing to do something with which you disagree, ask the school to provide written notice of its reasons for the action or lack of action. This notice, which is required by the law, should clearly explain the basis for the school's action or inaction.

At the Meeting

Take a prepared outline or notes to the meeting. The outline or notes can help you remember the issues and cover all topics for discussion. Remember to discuss current issues and not to dwell on mistakes of the past. Dwelling on the past can inhibit the team's ability to focus on ways to resolve the current dispute, can waste time, and can create an uncomfortable environment.

Try not to start conversations with yes-or-no questions. For example, if your child needs more support for transition, do not begin by asking for an aide. Ask the team what can be done to provide support for your child during transitions from one activity to another. Allow the conversation to develop, including multiple ideas about possible solutions to your concern. Yes-or-no questions limit options particularly when the response to your request is no. You are left with an answer but not a solution.

If you are requesting that the school change your child's IEP or write a new IEP, you can prepare your own draft goals, objectives, and services to take to the meeting. This can be helpful in guiding the team process to your desired outcome, and can save time at the meeting that would otherwise be used to draft the IEP. It is acceptable for the school to come to the meeting with a prepared draft IEP as long as there is open discussion about the draft, participation in the IEP process by all team members including the parent, and the ability to change and modify the draft as necessary. Remember that you have the ability to make changes to the draft IEP even if it is presented to you in typed format.

All meetings should be documented in some way. Decide prior to the meeting whether to audiotape the meeting or to take a friend or advocate as support. If making an audiotape of a meeting will create an uncomfortable situation for the participants, then you may choose to take a friend to the meeting instead. People can be less forthcoming while being taped because they are afraid that the tape may be used against them at a later time.

One way to document a meeting without taping it is to have a friend or advocate for support at meetings. This person can take notes so that you can focus on discussing the issues at the meeting. The friend or advocate can also serve as a witness to discussions that occurred at the meeting and can provide emotional support in a setting where you are discussing emotionally charged issues.

It is normal to feel emotional during these meetings. After all, it is your child who is the topic of conversation and you want the best for your child. Emotional outbursts can make team members uncomfortable. If necessary, take breaks to keep your control. An advocate can assist you if you are feeling too emotional to participate. All discussion should occur in a courteous manner without emotional outbursts.

However, you must remember to be reasonable in your requests for services for your child. Negotiate for the things to which your child is entitled under the law, and for which you have supporting data (e.g. evaluations, medical/psychological recommendations, progress notes) if you hope to be successful in the process.

After the Meeting

If agreement is reached at the meeting make sure that there is written documentation of the agreement. If the agreement is for services for your child, make sure that the services are written on the IEP. Any document can be attached as part of the IEP if the team agrees to attach it. Make sure that any attachments include the signatures of the team members and date of agreement. If full agreement is not reached at the meeting, make a list of the next steps to take and who is responsible for them. Create a timeline for the completion of the meeting process. Remember that some issues take more than one meeting to resolve. Do not sign an IEP unless you agree with it. The school cannot refuse to serve your child because you do not sign the IEP, unless it is your child’s first IEP.

Remember to thank people for their participation in the process and for their efforts in serving your child. This can be done in person or with a thank you note or card. A thank you note or card demonstrates your appreciation and support for the work the school is doing with your child, even when things may be somewhat tense.

Know What Makes Your Team Work

Willingness to Work Together

Like your child, team members have unique personalities, skills, and levels of experience which will impact your ability to work together on behalf of your child. Understanding the abilities and skills individuals bring to the team process will enable you to work more effectively with each team member as well as the team as a whole. The strengths and needs of the team will influence the strategies you choose to use in the process.

If you are working with a team with members who are working well together toward an appropriate outcome for your child, negotiation will usually be an effective tool to reach agreement. When your team is not working well together, more formal negotiation techniques may be required to reach consensus.

Thinking Out of the Box and Taking Risks

You may be asking the team to consider new ideas and approaches to teaching or learning. Many of us have difficulty with change or the unknown, and educational teams are no exception. If you encounter a team that is having difficulty thinking out of the box or trying a new idea, try to support the team members with models of success and support resources. You can access information and support resources from your local Special Education Regional Resource Center (SERRC) and from Parent Training and Information Centers (PTICs). The Internet can also be a good source of information. See Part 7 for a list of recommended resources.

