

Huron School District 2-2 Special Education and Student Related Services 2016 - 2017

Special Education Information

- Mission/Philosophy Statements
 - Professional Development
 - District Services
 - Staff
 - Referral information
- 13 IDEA School-age Disability Categories
 - Crash Course on an IEP
 - Yearly Timeline
- Case Management Responsibilities
 - SPED Norms

Lori Wehlander 353-6998
Director of Special Services

Tonya Whitmore 353-6997
Administrative Assistant to the Director of Special Services

Special Education Professional Development for 2016-2017

Specialized Department Trainings will be scheduled during Early Release Days, Pre-school In-service Days and Department Meetings as outlined below: (all are subject to change)

New Teacher Training: August 22-26, 2016

Pre-School Inservice Days: August 29 – September 1, 2016

Early Release Days:

September 21, 2016

October 5, 2016

November 2, 2016

December 7, 2016

January 11, 2017

February 1, 2017

March 1, 2017

April 5, 2017

May 3, 2017

Monthly Large Group Meeting – Second Wednesday of Each Month in the IPC.

MISSION STATEMENT

The Huron School District Special Services Department believes that we must educate each child as a part of their home, school, and community, while acknowledging that there are diverse capabilities in each human being. We believe that students can learn what we want them to learn given appropriate resources and time. This education must be developed in the least restrictive environment in order to maximize and make relevant each child's fullest potential.

HURON SCHOOL DISTRICT PHILOSOPHY OF SPECIAL EDUCATION AND STUDENT RELATED SERVICES

Because public education is a fundamental right of all children and every child is entitled to an equal opportunity to obtain an education, the Huron educational community upholds the following tenets as the basis for decisions regarding all children, and particularly those children with special learning needs.

1. All children are recognized as unique individuals and valued equally. Neither their abilities nor their disabilities determine their value.
2. Every child has the right to a free and appropriate public education that includes all financial and human resources necessary.
3. The purpose of education is to increase the ability of students to function interdependently and productively in their home, work and social and community environments while increasing the students' feelings of self-worth and personal adequacy.
4. Families are essential in the educational process and must be continually involved in the education of their children.
5. All children can learn and thereby profit from appropriate educational services.
6. Individual programs must be developed by both general and special educators, parents, the student, and other involved persons as appropriate on the basis of information gathered from multiple sources. These programs must portray a comprehensive and accurate view of the student, and his or her learning needs and abilities.
7. Students with unique learning needs must be served in the least restrictive environment appropriate to meet those needs. This most often calls for accommodations to be made in regular classrooms with non-disabled peers through the use of support services to teachers in these classrooms.
8. Early identification and intervention are essential in order to address the social, behavioral, physical, and academic needs of students.

9. A continuum of educational programs and services is required to meet the needs of Huron students from birth through age 21 who are disabled.

10. Comprehensive student-centered services require cooperative efforts of educational and other human service agencies.

HURON SCHOOL DISTRICT SPECIAL EDUCATION SERVICES

The special education program in the Huron Schools serves more than 360 students ranging in age from birth to twenty-one years. Instructional and support services are delivered by special education teachers, school psychologists, speech language pathologists, speech language pathologist assistants, behavior strategists, physical therapists, occupational therapists, deaf educators, interpreters, caseworkers, school health providers, and paraprofessionals. As is specified in federal and state law, students with disabilities are served in the least restrictive environment to the maximum extent possible. Thus, at all schools in the district there are special needs students participating as appropriate in general education classrooms and general curriculum.

Special education services include individualized specially designed instruction in academic, self-help, and communication, motor, vocational and social skill areas. Individual Education Programs (IEPs) are developed annually. Goals and/or objectives are written for each student based on the results of formal testing, skill based assessment and observations. Carefully sequenced instruction is provided and data measuring student progress is maintained.

Huron School District uses a wide variety of service delivery methods to meet the needs of students as identified in their IEPs. The following descriptions are examples of program designs used throughout the district to provide the continuum of service options needed by students receiving special education services. Unless specifically noted, these services exist at all grade levels. Program designs vary to some extent from building to building, and from year to year, as administration and special education staff makes adjustments to meet the needs of their current student populations. It is also important to note that, at times, aspects of the different program designs may be blended in a unique way. The District encourages building staff to be creative in designing programs to meet the needs of their students and to best utilize the strengths of staff members.

