DURHAM PUBLIC SCHOOLS
PROGRAMS FOR EXCEPTIONAL CHILDREN
PROCEDURES

August 2, 2001

Revised 7/02
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INTRODUCTION

Exceptional Children’s Programs (ECP) personnel have developed a set of administrative procedures that are designed specifically for administrators, regular education and special education teachers, parents and other people interested in the educational well-being of students with disabilities who are enrolled in Durham Public Schools (DPS). Our goal in writing these procedures is to address three issues. First, DPS personnel intend to ensure that students with disabilities have access to the standard course of study in the least restrictive environment and receive appropriate special education and related services. Second, we intend to ensure accountability on the part of all professional staff who are involved with students with disabilities. Third, we intend to ensure consistency within ECP across schools in the Durham Public Schools.
# GLOSSARY OF TERMS/ACRONYMS

**Personnel**
- Assistant Superintendent
- Case Manager
- Compliance Officer
- Coordinator
- Facilitator
- Regular Teacher
- Special Teacher
- Specialist
- Supervising Coordinator

**Categories of Disability**
- **AU** Autism
- **BED** Behaviorally-Emotionally Disabled
- **DB** Deaf-Blind
- **DD** Developmentally Delayed
- **EMD** Educable Mentally Disabled
- **HI** Hearing Impaired
- **MU** Multi-Handicapped
- **OHI** Other Health Impaired
- **OI** Orthopedically Impaired
- **SI** Speech-Language Impaired
- **SLD** Specific Learning Disabled
- **SP** Severely Profoundly Mentally Disabled
- **TBI** Traumatic Brain Injured
- **TMD** Trainable Mentally Disabled
- **VI** Visually Impaired

**Related Services**
- **O&M** Orientation and Mobility
- **OT** Occupational Therapy
- **PT** Physical Therapy
- **SI** Speech-Language Therapy

**Others:**
- **APE** Adapted Physical Education
- **AT** Assistive Technology
- **CPI** Crisis Prevention Institute-Non-Violent Crisis Intervention
- **DPI** Department of Public Instruction (NC)
- **DPS** Durham Public Schools
- **ECP** Exceptional Children’s Programs
- **ESY** Extended School Year
- **FAPE** Free Appropriate Public Education
- **IAES** Interim Alternative Educational Setting
- **IDEA** Individuals with Disabilities Education Act
- **IEP** Individualized Education Program
- **ISS** In-School Suspension
- **LEA** Local Education Agency
- **LRE** Least Restrictive Environment
- **OSS** Out-of-School Suspension
- **PIC** Preventative Intervention Course
- **SAP** Student Assistance Program
- **SCOS** Standard Course of Study
- **VR** Vocational Rehabilitation
DEFINITIONS

The following definitions apply throughout these procedures:

**Students with Disabilities** – Students who because of mental, physical, or emotional difficulties, need special education and related services, or are unable to have all their educational needs met in a regular class without them.

**Preschool Children with Disabilities** – Children ages 3 and 4, and those 5 year old children not eligible for kindergarten, who because of permanent or temporary cognitive, communication, social/emotional and/or adaptive disabilities are unable to have all of their developmental needs met in a natural preschool environment without special education and related services.

**Assistive Technology Device** – Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of students with disabilities.

**Carries** – According to the IDEA regulations, “carries a weapon to school” includes students who acquire a weapon at school.

**Continuum of Services** – The range of services/settings available for disabled students moving from the least restrictive to the most restrictive environment.

**Controlled Substance** – A drug or other substance identified under schedules I, II, III, IV or V in Section 202(c) of the Controlled Substance Act. IDEA, § 1415(k) (10) (A) (1997) (citing 21 U.S.C. § 812(c)

**Evaluation** – A full and individualized assessment of a student’s needs in order to determine his/her eligibility and need for special education and related services.

**Free Appropriate Public Education (FAPE)** – Special education and related services that are provided at public expense, under public supervision and direction; meet the standards of the North Carolina Department of Public Instruction; and are provided as stated in an individualized education program.

**Individuals with Disabilities Education Act (IDEA ’97)** – The federal law that guarantees appropriately identified students with disabilities a right to a free appropriate public education.

**Illegal Drug** – A controlled substance that is not legally possessed or used under the supervision of a licensed health-care professional or legally possessed or used under any other authority under the Controlled Substance Act or under any other provision of federal law. IDEA, § 1415(k) (10) (B) (1997).

**Inclusion** – The provision of special education services to disabled students by a special education teacher within the regular classroom setting.

**Interim Alternative Educational Setting** – A placement available to students in certain disciplinary situations where the student can continue to participate in the standard course of study, and continue to work on IEP goals. The goals should address the behavior that resulted in removal to an interim alternative educational setting.

**Individualized Education Program (IEP)** – A written plan that is developed and implemented in order to meet the special needs of a student with a disability.

**IEP Team** – The team of individuals who develop the student’s individualized education program. This team consists of special education teacher (Case Manager unless otherwise designated), regular education
teacher(s), LEA representative, parent, person qualified to interpret the instructional implications of the evaluation results (may be one of the other persons on the team), the student (when appropriate) and related service person(s) (when appropriate). The following additional individuals may be asked to serve on the team:

- Principal or designee
- EC Facilitator **
- EC Coordinator
- School Psychologist
- Specialist(s)
- Student (as appropriate)
- Personnel from other agencies
- Other individuals, at the discretion of the school system or parent, who have knowledge or expertise about the student

** EC Facilitator will attend IEP meetings in which initially licensed teachers or lateral entry teachers are case managers, and for initial placements and reevaluations.

**IEP Team Members** – The following are the required members of an IEP Team:

- Special education teacher (Case manager unless otherwise designated)
- Regular education teacher(s)
- LEA representative
- Parent
- Person qualified to interpret the instructional implications of the initial evaluation or reevaluation results (may be one of the other persons on the team)

**LEA Representative** – A required member of the IEP Team, the LEA Representative must be:

- qualified to provide and/or supervise the provision of special education;
- knowledgeable about the standard course of study; and
- knowledgeable about the availability of resources within the individual school as well as in the school system.

**Assignment of LEA Representatives**

When the following placement options appear likely, school based personnel may serve as the Local Education Agency (LEA) representative and the placement process proceeds at the school level:

1. Regular or resource level of service (except initial OHI and BED identification)
2. Annual reviews and addendum
3. Reevaluations
4. Recommendations to add or exit from SI, OT, PT or APE (with evaluations)
5. VI services (with evaluations)
6. Assistive technology and augmentative communication (with evaluations)
7. TBI identification

When the following placement options appear likely to be considered by the IEP Team, a central LEA representative must be involved in the placement process and invited to the IEP meeting:

1. Initial OHI identification (coordinator)
2. Initial Autistic identification (AU specialist, in conjunction with evaluation of the AU team)
3. Initial BED identification (coordinator)
4. Placement in separate setting (coordinator)
5. Placement in alternative programs/settings (coordinator)
6. Hospital/Homebound Services (coordinator)
7. Residential Placements (EC Supervising Coordinator)
8. Changing from one separate setting to another (coordinator)
9. Additional staffing needs (coordinator/principal)
Least Restrictive Environment (LRE) – The least restrictive setting on the continuum of services in which the student is able to receive services. To the maximum extent appropriate, children with disabilities are educated with children who are not disabled

Mainstreaming – The process of educating disabled students with non-disabled peers.

Mediation – A process in which a neutral person, who is not associated with either the parent or the school, attempts to bring consensus between the parents and Durham Public Schools when the two parties cannot agree.

Parent – A person who is the parent, guardian, person acting in the place of a parent, person legally responsible for the welfare of the student or a surrogate who has been appointed by Durham Public Schools.

Placement – “Placement” generally refers to the amount of time a student is educated with nondisabled peers, which should be based on the individual student’s educational needs as stated in the IEP. Placement may also refer to the student’s category of eligibility or setting, or the combination of eligibility, setting, and amount of time spent with nondisabled peers.

Related Services – Services such as transportation, speech, occupational and physical therapy, etc. that are required in order for a student to benefit from special education. This list is not all-inclusive. A student who does not require special education is not eligible for a related service.

Special Education – Specially designed instruction to meet the unique needs of a student with a disability. It must be provided at no cost to the parent.

Stay-put – The last mutually agreed upon placement of the student when a parent requests a due process hearing because he/she disagrees with some action taken by the school system.

Supplementary Aids and Services – Aids, services, and other supports that are provided in regular education classes or other education-related settings to enable students with disabilities to be educated with non-disabled students to the maximum extent appropriate in accordance with the least restrictive environment requirements.

Transition – A coordinated set of services designed to assist the transition of a student with a disability from school to post school activities.

Weapon – “Weapon” is defined broadly to include most anything that is used for, or is readily capable of, causing death or serious bodily injury, except a pocket knife with a blade of less than 2 inches. IDEA, § 1415(k)(10)(D)(1997).
Exceptional Children's Records

- Confidentiality and Access to Records

- Maintaining Confidentiality of Files

- Preparation and Maintenance of the EC Folder
  - Guidelines for Uniform Folder Order–EC Active Folder (Green Dot)
  - Guidelines for Uniform Folder Order–Supplemental Folder (Red Dot)
CONFIDENTIALITY AND ACCESS TO RECORDS

Parental Consent:

1. Parental consent is required prior to release of education records, except when records are requested by:
   a. school officials within the local educational agency who have legitimate educational interests;
   b. officials of another school or local educational agency in which the student intends to enroll or obtain services,
   c. certain authorized representatives of the State and federal government who are determining eligibility of the child for aid as provided under Public Law 94-142,
   d. judicial order or any lawfully issued subpoena upon condition that parents/students are notified by the local educational agency of all such orders or subpoenas in advance of the compliance.

2. All other persons may gain access to a student’s record only with the specific written consent of the parent(s) or guardian(s) or student of majority age.

3. Recipients of student records should be cautioned that student information may not be released to third parties without the consent of the parent/legal guardian.

4. All individuals reviewing a student’s confidential folder except the student’s Case Manager must sign the Access Sheet kept at the front of the folder.

The following employees of the Durham Public Schools may review confidential Exceptional Children’s records:

- Superintendent
- Assistant Superintendent for Student Services/ECP
- EC Executive Director
- EC Coordinator/Supervising Coordinator
- EC Compliance Officer
- School Psychologist
- Principal
- Assistant Principal
- IEP Team Facilitator
- EC Teacher
- Speech Therapist
- Physical Therapist
- Occupational Therapist/Occupational Therapy Assistant
- EC 4 GL Program Manager
- EC Compliance Coordinator
- EC Data Analyst
- Occupational Therapist/Occupational Therapy Assistant
- Audiologist
- School Health Nurse
- Guidance Counselor
- Transition Specialist
- Case Manager for At-Risk Students (formerly Willie M.)
- Autism Specialist
- Audit Team Members
- VI Specialist
- School Social Worker
- EC Job Coach
- EC Curriculum Coordinator
- EC Compliance Program Manager

The following additional employees may be informed of confidential student information for the limited purpose noted:

- Regular Education teacher/aide or EC aide when serving as an IEP Team member
- Regular Education teacher/aide or EC aide to implement a student’s IEP or behavior plan
- Bus driver/monitor for safety needs or to implement a student’s IEP or behavior plan
- DPS afterschool caregivers for the purpose of implementing a student’s IEP or behavior plan
- Vocational counselor for the purpose of preparing required State or federal reports.
- Positive Behavior Support Aides for the purpose of providing behavioral services.
- Clerical personnel may have access to confidential files for the purpose of copying the record.
MAINTAINING CONFIDENTIALITY OF FOLDERS

The following procedure should be followed to ensure that students' EC information remains confidential:

1. Folders should be located in a secure area.

2. Folders should be maintained in a locked file cabinet.

3. Check-out/sign-in system should be established which ensures that a folder can be located within fifteen minutes if it is not in the file cabinet.

4. This check-out/sign-in system should be kept near the file cabinet.

5. Only authorized individuals may check out confidential folders. Ordinarily, all personnel who are authorized to review confidential files (see “Confidentiality and Access to Files”) are also authorized to check them out from the secure area. With prior approval from the EC coordinator, however, the EC Facilitator may limit the group of individuals who may physically remove and/or replace folders in the file cabinet. This restricted list should be posted on the file cabinet.

6. Folders checked out and removed from the secure area are to be returned at the end of the school day.

7. All confidential folder documents must be kept in the folder at all times. New documents added should be placed in the folder as soon as signed (if signature[s] necessary) or as soon as completed (if no signature needed). Documents from or intended for confidential folders should not be left in teacher files, therapist files, or in other location(s) separate from the confidential folder.

8. All individuals reviewing a student’s confidential folder except the student’s Case Manager must sign the Access Sheet kept at the front of the folder.