It is helpful if you can provide an example of a successful program in another school setting, especially if that program is close enough for your team members to visit.

SUPPORT YOUR TEAM WITH EXAMPLES THAT HAVE SUCCEEDED

Knowledge and Understanding

The IEP team is multi-disciplinary by its very nature, and members have varying levels of understanding and knowledge of a particular child, disability, or issue. In addition, some team members may know a lot about the IEP process and some may not. Some members may have specific information about your child, while others may have information about the process or the service requested. Sometimes the team needs to reach out for additional expertise because necessary information is not available from the existing team members.

There may be situations where a need is identified for your child which extends beyond the knowledge and understanding of the core team members (parent, teacher(s), school representative). When this happens, do not hesitate to request the participation of others who possess the knowledge necessary to move forward. The need for additional expertise can arise in cases where children have exceptional behaviors or a disability that has not been encountered before by the staff working with the child, and in cases where the child requires assistive technology or devices that staff have not worked with before.

If you request the participation of another individual with a special expertise, it will be more successful if all team members agree with that person's participation in the process. Remember that a school will be much more likely to listen to that person's recommendations if the school respects that person's credentials. If the person has an understanding of the educational process and legal standards in addition to the expertise of her field, it will significantly enhance her credibility with all team members.

Remember that children often act differently in school than they do at home. Children often exhibit different behaviors or skills in the two environments. This can create problems in the team process when the school and you have very different opinions of what your child can do. For example, the school may report to you that your child is exhibiting behaviors in school that you never see at home. Or, you might report to the school that your child knows how to read, but your child has never exhibited that skill at school. The school's perception of your child's skill level influences the school's decisions about placement and services. It is very important that all team members have an accurate understanding of your child's skills.

IF YOU NEED AN EXPERT TO SUPPORT YOU, TRY TO CHOOSE A PERSON THE IEP TEAM RESPECTS

If you agree with the professional judgment of the school, you can simply rely on the reports of the school and its recommendations to determine what services should be provided to your child. If there is a lack of agreement between you and the school you should request documentation of the behavior or skills that the school is reporting and that you do not see at home. You can also request an independent evaluator to observe the behavior or skill in question.

Likewise, an IEE would be helpful if you feel that the skill level of your child is different than what is seen in school. You should also provide work samples or some other form of documentation of the skill to the school to support your position. This documentation is important if the team hopes to succeed in developing a program that is appropriate for your child. It is also important in fostering an overall consensus of understanding of your child among team members.

Experience

Experience can be a double-edged sword. Frequently, it is assumed that the more years of experience an individual has, the higher the quality of service provision. This is true in many cases; however, it is not always true. Many teachers and educators with years of experience are enthusiastic participants in the IEP process and in the classroom, while others have become less enthusiastic participants in the educational process. Parents, too, can become tired of and disillusioned by the IEP process.

There are team members with little direct experience who bring enthusiasm and fresh ideas to the process. Their recent training and exposure to new techniques may more than compensate for their lack of experience or longevity.

Credit should be given to team members for what they actually bring to the IEP process. The opinion of an individual with thirty years of experience need not always outweigh the ideas of someone new to the field. The best teams have a mix of experience levels and a respect for all contributions.

Supports and Resources

All teams need resources and supports to effectively educate children. Both children and team members will need support. This is especially critical when the team is trying to implement something new. Traditionally, IEP teams focus on determining the services and supports necessary to serve the child. It is also necessary to support the team members who are serving the child, e.g. with teacher training and technology support. You should ask that the school provide necessary services and supports to your child and the team.

It can be difficult for you to suggest or request a specific support for an educator without risking offense to that educator. Some teachers or team members may feel that you are somehow suggesting that the educator lacks experience or the ability to effectively work with your child. The fear of being perceived as lacking skills and the openness of the environment in the school to allow staff to experiment with new ideas and make mistakes, impact the educator’s ability to receive your request in the spirit in which it is given.

