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SCHOOL PSYCHOLOGY PROGRAM GUIDEBOOK

A Manual of Policy, Practice and Procedure

Version 10

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INTRODUCTION

These guidelines reflect the District of Columbia Public Schools (DCPS) goal of promoting student achievement and keeping students in the general education program to the greatest extent possible. These guidelines are intended to provide practical assistance to school personnel attempting to improve the early intervention problem solving process and special education diagnostic decision-making processes and procedures.

DCPS VISION AND GUIDING PRINCIPLES

School Psychologists Mission Statement

It is the mission of the DCPS School Psychologists to utilize our specialization in psychology and education to ensure that schools are responsive to the cognitive, academic and social-emotional needs of *all* students in our schools, using evidence-based data to close achievement gaps.

Related Services Team Vision

To increase the independence of every student in our schools by giving them the strategies and skills they need to be successful in the classroom and their community. We collaborate with parents, students, schools and other stakeholders to provide services that are timely and tailored to the unique needs of each student and are provided in conjunction with classroom instruction.

Our Core Beliefs

Our work toward these overarching goals is fueled by a set of core beliefs. We expect every adult in the system to act in accordance with these beliefs every day.

We believe:

- All children, regardless of background or circumstance, can achieve at the highest levels.
- Achievement is a function of effort, not innate ability.
- We have the power and the responsibility to close the achievement gap.
- Our schools must be caring and supportive environments.
- It is critical to engage our students' families and communities as valued partners.
- Our decisions at all levels must be guided by robust data.

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Section II

GENERAL GUIDELINES AND PROCEDURES

GENERAL GUIDELINES AND PROCEDURES

A. THE ROLE OF THE SCHOOL PSYCHOLOGIST

The below statements are intended to describe the general nature and scope of work being performed by this position. This is not a complete listing of all responsibilities, duties, and/or skills required.

School Psychologists are involved in *preventive* work with all students, staff, and families that promote success and early intervention for all students:
School Psychologists are responsible for conducting needs assessments to identify potential concerns and deficits. They will utilize curriculum-based measures and other measures of student progress to identify students in need of intervention and provide various means of assessment to specify the area of weakness. The School Psychologist is responsible for designing and developing evidence-based models that best fit the needs of the students based on the data collected. School Psychologists are also trained in progress monitoring the data over intervals of time to determine the effectiveness of the interventions implemented, adjusting interventions as needed.

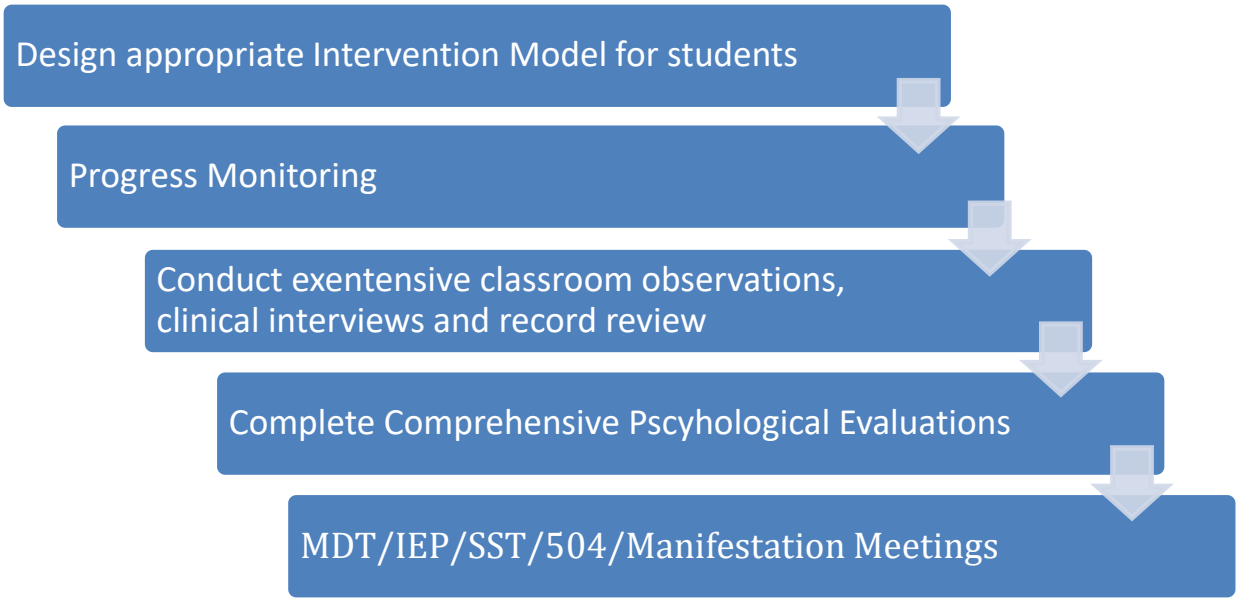
School Psychologists are involved in *special education*:
School Psychologists are responsible for selecting, administering, scoring and interpreting psychological evaluations for students that are referred for Special Education. They are also responsible for analyzing evaluation data, student records, and information pertinent to student learning, and formulating conclusions relating to the reason for referral and qualification of suspected disability. The school psychologists are responsible for utilizing the collected data to write family friendly reports utilizing the DCPS psychology format. School Psychologists are responsible for completing assessments related to IEP, 504, SA, HOD, IEE and Data Evaluation Reports.

School Psychologists are core members of the RTI, Analysis of Data, MDT/IEP, 504 and Manifestation meetings. They are expected to provide critical information to each of the meetings and assist in providing necessary data to meet the requirements. Additionally, in order to maintain appropriate certification and clinical standards School Psychologists are required to attend monthly Staff Meetings, Case Conferences, OSI mandated trainings, and Psychology Professional Developments.

Maximizing Your School Psychology Resource

Common Misuse	Academic and Social Emotional Focused Alternative
Lunch Duty	Consulting with teachers and parents regarding early intervention activities in the classroom and at home.
Class Coverage: Sub Duty	Observing students in the instructional environment in order to help identify appropriate intervention strategies, to identify barriers to intervention, and to collect response to intervention data.
Arrival/Dismissal Duty	Check-in/Check-out with students requiring support

By utilizing the School Psychologists for tasks they are uniquely qualified to do, they are able to fulfill necessary school priorities areas such as:



Psychologists are **required** to attend all **mandatory** monthly staff meetings, case conferences, trainings and professional developments. The schedule of these meetings will be disseminated to you at the start of the school year. When additional trainings arise, e.g., SEDS training, you will be notified. Please note and plan accordingly, as you will be held accountable for your participation. An unexcused absence to **mandatory participation** will be reflected in IMPACT. Absences are considered excused if there is an emergency and documentation is provided (via email) to your Program Manager. Psychologists who are absent from meetings and trainings should assume the responsibility for securing information or notes from a colleague.

See Resources for Meeting Dates

Role in the Response to Intervention Process: The School Psychologist will participate in RTI conferences to facilitate the provision of evidence-based methods of supporting students in the general education setting. The role includes: Collaborating with school staff with facilitating universal screening, collects, and interprets student progress data; assisting relevant staff in applying appropriate facets of intervention, conducts progress monitoring, and analyzes data; Collecting and monitoring data from generally every 1 to 3 weeks and making data-based decisions regarding interventions; Mentoring teachers and introducing success by promoting core curriculum strategies; Contributing to data-driven intervention decisions; Assisting in documenting all intervention data.

See RTI section for detailed information and requirements

Role in the initial evaluation and reevaluation process: As members of the Multidisciplinary Team (MDT), School Psychologists review the existing data to determine if assessments are needed. In addition, if assessments are deemed necessary, the School Psychologist is needed to discuss the tests that will be used, the type of information that is gleaned, and with whom and how this information will be shared so that informed written consent may be appropriately (and legally) obtained. School Psychologists will be responsible for the completion of assessments deemed necessary to determine educational impact in the areas of Autism, LD, ED, DD, OHI (as it relates to AD/HD), ID, TBI and MD. The School Psychologist is also responsible for meeting with the team to determine if the student continues to be in need of Special Education services.

Role in developing the IEP: The School Psychologist is responsible for completing the Present Level of Performance for the areas in which they have assessed or reviewed an assessment. They are also responsible for completing the Needs and Impact Statements of the IEP – in collaboration with the school social worker – that drive the Behavioral Support goals.

Role in 504- The School Psychologists will be core members of the 504 team and will be responsible for reviewing outside evaluations. Additionally, if any further screenings are warranted, the School Psychologists will be responsible for completing those (i.e., ADHD concerns)

Collaboration with teachers and other educators: School Psychologists are expected to consult with individual teachers to provide evidence-based methods of supporting students in the general education setting. They are also expected to support trainings to staff (and families) on various topics that will assist in working with the students.

Crisis response: School Psychologists will respond to emergencies in their schools that impact the student body.

Role in manifestation determination meetings: As a member of the MDT, the School Psychologist reviews the nature of the infraction and assists in determining if the behavior is a manifestation of the student's disability.

B. Certification & Licensure

School psychologists' employment with DCPS is contingent upon the satisfactory completion of, and maintenance of, an OSSE certification/license.

The minimum requirements for qualification/certification as a school psychologist include:

- A Master's degree in School Psychology, Educational Psychology, or Clinical Psychology from an accredited institution to include forty-two (42) semester hours of graduate level coursework and five hundred (500) clock hours of satisfactory field experience in a school setting under the supervision of a certified school psychologist (DCMR 1659.1).
- The maintenance of required continuing education units (CEUs).
- Adherence to DCPS' certification requirements.

Providers are responsible for keeping their certification updated. Failure to renew certification in a timely manner can result in separation from DCPS.

Please visit http://osse.dc.gov/service/teacher-and-service-provider-license-renewal for additional information regarding licensure renewal.

C. Time and Attendance

School psychologists are mandated to sign-in/out every time they arrive to, or depart from, a school. At the beginning of each school year, providers must ascertain from the principal where the sign-in/out book is located. When taking leave or adjusting their school schedule, providers are required to notify their principal and special education coordinator. Central Office staff is required to report their time to their Program Manager.

Signing In and Out of Building

Immediately upon entering a school, service providers shall record the time of their arrival in the sign-in/out book and they shall report to their place of duty at least thirty-five (35) minutes before the start of the official school day for students.

Itinerant service providers shall, upon their arrival at each school assigned, immediately record in the school business office their time of arrival. Providers should also sign when entering another school location for the purposes of meetings, conferences, or trainings.

Providers must sign all sign-in/out sheets at schools and at trainings.

Tour of Duty

ET-15*(10-month employee)

School psychologists are to report to their schools for a seven and one-half (7.5) hour workday inclusive of a 45-minute duty-free lunch period. School psychologists should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 3:30pm

ET-11 (12-month employee)

School psychologists are to report to their schools for an eight and one-half (8.5) hour workday inclusive of a duty-free lunch period. School psychologists should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 4:30pm

Please refer to your specific union contract regarding leave policies.

CENTRAL OFFICE STAFF:

- All leave slips must be submitted to, and approved by, the appropriate Program Manager (e.g., annual, sick, compensatory time, overtime, administrative).
- All annual leave must be approved prior to the leave period.
- All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (e.g., registration, receipt).
- All requests for leave greater than two weeks must be approved by your Program Manager and the Director of Related Services.
- Leave without pay must be approved by the Program Manager.
- Staff should not plan to request leave during the week prior to the start of the new school year. Emergencies will require APPROVAL by the Director of Related Services.
- Sick leave may be used for emergencies on Professional Development/Staff Meeting and Case Conference dates and will require documentation for it to be considered excused.
- All compensatory time or overtime must be approved by the Director of Related Services prior to the work being performed.
- All timesheets must be submitted weekly via PeopleSoft. Additional notification should be given to your Program Manager via email.

If you have any questions or require additional clarification, please contact your Program Manager.

D. Inclement Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:
When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community. During these situations, it is important that related service providers monitor one of the stations listed below or check this page. Look for updates (i.e. delayed openings or complete closures) on the radio and TV stations below. DCPS aims to work with stations to post closings by approximately 5:30 am.*AM Radio*
WMAL (630), WOL (1450), Radio America, Spanish (1540), WTOP (1500)
FM Radio
WAMU (88.5), WTOP (103.5), WHUR (96.3)
Television
Channels 4, 5, 7, and 9 and Cable Channels 8, 16 and 28

Website

dc.gov/closures
dcps.dc.gov

Telephone(202) 442-5885 or dial 311 for DC's Citywide Call Center

E. Communications

E-mail. Each service provider has a DCPS e-mail address. This is the primary means of work-related communication. Messages should be checked daily and returned promptly. Failure to receive notification of job related information due to a lack of timely checking of one's e-mail is not an acceptable excuse for non-compliance with work responsibilities. Related service providers are required to use their dc.gov e-mail address – no other e-mail address should be used. Please be sure to include a signature on all DCPS email communications identifying name, position, and contact information. **When the service provider is out of the office for a day or more, an "out of office" reply should be utilized. The message should include a greeting, the dates the provider will be out of the office, information about whom to contact during his/her absence, and the provider's signature.**

Program managers, special education coordinators, principals, teachers, and parents often send e-mail messages to related service providers. Please ensure the LEA has the correct e-mail address to ensure proper communication.
E-mail communication is maintained by the District of Columbia's Office of the Chief of Technology Officer.

Communication Board- The PMs will post all communications through the identified link (https://dcproviders.org) for the school psychology Communication Board. Please go to link register and save as a bookmark. School Psychologists should check the Communication Board daily and respond to the notifications as indicated.

Mailbox. Service providers are encouraged to check with school staff regarding correspondence.

Route-Mail Service. A DCPS mail service is available for sending documents to DCPS work locations. Special envelopes may be available at your school's main office. Items can also be sent in regular envelopes. An area for all outgoing route mail is designated at each school and work location.

Accelify- Related Service Providers **(**RSPs) will receive notifications regarding assessment timeliness, and crisis response. The Accelify dashboard will house a calendar that providers will be expected to update (if using Google Calendar, please give PM access). All RSPs are required to register for and attend trainings on their use of the system.

F. Weekly Schedules

Service providers must complete and submit a copy of their weekly schedule to school

principals and program managers. If in the rare instance a provider changes work location from what is recorded on the schedule, you must inform the school principal, special education coordinator and appropriate school personnel. The provider should be able to be located at any time during the tour of duty.

*See APPENDIX B for sample of Weekly Schedule

Please refer to the following link for the DCPS calendar of annual events
https://dcps.dc.gov/page/dcps-calendars

G. Equipment

Test Kits that are used routinely (e.g., WISC-V, KABC-II, WJ-IV) are assigned to each psychologist on a permanent basis. Other instruments may be shared between two or more psychologists. Infrequently used tests are available on a temporary loan basis. It is important to return loaned items promptly since other psychologists may be waiting for them. Additionally, psychologists are asked to inform their program manager of any problems found with these tests (e.g., missing or broken items).