RESOURCE CLASSROOM SERVICES

Special education students with mild disabilities are assigned to general education classrooms and spend most of their day in that setting. They receive specially designed instruction, directed by a special services staff member, in areas identified on their IEPs. The special education teacher, the general education teacher, or a paraprofessional may provide the instruction. Instruction may occur in the general education classroom through cooperative teaching or in a small group/resource room. In Huron, these rooms are called

Resource Rooms. Related services such as occupational therapy and speech/language therapy are provided if the need is identified on the IEP.

DISTRICT-WIDE SERVICES

Special education center-based classroom programs are provided for students at all age levels in the District. Classrooms for three to five year old students with significant disabilities are located at Buchanan. Students receiving these services have disabilities and/or behaviors that make it difficult for them to succeed in a typical preschool program. Extensive support services are provided in the areas of speech/language and physical skills and cognitive development.

Some school-age students with significant disabilities may also be enrolled in a special education district-wide classroom. Special education teachers and paraprofessionals staff these classrooms. The staff-to-student ratio is very low, and the curriculum is determined by the IEP. The emphasis is on functional academics and life-long skills that are necessary for maximum independence. Even though the student is assigned to a special education classroom, he/she has frequent opportunities to participate with students without disabilities in both general education classroom and extracurricular settings.

The goal of the high school transition services is to help students with disabilities achieve the maximum independence possible. Classes emphasize the acquisition of functional academics and skills necessary for independent living. There are classes designed to teach necessary job skills, social skills and daily living skills. When appropriate, students are mainstreamed into general education and resource classes.

The staff works to develop comprehensive work experience placements for each student. The work experience placements vary depending on the skills, maturity and age of the student. Eligible students are referred to the Department of Vocational Rehabilitation. The common goal for students is to transition into a job, further vocational training, or into state supported pre-vocational training and eventual employment.

CLASSROOM-BASED SERVICES

Some students who were traditionally served in self-contained classrooms, but who can function with some independence may be placed in general education classrooms with appropriate aids and services provided by the special education staff. The special education teacher, speech/language pathologist, physical therapist, occupational therapist, behavior strategist and paraprofessionals may work with the student in the classroom or in a special education classroom. The special education case manager is responsible for developing and managing the IEP and consults with the staff and family to ensure that the inclusion program is conducive to meaningful progress for the child.

School age students sometimes receive home-based services on a temporary basis because of health needs. The district strives to return these students to a regular school environment as soon as possible.

EARLY INTERVENTION SERVICES

Child Find activities and screening for children birth to five years of age identify children who are developmentally on target in the areas of motor, concept development and communication. Information on developmentally appropriate activities to enhance the child's continual growth is shared at the time of screening. Referrals for children who may need a more comprehensive evaluation to determine the need for services will be made by the screening team. An evaluation may include educational, psychological, gross motor, fine motor, speech/language, and/or health.

Birth-five year olds who are found eligible through the evaluation process may be supported in the home, regular preschool and community settings. Interdisciplinary teams including occupational therapists, speech/language pathologists, physical therapists, psychologists, special education teachers, and paraprofessionals work together to provide on-going instruction, therapy and language training.

TRANSITION SERVICES

All special education students age sixteen and above have a transition component on their IEP. The purpose of transition services is to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment) continuing and adult education, adult services, independent living, or community participation.

When appropriate, students with mild disabilities participate in the general education programs with additional guidance from the special education staff to identify individual vocational and employment goals. For students who require more support, transition activities may include: career exploration, program visits to community support providers and post-secondary institutes, assistance in selecting the right program, help with enrollment procedures, and follow-up to monitor success after placement. During transition, the district may help students access community services so they can plan for independent living arrangements, resolve transportation/mobility issues, and make connections with other appropriate adult service agencies.

If their IEPs specify the need, students who have vocational services, or others who may encounter significant challenges in their quest for suitable adult-oriented training, may receive enhanced transition services between the ages of eighteen and twenty-one. Students receiving these services typically have completed most of their academic secondary education and are ready to concentrate on vocational training and/or placement. Special education staff helps students and their family's access services in the community that will better assure them of a reasonable quality of life as a young adult. These services are available only to students who have not graduated from high school. By law, students who have graduated are no longer eligible to receive special education services.