Be aware of this tension and be diplomatic and sensitive in how you request assistance for the team or a specific member. Initially, this type of request might be more appropriately made to the special education administrator outside of the IEP meeting. It is important to recognize that teachers and other educators want to be successful and feel good about what they do. An initial unwillingness to serve your child can be based in fear and lack of understanding and support. You must identify what the basis of the resistance is in order to determine the best method of support.

ASK THE RIGHT PERSON AT THE RIGHT TIME FOR SUPPORTS YOUR CHILD NEEDS TO SUCCEED

Sometimes, you and the school will not be able to agree on an issue that strikes at core values. One such example is where a parent believes that inclusion of the child in the regular education environment is the only appropriate placement for the child. The school and community believe that children with disabilities are best served in separate environments with specialized staff and services. Both sides truly believe that they are right. Issues are difficult to resolve when a core value is at stake. Parents need to thoroughly consider their strategies and options in such situations and the strength of support for their position. Often, it is difficult to change or influence a person's attitude about such issues.

BE AWARE OF THE GAP BETWEEN THE SCHOOL'S CORE BELIEFS AND YOUR OWN, AND WAYS TO BRIDGE THE GAP

Know When More Formal Action Is Needed

If you are unable to resolve your concerns with the school in the IEP process, and you wish to pursue the issue further, there are additional avenues of conflict resolution available to you. There are three steps that are available to you under the special education law: case conference, administrative review and mediation. These methods of resolution are optional for both the parent and the school and do not have to be pursued before requesting an impartial due process hearing or filing a complaint.

It is not necessary to have an attorney or advocate for any of these methods. It might be better if the team can resolve issues without the participation of an attorney. However, in certain cases, attorneys generally get involved. These include cases where a request for due process has already been made, where the dispute is complicated or requires the expenditure of significant funds, and when you are asking for a service that the school has not provided before.

If the school involves an attorney at any point in the process, you should have one as well, if possible. To effectively proceed through the dispute resolution process, your attorney should have a thorough understanding of special education law. The Ohio Department of Education and the Ohio Legal Rights Service maintain lists of attorneys who have indicated a willingness to represent parents in special education matters.

IF THE SCHOOL HAS A LAWYER, YOU SHOULD TOO. CALL OLRS FOR CONSULTATION OR REFERRAL

Case Conference

A case conference is usually an informal meeting where you and the school review the evaluation, IEP or placement and attempt to settle problems. A case conference can be requested verbally or in writing at any time, and a written summary of the results of the conference should be placed in your child's file.

Administrative Review

You may also request an administrative review with the superintendent or his or her designee to discuss your concerns and how to resolve problems with your child's education. This review can consist of a meeting with the superintendent where you discuss your concerns and try to reach a resolution or a documented hearing with the superintendent where you state your case and wait for the written decision of the superintendent. How the review is conducted is generally determined by the school. In either case, the superintendent must respond to you in writing within twenty days of the review.

The Ohio Department of Education encourages resolution of the issues during the review. The administrative review can be helpful where the superintendent has not been a part of the previous team, and once made aware of the situation, chooses to resolve the dispute. It can also be helpful in situations where the school representative at the IEP meeting did not feel comfortable making a final decision on an issue.

Ohio Department of Education (ODE) Mediation

You may ask the Ohio Department of Education for a mediation of your concerns. Mediation can be requested before or after a request for an impartial due process hearing or filing a complaint.

Figure 12 - Five Stages of Mediation

INTRODUCTION	Introduction of the participants and overview of the mediation process. This is done by the mediator.
PRESENTATION	The parents and the school will tell their story and explain what they want for the child.
NEGOTIATION	The parents and school may go to separate rooms. Usually the person who requested the mediation is first to suggest solutions to the dispute in the form of a proposal that is shared with the other party by the mediator. The mediator may travel back and forth between the parties until agreement is reached or the parties agree that they cannot resolve the dispute through mediation.
AGREEMENT	In the event agreement is reached, the parties develop a written agreement that specifies what the parties determined would resolve the dispute.
CLOSING	The agreement is signed and copies are provided to the participants. A closing statement is generally made by the mediator thanking the parties for their participation and hard work on behalf of the child.