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</table>

*Folders must be returned to file by end of the day.*
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Information to be Released by:

Agency/School ________________________________________________________________

Address _____________________________________________________________________

Telephone _____________________________ Fax ________________________________

Name/Position _____________________________________________________________________

Information to be Released to:

Agency/School ________________________________________________________________

Address _____________________________________________________________________

Telephone _____________________________ Fax ________________________________

Name/Position ___________________________________________________________________

Specific information to be released:

☐ Unlimited disclosure ☐ Vision testing / reports ☐ Health / medical evaluations
☐ Hearing / Audiological ☐ Social / developmental history ☐ ADHD / ADD screening reports
☐ Educational assessments ☐ Exceptional Children’s records ☐ Speech/Language testing
☐ Psychological evaluations ☐ Psychiatric evaluations ☐ Other_____________________

I give my permission for the information listed above regarding this student ________________________, date of birth ___/___/___, to be released as indicated. I understand that the agency/school receiving this information will be responsible for its continued confidentiality. This release is valid for one (1) calendar year and can be revoked, in writing, at any time.

☐ I also give my permission for the exchange of information (oral and/or written) between the above named individuals / agencies.

Signed by:__________________________________________ Date:____________
(Circle) Parent / Legal Guardian / Surrogate Parent / Student over age 18

Witnessed by:_______________________________________ Position _______________

Date Sent to Agency____________ Date Records Received ____________

Permanently retain original signed copy in student’s confidential folder.
PREPARATION AND MAINTENANCE OF THE EC FOLDER

Within 24 hours of receiving notification of a signed and accepted referral, the Case Manager should create a confidential special education folder for the student and place the referral forms into the folder. All subsequent documents related to the student's evaluation, placement, IEP and special education services should be placed into the confidential folder in proper folder order (see "Guidelines for Uniform Folder Order – EC Active Folder (Green Dot)"). The purpose of having a system-wide uniform folder order is to make it easier to retrieve documents from the folder and to streamline the folder audit process.

As a general rule, all documents must be completely filled in, in black or blue ink – no blanks. **Whiteout is not to be used.** As the confidential folder holds legal documents, errors should be corrected by drawing a single line to strike through the error, correct error, and initial correction.

**Setting up the folder:**

1. Print or type the student's full legal name (last name, first name, middle initial) and date of birth on the folder tabs of two folders.

2. With the folders in a horizontal position, place a green dot on the outside of one folder in the upper right hand corner of the front cover; place a red dot in the same position on the second folder. (The green dot indicates that the folder is active; the information in the red dot folder will be supplemental information not needed in the green dot folder.)

3. Place a yellow “confidential” sticker on the outside of the student's cumulative folder (The yellow sticker alerts personnel that the student has another folder in addition to the cumulative folder.)

4. With the folders in a horizontal position, print or stamp “Confidential” in the upper left hand corner of the front cover.

5. Insert a two-hole prong clip into the right and left sides of the green dot folder. Punch documents with two-hole punch as needed to place them in the prong clips in proper folder order. (See "Guidelines for Uniform Folder Order – EC Active Folder (Green Dot)").

6. Place supplementary materials in the red dot folder. (See "Guidelines for Uniform Folder Order – Supplemental Folder (Red Dot)").

7. Multi-page paperwork from the most recent evaluation, which documents program continuation, should be clipped and placed in the center of the folder.

8. Insert an Access Sheet for Confidential Records (ECP-S3) on top of the documents on the left side.

9. Insert an EC Cover Sheet (ECP-S2) on top of the documents on the right side.

**Adding Additional Documents:**

As additional documents are added to the folder, they should be inserted according to the uniform folder order guidelines.
Note: **Transfer of Confidential Folders to the DPS Records Center:**
Before transferring a confidential folder to the Records Center **all prongs, staples, and clips must be removed.** The documents should be placed back in the folder as follows: place documents from left side on the bottom, documents from the right side next, and documents from the middle on top. A notation should be made in the log-out book indicating that the record was transferred to the Records Center.

**Related Procedures:**
- "Maintaining Confidentiality of Folders"
- “Guidelines for Uniform Folder Order – EC Active Folder (Green Dot)"
- “Guidelines for Uniform Folder Order – Supplemental Folder (Red Dot)"
### Guidelines for Uniform Folder Order – EC Active Folder (Green Dot)

**AFFIXED TO LEFT SIDE**

<table>
<thead>
<tr>
<th>I. ACCESS SHEETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SIMS profile sheet</td>
</tr>
<tr>
<td>B. *RE 1 a-c (in order) and RE-2 or comparable screening/pre-referral paperwork documenting conferences, interventions, observations</td>
</tr>
<tr>
<td>C. *DEC 1 – Referral</td>
</tr>
<tr>
<td>D. *DEC 2 - Prior Notice /Consent for Evaluation (with parent/surrogate signature)</td>
</tr>
<tr>
<td>E. DEC/Due Process – Invitation to Conference</td>
</tr>
<tr>
<td>F. *DEC 3– Summary of Evaluation Results and Eligibility Determination [and Multidisciplinary Team Reports, if applicable].</td>
</tr>
<tr>
<td>G. Evaluation report(s) relevant to placement (Place protocols in supplemental folder.)</td>
</tr>
<tr>
<td>H. DEC 5 - Prior Written Notice</td>
</tr>
<tr>
<td>I. *(Optional) Alternative discrepancy documentation including Team statement and any work samples used to justify need for placement</td>
</tr>
<tr>
<td>J. IEP Team minutes (after 10/98)</td>
</tr>
<tr>
<td>K. *DEC 6 – Consent for Placement (with parent/surrogate signature)</td>
</tr>
<tr>
<td>L. DEC 4 - IEP</td>
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</tbody>
</table>

**LOOSE IN MIDDLE**

<table>
<thead>
<tr>
<th>II. INITIAL PLACEMENT PAPERWORK</th>
</tr>
</thead>
</table>
| I. CURRENT IEP with the following stapled to it:
| A. Transition plan if student is 16 or older |
| B. Invitation. to Conf./Prior Notice (stapled on top) |
| C. Meeting minutes (stapled behind last page of IEP) |
| D. ESY Determination Worksheet |
| E. IEP addendums with Invitation to Conference preceding the added pages and IEP Team minutes following them, if any. |
| F. Progress Reports |
| G. Behavioral Assessment and Behavior intervention Plan, if any (stapled to IEP when plan is part of IEP, e.g. IEP has behavioral goals and objectives (otherwise kept separately) |
| H. Change in Placement worksheet(s), if any |
| I. Manifestation Determination Worksheet(s), if any) |
| J. Correspondence between parent and school during period of IEP |

<table>
<thead>
<tr>
<th>II. MOST RECENT REEVALUATION PAPERWORK DOCUMENTING PROGRAM CONTINUATION</th>
</tr>
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<tbody>
<tr>
<td>A. *Placement Checksheet</td>
</tr>
<tr>
<td>B. DEC/Due Process – Invitation to Conference/Prior Notice (for pre-reeval meeting and/or for reeval meeting)</td>
</tr>
<tr>
<td>C. DEC-7 for Reeval AND/OR</td>
</tr>
<tr>
<td>D. *DEC 3– Summary of Evaluation Results and Eligibility Determination [and Multidisciplinary Team Reports, if applicable]</td>
</tr>
<tr>
<td>E. DEC 2 – Consent for evaluation</td>
</tr>
<tr>
<td>F. Evaluation Report(s) relevant to placement</td>
</tr>
<tr>
<td>G. DEC 5 (Prior Written Notice) *(Optional) Alternative discrepancy documentation including Team statement and any work samples used to justify need for placement</td>
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**AFFIXED TO RIGHT SIDE**

<table>
<thead>
<tr>
<th>I. EC COVER SHEET(S) DOCUMENTING ALL IEP MEETINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. *Placement Checksheet</td>
</tr>
<tr>
<td>B. DEC 2- Prior Notice/Consent for Reevaluation/Additional Testing</td>
</tr>
<tr>
<td>C. DEC/Due Process – Invitation to Conference/Prior Notice</td>
</tr>
<tr>
<td>D. Temporary location documentation</td>
</tr>
<tr>
<td>E. *DEC 3– Summary of Evaluation Results and Eligibility Determination [and Multidisciplinary Team Reports, if applicable]</td>
</tr>
<tr>
<td>F. *DEC 5- Prior Written Notice</td>
</tr>
<tr>
<td>G. *(Optional) Alternative discrepancy documentation including Team statement and any work samples used to justify need for placement</td>
</tr>
<tr>
<td>H. DEC 4 - IEP with items I.(A-J) from previous column attached</td>
</tr>
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</table>

*Replacement forms for these items should be completed if originals cannot be obtained. Replacements should be placed in folder where originals should have been. They should be dated when replaced and clearly marked at the top as replacement forms.*
Guidelines for Uniform Folder Order – EC Supplemental Folder (Red Dot)

Contents of the supplemental EC folder (red dot) will vary and may include:

1) **Paperwork documenting identification that was discontinued.**
   These are considered inactive records since the student was served at one time then exited from the EC program completely.

2) **All psychological or other evaluations (e.g., Occupational Therapy, Speech Language Therapy, etc.) not required in the Active (green dot) folder.**
   The supplemental folder will include all evaluations except the initial, the most current reevaluation, and any evaluations that justify placement or setting changes.

3) **All IEPs not required in the main folder.**
   The supplemental folder will include all IEPs except:
   a. the initial IEP;
   b. the current IEP;
   c. the IEP accompanying the most current reevaluation; and
   d. any IEPs accompanying changes in placement/setting.

4) **All test protocols, rating scales, supplemental social developmental histories, and work samples.**
   (If work samples are necessary to justify placement using the alternative discrepancy formula, these would go in the main folder.)

5) **Any other information relevant to the student’s placement or services that is not required in the main folder.**

Documents should be organized in reverse chronological order, so that each year’s documents are kept together, oldest (back) to most recent (front).

**Related Procedures:**
- "Maintaining Confidentiality of Files"
- “Guidelines for Uniform Folder Order – EC Active Folder (Green Dot)"
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

**EC COVER SHEET**

<table>
<thead>
<tr>
<th>Year</th>
<th>School</th>
<th>Date</th>
<th>Disability Area</th>
<th>LRE * Placement</th>
<th>Related Services</th>
<th>Reevaluation Due</th>
<th>Comments</th>
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Document initial information, annual review meetings, and IEP meetings where any changes occur, e.g., handicapping condition changes, adding related services, reevaluation date changes, etc.

* Least Restrictive Environment – Regular, Resource, Separate, etc.
DURHAM PUBLIC SCHOOLS  
Exceptional Children’s Programs

**ACCESS SHEET FOR CONFIDENTIAL RECORDS**

Student’s Full Name ___________________________________ Date of Birth ______________

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>DATE</th>
<th>PURPOSE</th>
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*All individuals accessing the student's confidential folder, except the student’s Case Manager, must sign this sheet.*
Pre-Referral, Referral, Evaluation and Eligibility

■ Flow Chart

■ Pre-Referral Process (SAP)

■ Referral for Evaluation
  ➢ Achievement Testing Determination for WJ-III (ECP-F8)
  ➢ Timeline for Initial Referral
  ➢ Tracking Form (ECP-F1)

■ Request for Testing by School Psychologist for Initial Evaluation
  ➢ Referral Data for School Psychologist (Initial)(ECP-F2)
  ➢ Evaluation Data for School Psychologist (Initial)(ECP-F3)

■ Eligibility Meeting
  ➢ Notice to SAP of Results of Referral (ECP-S4)

■ Special Evaluation Procedures and Forms for Initial Evaluation/Eligibility
  ➢ Adapted PE (ECP-S5)
  ➢ Motor Screening (ECP-S6)
  ➢ Autism
  ➢ OHI/ADD (ECP-S7)
  ➢ OHI/General Medical Condition (ECP-S7A)
  ➢ Speech/Language (ECP-S8)
  ➢ Specific Learning Disabilities Eligibility
  ➢ Assistive Technology (ECP-S9) (ECP-S10)
  ➢ Audiology (ECP-S11)
  ➢ Occupational/Physical Therapy (ECP-S12)
  ➢ Oral Sensory-Motor (ECP-S13)

■ Independent Educational Evaluations – Overview and Procedure
REFERRAL, EVALUATION, AND PLACEMENT PROCESS

