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Delivery of Appropriate Services to Students With Special Needs

With contributions by

At Risk: The late Janette K. Klingner, University of Colorado at Boulder

Gifted and Talented: Margarita Bianco, University of Colorado
at Denver, and Health Sciences Center, Denver

Learning Objectives

After studying this chapter, you will be able to answer the following questions:

- What is the ADAPT Framework?
- What are the multi-tiered systems of support and Response to Intervention?
- What is the evaluation and identification process?
- Who are the members of the individualized education program team?
- What plans guarantee students with disabilities an appropriate education?
- What are related services and who are the providers?
- How are students with physical and cognitive needs protected under Section 504?
- How are students identified and served as gifted and talented?
- Who are students at risk and how do we help them achieve their full potential?

OPENING CHALLENGE

How All These Special Education Services Come Together

Elementary Grades. Mr. Hernandez has been teaching fourth grade for several years, but he had not taught a student with complex disabilities in his general education inclusion classroom until now. All of his students with disabilities have had mild to moderate learning challenges, and he has always worked well with the special education teacher to meet those students' needs. It is November, and the school year is well under way. Students are now assigned to the right instructional groups, and he has a good understanding of each student's strengths and struggles based on district assessments. A new student, Emily, joined his class several weeks ago. She just moved to River City from another state, and her individualized education program (IEP) came with her. Because she has complex learning needs, the school's support team decided to implement the IEP process so that all services were in place for Emily. As Mr. Hernandez prepares materials for the upcoming IEP meeting, he begins to wonder, *"How many education professionals will be assigned to Emily? Who will be at Emily's IEP meeting? How can I possibly meet all of her needs and still be sure that the rest of the students get the instruction they need?"*

Secondary Grades. Ms. Cohen is a 10th-grade history teacher at Independence High School. She has been teaching for seven years and has worked with students with learning disabilities (LDs). This year, Ms. Cohen has several students with learning disabilities who have reading disabilities and one student who has a mild intellectual disability in the two inclusion classes she teaches each day. Two of the students' IEPs are up for reevaluation, so Ms. Cohen will have to attend IEP meetings. She has not attended a reevaluation so she is unsure what to expect. She knows that the student's assistive technology (AT) needs must be considered in the meeting, but she is confused about what "considering" actually means. She is also concerned about the services her students might require and how providing those services works in high school classes. As she plans her lessons for the first month of school, she thinks about her inclusion classes. She plans to make an appointment with the special education teacher to discuss her students' needs and how their IEPs can be implemented in her classes. She also needs guidance to prepare for the

upcoming IEP reevaluation meetings. Ms. Cohen wonders, “*What is in each student’s IEP that I have to be mindful of for my instruction? What does an IEP reevaluation meeting entail? How is AT ‘considered’? What services might be added to the IEPs and how will I be able to work with various professionals and teach my history classes? How is the special education teacher going to help me?*”

Reflection Questions

In your journal, write down your answers to the following questions. After completing this chapter, check your answers and revise them on the basis of what you have learned.

1. Are Mr. Hernandez and Ms. Cohen overly concerned about being able to meet their students’ needs? Why or why not?
2. What advice would you give them about working with special education teachers regarding any supports and services specified in their students’ individualized education programs?
3. What kind of help and assistance should Mr. Hernandez and Ms. Cohen expect from the individualized education program team members?
4. Is Mr. Hernandez justified in expressing concerns about the educational progress of Emily’s classmates? Why or why not?
5. How can special education and related service professionals help Mr. Hernandez and Ms. Cohen support their students’ needs and enable them to teach the rest of their class?
6. How does the Response to Intervention model affect instruction in Mr. Hernandez’s and Ms. Cohen’s classes?
7. How can the ADAPT Framework be utilized for addressing the needs of students with individualized education programs in Mr. Hernandez’s and Ms. Cohen’s inclusion classes?

For an education program to be appropriate for each infant, toddler, and student with a disability, it must be individualized. When education is appropriate, the results can be astounding. It is clear to us that there is no single answer to the educational needs of all students with disabilities: no standard program, no single service delivery option, no single place where education is received, and no single curriculum. The idea of an appropriate and individualized education program has been verified and validated time and time again as the process enacted to develop IEPs for each student with a disability is applied. With this in mind, in this chapter we introduce the ADAPT Framework, which educators can use to make appropriate adaptations for individualizing their instruction for students with disabilities. As noted in Chapter 1, the Individuals with Disabilities Education Act (IDEA) indicates that students with disabilities must have access to the general education curriculum; adapting instruction can promote success in helping students not only access the curriculum but also benefit from appropriate instruction. Also, in this chapter you will learn about Response to Intervention (RtI) and multi-tiered systems of support (MTSS), individualized plans, and students with special learning needs who do not fall under an IDEA disability category.

What Is the ADAPT Framework?

The ADAPT Framework is a tool for instruction and assessment of struggling learners that reflects proven best practice in the field. The framework will help you develop a mind-set for the

selection of effective interventions and teaching practices. The framework, discussed in detail in Chapter 7, reflects and underscores this mind-set we want you to take away from your course. You can use its five steps to help you make informed decisions about adapting your instruction based on individual students' needs and the tasks all students must complete in school. For now, here's a quick look at what the ADAPT Framework looks like (see Table 2.1).

TABLE 2.1 • Introducing the ADAPT Framework

A	D	A	P	T
ASK "What am I requiring the student to do?"	DETERMINE the prerequisite skills of the task.	ANALYZE the student's strengths and struggles.	PROPOSE and implement adaptations from among the four categories: Instructional activity Instructional content Instructional delivery Instructional material	TEST to see whether the adaptations helped the student accomplish the task.

The five steps in ADAPT are as follows: A—Ask, "What am I requiring the student to do?" D—Determine the prerequisite skills of the task. A—Analyze the student's strengths and struggles. P—Propose and implement adaptations from the four categories (instructional activity, instructional content, instructional delivery, and instructional materials). T—Test to determine if adaptations helped the student accomplish the task. Thus, different instructional methods might be employed for members of a class who are all learning the same content.

The ADAPT in Action and ADAPT Framework provide examples of how the process works. Refer back to the Opening Challenge with Ms. Cohen; she has a student with learning disabilities with regard to reading. She is seeking information from the special education teacher about how to work with this student in her history class. We provide ADAPT in Action, which is a scenario that describes an instructional situation. Then, the ADAPT Framework provides a quick reference for how to frame the ADAPT in Action scenario.

ADAPT IN ACTION

MS. COHEN SEEKS INFORMATION



Ask, "What am I requiring the student to do?"

Students must be able to read class materials, including the textbook and handouts.



Determine the prerequisite skills of the task.

Students must be able to read text and comprehend the material.



Analyze the student's strengths and struggles.

Ms. Cohen's student with a learning disability attends class every day and is able to work in small groups. Her student is able to read the materials but has difficulties comprehending the vocabulary and text content provided each day in class.



Propose and implement adaptations from among the four categories.

The special education teacher proposes that she will teach the student a comprehension strategy and provide vocabulary study materials to help the student comprehend the textbook and handouts.



Test to determine whether the adaptations helped the student accomplish the task.

Ms. Cohen gives chapter tests weekly. The student's responses to the weekly test will be reviewed to determine whether the adaptations are promoting comprehension.

ADAPT framework: Ms. Cohen Seeks Information

<p style="text-align: center;">A</p> <p style="text-align: center;">ASK "What am I requiring the student to do?"</p>	<p style="text-align: center;">D</p> <p style="text-align: center;">DETERMINE the prerequisite skills of the task.</p>	<p style="text-align: center;">A</p> <p style="text-align: center;">ANALYZE the student's strengths and struggles.</p>		<p style="text-align: center;">P</p> <p style="text-align: center;">PROPOSE and implement adaptations from among the four categories.</p>	<p style="text-align: center;">T</p> <p style="text-align: center;">TEST to determine if the adaptations helped the student accomplish the task.</p>
		Strengths	Struggles		
<p>Students must be able to read class materials, including the textbook and handouts.</p>	<p>1. Read text. 2. Comprehend the material.</p>	1	2	<p>2. Instructional delivery and instructional activity: The special education teacher will teach the student a comprehension strategy.</p> <p>2. Instructional materials: The special education teacher will provide vocabulary study materials.</p>	<p>2. Weekly chapter tests will be assessed to determine whether the adaptations are promoting comprehension.</p>

We suggest practicing the ADAPT acronym by naming each letter and what it represents until you can talk about the parts without visual reminders. Think about how you can use the ADAPT Framework in your course assignments. Throughout this text, we continue discussions about the ADAPT Framework and provide specific examples of its implementation, because many students with disabilities require even more changes to their instructional programs to succeed in the general education program. In Chapter 7 you will learn more about differentiating instruction by using the ADAPT Framework. Next, we discuss RtI and MTSS as a means for providing appropriate services to students with learning and behavior problems and identifying learning disabilities.

What Are the Multi-Tiered Systems of Support and Response to Intervention?

The MTSS and RtI frameworks combine evidence-based interventions and **progress-monitoring** measures for the purposes of identifying and providing necessary supports to students who have learning or behavior difficulties. The goal is to improve each student's academic performance or reduce or eliminate inappropriate behavior (American Institutes for Research, n.d.). MTSS can be thought of as a broader framework encompassing the RtI approach. The MTSS framework targets academic, emotional, behavioral, and social outcomes for students. For example, in the area of behavior, the MTSS framework encompasses the Positive Behavioral Interventions and Supports (PBIS) model, which is a schoolwide process with the intent to prevent behavior problems and to provide intensive interventions for the small group of students who require this level of support (Sugai, Horner, Fixen, & Blase, 2010; see Chapter 10 for additional information about PBIS). Thus,

MTSS provides a comprehensive approach for continuous improvement in student performance through support for teachers such as professional development and instructional coaching to ensure positive outcomes for all students, whereas the RtI framework focuses on a tiered approach specifically for the identification of students with learning difficulties and the implementation of interventions for these students.

RtI refers to the process of providing evidence-based instruction to all students and intensive intervention to those students who demonstrate learning problems. There are two main purposes for RtI. First, the RtI framework can be used to intervene with struggling students in the early grades with the intention of preventing referrals to special education because of inadequate instruction. In secondary schools, leaders are examining ways to implement RtI procedures. For instance, in middle schools some class periods could be designated for reading or mathematics interventions with struggling students. In high schools, inclusive classes may be designated for certain class periods where the special education teacher works with the general education teacher to provide support to students who require extra assistance. Across the levels, elementary and secondary, screening procedures, ongoing intervention, and progress monitoring are utilized to help struggling students improve their educational outcomes. Thus, a tiered system can provide support and interventions to students identified as having academic problems.

The second purpose of RtI is related to the identification of specific learning disabilities. Implementation of the RtI framework now is permitted under IDEA as an alternative to the discrepancy model, which was used extensively for many years to identify students with specific learning disabilities. The discrepancy model entailed a school psychologist or educational diagnostician conducting psychoeducational testing for referred students to determine whether a severe discrepancy was present between intellectual ability and achievement for the purpose of identifying specific learning disabilities. However, some professionals in the field of learning disabilities believed that the discrepancy model was potentially harmful to students. These professionals noted that later identification, such as during the upper elementary grades or even middle school, often results in delaying intervention until the student's achievement was sufficiently low for the discrepancy to occur.

This “wait to fail” model resulted in identifying learning disability at an age when remediation might be difficult to achieve because the academic problem had become so severe. Consequently, states and local education agencies sometimes now use the RtI framework as a part of the process to determine specific learning disability based on a student's documented responses to evidence-based interventions. We will discuss other aspects of the specific learning disability identification process later in this chapter. With this in mind, the goal of the RtI framework is to reduce the number of students who have learning problems and the number of referrals to special education because of inadequate instruction. It is through the implementation of the RtI tiered framework that improving educational outcomes for students with special learning needs is possible. Let's examine the components of RtI.

As shown in Table 2.2, four essential components are included in the RtI model including universal screening, progress monitoring, tiered instruction, and evidence-based interventions. These combined components can contribute to improved student outcomes.

TABLE 2.2 • Response to Intervention Components

Components	Descriptions
Universal screening	Schoolwide process of identifying students who are at risk for poor performance in learning or behavior
Progress monitoring	Systematic monitoring of student performance in relation to the delivery of Tier 2 and Tier 3 intensive interventions
Tiered instruction	Tiered levels of increasingly intensive instruction at the primary (Tier 1 or core), secondary (Tier 2), and tertiary (Tier 3) levels
Evidence-based interventions	Interventions that have been identified through methodologically sound research procedures resulting in positive outcomes

Universal screening typically includes measures that are brief and administered by teachers to all students in their respective grade level. Those students whose scores fall below a designated percentile such as the 25th percentile (i.e., below average performance) receive further progress-monitoring measures to confirm that they have low performance compared to their typically achieving peers, and to confirm that, without intervention, they will likely continue to show poor academic performance (Jenkins, Hudson, & Johnson, 2007).