Mediation is voluntary. Both you and the school must agree to mediation in order to proceed. Sometimes mediation is more effective if it is requested in conjunction with an impartial due process hearing or filing a complaint. Schools may take a mediation more seriously when the resolution of a pending due process issue or complaint is at stake.

If the mediation involves an issue where the parties are far apart, the entire mediation may be conducted with the parties separated. In situations where the mediation involves an issue that is likely to get resolved, or where the parties are making fast progress towards resolution, it may be helpful to bring the parents and school together at some point during the process. You should discuss bringing the parties together with the mediator if you think it will be helpful in resolving the dispute.

If agreement is reached in the mediation, it must be written down in a mediation agreement that is signed by the school and parents. The terms of the agreement are determined by the school and parents. All parties in the mediation should receive a copy of the agreement. This agreement becomes a part of your child's educational record and is confidential.

Generally, if mediation is successful and there has been a request for an impartial due process hearing or a complaint filed with the Ohio Department of Education the school or parent will request the withdrawal of the complaint or hearing request. Often, there is no longer a need for the hearing or complaint because the mediation agreement resolved all the issues. In such cases, it may be acceptable to withdraw the complaint or hearing request. In some cases, a mediation agreement might only resolve some of the issues. In such cases, it might not be appropriate to withdraw the complaint or request for hearing. In all cases, if you are represented by an attorney for the hearing, complaint or mediation, you should consult with your attorney before withdrawing any request for hearing or complaint.

It is important to maintain consistency in your negotiations during this process. It is not appropriate to increase your demands as the process moves forward. To avoid this problem, make sure that you have clearly defined what you want for your child at the beginning of the negotiation process. Remember that negotiation involves compromise and that you do not always get everything that you want using this process.

Therefore, you may want to set priorities for things that you want for your child and determine the issues on which you are willing to compromise.

Keep an open mind during the mediation process and focus on the future. Focusing on the school's past mistakes will inhibit your ability to reach agreement at mediation. The school personnel at mediation may not be the individuals working with your child when past mistakes occurred. Too much discussion of the past also can annoy and anger school staff and can discourage a cooperative atmosphere. Being at mediation signals the participant's willingness to forget the past and move forward to serve the child appropriately. Mediation is a cooperative rather than a competitive approach to resolving disputes. As such, mediation encourages parents and schools to work together to solve the problems they share.

Conclusion

Using the suggestions in this part can help you resolve your problems with your school district quickly and informally. Issues which are complex can require more time and effort for resolution and may require the use of several of the methods described in this book. There is no substitute for being prepared. Being prepared to make the best argument for your position will help you get a better outcome for your child. If you cannot resolve your problem using the suggestions in this part, seek assistance.