1. SIGNIFICANT PROBLEM WITH ACADEMIC PERFORMANCE OR BEHAVIOR IS IDENTIFIED BY PARENT, TEACHER OR OTHER PROFESSIONAL

2. STUDENT SUCCESS PLAN IS DEVELOPED AND SUCCESS IS CHARTED

3. IF ADEQUATE PROGRESS: NO REFERRAL TO SAP

4. IF INADEQUATE PROGRESS: REFERRAL TO SAP

5. STUDENT ASSISTANCE TEAM CONDUCTS PRE-REFERRAL ACTIVITIES

6. NO RECOMMENDATION FOR SPECIAL EDUCATION REVIEW – END OF SPECIAL EDUCATION CONSIDERATION

7. RECOMMENDATION FOR SPECIAL EDUCATION REVIEW FOR POSSIBLE EVALUATION

7A. IF SUSPICION OF DISABILITY IS EVIDENT, OBTAIN REFERRAL FROM TEACHER/PARENT

7B. IF SUSPICION OF DISABILITY IS NOT EVIDENT, RETURN TO SAP WITH RECOMMENDATION FOR FOLLOW-UP

8. PRE-EVALUATION MEETING

9. INITIAL EVALUATION PROCESS

10. ELIGIBILITY MEETING

11. IF NOT ELIGIBLE, PROVIDE PRIOR WRITTEN NOTICE, REFER BACK TO SAP TEAM

12. IF ELIGIBLE, PREPARE IEP; DETERMINE LRE/PLACEMENT

13. IMPLEMENT IEP
# REFERRAL, EVALUATION AND PLACEMENT PROCESS

## FLOW CHART EXPLANATION

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Parent, teacher or other professional identifies significant problem with academic performance or behavior. The concern may include but not be limited to learning, behavioral, emotional, medical, etc.</td>
</tr>
<tr>
<td>2.</td>
<td>Student Success Plan is developed and success is charted. A classroom intervention plan is developed with parental involvement. If progress is inadequate, student is referred to SAP.</td>
</tr>
<tr>
<td>3.</td>
<td>Adequate progress is noted: No referral to SAP</td>
</tr>
<tr>
<td>4.</td>
<td>Referral to SAP if progress is inadequate. Concern is documented in writing using appropriate forms.</td>
</tr>
<tr>
<td>5.</td>
<td>SAP conducts pre-referral process. SAP acknowledges receipt of concern within 10 days; begins the pre-referral process, including observations, recommendations for interventions, review of ed, health and medical records, attendance, previous testing including EOG, EOC, teacher made tests, and previous standardized assessment, info provided by parent, and other available pertinent information. Duration: no less than three weeks, maximum of five weeks.</td>
</tr>
<tr>
<td>6.</td>
<td>If SAP interventions are successful: No further action required with regard to special education process. Person expressing concern will be notified. If parent referral, provide parent with Prior Written Notice.</td>
</tr>
<tr>
<td>7.</td>
<td>If SAP interventions are unsuccessful: SAP requests review by EC facilitator. Within 5 days of receipt, EC facilitator determines whether suspicion of disability is evident: if so, EC facilitator seeks formal referral from referring person. EC Facilitator signs and dates the referral, which triggers the 90-day timeline. Case Manager assigned by EC Facilitator. (If no suspicion of disability, EC Facilitator returns file to SAP with recommendation for further follow-up.)</td>
</tr>
<tr>
<td>8.</td>
<td>Pre-evaluation meeting conducted. Information from SAP shared with evaluation team members. Concerns of parents discussed. Review types of assessment information that might be required. Obtain written parent permission to evaluate.</td>
</tr>
<tr>
<td>9.</td>
<td>Initial evaluation process initiated. Case Manager ensures timely completion of initial evaluation and makes arrangements for eligibility meeting.</td>
</tr>
<tr>
<td>10.</td>
<td>Eligibility determined IEP Team convenes to determine eligibility.</td>
</tr>
<tr>
<td>11.</td>
<td>No placement If student not eligible for special ed services, return to SAP and parent provided with Prior Written Notice.</td>
</tr>
<tr>
<td>12.</td>
<td>IEP/LRE placement meeting If student is eligible for special ed services, develop IEP, and determine LRE and placement.</td>
</tr>
<tr>
<td>13.</td>
<td>Implement IEP Begin implementing services as determined by the IEP.</td>
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</table>
PRE-REFERRAL PROCESS (SAP)

The Student Assistance Program in Durham Public Schools is administered by the Department of Student Services. The focus of the Student Assistance Program (SAP) is to respond systematically and professionally to student problems as they are observed and documented in school. Through the SAP, the school is to assist in the resolution of student problems, thereby allowing students to participate more effectively in daily learning activities.

Note: Vision and Hearing screenings must be completed during the SAP process

When the SAP Team determines that a referral to special education personnel is appropriate for a student, the team forwards a request for review to the school’s assigned Exceptional Children’s Facilitator (EC Facilitator) who will review the case within 5 days to determine whether a disability should be suspected. If so, the EC Facilitator requests that the referring teacher, parent or other party complete the appropriate sections of the EC referral form. The Facilitator completes the last page of the referral form and signs and dates it. The Facilitator then appoints a Case Manager. If the referring person is the parent, SAP notifies the EC Facilitator so that Prior Written Notice can be given to the parent (See “A Word About . . . Parent Referrals,” below.)

If the Facilitator determines that the SAP information is incomplete or for other reasons there is insufficient evidence related to disability, the Facilitator returns the file to the SAP team within 5 days with a recommendation for further intervention or other appropriate follow-up.

Whenever possible, a joint meeting of SAP and the IEP Team should be held so that the Facilitator may review the file and, if appropriate, complete the referral and obtain permission to evaluate at the same time.

The evaluation process must be completed, eligibility determined, and, if student is eligible, an IEP developed and implemented NO LATER THAN 90 DAYS from the date the referral is signed by the referring party.

A Word About . . . Parent Referrals

All referrals for evaluation by the Exceptional Children’s Programs must come through the SAP Team. When a parent requests testing for his/her child, the parent should be advised that the student will be referred to the SAP Team for study. The EC Facilitator must be advised of all parent requests for evaluation. The EC Facilitator must respond to the request by completing the Prior Written Notice form, advising the parent that the school declines to evaluate the child at this time and that it is referring the child to SAP for study. The notice must also explain the reason for the decision. Except as described below, a parent referral is not permitted to override the SAP process.

Note: If the parent presents a completed independent evaluation along with a request for evaluation or special education services, the independent evaluation should be forwarded to the EC Facilitator immediately. If the independent evaluation indicates that the student is disabled and/or requires special education services, the EC Facilitator should initiate further evaluation as appropriate concurrently with the SAP process. Unless otherwise directed by the EC Coordinator, this is the only circumstance in which an EC evaluation and SAP interventions may occur simultaneously.
REFERRAL FOR EVALUATION

Upon receipt of a referral the IEP Team responsible for the evaluation must convene for a pre-evaluation meeting. The purpose of the pre-evaluation meeting is to discuss the type of assessments needed and to secure parental permission to conduct the evaluation.

When educational testing is to be conducted using the WJ-III, the IEP Team must designate the specific areas to be assessed. This information is documented on form ECP-F8, “Achievement Testing Determination for WJ-III.” Areas to be assessed are limited to, and must in accord with, the areas of SAP interventions that proved to be unsuccessful.

**Evaluation Team Members:**

- LEA Representative
- Parent
- EC Facilitator
- Special education teacher – Case Manager unless otherwise assigned
- Student’s regular teacher(s)
- Psychologist
- *Counselor
- *Principal or designee

*Serve as appropriate

**Role of the Case Manager**

The Case Manager shall prepare for the pre-evaluation meeting and all subsequent meetings to determine eligibility, IEP development, and placement.

- Notify team members
- Schedule meeting
- Send parent Invitation to Conference (ITC) with a request to bring any information, i.e., privately obtained assessments, medical information, etc., that parent wishes to share. Include a copy of the Handbook on Parents’ Rights; (refer to Documentation of Efforts to Involve Parents);
- Make second and third attempts to contact parent if no response to 1st or 2nd ITC. All additional attempts, including type of notification, must be documented.
- Reschedule second meeting if parent is unable to attend original meeting and requests rescheduling.
- Make two additional attempts, with appropriate documentation, if parent does not respond to 1st ITC.
- Complete form ECP-F8, “Achievement Testing Determination for WJ-III.”
- Obtain parental Consent for Evaluation.
- Compile pre-referral packet for psychologist. Give completed packet to EC Facilitator with completed ECP-F2, “Referral Data for School Psychologist (Initial).”
- Conduct educational testing
- Forward testing results, copies of protocols, and Compuscore to EC Facilitator along with completed ECP-F3, “Evaluation Data for School Psychologist (Initial).”
- Obtain written comprehensive evaluation report from school psychologist (which should include evaluation/assessment information from all sources).
- Complete Summary of Evaluation.

The status of the referral should be tracked on the Referral, Evaluation, and Eligibility Tracking Form (ECP-F1).
| Related Procedures: | “Documentation of Effort to Involve Parent”  
|                     | “Timeline for Initial Referral”  
|                     | “Request for Testing By School Psychologist”  

| Related Forms:      | Referral, Evaluation, and Eligibility Tracking Form (ECP-F1)  
|                    | Invitation to Conference  
|                    | Achievement Testing Determination for WJ-III (ECP F-8)  
|                    | Consent for Evaluation  
|                    | Summary of Evaluation |
ACHIEVEMENT TESTING DETERMINATION FOR WJ-III

Directions and responsible persons:
(1) IEP Team should complete this form during the pre-evaluation/pre-reevaluation meeting to designate which subtests of the WJ-III will be administered.
(2) Case manager should put a copy of this completed form in the student’s confidential folder when vision and hearing screenings are passed.
(3) Examiner should attach this form to the compuscore printout and return to the case manager when the WJ-III testing has been completed.
(4) Case manager then:
   (a) notifies the psychologist that the WJ-III testing is completed; and
   (b) makes a copy of the compuscore and gives it to the EC Facilitator, along with a completed form ECP-F3, “Evaluation Data for School Psychologist [Initial]” or ECP-F6, “Reevaluation Data for School Psychologist.”
(5) EC Facilitator should then forward the complete packet to Katherine Shelburne at Hillside High.

Name ________________________________ School ________________________________
Grade _________ Current or Suspected Eligibility Area(s) ______
Vision Passed on ____________ Hearing Passed on ____________

Areas to be Assessed for SLD

___ Basic Reading (Tests 1 & 13)
___ Reading Comprehension (Tests 9 & 17)
___ Math Calculation (Tests 5 & 6)
___ Math Reasoning (Tests 10 & 18)
___ Written Expression (Tests 7,8, & 11 – Broad Written Language Cluster)
___ Listening Comprehension (Tests 4 & 15)
___ Oral Expression (Tests 3 & 4)

Areas to be Assessed for Other Categories of Eligibility

___ Broad Reading (Tests 1, 2, & 9)
___ Broad Math (Tests 5, 6, & 10)
___ Broad Written Language (Tests 7,8 & 11)

Note: To qualify for a Specific Learning Disability using the ability-achievement discrepancy model, a student must have a discrepancy between the ability score and one or more of the seven areas of SLD. It is not necessary to assess a student in areas in which a disability is not suspected.
TIMELINE FOR INITIAL REFERRAL

State law and regulations require that the referral process be completed within 90 days, i.e., the IEP must be developed, placement determined, and the IEP implemented within 90 days from the date the school district receives a written referral. In the usual case, the 90 day timeline begins when the EC Facilitator receives a signed referral from the teacher, parent, or other referring person. The 90 days ends when the IEP is implemented.*

While 90 days is the maximum time allowed to complete the referral process, best practice is to conclude the process as quickly as possible. A plan that expects the process to be completed in 30 to 60 days allows for all the unplanned events that lengthen the process, illness of student or staff, snow days, holidays, cancelled meetings, etc.

EC case managers, facilitators, psychologists, and administrators should check the time lines frequently on all initial referrals and reevaluations to ensure their completion in a timely manner. The following timeline for referrals represents the last date by which each step in the process must be accomplished. If any date on this timeline is exceeded, the Case Manager must notify the EC Facilitator in writing that the timeline was missed and the reason.

Timeline for Referrals

Day 1: Referral on DEC-1 signed by referring party

ASAP: Psychological Services should be notified of the referral via ECP-F2 as soon as parent permission is received and vision/hearing screening completed.

By Day 30: School-based assessments completed.

By Day 40: Evaluation packet delivered to psychologist.

By Day 60: Report from psychologist delivered to facilitator.

By Day 70: Arrange for IEP meeting to be held by day 80.

By Day 80: First attempt for IEP meeting.

By Day 90: IEP meeting held: eligibility, IEP, permission to place completed, and IEP implemented.

The timeline is tracked on the ECP-F1 form, “Referral, Evaluation and Eligibility Tracking Form.”

*Dating the IEP:
The school district has a “reasonable time” to implement a newly-developed IEP. “Reasonable time” is generally 10 days, but must still be within the 90-day period. This is to give the team adequate time to prepare to implement the IEP. Since the IEP dates reflect the period during which we agree to provide special education services to the student, the IEP should be dated to coincide with the actual date the team anticipates services to begin. In other words, the IEP should be dated to begin within the 10 day period following development of the IEP. Note, however, that the IEP ending date must be no later than one year minus one day from the actual date that the IEP is signed. This is to ensure compliance with the rule that the IEP be reviewed within 12 months of placement.
Do not date the IEP into the future simply to account for vacation days, e.g., summer break or winter holiday. We are not expected to provide services during those periods.