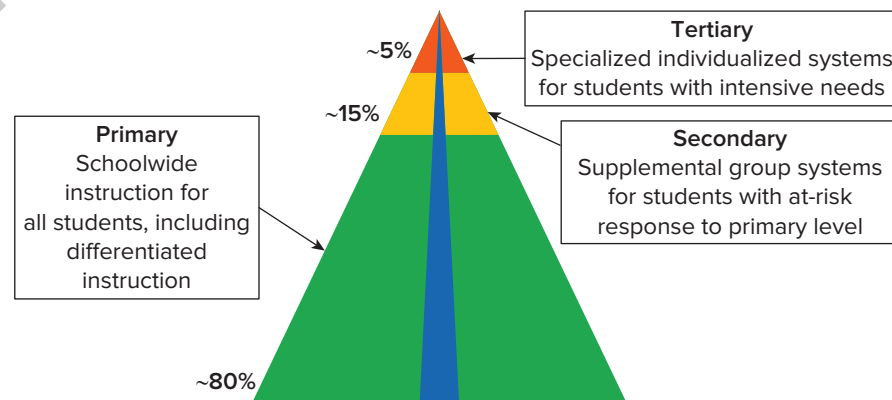
Progress monitoring involves systematically assessing student performance in relation to the delivery of intensive interventions. Progress-monitoring measures for academic areas, such as reading and mathematics, are brief assessments that intervention teachers administer weekly or bi-weekly. Intervention teachers use the results from these measures to make instructional decisions about each student's progress in relation to intensive interventions; this is known as **data-based decision making**. Data are used to determine movement within the multitiered system and whether students are benefiting from intensive interventions. Tiered instruction as shown in Figure 2.1 comprises the RtI framework and the implementation of evidence-based instructional practices and interventions.

Figure 2.1 shows the three levels of the RtI model: Tier 1, Tier 2, and Tier 3. Multitiered instructional support involves tiered levels of increasingly intensive intervention at the primary, secondary, and tertiary levels. Tier 1, the primary level, consists of high-quality, evidence-based core instruction for all students; approximately 80% of all students can benefit from this typical, core instruction. Tier 2, or secondary intervention, involves about 15% of students who have been identified through universal screening as being at risk and in need of intensified instructional support. Tier 3, the tertiary level, is more-intensified intervention and is appropriate for approximately 5% of students. This group of students continues to demonstrate poor performance in spite of receiving evidence-based instructional practices in Tiers 1 and 2; as a result, these students qualify for more-intensified intervention in Tier 3. However, for some students who perform so poorly during universal screening, the Tier 3 level of support may be immediately necessary. Many school districts employ a three-tiered level of instructional support, although some districts offer four or more levels of instructional intensity. In this chapter we focus on the three-tiered model, which is used to support reading and mathematics instruction at the elementary and secondary levels (Bryant et al., 2011; Bryant, Pfannenstiel, & Bryant 2014; Denton, 2012; Fuchs, Fuchs, & Compton, 2012; Vaughn et al., 2010; Vaughn & Fletcher, 2012; Vaughn et al., 2009). Let's take a look at each of the three tiers of support.

Tier 1 (Primary or Core)

Effective general education core instruction is the foundation for all students and is typically aligned with state or national standards. High-quality core instruction for students with

FIGURE 2.1 ● Levels of the Response to Intervention Model



Source: Center on Response to Intervention at American Institutes for Research (n.d.).

disabilities incorporates individualized plans and interventions, which increase access to the general education curriculum. About 66% of students with learning disabilities receive at least 80% of their education in a general education classroom. Therefore, high-quality core instruction must be responsive to the needs of all students.

Evidence-based practices, when integrated into the general education curriculum and teaching process, can and do make real differences for every student—those with and those without disabilities. We introduced many of these practices in Chapter 1, and we discuss them in more detail throughout this book as we talk about specific curricular areas such as reading, writing, and mathematics.

Tier 2 (Secondary) and Tier 3 (Tertiary)

Students who are identified as being at risk for having low academic performance during universal screening or through progress monitoring in the general education class qualify for more-intensive intervention support. For these students, instructional features such as longer durations of instruction, smaller group size, adapted instruction (see the ADAPT Framework in Chapter 7), and frequent progress monitoring are essential. It should also be noted that, in some but not all states, Tier 3 means special education services. Whether Tier 3 is reserved for students with identified disabilities, students who qualify for Tier 3 intervention demonstrate persistently low performance and require the most intensive services and instructional support. These students typically perform below the 10th percentile on academic curriculum-based measures (see Chapter 9), which suggests that their ability to respond proficiently is limited. Adjusting instructional features and individualizing as needs dictate are critical for students in Tier 2 and particularly for those in Tier 3. Table 2.3 presents the components and instructional features of an RtI three-tiered model. Further discussion about instructional features is found in Chapter 7.

TABLE 2.3 • Components and Instructional Features of Response to Intervention for a Three-Tiered Model

RtI Components	Tier 1	Tier 2	Tier 3
Universal Screening	All students	All students	All students
Tiered Instruction	Evidence based, core—all students	Evidence based, supplemental, intensive interventions, standardized approach to instruction—some students	Evidence based, adapted, intensive interventions, individualized approach to instruction—few students
Curriculum	Grade level based on district, state, and/or national standards	Grade level based on district, state, and/or national standards; prerequisite knowledge and skills content that tap earlier grade-level standards; focused on smaller amount of content	Based on grade level; focused on prerequisite knowledge and skills that tap earlier grade-level standards; more focused on smaller chunks of the curriculum
Instructional Grouping	Flexible	E: Homogeneous (similar instructional levels); 4 to 5 students: 1 teacher S: Range of low ability, 12 to 15 students: 1 teacher	E: Homogeneous (similar instructional levels); 2 to 3 students: 1 reading or mathematics specialist or special education teacher S: Very low ability, 5 to 10 students: 1 teacher

Note: E = elementary; S = secondary (middle and high school).

(Continued)

TABLE 2.3 ● (Continued)

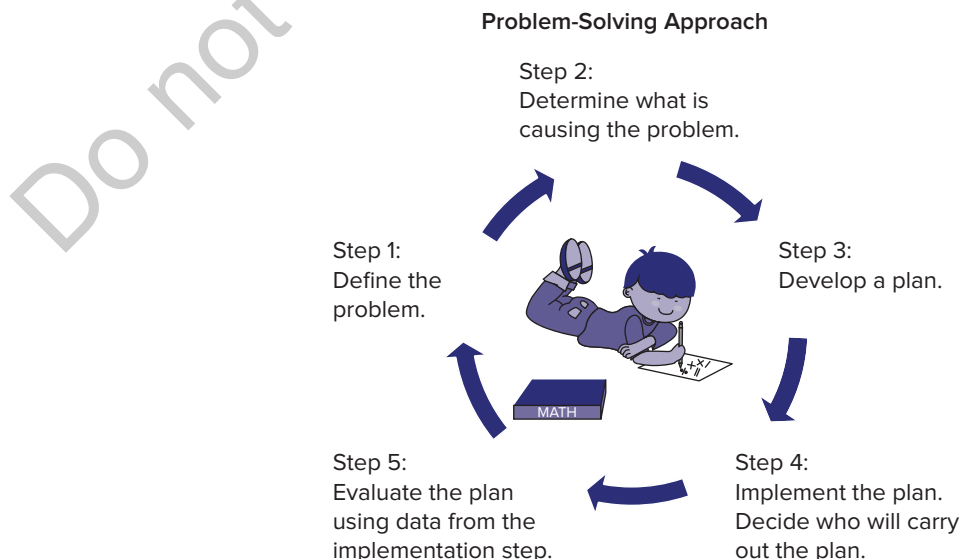
RtI Components	Tier 1	Tier 2	Tier 3
Instructional Duration (core instruction is required for students in Tiers 2 and 3)	E: Typical daily time allotted to instruction (e.g., 120 minutes for reading, 90 minutes for mathematics for elementary level) S: Typical class period of 45 to 60 minutes for secondary level	E: 30 to 45 minutes during the school day and/or after-school sessions, 3 to 4 days a week S: 45 to 60 minutes, block with two class periods devoted to a subject area	E: Daily 60 to 90 minutes S: Daily 45 to 60 minutes, block with two class periods devoted to a subject area
Progress Monitoring	Monthly or fall, winter, spring	Bi-weekly diagnostic assessment if low response persists	Daily to weekly diagnostic assessment if low response persists
Data-Based Decision Making	All students	All students	All students

Note: E = elementary; S = secondary (middle and high school).

It is important to know that states and school districts leaders may have different guidelines and approaches for the implementation of RtI and MTSS. Therefore, you should review the guidelines and approaches for the state and school district in which you take a teaching position whether in general education or special education. Although specific procedures for implementing RtI are not stipulated in IDEA, a multi-tiered system must be used and is operationalized in different ways across states. For example, a problem-solving process and a standard protocol approach are common practices for operationalizing the RtI framework.

In the problem-solving process, the RtI team uses the procedures shown in Figure 2.2 for each of the tiers. The problem-solving approach involves team decision-making and the use of intervention options to meet the individual needs of students with learning problems.

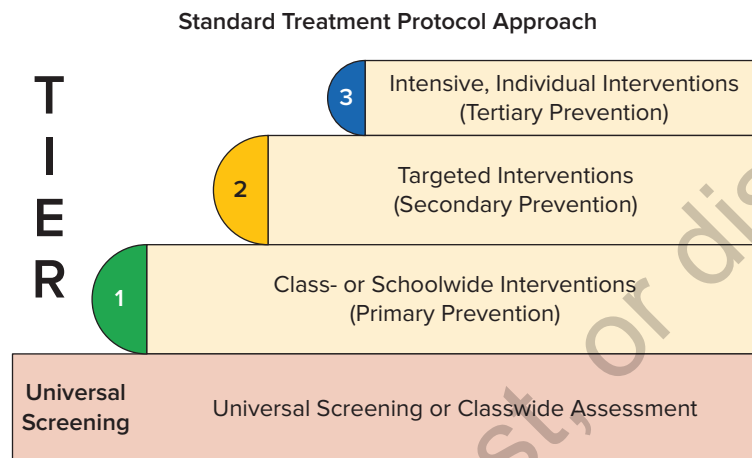
FIGURE 2.2 ● Problem-Solving Approach for Response to Intervention



In Figure 2.3 the standard treatment protocol approach is shown. The standard treatment protocol approach may involve scripted lessons for Tier 2, for instance, to ensure that regardless of who is teaching the students, the intervention lessons remain consistent and can be implemented with **fidelity**. In Tier 3, although a standard treatment protocol approach may still be used, given the severe learning needs of Tier 3 students this approach includes adaptations for individualizing the intervention, as needed. Regardless of which approach is used, practices identified in Tables 2.2 and 2.3 are still employed.

Now we turn our focus to a discussion about the procedures for evaluating and identifying students for special education services.

FIGURE 2.3 • Standard Treatment Protocol Approach



Source: IRIS Center (2018).

What Is the Evaluation and Identification Process?

IDEA mandates that an individualized program be delivered to every infant, toddler, and student who is identified as having a disability and needs special education. The purposes of these individualized programs are to ensure that each of these individuals

- receives a free appropriate public education;
- is provided an education in the least restrictive environment;
- is specific to the student; and
- is provided services with the expectation of outstanding results.

Students' individualized programs are the plans or road maps created to guide instruction and the delivery of services that are the foundation for an appropriate education. Although some students with special needs receive accommodations for their special conditions through Section 504 of the Rehabilitation Act, only those with disabilities defined by IDEA are required to have IEPs. Thus, some students with a disability (e.g., a limb deficiency that does not affect educational performance) who do not require special education services do not have an IEP. Conversely, sometimes students without disabilities do have an IEP. For example, in some states, students who are gifted or talented are included in special education. Although education of these students is not included in the federal special education law, those states often take their lead from IDEA and develop IEPs for students who are gifted or talented.

IEPs focus on students' strengths and on their individual needs. Parents and school districts' education professionals must agree on these plans for the delivery of special services. IDEA is

very specific about the requirements of IEPs and the process to be used in their development and implementation (U.S. Department of Education [USDE], 2006). The law spells out the minimum processes or steps that are to be used when developing individualized programs offered under the auspices of special education. States often impose further requirements in addition to those that are outlined in IDEA and monitored by the federal government. Because there are many local variations on the rules surrounding IEPs, we present here what the national law requires and do not address specific regulations that various states expect school districts and teachers to follow.

The formation of an individualized program can be organized into seven steps (see Figure 2.4), beginning with prereferral and ending with evaluation and reviews of a student's program:

1. Prereferral
2. Referral
3. Identification
4. Eligibility
5. Development of the IEP
6. Implementation of the IEP
7. Evaluation and reviews

Now let's look at these seven steps in more detail to get a better understanding of what each means and how they form the IEP process.

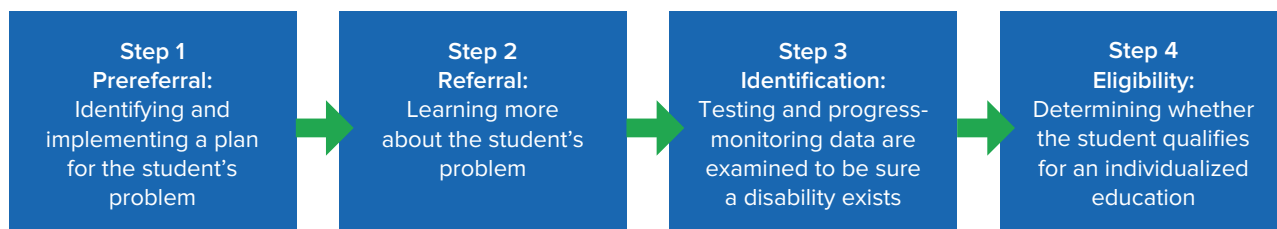
Step 1: Prereferral

At this first step, the general education teacher and the school's support team ensure that the target student has received high-quality instruction and additional instructional assistance, if necessary. During this step and as required by IDEA, the school's support team must become confident that neither poor teaching (the application of practices that are not evidence based) nor a need to learn the English language explains the student's inadequate performance. The team may be called a prereferral team, a multidisciplinary team, or an RtI team if the RtI model is utilized. The purpose of the team is to

- document and explain how and when the student is struggling;
- determine the effectiveness of classroom adaptations and additional assistance; and
- monitor the student's progress during the application of high-quality instruction.