TBI TIPS
advocacy

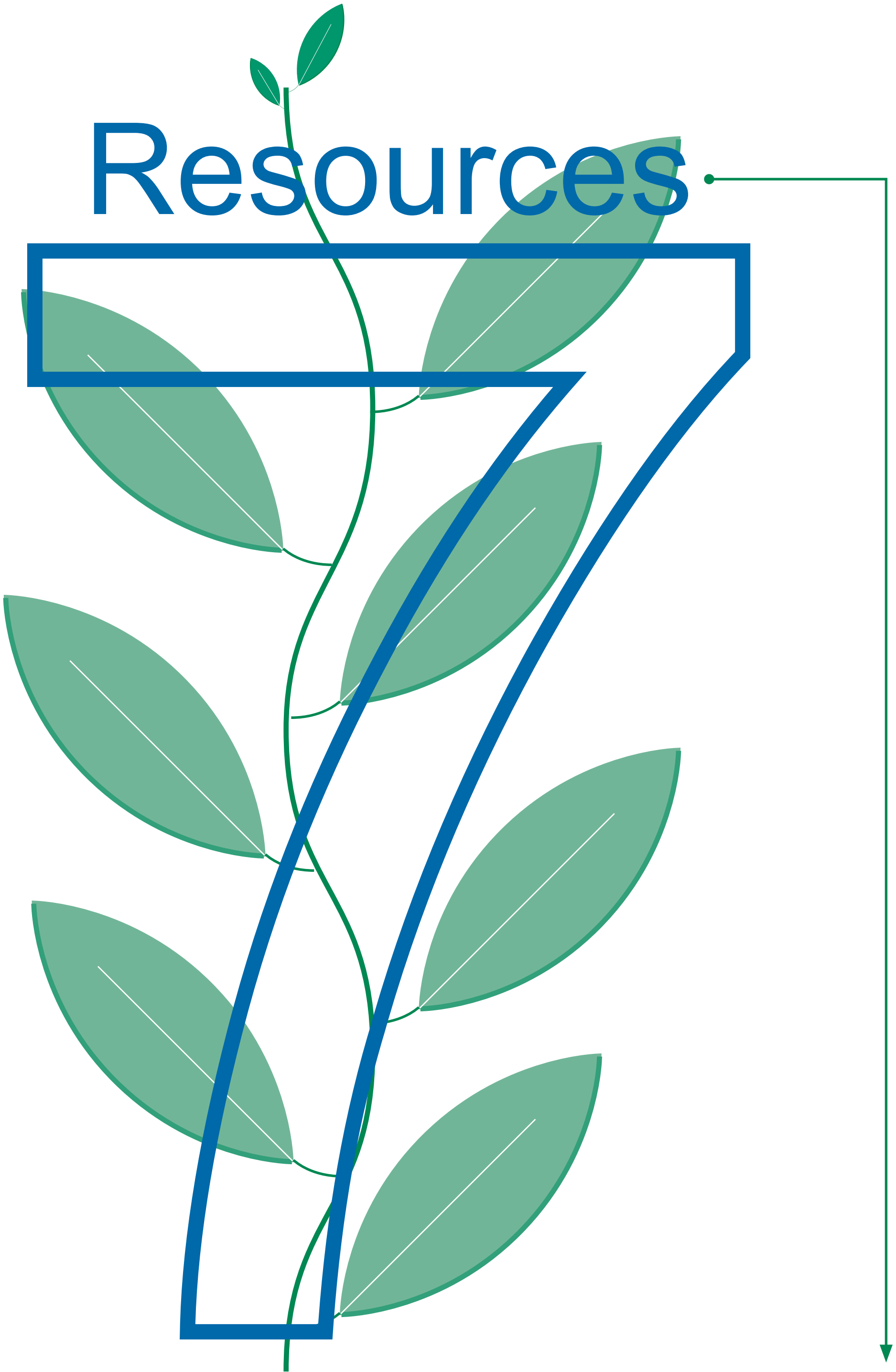
How do I know when to pursue an impartial due process hearing?

It is generally best to use an impartial due process hearing as a last resort in resolving a dispute about your child’s education. If your school district is willing to work with you to resolve disputes, and works with you in good faith, you should negotiate with your school for a resolution to the problem. You should also consider whether bringing in an impartial person to assist the team in resolving the dispute might be helpful. If you have engaged in a good faith effort at advocacy and negotiation and still cannot resolve your dispute, a due process hearing may be necessary. If you choose to pursue an impartial due process hearing you should be ready to proceed. Being ready to proceed requires that you have prepared for a hearing. Preparation for a hearing includes being able to prove your case. Proof requires evidence in documentary and testimonial form. Make sure you have records and witnesses available to testify and support your request. Generally, an expert witness is important in a due process hearing. You should have considered your documents and witnesses prior to requesting a hearing.

What if someone wants to tape record my child’s IEP meeting?

While parents and schools are allowed to tape record meetings, the use of a tape recorder can mean that the parent and school are not working well together and that there is a lack of trust. The introduction of a tape recorder at a meeting can create tension and may send a negative message to other team members that you don’t trust them. There are non-threatening reasons for taping a meeting such as for a spouse who cannot attend a meeting or for a parent who has learning difficulties. If you want to tape record a meeting, call the school and let them know. It is helpful if you tell them why you want to record the meeting.