Laptop Computers are assigned to all service providers for the purpose of scoring tests, writing reports, and maintaining log data. Laptops are the responsibility of each service provider and should be appropriately maintained and secured at all times.

Sign-Out: Providers will sign-out all DCPS materials. Information will be catalogued, and the provider assumes all responsibility for the equipment. If the equipment is loaned out between providers, some written verification should be obtained that the materials were loaned and that the materials have been returned. If materials are stolen, it is the provider's responsibility to file and submit a police report verification.

Laptop or Computer Repairs
All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:

- Phone: 202-442-5715
- E-mail: octo@dc.gov
- https://itremote.dc.gov
- http://dcforms.dc.gov/webform/it-servus-request-form

The DCPS IT support department will provide a ticket number for your technology request. Please retain of copy of this ticket number for your records. In the event your laptop or computer becomes inoperable, this information will be required.

PLEASE NOTE: Testing equipment & testing materials are on loan for work purposes only. Therefore, upon your resignation, your materials must be returned in good condition tohe program managers prior to your final day. Failure to return property will result in the garnishing of wages.

Stolen Computer / Laptop

In the event your laptop or computer is stolen, please inform your school security officer and the Metropolitan Police Department (MPD). You are required to file a report with the MPD and present to OCTO upon request.

H. Dress Expectations

It is the provider's responsibility to find out the dress code requirements for their assigned school site and to wear the appropriate attire. Providers must be in compliance with the dress code for the school. The following is a non-exhaustive list of expectations:

a. All clothing should be clean and neat. *Clothing should not contain any suggestive or offensive pictures or messages*.
b. Tops should be made of opaque fabric (not see-through), fit appropriately, and be long enough to remain tucked in with movement (i.e., no bare midriffs). Shirts should not be too low cut, tight, or loose. Showing of cleavage is not appropriate. Tops should allow for raising of hands above the head without exposing skin. T-shirts that convey a casual appearance are not to be worn. For men, collared shirts and ties may be appropriate in many settings.
c. Pants should fit appropriately, loose enough to allow for mobility but not to present a safety hazard by getting caught in equipment.
d. Skirts or skorts may be worn but should be no shorter than 2" above the knee and have no slits above the knee.
e. Piercings- other than ears- should not be visible while working with students. All tongue jewelry must be removed.
f. No gym/athletic clothing.

Cleanliness, professionalism, good judgment, and safety are the primary considerations.

I. National Provider Identifier/Random Moment in Time Study

NPI

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule (42 CFR Parts 424 and 431) on April 12, 2012 requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to properly conduct Medicaid claiming, all providers rendering services on behalf of the District of Columbia Public Schools must obtain their NPI number.

Providers may verify their existing NPI or obtain an NPI for the first time online at https://nppes.cms.hhs.gov/NPPES. Please submit your NPI number to your Program Manager upon receipt.

RMTS

The Random Moment in Time Study is a mandatory study required by the federal Centers for Medicare & Medicaid Services (CMS) to evaluate how school-based staff spends their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generates revenue for DCPS for products and services for special education programs. Related services provider participation in this study is crucial to securing these funds; if the response rate drops below an average of 85% for all providers, DCPS is subject to financial penalties with regard to Medicaid reimbursement.

Service Providers will be randomly assigned a "moment" five days in advance via email from dcps@pcgus.com. Providers will also receive four additional reminder emails (1 day before, 1 hour before, 1 day after and 2 days after) that the RMTS Coordinator will receive as well. It is essential that the dc.gov email is regularly checked to ensure that providers are aware that a moment is coming up. After a moment has arrived, log on to the website (https://easyrmts.pcgus.com/rmtsv2/) and candidly answer six simple questions. It should take no longer than five minutes to complete and providers have a total of three business days to respond. If there are any questions about the Random Moment in Time Study please contact OSE's RMTS Coordinator at 202.442.4487.

J. Performance Evaluations

IMPACT -The District of Columbia Public Schools Effectiveness Assessment System School-Based Personnel- Group 11 A/ Group 12

IMPACT is the district's performance evaluation tool used to help Related Service Providers (RSP) become more effective in their work. IMPACT is implemented twice a year. IMPACT supports RSP growth by:

- Clarifying Expectations — IMPACT outlines performance expectations for all school-based employees that are clearer and more aligned to RSPs' specific responsibilities.

- Providing Feedback — Quality feedback is a key element of the improvement process. During each assessment cycle, there will be a conference to discuss strengths as well growth areas. Written comments can also be viewed by logging into an assigned IMPACT account at http://impactdcps.dc.gov

- Facilitating Collaboration — By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential since communication and teamwork create the foundation for student success.

- Driving Professional Development — The information provided by IMPACT helps DCPS make strategic decisions about how to use resources to best support the RSP. This information can also be used to differentiate our support programs by cluster, school, grade, job type, or any other category.

- Retaining Great People — Having highly effective teachers and staff members at DCPS helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires everyone. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

Group 11 A consists of all school-based psychologists. There are five IMPACT components for members of Group 11a. Each is explained in greater detail in the following sections of this guidebook.

School-Based Psychologist Standards – Administrator Assessed (PSY-A) — These standards define excellence for school- based psychologists in DCPS.

School-Based Psychologist Standards – Office of Special Education Assessed (PSY-OSE) — These standards define excellence for school-based psychologists in DCPS.

Assessment timeliness (AT) —This is a measure of the extent to which you complete required assessments for the students assigned to you within the timeframe, and in accordance with the rules, established by the DCPS Office of Special Education.

Commitment to the school community (CSC) —This is a measure of the extent to which you support and collaborate with your school community. This component makes up 10% of your IMPACT score.

Core Professionalism (CP) — This is a measure of four basic professional requirements for all school-based personnel. This component is scored differently from the others. For more information, please see the Core Professionalism section of this guidebook.

Group 12 consists of all central office related service providers and adaptive physical education teachers. There are three IMPACT components for members of Group 12.

Related Service Provider Standards (RSP) — These standards define clinical excellence for related service providers in DCPS.

Commitment to School Community (CSC) – These standards measure the involvement of the provider in the overall goals of the school.

Assessment Timeliness (AT) — This is a measure of the extent to which you complete the related service assessments for the students on your caseload within the timeframe, and in accordance with the rules, established by the DCPS Office of Special Education.

Core Professionalism (CP) — This is a measure of four basic professional requirements for all school-based personnel and all itinerant instructional personnel. This component is scored differently from the others. For more information, please see the Core Professionalism section of this guidebook.

Please note that only reports uploaded timely will be pulled for IMPACT review.

For more information please refer to the IMPACT guidebook:
http://dcps.dc.gov/DCPS/In+the+Classroom/Ensuring+Teacher+Success/IMPACT+(Performance+Assessment)

Or contact the IMPACT team at 202-719-6553 or impactdcps@dc.gov

K. Specialty Teams: Direct Assessment and Consultative Support

Specific psychologists are assigned from Central Office to provide support to DCPS and Non-Public schools that require specific needs. The providers assigned to these schools are not assigned to local schools due to the high assessment volume. Duties assigned to these specialty teams may vary slightly from those assigned to local schools.

- **Non-Public**
- **Bilingual**
- **City-wide School Support**
- **Central IEP Team**

Tour of Duty/Assignments: The Central Office Team tour of duty is 12-month from 8:00 am -4:30 pm. Assignments will be based on the needs of the district at the discretion of the Program Manager.

Technology: All Central office providers have been issued a DCPS computer and phone. Please ensure that your voicemail is setup and that you have the DCPS signature in place. You are expected to be available via email or phone throughout your tour of duty. Please have your notifications set so that you aware of incoming communications throughout the day. If devices are not functioning properly it is the providers responsibility to put in a work order with OCTO immediately. If you are not accessible, via multiple mediums over an extended period of time during the work day, then you will be considered absent without official leave. Multiple incidents will be reflected in the IMPACT evaluation.

Weekly Check-in: Providers are required to participate in a weekly check-in with their PM. Please be prepared to participate at the identified time. If there is a conflict, then please notify your PM in advance. If you do not call or report for check in you will be considered on leave. Please update the identified case review spreadsheet prior to check-in.

Assignments: Providers will be assigned to various schools. It is required that a day (preferably the school's meeting day) be identified and that provider reports to the school on the identified day. Meetings should be scheduled on this day, via the Outlook (and Accelify) calendar invitation. Any assessments or trainings should also be scheduled on the identified day and entered into the outlook calendar (by the provider). All calendars should be shared with Program Manager.

Sign-In: Itinerate providers are required to sign-in to the school sign-in book once entering the building. School sign-in sheets will be pulled and audited at random.

Evaluation Timeline: Provider timeliness will be measured 45 days from date of consent. If the provider has more than 6 cases assigned, then assessments will be moved to the que until caseload opens.

Though each provider will ideally have 45 days from consent to complete an evaluation, on these teams the goal is to complete the evaluations as expeditiously as possible. Based on the number of evaluations that you have assigned to you, it may be requested that an assessment be expedited.

In the event the event that you were not invited to participate in the AED/consent meeting, immediately follow up with the LEA rep and the PM. If follow up does not occur, you will be held to the 45 days from consent timeline.

For Triennial evaluations all LEA representatives have been given the guidance to schedule AED meetings 60 days prior to the eligibility date. The assessments (Psych/PTR/Etc.) should be ordered at this time. The provider will have 45 days to complete the evaluation. At the NP schools the Progress Monitors have been directed to check the status of the reports at 30 days. If the reports are not uploaded by day 45, the Progress Monitor will notify the PM in writing.

Additional Assignments- Itinerate providers will be asked to support with various programmatic needs, dependent on their current caseload assignments.

L. Accelify Provider Management Tool

DCPS uses a web-based data system, Accelify to manage all data and student information within two main applications, **AcceliPLAN** and **AcceliTRACK**. Currently Accelify will work in conjunction with ASPEN.
The following will be the initial functionalities for the new tools:

- Monitor compliance of IEP, 504, RTI and equitable service delivery, documentation and timely assessment completion.
- Document 504 eligibility process from beginning to end
- Documentation of Response to Intervention(RTI) service delivery
- Documentation of 504 related service delivery
- Documentation of other non RTI, Special Education or 504 student-focused activities
- Evaluate outcomes of evidence-based behavioral interventions based on assessment instruments administered over time.
- Provide productivity and workload reports for provider activities
- Provide Human Resources Management (documentation professional license, NPI number and OSSE certification, active status, off-boarding)
- Manage School Crisis Response and Recovery: documentation of response and disposition, deployment scheduling, and deployment communication;
- Track meeting requests for Non-Public Schools
- Documentation of provider-led and provider-attended training activities.

AcceliPLAN will house event-driven and intervention planning activities such as 504 planning, and selection of evidence-based interventions and progress monitoring tools and creation of related service prescriptions for 504 and RTI. AcceliTRACK will house data entry screens for progress notes against 504 RTI prescriptions or structured evidence-based interventions.

The following are initial changes in the provider expectations and workflow as it related to the new Accelify Provider Management Tool:

Unified Calendar
All school psychologists will be required to manage a unified calendar in Accelify that is inclusive of student service delivery and school-based activities, and time spent on documentation and assessments. This will allow users to maintain an intervention calendar and have visibility into their workload and productivity, a useful tool when negotiating workload with administrators. This tool will eliminate intervention schedule management in MS Word or Excel.

Providers will have the ability to create a 504, RTI and IEP service calendar items in your Accelify Calendar. Providers will be able to add time blocks/appointment for assessments, observations, lunch duty and consultations on the schedule. Though Accelify cannot push data into Outlook or SEDS there is an option to download Outlook into Accelify. It will require brief, weekly updates to keep it current (please schedule accordingly).

To create your IEP service schedule as a part of a unified calendar to track your workload and productivity, create a student activity for a student as "IEP Service" or "IEP Assessment" in the Student Activity Page. You can mark an IEP service as “delivered” in the quick recorder or in AcceliTRACK (as this may be a required field), but you must record your IEP session note in SEDS.

RTI Module (AcceliPLAN)
This module documents all of the information that is collected in the RTI development and implementation. Information previously captured in the Student information form, the RTI Summary report and the RTI Tier advancement checklist, will all be entered in the RTI module. The required information for students receiving academic and/or behavioral interventions should be entered in this module. A summary of the RTI plan should be entered into the RTI plan tracking system being used in your school.

Training Module
Providers are required to document trainings they conducted during their tour of duty. There is now the ability for co-facilitators to share documentation screens. Please note that it is the individual providers responsibility to ensure that all required documentation has been uploaded per their disciplines specifications.

There also be a screen in which you can upload documentation to support the requirement for attaining Continued Education Units (CEUs). Please be mindful that three units per cycle should be uploaded and they should be issued from an organization other than DCPS (reference your IMPACT operational guidelines).

Student Activity Screen
This section includes documentation of all services and contacts for general education students (observations, home visit, consultation, conflict resolution, crisis intervention, etc.).

School Crisis Intervention Response and Recovery
The on-call schedule and deployment schedule and deployment alerts will now be managed in a separate module in the new system.

Technical Support
Technical support for navigation of the system and access issues will be managed by Accelify and the tech support contact will be provided in the Accelify user guide. All policy related questions should be sent to the Program Managers. Providers should not contact Program Managers for Accelify technical support.

Please refer to Accelify Guidance for specific directions.

Sexual Harassment Prevention and Reporting

What Is Sexual Harassment?
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. Sexual harassment can be categorized as 1) Quid pro Quo or 2) Hostile Work Environment

Examples of Sexual Harassment
• sex acts
• display of sexual organs
• paramour preference
• using sexually oriented or sexually degrading language describing an individual or his/her body, clothing, hair, accessories or sexual experiences;
• sexually offensive comments or off-color language, jokes, or innuendo that a reasonable person would consider to be of a sexual nature, or belittling or demeaning to an individual or a group's sex, sexual orientation, or gender identity;
• “sexting”: seeking or sending pictures of intimate body parts.
• displaying or disseminating sexually suggestive objects or media
• unnecessary and inappropriate touching or physical contact that a reasonable person would consider to be sexual in nature
• leering, ogling, or making sexually suggestive gestures or sounds
• making inquiries about someone’s private sex life or describing one’s own sex life
• workplace sexual conduct between two willing parties that would cause a reasonable third party to be offended
• any unwanted repeated contact, for romance or sexual purposes; and
• sexual assault other crimes related to egregious acts of sexual harassment.

Reporting Sexual Harassment

Go to the Sexual Harassment Officer (SHO):
Aimee Peoples
(e) aimee.d.peoples@dc.gov (p)202.442.5373

Secondary SHO:
Labor Management & Employee Relations
(e) dcps.eeo-ada@dc.gov (p) 202.442.5373

Section III

EVALUATION REFERRAL PROCEDURES & OTHER PROTOCOL

INITIAL EVALUATION REFERRAL PROCEDURES

A. Response to Intervention

RTI is the practice of providing high-quality instruction and interventions matched to student needs, progress monitoring frequently to determine learning rates and level of performance over time and using student level data to make educational decisions.