For schools that are implementing an RtI framework of assessment and interventions, activities include screening students for learning or behavioral difficulties, implementing evidence-based

FIGURE 2.4 ● The Seven Steps in the Individualized Education Program Process



practices, and documenting student responses to these practices. In general, before any formal referral for special education services is made, teachers, school-based education professionals, and family members work together to determine whether the general education teacher alone can resolve a student's educational or behavioral difficulties. The assessments used during this step are intervention based and conducted in the student's general education class using direct measures of performance (McNamara & Hollinger, 2003). Teachers implement different validated teaching approaches and use assessment measures to document how students respond to this instruction (Barnett, Daly, Jones, & Lentz, 2004). They also systematically differentiate instruction more intensively to address individual learning or behavioral needs.

Prereferral activities are intended to address individual students' learning or behavioral needs through the use of effective practices to prevent unnecessary referrals to special education, which are costly in time, money, and resources for formal assessments. You as a teacher may receive both assistance and consultation from specialists during this phase of the IEP process. Students whose learning remains challenged—those who continue to struggle—are referred to special education and the next step of the IEP process.



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▲ Teachers and families may be involved in the prereferral step. Prereferral activities are intended to address individual students' learning or behavior needs to prevent unnecessary referrals to special education.

Step 2: Referral

There are different reasons for referring students to special education. For example, typically, the referral process begins sooner for children with very severe, low-incidence disabilities because their disabilities are obvious at birth or during infancy (see Chapter 6 for a discussion about autism and low-incidence disabilities). Those children with visible indications of a disability (e.g., facial differences resulting from Down syndrome or use of hearing aids due to a hearing impairment) or other signals of significant developmental delay (e.g., an 18-month-old child not walking independently or a 3-year-old not talking) are usually identified early and receive early intervention services during infancy and their preschool years.

Other signs involving young children often trigger referrals. For instance, young children who are at risk of having disabilities because of improper prenatal care, low birth weight, accident or trauma during infancy, or child abuse can be referred for possible special services. A toddler who does not respond to loud sounds and is not walking by age 2 and a preschooler who has excessive tantrums are both candidates for early referrals. These students likely have received special education services for years. Why is this so? For infants, toddlers, and preschoolers, IDEA stresses the importance of an activity called child find, wherein those with disabilities are actively sought (USDE, 2006). In these cases, referrals can come from parents, a social service agency, public health nurses, day-care professionals, or a medical doctor. Such children and their families usually come to school expecting an individualized education because they have received multidisciplinary services during the preschool years.

Other reasons for referral during the elementary or secondary school years focus more on academic difficulties and behavior disorders. For example, students whose academic performance



is significantly behind that of their classmates despite having received RtI Tier 2 or Tier 3 interventions are prime candidates for special education referrals. Also, those students who continually misbehave and disrupt the learning environment despite PBIS often draw the attention of their teachers and are targeted for intervention and (ultimately) referral for special education services. Documentation of academic and behavioral interventions already conducted and data from progress-monitoring procedures are part of the information that is used during the referral and identification steps.

It is important to know that solely cultural and linguistic diversity (students who speak languages other than English) are not a reason for a referral to special education. According to IDEA, limited English proficiency cannot be a reason for determining that a student has a disability. The Considering Diversity feature provides guidance about the issue of confusing linguistic diversity with a learning disability.

Step 3: Identification

The purpose of the identification step in the IEP process is to determine whether a student has a disability, whether special education services are required, and what types of services are needed. Multidisciplinary teams consisting of professionals who have expertise in each area of concern

CONSIDERING DIVERSITY

DON'T CONFUSE LINGUISTIC DIVERSITY WITH LEARNING DISABILITY

Culturally and linguistically diverse (CLD) students are disproportionately represented in special education classes. Inappropriate placements of this sort often occur because educators may have limited preparation in providing early interventions to remediate existing underachievement problems. Educators may also have limited preparation in discerning the characteristics of linguistically diverse students from the characteristics of students with language and learning disabilities. However, professionals must provide early intervention to students who are exhibiting achievement difficulties. Documentation of the student's response to this intervention also is required. When these efforts are not successful with individual students, a referral to special education for a comprehensive assessment may be appropriate. Educators may be unfamiliar with questions that can be asked to help determine whether a referral for special education assessment is appropriate. Yates and Ortiz (2004) provided guidelines that school-based teams can use as part of the referral process and to eliminate factors besides a disability as the reason for academic underachievement:

- Have the difficulties been noted by a variety of professionals, such as the general education teacher, parents, and the remedial teacher?
- To what extent do the difficulties exist across contexts, such as in classrooms, in classes known as specials or electives (art, music), and at home?
- What are the student's reading abilities in the native language and in English?
- Are the difficulties evident in the native language as well as in English?
- How is the student progressing compared with other students who had or have a similar level of English language proficiency?
- What concerns have family members expressed about language difficulties?
- Has the student received consistent native language instruction?
- What evidence suggests that difficulties can be explained by factors other than disability, such as cultural differences, school attendance issues, teacher bias or expectations, and teachers not prepared to teach CLD students?
- What evidence suggests issues related to assessment, such as measures that are not normed for English learners (ELs), language proficiency of the student that does not match the language in which the assessment was conducted, and results that conflict with documentation about RtI?
- What efforts are being made to determine whether the student's language characteristics, such as pronunciation, oral language, and comprehension difficulties, are a result of learning a second language or a language disability?

Professionals must ensure that CLD students who go through the disability referral process (a) have received effective remedial interventions prior to referral and (b) have been thoroughly reviewed to rule out limited English proficiency as the reason for the problem.

conduct evaluations and assessment. Each member helps to evaluate the student's unique strengths and struggles. For example, if a student is suspected of having a language impairment, a speech/language pathologist is a member of the team. If there may be a hearing problem, an audiologist participates, and so on. For students who are 16 years old or older, evaluation includes assessments related to the need for transition services for moving either from school to work or from secondary to postsecondary education (Madaus & Shaw, 2006).

Evaluation and assessment information can come from a broad range of sources, including the student's parents and family members. The professional who actually coordinates the identification process varies by state and district. In some states the assessment team leader is a school psychologist, an educational diagnostician, or a psychometrician. In other states, a teacher from the student's school leads the team's efforts.

During the identification step, many different types of data are used to inform the team about the student's abilities. Medical history, information about social interactions at school and at home, adaptive behavior in the community, and educational performance are considered. Tests of intelligence, of academic achievement, and of acuity (vision and hearing) are usually part of the data used to make identification decisions about students and their potential special education status. Other information such as AT evaluations, school observations of classroom and social behavior, examples of academic assignments, curriculum-based measurements of reading and mathematics skills obtained as part of the RtI approach, and portfolio samples of classroom performance also are important pieces of evidence used in this step of the IEP process.

Together, data from these sources are used to develop a profile of the student. One result of the identification step of the IEP process can be a determination that the individual does not have a disability. In these instances, the IEP process is discontinued. For those individuals who do have identified disabilities, this phase of the process results in a baseline of performance data to guide the development of the IEP and, later, to help judge the program's effectiveness.

Step 4: Eligibility

The information from the identification step is used to determine eligibility for special education services. The education of those students who do not meet the eligibility requirements remains the sole responsibility of general educators. However, if collectively the information from Step 3 indicates a disability for those students, then the IEP team determines what components of the full range of special education and related services are needed so that an appropriate education can be planned and ultimately delivered. The education of those students with disabilities who are eligible for special education services becomes the shared responsibility of general education teachers and administrators, special education teachers and administrators, and the appropriate related service professionals.

Step 5: Development of the Individualized Education Program

After thorough completion of the prereferral, referral, identification, and eligibility steps of the IEP process, it is time to develop the actual individualized plan—an individualized family service plan (IFSP) for infants and toddlers, an IEP for preschoolers and schoolchildren, and a transition component of the IEP for those students with disabilities who are 16 years old or older. If behavior is a concern, a behavior intervention plan (BIP) is written for the individual student, as well. We discuss the development of the IEP in more detail later in this chapter, but for now it is important for you to know that parents and the education professionals who are all part of the student's IEP team make important decisions about what services and placements constitute an appropriate education for this individual at this step of the IEP process. The assessment results are used to help make these decisions. It is at this point that the IEP team begins its work to outline the individualized education needed for each student. Collectively, the team members, who include parents and the student (if appropriate), now use the knowledge they have gained to identify resources needed for that student to access the general education curriculum, determine the appropriate goals for improvement, and then craft a good education program for the student. Of course, goals must include greater success with the general education curriculum or independence and a community presence later in life. It is at this point that the services and supports that become part of the student's appropriate education are specified.

Step 6: Implementation of the Individualized Education Program

Once the IEP is developed, the student's services and individualized program begin. The IEP contains components that stipulate what constitutes an appropriate education for the student, the extent to which the student participates in the standards-based general education curriculum, the accommodations or adaptations the student receives both for instruction and for assessment, and the array of multidisciplinary services from related service providers that supports the student's educational program. For students with severe disabilities such as significant cognitive disabilities who may be participating in a different curriculum or whose goals differ from those of the general education age-appropriate standards-based curriculum, alternative academic achievement standards and alternative assessments should be aligned and noted on the IEP.

Minor adjustments in students' goals or in the benchmarks that indicate attainment of those goals do not signal a need for a new IEP or another IEP meeting; services continue. However, major changes in goals, services, or placement do require parents to be notified in writing. Some changes, particularly if they involve a more restrictive placement, may necessitate a meeting of the IEP team and the parent or guardian. Most often, this situation arises when issues surrounding discipline are the reason for the change in placement or services. Later in this chapter, you will learn more about BIPs, which must be developed as part of students' IEPs when serious behavioral infractions (e.g., bringing guns or drugs to school, fighting, or being out of control) occur. Also, in Chapter 10 you will learn about effective interventions that should help resolve behavior issues, which affect both the individual and his or her classmates when rules are violated.

Step 7: Evaluation and Reviews

IDEA requires accountability for each IEP developed. In most states, students' IEPs must be reviewed annually. Under an IDEA pilot program, which is attempting to reduce paperwork and administrative burdens on educators, 15 states conduct these reviews every three years. The purpose of the IEP review meetings is to ensure that students are meeting their goals and making educational progress. Because accountability measures determine whether the student is making progress, educators are careful to describe expectations for tasks and skills the student needs to learn in terms that can be evaluated. Whether the IEP process is for an infant or toddler (an IFSP) or for a schoolchild (an IEP and possibly a transition component), the expectation is that frequent assessments of the individual's performance will occur, whether major IEP reviews occur once a year or only every three years.

Who Are the Members of the Individualized Education Program Team?

IDEA is very clear about membership on IEP teams (Office of Special Education Programs [OSEP], 2006a). The exact language of the regulations is found in Table 2.4, but it is important for you as a teacher to remember that each IEP team is individually determined according to the specific needs of the student and his or her disability.

As a teacher attending an IEP meeting for one of your students, you can be most helpful in ensuring that the right people are participating and contributing to the development of a meaningful IEP for your student. Review Table 2.4 and consider a student who faces motor challenges resulting from cerebral palsy. Emily is a very bright fourth grader, but she has difficulty engaging in class discussions because her speech is slow, deliberate, and difficult to understand. She uses a walker and finds it challenging to hold a pencil, but she can use a computer's keyboard. IDEA is specific about the minimum representation of those members who make up IEP teams for students with disabilities. Who are those essential members? For Emily, IDEA allows for the inclusion of more multidisciplinary professionals. What additional members would be appropriate for Emily's IEP team? To answer these two important questions, it might be helpful to know more about the roles of IEP team members. Some of those roles and responsibilities are highlighted next.

TABLE 2.4 • Members of the Individualized Education Program Team

According to the IDEA regulations, the public agency must ensure that the IEP Team for each child with a disability includes
<ul style="list-style-type: none"> • The parents of the child;
<ul style="list-style-type: none"> • Not less than one general education teacher of the child (if the child is, or may be, participating in the general education environment);
<ul style="list-style-type: none"> • Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
<ul style="list-style-type: none"> • A representative of the public agency who [has certain specific knowledge and qualifications];
<ul style="list-style-type: none"> • An individual who can interpret the instructional implications of evaluation results [this person may also be one of the other listed members];
<ul style="list-style-type: none"> • At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related service personnel as appropriate; and
<ul style="list-style-type: none"> • Whenever appropriate, the child with a disability.

Source: OSEP (2006a, pp. 2–3).

Roles of Education Professionals

All education professionals working at every school are crucial to positive experiences for students with disabilities. As we mentioned in Chapter 1, it is surprising to us that after some 30 years of including more and more students with disabilities in general education classes, many teachers, principals, and other education professionals still report that they believe they are ill-prepared to accept responsibilities associated with the education of these students (Fisher, Frey, & Thousand, 2003; Futernick, 2006). Those who harbor such beliefs (particularly if they are uneasy with, or even reject, students with disabilities) can negatively influence outcomes for these students (Cook, 2001; Cook, Tankersley, Cook, & Landrum, 2000). Such negative attitudes are often subtly expressed in the ways in which inadequately prepared educators talk about students with disabilities and the adaptations they need for successful participation in the general education curriculum (Salend, 2010). We also know that well-prepared educators can and do make a real difference in the lives and the educational achievements of their students (Darling-Hammond, 2005, 2006a, 2006b). We are confident that you, as a teacher thoroughly prepared with knowledge about effective interventions and the ADAPT Framework, will positively influence the lives of your students with disabilities.