BEHAVIOR SUPPORT SERVICES

The District provides additional services to students receiving special education services who are not experiencing school success because of behavioral/social/emotional concerns. Services are provided in social learning classrooms. The services are specific to current needs and include some of the following: assistance to special education and general education staff in writing and monitoring behavior intervention plans; family contacts and/or family histories, liaison with outside agencies as appropriate; classroom observations and/or consultation with teachers; and other interventions as appropriate.

RELATED SERVICES

Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a student receiving special education to be more successful in the educational setting. Related services are provided to special education students in the District as identified on IEPs. Services may be delivered in a regular classroom setting or in a separate setting as determined by the IEP team. Related services staff in the Huron Schools includes speech/language pathologists, physical therapists, occupational therapists, school psychologists, school health, transportation, and assistive technology devices and services.

DISABILITY CATEGORIES

Prolonged Assistance
Cognitive Impairment
Deaf-Blind
Emotionally Disturbed
Hearing Impaired/Deaf
Learning Disabled
Multiple Disabilities
Physically Impaired
Visually Impaired
Traumatic Brain Injury
Speech/Language Impaired
Other Health Impaired
Autism
Developmentally Delayed (3-5 Year old)

RELATED SERVICES

Occupational Therapy
Counseling Services
Social Work Services
Physical Therapy
Psychological Services
Transportation
School Health Services
Speech/Language Therapy

Special education services are provided in every school throughout the district. If the needs are greater than can be provided in the student's home attendance area, self-contained programs are available. Residential placements are provided for those students that we are unable to serve with local resources.