Resources



people and places you can contact by telephone and by internet, to help you to be informed about ways to help your child thrive beyond injury

TBI *FACTS*

In Ohio, only 630 children are being served under the TBI category in schools.

In Ohio, 450 to 600 children sustain a TBI in the moderate to severe range every year.

In Ohio, 3,750 children sustain a TBI every year.

Nationwide, TBI leaves more than 17,000 children with a permanent disability every year.

Nationwide, TBI in children results in more than 250,000 hospital admissions every year.

Nationwide, TBIs account for more than 10% of all emergency room visits by children.

Nationwide, over 1,000,000 children sustain a TBI each year.

Ohio Legal Rights Service

ORGANIZATION	DESCRIPTION	CONTACTS
Ohio Legal Rights Service (OLRS)	OLRS is an independent state agency and the federally designated Protection and Advocacy (P & A) agency and Client Assistance Program (CAP) for Ohio. The mission of this agency is to protect and advocate the human, civil and legal rights of people with disabilities.	8 East Long Street, Suite 500 Columbus, Ohio 43215 TEL 614-466-7264 / 800-282-9181 TTY 614-728-2553 / 800-858-3542 FAX 614-644-1888 WEB http://olrs.ohio.gov
Office of Exceptional Children (OEC) of the Ohio Department of Education (ODE)	ODE OEC is the state agency responsible for ensuring that school districts provide a free and appropriate education to children with disabilities. ODE is responsible for overseeing the mediation process for special education disputes throughout Ohio.	25 South Front Street, Mail Stop #202 Columbus, Ohio 43215 TEL 614-466-2650 FAX 614-728-1097 WEB www.ode.state.oh.us/
Special Education Regional Resource Centers (SERRCs)	SERRCs provide information and technical assistance to parents and schools in a wide range of special education issues. SERRCs can provide expertise in assistive technology, independent evaluations and the IEP process.	Contact information for the SERRC in your county is on ODE's web site: WEB www.ode.state.oh.us/exceptional_children/children_with_disabilities/Counties_by_SERRC_region.asp
Parent Training and Information Centers (PTICs)	Parent centers provide training and information to parents of children with disabilities and the professionals who work with their families. This assistance helps parents work more effectively with professionals in meeting the educational needs of children with disabilities.	OCECD and CAC are the PTICs for Ohio. See below.
Ohio Coalition for the Education of Children with Disabilities (OCECD)	OCECD is a statewide, nonprofit organization dedicated to advancing the educational interests of children with disabling conditions.	165 West Center Street, Suite 302 Marion, Ohio 43302-3741 TEL 740-382-5452 / 800-374-2806 FAX 740-383-6421 WEB www.ocecd.org
Child Advocacy Center (CAC)	The Center provides information and assistance to parents of children with disabilities regarding special education.	1821 Summit Road, Suite 110 Cincinnati, Ohio 45237 TEL 513-821-2400 FAX 513-821-2442 E-Mail CADCenter@aol.com

ORGANIZATION	DESCRIPTION	CONTACTS
Office for Civil Rights (OCR) U.S. Department of Education, Cleveland Office	OCR is a division of the U.S. Department of Education and is responsible for ensuring compliance with the Rehabilitation Act of 1973, which prohibits discrimination because of disability in public schools and in other programs that receive federal funding.	600 Superior Avenue East, Room 750 Cleveland, Ohio 44114-2611 TEL 216-522-4970 TDD 216-522-4944 FAX 216-522-2573 E-Mail OCR_Cleveland@ed.gov WEB www.ED.GOV/offices/OCR
School Websites	Central website links to web sites for schools in Ohio. This site can be used to access information about your school's board policies and general information about your school district's programs.	WEB www.mecdc.org/
Disability Resources Monthly	A guide to disability resources on the internet for Ohio.	WEB www.disabilityresources.org/OHIO.html
Consortium for Appropriate Dispute Resolution in Special Education (CADRE)	CADRE is a national center on dispute resolution which encourages the use of mediation and other collaborative strategies to resolve special education disputes.	WEB www.directionservice.org/cadre/
IDEA Regulations	These Final Regulations were taken from the Federal Register.	WEB www.ideapractices.org/
The Ohio Center for Deafblind Education (OCDBE)	OCDBE provides free technical assistance, consultation, training and information to children who are deafblind and their providers and support agencies.	4807 Evanswood Drive, Suite 300 Columbus, Ohio 43229-6294 TEL614-785-1163 / 800-229-0844 TTY 614-785-1158 FAX 614-785-0513 E-Mail ocdbe@ssco.org www.ssco.org/ocdbe