RTI design and implementation occurs across general, remedial, gifted, and special education. A multi-tiered system of intervention and support allows for academic and/or behavior integration and problem-solving across educational levels consistent with federal legislation [e.g., The Individuals with Disabilities Education Improvement Act (IDEA 2004) and the No Child Left Behind Act of 2001 (NCLB)].

RTI Teams develop a shared understanding of the student's strengths, needs, interests, and preferences and a shared plan of interventions and supports. Any member of the team, including a parent, may propose modifications to the plan. The parents and school may agree to modifications without the team holding a meeting.

Prior to a referral being submitted, the RTI Team should meet to determine what interventions will be implemented to assist in meeting the individual needs of the student. Psychologists are expected to participate in the RTI meetings.

This process is a vital part of the student referral process. RTI Teams include three to five members. Examples of team members include an administrator, a counselor, a regular education teacher, a special education teacher, a school social worker, a parent, specialist, or other central office persons, as appropriate. Special Education school level staff should serve as consultants to the team and be partners in the process. The RTI process should be implemented over approximately six weeks, to determine if the recommendations are successful. If the strategies are not successful, the team can meet again to modify them. In most cases, if the student has not gone through the RTI process, resulting in general education intervention and ongoing data collection, then a Special Education referral should not be submitted. Students should be referred to Special Education if a number of important decision criteria are met:

- Multiple reasonable classroom interventions of sufficient duration have been implemented with fidelity and progress monitoring has revealed minimal improvement.
- The primary area of concern is suspected to be a result of a disability that cannot be resolved without special education services.

Exceptions would be for seriously disabled students for whom RTI would delay obviously needed special education services. In these cases, the RTI process may be bypassed, with the reason documented.

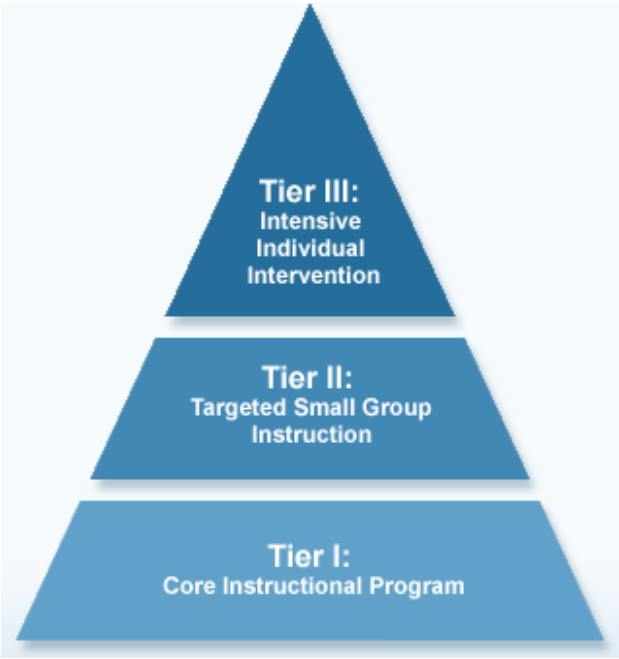
If a parent requests that their child be evaluated for special education and, after being educated on the RTI process continues to insist on an assessment, then the RTI process should occur simultaneously with the evaluation.

CORE PRINCIPLES OF RTI

- We can effectively teach all children
- Intervene early
- Use a multi-tiered model of service delivery
- Use a problem-solving method to make decisions within a multi-tiered model

THREE ESSENTIAL COMPONENTS OF RTI

1. Multiple tiers of interventions and supports (a three-tiered model is used in DCPS)
2. A problem -solving method
3. An integrated data collection/assessment system to inform decisions at each tier of service delivery



Multi-Tiered Model of Supports

Tier 1 – Universal Screening (all students)

- Schools use universal screening assessments to determine students' level of reading proficiency; e.g., *DIBELS, TRC.*
- Teachers deliver Common Core State Standards for ELA and Math
- Teachers differentiate instruction within the core to meet a broad range of student needs (content, process, and product)
- Teachers use evidence based instructional strategies

- Teachers use behavior screeners to determine early identification of potential behavior problems
- Teachers develop and teach behavior expectations in conjunction with a school-wide behavior system; e.g., *PBIS, Responsive Classroom*

Tier 2 – Targeted interventions (small group or individuals)

- Supplemental instruction is provided to students not meeting benchmark expectations.
- Students receive academic or behavioral interventions matched to their skill deficits as identified by progress monitoring data
- Academic interventions are provided in addition to the core instruction; e.g., *Burst, Double Dose Foundations, Read 180*
- Behavioral interventions are provided in addition to teaching school-wide and class positive behavior expectations; e.g*., Check In, Check Out (CICO), social skills groups, etc.*
- Student Support Teams (SST) are used at the Tier 2 level to help develop, implement, and monitor targeted interventions

Tier 3 – Intensive interventions (individual students)

- Individualized academic interventions are provided in addition to Tier 1 and Tier 2 academic supports; screenings, formative, and summative data are used to determine specific area(s) of skill deficits
- Individual behavioral interventions are provided in addition to Tier 1 and Tier 2 behavior supports; diagnostic assessments such as Functional Behavior Assessments (FBAs) are conducted to determine goals of misbehavior in order to develop behavior contracts or a Behavioral Intervention Plan (BIP)
- Student Support Teams are used at the Tier 3 level to help develop, implement, and monitor intensive, individualized interventions

Notes of Importance:
Tier 3 is not special education

School Personnel

School personnel play various important roles in RTI/MTSS – these roles will require new strategies and creative collaborative efforts focused on student data analysis to determine strengths and needs. Parents are essential to this process as well. Personnel needed to support RTI/MTSS include, but are not limited to, administrators, teachers, coaches, psychologists, and related services providers.

School Psychologists

School Psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. School psychologists are highly trained in both psychology and education. They apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to

create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community (adapted from NASP).

The mission for DCPS School Psychologists is to provide the necessary support and services to improve students' learning, behavior, and mental health through:

- Consulting with teachers to provide support in their implementation of quality instruction on a school-wide, universal level.
- Collaborating with school staff and school administration to implement school-wide preventive programs and approaches to foster positive school climates and social and emotional well-being of students and staff.
- Collaborating with teachers and other school staff to identify and implement evidence-based academic and social emotional interventions for students identified for targeted or more intensive support.
- Conducting comprehensive psychological evaluations to determine students' strengths and weaknesses in relation to their learning, behavior and environment.

SCHOOL PSYCHOLOGISTS' ROLE IN RESPONSE TO INTERVENTION/SEL

School Psychology practices provide an ideal opportunity to address the prevention needs of all students. All DCPS schools are strongly encouraged to have a **Response to Intervention (RTI)** Team. At the core, the RTI Team supports and promotes a multi-tiered system of support (MTSS), inclusive of **Social Emotional Learning (SEL)**, that ensures school-wide quality instruction and effective social-emotional supports for all students, identify students in need of additional support, provide evidence-based interventions, monitor student progress, and adjust the intensity of interventions based on the student's level of responsiveness. **School Psychologists** integrate this tiered approach to address students' academic support needs in the following ways:

Tier I: Universal, Whole-school Approaches Focused on Promotion/Prevention

At the universal Tier 1 of RTI, school psychologists should:

- Conduct classroom ecological observations to inform the focus of SEL skills instruction and classroom management consultation with teachers and administrators for individual classroom and school-wide application
- Consult with teachers on using teaching practices to create classroom environments that foster increased student engagement
- Conduct training for school-staff on RTI, inclusive of PBIS and SEL integration
- Collaborate with members of the RTI teams to facilitate implementation of schoolwide-PBIS structures
- Work with RTI, SEL, and School Culture/Climate teams as well as administrators to coordinate existing school-wide programs currently being implemented (e.g., anti-bullying committee, social skills group)

- Collaborate with members of RTI and SEL teams to collect treatment integrity data for programs that do not include that component, to monitor the fidelity of program implementation
- Provide parent/family SEL introduction presentations for facilitation at the school level
- Make recommendations to school administrators regarding SEL implementation needs, including scheduling, personnel, and assessment tools
- Assist with identifying students who are struggling with age or grade level academic expectations
- Assist or facilitate student focused data-based discussions
- Consult with teachers and parents regarding early intervention strategies in the classroom and at home
- Consult with district personnel to identify appropriate evidence-based intervention strategies
- Determine useful and appropriate procedures for concerns and needs of students

Tier II: Targeted Strategies and Interventions Focused on Students at Risk

At the targeted Tier 2 of RTI, school psychologists should:

- Utilizing interviews, student background information and screening tools to identify student resilience and risk factors (e.g., related to social skills, trauma, chronic stress, ADHD characteristics) associated with observed levels of SEL skills
- Integrate content of SEL program being implemented with selected evidence-based Tier II intervention strategies/programs to be utilized with students who are socially and emotionally at risk
- Provide small group SEL skills training structured around specific risk factors relative to levels of SEL competencies demonstrated by students identified for Tier II support.
- Provide student-specific teacher consultation relative to SEL skills instruction and classroom management strategies
- Observe students in the instructional environment to help identify appropriate learning interventions or barriers to interventions
- Demonstrate, model, and train intervention strategies
- Develop, model, and train staff on data collection strategies to monitor fidelity of interventions
- Attend and/or facilitate RTI team meetings and contribute to the decision-making process
- Participate in the RTI intervention plan development
- Serve as liaison to parents by helping them understand the intervention plan
- Engage in ongoing consultation regarding implementation
- Review data and documentation to assess intervention fidelity, integrity, and intensity
- Conduct social skills groups

Tier III: Intensive Interventions and Support

At the intensive Tier 3 of RTI, school psychologists should:

- Integrate content of SEL program being implemented with other evidence-based/manualized programs to address individualized intervention for students at the Tier III level of risk in RTI
- Provide individual SEL skills training structured around specific risk factors relative to levels of SEL competencies demonstrated by students identified for Tier III support
- Coordinate intervention services between school and community agencies to address SEL support for students at the Tier III level of risk
- Incorporate a focus on SEL competencies in psychological report recommendations
- Progress Monitor the data submitted by members of the team regarding the student's response to the academic interventions implemented
- Review data and Tier 2 interventions to determine if student progress has been actualized or if interventions need to be more intensive

Response to Intervention (RTI) and Early Learners

According to research compiled by Charles Greenwood Ph.D., there are a variety of reasons why young children entering preschool may not have had an opportunity within the home setting or early childcare to learn language, early literacy, and the social-emotional skills at an age appropriate level. Nonetheless, preschool RTI establishes a means of preventing identified early delays from becoming learning disabilities. As such, early intervention via RTI is essential for prevention for young children who face developmental learning challenges.

The No Child Left Behind Act (NCLB, 2001) and the Individuals with Disabilities Education Improvement Act (IDEA, 2004) support the implementation of RTI in an effort to improving students' outcomes through evidence-based practice. However, although there is a great push nation-wide to fulfill the role of effective RTI there is still the need to address the imperatives of Child Find, which leaves the "educational world" in a state of dissonance as the pendulum shifts to the intervention paradigm.

B. Vision/Hearing Screening

All of the medical information in the student's file should be reviewed prior to an assessment being ordered. Vision and hearing screenings are completed by the school nurse or the child's doctor. The student should have a vision and hearing screening completed within one year of the start of psychologist's assessment. If either screening is failed, appropriate measures must be taken (parent notified, audiological assessment obtained, glasses prescribed, acclimation time, etc.) in an attempt to address the problem before the team refers for the evaluation. If it is ascertained that a vision or hearing impairment cannot be corrected or has been corrected to the extent that it can be, this information should be recorded within the Analyzing Existing Data section of SEDS during the evaluation process. If the team decides to move forward without the appropriate screenings in place, then they should be informed that the lack of this critical data may impact the eligibility determination.

C. Behavior Screening Process

Universal screening for behavioral concerns will begin with a general classroom ecological observation, completed by the school psychologist. The ecological observations are a part of the Tier 1 process. They are not an evaluative tool for instruction. Instead they are to be used as a form of collaboration to assist with identifying classroom climate and correlating interventions to support student learning. Since the school psychologists are experts in education and behavior, and most are the RTI leads, this tool should be used in a way that supports the students' overall performance and will assist in identifying appropriate, ongoing, student interventions. This is particularly useful if students require more intensive interventions. When introduced appropriately everyone should be aware that this is not an evaluative tool and is a part of the multi-tiered systems of support. Collaboration with the administration regarding the observations should begin at the beginning of the school year. Principals and/or APs may have some criteria in place to identify the classes in which a classroom observation is most useful. It is recommended that classes with a high number of RTI referrals receive EO. This observation should give a broad view of the classroom needs and will provide an opportunity to determine if there are any students that may need additional services. If a student receives an initial flag, a follow up questionnaire should be given to the teachers and Social Emotional Learning lead. Students who are identified as at risk should be given the identified behavioral screener and if necessary advanced to Tier II.

All students who are at-risk, based on Early Warning Indicator data (EWI), which includes: Academic, Behavior and Attendance Data (See Figure 1), will be referred to the RTI team and will proceed through the social/emotional behavior screening process. Using screening data, RTI teams will develop interventions tailored to meet student needs, both educational and behavioral, in a proactive and coordinated manner. This enables schools to identify barriers to learning earlier and ensures full access to academic offerings.

Early Warning Indicators Matrix (Figure 1)

Early Warning Indicators	On-Track (Tier I)	Sliding (Tier II)	Off-Track (Tier III)
BEHAVIOR	No Office Discipline Referrals (ODR)or suspensions	2-3 ODRs and/or 1 suspension	3+ ODRs and/or 2+ suspensions
ATTENDANCE	missed < 5% instructional days	missed ≥ 5-9% instructional days	≥ 10% instructional days
ACADEMICS: READING and Math	Above Proficient or Proficient on interim assessment	Below Proficient	Far Below Proficient

D. Evaluation to Determine Eligibility

When the RTI team determines that a psychological evaluation is necessary, a referral for evaluation is initiated. Prior to making a referral for evaluation, all areas of concern must be addressed with two scientific, research-based interventions (SRBI). Also, the RTI Team must discuss the student's difficulties with his/her parents and the educational interventions that were implemented must be found to be unsuccessful.

The referral form should be submitted with data collected on the student's response to intervention, which is completed by the school-level RTI members, inclusive of information collected from a variety of sources. It is extremely important that the referral form is completed correctly. When bilingual students are referred for evaluation, the Request for Bilingual Assessment Form must be completed before the psychologist signs the referral form. It is important to note that exact dates (month, date, and year) must be included for each conference, observation, and intervention listed on the referral.