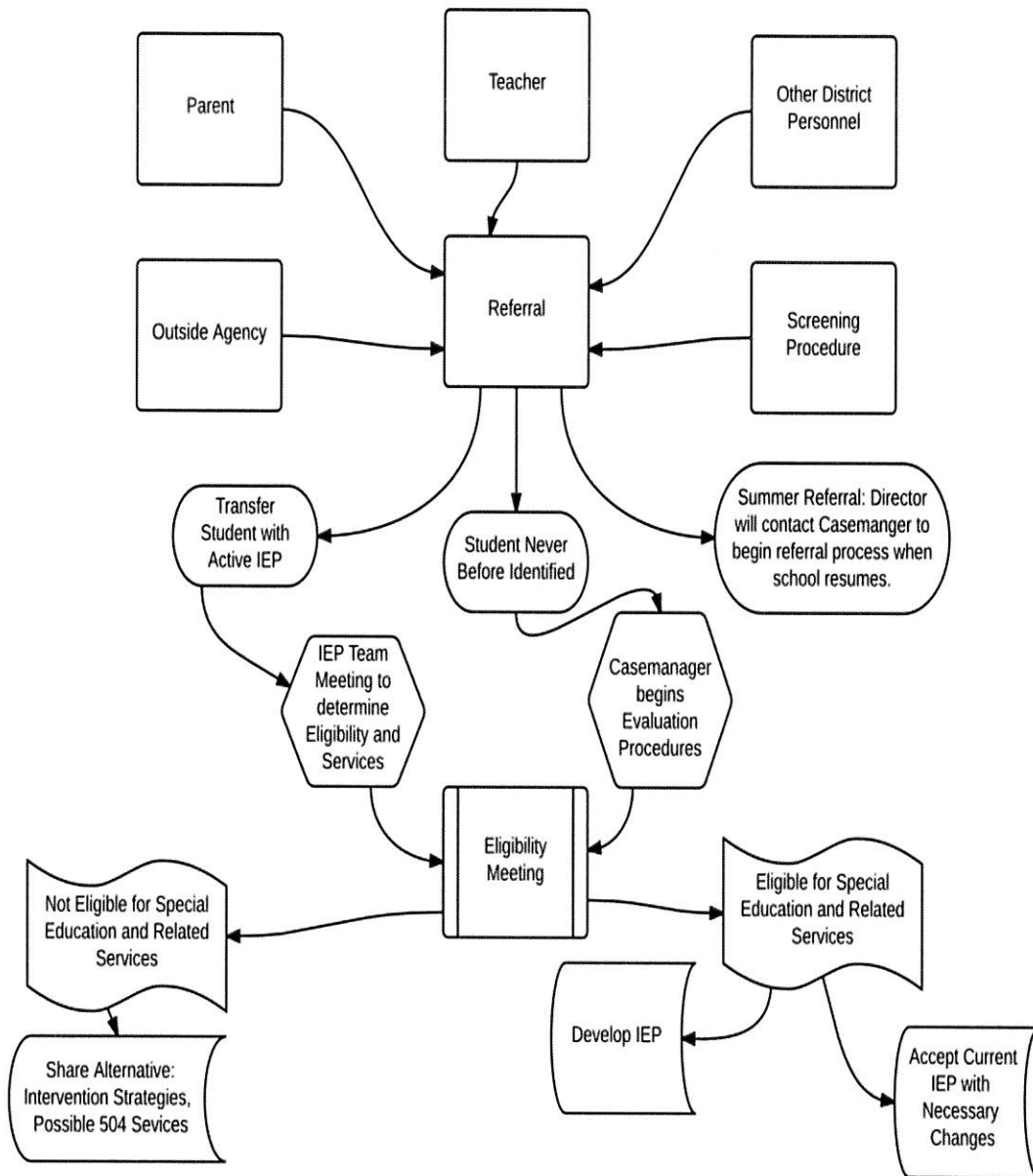
STAFF

NAME	ASSIGNMENT
Baszler, Rita	Madison & Washington Nurse
Larson, Rollie	Middle School & Washington Nurse
Buesing, Carol	Elementary SPED Team—Wash/Colonies
Christensen, Kristle	Elementary SPED Team—Madison DLC
Dubro, Angel	SLP – Private Schools
Eulberg, Kari	HS SPED Team/SLC
Hanks, Linda	Washington/District-Wide Social Worker
Hein, Megan	Washington/SLC
Hickey, Nadine	Deaf Educator—Washington
Janssen, Juliana	Madison SLP
Kasperson, Julie	Elementary SPED Team – Buchanan
Katzenberger, Amanda	MS SPED Team/DLC
Krogman, Melissa	School Psychologist – Washington
Kuntz, Amanda	MS SPED Team—Grade 7
Liebing, Lori	Buchanan/Early Childhood SLP
Myhre, Barb	Elementary SPED Team—Madison
Olson, Jeanne	Our Home School
Pawlowski, Tina	SLP – Buchanan/ProPT
Preston, Todd	Elementary SPED Team- Washington DLC
Rahder, Stephanie	District PT—Buchanan/ProPT
Rieck, Samantha	HS SPED Team/DLC
Riedel, Marietta	HS SPED Team
Robideau, Marisa	Preschool/B-3/Buchanan
Schlader, Terri	HS SPED Team
Shoemaker, Patricia	MS SPED Team/DLC
Schouten, Jon	Boost Up/Adaptive PE - Buchanan
Strubel, Lisa	District OT—Buchanan
Van Diepen, Jessica	Buchanan and High School Nurse
Vanden Hoek, Sue	HS SPED Team
VanZuilen, Paige	Elementary SPED Team – Buchanan RR
Vissia, Michelle	Elementary SPED Team – Washington RR
Wilson, Kathleen	School Psychologist -Washington
Zoss, Brooke	MS Special Education Team—Grade 6