*Example:  
5/10/01  Eligibility established; IEP developed; Permission to Place signed.  
5/15/01  IEP to be implemented

5/15/01-5/9/02  Dates of IEP
5/10/01  Date of signatures on IEP
5/10/01  Date Prior Written Notice is provided to parent

A Word About . . . Parent Initiated Referrals

When a parent initiates a referral, the EC Facilitator must either:
(1) decline the referral until the SAP Team has reviewed the student’s circumstances and made recommendations*; or
(2) decline the referral altogether, for example, when the student has been tested previously and did not qualify for services and there is no evidence of any change in the student’s circumstances.*

*When the referral is declined, the EC Facilitator must provide Prior Written Notice explaining the reason the referral was declined.

| Related Procedures: | “Pre-Referral Process” |
|                     | “Request for Testing By School Psychologist for Initial Evaluation” |
|                     | “Referral for Evaluation” |

<p>| Related Forms: | Referral Data for School Psychologist (ECP-F2) |
|               | Evaluation Data for School Psychologist (Initial) (ECP-F3) |</p>
<table>
<thead>
<tr>
<th>Log-in Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
</tr>
<tr>
<td>Initial = I/Reeval = R</td>
<td></td>
</tr>
<tr>
<td>Suspected Disability</td>
<td></td>
</tr>
<tr>
<td>Teacher or Team</td>
<td></td>
</tr>
<tr>
<td>SAP Referral (=RE1 and RE2)</td>
<td></td>
</tr>
<tr>
<td>DEC-1 Referral Date/Pre-reeval mtg date (Begins Timeline)</td>
<td></td>
</tr>
<tr>
<td>Vision Screen/Eval.</td>
<td></td>
</tr>
<tr>
<td>Hearing Screen</td>
<td></td>
</tr>
<tr>
<td>DEC-2 Permission*</td>
<td></td>
</tr>
<tr>
<td>*send data to psych svcs</td>
<td></td>
</tr>
<tr>
<td><strong>BY DAY 30</strong></td>
<td></td>
</tr>
<tr>
<td>Social/Dev. History</td>
<td></td>
</tr>
<tr>
<td>Educational Eval.</td>
<td></td>
</tr>
<tr>
<td><strong>BY DAY 40</strong></td>
<td></td>
</tr>
<tr>
<td>Testing Delivered to Psychologist</td>
<td></td>
</tr>
<tr>
<td>Cognitive/ Psychological Behavioral/Emotional Evaluation</td>
<td></td>
</tr>
<tr>
<td>Speech/Language Screen/Evaluation</td>
<td></td>
</tr>
<tr>
<td>Adaptive Behavior</td>
<td></td>
</tr>
<tr>
<td>Health Screen/Evaluation Psychomotor Screen Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>BY DAY 60</strong></td>
<td></td>
</tr>
<tr>
<td>Psychological Report Received</td>
<td></td>
</tr>
<tr>
<td><strong>BY DAY 70</strong></td>
<td></td>
</tr>
<tr>
<td>Send Invitation to Conf. scheduling meeting on/before 80th day</td>
<td></td>
</tr>
<tr>
<td><strong>BY DAY 90</strong></td>
<td></td>
</tr>
<tr>
<td>IEP Meeting(s): (Eligibility, IEP) Consent for Initial Placement; Implementation of IEP Area of Eligibility Related Service(s)</td>
<td></td>
</tr>
</tbody>
</table>
REQUEST FOR TESTING BY SCHOOL PSYCHOLOGIST FOR INITIAL EVALUATION

To ensure adherence to the 90 day timeline, the evaluation process must proceed without delay. Psychological testing will begin as soon as pertinent information and consent for evaluation is provided to Psychological Services; however, the psychological report cannot be written until all assessment data is provided to the psychologist. Therefore, information is sent to Psychological Services in two steps:

(1) Preliminary Data:
The following information should be transmitted to Psychological Services as soon as possible after receipt of a referral for evaluation:

1. Vision screening results
2. Hearing screening results
3. Referral packet, including:
   • Student Success Plan
   • Student Success Plan Data Sheet
   • Interventions
   • Observation
   • Social Developmental History
4. Referral to Exceptional Children
5. Consent for Evaluation

Use the Form “Referral Data for School Psychologist (Initial)” (ECP-F2), to transmit this information.

(2) Evaluation/Assessment Results
The following information should be transmitted to psychological services as soon as it is complete, but not later than day 40 on the timeline:

6. Educational testing
7. Speech-language testing
8. Adaptive behavior assessment
9. Any other assessment information determined by the IEP Team to be necessary for the evaluation.

This information should be submitted with the ECP-F3 form “Evaluation Data for School Psychologist. (Initial)”

Related Procedures: “Timeline for Initial Referral”
Related Forms: Referral, Evaluation, and Eligibility Tracking Form (ECP-F1)
Referral Data for School Psychologist (Initial) (ECP-F2)
Evaluation Data for School Psychologist (ECP-F3)
This form should be sent to Katherine Shelburne in Psychological Services at Hillside High School as soon as vision/hearing screening and consent for evaluation are obtained.

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
</table>

Date of Birth: __/__/__  Is child ESL/LEP? Yes ___ No ___  Date of Parent Consent __/__/__

Referral Date: __/__/__  Date Report Due __/__/__  Suspected Disability(ies)________________

(Screening:

<table>
<thead>
<tr>
<th>Date</th>
<th>Hearing</th>
<th>WNL</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/__</td>
<td>______</td>
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<td>______</td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Vision</th>
<th>Near R</th>
<th>L</th>
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<tbody>
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<td><strong>/</strong>/__</td>
<td>______</td>
<td><strong>/</strong>__</td>
<td><strong>/</strong>__</td>
</tr>
</tbody>
</table>

Far R 20/_______ L 20/_______

Comments:

Copies of the following must accompany this form:

- Referral Packet
  - Student Success Plan
  - Student Success Plan Data Sheet
  - Interventions
  - Observation
  - Social Developmental History

- Referral to Exceptional Children

- Consent for Evaluation
DURHAM PUBLIC SCHOOLS
Exceptional Children's Programs

EVALUATION DATA FOR SCHOOL PSYCHOLOGIST (INITIAL)

This form should be sent to Katherine Shelburne in Psychological Services at Hillside High School as soon as school-based assessments are complete.

Name _________________________________  School ________________________  Grade _______

Referral Date ___/___/___  Date Report Due___/___/___  Suspected disability(ies)___________________
(Day 60 on timeline)

Date of Birth: ___/___/___  Is child ESL/LEP?  Yes____  No ____

The following were previously sent to psychological services upon referral of this child: (check all that apply)
❑ vision screening  ❑ hearing screening  ❑ referral packet  ❑ EC referral  ❑ consent for eval

Note: Any item not checked above MUST accompany this form.

1. Educational Testing: Attach (1) Copy of test protocol; AND (2) Compuscore for WJ-III or if alternate test given, complete below:

Date ___/___/___  Test ____________________________  Other Data

Results: Basic Reading ss. ______  Reading Comp. ss._____  (________________________)
        Math Calc. ss. ______  Math Reason ss.______  (________________________)
        Written Lang. ss. ______  Listening Comp ss.____  (________________________)
        Oral Express ss. ______  Other ss.__________
        Other ss.__________

2. SI assessment results (if required):

Test ________________________  Date___________  Results _______________________
Test ________________________  Date___________  Results _______________________
Test ________________________  Date___________  Results _______________________

3. Adaptive Behavior Assessment results (if required):

Test ________________________  Date__________  Results ________________________ SS____

4. Other Testing Results:

Test Subject Standard Score (SS)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Comments:
ELIGIBILITY MEETING

When all the assessments are completed, the initial evaluation team convenes to review the assessment results and to make an eligibility determination.

Initial Evaluation Team Members:
- Special education teacher – Serves as Chairperson, unless otherwise designated
- Regular education teacher(s)
- Parent
- Psychologist or other person able to interpret evaluation results
- LEA Representative (may be school administrator, EC Coordinator, EC Facilitator, Specialist)
- EC Facilitator
  * Principal or designee
  * Related service provider(s)
  * Other agency personnel (e.g. mental health, social services, VR, court counselor)
  * Specialist
  * EC Coordinator

* Serve as appropriate

Team members complete appropriate multidisciplinary team evaluation reports if applicable and, based on the results of the completed evaluation, determine whether the student is a student with a disability who, because of mental, physical or emotional disabilities, is unable to have all of his/her educational needs met in a regular class without special education or related services, and, therefore requires special education and related services.

The team completes the eligibility statement as part of the Summary of Evaluations Results form.

Note: Any student who meets the eligibility requirement for a category of disability but does not require special education is not eligible for placement in a special education program. Evaluation results shall be given to the SAP Team for consideration of a Section 504 plan (for students determined through evaluation by the EC eligibility team to have a physical or mental disability), or other regular education services.

Once it is determined that a student is eligible for and requires special education, a decision must be made whether or not to proceed to IEP development and placement, or to schedule another meeting for this purpose. In most cases, eligibility, IEP development and placement can be completed in one meeting; however, there are situations that may necessitate more than one meeting. These may include:
- lack of consensus on eligibility or need for EC services
- time constraints
- parent concerns
- appropriate persons not present to constitute a legal IEP Team

The procedure for each of these scenarios follows:

Scenario I:
If everyone on the IEP Team is in agreement about eligibility and need for special education, it may proceed with the development of the IEP and placement. (See Section on IEP Development)
Upon completion of the meeting, the Case Manager shall:
- Provide parent with a copy of Summary of Evaluation Results;
- Provide parent with a copy of the draft IEP and arrange to provide the parent with a copy of the finalized IEP if it is not in final form at the conclusion of the meeting;
- Provide IEP, or appropriate components, to all staff who work with child, including regular education teacher(s);
- Arrange to provide parent with copy of IEP meeting minutes;
- Provide parent with a copy of the Handbook on Parents’ Rights;
- Obtain parent written permission to place and provide parent with copy;
- If parent refuses to sign permission to place, contact your EC Coordinator; and
- Provide parent with copy of completed Prior Written Notice, stating that the team has determined eligibility.
- Notify SAP Team of eligibility outcome by completing form “Notice to SAP of Results of Referral to Exceptional Children’s Programs” (ECP-S4). Send copy to Psychological Services.

Scenario II:
A second meeting to develop the IEP and determine placement is scheduled. The Case Manager shall:
- Schedule the meeting;
- Notify IEP Team;
- Send Invitation to Conference with copy of Handbook on Parents’ Rights (see “Documentation of Efforts to Involve Parent”);
- Make 2nd and 3rd attempts to contact parent if no response to first Invitation to Conference; All attempts must be documented, including type of notification;
- Reschedule meeting at parent’s request and provide required notice;
- Provide parent with copy of IEP upon completion of meeting or arrange for a copy to be provided to parent if it is not available in final form at conclusion of the meeting;
- Provide IEP or appropriate components to all staff who work with the child, including regular education teacher(s);
- Obtain written parent permission to place and provide parent with a copy of permission;
- Provide parent with a copy of IEP meeting minutes;
- Provide parent with a copy of the completed Prior Written Notice and the Handbook on Parents’ Rights; and
- If parent refuses to sign permission to place, contact the EC Coordinator.
- Notify SAP Team of eligibility outcome by completing form “Notice to SAP of Results of Referral to Exceptional Children’s Programs” (ECP-S4). Send copy to Psychological Services.

Scenario III:
Child is not eligible for special education services upon completion of the meeting, the Case Manager shall:
- Provide parent with a copy of Summary of Evaluation results;
- Provide parent with completed Prior Written Notice stating the child has been found ineligible for special education services; and
- Provide parents with copy of Handbook on Parents’ Rights.
- Refer the child to SAP for follow-up, using the form “Notice to SAP of Results of Referral to Exceptional Children’s Programs” (ECP-S4). Send copy to Psychological Services.
### Durham Public Schools
**Programs for Exceptional Children**

<table>
<thead>
<tr>
<th>Related Procedures:</th>
<th>“Placement Determination”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Forms:</td>
<td>Summary of Evaluation Results</td>
</tr>
<tr>
<td></td>
<td>IEP Form</td>
</tr>
<tr>
<td></td>
<td>Prior Written Notice</td>
</tr>
<tr>
<td></td>
<td>Permission to Place</td>
</tr>
<tr>
<td></td>
<td>Multidisciplinary Report</td>
</tr>
<tr>
<td></td>
<td>Notice to SAP of Results of Referral to Exceptional Children’s Programs (ECP-S4)</td>
</tr>
</tbody>
</table>
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

NOTICE TO SAP OF RESULTS OF REFERRAL TO
EXCEPTIONAL CHILDREN’S PROGRAMS

TO:
________________________________________
Student Assistance Program Chairperson

FROM:
________________________________________
Exceptional Children’s Facilitator/Case manager

RE:
________________________________________
Student Name

SCHOOL: ________________________________

DATE: _________________________________

___ 1. The student above qualified for services in the Exceptional Children’s Program in the following area
_________ (i.e., SI, SLD, BED, etc.).