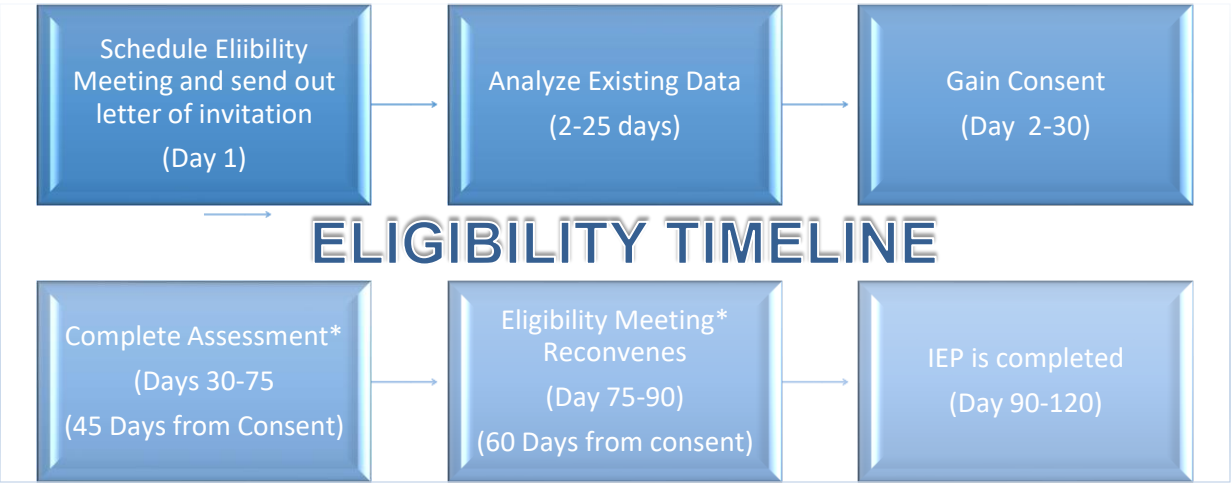
E. Eligibility Process: Overview

Referral
When a parent requests a referral, the LEA should complete the "STANDARD INITIAL REFERRAL FORM".

*This form is to be completed only by a **DCPS LEA/Case Manager**, who collects information from the person making the referral.*

Information entered on the form should reflect data gathered from the stakeholder making the referral. The completed form should be faxed into SEDS under Miscellaneous Cover Sheet. The referral date on the form should be entered as the referral date in SEDS. ***This date starts the eligibility timeline.***

Once a referral for evaluation is made, the LEA now has 30 days to hold the AED meeting and obtain consent (please contact your PM is you were not invited to the AED or consent meeting). Specific evaluation information should be captured in a prior written notice and sent to parents after the meeting. The LEA has 60 days from consent to complete an Eligibility Determination.



Once consent is obtained, the provider is given 45 days to complete the evaluation. Assessments should be sent to the parents 10 days prior to the IEP meeting.

Exception to Timeline

The 90-day timeframe does not apply to an LEA if:

- The parent of a child repeatedly fails or refuses to produce the child for the evaluation;
- The parent fails or refuses to respond to a request for consent for the evaluation or
- A child enrolls in a school of another LEA after the 90-day timeline has begun, and prior to the determination by the child's previous LEA as to whether the child is a child with a disability under this policy. This only applies if the subsequent LEA is making sufficient progress to ensure prompt completion of the evaluation, and the parent and subsequent LEA agree to a specific time when the evaluation will be completed.

The LEA and/or RSP must document in SEDS all reasonable efforts made to contact the parent regarding evaluation appointments, requests for consent, or progress on completing the evaluation as outlined above. Reasonable efforts are defined as a minimum of three attempts and multiple modalities as outlined in the OSSE reevaluation policy (e.g., phone and mailed correspondence) by the LEA.

Analyzing Existing Data

The analyzing existing data step of the evaluation process should be completed to determine whether or not there is sufficient information to make an eligibility determination or if formal assessments are needed to make a determination. This review must be conducted by a group of individuals that includes required members of an IEP Team and:

- Review existing evaluation data
    - Information provided by parent
    - Classroom-based observations
    - Response to Intervention in the General Education setting
    - Information provided by the teachers

  - Formal and informal assessments

- The IEP team should begin their review of the referral by analyzing as many of the following types of existing data as are available:
  - Attendance
  - Behavior or Incident Reports
  - Classroom observations
  - Class work samples
  - Current grades
  - Discipline Reports
  - Documentation of academic and behavior interventions
  - Evaluations and information provided by parents
  - Health Records and Medical Reports
  - Report cards
  - Standardized Test Scores

- Identify the data that is needed to determine:
  - Category of disability
  - Present levels of performance
  - Special education & related services
  - Modifications to allow child to meet IEP goals & participate in general education
  - The student's progress

- Documentation of this review must include:
  - The team conclusions/decisions
  - The date the conclusions/decisions are finalized
  - The names of individuals participating in the review
  - Conclusion if additional assessments are needed

Prior Written Notice

If the team determines that there is enough information to determine eligibility and no additional assessments are required, the parents should be informed via written notice, in the parent's native language, detailing the specifics of why further evaluation is being refused. All information should be completed under the Prior Written Notice (Do Not Proceed with Evaluation after IEP Team Analyzes Existing Data) section in SEDS/EasyIEP. Once completed, the document should be printed and mailed to the parent.

Additionally, if the team determines that assessments are warranted then the parents should be informed via written notice, in the parent's native language, detailing the specifics of which assessments will be administered and what areas of concerns are being assessed.

Please refer to http://doe.sd.gov/oess/documents/SPED_IEP_PriorNoticeStatements.pdf for a sample of a comprehensive PWN from South Dakota.

Parental Consent for Assessment
DCPS must obtain informed parental consent prior to evaluating or providing special education services to a student and must make reasonable attempts to get consent of parents of children who are wards of the state. The expert in the area of assessment should always be present at the time informed consent is obtained.

Informed consent stems from the legal and ethical right the parent has to decide what is done to his or her child, and from the provider's ethical duty to ensure that the parent is involved in decisions. The process of ensuring informed consent includes information exchange between the school and parent and is a part of parent education. In words the parent can understand, the provider must convey the details of the procedure, the purpose of the procedure, and any associated assessments. The parent should be presented with information on the most likely outcomes of treatment.

LEAs must order all assessments in SEDS within three days of procuring the parental consent.

The LEA is not required to obtain parental consent for the initial evaluation when the child is a ward of the State and is not residing with the child's parent and the conditions under 34 C.F.R. 300.300(a)(2) are met.

For more information, consult the DSI reference guide at https://sites.google.com/a/dc.gov/office-of-special-education-reference-guide/part-ii---special-education-procedures-and-guidelines/iep-procedures-the-seven-steps/step-2---engagement-of-services-1/parental-consent-to-evaluate

Ordering Assessments
Based on the analysis of existing data, the team determines if additional formal assessments are required to make an eligibility determination. If they are required, case managers are required to order those assessments within ***3 business days of obtaining consent.***

- If a parent refuses consent:
  - For evaluation: the agency may use due process to obtain authority for evaluation.
  - For services: the agency may NOT use due process in seeking to provide services; there is no fault to the public agency, and no IEP meeting is required.

No single procedure may be the sole criterion and a legally constituted team per IDEA must make the decision.

To address the specific areas of concern, a variety of assessment tools & strategies must be used to collect functional and developmental information that may assist in determining:

- Whether the child has a disability
- The content of the IEP

To accomplish this, assessment materials must be:

- Non–discriminatory
- Given in the child's native language or mode of communication
- Administered by trained personnel in conformity with instructions
- Conducted to reflect the student's aptitude or achievement
- Used to assess all areas related to the suspected disability and areas of concern
- Technically and culturally sound instruments to assess
    - Cognitive & behavioral factors
    - Physical & developmental factors

Please note that only one assessment should be ordered if assigned to the psychologist (i.e., psychological, educational, adaptive, etc.). A psychological assessment should be ordered for initial and triennial reevaluations.

Non-Discriminatory Assessments

Assessment is defined in DCMR as a data collection procedure to examine a particular area of need in accordance with the rules in IDEA and DCMR. This procedure must be used by a group of qualified professionals to determine a child's educational needs and eligibility for special education and related services.

- Tests selected & administered must not be racially or culturally discriminatory.
- Ensure that the test used is valid with your population by reading the data provided in the manual.

Interpreting Evaluation Data

- Draw on information from a variety of sources
- Decisions must be documented and carefully considered
- Decisions must be made by the MDT/IEP team
- Placement decisions must be in accordance with LRE requirements

Assessment Request

Prior to any student being identified and receiving services, the school shall conduct a full and individual evaluation (IDEA, 20 U.S.C. 1414(a)(1)). The assessment tools should assist the team in determining both eligibility and specific educational programming.

Six Principles of IDEA

Principle of IDEA	Requirement
Zero Reject	Locate, identify, & provide services to all eligible students with disabilities

Protection in Evaluation	Conduct an assessment to determine if a student has an IDEA related disability and if he/she needs special education services
Free Appropriate Public Education	Develop and deliver an individualized education program of special education services that confers meaningful educational benefit.
Least Restrictive Environment	Educate students with disabilities with nondisabled students to the maximum extent appropriate.
Procedural Safeguards	Comply with the procedural requirements of the IDEA.
Parental Participation	Collaborate with parents in the development and delivery of their child's special education program.

Requesting an Evaluation

- Any interested person (a parent, the SEA, another state agency, or school district personnel) may initiate a request for an initial evaluation (IDEA, 1414 (a)(1)(B).

- The IEP and qualified professionals analyze existing data, determine if additional tests are required, interpret all evaluation data and determine eligibility based on the data.

Procedures for Initial Evaluation

There is a 45-day timeframe from receipt of parental consent for initial assessment until the initial evaluation is conducted unless the state establishes its own timeframe within which an evaluation must be conducted.

- The timeframe does not apply if:
    - The child attends a new school district after consent is given but before the evaluation is conducted; or
    - The parent fails to, or repeatedly refuses to, produce the child for evaluation.

Ensure that all assessments are completed ***within 45 days of securing parental consent*** (though the maximum time allotted is 45 days the providers are strongly encouraged to complete the assessment reports as soon as possible):

- The assessment report must be faxed into SEDS using a Psychological Assessment Report SEDS cover sheet (**not** a miscellaneous cover sheet).
- All Providers will receive an automatic email notification including a report with the following information:
    - A list of all psychological assessments ordered at their respective schools
    - Student information
    - Parent Consent Date, Assessment Order Date, Assessment Due Date
    - Details indicating which assessments are

- ***OVERDUE***
- **Coming Due in 10 Days**
- **Open**

If you were not present at the meeting in which consent was obtained please contact your Program Manager, via email, for next steps.

If parent or teacher is unavailable then the provider should move forward with completing the report, identifying the attempts to contact individuals in the appropriate section. If data from the individual is required, then the report should indicate that there is insufficient data to make eligibility and that an addendum will be done when information is provided. Lack of response should not delay the report being upload on time.

If the student is not available for the assessment, then the Due diligence guidance (and accompanying report) should be followed.

If you are experiencing issues with uploading your document, please contact the SEDS office and send a copy of the report to your PM via email prior to it becoming overdue.

Special Case Assessment Request (i.e., Neuropsychological/Psychiatric)

Neuropsychological and Psychiatric evaluations are generally considered for medical purposes and are usually not required for the consideration of eligibility for Special Education services. If a request is made for either assessment, the team should inquire what the intent and purpose of the assessment is. Generally, the areas of concern can be addressed by a comprehensive psychological. If there is not a current evaluation on file a new one should be recommended and completed by DCPS. Medical evaluations not required for eligibility consideration and academic planning are not completed by DCPS, however we will review all information submitted by the parent.

Eligibility Determination Policy

An eligibility "determination is premised upon whether the child has one of the designated disabilities under the IDEA and the DCMR and, as a result of that disability, requires special education and related services. To make this determination, a team consisting of a group of qualified professionals and the parent must consider all reports of assessments procedures, including a review of informal and formal assessments, parent information, health records, and other independent evaluations".
The team must consider two questions to make an eligibility determination:

1) Does the team have enough data to make an eligibility determination?
2) Does the student qualify for special education and related services under IDEA?

Special Rules for Determining Eligibility in IDEA 2004

A child will *not* be determined to be a child with a disability if the basis of the child's concern is lack of **scientifically based instruction** in reading, lack of appropriate teaching in math, or LEP.

Multidisciplinary Team

The MDT consists of the following:

- Parents
- Special education teacher
- Local Education Agency (LEA) representative
- Student (of appropriate age);
- Evaluator (school psychologist, speech pathologist, occupational therapist, physical therapist, adaptive physical education teacher, etc.)
- General education teacher
- Related service provider(s) (where appropriate)
- Others involved with providing services to the student (where appropriate) in or outside of the school setting (e.g., community mental health service provider, court-appointed social services worker, etc.).

Triennial Reevaluation Policy Procedures

A reevaluation is understood to be a comprehensive evaluation analogous to an initial evaluation under 34 CFR 300.301, conducted for students who have already undergone evaluations and been found eligible for services.

A three-year re-evaluation should answer the questions:

- Is the student still eligible for services under IDEA?
- What is the student's present level of academic achievement and functional needs?
- What additions or modifications to the special education services are needed?
- Is there a change to the student's eligibility classification?

When a student's academic and functional needs warrant it, a reevaluation should be performed more frequently than three years.

****A new Cognitive Assessment is rarely necessary at a re-evaluation, as standardized assessments utilized in Psychological Assessments are typically more appropriate in determining initial eligibility and classification. Psychological Triennial Evaluations are typically generated for Triennials.**

Circumstances in which a Comprehensive Psychological Reevaluation should be conducted, include:

- Existing data does not provide the key information needed to determine eligibility or disability classification (e.g., the team believes the student was inappropriately classified as ED and requires adaptive testing to determine if ID is more appropriate).
- The provider determines that the previous assessment(s) is (are) inaccurate.
- HOD requires it.

The AED meeting should be held **60 days** prior to the Triennial Due Date (or expiration date). At this time the team should review the data and the Psychological Evaluation should be ordered. The Comprehensive Psychological Reevaluation and Triennial Psychological Evaluation should be ordered in SEDS under the category of Psychological Evaluation, and the school psychologist will determine which report type is most appropriate.

Independent Education Evaluations (IEE) Policy and Procedure

A parent may choose to get an independent assessment of their child at their own expense at any time. A parent may also request an independent evaluation if the parent disagrees with the DCPS assessment. Other sources for IEEs include those:

- Ordered by Hearing Officer Decision (HOD)
- Agreed to in a Settlement Agreement (SA)
- Ordered by a judge in a Child and Family Service Agency (CFSA) or juvenile proceeding

The most frequent situation is when a parent disputes an evaluation conducted by DCPS and wants an IEE at public expense. A request for an IEE at DCPS expense should usually be granted when a parent disputes a DCPS evaluation.