SUPPORT STAFF

Berg, Jody	Madison SPED Team/DLC (K. Christensen)
Bishop, Lisa	MS DLC (Katzenberger)
Bultje, Jeanie	HS SPED Team/DLC (Rieck)
Fabian, Sandra	Washington SPED Team (Buesing/Vissia)
Foster, Mary	HS SPED Team (Vanden Hoek)
Gibson, Linda	Buchanan DLC (Kasperson)
Gill, Amamda	MS SPED Team (Zoss)
Gilmer, Stacey	HS SPED Team/DLC (Rieck)
Hernandez, Hazel	Madison RR/DLC (K. Christensen)
Hetle, Debra	Madison RR/DLC (K. Christensen)
Hoefler, Karen	HS SPED Team (Eulberg)
Hofer, Amy	Buchanan Preschool/RR (Robideau)
Kempf, Nancy	Washington RR/DLC (Preston)
Lodmel, Deb	Washington RR/DLC (Preston)
Lorenz, Jeannie	MS SPED Team/DLC (Katzenberger)
Lysne, Chris	MS SPED Team/SLC (Schlader)
Mallon, Nicki	Washington SLC (Hein)
McLaury, Ann	Washington SLC (Hein)
Nelson, Amy	Washington SLC (Hein)
Schneider, Lisa	Buchanan RR/DLC (Kasperson)
Schoenwetter, Sheena	Buchanan RR/DLC (Kasperson)
Thomas, Dianne	MS DLC (Katzenberger)
Trapp, Susie	Madison RR/DLC (K. Christensen)
Van Berkum, Suzie	HS SPED Team (Riedel)
Van Vleet, Patricia	MS SPED Team (Kuntz)
Van Wyhe, Annie	
Van Zee, Bernadette	HS SPED Team/DLC (Rieck)
Walter, Jodi	Madison SLPA (Janssen)
Whitney, Chrystal	Washington RR/DLC (Preston)

REFERRAL PROCESS



13 IDEA SCHOOL-AGE DISABILITY CATEGORIES

- **Autism** - a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in #5 below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.
- **Deafness** - means a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.
- **Deaf-Blindness** - means concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
- **Emotional Disturbance** - means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (c) Inappropriate types of behavior or feelings under normal circumstances. (d) A general pervasive mood of unhappiness or depression. (e) A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
- **Hearing Impairment** - means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."
- **Cognitive Impairment** - means significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.
- **Multiple Disabilities** - means concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.
- **Orthopedic Impairment** - means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

- **Other Health Impairment** - means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that— (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's syndrome; and (b) adversely affects a child's educational performance.
- **Specific Learning Disability** - means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.
- **Speech or Language Impairment** - means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance.
- **Traumatic Brain Injury** - means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.
- **Visual Impairment, including Blindness** - means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) is a written statement of the educational program designed to meet a child's individual needs. Every child who receives special education services must have an IEP. That's why the process of developing this vital document is of great interest and importance to educators, administrators, and families alike.

CRASH COURSE ON THE IEP

What's the IEP's purpose?

The IEP has two general purposes:

- to set reasonable learning goals for a child, and
- to state the services that the school district will provide for the child.

Who develops the IEP?

A team of individuals that includes key school staff and the child's parents develops the IEP. The team meets, reviews the assessment information available about the child, and designs an educational program to address the child's educational needs that result from his or her disability.

When is the IEP developed?

An IEP meeting must be held within 30 calendar days after it is determined, through a full and individual evaluation, that a child has one of the disabilities listed in IDEA and needs special education and related services. A child's IEP must also be reviewed at least annually thereafter to determine whether the annual goals are being achieved and must be revised as appropriate.

What's in an IEP?

Each child's IEP must contain specific information, as listed within IDEA, our nation's special education law. This includes (but is not limited to):

- the child's present levels of academic achievement and functional performance, describing how the child is currently doing in school and how the child's disability affects his or her involvement and progress in the general curriculum
- annual goals for the child, meaning what parents and the school team think he or she can reasonably accomplish in a year
- the special education and related services to be provided to the child, including supplementary aids and services (such as a communication device) and changes to the program or supports for school personnel
- how much of the school day the child will be educated separately from nondisabled children or not participate in extracurricular or other nonacademic activities such as lunch or clubs

- how (and if) the child is to participate in state and district-wide assessments, including what modifications to tests the child needs
- when services and modifications will begin, how often they will be provided, where they will be provided, and how long they will last
- how school personnel will measure the child's progress toward the annual goals.

Can students be involved in developing their own IEPs?

Yes, they certainly can be! IDEA actually requires that the student be invited to any IEP meeting where transition services will be discussed. These are services designed to help the student plan for his or her transition to adulthood and life after high school.

What is a "Free Appropriate Public Education" (FAPE)?

FAPE means that education and related services are provided at public expense, under public supervision and direction, and without charge. The services provided must meet the standards of the Department of Education for all students and be designed to meet the student's IEP goals and short-term objectives.