___ 2. The student above did not qualify for EC services but has a physical or mental impairment that
may substantially affect a major life activity and should be considered for 504/ADA eligibility by
the Section 504 Team.

   Explain what the impairment is and how it affects learning: _______________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

___ 3. The student above did not qualify for services from the Exceptional Children’s Program, nor is
there evidence of a physical or mental impairment. The student is being referred back to the
Student Assistance Program for the development of an intervention plan.

c: Student Confidential File
    Psychological Services
    SAP Chairperson
    504 Chairperson
REFERRAL FOR ADAPTED PHYSICAL EDUCATION

Adapted Physical Education (APE) is a special education service for students who, due to a qualifying disability, are unable to participate in the regular physical education program even with supplemental aids and services (including modifications to the regular PE program).

1. IEP Team suspects that student needs adapted physical education.

2. IEP Team arranges for a gross motor screening to be completed by school personnel as part of initial referral, reevaluation, or as a separate evaluation. (If done as separate evaluation, team follows procedure for "Reevaluation," i.e., conducts pre-referral meeting, etc.)

3. IEP Team or designee completes referral and submits it with motor screening and a copy of the Consent to Evaluate to the Administrator of the Hospital School.

4. Hospital School Administrator forwards referral, consent form and motor screening to the appropriate APE Specialist.

5. APE Specialist reviews the referral and accompanying motor screening.

6. APE Specialist submits to the IEP Team a report on the outcome of the referral.

7. If APE Specialist determines that student requires APE services, IEP Team develops goals and objectives for the services in conjunction with APE Specialist.

A Word About... Adapted PE Services

Adapted PE services can be delivered in a variety of settings by regular educators, special educators, and APE Specialists. Most often, the APE Specialist will provide consultation-level services, with the regular or special educator providing the direct instruction. Only rarely should a student need an APE Specialist to provide in-class instruction. Adapted PE cannot be added to an IEP for the purpose of removing a disruptive student from the regular PE class.

Related Forms:  
- Referral for Adapted Physical Education (ECP-S5)
- Motor Screening Form (ECP-S6) and Guidelines
DURHAM PUBLIC SCHOOLS
Exceptional Children's Programs

REFERRAL FOR ADAPTED PHYSICAL EDUCATION

Student’s Name _____________________________________________________  D.O.B. ______________

Parent’s Name   __________________________________________________________________________

Address  ________________________________________________________________________________

Phone ___________________________(Home)  (Work)_______________________

School _________________________________  Grade/Class __________

Teacher ________________________________

Is this student currently enrolled in regular PE class?*   Y   N
*If yes include schedule and results of Physical Fitness Test.

Is this referral part of the student’s initial exceptional children’s evaluation?   Y   N
If already identified, what is the student’s area of eligibility? ______________

What resource/related services is the student receiving? __________________________________________
How often and when? _____________________________________________________________________

Date of ECP referral __________  IEP Date __________  Date of last 3 yr. reeval__________

This referral was prompted by concerns from whom?: ____________________________________________

Specify reasons for referral, i.e., why is student unable to participate in regular PE classes with/without
supplemental aids and services? __________________________________________________________

_______________________________________________________________________________________

Concerns: ______________________________________________________________________________

_______________________________________________________________________________________

What measures have been taken to alleviate concern? __________________________________________

_______________________________________________________________________________________

Which concerns have been included on current or previous IEPs? ________________________________

_______________________________________________________________________________________
Name: ________________________________ Date: ________________

Best time/days to meet with teacher ______________________________ With student ________________

Please note how the student’s performance differs from his/her peers and how the problems noted interfere
with classroom activities, work, routines, etc:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Posture/gross motor: (for example: classroom hallway mobility, sitting, running, strength, endurance)
_______________________________________________________________________________________
_______________________________________________________________________________________

Fine motor: (for example: grasp, pinch, functional handwriting, tool use, strength, functional keyboard use)
_______________________________________________________________________________________
_______________________________________________________________________________________

Self-help Skills: (for example: eating, dressing, toileting, handwashing, cafeteria skills, locker use, desk
management) _________________________________________________________________________
_______________________________________________________________________________________

Sensory perceptual skills: (for example: body awareness, hand dominance, bilateral coordination,
directionality, reversals, touch sensitivity) _____________________________________________________
_______________________________________________________________________________________

Additional concerns/comments (behavior, attention span, other) ________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Form completed by ________________________________ Date _________________________

*Completed OT/PT/APE Motor Screening form must be attached.*
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

ADMINISTRATION OF MOTOR SCREENING

Date of Screening: _________________________
Name: ___________________________________   DOB: ___________________________________
School: __________________________________    Grade: __________________________________

Please administer this screening prior to initiating a referral for an OT or PT evaluation and for determining eligibility for EMD/TMD. This screening is not designed to be used for students who have a diagnosis of Cerebral Palsy and/or significant mental impairment.

Screening Key

<table>
<thead>
<tr>
<th>Functional = F</th>
<th>Student is able to accomplish the task or activity 90-100% without assistance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement = N</td>
<td>Student is unable or does not accomplish at least 80-85% of the task</td>
</tr>
</tbody>
</table>

Comparing the student’s age, performance, environment and curriculum requirements may indicate that a student should be referred for further assessment. If you have concerns about the motor performance of this student, please contact your school occupational/physical therapist.

SCORING RESULTS FOR NUMBERS 1-12     F__________  N__________
Comments:

SCORING RESULTS FOR NUMBERS 13-21    F__________  N__________
Comments:

Signature: ______________________________
**ADMINISTRATION OF MOTOR SCREENING (Continued)**

Name: ____________________________________  DOB: _______________________________

Date of Screening: ___________________  Signature: _____________________________________

### BALANCE

1. Walks on smooth and uneven surfaces without falling  
   | F | N |
2. Steps up and down a curb/playground buildup without losing balance  
   | F | N |
3. Goes up and down bus steps without adult assistance  
   | F | N |
4. Runs at least 20’ on the playground without falling  
   | F | N |
5. Runs on the playground, making changes in speed and direction without falling  
   | F | N |
6. Runs and also can do one or more of the following- jumping, hopping, galloping  
   | F | N |

### BALL SKILLS

7. Throws and catches a large playground ball  
   | F | N |
8. Throws and catches a small ball (tennis, etc.)  
   | F | N |
9. Kicks a rolling playground ball  
   | F | N |

### PLAYGROUND

10. Plays on at least one type of moveable playground equipment (swing, seesaw)  
   | F | N |
11. Plays on low, stable play equipment (climbs stairs to platform, crosses bridge, etc.)  
   | F | N |
12. Plays on high, stable play equipment (jungle gym, monkey bars)  
   | F | N |

### SELF-CARE

13. Manages most self-care tasks during the course of the school day  
   | F | N |
14. Opens napkin and utensil packages  
   | F | N |
15. Feeds self some portion of snack and/or lunch  
   | F | N |

### MANIPULATION/MANIPULATION WITH MOVEMENT

16. Uses materials commonly utilized in classroom pertinent to curriculum  
   | F | N |
17. Picks up, carries, and puts down objects or containers in the classroom or lunchroom  
   | F | N |
18. Opens and closes doors  
   | F | N |

### FUNCTIONAL COMMUNICATION

19. Makes basic wants, desires known (pointing, gesturing, reaching, verbalizing, etc)  
   | F | N |
20. Makes choices (as above)  
   | F | N |
21. Follows classroom routines (arrival, dismissal, simple cleanup, responds to teacher directives)  
   | F | N |
PROCEDURES FOR AN EDUCATIONAL DIAGNOSIS OF AUTISM

1) SAP refers student to ECP at school level.

2) Case Manager gets Consent for Evaluation signed.

3) Case Manager/Facilitator gives appropriate screening device to staff member (obtain from AU Specialist):
   _ HFA checklist to be completed by student’s teacher (for high functioning students)

4) ECP team sends completed copy of checklist to AU specialist for review.

5) If diagnosis of autism is suspected, a core evaluation must be completed (see below). [If a complete core evaluation has already been done within the last year, skip to #6.]

6) If educational diagnosis of autism is appropriate and definitive, team can place student.

7) The team may seek consultation from the AU Case Support Team if it is unable to reach a decision on AU eligibility after an initial joint review and discussion of the core evaluation. The AU Case Support Team is accessed through the EC Autism Specialist.

Core Evaluation:

8) Cognitive Assessment*
9) Behavioral Assessment*
10) Observation (1/2 day anecdotal)*
11) Social Developmental History (AU)*
12) Adaptive Behavior Scale
13) Achievement Testing
14) Speech/Language Assessment:
15) CELF (or similar measure)
16) Test of Pragmatics
17) Test of Problem Solving
18) Occupational Therapy Assessment (if applicable)
19) Physical Therapy Assessment (if applicable)

*To be completed by the school psychologist

<table>
<thead>
<tr>
<th>Related Procedures:</th>
<th>Supplemental Procedures for Case Managers of Students with High-Functioning Autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Forms:</td>
<td>Consent for Evaluation</td>
</tr>
<tr>
<td></td>
<td>Summary of Evaluation Results</td>
</tr>
<tr>
<td></td>
<td>IEP Form</td>
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<td></td>
<td>Prior Written Notice</td>
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<td></td>
<td>Permission to Place</td>
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</tbody>
</table>

Rev. 7/02
SUPPLEMENTAL PROCEDURES FOR CASE MANAGERS OF STUDENTS WITH HIGH-FUNCTIONING AUTISM

1. EC Facilitator assigns Case Manager to student at the start of the school year.

2. Case Manager sends a copy of the EC Student Information Sheet (page 1 only) to Autism Specialist. This sheet MUST indicate the following:
   - Case Manager’s name and school
   - Student Name, DOB, Parent’s Name, Home Phone and Work Phone
   - Student’s Grade
   - Teacher’s name
   - Related Services

3. Case Manager gives copy of IEP and Student Information Sheet (pages 1 and 2) to classroom teacher(s) before the start of school.

4. Before scheduling annual reviews and reevaluations, Case Manager contacts DPS Autism Specialist at least four weeks in advance of projected meeting date to discuss possible meeting dates. Case Manager follows designated procedures for Invitations to Conference. (See “Documentation of Efforts to Involve Parents”)

5. A copy of the Invitation to Conference should be sent to DPS Autism Specialist as far in advance of the meeting as possible.

**Addressing Parent Concerns:**

For concerns related to . . . Contact first . . . If not resolved, contact . . . If still not resolved, contact . . .

<table>
<thead>
<tr>
<th>Concerns</th>
<th>First Contact</th>
<th>Second Contact</th>
<th>Third Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Parent</td>
<td>Case Manager and/or Principal</td>
<td>AU Specialist</td>
</tr>
<tr>
<td>Social</td>
<td>Parent</td>
<td>Case Manager and/or Principal</td>
<td>AU Specialist</td>
</tr>
<tr>
<td>EC Paperwork</td>
<td>Case Manager</td>
<td>Facilitator and/or Principal</td>
<td></td>
</tr>
</tbody>
</table>

**Related Procedure: “Documentation of Efforts to Involve Parents”**
PROCEDURES FOR AN EDUCATIONAL DIAGNOSIS OF AUTISM
PRESCHOOL

1. If diagnosis of autism is suspected, a Core Evaluation must be completed by school’s evaluation team (see below).

2. If an educational diagnosis of autism is uncertain, the team may seek consultation from the AU Case Support Team. The Support Team is accessed through the EC Autism Specialist.

Core Evaluation Components

a. Cognitive Assessment*
b. Behavioral Assessment*
c. Social Developmental History (AU)*
d. Detailed Report (Peer Play)*
e. Detailed Report (Structured and Unstructured Situations)*
f. Adaptive Behavior Scale
g. Achievement Testing
h. Speech/Language Assessment:
   • Language Sample
   • Pragmatic Checklist
   • Observation
i. Occupational Therapy Assessment (if applicable)
j. Physical Therapy Assessment (if applicable)

*To be completed by the school psychologist
DURHAM PUBLIC SCHOOLS
Exceptional Children's Programs

OTHER HEALTH IMPAIRED — ADD/ADHD

Physician’s Report

Name _______________________________ DOB ___/___/___

Date of Meeting ___/___/___

School _______________________________ Grade _____

The above named student has been identified by his/her teacher/parent as having difficulties in school in areas such as attention to task, impulsive responding, and/or excessive motor activity. Attached is a signed release from this student’s parent/legal guardian which will allow you to share information with us to assist in providing this student appropriate educational services. Please complete this form and return it to the person indicated on the release.