When an IEE is submitted to the school for eligibility consideration, the provider has **5** days to complete the IEE checklist (from upload date). If no additional assessment is required, the school provider has **20** days (from the date of receipt) to upload a written review of the report. If additional assessments are required, the appropriate evaluation should be ordered in SEDS by the SEC within 2 days of receiving the checklist. The provider has the allotted **40** from the date of the checklist (45 days from upload date) to upload written report.

Please review further guidelines at:
https://sites.google.com/a/dc.gov/office-of-special-education-reference-guide/part-ii---special-education-procedures-and-guidelines/iep-procedures-the-seven-steps/step-3---student-evaluations/independent-educational-evaluations

To understand the role of the psychologist for IEEs, consult the section "**REVIEWING INDEPENDENT EVALUATIONS"**

Early Childhood Referrals (students age 3 to 5)

The Child Find Assessment Team (E-CAT), is a team that has been recruited to work "citywide" to implement procedures to identify, locate and evaluate all children with disabilities residing in the District who are in need of special education and related services, regardless of the nature or severity of their disability." The team will consist of five Psychologists, one Social Worker, seven Speech Pathologists, four Occupational Therapists and 1 Physical Therapist. This team will ensure that comprehensive strategies are utilized to ensure that the identification of Pre-K (ages 2 years, 8 months to 5 years, 10 months) children, attending DCPS schools with delays are connected to services as soon as possible.

The teams approach will consist of working in collaboration with school-based providers, administrators, and classroom teachers to obtain information regarding the student's needs as they relate to their ability to access their educational program. The ECAT will use evidence based practices, knowledge of developmental milestones/normative data, and Early Childhood Standards to determine the effects of the student's impairment on his/her ability to access the general education curriculum.

(Please refer to ECAT guidebook for specific guidance)

Evaluations for students aged 2 years, 8 months to 5 years, 10 months located outside of the local school will continue to be completed at Early Stages. Initial evaluations for students 5 years, 10 months, 1 day old and Reevaluations for all students are to be completed by the RSP at the student's local school. If a student is currently enrolled in a DCPS local school, classroom observation data should be collected by the local school psychologist dependent upon his or her capacity to submit them in a timely fashion. Observation data should be forwarded to the Early Stages school psychologist for inclusion in the evaluation process.

Additionally, RTI data collected for any student in the local school should be forward to the Early Stages evaluation center upon referral. For behavior only referrals, which are considering disability classifications of Other Health Impairment (OHI) or Emotional Disturbance (ED), please complete the Early Stages behavioral referral questionnaire form (APPENDIX O). Submission of this form, as well as other relevant behavioral data (e.g., discipline referrals, anecdotal notes, progress monitoring data, functional behavioral assessment, behavior intervention plan, etc.), will initiate the referral process. In the case where no Tier II interventions have been implemented, targeted strategies should be put into place immediately by the DCPS local school team while evaluation data are compiled.

Speech and Language Impairment and Speech Only Referrals

The process for determining the appropriateness of psychological assessments for initial and reevaluations for students considered or already classified for eligibility under the Speech and Language Impairment (SLI) and Speech Only IEP is outlined below:

Initial Evaluations:
A psychological evaluation should be considered for students who have been referred for areas of concern that align with a disability category that the school psychologist assesses. If the area

of concern is (e.g., articulation, stuttering, voice, apraxia, and dysarthria), then no psychological evaluation is warranted.

If the suspected disability is a SLI (e.g. expressive disorder, receptive disorder, etc.) and the team suspects global cognitive deficits, then an abbreviated cognitive evaluation can be completed, and the results provided to the SLP prior to the assessment. If the results suggest that there are cognitive deficits, then a Comprehensive Psychological should also be ordered.

Speech and Language Impairment Reevaluations:
If a student currently has a classification of SLI (or any other disability classification) and the team suspects a new area of concern, then the student should be referred through the RTI process. Determination of needed assessments should be made after interventions for the new area of concern have been implemented with fidelity. Please note that students under the classification of SLI should already be receiving academic goals. These goals can be modified as warranted.

Speech Only Reevaluations:

1. SLPs will compile all necessary data to complete Analyzing Existing Data review.
2. If the IEP team believes the disability classification may be inappropriate and that cognitive testing is needed to make a determination, a referral to the RTI team should be made.

A psychological assessment will only be completed under conditions outlined in #2; it will not be completed for the sole rationale that a cognitive assessment was not completed during the initial evaluation. Additionally, deficits that are associated with a speech and/or language impairment are usually most appropriately captured under the SLI classification. In these instances, the team should discuss how the deficit may impact the student academically and if goal modification may be required. In most instances they should not be referred for SLD without going through the RTI process.

Please note that if a speech issue is attributed to a traumatic life event, the student should be referred to the RTI team.

Section 504 Referrals
The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

If a student has a disability that impacts their ability to access their education, the 504 process can begin without referring to Special Education. However, sometimes a student will be evaluated for Special Education and found to have a disability but not require Special Education. A student may need accommodations to access his or her education. In this case,

the student will be referred to the Section 504 process. In either case, the school psychologist may be called upon to complete the necessary evaluations, which may be used to determine if there is a disability that impedes the student's ability to access their education.

For additional information please refer to the to the information on the educator portal- https://www.educatorportalplus.com/web/edportal/login

End of Year Close-out for Open Assessments

All assessments where consent is obtained on or before an *identified date* are to be completed before the end of the school year by the SEDS assigned provider. Evaluations that are referred after the *identified date* require the AED to be completed and the meeting to be scheduled for the beginning the next school year.

For the rare cases in which assessments are consented to after the *identified date*, the following items should be completed and submitted to your Program Manager before the close of school:

- Reason for the assessment
- Multiple student observations
- Teacher interview(s)
- Records review
- Work samples
- Anecdotal notes, etc.

This information should be compiled and submitted in the form of the ***written report*** (see Appendix I). Please notify your Program Manager of any assessments assigned to you after the *identified date*. If you do not notify your Program Manager of the open assessments, it will be your responsibility to complete the assessment in a timely manner. Failure to comply with the identified guidelines will result in an IMPACT penalty.

Case Managers should closely monitor cases assigned to your caseload in accordance with these timelines. LEA representatives are to ensure timely escalation to the assigned School Support Liaison (SSL) for open eligibility and assessments assigned to providers after *identified date*.

Crisis Protocol

The focus of crisis response is to address distress in students and in the school community. The three categories of crisis are:

Safety- The student has been victimized by abuse or neglect (self-report, injury, abandonment at school) or a student absconds from school. CFSA (202-671-723) must be contacted. All school personnel are mandated reporters.

Behavioral Health- The student exhibits symptoms of emotional disturbance relative to his/her mental health status (suicidal ideation, homicidal ideation, psychosis), a current or former student or staff member dies, or there is a critical threat or event.

School based mental health providers assess, de-escalate and develop a crisis plan. For school-wide crises, the Principal should consult with the School Crisis Team in addition to the Central Crisis Team Coordinator and the Central Office Security Coordinator. If the initial interventions are insufficient due to the severity of the symptoms a call should be placed to: ChAMPS (202-481-1450) for students ages 5 to 18 or the DBH Access Helpline (1-888-793-4397) for students ages 19 and older.

Criminal- The student exhibits behavior that is not mental health related such as assault, theft or willful destruction of property.

When schools determine that actions meet criteria for criminal behavior, the school administration contacts the Office of School Security and MPD.

Each provider will be assigned dates that they will be expected to report if a crisis occurs. The assigned provider will be notified via email in the event of the crisis and expected to report to the school in crisis at the beginning of their tour of duty. Please check email prior to reporting to school on the assigned dates. Crisis response is mandatory. All crisis response protocols are under the direction of the School Principal. Please refer to the Emergency Response Plan and Management Guide located in each school's administrative office for comprehensive instruction. Contact the Central Crisis Team at crisis.cct@dc.gov. with additional questions or concerns.

F. Manifestation Determination Review

IDEA defines manifestation determination as: Within ten (10) school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the local educational agency, the parent, and relevant members of the IEP Team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine:

(I) If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or

(II) If the conduct in question was the direct result of the local educational agency's failure to implement the IEP.

If the local educational agency, the parent, and relevant members of the IEP Team determine that either sub-clause (I) or (II) is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability.

A MDR is an evaluation of the student's disability and the act of misconduct when a district proposes to remove the student or enact specified disciplinary actions. The district, the parent and relevant members of the IEP conduct the MDR. If a school psychologist was a member of

the student's IEP team, it is strongly recommended that they participate in the MDR. Teams are required to meet after the 10th consecutive day and every suspension or removal thereafter. Disciplinary actions can be made only if the district concludes after the evaluation that there was no relationship between the student's disability and the actions of misconduct.

G. Closing Out an Assessment in SEDS/Assessment Timeliness

UPLOADING REPORTS into SEDS

Upon completing an assessment report, the report must be **uploaded** (not faxed) and closed out in SEDS https://osse.pcgeducation.com/dcdcps/. It is expected that all providers input their reports into the system via the *UPLOAD* link. **When uploading your document, be sure to insert your signature and save your document as a PDF**. Completed reports should be uploaded into SEDS within 45 days from the date of consent. Note that copying and pasting into the summary section is not an acceptable format for submission. Timeliness will be determined from the initial upload date, which should correspond with the date entered as the *Date of Completion*. Also, please note that *Date Assessment Completed* is equivalent to the date the report is completed, and this should correspond with the date the report is uploaded into SEDS. All reports that are late or are incomplete will be considered untimely. Please be sure to verify that the complete report was uploaded. Contact your Program Manager if there are any barriers to completing assessments in a timely fashion. Instances in which reports are identified as completed and not uploaded according to protocol will affect various areas of IMPACT evaluations as well as progressive discipline.

IEEs ordered through Settlement Agreements and HODs should be ordered by the LEA in SEDS upon receipt of the report. Once the IEE report has been ordered/uploaded under the HOD/SA/IEE Documentation Cover Sheet, the SEC should order the review of the IEE. Once the review of IEE report is completed, the psychologist should upload it in under *Psychological Assessment***.**

IEEs submitted by the parent (but not ordered by the LEA) should be given to the provider immediately and the review of the IEE should be completed within 14-30 days.

For parent submitted IEE reports, the completed IEE review should be faxed in under the cover sheet for "Information reviewed Cover Page" in the *Analyze Existing Data* section under *Areas to Consider*. This same process should be used for faxing in a Triennial Psychological Evaluation.

Please refer to your SEDS manual for additional information located at the following website:

https://sites.google.com/a/dc.gov/seds-help-resources/help/SEDS-manual

Changing the Labels of Documents Uploaded Into EasyIEP
Providers are required to upload into EasyIEP/SEDS the (1) Comprehensive Psychological Evaluation, (2) Triennial Psychological Evaluation, and (3) Independent Assessment Review/IEE

checklist/and IEE report. Providers must also rename documents once they are uploaded into the system. To do so:

- Select *Student* in EasyIEP/SEDS
- Go to *Documents*
- Select *Miscellaneous Cover Sheet*
- Click on *Create Final Document (will be saved)*
- Fax document to 1.866.610.8030, and wait for approximately 10 minutes for the document to show as received
- Scroll down to click on *Change Fax Labels*
- Rename the document as indicated below
- Click on *Update the Database*

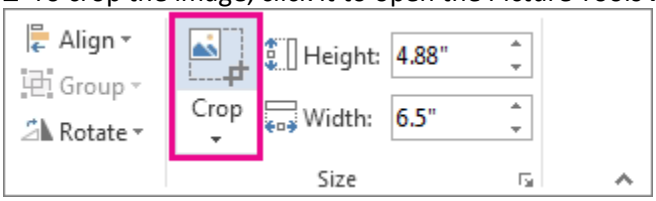
Inserting Signature and Saving as PDF

 Write your signature on a piece of paper.

 Scan the page and save it on your computer in a common file format: .bmp, .gif, .jpg, or .png. You can also take a picture of the signature on your phone and then email the picture to yourself.

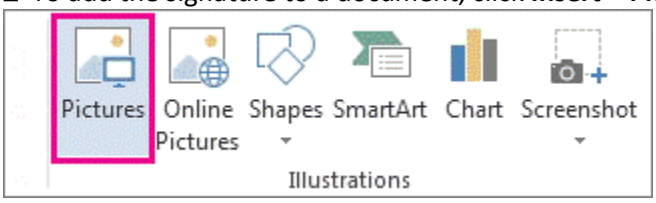
 Open the image file.

 To crop the image, click it to open the Picture Tools **Format** tab, click **Crop**, and then crop the image.



 Right-click the image, and then click **Save as Picture** to save the picture as a separate file. Save as DCPS signature

 To add the signature to a document, click **Insert** > **Pictures**.



Once your signature is inserted save the document. Then "Save as" a pdf document. This is what you will upload into SEDS.

H. Providing Documents to Guardians Before/After Eligibility/IEP Meetings

Changes to DCMR Special Education Legislation

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

***Process for Providing Documents before Meetings*:**

1. At least **ten (10) business days** before a scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents.**
2. The Pre-Meeting Packet letter that explains the information should be sent with the packet.

3. After all documents have been provided to parents, the Pre-Meeting Checklist must be completed and faxed into SEDS by the LEA
4. A **communications log entry** must be completed after providing parents with documents.

Documents to Provide Before an Eligibility Meeting

Before Eligibility meetings, the following materials must be provided to parents by the LEA:

- Analyzing Existing Data Report
- Copies/results of any formal or informal assessments and/or evaluations (e.g., educational, FBA, speech, psychological, etc.)
- Any other additional relevant documents that will be discussed at the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required

I. Bilingual Referrals

If it has been determined by the Multidisciplinary Team (MDT) that a student requires additional assessments and it has been concluded based on the results of the WIDA ACCESS or other English proficiency test that the student will be assessed in a language other than English, the Local Education Agency (LEA) Representative will forward the referral to the Bilingual Coordinator.

All of the pre-referral steps, including interventions, must be completed prior to the referral package being forwarded to the Bilingual Coordinator. Additionally, **WIDA ACCESS** scores must be obtained prior to referring to the Bilingual Coordinator. If the WIDA scores are not secured prior to signing consent, the assessment will be the responsibility of the local school psychologist and an interpreter will assist with completing the assessment.

The current DCPS bilingual providers consist of Spanish speaking social workers, school psychologists, and speech pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the "language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer."
If the school, parent, or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student's educational performance, the RTI team can refer the student for further investigation.

The DCPS local schools conduct Multidisciplinary Team (MDT) meetings to analyze existing data which assists in determining if additional evaluations are needed and whether the student will require a bilingual assessment.

The determination will include but is not limited to the results on the WIDA ACCESS or other English proficiency test, which are used to determine if the student is an English Language

Learner (ELL) and in need of a bilingual assessment. English Language Learner students are given the WIDA ACCESS test every spring to determine their current English proficiency levels.