What is Least Restrictive Environment (LRE)?

LRE looks at the setting in which the student will be receiving an education. The law presumes that students with disabilities are most appropriately educated with their same aged, non-disabled peers in the general education setting.

Attending special classes or separate schools, or removing students with disabilities from the general education classroom, occurs only when the nature or severity of the disability prevents the student from achieving satisfactory progress even when supplementary aids and services are used.

What are Accommodations and Modifications?

Accommodations are a change in the way student's access instruction and demonstrate understanding. Accommodations do not change content, benchmarks, or performance criteria. Ex: extended time, alternate test format (oral or written). Students who have accommodations are generally working towards a diploma.

Modifications change what students are expected to learn. Modifications change the content, benchmark or performance criteria. Ex: content at instructional level instead of grade level, reduction in the number of benchmarks or new ideas. Students who have extensive modifications are usually working towards a certificate of completion.

What are your Parent Rights?

A link to the Parent Rights can be found at

http://doe.sd.gov/oess/documents/SPED_parentalrights_handbook.pdf

TIMELINE FOR SPECIAL EDUCATION STAFF

IEP service hours begin when the school year commences. Establish a tentative/temporary schedule. Additional duties will occur during the year.

AUGUST

1. Verify and update caseload/child count information in Campus.
2. Every time a new IEP or amendment/addendum is completed, update information in the State Reporting form. Then, send a copy of all paperwork to Office of Special Services within seven (7) days of meeting.

SEPTEMBER

1. Verify and update caseload/child count information in Campus.
2. Check IEPs for:
 - a. Annual review date
 - b. 3 year evaluation date
 - c. Begin collecting ESY regression data
3. Begin tracking IEP goals and/or objectives to address progress reporting each reporting period.
4. Record all meeting dates on your calendar (i.e. IEP meetings, reevaluation due dates, and the Special Education Department Large Group).
5. Review Case Manager/Paraprofessional responsibilities (Quick Tips for ParaEducators).
6. Review IEPs regarding all services, including related services. If consultation is included (OT, PT, Speech) make an initial contact with the therapist to develop a schedule.
7. Complete Indicator 14 for any student who dropped out, age out of Special Education or graduated with a regular diploma.

OCTOBER

1. Verify and update caseload/child count information in Campus.
2. Collect ESY regression data.
3. Collect data/prepare for the first Progress Reports that are to be completed on the students' IEP. Send the completed progress report home with the student's report card each reporting period.
4. Begin Fall Child Find Screening Process.

NOVEMBER

1. Verify and update caseload/child count information in Campus.
2. Collect ESY regression data.
3. Progress Reports should have been sent to parent(s)/guardian(s).
4. Fall Child Find Screening Process completed.

DECEMBER

1. Verify and update caseload/child count information in Campus.
2. Collect ESY data before and after Christmas vacation.

3. Begin preliminary discussion for transitioning Early Intervention students moving to Kindergarten with school psychologist, Program Director and Specialist.
4. Collect data/prepare for the Progress Reports that are to be completed on the students' IEP. Send the completed progress report home with the student's report card each reporting period.

JANUARY

1. Verify and update caseload/child count information in Campus.
2. Collect regression/recoupment data from winter break for ESY.
3. Collect data/prepare for Progress Reports that are to be completed. Send completed progress report with students' report card.
4. Alternative Assessment preparation.
5. Please check all IEPs for appropriate testing modifications/accommodations. If changes are needed, the changes must occur six weeks before the testing.
6. Begin planning for transitioning students to next grade level.

FEBRUARY

1. Verify and update caseload/child count information in Campus.
2. Alternative Assessment testing implementation may begin.

MARCH

1. Verify and update caseload/child count information in Campus.
2. Case Managers start scheduling meetings for Early Intervention, Elementary, Middle, and High School students transitioning to another building. Send copy of all paperwork to Office of Special Services.
3. Send ESY information and amendments/addendums indicating the need for ESY Services to the Office of Special Services. Include transportation needs.
4. Arrange visits if the parents/guardians/students want to take a tour of the receiving school before the end of the semester.

APRIL

1. Verify and update caseload/child count information in Campus.
2. Continue transition meetings and send the amendment/addendum to Office of Special Services — this should be completed by the end of April.