1. _____ I have/ ____ have not diagnosed this student as having Attention Deficit Disorder or Hyperactivity Disorder (ADD/ADHD).*

2. _____ I have/ ____ have not prescribed medication to treat ADD/ADHD. The medication prescribed is ________________________________, to be administered in ____ mg doses to be taken ____ times daily.

3. Other impressions and recommendations:

_______________________________ ___/___/___
Physician’s Signature Date

_______________________________
Print Physician’s Name Phone Number

*A diagnosis of ADD/ADHD is not sufficient to warrant services from the Exceptional Children’s Programs. In order for a student to be classified as Other Health Impaired, he/she must meet the current definition for ADD/ADHD and the ADD/ADHD must adversely affect to a significant degree educational performance. Qualification for these programs must be determined by a school-based multi-disciplinary team as described in the North Carolina State Procedures Governing Programs and Services for Children with Special Needs (NC Department of Public Instruction).
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

OTHER HEALTH IMPAIRED — GENERAL MEDICAL CONDITION

Physician’s Report

Name ________________________________   DOB _____/_____/_____ 
Date of Meeting _____/_____/_____   School _______________________   Grade _____

The above named student has been identified by his/her teacher/parent as having difficulties in school in areas such as alertness, strength and vitality. Attached is a signed release from this student’s parent/legal guardian which will allow you to share information with us to assist in providing this student appropriate educational services. Please complete this form and return it to the person indicated on the release.

1. I have _____ / have not _____ diagnosed this student as having a medical condition.*

Brief description of the condition: __________________________________________________________
____________________________________________________________________________________

2. I have _____ / have not _____ prescribed medication to treat the diagnosed medical condition. Does the health problem require medication that can impact strength, vitality and/or alertness?
( ) Yes   ( ) No   If yes, explain:

Please attach a list of all medication(s) prescribed by name, dosage and frequency (times daily).

3. The student’s health problem may cause the student to be unable to successfully complete academic or developmental tasks. ( ) Yes   ( ) No

Explain:

4. The student’s health problem may significantly affect attendance.
( ) Yes   ( ) No

Explain:

5. Other impressions and recommendations for educational needs:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician’s Signature _______________________   _____/_____/_____

Print Physician’s Name _______________________   Date ______________

Phone Number _______________________ 

* A diagnosis of a medical condition is not sufficient to warrant services from the Exceptional Children’s Programs. The diagnosed medical condition must adversely affect to a significant degree educational performance. Qualification for these programs must be determined by a school-based multi-disciplinary team as described in the North Carolina State Procedures Governing Programs and Services for Children with Special Needs (NC Department of Public Instruction).
REFERRAL, EVALUATION, AND PLACEMENT PROCESS
FOR SPEECH-LANGUAGE CONCERNS ABOUT ARTICULATION, VOICE OR FLUENCY ONLY

REFERRAL TO SPECIAL EDUCATION

PRE-EVALUATION MEETING

EVALUATION PROCESS INITIATED

EVALUATION

ELIGIBILITY, IEP, LRE/PLACEMENT MEETING

OR

ELIGIBILITY MEETING AND SEPARATE IEP, LRE/PLACEMENT MEETING

OR

ELIGIBILITY MEETING AND NO PLACEMENT
DURHAM PUBLIC SCHOOLS
Exceptional Children's Programs

SPEECH-LANGUAGE ELIGIBILITY REPORT

Check purpose:  ___ Initial  ___ Reevaluation  ___ Other

Student’s Name _____________________________________________
DOB ___/___/___

School ____________________________________________________
Grade _________

1. Does the student display 2 or more phoneme errors and/or 2 or more phonological processes not expected at the student’s current age or developmental level?
   ___ Yes (Determine efficacy for therapy by continuing with questions below)
   ___ No  (Student is not eligible for articulation therapy)

2. Does the student demonstrate consistent deviations in vocal production that are inappropriate for chronological/mental age, sex and ability?
   ___ Yes (Determine efficacy for therapy by continuing with questions below. Must have medical evaluation)
   ___ No (Student is not eligible for voice therapy)

3. Does the student demonstrate non-fluent speech behavior characterized by repetitions/prolongations as noted on a regular basis?
   ___ Yes (Determine efficacy for therapy by continuing with questions)
   ___ No (Student is not eligible for fluency therapy)

4. Are the student’s language scores at least 1.5 standard deviation below the mean and is there a statistically significant difference between the student’s language scores and overall intellectual ability? Or, do non-standardized diagnostic procedures indicate the student has difficulty understanding and/or expressing ideas and/or concepts to such a degree that it interferes with the student’s social/educational progress?
   ___ Yes (Explain and continue with questions)______________________________________________
   ___ No (Explain and continue with questions)______________________________________________
   ___ No (Student is not eligible for language services)

5. Does the speech and/or language concern impact the student’s academic, social or vocational success?
   ___ Yes (Explain and continue with questions)______________________________________________
   ___ No (Student is not eligible for language services)

6. Is there other pertinent information that has been or should be considered prior to determination of eligibility?
   ___ Yes (Explain on an attached sheet)
   ___ No

7. Have previous records been reviewed? (Reevaluation only)
   ___ Yes (Continue with questions)
   ___ No (Explain)______________________________________________

8. Has previous placement in the speech-language program shown that the student continues to benefit from the intervention? (Reevaluation only)
   ___ Yes (Continued placement in speech-language therapy may be considered)
   ___ No  (Consider modifying program (changing techniques, increasing frequency of service, parent involvement, etc), integrating services with other disciplines or exit SI program)

9. Recommend service in ___Articulation ___ Language ___ Voice ___ Fluency
   ___ No service is recommended in the speech-language program at this time.

Team members sign on Summary of Evaluation  Copy to Parents ________
SPECIFIC LEARNING DISABILITIES ELIGIBILITY

The following description of the determination of SLD eligibility is adapted from publications of the NC Department of Public Instruction.

Eligibility: According to the federal and state definition of SLD, a specific learning disability is an inclusive term used to denote various processing disorders presumed to be intrinsic to an individual.

To be eligible for special education services, the student must exhibit all of the following:
1. An information processing difficulty.
2. A substantial discrepancy between ability and achievement (15 points or more).
3. A substantial learning difficulty that is not primarily due to other impacting factors and is not correctable without the provision of special education.

There are seven areas of SLD eligibility:
1. oral expression
2. listening comprehension
3. basic reading
4. reading comprehension
5. math reasoning
6. math calculation
7. written expression

Evaluation: The SAP Team’s areas of concern should drive the referral, which should drive the evaluation. The student must be evaluated in each of the seven areas in which there is a suspected disability as established during the SAP process and documented in the referral. For example, if basic reading and written expression are the areas of concern, then the areas of oral expression, listening comprehension, math calculation and math reasoning would not need to be evaluated.

Whenever possible, an intelligence test and achievement test that have the same mean and standard deviation and comparable norming populations should be administered. However, the assessment specialist may administer any reliable and valid test that provides an accurate evaluation of a student’s functioning level. Intelligence and achievement tests are appropriately selected through information in the technical and administration manuals as well as test reviews. How the test results are to be interpreted are also described in both manuals and reviews.

Supportive information may be supplied from interviews, criterion-referenced tests, and informal tests. It is the responsibility of the assessment specialist to select the test instruments that will yield accurate information to answer the original evaluation question.

Observational data is a required component of the evaluation. Relevant behavior noted during the observation of the child and the relationship of that behavior to the child’s academic functioning must be included in the eligibility report for SLD.
**Information Processing:** Information processing is thinking. It involves any of the following areas:

- **Reasoning and Problem-Solving** *(integration, comparison, synthesis, prioritization)*
- **Phonological Processing** *(phonemic awareness, rapid naming, sound-symbol relationships, word-finding/word substitution)*
- **Visuospatial Processing** *(object recognition, spatial organization)*
- **Attention** *(selective, sustained, shifting)*
- **Memory** *(encoding, storage association, retrieval, free recall, cued recall, recognition)*
- **Executive Functions** *(response inhibition, shifting, emotional control, task initiation, working memory, organization/planning (including time management), organization of materials, monitoring of self, monitoring of task, and/or monitoring of feedback from others)*
- **Processing Speed** *(reading rate, fluency, automaticity)*

The information processing impairment is manifested through difficulties in acquiring knowledge, organizing, storing or retrieving knowledge, and/or expressing or demonstrating knowledge of information learned.

Examples:

1. **Information processing difficulties that may interfere with acquiring knowledge:**
   - Inability to focus attention or avoid distraction
   - Inability to hold information in working memory
   - Impaired ability to differentiate sounds and match letters with sounds when reading

2. **Information processing difficulties that may interfere with organizing, storing, or retrieving knowledge:**
   - Impaired ability to sustain attention
   - Impaired ability to shift attention from one topic to another
   - Difficulty differentiating between important information and nonessential details
   - Difficulty organizing information and materials
   - Inconsistent ability to accurately recall learned information

3. **Information processing difficulties that may interfere with expressing or demonstrating knowledge of information learned:**
   - Confusion of order of sounds within words
   - Weaknesses in spatial organization of written material
   - Slow processing speed interferes with timely completion of work

Sources of evidence of a processing difficulty include, but are not limited to, focused observations of the student engaged in learning, data from evaluations, outcomes from focused interventions, and work samples.

Focused observations note the interrelationship of the student’s ability to acquire new information, organize and remember information and express what has been learned or how new information will be used. The observation is not limited to “watching” the student but should be supplemented with an interview with the student about learning and a review of the student’s work samples. All of the information during this stage of data collection should be tempered with what the curricular demands are of all the learners in the classroom. This includes language, memory, development, attention, organization, and environmental and academic demands.
Ability-Achievement Discrepancy: Only reliable and validated tests that provide an accurate evaluation of a student’s ability and/or achievement levels may be used for discrepancy determination.

Intellectual Assessment: Because of the importance of the intellectual assessment to the eligibility determination, group intelligence tests, unjustified prorated scores or extrapolated scores, and abbreviated forms shall not be used. When there is a Verbal/Performance IQ discrepancy of at least 20 points on the Wechsler scale, the higher scale IQ may be used to determine the ability/achievement discrepancy if evidence is documented that the higher score accurately reflects the student’s intellectual functioning.

Achievement Assessment: In making a discrepancy determination between ability and achievement in one or more of the seven areas of specific learning disability, the team should use achievement tests that yield composite or cluster age-based standard scores in each of the area(s) of suspected disability. Occasionally it may be necessary to use an achievement test that does not yield a composite or cluster. In that case, the team must use two or more measures that each yields an age-based standard score in the area of suspected disability (each of which must be used to document a substantial discrepancy).

If the two achievement subtests used do not yield a composite/cluster score, the discrepancy between the ability score and each subtest score should yield a substantial (i.e., 15 or more points) discrepancy.

A single achievement subtest score may not be used to determine ability/achievement discrepancy. At least two subtests must be used to determine the discrepancy. The subtests administered should be designed to assess the specific areas being evaluated. Thus, broad reading and math scores should not be used to determine a discrepancy in basic reading, reading comprehension, math calculation and/or math reasoning. However, broad composite or cluster scores may be used for the discrepancy determination in the areas of oral expression, listening comprehension and written expression.

Note: Substantial discrepancies (i.e., 15 or more points) alone do not mean that the student has a learning disability.

Substantial Learning Difficulties: Substantial learning difficulties mean the student’s pattern of learning (acquisition, retention, expression) may require the services of special education personnel to monitor, change, or deliver instruction. The determination of a student’s substantial learning difficulty is determined through an evaluation of the data gathered during observation of the student while engaged in a learning task, the result of the two instructional interventions to improve the student’s learning, and the discrepancy between ability-achievement. The evidence may address observational data, grades, learning rate, basic skills for learning and concept development. To be appropriate, instructional interventions should be designed to address the specific areas of concern noted during the SAP process.

Other Impacting Factors: Other disabilities, environmental issues, cultural differences, medical conditions and other situational causes must be ruled out as the primary cause of the discrepancy and substantial learning difficulties. These factors may exist concomitantly with a specific learning disability; however, if the team determines that a factor is the primary cause of the student’s disability, the student may not be identified as having a specific learning disability.

Can the student’s educational needs be met without special education?: The student may be identified as having a learning disability, but the educational needs may best be met through the general education program or a 504 plan rather than special education.
Definition of Terms Used in Determining SLD Eligibility:

Substantial Discrepancy:
A true difference between the ability to learn and the observed learning occurring for the student. The evaluation tools – standardized measures, curriculum-based assessments, class work, observations, criterion referenced tests, interviews, and informal tests – should collectively profile the student’s true difference in ability and learning.

Listening Comprehension:
The skill to understand and remember words spoken in order to (1) gain information, (2) follow directions, (3) change behavior through critical listening, and (4) appreciate listening through conversation and activities such as storytelling.