If the WIDA ACCESS or other English proficiency tests results are not available, the student can be referred to the Language Acquisition Division (LAD), which is currently housed at Emery Elementary School—1720 1st Street, NE, (202) 576-6034—to have the assessments completed. The English proficiency scores, along with the various other data points indicated below, will assist in determining the student's dominant language to be spoken during the evaluation.

When determining if a student is to be assessed in English or another language, consider the number of years of academic instruction in English and the native language of the student. Students who have lived in the United States for 7 years or fewer, receive ESL services, and are non-native speakers of English should be considered for a bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

Once it is determined that the referred student requires a bilingual assessment, the local school is to complete a Request for Bilingual Assessment Packet, with attachments, and fax it to the bilingual coordinator. Referral Packets will be reviewed to establish the completion of all stipulated documentation.

Once the bilingual referral is received and determined appropriate, it will be assigned within 72 hours to the designated provider(s) by the bilingual coordinator. The local school representatives are responsible for scheduling all required meetings with the parents.

Note: If the school does not have bilingual support available to set up any required meetings, they can use the Language Line available through the District of Columbia Office of Human Rights to help coordinate meeting times.
Call the Language Line at 1-800-367-9559

- Agency Client ID **511049**
- Access Code **701001**

Requesting an Interpreter for Assessments

In-Person Interpreter Request Process for RSP Assessments

The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team or the bilingual team does not have capacity. All requests for interpreter/translation services require the RSP to submit the request by completing a google form.

The google form link is:
https://docs.google.com/a/dc.gov/forms/d/e/1FAIpQLSfrK4PWymBSKfq_IjrthJKroe4LVbou44OjRcVqB8PBPTSQ3g/viewform

- All requests should be submitted within a minimum of seven (7) business days, prior to the date services are needed. Any incomplete request forms will not be processed.

- The following languages are currently under contract. Note: Requests for other languages will take longer.
  - Spanish
  - Vietnamese
  - Chinese
  - Amharic
  - French

- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two days prior to the date of services to the school-based RSP.

- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.

- Upon completion of interpreter services, the provider sends a follow-up email to Robert Richardson (robert.richardson5@dc.gov) confirming the services requested were rendered with the evaluation form attached. All information should be submitted within 2 days of completed interpreter services.

- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, Robert Richardson (robert.richardson5@dc.gov).

For more information regarding the bilingual assessment referral guidelines for SY 18-19, please access the Bilingual Assessment Referral Guidelines.

J. Setting Up a School Mental Health Team

A comprehensive school mental health program involves a multitude of professionals working in collaboration for the betterment of students and each school community. In order to fully implement a multi-tiered system of support, each school must have a functioning School Mental Health Team that meets regularly (weekly or biweekly).

School Mental Health Team Guidance
At minimum, the School Mental Health Team should be comprised of the school social worker, school psychologist, school counselor and school nurse. In addition, utilize your School Health

and Wellness Team Directory to ensure that the appropriate staff members are aware of meeting days and times, and invited when necessary.

- The team should discuss upcoming RTI and IEP meetings to ensure that (1) the appropriate team members who should attend those meetings are aware and available, (2) all mental health-related data have been collected and are ready to review, and (3) all necessary assessments have been completed timely and are ready to review. Any outstanding needs should be discussed and assigned to a team member.

- The team should review all open school social work and school psychology assessments to ensure that (1) a provider has been formally assigned the assessment in SEDS, (2) the consent date is current, and (3) collaboration occurs and information is shared as necessary. For example, the team may discuss a Behavior Intervention Plan (BIP) that is being developed for a student with complex challenges.
- The team should discuss students who experienced an individual student crisis in the previous week and determine if an Individual Student Crisis Plan is necessary. The team can also use this time to collaborate on the development of those plans and plans to disseminate to all necessary staff members. The team should also review completed plans to see if updates are warranted.

- The school nurse should share information with the team and elicit feedback about student-specific concerns and/or larger initiatives.

- The Community-Based Partner(s) should give updates on students they are working with and update the team on caseload (i.e., if they are at capacity or if they have capacity to support additional students).

- The team should share updates on (1) families who may have expressed a need and (2) resources available.

- The team should review new referrals and determine which team member has the capacity and is most appropriate to provide support.

Section IV

TRAINING AND SUPPORT

To increase competency in the field and improve best practice in School Psychology in DCPS, the Psychology Department offers several opportunities to obtain professional development and training opportunities.

The Psychology Program implements trainings that promote high-standards and best practices that support continuous quality improvement efforts and ensure compliance with court mandates, federal and local regulations, and discipline-specific national organizations. The training programs are evidence-based, empirically driven, and results-focused. These initiatives are implemented through strategic planning aimed at identifying effective strategies for improving the performance of the related service provider in ways that enhance the quality of service delivery, mastery of students' goals for exiting services, quality assessments, appropriate educational planning, academic achievement, secondary transition outcomes, as well as functional skills that improve educational outcomes of students with disabilities. All trainings are geared towards increasing providers' capacity to promote and support student-centered academic and mental health programs within a Multi-Tiered System of Support (MTSS).

A. Professional Development

The Psychology Program is committed to providing exemplary professional development to continually strengthen the knowledge, technical skills, and quality of services and supports delivered to all service providers; to ensure that all professional development opportunities are culturally and linguistically responsive, performance-based, scientifically researched and presented in a data-driven learning environment; and to identify effective strategies for improving the performance of Related Service Providers in ways that are linked to student outcomes. PDs will:

- Implement professional practice when partnering with schools citywide, in an effort to help implement the key components within the Response to Intervention (RTI) framework.

- Assist psychologists in supporting classroom teachers to improve student achievement using research-based interventions matched to the instructional needs and level of the students and collaborate on appropriate instruction to target the specific learning needs of the student.

- Adhere to assessment format and incorporate all data elements (qualitative/quantitative), utilize procedural reference guides, ethical standards, and the District Regulations when developing psychological assessments to support the educational planning for students.

B. Case Conference

Case Conference provides an opportunity for psychologists to interact with fellow colleagues to review and discuss cases and special related topics on a monthly basis. The premise of this approach is to improve professional practices and providers' knowledge base within the school setting. To further enhance the support of providers, Case Conference groups are separated into Learning Communities, where providers are clustered into groups that service similar populations.

School psychologists select cases that present interesting profiles, issues, challenges, or other concerns that would benefit from input and discussion from their colleagues. It is expected that colleagues share constructive input to assist others in improving their professional practices. Colleagues will not provide formal supervision or formal evaluation of work products.

Appropriate cases to present are those that have been reviewed and/or assessed by the DCPS psychologist, as well as those written up in a psychological evaluation report. This report is to be disseminated via email to team members a minimum of 72 hours prior to your case conference meeting.

Teams also review strategies and interventions that providers find effectively enhance academic success and provide instructional support. This assists the providers at large in supporting their schools in various stages of intervention. Additionally, teams will present on and discuss relevant professional topics of interest. This allows for additional training opportunities for the school psychologists to broaden their scope of knowledge.

Team members should come to case conference prepared by having read through their colleague's report, as well as with comments and questions to offer to an enlightening discussion. All psychologists will participate in their assigned case conference throughout the school year. Psychology program managers will facilitate case conferences and psychologists' participation will be included in annual performance reviews.

C. Brown Bag Series

The Brown Bag Series is a voluntary professional development opportunity presented by DCPS psychologists on various current school psychology related topics. The Brown Bag Series is held monthly during the lunch period and provides school psychologists with an opportunity to receive additional CE's.

D. Internship/Externship

DCPS Internship (practicum/externship) program was created to centralize the internship process for students interested in completing their field experience within a DC public school. We believe in facilitating a hands-on learning environment conducive to educating future school psychologists for DCPS, and the society at-large.

DCPS currently offers unremunerated school psychology internships/externships to school psychology students completing a master's, specialist's, or doctoral degree in School Psychology or a doctoral degree in Clinical Psychology at an accredited college or university. Prospective interns and externs are offered an opportunity for an excellent learning experience facilitated by certified, highly skilled, on-site, school psychologists.

School Assignments

Local colleges and universities with School Psychology programs are invited to inform school psychology students interested in interning with DCPS to submit an online DCPS Graduate Internship Application via the following link: https://octo.quickbase.com/db/bf2ix82ez

Upon acceptance, internship/externship applicants will be invited to submit for an interview to be conducted by a prospective field supervisor. Final acceptance and placement decisions will be made by the Psychology Program Manager/Internship-Externship Coordinator based on applicants' qualifications, as well as availability and suitability of prospective school sites.

All interns/externs must formally apply to the program. **All** supervisors are appointed by the Psychology PM and each internship/externship site must have the School Principal's approval. Please do not accept an intern/extern/practicum student without approval of the Internship Program Manager (Dr. Carlos Phillip). Please direct all inquiries to his attention. Failure to do so may reflect in the Clinical Standards assessment.

To meet general Internship/Externship standards, on-site supervision will be provided by a DCPS certified school psychologist who has completed at least three years of effective service in a DCPS school. School psychologists who hold a Ph.D., Ed.D. or Psy.D. degree in Psychology will supervise doctoral level school psychology interns. Prior to beginning their internship/externship, accepted interns/externs will be required to be fingerprinted and to submit a negative TB test to DCPS Human Resources.

School Psychology intern/externs will be placed at school sites that will provide opportunities for exposure to a variety of school psychological services. Interns/externs will be encouraged to participate in all areas of practice that are engaged in by their on-site supervisor(s). These services include, but are not limited to, school meetings, regular professional development opportunities, and case conferences. In addition, the intern/extern will have the opportunity to work with children across a wide range of grade levels, ages, and educational programs. They will provide assessments and preventative services to students referred for Special Education. Interns/externs will also be involved in implementing behavioral intervention programs and strategies in schools. Each intern/extern will receive a minimum of two hours per week of individual, face-to-face supervision with the field supervisor.

Interns
All DCPS interns are expected to carry a caseload and assist with RTI, assessment completion, and individual/group support as well as co-facilitate staff advisory presentations and complete other assignments as appropriate.

Internship Duration and Hours
School Psychology interns begin the DCPS Program in the Fall. An internship experience will consist of a minimum of 20 hours per week in the field. The beginning and end of the internship day will depend on the assigned school and the field instructor's availability. The duration of the internship period as well as the length of the internship day will be agreed upon before a placement is made and will be specified in the internship offer letter.

Roles and Responsibilities

Field instructors
School psychologists will be responsible for the direct service of field instruction required by their assigned intern. He or she will assist the intern with creating a schedule to meet the requirements for the intern's field hours, review and provide feedback for process recordings, provide guidance for the interns learning agreement, and facilitate an appropriate learning environment.

School Psychology Program Manager
Students will be assigned to a Psychology Program Manager supporting the internship program. The PM will oversee the field experience, sign off on learning agreements, and collaborate with Field Instructors to complete midterm and final evaluations.

Memorandum of Agreement (MOA)
All universities and colleges fielding interns/externs in DCPS schools will be required to sign an MOA with DCPS. Concurrent with the Internship/Externship application process, a MOA template will be forwarded to the fielding university/college for review and completion. The MOA must be finalized and signed by DCPS Chancellor and the designated official of the fielding institution prior to the prospective intern/extern's placement in a DCPS school.

Section V

SPECIAL EDUCATION DISABILITY CATEGORIES

Special Education Disability Categories Under Idea

Special Education: instruction that is specially designed in content, methodology or delivery of instruction to assist students in accessing the general education curriculum.

Autism: a developmental disability significantly affecting verbal and nonverbal communication and social interaction. It is generally evident before age three and adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Deaf-Blindness: concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that children cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness: a hearing impairment so severe that a child is unable to process linguistic information through hearing, with or without amplification, to such an extent that it adversely affects a child's educational performance.

Developmental Delay: for children from birth to age three (under IDEA Part C) and children from ages three through eight, the term developmental delay means a delay in one or more of the following areas: physical development, cognitive development, communication, social or emotional development, or adaptive [behavioral] development.

Emotional Disturbance: a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(c) Inappropriate types of behavior or feelings under normal circumstances.
(d) A general pervasive mood of unhappiness or depression.
(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Hearing Impairment: an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

Intellectual Disability: significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(Editor's Note, February 2011: "Intellectual Disability" is a new term in IDEA. Until October 2010, the law used the term "mental retardation." In October 2010, Rosa's Law was signed into law by President Obama. Rosa's Law changed the term to be used in the future to "intellectual disability." The definition of the term itself did not change and is what has just been shown above.)

Multiple Disabilities: concomitant [simultaneous] impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they **cannot** be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic Impairment: a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairment: having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's syndrome; and
(b) adversely affects a child's educational performance.

Specific Learning Disability: a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.

Speech or Language Impairment: a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic Brain Injury: an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting 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.

Visual Impairment Including Blindness: an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Section VI

ELIGIBILITY AND DISMISSAL

GUIDELINES FOR IDENTIFYING SPECIFIC LEARNING DISABILITY (SLD)

Definition:

Specific Learning Disability (SLD) is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. SLD may not include learning problems that are primarily the result of: visual, hearing or motor disabilities; intellectual disability (known as mental retardation); emotional disturbance; cultural factors; environmental or economic disadvantage; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency.

Eligibility Criteria:

In order for a student to be identified as having a learning disability and deemed eligible for special education under IDEA, the following criteria must be met:

Eligibility Using Scientific Research-Based Interventions

To determine eligibility using Scientific Research-Based Intervention Model (SRBI), observation in the child's learning environment (including regular classroom setting) and both criteria 1 and 2 must be met. A child's need for academic support alone is never sufficient for an SLD eligibility determination.

1. The child's response to scientific, research-based interventions must indicate the child is not achieving adequately for the child's age **or** meet state-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:
    - Oral expressions;
    - Listening comprehension;
    - Written expression;
    - Basic reading skill;
    - Reading fluency skills;
    - Reading comprehension;
    - Mathematical calculation;
    - Mathematics problem solving; **AND**

The child exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards, or intellectual development that is determined by the Multidisciplinary Team (MDT) to be relevant to the identification of a specific learning disability (as defined above) when using appropriate assessments, **OR**

The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the child's response to scientific, research-based interventions.

(If sufficient RTI has not been implemented with fidelity, and inadequate data has been collected, then the RTI model of determination should not be used. Extensive Progress Monitoring should be collected and reviewed in report. Student progress should be determined by student's initial functioning/base lines and the student's expected growth. Alternative interventions should be given across tiers.)