The school principal is a key person in the collaborative effort at every school (Praisner, 2003; Rodríguez, Gentilucci, & Sims, 2005). Because principals often coordinate management efforts at their site, they can be most helpful in ensuring the delivery of special education services including monitoring the array of services indicated on every student's IEP, and in ensuring the coordination of services throughout the school. Effective principals also set the tone for positive attitudes crucial to all students' success. They welcome and facilitate the efforts of the many different professionals who are itinerant, coming to their school to work with individual students such as Emily. For example, students with challenges similar to Emily's typically receive services from speech/language pathologists, physical therapists, experts in AT, and possibly occupational therapists. These members of Emily's multidisciplinary team are not permanent or full-time members of the school staff. Their schedules are complicated and often hard to coordinate because each of them travels from school to school, sometimes long distances, to work with individual students and their teachers who need their services. Also, these professionals often find themselves in crowded schools where they do not have sufficient space or appropriate places to work with individual students or to store their equipment. Principals can lead their school's staff to solve complex coordination issues that itinerant multidisciplinary team members often present, smoothing the way for efficient delivery of related services.

Neither IDEA, individual states' regulations, nor school districts' guidelines have established definitive roles for each profession's IEP team member. Teams must determine each member's role and responsibility when they collaborate as members of IEP teams and work together to plan for the delivery of an effective and appropriate education for each student with a disability. In part, this lack of uniformity exists because no single or uniform action can reflect what special education services any particular student needs. Also, government officials do not want to dictate how groups of professionals elect to work together. For example, at one school the principal and IEP teams at two different schools might assign duties differently (Praisner, 2003). At one school, the school counselor coordinates the entire schedule; at another, a special education teacher schedules related services for all students with disabilities, and the principal's assistant develops the other teachers' and students' schedules. In short, the way in which these professionals collaborate is partially determined by how they are organized at each school.

The IEP process, the development of responsive IEP teams, and the inclusion of students with disabilities require true partnerships among those who share responsibilities for the education of students with disabilities. Fisher and his colleagues (2003) help us think about how both general and special education teachers could share responsibilities that typically arise in providing an appropriate education to students with disabilities. Some of their ideas are presented in Table 2.5.

TABLE 2.5 ● Roles of General and Special Educators in the Education of Students with Disabilities

	Special Educators	General Educators
Prereferral and Referral	<ul style="list-style-type: none"> Assist with data collection Test effectiveness of educational modifications and accommodations 	<ul style="list-style-type: none"> Conduct prereferral assessments Use tactics of varying intensity Provide instruction under different conditions
Instruction	<ul style="list-style-type: none"> Individualize instruction (1:1; 1:3) Apply instruction to small groups Adapt materials and instruction Consult with, and provide assistance to, other educators 	<ul style="list-style-type: none"> Apply instruction to whole class and small groups Ensure maximal access to the general education curriculum by implementing adaptations and accommodations Train and supervise peer tutors
Assessment	<ul style="list-style-type: none"> Monitor progress frequently Determine appropriate adaptations and accommodations 	<ul style="list-style-type: none"> Develop and maintain portfolios Implement adaptations and accommodations for testing situations
Communication	<ul style="list-style-type: none"> Foster parent partnerships Communicate with school personnel about needed accommodations 	<ul style="list-style-type: none"> Communicate with parents and families Work in partnership with special education personnel
Leadership	<ul style="list-style-type: none"> Train and supervise paraprofessionals Advocate for each student with a disability Coordinate students' related services Conduct in-service training sessions about access to the general education curriculum 	<ul style="list-style-type: none"> Work with paraprofessionals Participate in IEP meetings Facilitate the scheduling and delivery of related services Maintain anecdotal records
Record Keeping	<ul style="list-style-type: none"> Develop the IEP Maintain records of accommodations and IEP progress 	<ul style="list-style-type: none"> Keep records of accommodation use and effectiveness

Source: From "What do special educators need to know and be prepared to do for inclusive school to work?" by D. Fisher, N. Frey, & J. Thousand, *Teacher Education and Special Education*, 26, 2003, p. 45. Copyright © 2003 by The Council for Exceptional Children. Partially adapted with permission.

Roles of Families

IDEA stresses the importance of involving families of students with disabilities in the IEP process and as members of their child's IEP team (USDE, 2006). The IEP process can help develop partnerships among parents and extended family members, schools, and professionals (Sopko, 2003). This purpose should be actively fostered, since the importance of these partnerships cannot be overestimated (Dabkowski, 2004).

When parent involvement is high, student alienation is lower and student achievement is increased (Brown, Paulsen, & Higgins, 2003; Dworetzky, 2004). Educators need to recognize, however, that many parents believe schools control the special education process. As a result, many families feel disenfranchised or confused about rules, regulations, and the purpose of special education (Cartledge, Kea, & Ida, 2000). Most parents want to participate in their children's education, but sometimes they do not understand the educational system.

Often, families need help to participate effectively in IEP meetings and in the resulting individualized programs (Tornatzky, Pachon, & Torres, 2003). Here are some tips that teachers can give parents to help them better prepare to participate in IEP meetings (Buehler, 2004):

- Make a list of important questions to ask IEP team members. Examples: What is my child's daily schedule? How is my child doing in school? Does my child have friends? How well does my child behave? What problems is my child having?
- Outline points to make about your child's strengths.
- Bring records regarding your child's needs.
- Ask for clarification.
- Be assertive and proactive but not aggressive or reactive.
- Listen and compromise.
- Remain involved with the professionals on the IEP team.
- Know about placement and service options, and explore each with the team.

For families who do not speak English well enough to understand the complicated language used to talk about special education issues, participation may seem impossible (Hughes, Valle-Riestra, & Arguelles, 2002). In such instances, schools must welcome family members and people from the community who are fluent in the family's native language and also knowledgeable about the special education process and procedural safeguards guaranteed to families through IDEA. The law encourages the family's maximal participation, so it requires schools to find interpreters to the fullest extent possible. Remember, it is the obligation of educators to include and inform parents and students about the efforts that will be made on their behalf.

Roles of Students

Review Table 2.4 and remember the importance that IDEA places on students participating on their own IEP teams, particularly when adolescents are about to transition out of high school. The law stresses student involvement because it has found that many students are unfamiliar with their IEPs and do not know the goals established for them. One result is a lack of ownership in the school program especially designed for them. Involving students has many benefits (Test et al., 2004). Particularly if students are active participants, they can learn important skills needed in life. Here are two examples: Self-determination is the ability to identify and achieve goals for oneself. Self-advocacy consists of the skills necessary to stand up and advocate for what one needs to achieve those goals. These two skills are interrelated and can be fostered during the IEP process when students are involved (Wood, Karvonen, Test, Browder, & Algozzine, 2004). Here are some ways in which older students can contribute to their IEP meetings:

- Describe personal strengths, weaknesses, and needs.
- Evaluate personal progress toward accomplishing their goals.



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▲ IDEA law stresses the importance of student involvement in their IEPs because, surprisingly, many students are unfamiliar with the content and the goals established for them within their IEPs. Involving students in the process has many benefits.

- Bring a list of adaptations and explain how each is helpful.
- Communicate their preferences and interests.
- Articulate their long-term goals and desires for life, work, and postsecondary schooling.

Now, we will discuss individualized plans more specifically. Think about what you have learned in Chapter 1 and in Chapter 2 so far that could help you write an IEP with members from the multidisciplinary team.

What Plans Guarantee Students With Disabilities an Appropriate Education?

Four plans for individualized programs serve to coordinate and document what constitutes the appropriate education for each infant, toddler, and student with disabilities. The plans that guarantee an appropriate education to those with disabilities follow:

1. The IFSP—for infants and toddlers
2. The IEP—for preschoolers through high school students
3. An additional statement of transitional services—initiated at age 16 to help those students who require special education services to make successful transitions to independence, community living, and work
4. A BIP—for those students with disabilities who commit serious behavioral infractions

Let's examine each of these plans in turn.

Individualized Family Service Plans

Infants or toddlers (birth through age 2) who have disabilities or who are at great risk for disabilities were originally guaranteed the right to early intervention programs through Education for All Handicapped Children Act (EHA), which was passed in 1986. That right continues today through IDEA. (For a review of IDEA legislation, see Chapter 1.) IFSPs are written documents that ensure that special services are delivered to these young children and their families. The IFSP is the management tool that guides professionals as they design and deliver these children's special education programs. Service managers are the professionals who provide oversight and coordination of the services outlined in IFSPs. The key components of these early education management plans follow:

- The child's current functioning levels in all relevant areas (physical development, cognitive development, language and speech development, psychosocial development, and self-help skills)
- The family's strengths and needs in regard to the development of their child
- The major outcomes expected, expressed in terms of procedures, evaluation criteria, and a time line
- The services necessary and a schedule for their delivery
- Projected dates for initiation of services
- The name of the service coordinator

- A biannual (every six months) review, with the child's family, of progress made and of any need for modifications in the IFSP
- Indication of methods for transitioning the child to services available for children ages 3 to 5

To many service coordinators and early childhood specialists, the IFSP is a working document for an ongoing process in which parents and specialists work together, continually modifying, expanding, and developing a child's educational program. Children and families who participate in early intervention programs often find these years to be an intense period, with many professionals offering advice, training, guidance, and personalized services, as well as care and concern. Also, the transition to preschool at the age of 3 can be particularly difficult and frightening. One reason for the difficulty is that services that had been delivered primarily at the family's home will now be delivered at a preschool. Therefore, IFSPs include plans for these youngsters and their families to transition from very intensive and individually delivered interventions to more traditional classrooms. IDEA allows states to give families the option of delaying entrance into school-based preschool programs by keeping their child in an early intervention program, but making this decision sometimes results in the family having to pay for some or all of the services (USDE, 2006).

Individualized Education Programs

IEPs are the documents that describe the special education and related services appropriate to the needs of students with disabilities who are 3 to 21 years of age. These plans are the cornerstones of every educational program planned for preschoolers (ages 3 to 5) and students (ages 6 to 21) with disabilities (OSEP, 2006a). IDEA delineated what the IEP must contain at the very least, and it is important that every educator know these key components:

- **Current performance:** The student's present levels of academic achievement and functional performance related to how the student's disability influences participation and progress in the general education curriculum
- **Goals:** Statement of measurable goals related to participation in the general education curriculum or to meeting other educational needs resulting from the disability
- **Special education and related services:** Specific educational services to be provided, including accommodations, program modifications, or supports that allow participation in the general education curriculum and in extracurricular activities
- **Participation with students without disabilities:** Explanation about the extent to which the student will not participate in general education classes and in extracurricular activities alongside peers without disabilities
- **Participation in state- and district-wide testing:** Description of assessment accommodations needed for these assessments, or, if the student will not be participating, a statement listing reasons for nonparticipation and explaining how the student will be alternatively assessed
- **Dates and places:** Projected dates for initiation of services, where services will be delivered, and the expected duration of those services
- **Transition service needs:** A transition component for those students (beginning at age 16) whose goals are related to community presence and independence that is included in the IEP to identify postschool goals and to describe transitional assessments and service needs
- **Age of majority:** A requirement to inform students, beginning at least one year before they reach the age of majority, of those rights that transfer to them
- **Measuring progress:** Statement of how the student's progress toward achieving IEP goals will be measured and how parents will be informed about this progress

To stress the importance of including all of these components in each student's IEP, IDEA Part B regulations specify the procedures that school districts must follow to develop, review, and revise the IEP for each child. Remember that students with disabilities must have age-appropriate standards-based IEPs, which allow for access to the general education curriculum. Students with significant cognitive disabilities may qualify for alternative curriculum and assessments.

IEPs must be written for each student with a disability, so each IEP will be different. Remember Emily, who was described earlier in this chapter? She needs services from several related service professionals, such as a speech/language pathologist, a physical therapist, and an assistive technologist. Some students, such as in Ms. Cohen's classes, may need help only from a special education teacher or a paraprofessional. Other students may require assistance from many more members of a multidisciplinary team. Academic areas might be reflected, but so might areas not typically part of educational programs for students without disabilities (e.g., fine and gross motor skills and life skills). Services indicated on the IEP must be provided, and they cannot be traded for other services, such as more time in the general education classroom. Services not being readily available (including AT devices and services) is no reason for omitting them from an IEP: If the student needs the service, it must be delivered. In other words, if a student needs the services of an assistive technologist and requires some special equipment, those services and devices must be made available. In addition, any changes in placement, related services specified in the IEP, or annual goals necessitate another IEP meeting and mutual approval by the family and the school district.

The contents of a student's IEP must be available to all educators who work with the student (USDE, 2006). IEPs are meant to be a communication tool. Surprisingly, it is not uncommon for teachers to be unaware of the goals and services required by their students' IEPs. This situation leads one to ask how an appropriate education can be delivered when the educators who interact with students with disabilities do not understand what the students' education should comprise. The answer is obvious: An appropriate education cannot be delivered under these circumstances.

The Working Together feature provides an example of how IEP team members come together to ensure that Emily's IEP is serving her needs as her education continues.