Oral Expression:
The skill to communicate about information learned and understood by peers and adults in social settings.

Written Expression:
The skill to communicate independently in writing using the appropriate form, content information, organization, and mechanics.

Basic Reading:
The skill to produce, isolate, blend and replicate sounds in the English language (phonological processing), the skill to use structural analysis for word recognition, the skill to use words according to their function and know the meaning of words (vocabulary), and the skill to read at a rate that enables comprehension of the material (fluency).

Reading Comprehension:
The skills needed to obtain meaning from all types of print including the skills to locate information, paraphrase text, sequence events and ideas, recognize comparative relationships in text, recognize similarities and differences, recognize causal relationships, and employ comprehension.

Mathematics Calculation:
The skills needed to identify the number and operation symbols, the skills to perform addition, subtraction, multiplication, and division using manipulatives, numberlines, and algorithms.

Mathematics Reasoning:
The skills needed to use mathematics concepts to problem-solve, to communicate information, and to use in other content subjects as well as daily living activities.

Acquisition Stage of Learning:
The acquiring of knowledge – declarative (concepts built from facts), procedural (simultaneous or sequential steps to carry out the tasks), and conditional (how the student uses the declarative and procedural knowledge together to learn).

Storage, Retrieval and Organization Stage of Learning:
The organization (plan) the student uses to store new information and retrieve information to use (short-term working memory) for the task at hand.
Expression Stage of Learning:
The demonstration of new knowledge or information learned through speaking, writing, performance tasks, and products.

Information Processing:
The acquisition of, storage of, retrieval of, and expression of new information in a manner unique to this individual.

Processing Disorders:
The component of learning disabilities most closely allied with two general scientific paradigms – neuropsychology and information processing. The learner has difficulties in (1) control and organization of multiple mental activities, (2) switching among different strategies when it is required, (3) self-regulatory strategies such as planning, checking, and revising, and (4) knowing the range of strategies that might be used on various tasks.

Instructional Intervention:
A change in instructing the student in the area of suspected learning disability until a positive change in learning is recorded. Instructional interventions are to occur in the general education classroom and as part of the evaluative information to determine how the student learns best. Interventions are success driven, but the degree of success will differ for each student. Interventions are the most valuable when they occur over a period of 4 – 6 weeks. Instructional interventions aid in the development of the IEP if the student is later identified as learning disabled.

Substantial Difficulties:
The student’s rate of learning even with successful interventions in the general education class requires the services of special education personnel to monitor, change, or deliver services on a regular basis.

Concomitantly:
Occurring at the same time but not necessarily related to each other.

Other Disabilities:
Autistic, behaviorally-emotionally disabled, deaf-blind, hearing impaired, mentally disabled, multihandicapped, orthopedically impaired, other health impaired, speech-language impaired, brained injured, visually impaired, and developmentally delayed.

Environmental:
The combination of social and cultural conditions affecting the nature of the individual.

Cultural:
The totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought that are characteristics of the community or population the individual is part of on a daily basis.

Economic Disadvantage:
Poverty.
Alternative Discrepancy Model: If the team determines that the standardized assessment data does not accurately reflect a substantial discrepancy, an alternative discrepancy may be considered. **Any time an alternative discrepancy is used there must be compelling documentable justification.** This process therefore should be used sparingly and should reflect substantial thought, deliberation, and collection of supporting data.

The school psychologist is responsible for developing the supporting documentation and rationale when the alternative discrepancy model is used.

The team must provide evidence why the data collected are not judged to be valid or to accurately reflect the student’s ability and/or achievement. Examples might include prior IQ scores that were consistently higher, evaluation data documenting processing disorders which negatively impact performance on cognitive measures, documented emotional, attentional, or behavioral issues that interfere with test performance.

Note: Evidence that data is not valid or accurately reflective of the student is not sufficient alone to identify a student as having a specific learning disability. The team must also present credible evidence that the student meets the other components of eligibility (i.e., the student has an information processing difficulty and a substantial learning difficulty that is not primarily due to other impacting factors and is not correctable without the provision of special education. For example, the student might have documented severe processing deficits that result in decreased performance on the IQ tests as well as inability to learn reading in school even after appropriate interventions.

**The EC Coordinator must be consulted any time the IEP team considers eligibility based on an alternative discrepancy.**
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

ASSISTIVE TECHNOLOGY PROGRAM
NOTIFICATION OF REFERRAL FOR TECHNICAL ASSISTANCE

Student’s Name _______________________________________________________________________
Referral Date ___/___/___ Date of Birth ___/___/___ School _________________________________
Exceptionality/Grade _____/___ Teacher _________________________________________________
Contact Person ___________________________ Position ___________________________________

IEP Team Members involved with referral decision (Please initial members responsible.)
___ ECP Facilitator
___ OT
___ PT
___ HI Teacher
___ VI Teacher
___ Special Education Teacher
___ Parent
___ Speech/Language Pathologist
___ Audiologist
___ Psychologist
___ Other
___ Other

Skills Level (cognitive, academic, physical) _______________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Technological Devices Used (past/present) _________________________________________________
_____________________________________________________________________________________

Areas of Concern:
___ Communication
___ Switches
___ Computer Systems
___ Other
___ Self-Help (High Tech/Electronic)
___ Computer Software
___ Computer Keyboard/Alternatives

Attention EC Facilitator or other referral source:
If the student does not have a current IEP with OT and/or speech/language objectives, send Consent to Evaluate to parent/guardian. On the Consent write “Assistive Technology” under “Information” and check “Other.” Send copy of signed Consent to Assistive Technology or attach copy of existing Consent form to this referral. Please attach most current Psychological. OT, PT, Speech and/or outside agency reports pertinent to this referral. Send information via inter-school mail to Assistive Technology Specialist.
NOTIFICATION OF REFERRAL FOR AUGMENTATIVE COMMUNICATION ASSESSMENT

Student to be Assessed ____________________________________________  Referral Date ___/___/___
Date of Birth ___/___/___  School _____________
Exceptionality/Grade _____/___ Teacher ____________________________
Contact Person ___________________________  Position _______________

IEP Team Members involved with referral decision (Please initial members responsible.)
___ ECP Facilitator  ___ VI Teacher  ___ Audiologist
___ OT  ___ Special Education Teacher  ___ Psychologist
___ PT  ___ Parent  ___ Other
___ HI Teacher  ___ Speech/Language Pathologist
___ Regular Classroom Teacher

Skills Level (cognitive, academic, physical) _________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Communication Aides used (past/present) __________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Communication concerns ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Attention EC Facilitator or other referral source:
If the student does not have a current IEP with OT and/or speech/language objectives, send Consent to Evaluate to parent/guardian. On the Consent write “Assistive Technology” under “Information” and check “Other.” Send copy of Consent to Assistive Technology or attach copy of existing Consent form to this referral. Please attach most current Psychological, OT, PT, Speech and/or outside agency reports pertinent to this referral. Send information via inter-school mail to Assistive Technology Specialist.
AUDILOGICAL SERVICE ACCESS FORM

Date ___/___/___

Reason for Referral:
___Initial Referral  ___Reevaluation  ___Mass Hearing Screening

Name__________________________________________  Date of Birth ___/___/___ Age ___

Parent’s Name______________________________________________________________

Address_______________________________________________________________

Zip Code________________ Telephone (H) ____________________(W) __________________

School_______________________________Grade_______Teacher_______________________

Current Setting:
____ Regular Education  ____Resource  ____Separate

Current EC Services: (name)
Not Applicable_________Primary______________________Related______________________

Hearing Screening Information:
Results of First Hearing Screening: / = response at 20dB HL; x = no response at 20 dB HL

<table>
<thead>
<tr>
<th></th>
<th>1000 Hz</th>
<th>2000 Hz</th>
<th>4000 Hz</th>
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</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Left Ear</td>
<td>______</td>
<td>______</td>
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</tbody>
</table>

Results of Second hearing Screening: /= response at 20 dB HL; x = no response at 20dB HL

<table>
<thead>
<tr>
<th></th>
<th>1000 Hz</th>
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<td>Right Ear</td>
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<td>______</td>
</tr>
<tr>
<td>Left Ear</td>
<td>______</td>
<td>______</td>
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</tbody>
</table>

Examiner ________________________________________________Date ___________________

Speech/Language Pathologist

Comments:_______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please return the completed form to: Marie Wellons, 808 Bacon Street, Durham, NC 27703
I. BACKGROUND INFORMATION (to be completed by Parent/Guardian)

___ Has had meningitis or other illness with high fever: Specify illness ____________________________
________________________________________________________________________________

___ Other relatives have hearing loss. Specify: ______________________________________________
_________________________________________________________________________________

___ Has had past problems with ear infections. Estimate the number of ear infections per year: ________

___ Has had one (1) or more sets of tubes in ears. At what age(s)?______________________________

___ Has been seen by an ear doctor. Results: ________________________________________________
_________________________________________________________________________________

___ Has problems with allergies or respiratory problems. Specify:_______________________________
________________________________________________________________________________

___ Has had an accident involving head or neck (fall, blow to head, car accident). Explain:__________
_________________________________________________________________________________

___ Has had other health/physical problems. Explain __________________________________________
_________________________________________________________________________________

II. PRESENT TIME (to be completed by Parent/Guardian)

___ Child currently is having ear problems. Explain___________________________________________
_________________________________________________________________________________

___ Child currently is taking medication. If so, please give name: ______________________________

___ Name of Ear Doctor/Clinic

___ Month/Year of Last Visit _____________________________________________________________

___ Child appears to have difficulty hearing at home. Explain __________________________________
_________________________________________________________________________________

___ Does child have any permanent hearing loss that you know of? ______________________________

___ Child has difficulty following verbal directions.

___ Child is easily distracted by noise or has difficulty listening in presence of background noise.

___ Child has academic difficulties, particularly with reading and spelling.

___ Child has difficulties localizing the source of sounds.

___ Child gives slow or delayed responses to verbal tasks.

___ Child is poor listener — frequent use of “Huh?” “What?” Gives quizzical looks toward auditory tasks.

OTHER COMMENTS: ___________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Date Completed by Parent: ___________________
Date Received by Audiologist: ________________
DURHAM PUBLIC SCHOOLS
Exceptional Children's Programs

OCCUPATIONAL/PHYSICAL THERAPY REFERRAL
[Please circle the appropriate service(s) requested. Fill out completely.]

Student Information

Permission to Evaluate Received ___________
Date of Team Referral ___________

NAME: _______________________________ DOB: __________

SS/STUDENT ID#: ______________________ SCHOOL: ______________________

TEACHER: ___________________________ GRADE/ROOM#: ______________________

CAREGIVER(S): _________________________ ADDRESS: __________________________

PHONE: ___________________(HOME) ____________________(WORK)

MEDICATIONS: ________________________ ALLERGIES: ________________________

ASSISTIVE DEVICES USED (e.g., glasses/contacts, hearing aids, other): ______________________

ECP Information:

ELIGIBILITY CATEGORY: ___________ IEP DATE: ___________ 3-YR. RE-EVAL. DATE: ___________

Student receives the following services circled below:
OT _______ PT _______ S&L _____ RESOURCE _______ OTHER: ___________

Student Schedule:

LUNCH: ___________ RECESS: ___________ SPECIALS: __________________________

RESOURCE/RELATED SERVICES: __________________________

Referral Checklist

Read the description of each school-related task. Check whether the student is functional (F) or needs improvement (N) with each task as compared to his/her classroom peers.