2. The MDT determines that its findings noted above are not primarily the result of any of the following:
    - Lack of appropriate instruction in reading, including the essential components of reading instruction- (phonemic awareness; phonics; reading fluency; vocabulary development; and reading comprehension strategies)
    - Lack of appropriate instruction in math
    - Lack of appropriate instruction in writing
    - Limited English proficiency
    - A visual, hearing or motor disability
    - An intellectual disability
    - Emotional disturbance
    - Cultural factors, **or**
    - Environmental or economic disadvantage

GUIDELINES FOR IDENTIFYING EMOTIONAL DISTURBANCE (ED)

Definition:
Emotional Disturbance (ED) is a condition exhibiting one or more of the characteristics described in the eligibility criteria below that exits over an extended period of time **and** to a marked degree that adversely affects a child's educational performance. Emotional Disturbance includes schizophrenia but may not apply to children who are socially maladjusted unless it is determined that they meet the criteria for the ED disability classification according to the criteria in the OSSE Initial/Reevaluation Policy and as outlined in this DCPS guidance.

Identification of an Emotional Disturbance and Determining Eligibility for Special Education:

In order for a student to be identified as having an emotional disturbance and be eligible for special education under IDEA, the following criteria must be met:

Eligibility Criteria:
To determine a child to be eligible, a group of qualified professionals must review and/or conduct **two** scientific- research-based interventions that are based on a problem-solving model that addresses behavioral/emotional skill deficiency **and** documentation of the results of the Intervention, including progress monitoring documentation. One of the following criteria must be exhibited and the child **must** display the criterion over a long period of time **and** with a degree of severity.

The child must exhibit **one** of the following criteria over a long period of time **and** with a degree of severity:

1. An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors;

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. Inappropriate types of behavior or feelings under normal circumstances;

4. A general pervasive mood or unhappiness or depression; or

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

EARLY INTERVENTION

Additional criteria for Early Stages when considering eligibility for **Emotional Disturbance (ED)*

- All of the criteria outlined by OSSE must first be established
- A classroom, when applicable, or learning environment observation **must** be completed
- At minimum, feedback on ED measures, **must** consistent of two respondents
- When eligibility is established, prior to holding the meeting, Ms. Tamara Dukes (tamara.dukes@dc.gov) should be contacted to request that a Social Worker prepare a Functional Behavior Assessment (FBA); **No Exceptions**
- The FBA must be completed prior to the eligibility meeting and the assigned social worker needs to be in attendance.
- The social worker will assist with the construction of the social emotional goals which need to be tailored in scope and aligned with practical expectations of the receiving school

When a classroom teacher notices that a student is not keeping up academically, behaviorally, and/or socially, despite trying the typical age and grade-appropriate interventions, he/she should consult with staff (e.g., special educator, counselor, social worker, ESOL staff, psychologist, and others, as appropriate) to gain further instructional suggestions. This consultation should occur formally, through the Response to Intervention Process. Once a child is referred, the RTI committee should begin to complete the student intake form to determine if other issues may be contributing to the child's lack of learning. This form may be completed through multiple RTI meetings on an ongoing basis. The RTI committee should develop an appropriate intervention plan that addresses the child's academic, behavioral, and/or social deficits.

As the intake is completed, other issues may arise that necessitate further action or decisions. The RTI committee should reconvene to address these factors, modify intervention plans, and implement additional strategies where appropriate. Teams should routinely investigate the possibility of instructional disparity when students are referred. If the concern raised is behavioral in nature, the team, in consultation with staff members who have expertise in behavior management (e.g., a special education teacher, guidance counselor, school social worker or psychologist) should conduct a Functional Behavioral Assessment (FBA) and develop a written behavioral intervention plan for the student based on the FBA. If the concern is academic in nature, the school, in consultation with staff members who have expertise in instructional strategies (e.g., reading specialists or special educators) should conduct informal assessments to determine the child's specific skill deficits and develop a written intervention plan for the student based on the assessments.

All intervention plans should be implemented for a **minimum of six consecutive weeks**. The school team should reconvene to consider the effectiveness of the plan, make adjustments to the intervention(s) as needed, and implement the updated plan for a reasonable period of time. The prescribed interventions should be consistently employed and documented. Documentation should include graphs and/or charts so that any changes are clearly noted. Anecdotal records including the antecedent, behavior and consequence (what happened before the behavior, the behavior and what happened after the intervention), should be

collected over a period of time and reflected including baselines and changes in numerical form.

Consideration of these factors should be central to educational planning for students. If pertinent or critical data is missing or unavailable, then the RTI committee must obtain that information, or document why that data is unattainable. If the documentation does not reflect progress, i.e. non-responsiveness, in the problem area and all other factors have been considered, the student may be referred to the IEP Team for consideration of eligibility for special education. If the student displays behavior that is endangering his/her life or the safety of others or is believed to have a disability that the interventions will not address, then the student may be referred for a special education evaluation. In these cases, the RTI committee **must** document why it is believed that interventions outside of special education would not be successful.

Additional criteria for **EARLY STAGES** when considering eligibility for **Emotional Disturbance (ED)**

- All of the criteria outlined by OSSE must first be established
- A classroom, when applicable, or learning environment observation MUST be completed
- At minimum, feedback on ED measures, MUST consistent of two respondents
- When eligibility is established, prior to holding the meeting, Ms. Tamara Dukes (tamara.dukes@dc.gov) must be contacted in order to request that a Social Worker prepare a Functional Behavior Assessment (FBA)
- The FBA must be completed prior to the eligibility meeting and the assigned social worker needs to be in attendance.
- The social worker will assist with the construction of the social emotional goals which need to be tailored in scope and aligned with practical expectations of the receiving school

**** PLEASE NOTE**

If the team is developing goals that require a social worker (outlined in the paragraph) to provide direct services, then the goals should be written in the social /emotional areas of the IEP. HOWEVER, if the goals are more adaptive in nature and/or are to be implemented within the classroom thy need to be written in the adaptive area. Please clearly delineate who is expected to enforce the goal.

GUIDELINES FOR IDENTIFYING OTHER HEALTH IMPAIRED (OHI)

Definition:

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that result in limited alertness with respect to the educational environment that adversely affects a child's educational performance, due to chronic or acute health problems.

Eligibility Criteria:

To be eligible a child must meet both criterion 1 **and** 2 **and** the disability must have an adverse effect on educational performance.

Criterion #1 - Is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia.

Criterion #2 - The impairment adversely affects a child's educational performance.

Additional criteria for Early Stages when considering eligibility for **Other Health Impairment (OHI)*

When developing goals in the area of Other Health Impairment (OHI) and the expectation is for a social worker to implements goals, **Early Stages** is responsible for reaching out to the receiving school and inviting the school work school base provider to be a part of the eligibly meeting and programming.

GUIDELINES FOR IDENTIFYING INTELLECTUAL DISABILITY (ID)

Definition:

Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

Eligibility Criteria:

In order for a student to be identified as having an intellectual disability and be eligible for special education under IDEA, the following criteria must be met:

- The age of onset comes before age 18.
- The student demonstrates significantly sub-average general intellectual functioning demonstrated by comprehensive measures of verbal and nonverbal reasoning competencies at or below IQ/standard scores of 70 and below, or two or more standard deviations below the mean based on individual test manual requirements in multiple measures of verbal and nonverbal reasoning.
- Adaptive behavior is at or below two standard deviations below the mean in one or more domain; or one and one-half standard deviations below the mean in two or more domains in the following areas: communication, health and safety, self-care, functional academics, home living, leisure, social skills, work, and community use.
- The above-described deficits adversely affect the child's educational performance.
- Impact on developmental or academic functioning is not primarily the result of behavior.

Subcategories of Intellectual Disability include:

1. **Mild** Intellectual Disability (IQ/standard score range is between 55 and 70; measured intelligence and adaptive behavior falls between 2 and 3 standard deviations below the mean)
2. **Moderate** Intellectual Disability (IQ/standard scores range is between 40 and 55; measured intelligence and adaptive behavior falls between 3 and 4 standard deviations below the mean)
3. **Severe** Intellectual Disability (IQ/standard score range is below 40; measured intelligence and adaptive behavior is at least 4 standard deviations below the mean)

4. **Profound** Intellectual Disability (IQ/standard score range is below 20; measured intelligence is at least 5 standard deviations below the mean)

GUIDELINES FOR ASSESSING AUTISM SPECTRUM DISORDERS (ASD)

Definition:

Is defined as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three; that adversely affects a child's educational performance. Other characteristics often associated with Autism Spectrum Disorders are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. A child who manifests the characteristics of ASD after age three could be identified as having ASD if the other criteria are satisfied. Autism does **not** apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance

Eligibility Criteria:

To be eligible, a child must demonstrate Criterion 1 AND 2; and one or more criteria under Criterion 3 through 6.

1. The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

2. The child displays problems, which extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form that may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism spectrum disorder.

3. The child exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The child may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The child may not follow normal developmental patterns in the acquisition of skills.

4. The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.

5. The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism spectrum disorder.

6. The child displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in

an age—appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.

A medical diagnosis of Autism Spectrum Disorder is made based on the DSM-5 (or previous diagnoses of Autism, Asperger's Disorder or PDD is made based on DSM-IV-TR diagnostic criteria). However, the Special Education classification of Autism based on the educational definition and eligibility criteria listed above.

Psychological assessments of students who may have Autism Spectrum Disorder should focus primarily on the following areas:

- Social competence
- Communication
- Atypical behaviors
- Cognitive functioning

Due to impairments in socialization and communication as well as some of the behavioral characteristics often associated with ASD, it is essential to collect assessment data from a number of sources and in a variety of ways.

It is both helpful and advisable to actively include parents throughout the evaluation. Also, results of the psychological assessments should be considered together with the social developmental history, speech/language evaluation, and medical findings. Occupational Therapy (OT) and Physical Therapy (PT) evaluation results also may be available. Although an adaptive behavior assessment (Vineland/ABAS-3) is not required for eligibility for the Autistic program, the information generated from this instrument is often extremely helpful, especially given the limited information that intellectual assessment yields for some students.

GUIDELINES FOR ASSESSING TRAUMATIC BRAIN INJURY

Definition:

Traumatic Brain Injury (TBI) means an *acquired* injury to the brain caused by a sudden, external physical force, resulting 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 resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; 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 prenatal or birth trauma. The term also does not apply to brain injuries that result from internal occurrences such as strokes, tumors, infections, illness, anoxia, or from exposure to toxic substances such as lead, poisons, or drugs. While these causes may have significant educational implications, such children should not be considered as having a traumatic brain injury. Eligibility in other categories could be considered by the MDT team depending on the presenting problems, severity, and educational impacts.

Eligibility Criteria:

A student may be determined to exhibit Traumatic Brain Injury when each of the four conditions below is evident:

1. **There is documentation by a physician of a medically verified traumatic brain injury.** The MDT must determine that there is sufficient medical documentation to substantiate that an 'external physical force' has injured the student's brain.

2. **As a result of the injury, the child exhibits a partial or total disability or functional impairment in one or more of the following areas**:
   A. Physical
      - Speech, vision, hearing, and other sensory impairments
      - Fatigue
      - Lack of coordination
      - Spasticity of muscles
      - Paralysis of one or both sides
      - Seizure disorder

   B. Cognitive
      - Attention or concentration
      - Ability to initiate, organize, or complete tasks
      - Ability to sequence, generalize, or plan
      - Flexibility in thinking, reasoning or problem solving

- Abstract thinking
- Judgment or perception
- Long-term or short-term memory including confabulation
- Ability to acquire or retain new information
- Ability to process information/processing speed

C. Psychosocial
   - Impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships
   - Impaired ability to cope with over-stimulating environments and low frustration tolerance
   - Mood swings
   - Lack of awareness of deficits affecting performance
   - Difficulty in relating to others
   - Impaired ability to demonstrate age-appropriate behavior
   - Impaired physical and emotional control
   - Inappropriate sexual behavior or disinhibition
   - Restlessness, limited motivation and initiation

3. **As a result of the injury, the child exhibits a functional impairment that adversely affects the student's educational performance.** This evidence is determined through the evaluation process and involves but is not limited to consideration of one or more of the following:
   - Standardized test scores
   - Report card grades
   - Daily work samples
   - Curriculum based assessments
   - Participation in new learning activities
   - Participation or functioning in other social and school-related activities

4. **The functional impairment is not primarily due to previously existing conditions**

GUIDELINES FOR ASSESSING DEVELOPMENTAL DELAY (DD)

GUIDELINES FOR ASSESSING DEVELOPMENTAL DELAY (DD)

Definition:

Developmental Delay (DD) is defined by the Office of the State Superintendent of Education (OSSE) as a child aged three through seven with a disability who is experiencing developmental delays as measured by appropriate assessment instruments and procedures in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, needs special education and related services. [34 CFR §300.8(b)]

Eligibility Criteria:
In order for a student to be identified as having a Developmental Delay and deemed eligible to receive special education services under IDEA, the following criteria must be met.

1. The child is three (3.0) through 7.11 years of age.

2. The child must experience severe developmental delays of at least two years below his/her chronological age **and/or** at least two standard deviations below the mean, as measured by appropriate standardized diagnostic instruments and procedures.

3. DD does not apply to children with the following disabilities:
    - Autism
    - Traumatic Brain Injury
    - Mental Retardation
    - Emotional Disturbance
    - Other Health Impairment
    - Orthopedic Impairment
    - Visual Impairment, including blindness
    - Hearing Impairment, including deafness; **or**
    - Speech/Language Impairment

4. No child may be classified as having DD based solely on deficits in the area of social and/or emotional development.

5. The evaluation must be comprised of data from various sources/stakeholders, even if the delay is only in one area. Not all areas must be assessed, and a cognitive assessment is not required for all children. The verification of delay is obtained through an evaluation process which includes at least three of the following: informed clinical opinion to include observational assessment, standardized development test(s), developmental inventory, behavioral checklist, adaptive behavior measure, and parent interview.

6. The Multidisciplinary Team (MDT) has made a determination concerning the effects of the environment, cultural differences or economic disadvantages.

7. A professional clinical opinion, along with the Multidiscipline Team (MDT) makes a recommendation based on qualitative and quantitative data that developmental delay exists and special education and/or related services are needed.

Reevaluation/Dismissal guidelines for Developmental Delay (DD)

The evaluation must be comprised of data from various sources/stakeholders, even if the delay is only in one area. Not all areas must be assessed, and a cognitive assessment is not required for all children. The verification of delay is obtained through an evaluation process which includes at least three of the following: informed clinical opinion to include observational assessment, standardized development test(s) and/or early childhood curriculum-based assessments, developmental inventory, behavioral checklist, adaptive behavior measure, and parent interview.

- A DD child must be reevaluated prior to age eight (8). At this time, he or she must be eligible for another special education classification program in order to continue eligibility for special education and/or related services. *Comprehensive assessments are only required if a new disability is suspected.*

- A DD child may be dismissed earlier than age 7.11 providing that data is available which demonstrates adequate functioning levels in the five developmental areas: (a) adaptive or self-help development; (b) cognitive development; (c) communication development; (d) social or emotional development; or (e) physical development, including fine, gross, or perceptual-motor. **Classroom teachers, psychologists, related service providers, and/or other professionals must provide data. Students' development should be considered individually when determining what assessments may or may not be necessary in order to meet dismissal criteria.** Please see sections for other educational disabilities for guidance on decision making for changing disability type if the student remains eligible at the reevaluation.