WORKING TOGETHER

REVIEWING EMILY'S PROGRESS

Professionals representing related services in addition to the required IEP team members work together to fine-tune Emily's IEP. The focus of the meeting is to conduct an annual review of Emily's performance in school and to determine what changes to her IEP may be necessary to ensure an appropriate education. The IEP team consists of Mr. Hernandez (Emily's fourth-grade teacher), Emily's art teacher, the special education teacher, the principal, Emily's parents, the special education coordinator, and the diagnostician. Also, because of Emily's speech/language and motor needs, the speech/language pathologist, recreational therapist, assistive technologist, occupational therapist, and physical therapist participate on this IEP team. Different members of the IEP team have obtained Emily's input about her needs during an interview and observations. All individuals involved in this process should be prepared to discuss Emily's academic, behavioral, social, motor, and language needs from their own perspective. The IEP team members will bring their summaries about Emily's progress and questions for the team to address. Based on their

discussions, Emily's IEP can be adjusted to more appropriately address her needs to ensure successful inclusion in the fourth-grade class.

Here are some tips that can help ensure the success of this collaborative process:

1. Mr. Hernandez should be prepared to discuss how Emily is performing compared with her peers and what techniques he is using to make environmental and instructional adaptations for her. He should also describe how well the computer works as an accommodation to help her do her work and how well Emily is socializing in his class.
2. The art teacher should describe how Emily is progressing based on any adaptations that were made to the materials or content.
3. The special education teacher should explain how she teams with Mr. Hernandez to support Emily and how Emily's learning needs are also being

addressed during the twice-weekly pullout sessions with the special education teacher.

4. The parents should have an opportunity to express their concerns about schoolwork at home, and any other issues that are important for the IEP team to discuss and resolve.
5. The speech/language pathologist can provide an update on therapy sessions to help Emily develop her speech. A discussion about how Emily is doing with her oral language communication in class should also occur.
6. The recreational therapist should update the IEP team on how Emily is performing in adaptive physical education and provide guidance about how to include Emily in general physical education classes.
7. The assistive technologist should work with the occupational therapist to reevaluate Emily's

use of the computer as an alternative to using a pencil. Discussion about other assistive devices or adaptations to the keyboard may be necessary.

8. The physical therapist should evaluate Emily's use of the walker in various school environments and bring this information to the meeting. Issues related to transportation and mobility should be addressed. A discussion with Emily about how the walker helps her mobility can inform discussion in the meeting as well.

Questions

1. How can these services be coordinated to benefit Emily and to help Mr. Hernandez with his teaching?
2. What advice can you offer Mr. Hernandez about collaborating with professionals?

Transition and Components of Individualized Education Programs

When IDEA was reauthorized in 1997, plans to help students transition from school to postsecondary experiences became a special education requirement. At that time, such a plan was a separate document—a mini-IEP of its own—for students age 14 and older that was called an individualized transition plan. Since the 1997 reauthorization of IDEA, these plans for assessments and services to prepare for postschool life, or statements of transitional services, are a part of the students' IEPs; they are not stand-alone documents. IDEA increased to 16 the age for initiation of the transition component of students' IEPs. Transitional planning is very important for high school students with disabilities and their families, because these individuals' postschool outcomes have much room for improvement. Table 2.6 provides a template for an IEP and transition services.

TABLE 2.6 • Individualized Education Program and Transition Services

Statements
<p>A statement of the child's present levels of academic achievement and functional performance including</p> <ul style="list-style-type: none"> • how the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children) or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities.
<p>A statement of measurable annual goals, including academic and functional goals designed to</p> <ul style="list-style-type: none"> • meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and • meet each of the child's other educational needs that result from the child's disability.
<p>For children with disabilities who take alternative assessments aligned to alternative achievement standards (in addition to the annual goals), a description of benchmarks or short-term objectives.</p> <p>A description of</p> <ul style="list-style-type: none"> • how the child's progress toward meeting the annual goals will be measured; and • when periodic reports on the child's progress toward meeting the annual goals will be provided, such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards.

(Continued)

TABLE 2.6 ● (Continued)

Statements
<p>A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child and a statement of the program modifications or supports for school personnel that will be provided to enable the child</p> <ul style="list-style-type: none"> • to advance appropriately toward attaining the annual goals; • to be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and • to be educated and participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities.
<p>A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state- and district-wide assessments.</p>
<p>If the IEP team determines that the child must take an alternative assessment instead of a particular regular state- or district-wide assessment of student achievement, a statement of why</p> <ul style="list-style-type: none"> • the child cannot participate in the regular assessment; and • the particular alternative assessment selected is appropriate for the child.
<p>An explanation of the extent, if any, to which the child will not participate with children who do not have disabilities in the regular classroom and in extracurricular and other nonacademic activities.</p>
<p>The projected date for the beginning of the services and the anticipated frequency, location, and duration of special education and related services and supplementary aids and services and modifications and supports.</p>
<p>Transition Services</p>
<p>Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include</p> <ul style="list-style-type: none"> • appropriate measurable postsecondary goals based on age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and • the transition services (including courses of study) needed to assist the child in reaching those goals.
<p>Rights That Transfer at Age of Majority</p>
<ul style="list-style-type: none"> • Beginning not later than one year before the child reaches the age of majority (which is 18 years of age in most states) under state law, the IEP must include a statement that the child has been informed of the child's rights under Part B of the IDEA, if any, that will, consistent with 34 CFR §300.520, transfer to the child on reaching the age of majority.

Source: OSEP (2006b).

Although more students with disabilities graduated from high school with a standard diploma (about 69.9%), too many still drop out of school (OSEP, 2018). Some 18.0% of students with disabilities drop out (Wagner, Newman, Cameto, Levine, & Garza, 2006). Completion rates vary greatly by type of disability. For example, 82.1% of students with visual disabilities, 80.3% of students with hearing disabilities, 68.4% of those with autism, and 64.4% of students with physical disabilities complete high school. However, only 57.6% of students identified as having emotional or behavioral disorders finish high school.

Of course, high school completion rates influence participation rates in postsecondary opportunities. Students with disabilities participate in postsecondary programs at about half the rate of their peers without disabilities; about 20% of students with disabilities attend community colleges or four-year colleges and universities (Sanford et al., 2011). All of these reasons contribute

to the fact that individuals with disabilities earn less than their counterparts without disabilities and more often find themselves in jobs that do not provide benefits such as health insurance.

It is also important for teachers who participate in transition planning to understand that, as adults, these individuals tend to engage in active leisure activities less than individuals without disabilities. They participate in organized community groups at a rate much lower than would be expected, and they also get in trouble with the law more often than their typical peers (Wagner et al., 2006). Helping students set goals for themselves, gain work experience, and develop skills needed for independent living can be critical to the life satisfaction experienced by adults with disabilities (Neubert, 2003).

The transition component supplements and complements the IEP, and as you can tell, it has the potential of being very important to the long-term results of your students. Whereas the IEP describes the educational goals that a student should achieve during a school year, the transitional services part of the IEP focuses on the academic and functional achievement of the individual to prepare for adult living (National Center on Secondary Education and Transition [NCSET], 2005). Transition components are designed to facilitate the process of going from high school to any of several postsecondary options: postsecondary education including vocational education, integrated employment (including supported employment), adult services, or community participation (de Fur, 2003). The last years of school can be critical to the achievement of special education outcomes and to these learners' smooth and successful transition to adulthood.

Behavior Intervention Plans

When any student with a disability commits serious behavioral infractions, IDEA requires that a BIP, which is like an IEP but addresses the behavioral infraction, be developed (USDE, 2006). Because inappropriate behavior is so often at the root of special education referrals, of teachers' dissatisfaction with working with students who have disabilities, and of lifelong challenges, we devote an entire chapter to behavior management, development of good social skills, and interventions for serious and persistent behavior issues (see Chapter 10).

Why did BIPs for students who have major behavioral issues become part of students' IEPs? One reason reflects concerns of Congress and the public about violence, discipline, and special education students. Although students without disabilities can be expelled for breaking school rules (e.g., for bringing guns to school or engaging in serious fighting), some students with disabilities cannot. These students can, however, be removed from their current placement and receive their education away from their assigned classroom(s) in what is called an interim alternative educational setting for up to 45 school days. Continued progress toward the attainment of IEP goals must be one intention of the interim alternative educational setting placement. Students who cannot be expelled are those whose disruptive behavior was caused by their disability. Under the older versions of IDEA, this protection was called the stay-put provision. Through a process called manifestation determination, educators figure out whether the disability caused the infraction. All students with disabilities who are violent or said to be out of control must have BIPs developed for them. These plans focus not only on the control or elimination of future serious behavioral infractions but also on the development of positive social skills. In Chapter 10, we provide information about how to write a BIP.

What Are Related Services and Who Are the Providers?

Many students with disabilities need help beyond that given through the partnership of general and special education. As you learned in Chapter 1, related services are typically beyond what general and special education teachers can provide (Etzet-Wise & Mears, 2004; Neal, Bigby, & Nicholson, 2004). Related services are definitely a unique feature of special education, offering a wide range of services and expertise to students and their families. These experts facilitate the attainment of least restrictive environment (LRE) and FAPE.

The three most commonly used related services are speech therapy, physical therapy, and AT. IDEA does not provide a precise list of related services because its authors did not want to be too prescriptive; these services are to be determined by the exact needs of the individual (Downing, 2004). As Table 2.7 shows, related service professionals may include those who provide AT,

audiology, occupational therapy, physical therapy, school health services, speech/language therapy, or other services needed by the student. Unfortunately, particularly for students with high-incidence disabilities (e.g., learning disabilities), IEP teams (educators who meet to develop the IEP) often fail to fully consider students' needs for related services (Mitch Yell, as quoted in Earles-Vollrath, 2004). It is important for all teachers to understand that IDEA guarantees all students, regardless of their disabilities, needed related services.

With exceptions for very young children in some states, related services are provided at no cost to the student's family. However, in some cases costs for related services are paid for by agencies other than schools (e.g., Medicare or private insurance companies). Some medical services

TABLE 2.7 ● Explanation of Frequently Provided Related Services Specified in the Individuals with Disabilities Education Act

Related Service	Explanation	Provider
Adaptive physical education (therapeutic recreation)	Assesses leisure function; provides therapeutic recreation and leisure education	Recreational therapist
Assistive technology (AT)	Assists with the selection, acquisition, or use of any item, piece of equipment, or product system used to enhance functional capabilities (assistive technology device)	Assistive technologist
Audiology services	Identifies and diagnoses hearing loss; determines proper amplification and fitting of hearing aids and other listening devices	Audiologist
Counseling services/rehabilitative counseling	Provides psychological and guidance services, including career development and parent counseling; develops positive behavior intervention strategies	School counselor, social worker, psychologist, guidance counselor, vocational rehabilitation counselor
Diagnostic and evaluation services	Identifies disabilities	School psychologist, diagnostician, psychometrician
Occupational therapy	Improves, develops, or restores the ability to perform tasks or function independently	Occupational therapist
Orientation and mobility training	Enables students who are blind or have low vision to move safely and independently at school and in the community	Orientation specialist, mobility specialist
Physical therapy	Works to improve individuals' motor functioning, movement, and fitness	Physical therapist (PT)
School health services	Provides health services designed to enable a student with a disability to participate in FAPE	School nurse
Social work	Mobilizes school and community resources and works in partnership with family members to resolve problems in a child's living situation that affect school adjustment	Social worker
Speech/language therapy	Provides services for the prevention and treatment of communicative disorders	Speech/language pathologist (SLP)
Transportation	Assists with travel to, from, between, and within school buildings, typically using specialized equipment (e.g., special or adapted buses, lifts, ramps)	Orientation specialist, mobility specialist

Source: Adapted from USDE (2006, pp. 1257–1258, 1284–1294).

are considered related services. Here's a guideline to whether a medical service is also a related service: If a school nurse can provide the medical services the student needs, they are likely to be related services. If, however, the services need to be performed by a physician, they are not (Bigby, 2004; National Association of School Nurses, 2004).

AT is a unique and critical component of many effective programs (Bryant & Bryant, 2003). For these reasons, we highlight such technology in the remaining chapters of this text. For now, remember that AT is both equipment and a related service. AT is often what allows students with disabilities to access general education, interact with their friends, participate in class discussions, and complete their schoolwork more easily. Like evidence-based practices and differentiated instruction, AT often is an important component of general education's foundation for effective special education services.

As stipulated in IDEA, the IEP team must consider a student's need for AT and services so that the student can receive FAPE in the LRE (USDE, 2006). The Tech Notes feature lists some of the questions that IEP team members consider when specifying which AT services and devices are to be included in a student's IEP. When identified in a student's IEP, a device or specific type of equipment becomes part of the student's educational program. However, not every device you can think of is considered AT by IDEA. For example, IDEA clarified for school districts and families that cost for the maintenance of surgically implanted medical devices, such as cochlear implants, are not the responsibility of the schools (Kravetz, 2005). The expertise of assistive technologists can be critical to ensure that the latest technology is available to resolve challenges that some individuals face. In Chapter 8 we present additional information about AT.

TECH NOTES

ELECTION OF ASSISTIVE TECHNOLOGY DEVICES AND SERVICES

Following are questions IEP team members ask themselves as they consider what AT services and devices to include in a student's IEP:

1. How can AT devices and services help the student receive a FAPE?
2. How can AT devices and services help the student receive an education in the LRE?
3. How can AT devices and services help the student access the general education curriculum and achieve IEP goals successfully?
4. How do the features of the AT device match the strengths and struggles of the student and the tasks of the environment?
5. How will the use of AT devices and services be monitored to ensure successful implementation as well as benefits to the student?

Source: Adapted from Chambers (1997).

You have learned that at the heart of special education are the professionals who join with families to collaborate and provide multidisciplinary services and supports to students with disabilities. These teams are unique because they are individually determined and their membership reflects the individual needs of the student. These multidisciplinary teams of experts not only deliver critical services to students with disabilities and their families but also are valuable resources to teachers as they strive to meet the needs of each student. You as a teacher should always remember that these professionals are available to help you as well as your student. When everyone works together, IEP teams ensure more than the protection of basic rights guaranteed by IDEA: They orchestrate the best education possible. When each individually arranged IEP team develops partnerships, so that students' programs are coordinated, the results are remarkable, allowing individuals to overcome challenges caused by disabilities.