<table>
<thead>
<tr>
<th>SCHOOL-RELATED TASKS</th>
<th>F</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRAVEL:</strong> moving on all different types of indoor and outdoor surfaces; moving around obstacles, through congested or narrow spaces, or in a line; moving all distances required in school, including evacuating the building as necessary; moving up and down stairs safely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAINTAINING AND CHANGING POSITIONS:</strong> moving self to and from positions, (including chair or wheelchair, standing, floor, and toilet); maintaining stable seated position on floor or toilet; maintaining functional position in seat for __ hour of class instruction or seat work; boarding and disembarking from all vehicles.</td>
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</tr>
</tbody>
</table>
**SCHOOL-RELATED TASKS (CONTINUED)**

<table>
<thead>
<tr>
<th><strong>RECREATIONAL MOVEMENT:</strong> playing games involving physical activity, including throwing and catching during ball games; playing kickball; running, jumping, and climbing; and playing on both high and low playground equipment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MANIPULATION WITH MOVEMENT:</strong> transporting materials or belongings within and to and from classroom and in mealtime setting; carrying fragile objects or containers with spillable contents; picking up and setting down large and small objects; retrieving objects from table, storage space, or floor; opening and closing all types of doors.</td>
</tr>
<tr>
<td><strong>USING MATERIALS:</strong> using all classroom tools effectively, including pencils, erasers, markers, scissors, stapler, glue, and computer; opening, closing, and turning pages in books; folding and securing papers; using art materials; and manipulating small game pieces.</td>
</tr>
<tr>
<td><strong>SETUP AND CLEANUP:</strong> retrieving, gathering, and putting away materials in classroom and lunchroom; opening food containers; setting up equipment or materials; disposing of waste; wiping up or tidying table top desk.</td>
</tr>
<tr>
<td><strong>SELF CARE SKILLS:</strong> eating and drinking snack/meal using all needed utensils/ cups functionally; using a napkin to wipe face and hands; drinking from water fountain; completing toileting tasks including wiping, flushing, or managing equipment; washing and drying hands; putting on and taking off clothes as required for indoor and outdoor use, including fasteners (e.g., buttons, zippers, snaps, buckles) and shoes.</td>
</tr>
<tr>
<td><strong>ORGANIZATION/MATERIALS MANAGEMENT:</strong> managing notebooks/papers/homework; keeping desk/locker space organized.</td>
</tr>
<tr>
<td><strong>WRITTEN COMMUNICATION SKILLS:</strong> meeting classroom expectations for written work (i.e., organizing items on lines, in columns, or on a page; copying material accurately from near or far distances; sustaining physical effort on written work; and maintaining speed to keep up with peers).</td>
</tr>
<tr>
<td><strong>GENERAL WORK BEHAVIORS:</strong> following classroom, mealtime, playground routines; following a series of three or more related instructions; maintaining attention to and concentration on individual and group tasks; accepting changes in routine; refraining from self-stimulatory behavior.</td>
</tr>
<tr>
<td><strong>SAFETY:</strong> demonstrating appropriate caution around vehicles, traffic areas, electrical equipment, sharp objects; refraining from putting inedible materials in mouth; responding appropriately to established emergency signals (e.g., fire drills, etc.).</td>
</tr>
</tbody>
</table>

Additional Comments:

________________________________________

________________________________________

________________________________________

________________________________________

Student’s Name ___________________________________________ DOB ___________ School ________________
Referring Teacher ___________________________________________ Date of Referral ____________
Diagnosis ________________________________________________________________________________
Chief Concern ____________________________________________________________________________
Current Medications _______________________________________________________________________

Medical History
___ Pre-Term ____________________ ___ Neurologic Problems ___________ ___ FTT
___ Reflux _________________________ ___ Cardiac Problems _____________ ___ Constipation
___ Hx Aspiration ____________________ ___ Upper Respiratory Infections _______ ___ Diarrhea
___ Hx of Obstruction _____________________ ___ Developmental Delay _______ ___ Constipation
___ Craniofacial Anomalies _____________ ___ Trauma _____________________ ___ Seizure Disorder

Surgical History
___ Adenoidectomy _________ ___ Tonsillectomy _________ ___ PE Tubes ___ Gastrostomy ___ Nissen
___ Other ____________________________________________________________

Previous Evaluations/Dates
_________ Upper GI _____________ Modified Barium Swallow Study _________ PH Tube
_________ Other _____________ Modified Barium Swallow Study _________ PH Tube

Feeding History
___ Chronic Difficulty How long? _______ ___ Recent Onset

Meal Time
1. ___ Enjoyable OR ___ Stressful OR ___ Food Avoidance
2. ___ Appropriate Time OR ___ Lengthy AND ___ How Many Minutes?
3. ___ Coughing/Choking? When? ___ During feeding ___ After feeding ___ Texture?___
4. ___ Gagging? ___ Texture?
5. ___ Emesis? When? ___ During feeding ___ After feeding ___ Texture?___
6. ___ Wet Vocal Quality? When? ___ During feeding ___ After feeding ___ Texture?___
7. ___ Noisy Respiration? When? ___ During feeding ___ Apart from Feeding
8. ___ Drooling How Often? ___ Seldom ___ Variable ___ Frequent ___ Constant

(continued . . .)
ORAL SENSORY-MOTOR FEEDING EVALUATION REQUEST FORM (Continued)

Diet

___ Table Foods  ___ Soft Solids  ___ Puree
___ Thick Liquids  ___ Thin Liquids
___ Self feeding  ___ Dependent  ___ Adaptive Equipment ________________
___ Open Cup  ___ Sippy Cup (Type)_________  ___ Bottle

___% of Oral feeding

Oral Motor Observations

___ Drooling  ___ Tongue Thrust  ___ Excessive Oral Secretion
___ Wet Voice  ___ Poor Oral Hygiene  ___ Bites Tongue/Lips
___ Poor Jaw Control  ___ Retracted Tongue  ___ Open Mouth Posture
___ Oral Apraxia

Feeding Observations

___ Residue in Oral Cavity  ___ Swallows Food Whole  ___ Tongue thrust
___ Retracted Tongue  ___ Overstuffing  ___ Choking
___ Gagging  ___ Fatigues Easily  ___ Congestion with Feeding
___ Coughing  ___ Food Selectivity  ___ No Tongue Lateralization

Other Parental Concerns

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Comments

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Contact Person _______________________________  Phone____________________________________

PLEASE RETURN THIS FORM TO THE LEAD SPEECH PATHOLOGIST WITH A COPY OF THE PERMISSION TO EVALUATE FOR FEEDING CONCERNS.
INDEPENDENT EDUCATIONAL EVALUATIONS - OVERVIEW

Parents of a student with a disability or parents of a student with a suspected disability have the right to obtain an independent educational evaluation (IEE) at public expense when the parents disagree with the results of the system’s most recent evaluation. If the system has not had an opportunity to conduct its own evaluation the parent is not entitled to an IEE. When the parent wants to provide additional information to the system and is not in disagreement with the system’s evaluation, the information must be obtained at the parents’ expense. When a parent provides privately obtained evaluation information to the school system, the IEP Team must consider the information in its deliberations.

When a parent requests an IEE, the school system must provide to parents, upon request, a list of qualified examiners and information about where an IEE may be obtained. A list of qualified examiners is available from the EC Coordinator assigned to the school.

When a teacher, IEP Team member, Case Manager, counselor, central office staff or other DPS staff member receives a request for an IEE, the parent should be asked to submit the request in writing and direct it to the Assistant Superintendent for Exceptional Children’s Programs. The parent may be asked to explain the desire for an IEE, but an IEE cannot be denied because the parent refuses to provide an explanation.

The EC Coordinator must respond to a request for an IEE within thirty calendar days, unless there are extenuating circumstances. If the school system decides that its own evaluation is appropriate, it may refuse to pay for an IEE. However, the school system must request a due process hearing in a timely manner from the time the request for an IEE is received and prove that the school system’s evaluation is appropriate. If a parent requests a copy of the confidential folder, the EC Coordinator should be notified and the parent should put the request in writing.

Related Procedure: “Procedure for Independent Educational Evaluations”
PROCEDURE FOR INDEPENDENT EDUCATIONAL EVALUATIONS

1. Persons and/or facilities or agencies conducting independent evaluations shall be qualified examiners who are not employed by Durham Public Schools.

2. Facilities and/or agencies conducting independent evaluations shall be located within the State of North Carolina. Exceptions to this requirement must receive prior approval from the Assistant Superintendent for Exceptional Children’s Programs. Parents will be reimbursed reasonable mileage expenses for travel to any evaluator who is located more than 25 miles from the student’s residence.

3. All persons and/or facilities or agencies shall be licensed and/or certified by the appropriate regulatory organization in the State of North Carolina to perform evaluations within the discipline being evaluated. If not already on file, a copy of the evaluator’s license and vitae will be required before an evaluator is approved for payment.

4. Parents should inform the Assistant Superintendent for Exceptional Children’s Programs in writing of the request for an independent evaluation. The request should be sent to the Assistant Superintendent, Exceptional Children’s Programs, Durham Public Schools, PO Box 30002, Durham, NC 27702. To ensure prompt payment, a consulting contract must be set up with the evaluator before services are rendered.

5. Independent evaluations obtained at school, parent or private expense will be considered in any decision relating to a free appropriate public education for the child in question. If the school district has not previously evaluated the child in the year prior to the independent evaluation, the school district will also conduct an evaluation of the child if deemed necessary.

6. Durham Public Schools has established reasonable cost guidelines which include maximum allowable charges for various tests or evaluations performed. Allowable charges shall be within the usual and customary cost guidelines in North Carolina for the specific test or evaluation performed.

7. Parents requesting an independent evaluation will be required to execute a release of information to enable the school district to obtain a copy of the complete evaluation results and to talk directly with the evaluator. Payment will be made to the evaluator only upon receipt of the evaluation results.

Related Procedure: “Independent Educational Evaluations — Overview”
NON-PUBLIC SCHOOLS STUDENTS

Durham Public Schools is required to provide services to children with disabilities who are voluntarily enrolled in non-public schools, both private and home. However, the school district’s obligation to provide special education services is more limited than it would be if these children were enrolled in Durham Public Schools. Specifically, the school district is not required to provide a free appropriate public education. Instead, the school district need only expend an amount on providing special education services to private and home school children that is proportional to the total amount of federal funds received on behalf of all children with disabilities residing in Durham County. Children with special needs who are voluntarily enrolled in private schools do not have an individualized right to these special education services. Rather, the school system is required to spend a proportionate amount of special education dollars on private school children in general.

Each year Durham Public Schools determines the nature and scope of services it will provide to non-public school students. These services are described in the current year’s DPS Non-Public Schools Services Plan, available from the EC Central Office. DPS has consulted with representatives from non-public schools in determining what services to provide.

Each non-public school student who receives services must have an individual Non-Public Schools Services Plan. This plan is similar to an Individualized Education Program, but with the significant difference that the service delivery is limited. Parents and non-public school teachers should be involved in the development of the service plan. A regular teacher from the public school is not required to participate in the development of the plan since the teacher from the non-public school will be involved.

When a school receives a request for evaluation from a parent of a child who attends a non-public school, (which includes private and home schools but not charter schools), the following procedure should be followed:

2. The student’s “home school” should conduct an evaluation following standard evaluation procedures.

3. If the suspected area of disability requires pre-referral documentation, it should be completed at the non-public school.

4. The home schools holds an IEP meeting following regular procedures to determine eligibility for special education. The student’s private/home school teacher should be invited to the meeting.

5. If the child is eligible for EC services, the IEP Team must develop an IEP and propose the services that the child would receive if enrolled in Durham Public Schools. A regular education teacher from the student’s home school must be a member of the IEP Team that develops the proposed IEP.

6. If the parent elects to continue enrollment in a non-public school, the team explains the Non-Public Schools Service Plan. If the student is eligible for services under the current Non-Public Schools Service Plan, the team develops an individual Non-Public Schools Service Plan. (If a representative of the private school is not at the meeting the team will need to reconvene to develop the Plan.)

7. The EC Facilitator should notify the EC Coordinator of the student’s eligibility for services under the Non-Public Schools Service Plan.
8. The EC Coordinator makes appropriate arrangements for services (if the district has not already expended its required share of funds on non-public school students).

9. Prior Written Notice must be given to the parent explaining the decisions of the IEP Team.

<table>
<thead>
<tr>
<th>Related Procedures:</th>
<th>“Referral for Evaluation”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Timeline for Initial Referral”</td>
</tr>
<tr>
<td></td>
<td>“Eligibility Meeting”</td>
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<td>“Related Services Referrals”</td>
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<td>“Development of the IEP”</td>
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<td>“Placement Determination”</td>
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| Related Forms: | Non-Public Schools Services Plan Student Information Form (ECP-NPSSP1)  |
|               | Non-Public Schools Services Plan (ECP-NPSSP2)  |
|               | IEP Form  |
|               | Prior Written Notice  |
DURHAM PUBLIC SCHOOLS
Exceptional Children’s Programs

NON-PUBLIC SCHOOLS SERVICES PLAN

STUDENT INFORMATION

School Year: ___________ - ___________

Student Name: ________________________ School: ________________________

Area of Identification/Eligibility:

Anticipated Frequency:

The following were present and participated in the development of the Non-Public School Services Plan:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LEA Representative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Special Education Teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular Teacher</td>
<td></td>
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<tr>
<td></td>
<td>Parent</td>
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</table>
NON-PUBLIC SCHOOLS SERVICES PLAN

Student: __________________________     DOB: ___/___/___
School: __________________________    Grade: _________

I. Duration of Special Education and Related Services
From: ____/____/____
To: ____/____/____

II. Present Level(s) of Educational Performance. Include specific descriptions of strengths and needs that apply to academic performance, behaviors, social/emotional development, learning styles, physical limitations, and other relevant information.

III. Annual Goals(s): (Use one sheet for each annual goal)

<table>
<thead>
<tr>
<th>Benchmarks or Short-Term Objectives</th>
<th>How progress will be measured</th>
<th>How and when parents will be informed</th>
<th>Notes</th>
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There must be at least two short-term instructional objectives for annual goals(s).

Parent Copy: Sent/Given: ____/____/____