Determining educational impact and curriculum-based assessments for Early Childhood students

Early childhood classrooms in DCPS utilize a curriculum and assessment tool called the GOLD. The GOLD links key developmental milestones with instruction in order to track student progress. Individual objectives correspond to the main developmental areas outlined above: (a) adaptive or self-help development; (b) cognitive development; (c) communication development; (d) social or emotional development; or (e) physical development, including fine, gross, or perceptual-motor. Key objectives include:

- Traveling skills
- Balancing skills

- Gross motor manipulative skills
- Fine motor strength and coordination
- Phonological awareness
- Knowledge of the alphabet
- Demonstrates knowledge of print and its uses
- Comprehends and responds to books and other texts
- Demonstrates emergent writing skills
- Uses number concepts and operations
- Explores and describes spatial relationships and shapes
- Demonstrates progress in listening to and understanding English
- Demonstrates progress in speaking English

Providers should utilize this data in conjunction with teacher input to determine if students are making academic progress based on their age and level of school exposure to specific skill to identify is an educational impact to warrant eligibility for special education services under the disability Developmental Delay.

GOLD OBJECTIVES

Social Emotional

Objective 1

Regulates own emotions and behaviors

Manage feelings

- Unable to resolve conflict with peers
- Unable to communicate feelings in a socially excepted manner
- Unable to regulate emotions and becomes physically aggressive when frustrated (excessive hitting, kicking biting, or spitting, etc.)
- Unable to persevere through frustration
- Unable to calm self when experiencing strong emotions (anger, embarrassment, etc.)
- Unable to be calmed when upset (Ex: tantrums that last longer than 10 minutes)

Follow limits and expectations

- Unable to adhere to limits and expectations via classroom rules and schedule
- No tolerance for delayed gratification (Ex: cannot share, waiting, take turns, etc.)
- Unable to make transitions in the school setting

Takes care of own needs appropriately

- Unable to ask for help when required verbally or nonverbally
- Unable to exhibit age appropriate self-care skills (Ex: restroom routine, eating, etc.)

Objective 2

Establishes and sustains positive relationships

Forms relationships with adults

- Unable to separate from caregiver when entering the school setting (Rapport must be present with teacher)
- Unable to build a positive rapport with teacher or other school personnel

Responds to Emotional Cues

- Unable to exhibit appropriate safety precautions
- Unable to exhibit understanding of social cues

Interacts with peers

- Unable to engage or show interest in age appropriate play with peers
- Unable to parallel, onlooker or cooperative play with peers
- Unable to initiate play with peers

Make friends

- Unable to show interest in peers
- Unable to work cooperatively in a group.
- Unable to identify a specific peer group, best friend

Objective 3
Participates cooperatively and constructively in a group situation
Balances needs and rights of self and others

- Unable to work cooperatively to complete a task with a peer
- Unable to take turns with a peer

Solves social problems

- Unable to solve conflict amongst peer with assistance and modeling (Ex: can resolve a problem with a peer by giving a peer another toy, changing activities, leaving the area)

<u>Cognitive Development</u>
Objective 1
Demonstrates positive approaches to learning
Attends and engages (Attention and Focus)

- Unresponsive to stimulus cues in the environment
- Unable initiate interaction with parents, teachers and peers
- Unable to cooperatively participate in classroom activities including circle time, centers, outside games, specials, etc.)
- Unable to engage in cooperative play with peers in small or large groups (Ex: difficulty with sharing, turn taking, transitioning through classroom activities)
- Unable to ask for assistance when assistance in needed
- Unable focuses his/her attention on one task while being aware of, but not distracted by, another activity
- Unable to attend to a learning task

Persists

- Unable to exhibit mastery of a familiar task – cannot build on trial and error experiences, or frequent experiences
- Unable to follow classroom rules and instructions after ample exposure and modeling
- Unable to follow age-appropriate single and /or multiple step directions independently
- Unable to persist through a task with encouragement and scaffolding

Solve problems

- Lacks emotional response to or recognition of barriers
- Unable to learn via modeling or instruction to implement strategies when faced with barriers
- Unable to initiate, plan and organize self to complete a task (may have difficulty with puzzles, toys that require assembly (ex: Mr. Potato Head, building blocks, etc.), finding games, obstacle courses, etc.

Shows curiosity and Motivation

- Does not explore classroom environment in a constructive manner
- Does not show interest in age-appropriate activities with ample exposure

Shows flexibility and inventiveness in thinking

- Unresponsive to modeling use of typical classroom objects, materials
- Unable to find alternate ways to solve and problem
- Unable to adjust and persevere after a setback
- Unable to shift focus from one topic or activity to another
- Unable to make logical predictions
- Unable to engage in imaginary play (Animating objects, ex: using a block as a phone or car, actively engaging in dramatic play)

Objective 2

Recognizes and recalls

- Object permanence
- Unable to recall information reviewed routinely in the classroom (Ex: alphabet, numbers, shapes, colors, etc.)
- Unable to recall facts from a story and complete familiar activities
- Unable to draw connection between information presented and real-life experience

Makes connections

- Unable to recognize similarities and differences
- Unable to identify the relationship between items when named with modeling and ample exposure
- Unable to complete tasks across environments

Objective 3

Uses classification skills

- Unable to match by one common characteristic, e.g., shape, color, size

- Unable to exclude an item from a group (Ex: asking "Which one does not belong?")

Objective 4

Thinks Symbolically

- Unable to follow age-appropriate single and /or multiple step directions independently
- Unable to persist through a task with encouragement and scaffolding
- Generalize familiar concepts to new environments
- Unable to engage in age-appropriate spontaneous conversation with peers and/or adults

Engages in socio-dramatic play

- Unable to engage in symbolic play – replicate real life or make-believe situations in play

Note: Students should have difficulty performing these activities at least 50%.

Please refer to the Early Stages website for additional information- http://earlystagesdc.org

Additional criteria for Early Stages when considering eligibility for **Developmental Delayed (DD)*

When developing goals in the areas of Developmental Delay (DD) and the expectation is for a social worker to implement goals, **Early Stages is responsible** for reaching out to the receiving school and inviting the school work school base provider to be a part of the eligibly meeting and programming.

Guidelines for Multiple Disabilities (MD)

Definition:

Two or more impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment) occurring together, the combination of which causes such severe educational needs that the child cannot be accommodated in special education programs solely for one of the impairments. When the group of qualified professionals is discussing eligibility under MD, the team should consider whether the child's impairment is so severe that identification of solely one primary disability is not possible. Multiple disabilities shall not include deaf-blindness.

Eligibility Criteria: To be eligible, a child must have concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

1. The child should meet **all** of the criteria associated with the disability from **at least two** groups (e.g. Intellectual disability-blindness).

   Group A: Cognitive Disability (may select no more than 1)
   - Autism
   - Emotional Disturbance
   - Intellectual Disability (previously MR)
   - Specific Learning Disability
   - Speech-Language Impairment
   - Traumatic Brain Injury

   Group B: Sensory Disability (may select no more than 1)
   - Deaf-Blindness
   - Deafness
   - Hearing Impairment
   - Visual Impairment including Blindness

   Group C: Other Disability (may select no more than 1)
   - Orthopedic Impairment
   - Other Health Impairment

2. The combination of coexisting impairments is so severe, complex and interwoven that identification in a single category of disability cannot be determined.

3. The impairment results in multisensory or motor deficiencies and developmental lags in the cognitive, affective, or psychomotor areas designed solely to address single impairments.

School Psychologists should be able to present sufficient data that shows how each disability has a significant impact on academic attainment. The data should clearly delineate that one disability is not a manifestation of the other (e.g. ADHD manifestation of Depression).

Untimely Assessments Scenarios and Due Diligence Procedures

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

A. Student Unavailable

1. Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

a) The Related Service Provider (RSP) assigned to complete the assessment must:

- Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;
- Document the reason for the student's absence for each time a scheduled assessment is missed;
- Reschedule the assessment with the parent/guardian and document the agreed upon session in the SEDS communication log; and
- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- Collect as much data as possible and completed and uploaded the **Due Diligence Report.**

b) The SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt;
- Notify the related service provider via email when the attempts to contact the parent are made; and
- Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.

c) The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:

- Review the student's attendance history since consent was obtained;
- Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and
- Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Skype.

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

Parent/Guardian and/or Student Unavailable for Assessment

When attempting to reach the parent for data collection (interview, rating scale, etc.), the provider should attempt to contact the parent a minimum of three times. Attempts should be made over an extended period and should be documented in the Communication Log in SEDS. If the school records have incorrect information, efforts to reach the parent through the teacher or student should be attempted and documented. Attempts to reach the parent should be summarized in the appropriate sections of the Psychological Evaluation report.

The provider should attempt to assess, observe and/or interview the student a minimum of three times. Unsuccessful attempts should be reported to the parent/guardian and that communication should be documented in the Communication Log in SEDS. If the student is unavailable for assessment after three attempts, then the Due Diligence Evaluation should be completed and uploaded into SEDS by the assessment due date.

2. No Parent/Guardian Consent for Initial Evaluation

If the parent/guardian fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days, the SEC must:

a) Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone, email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the communication log after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt;
b) Document contacts, attempted contacts, and outcomes in the SEDS communication log;
c) Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
d) Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

Exit Criteria Guidelines for Specific Learning Disability

Student Name:	**Student ID:**
Date of Birth:	**Date of MDT:**
Attending School:	**Neighborhood School:**

Specific Learning Disability (SLD) Dismissal Criteria Checklist
(All must be checked in either section to determine dismissal)

☐ The student was given at least one Comprehensive individual test of intellectual functioning and significant deficits were not identified.

☐ An academic measure was administered, and commensurate standard scores were achieved, **or** appropriate age level scores were achieved, at a minimum.

☐ Documentation supports that there is **no educational impact** that adversely affects the student academically.

☐ The student has successfully completed the goals and objectives on the IEP

☐ The conditions that qualified the student for initial eligibility have improved to the extent that he or she can function adequately in a general education program with or without accommodations or modifications.

-AND-

☐ The IEP team has determined through documentation that the student is not benefitting from special education services, after a continuum of appropriate alternatives have been implemented.

-OR-

☐ Parent/legal guardian requests dismissal.

***All supporting documentations should be attached and uploaded with this checklist**. **The MDT/IEP team must include a school psychologist and information from the most recent comprehensive assessment** when discussing dismissal from special education services.

Exit Criteria for Intellectual Disability

Student Name:	**Student ID:**
Date of Birth:	**Date of MDT:**
Attending School:	**Neighborhood School:**

Intellectual Disability (ID) Dismissal Criteria Checklist
(All must be checked in either section to determine dismissal)

☐ The student was given at least one Comprehensive individual test of intellectual functioning and significant deficits were not identified. If the psychologist suspects that the intelligence test results are questionable, or an under-representation of the student's potential in relation to achievement test scores, a second intelligence test must be administered.

☐ The student **no longer** demonstrates significantly sub-average general intelligence functioning demonstrated by verbal and nonverbal reasoning competencies at or below IQ/standard scores of 70 and below, or two or more standard deviations below the mean based on the individual test manual requirements in multiple measures of verbal and nonverbal reasoning.

☐ An adaptive assessment was administered to a minimum of two informants (e.g. parent, teacher) to gain behavior in at least two settings.

☐ The student **no longer** exhibits concurrent deficits in adaptive behavior that falls below age and culture expectations on measures of motor development, self-help skills, language development, and social/affective and vocational skills.

☐ An educational assessment was administered in the areas of reading, math, writing and comprehension.

-AND-

☐ Documentation supports that there is **no educational impact** that adversely affects the student academically.

-

***All supporting documentations should be attached and uploaded with this checklist**. **The MDT/IEP team must include a school psychologist and information from the most recent comprehensive assessment** when discussing dismissal from special education services.

Exit Criteria for Developmental Delay

Student Name:	**Student ID:**
Date of Birth:	**Date of MDT:**
Attending School:	**Neighborhood School:**

Developmental Delay (DD) Dismissal Criteria Checklist

(All must be checked in either section to determine dismissal)

☐ An adaptive measure was administered to a minimum of two informants (e.g. parent, teacher) to gain behavior in at least two settings.

☐ The student no longer demonstrates developmental delays measured in one or more of the following areas: physical development, cognitive development, communication, development, social or emotional development.

-OR-

☐ The student has been diagnosed with: autism, traumatic brain- injury, intellectual disability (mental retardation), emotional disturbance, other health impaired, orthopedic impairment, visual impairment including blindness, hearing impairment including deafness, speech/language impairment.

-OR-

☐ The student is no longer between the ages of 3.0 through 7.11.

-AND-

☐ An educational assessment was administered in the areas of reading, math, and writing.

-AND-

The aforementioned deficits **must not** adversely affect the student's educational attainment.

Adverse educational impact can be evidenced in the following areas:

- **Standardized test scores**
- **Classroom participation**
- **Serious incident reports**
- **Availability for instruction**

***All supporting documentations should be attached and uploaded with this checklist**. **The MDT/IEP team must include a school psychologist and information from the most recent comprehensive assessment** when discussing dismissal from special education services.

Exit Criteria for Emotional Disturbance

Student Name:	**Student ID:**
Date of Birth:	**Date of MDT:**
Attending School:	**Neighborhood School:**

Emotional Disturbance (ED) Dismissal Criteria Checklist
(All must be checked in each section to determine dismissal)

☐ At least two behavioral assessments were administered, and severe behavioral/emotional skill deficiencies ***were not*** evident in at least two settings (i.e. school, home) and over a long period of time.

☐ Documentation from teachers or school personnel indicates that the student has made measurable behavioral progress.

☐ The student has successfully completed the social emotional goals and objectives on the IEP.

☐ An educational assessment was administered in the areas of reading, math, writing and comprehension.

-AND-

☐ The student no longer demonstrates the inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

☐ The student no longer demonstrates inappropriate types of behavior or feelings during normal circumstances.

☐ The student no longer demonstrates a general pervasive mood of unhappiness or depression

☐ The student no longer demonstrates a tendency to develop physical symptoms or fears associated with personal or school problems.

-AND/OR-

☐ There is no adverse impact or student no longer demonstrates an inability to make educational progress based on behavioral or emotional reasons.

Adverse educational impact can be evidenced in the following areas:

- **Standardized test scores**
- **Classroom participation**
- **Serious incident reports**
- **Availability for instruction**

***All supporting documentations should be attached and uploaded with this checklist**. **The MDT/IEP team must include a school psychologist and information from the most recent comprehensive assessment** when discussing dismissal from special education services.