Now let's think about the process and plans that guide everyone's actions to make these programs a reality.



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▲ Many students with disabilities need help beyond that given through the partnership of general and special education. This student requires physical therapy from a related services provider.

How Are Students With Physical and Cognitive Needs Protected Under Section 504?

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination against individuals with disabilities. It requires federal, state, and local governments to provide access to buildings and other public spaces to people with disabilities through such accommodations as alternatives to stairs (ramps and elevators) and barrier-free sidewalks (via curb cuts that allow wheelchairs to roll from sidewalk to street).

Section 504 also requires that teachers in publicly funded schools make accommodations and modifications

for students with disabilities to ensure that they have equal access to an education. Because some students who receive services under Section 504 may not be in special education, it is the general education teacher's responsibility to make those accommodations and modifications for the non-special education students. Let's review how students qualify for services under Section 504 and the educational accommodations that are available to them.

Qualifying for Services Under Section 504

There are students with special learning needs who are not covered under IDEA. However, they may qualify for services under Section 504 because the definition of disability is broader under Section 504 and extends beyond school age. To be eligible for protections under Section 504, the child must have a physical or mental impairment that substantially limits at least one major life activity. Major life activities include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, working, self-care, and performing manual tasks. The key is whether a person "has a physical or mental impairment which substantially limits one or more of such person's major life activities" (Yell, 2012, p. 96).

Special Education Law

If the student has a disability that adversely affects educational performance, the student is eligible for special education services under IDEA and would also be automatically protected from discrimination under Section 504. However, the opposite is not true: If a student has a disability that does not adversely affect educational performance, the student will not be eligible for special education services under IDEA, but the student will usually be entitled to protections under Section 504. For example, a student with AIDS, a student with attention-deficit/hyperactivity disorder (ADHD), and a student with chronic asthma are all protected from discrimination under Section 504. Each of these students may also be eligible for special education services under IDEA (under the category "Other Health Impairments" described in Chapter 5), but those decisions would be based on the specific educational needs of each student (Wrightslaw, 2015). Students with conditions such as drug or alcohol addiction, temporary disabilities resulting from accidents, attention problems, or chronic health issues can qualify as having a disability under Section 504 (Vermont Department of Education, 2010). Although no funding is attached to this legislation, school districts and general education professionals are expected to implement measures to address any special conditions they believe would jeopardize a student's ability to learn.

Providing Educational Services Under Section 504

Under Section 504, students who qualify as having a disability are assessed, and a 504 plan is developed and monitored (see Figure 2.5 for an example). The plan includes accommodations and adaptations, identifies the person(s) responsible for implementation, and lists the procedures for monitoring the effectiveness of the plan. Accommodations and adaptations might include changes to the physical environment (specialized lighting, a quiet study place), adaptations to

FIGURE 2.5 • Section 504 Sample Plan

Sample Components of a 504 Plan for a Student with Diabetes

Student's Name: _____

Birth Date: _____ Grade: _____ Type of Diabetes: _____

Homeroom Teacher: _____ Bus Number: _____ Date: _____

Objectives/Goals of this Plan

The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range of _____ and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

- 1. Provision of Diabetes Care:** Designated individuals will receive training to be Trained Diabetes Personnel (TDP).
- 2. Student Level of Self-Care and Location of Supplies and Equipment:** The student can perform the following diabetes care tasks without help at any time of the day and in any location _____. The student needs assistance or supervision with the following diabetes health care tasks _____. The student needs a TDP to perform the following diabetes care tasks _____.
- 3. Snacks and Meals:** The school nurse, or TDP if the school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached Diabetes Medical Management Plan (DMMP) that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.
- 4. Exercise and Physical Activity:** The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.
- 5. Water and Bathroom Access:** The student shall be permitted to have immediate access to water and be permitted to use the bathroom without restriction.
- 6. Checking Blood Glucose Levels, Insulin, and Medication Administration, and Treating High or Low Blood Glucose Levels:** Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed. Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen, or pump) designated in the student's DMMP.
- 7. Tests and Classroom Work:** If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty. If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or treat hypoglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.

Emergency Contact:

_____	_____	_____
Parent's/Guardian's Name	Home Phone Number	Emergency Phone Number

Approved and received:

_____	_____
Parent/Guardian	Date
_____	_____
School Representative and Title	Date

Source: Adapted from American Diabetes Association (2012).

curriculum and instruction, accommodations in testing, and assistance with organizing time and activities (Friend, 2008). In addition to instructional programs, the plan can cover other academically related programs such as field trips and summer programs.

Some students with disabilities who qualify for Section 504 accommodations and adaptations may not be receiving special education services. For these nonspecial education students, the general education teacher is responsible for providing needed accommodations and adaptations. Next, we discuss students who are gifted and talented.

How Are Students Identified and Served as Gifted and Talented?

Gifted and talented students do not necessarily face the same kind of challenges as most children who receive special education services. However, because of their unique needs, they confront other obstacles. Many gifted and talented learners are frequently stifled by educational approaches that do not challenge their cognitive abilities or help them achieve to their full potential. For these reasons, many parents, policymakers, and education professionals believe these students need special programs and services (National Association for Gifted Children [NAGC], n.d.).

IDEA does not offer gifted and talented students protections and rights as it does for students with disabilities. Although many states provide mandated services for gifted students, relatively few have laws or regulations that offer educational protections for gifted students similar to those found in IDEA for students with disabilities (NAGC, n.d.). Education for gifted and talented students is addressed in the Jacob K. Javits Gifted and Talented Students Education Act, first enacted in 1988 (PL 100-297) and then in 2001. Let's examine the definition of gifted and talented, some traits that characterize gifted and talented students, the categories of students who are eligible for this identification, and teaching practices that address their unique needs.

Definition

Why is it important to define giftedness? One reason is that the way a state or school district defines the term *gifted and talented* influences the identification process that determines who is eligible for special services. Many state departments of education rely on a federal definition of gifted and talented to come up with their own definition. These state definitions are then used as a guide to develop school district policies for identification and eligibility criteria (NAGC, n.d.).

Defining giftedness is a complicated and often controversial task. There is no one universally accepted interpretation of what it means to be gifted and/or talented. Some definitions and identification procedures are more restrictive than others and emphasize test performance, including cut-off scores on intelligence and achievement tests. As a result, access to services for the gifted continues to be limited for many students who, despite their high abilities, may not perform well on these measures. Other definitions and identification procedures reflect a multidimensional view of gifted abilities with less emphasis on psychometric profiles. Adopting a broader perspective can cast a wider net and include students typically overlooked for consideration as gifted (Webb, Gore, Amend, & DeVries, 2007).

Characteristics

What characteristics come to mind when you think of a gifted student? You may think of someone who is a natural leader, is an avid reader, has great mathematical aptitude, and excels in just about everything. Although some students can be considered globally gifted, the majority of gifted students excel in some areas and not others. Students who are gifted are a heterogeneous group who differ from each other in abilities, interests, motivation, behavior, and needs. And yet they do share some characteristics. The National Society for the Gifted and Talented identified these characteristics across six areas: creative thinking, general intellectual ability, specific academic ability, leadership, psychomotor ability, and visual/performing arts abilities (see Table 2.8).

TABLE 2.8 • Common Characteristics of Gifted and Talented Children in Six Areas

Area	Characteristics
Creative Thinking	<ul style="list-style-type: none"> • Is an independent thinker • Exhibits original thinking in oral and written expression • Comes up with several solutions to a given problem • Possesses a sense of humor • Creates and invents • Is challenged by creative tasks • Improvises often • Does not mind being different from the crowd
General Intellectual Ability	<ul style="list-style-type: none"> • Formulates abstractions • Processes information in complex ways • Is observant • Is excited about new ideas • Enjoys hypothesizing • Learns rapidly • Uses a large vocabulary • Is inquisitive • Is a self-starter
Specific Academic Ability	<ul style="list-style-type: none"> • Has good memorization ability • Has advanced comprehension • Acquires basic skill knowledge quickly • Is widely read in special interest area • Has high academic success in special interest area • Pursues special interest with enthusiasm and vigor
Leadership	<ul style="list-style-type: none"> • Assumes responsibility • Has high expectations for self and others • Has fluent, concise self-expression • Foresees consequences and implications of decisions • Has good judgment in decision making • Likes structure • Is well-liked by peers • Is self-confident • Is organized
Psychomotor Ability	<ul style="list-style-type: none"> • Is challenged by difficult athletic activities • Exhibits precision in movement • Enjoys participation in various athletic opportunities • Excels in motor skills • Is well coordinated • Has good manipulative skills • Has high energy level
Visual/Performing Arts Abilities	<ul style="list-style-type: none"> • Is outstanding in sense of spatial relationships • Has unusual ability in expressing self, feeling, moods, etc., through dance, drama, music, etc. • Has good motor coordination • Exhibits creative expression • Has a desire for producing own product (not content with mere copying) • Is observant

Source: National Society for the Gifted & Talented (2018).

Educators should be familiar with the characteristics of gifted learners for several reasons. First, recognizing how they learn best can help create an environment conducive to their success. For example, understanding that many students who are gifted learn quickly, have advanced interests, and become bored with drill and practice activities allows teachers to differentiate instruction so that once students demonstrate mastery of the content being studied, they can explore topics in greater depth and in more creative ways.

Although many characteristics in Table 2.8 influence students to become highly focused and successful in and out of school, teachers need to understand how some traits, left unattended, can have a negative impact. For instance, sometimes the sensitivity, perfectionism, and



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▲ Students with gifts and talents require special attention to help ensure that bias and incorrect perceptions do not keep them from receiving an accelerated or enriched education.

intensity common among gifted students can become exaggerated and paralyzing for students, which causes a great deal of stress and contributes to underachievement. Dysfunctional perfectionism can lead to an inability to tolerate mistakes, avoidance of demanding tasks for fear of failure, and refusal to turn in assignments that are less than perfect (Fletcher & Speirs Neumeister, 2012). Gifted students are also often extremely sensitive to criticism while striving for unrealistic perfection. By understanding how these traits can manifest themselves in maladaptive ways, teachers can provide a flexible learning environment that challenges intellectual curiosity and is also safe for taking risks and accepting mistakes as a natural part of learning.

Prevalence

Because special education for the gifted is not mandated or guaranteed funding by IDEA, states are not required to report statistics about the prevalence of gifted students to the federal government. We can only estimate how many gifted and talented students are identified and receive special services.

Several subgroups of students are under-identified as gifted or talented, for several reasons. These students require special attention to help ensure that bias and different perceptions do not mask their giftedness and keep them from receiving an accelerated or enriched education. Let's turn our attention to three of these groups: CLD students, students with disabilities, and females.

Culturally and Linguistically Diverse Gifted Students

Gifted and talented students can be found in every racial, ethnic, socioeconomic, and linguistic group; however, there is concern about the well-documented underrepresentation of CLD students among those identified as gifted and talented (Boulder Valley School District Office of Advanced Academic Services, 2010). As communities become more diverse, the change in the number of students identified as gifted and talented should mirror the demographic changes in the population, but that has not been the case. For example, recent data indicate that Black and Latino students represent 26% of the students enrolled in gifted and talented education programs, compared with their 40% enrollment figure in schools that offer such programs (Office for Civil Rights, 2014).

The problem of underrepresentation is compounded for students who have not acquired English language proficiency. Despite the fact that being able to speak two (or more) languages requires keen cognitive ability, bilingualism is frequently treated as a handicap in need of remedial efforts rather than as a strength that requires enrichment. Failure to identify and cultivate giftedness among our diverse student population is unfair to these students and to our society.

Several researchers and school systems have investigated characteristics associated with giftedness that may be common among certain CLD students. One such effort was conducted by the Boulder Valley School District Office of Advanced Academic Services (2010), where eight areas were identified as having potential for identifying students as gifted in the culturally, linguistically, and ethnically diverse student population. Some or all of the characteristics shown in Table 2.9 may be sufficiently different from the dominant culture to be perceived as negative.

Teachers can help their CLD gifted learners to be successful in many ways. First, they should value students' cultures, languages, and experiences. They can often do this easily by building a connection among home, school, and community (e.g., inviting families to share their history). Teachers should also maintain high expectations for all students by providing rich content while incorporating multicultural education and instructional strategies that take advantage of students' strengths, such as problem solving, creativity, and primary-language abilities (Shealey, McHatton, & Wilson 2011).