ORGANIZATION	DESCRIPTION	CONTACTS
ORCLISH	ORCLISH serves parents and educators of students with low incidence and severe disabilities including children with TBI in cooperation with ODE and the SERRCs and provides technical assistance, professional development, AT, materials for students with visual impairments, and training opportunities.	470 Glenmont Avenue Columbus, Ohio 43214-3292 TEL 614-262-6131 TEL 800-672-5474 FAX 614-262-1070 TTY 614-262-5989 WEB www.orclish.org
Brain Injury Association of Ohio (BIAOH)	BIAOH is a state-wide advocacy and education organization for Ohioans with brain injury and their families. BIAOH's Community Support Networks (CSNs) link individuals and families with services and promote networking and collaboration among area service providers and advocates.	1335 Dublin Road, Suite 217D Columbus, Ohio 43215 TEL 614-481-7100 / 866-644-6242 FAX 614-481-7103 E-Mail help@biaoh.org WEB www.biaoh.org
Traumatic Brain Injury Technical Assistance Center (TBI TAC)	TBI TAC was established in 1997 to help states to plan and develop effective programs that will improve access to health care and other services for people with TBI and their families. TBI TAC supports the federal TBI Program administered by the grantor for this booklet.	4330 East West Highway, Suite 301 Bethesda, Maryland 20814 TEL 301-656-3145 FAX 301-656-3530 E-Mail khcurrier@tbitac.nashia.org WEB http://www.tbitac.org
Ohio Rehabilitation Services Commission (RSC)	RSC provides vocational rehabilitation (VR) services to people with disabilities to become employed and independent. RSC is comprised of the Bureau of Vocational Rehabilitation, the Bureau of Services for the Visually Impaired and the Bureau of Disability Determination. Contacts for BVR and BSVI are below.	400 East Campus View Boulevard Columbus, Ohio 43235-4604 TEL 614-438-1200 voice/TTY TEL 800-282-4536 voice/TTY WEB www.rsc.ohio.gov
Bureau of Vocational Rehabilitation (BVR)	A division of RSC, above.	TEL 614-438-1250 TEL 800-282-4536 x1250 voice and TTY in Ohio WEB http://www.rsc.ohio.gov/VR_Services/BVR/bvr.asp
Bureau of Services for the Visually Impaired (BSVI)	A division of RSC, above.	800-282-4536, x1255 in Ohio only 614-438-1255 WEB http://www.rsc.ohio.gov/VR_Services/BSVI/bsvi.asp

ORGANIZATION	DESCRIPTION	CONTACTS
Ohio Department of Mental Health (ODMH)	ODMH oversees nearly 500 not-for-profit community mental health systems through 50 county-level boards which function as "Local Mental Health Authorities" covering one to five counties. Most boards oversee both mental health and addiction services as ADAMH Services Boards.	30 East Broad Street, 8th Floor Columbus, Ohio 43266-0414 TEL 614-466-1984 FAX 614-466-1571 WEB www.mh.state.oh.us
Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD)	The mission of ODMRDD is to ensure the availability of services and supports that assist individuals in living the life they choose; to promote their health and safety; and to assist and support the families of these individuals in achieving these goals. ODMRDD provides services through 88 county boards.	30 East Broad Street, 12th Floor Columbus, Ohio, 43266–0415 TEL (614) 466-5214 WEB http://odmrdd.state.oh.us

(*A list of your child's IEP team members.*)

TITLE	NAME	CONTACTS
Superintendent		
Special Education Administrator		
Principal		
Teacher		
Classroom Aide		
Attorney or Advocate		

Your Child's Education Begins with You

These booklets give you information and advice about education and special services for your child with special needs. They are designed to be easy to understand. You can order your free copy of any booklet by using the order form on the back.