TABLE 2.9 • Characteristics of Culturally and Linguistically Diverse Gifted Students

Characteristic	Dominant Culture	Nondominant Cultures
Curiosity	<p>Raises hand to ask question.</p> <p>Stays on task.</p> <p>Expresses self well.</p> <p>Expects shared experiences and common understandings.</p> <p>Curious about how things work more than about people.</p>	<p>May think questioning is rude.</p> <p>May be frustrated by not having the language necessary to ask questions.</p> <p>Does not have foundation of shared experiences.</p> <p>Curious about different experiences.</p> <p>May experience lack of understanding by teachers, peers and others.</p> <p>May enjoy asking questions with shock value.</p> <p>More curious about people than things.</p>
Task Commitment	<p>Sticks with task.</p> <p>Confident in ability.</p>	<p>Stubborn.</p> <p>May have own priorities.</p> <p>May not see relevance in school work.</p>
Sense of Humor	<p>Begins with shared experiences and understandings.</p> <p>Uses dominant language with others.</p> <p>Uses subtleties with language.</p>	<p>May have difficulty showing humor in dominant culture's language.</p> <p>May be perceived to be smart aleck.</p> <p>May use language destructively, use put-downs.</p> <p>May be class clown.</p> <p>May demonstrate humor, tell jokes in one language and not the other.</p>
Keen Interests	<p>Good at many things.</p> <p>Enjoys learning new things.</p> <p>Enjoys collections.</p> <p>Enjoys book series.</p>	<p>Is unable to make decisions.</p> <p>Makes decisions without regard for consequences.</p> <p>Appears random.</p> <p>Has trouble finding closure.</p>
Use of Language	<p>Expresses self well in formal register.</p> <p>Can elaborate well on others' ideas.</p> <p>Fairly even language profile.</p>	<p>Is very expressive in casual register.</p> <p>Has trouble listening and staying attentive to others.</p> <p>Is uneven in ability to speak, listen, read, write.</p> <p>Makes clever, silly or inappropriate responses.</p> <p>Is opinionated, a good talker but unable to support ideas or provide substance to ideas.</p> <p>Tells stories, enjoys listening to stories in own language, culture.</p> <p>Acquires new language quickly.</p>
Self-Efficacy	<p>Feels safe.</p> <p>Feels in control.</p>	<p>Feels unsafe, insecure.</p> <p>Feels like a victim.</p>
Problem Solving	<p>Good at solving school problems.</p> <p>Applies learned rules to problem solving.</p>	<p>Good at solving street problems.</p> <p>Creative in finding for self.</p> <p>May not be interested in following rules.</p>
Asynchronous Maturity	<p>Taken care of by adults.</p> <p>Often protected from adult concerns.</p>	<p>May be responsible for younger siblings.</p> <p>May act as translator and interpreter for adults.</p> <p>May be needed and used in adult situations.</p>

Source: Boulder Valley School District Office of Advanced Academic Services (2010).

Gifted Students With Disabilities

Gifted students with disabilities—or twice-exceptional students—also require special attention. Students with disabilities are frequently overlooked when teachers are considering which of their students are gifted (Trail, 2011). Some teachers may have difficulty with the concept of a student both being gifted and having a disability.

Twice-exceptional students exhibit a complex array of abilities, weaknesses, and needs (Trail, 2011). Sometimes their disabilities mask their giftedness, making it difficult for teachers to recognize their strengths, or they may rarely show consistently high achievement, so they remain unidentified as gifted.

More than 35 years ago, Tannenbaum and Baldwin (1983) described gifted students with learning disabilities as “paradoxical learners.” For example, these students may have advanced mathematical reasoning ability but have great difficulty with simple calculations; they may be extremely knowledgeable about many topics but be unable to remember simple facts; they may have excellent problem-solving skills but fail to master basic skills. Does this sound like a student you know?

Twice-exceptional students can display high levels of creative potential, exceptional analytic abilities, extraordinary spatial abilities, and superior vocabulary. They can be imaginative and creative with an advanced sense of humor, but despite these documented strengths, they have many characteristic behaviors that affect their learning and hamper their identification as gifted. Even if already identified as gifted, they may exhibit learning problems in school and be considered underachievers (Montgomery County Public Schools, n.d.).

Frustration comes easily and quickly for students with disabilities who are gifted. Imagine how frustrating it must be to have a deep understanding of complex issues and not be able to express adequately or demonstrate this knowledge. Often these students give up on tasks quickly. They are afraid of taking academic risks, have difficulty with fine and gross motor skills, and have low self-esteem, frequently masked by inappropriate behaviors (Trail, 2011). As a consequence of the frustration caused by a unique combination of skills and deficits, twice-exceptional students can be some of the most disruptive in class. Teachers can make a real difference in their educational experience by making sure that their strengths are recognized and nurtured.

Gifted Females

You may be asking yourself why gifted females are being discussed as a separate group requiring special attention. Simply put, girls and young women who are gifted face their own set of challenges both in and out of school. A classic report more than 20 years ago from the American Association of University Women (AAUW; 1992) challenged the notion that girls and boys receive equitable treatment in our classrooms and outlined how gender bias short-changes our young women. This seems particularly true for gifted females. For example, according to the AAUW report, teachers in all grade levels frequently select classroom activities that appeal more to boys’ interests and are presented in formats in which boys typically excel. Another interesting finding suggests that boys are consistently given more instructional time, teacher attention, and praise and are called on more often than girls. These interaction patterns appear to be even more pronounced when teachers are dealing with high-achieving students (the top 10% to 20% of the school population) and in science and math classes.

Educators need to develop strategies for recognizing and encouraging gifted girls and for closing the gender gap that exists. One way teachers can help is by paying attention to their own behaviors with students and making sure there is no gender bias in their interactions. Other suggestions include using authentic learning, that is, applying science, mathematics, engineering, and technology (STEM) to solving real-world problems.

Teaching Students Who Are Gifted and Talented

All gifted students should have a **differentiated curriculum** that offers learning experiences above and beyond those provided to typical learners through the general education curriculum. Educators can devise a differentiated curriculum in many ways, such as by modifying the standard curriculum’s content, the learning environment, or the instruction provided. Gregory and Chapman (2013) provided a template for planning differentiated instruction (see Table 2.10).

TABLE 2.10 • Template for Differentiated Instruction for Gifted and Talented Students

1. Core Standards: What should students know and be able to do?	Assessment tools for data collection: (logs, checklists, journals, agendas, observations, portfolios, rubrics, contracts)
2. Content: (concepts, vocabulary, facts) What content should be taught?	
3. Activate: How can students be assessed? Focus Activity: Preassessment Strategy Preassessment Prior knowledge and engaging the learners	<ul style="list-style-type: none"> • Quiz, test • Surveys • K-W-L • Journals • Arm gauge • Give me • Brainstorm • Concept formation • Thumb it
4. Acquire: How can information be delivered? Total group or small groups	<ul style="list-style-type: none"> • Lecturette • Presentation • Demonstration • Jigsaw • Video • Field trip • Guest speaker • Text
5. Grouping Decisions: (random, heterogeneous, homogeneous, interest, task, constructed) What ways can students work in groups? Apply formative assessments Adjust	<ul style="list-style-type: none"> • Learning centers • Projects • Contracts • Compact/Enrichment • Problem based • Inquiry • Research • Independent study
6. Summative Assessments What are examples of summative assessments?	<ul style="list-style-type: none"> • Quiz, test • Performance • Products • Presentation • Demonstration • Log, journal • Checklist • Portfolio • Rubric • Metacognition

Source: Gregory and Chapman (2013).

Many different models and instructional techniques are put into practice across the nation (Smith & Tyler, 2010). Services for students who are gifted and talented are delivered through a variety of placement options: general education classrooms, resource rooms or pull-out programs, self-contained classes, and even special schools. Regardless of the method used, these key features define differentiated instruction for gifted learners as including the following:

- Problem-based learning
- Abstract thinking
- Reasoning activities
- Creative problem solving
- Content mastery
- Breadth and depth of topics
- Independent study
- Talent development

Acceleration and enrichment are two common educational approaches to teaching students who are gifted and talented. **Acceleration** allows students to move through the curriculum at faster rates than their peers who learn in more typical ways. **Enrichment** adds topics or skills to the traditional curriculum.

In a recent report by the AAUW, Hill, Corbett, and Rose (2010) urged that teachers (and administrators) in gifted and talented programs send the message that they value growth and learning:

The danger of the “gifted” label is that it conveys the idea that a student has been bestowed with a “gift” of great ability rather than a dynamic attribute that she or he can develop. Talented and gifted programs should send the message that students are in these programs because they are advanced in certain areas and that the purpose of the programs is to challenge students in ways that will help them further develop and bring their abilities to fruition. Consider changing the name of talented and gifted programs to “challenge” programs or “advanced” programs to emphasize more of a growth mindset and less of a fixed mindset. (Hill et al., 2010, p. 36)



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▲ A differentiated curriculum can be achieved in many different ways. A field trip is one way to enrich the learning environment.

ing, another acceleration method, students of comparable abilities work together in courses or activities in which they excel. Finally, many high schools provide honors sections of academic courses as a form of ability grouping in which students must demonstrate superior academic performance for entrance.

Acceleration

Acceleration can take many different forms. One form has students skipping to a grade ahead of their classmates of the same age. Grade skipping usually happens in the early elementary years, often at or during kindergarten when a child’s giftedness is apparent because he or she can already read books, write stories, or solve mathematics problems. It also occurs with some frequency toward the end of high school, when students skip their remaining years and attend college through early-entrance programs. Another form of acceleration is advanced placement courses, which allow students to take classes that provide more in-depth course content and earn college credit for them. In ability group-

Enrichment

One form of enrichment is independent study, through which a student studies a topic in more depth or investigates a topic that is not part of the general education curriculum. Independent study focuses on learning to be self-directed and to explore subjects in which the individual has an interest. Another form is mentorships, which pair students who have special interests with adults who have expertise in those areas. Mentorships need to be carefully arranged by teachers, but the benefits are both immediate and long term. Finally, internships are working assignments that allow gifted high school students who have expressed interest in a particular career to gain experience within that profession (Smith & Tyler, 2010). Effective programming, through educational approaches that are responsive to each student's unique needs, is possible and desirable for students who are gifted and talented. In the next section, we focus on students who are "at risk" for poor learning outcomes for a variety of reasons and how educators can help them improve their educational outcomes.

Who Are Students At Risk and How Do We Help Them Achieve Their Full Potential?

Students are considered at risk for school failure or underachievement if their family situations, personal conditions, and life events negatively affect their school lives. Although educators may not be able to influence some of the many factors that place students at risk, they can make a difference in these students' education by carefully identifying academic, behavioral, and social problems that can result from these factors and then implementing and monitoring plans to address them. Here we discuss the definition of students who are at risk, possible conditions that contribute to risk, and ways to tackle the problems.

Definition of *At Risk*

Students who are **at risk** have experiences, living conditions, or characteristics that contribute to school failure. Informal experiences such as interactions with other children, interactions with adults, and activities contribute to language and cognitive development in the early years of a child's life. Students who have limited life experiences, lower expectations, and fewer academic opportunities because of family situations, family income, and even geography lag behind their peers right from the start when entering school. Living conditions such as poverty, neglect, homelessness, physically and/or verbally abusive situations (including bullying), and drug or alcohol abuse contribute significantly to the risk.

Students who struggle with depression, exhibit suicidal tendencies, are coping with the death of a loved one, or are experiencing a divorce in their family may also have limited capacity to cope with the demands of the educational setting. Careful coordination and collaboration between the family and a team of professionals (e.g., social workers, school counselors, medical professionals, psychologists, and educators) are needed to tackle the challenges caused by these conditions. Students at risk benefit from academic and social support services and often respond to the same instructional practices that help students with high-incidence conditions learn the general education curriculum.

Many CLD students do well in school. However, some tend to underperform on measures of academic achievement in the United States (National Assessment of Education Progress, 2017). During the 1970s and 1980s, the achievement gaps between African American and White students and between Hispanic and White students narrowed, but in the late 1980s and 1990s they widened again and are still large (National Assessment of Education Progress, 2017). These gaps remain even when analysts statistically control for differences in parental income and housing value. A major educational goal is to close the performance gaps between groups of students.

The achievement gap is often characterized by substandard performance in reading, writing, and computing. Educational problems like these sometimes contribute to students' giving up and dropping out of school. Hispanic students have higher dropout rates than non-Hispanic students (National Center for Education Statistics, 2014). Unfortunately, the economic and employment picture is bleak for students who drop out of high school because they lack the education and

experience employers seek in the more competitive high-salary positions. Many educators suggest we should address these challenges by ensuring that CLD students receive an education more culturally and linguistically responsive to their needs (e.g., Shealey et al., 2011). In upcoming chapters, you will read about many ways to ensure such education.

Some Conditions That Contribute to Risk

Many conditions that contribute to risk affect students' performance in schools. In this section, we discuss several of these risk factors to help you better understand them as you work with children in inclusive settings. They are poverty, homelessness, migrant family factors, health influences, and the conditions of some schools.

Poverty

The link among childhood poverty, poor school outcomes, and disabilities is clear and well documented (DeNavas-Walt, Proctor, & Smith, 2012). The most important predictor of student success in school is readiness to learn to read. Unfortunately, many children from high-poverty homes enter school with limited readiness skills. Diverse students are overrepresented in the poverty category compared with their representation in the general population. Statistics for children under 18 living in poverty show that 39% of Black children, 36% of Native American children, and 33% of Hispanic children are poor, compared with only 13% of White children (U.S. Department of Commerce, 2013). More than any other factor, poverty accounts for poor school performance. However, many school services available to students in poverty can make a real difference, such as free or low-cost meals.

Homelessness

Not all children in poverty are homeless, but the relationship between homelessness and poverty is obvious. Homeless children and children of immigrants and migrant workers often experience disruption and dislocation—circumstances that can be challenging as they try to cope with frequent transitions from school to school (OSEP, 2014). Children who live in shelters may be embarrassed or afraid they will be judged or stigmatized because they are homeless (National Center for Homeless Education, 2014). These students often change schools every few months, breaking the continuity of their education and leaving gaps in their knowledge that result in reduced academic achievement. Educators must understand that their low academic performance occurs because of many factors, including fragmented education, absenteeism, and high risk for health problems.