"Negotiation Skills for Parents: How to Get the Special Education Your Child With Disabilities Needs"

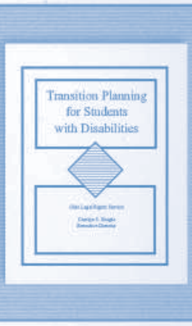
This booklet gives parents of children with disabilities practical tips on how to negotiate with their school to get appropriate services for their children. 23 pages.

"First Steps: Early Intervention Services for Infants and Toddlers with Delays or Disabilities"

This booklet describes the early intervention program available to children with disabilities (birth - two years) and their families, including how to get services and what the services might look like. 38 pages.

"Transition Planning for Students with Disabilities"

This booklet explains the process of transition for students with disabilities, including information about supporting students in school and in the move to post-school activities. 21 pages.

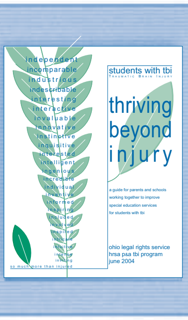


"Special Education: Putting the Pieces Together"
(formerly known as "The Book")

This book provides a comprehensive overview of special education services available to children with disabilities (3 - 21 years) and includes information on parental rights and remedies. 267 pages.

"Students with TBI: Thriving Beyond Injury"

This booklet explains how to get special education services for children who have TBI, including transition services (e.g. from hospital to school), appropriate testing, and other supportive services.



Order Form for Special Education Resources

To order Special Education Resources, fill out this form and return it to:
Ohio Legal Rights Service
8 East Long Street, Suite 500
Columbus, Ohio 43215-2999
tel. (614) 466-7264
(800) 282-9181
TTY (800) 858-3542

Fill In Your Information

Name ______________________

Street ______________________

City ______________________

St _____ Zip Code _______ - _____

email ______________________

WHO YOU ARE (optional)
_____ A Parent
_____ A Foster Parent
_____ Another Family Member
_____ An Educator
_____ An Administrator
_____ Another Service Provider
_____ Other ____________

WHERE and HOW
will the resources be used?

____

____

Remember, Send Your Completed Order Form To:
Ohio Legal Rights Service
8 East Long Street, Suite 500
Columbus, Ohio 43215-2999

Write an X next to the resources you want.

"Negotiation Skills" Guide

please send ☐

how many? ________

NEGOTIATION SKILLS FOR PARENTS

How To Get The Special Education

Your Child With Disabilities Needs

OHIO LEGAL RIGHTS SERVICE

"Early Intervention" Guide

please send ☐

how many? ________

First Steps

Early Intervention Service

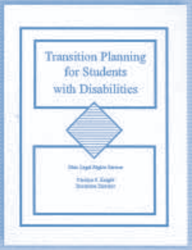
for Infants and Toddlers

with Delays or Disabilities

"Transition Planning" Guide

please send ☐

how many? ________



Transition Planning for Students with Disabilities

"Special Education: Putting the Pieces Together"

This was formerly known as "The Book." Currently, it is only available on the world wide web at

www.state.oh.us/olrs

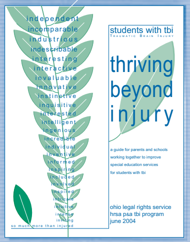
Special Education: Putting the Pieces Together

OHIO LEGAL RIGHTS SERVICE

"Students with TBI: Thriving Beyond Injury"

please send ☐

how many? ________



students with tbi

thriving beyond injury

ohio legal rights service
hrsa psa tbi program
june 2004

You can find these on the world wide web at:

http://olrs.ohio.gov

OLRS

OHIO LEGAL RIGHTS SERVICE

8 East Long Street, Suite 500
Columbus, Ohio 43215-2999
614-466-7264 local / 800-282-9181 in Ohio
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