On a positive note, between 2007 and 2013, unsheltered homelessness declined by 23% (U.S. Department of Housing and Urban Development, 2013). However, being homeless is difficult for children (National Center for Homeless Education, 2014). In one study, researchers tested children living in an urban shelter and found that 46% of them had a disability. The most common disability, affecting some 30% of these children, was emotional or behavioral disorders. Because of the lack of social services and shelters, being homeless in rural areas is also challenging. Given the high percentage of homeless children who also have disabilities, IDEA pays special attention to them and their unique needs (National Center for Homeless Education, 2007).



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▲ Students who are identified as “at risk” need teacher support for issues both academic and personal to help them thrive in school.

Migrant Status

Being from a migrant worker's family also places children at risk for poor school performance. An estimated 50% of migrant and seasonal farm workers are U.S. citizens or legal immigrants (Housing Assistance Council, 2011). These workers earn incomes below the federal poverty level.

Most live in Florida, Texas, or California between November and April and move to find agricultural work the rest of the year. Approximately half a million migrant students live in the United States, and about 75% of them are Hispanic.

Lack of Health Care

The Children's Defense Fund (CDF; 2014) gives us some additional and alarming facts to consider when we think about the relationship between the conditions under which children live in the United States and their incidence of disabilities:

- More than one in five children, and almost one in four under age 5, were identified as poor in 2012.
- The median income of female-headed single-parent families was less than a third of the median income of married-couple families and less than half of the median income of all families with children.
- In each state and the District of Columbia, a full-time minimum-wage worker cannot afford the monthly fair market rent for a two-bedroom rental unit.
- In Fiscal Year 2011, 37 states and the District of Columbia had more than one in five children living in food-insecure households, which increases the risk of obesity. In 45 states and the District of Columbia, more than one in four children were overweight or obese.
- More than 21 million children received free or reduced-price school lunch in 2012, but only 2.3 million of them received meals during the summer of that same year.
- Despite substantial improvements in recent years, 1 in 11 (about 7.2 million) children under 19 were uninsured in 2012.
- The United States ranks 26th in immunization rates among industrialized countries.

There is no denying the lifelong impact of poor nutrition, limited or no access to health care (through being uninsured), and lack of timely immunizations during childhood (CDF, 2014). During the school year, the effects can be seen in learning and behavior problems. Across the life span, there are adverse effects on employment and life satisfaction.

At-Risk Schools

School environments can be rated as at risk for a number of reasons, including low performance. These schools tend to need major renovations, and the classrooms are crowded with too many students. Resources such as technology and instructional materials are typically limited, which means students do not have the same learning opportunities and experiences as their peers in better schools. Some teachers may be first-year instructors unprepared to handle the issues in an at-risk school, such as limited classroom resources, low standards and expectations for students, a high dropout rate, and discipline problems. Other teachers may be burned out from grappling with these issues and trying to teach at the same time (Starkes, 2013).

Although these issues are complex, they are not insurmountable. For example, states must establish annual progress goals for improvement so all students can achieve proficiency. If goals are not achieved, schools must implement strategies to improve student performance. Moreover, assessment data must be disaggregated by group to determine how students with disabilities and CLD students are performing. Thus, the achievement gap is visible and the schools are accountable. School leaders must work strategically to establish appropriate interventions while keeping abreast of emerging research as they plan instruction at the elementary and secondary levels, especially in low-performing schools (Hassel & Hassel, 2010).

Finally, well-prepared teachers and high-quality instruction are critical components in student learning. More attention is now focused on what we as educators are doing to help students learn. Research shows that activities such as providing explicit and systematic instruction with multiple opportunities for practice, differentiating instruction based on assessment results,

adapting instruction to meet students' needs, and monitoring student progress improve students' academic outcomes (Bryant, Bryant, et al., 2014). What James M. Kauffman (1999) stated more than 20 years ago remains true today:

If we are going to help students . . . we are going to have to change course. We cannot continue to avoid focusing on instruction! We cannot continue to suppose that consultation and collaboration [and structural changes] will somehow make up for the deficit in instruction. We cannot rely on substitutes for . . . intensive, relentless instruction. (Kauffman, 1999, p. 247)

Although Kauffman was referring to special education instruction, his advice is applicable to instruction for students at risk of school failure and for educators who teach in all schools.

Ways to Tackle the Problems: Prevention of Risk

The best way to help ensure that students are not at high risk of school failure is to make improvements in health-care and educational practices.

Health Care

According to the CDF, the most effective and efficient way to make an enormous difference in the outcomes of children in poverty is to remove the risk variables by

- Improving these children and their families' access to health care.
- Removing bureaucratic barriers to existing health-care options.
- Working hard to ensure every child has the healthy start necessary to survive and thrive in life (CDF, 2014).

Of course, effecting such sweeping social change is beyond any individual's capabilities, but alert educators can take certain actions to make a real difference in the lives of children. For example, even without guarantees that all workers will be insured, many free services are available to the poor and to people who live in urban centers. Unfortunately, however, families are often afraid of or unaware of them. Being knowledgeable about resources in your community and then increasing awareness of their availability is one way to help poor parents gain access to medical services that prevent some disabilities from occurring.

Educational Practices

Differentiating instruction to address specific learning needs of students in response to the tasks at hand is one example of an effective educational practice. Differentiating focuses on the tasks students must perform, their learning needs, and the adaptations that can be made to accommodate their individual needs. Thinking back to the ADAPT Framework introduced in this chapter, you can adapt the way you deliver instruction in small groups and with extra instructional support. Specialized materials and adaptations in the content or activity are all ways to make learning more appropriate and individualized.

Another effective educational practice is universal screening to identify students who are performing in the risk category and then providing intervention to support the core or regular class instruction. For example, early identification and intervention to help students with learning and behavior difficulties in kindergarten through Grade 3 have received national attention in legislation such as IDEA and ESSA. The intent of early intervention is to prevent learning problems from escalating and to reduce inappropriate referrals to special education as a result of inadequate or poor instruction.

Screening and intervention are also necessary at the secondary level. Some students with learning problems manage to perform well enough to get by in the elementary grades. However, as the curriculum becomes more challenging, academic issues surface and require intervention. For example, students with reading problems may not successfully read and understand subject-area

textbooks (history, science), or students with mathematics difficulties may lack the arithmetic and problem-solving skills needed for more advanced topics such as algebra. These are the students who are most at risk of dropping out of the educational system because of academic frustration.

Working collaboratively with other professionals and family members is yet another educational practice that responds to the special needs of students at risk. Multidisciplinary teams can generate solutions to problems teachers are encountering in the classroom when trying to work with a range of student needs. Team members can also provide in-class support to implement screening and intervention practices. Finally, connecting to families is critical to learning about their unique situations. The time spent in this endeavor will go a long way in identifying solutions to the problems and challenges families face.

Summary

The ADAPT Framework and MTSS and RtI are important ways academic and behavioral outcomes can be improved for students with disabilities and students who are at risk for learning problems. Students who are gifted and talented do not typically demonstrate issues with low performance but they have learning characteristics that warrant specialized instructional approaches. A cornerstone of the federal laws ensuring all infants, toddlers, preschoolers, and students with disabilities a FAPE in the LRE is the individualized education created through the special education

process. IDEA guarantees these individuals and their families a tailor-made education program, which is guided by uniquely created planning documents: the IFSP and the IEP. The IEP is further supported, when necessary, by BIPs and the statement of transitional services. These plans bring together multidisciplinary teams of parents, general educators, special educators, and related service providers for the purpose of helping young children and students with disabilities reach their full potential and achieve community presence and independence as adults.

Review the Learning Objectives

Let's review the learning objectives for this chapter. If you are uncertain and cannot talk through the answers provided for any of these questions, reread those sections of the text.

- **What is the ADAPT Framework?**

The ADAPT Framework is a tool for instruction and assessment of struggling learners that reflects proven best practice in the field. The five steps in ADAPT are: A—Ask, “What am I requiring the student to do?” D—Determine the prerequisite skills of the task. A—Analyze the student's strengths and struggles. P—Propose and implement adaptations from the four categories (instructional activity, instructional content, instructional delivery, and instructional materials). T—Test to determine if adaptations helped the student accomplish the task.

- **What are the multi-tiered systems of support and Response to Intervention?**

The MTSS and RtI frameworks combine evidence-based interventions and progress-monitoring measures for the purposes of identifying and providing necessary supports to students who have learning or behavior difficulties. The goal is to improve each student's academic performance or reduce or eliminate inappropriate behavior. The MTSS framework targets academic, emotional, behavioral, and social outcomes for students. The RtI framework focuses on a tiered approach specifically for the identification of students with learning difficulties and the implementation of interventions for these students.

- **What is the evaluation and identification process?**

IDEA mandates that an individualized program be delivered to every infant, toddler, and student who is identified as having a disability and is in need of special education. The purposes of these individualized programs are to ensure that each of these individuals receives FAPE, is provided an education in the LRE, is specific to the student, and is provided services with the expectation of outstanding results. IDEA requires that these steps, at a minimum, be included in the IEP process:

1. Prereferral, 2. Referral, 3. Identification,
4. Eligibility, 5. Development of the IEP,
6. Implementation of the IEP, and 7. Evaluation and reviews.

- **Who are the members of the individualized education program team?**

IDEA is very clear about membership in IEP teams (OSEP, 2006a). The parents, general education and special education teacher of the child, and a representative from the public agency are members of the team, along with a person who can interpret the instructional implications of evaluation results. In addition, the team can include, at the discretion of the parent or the agency, other individuals who have knowledge or expertise, such as related services professionals and, whenever possible, the child with a disability.

- **What plans guarantee students with disabilities an appropriate education?**

The plan that guarantees an appropriate education to infants and toddlers (i.e., individuals from birth to age 3) is called the IFSP; the plan for preschoolers and schoolchildren is called the IEP. IEPs may have additional components, such as a transition component for students age 16 or older and a BIP for students with disabilities who violate schools' conduct codes.

Once an IEP is developed, there are three primary purposes of evaluating the student's performance:

- Evaluate the student's progress toward IEP goals.
- Evaluate the effectiveness of services or supports.
- Monitor progress.

- **What are related services and who are the providers?**

Related services are a unique feature of special education, offering a wide range of services and expertise to students and their families. These experts facilitate the attainment of LRE and FAPE. The three most commonly used related services are speech therapy, physical therapy, and AT.

- **How are students with physical and cognitive needs protected under Section 504?**

The definition of disability is broader under Section 504 and extends beyond school age. For instance, any condition that greatly limits a major life activity, including the ability to learn in school, is defined as a disability. Students who qualify as having a disability under Section 504 are assessed, and a Section 504 plan is developed and monitored. The plan includes the accommodations and adaptations chosen, the person(s) responsible for implementing the plan, and the procedures for monitoring its implementation.

- **How are students identified and served as gifted and talented?**

The majority of students with gifts and talents excel in some areas and not in others. Gifted and talented students can be found in every racial, ethnic, socio-economic, and linguistic group, but CLD students are underrepresented among those identified as gifted or talented. Some students are twice-exceptional, that is, they have a disability as well as a talent or gift. The key features of differentiated instruction for the gifted and talented are problem-based learning, abstract thinking, reasoning activities, creative problem solving, content mastery, breadth and depth of topics, independent study, and talent development. Acceleration helps students move through the curriculum more rapidly than their peers, whereas enrichment adds topics or skills to the traditional curriculum.

- **Who are students at risk and how do we help them achieve their full potential?**

Students who are at risk have experiences, living conditions, or characteristics that contribute to school failure, such as poverty, homelessness, abuse, neglect, and poor instruction. They require specialized services to prevent negative outcomes. Health-care services must be provided to reduce risk associated with a lack of regular medical attention. Educational practices such as differentiated instruction, screening and intervention, and collaborative partnerships can reduce risk and provide necessary support for these students.

Revisit the Opening Challenge

Check your answers to the Reflection Questions from the Opening Challenge and revise them on the basis of what you have learned.

1. Are Mr. Hernandez and Ms. Cohen overly concerned about being able to meet their students' needs? Why or why not?
2. What advice would you give them about working with special education teachers regarding any supports and services specified in their students' individualized education programs?
3. What kind of help and assistance should Mr. Hernandez and Ms. Cohen expect from the individualized education program team members?
4. Is Mr. Hernandez justified in expressing concerns about the educational progress of Emily's classmates? Why or why not?
5. How can special education and related service professionals help Mr. Hernandez and Ms. Cohen support their students' needs and enable them to teach the rest of their class?
6. How does the Response to Intervention model affect instruction in Mr. Hernandez's and Ms. Cohen's classes?
7. How can the ADAPT Framework be utilized for addressing the needs of students with individualized education programs in Mr. Hernandez's and Ms. Cohen's inclusion classes?

Key Terms

acceleration 66

at risk 67

data-based decision making 38

differentiated curriculum 64

enrichment 66

fidelity 41

progress monitoring 36

universal screening 38

Professional Standards and Licensure

CEC Initial Preparation Standards

Standard 1: Learner Development and Individual Learning Differences

Standard 2: Learning Environments

Standard 3: Curricular Content Knowledge

Standard 4: Assessment

Standard 6: Professional Learning and Ethical Practice

Standard 7: Collaboration

INTASC Core Principles

Standard 1: Learner Development

Standard 2: Learning Differences

Standard 3: Learning Environments

Standard 4: Content Knowledge

Standard 6: Assessment

Standard 7: Planning for Instruction

Standard 9: Professional Learning and Ethical Practice

Standard 10: Leadership and Collaboration

Praxis II: Education of Exceptional Students: Core Content Knowledge

I. Understanding Exceptionalities: Basic concepts in special education

II. Legal and Societal Issues: Federal laws and legal issues

III. Delivery of Services to Students with Disabilities: Background knowledge