MAY

1. Verify and update caseload/child count information in Campus.
2. If student graduated, also include the Summary of Performance.
3. Collect information for any student that will require Indicator 14 reporting in the fall.
4. Collect data/prepare for the Progress Reports. Send completed Progress Report with students' report card or mail to parent.
5. Hand deliver special education files to receiving case managers by the end of the year.

CASE MANAGER RESPONSIBILITIES (not limited to the following):

1. Special Education services begin on the first day of school.
2. Communication is critical:
 - a) Call all team members to check calendars prior to sending out written prior notice. Schedule placement (IEP) meeting at mutually agreed upon time with all team members. Please remember to include all related service staff.
 - b) Coordinate communication by involving all necessary members for critical transition meetings. Have an organizational meeting that will determine who might be potential members in a transition meeting: current general education teacher, principal, counselor, receiving case manager, and school psychologist. Transition IEP meeting should be held at the receiving school.
 - c) Case Manager to contact for communication purposes regarding student between parents and/or any school team member, do not rely on paraprofessionals to communicate to parents.
3. Coordinate the IEP process (ensure that timelines are met, i.e. annual IEP, 3 year re-evaluation). You are responsible for the maintenance of the official special education file. Maintain written and verbal confidentiality regarding specific students.
4. Ensure implementation of IEP, including accommodations/modifications. Work with the general educator to make sure accommodations/modifications for the student are occurring. Make sure accommodations/modifications have been saved to Campus for general education access.
5. Each quarter or trimester, complete progress reports in students' IEP and send out to parent. Team gives input to case manager.
6. Prior to the placement meeting, gather regression/recoupment data to assist in determining ESY eligibility. Be aware of TDB date.

SPECIAL EDUCATION NORMS

- Our actions, words, and behavior demonstrate that we put our students and their needs first.
- We will treat each student as if his or her parent is in the room. All students will be engaged regardless of abilities. We will include them with a group and interact with them verbally and physically.
- We will engage in communication on a regular basis with our general education teacher so we are all on the "same page".
- We will communicate arising concerns with the staff directly involved (i.e. room issues with staff in that room).
- We will keep information confidential and respectful with staff, parents and the community.
- We will engage in self-reflection, asking ourselves, "How can I refine what I am doing — what can I do better?"
- We will come to work with a positive attitude; each day is a new day and our personal attitude affects those around us.
- We will work together to find solutions to problems rather than complaining or blaming others.
- We will limit cell phone usage and personal conversation to breaks outside of the classroom.

BEST PRACTICES REGARDING PARAPROFESSIONAL ASSIGNED RESPONSIBILITIES

To help define the roles of paraprofessionals who support the education of students with disabilities in general education settings, the following is a list of considerations the Huron School District consider for policy development, school-based practices and training.

- School teams need to explicitly clarify the role of the classroom teacher as the instructional leader in the classroom including their roles and responsibilities as the teacher for their students with disabilities and paraprofessional duties in the classroom.
- The Huron School District does not hire paraprofessionals for individual students. We hire support for the classroom rather than an individual student. This allows general and special education teachers to distribute paraprofessional's time and job responsibilities more equitably to benefit a variety of students, both with and without disabilities.
- School staff and families need to reach agreement on when students need the close proximity of an adult, when that proximity can be appropriately provided through natural supports such as classmates, and when to appropriately withdraw supports that require close proximity.
- School staff need awareness training on the effects and potential harm to children caused by excessive adult proximity (e.g., loss of personal control, loss of gender identity, interference with peer interactions, and dependence on adults).
- School staff should be afforded training in basic instructional procedures that facilitate learning by students with special educational needs in the context of typical classroom activities. Additionally, training should specifically include approaches related to decreasing dependence and fading prompts often associated with excessive and prolonged proximity of adults.
- Students with disabilities need to be physically and programmatically included in classroom activities that have been planned by a qualified teacher in conjunction with support staff as needed. Such practice should decrease problems associated with students with disabilities being isolated within the classroom.
- Paraprofessionals should be provided with competency-based training that includes ongoing, classroom-based supervision by the teacher.
- Paraprofessionals should have opportunities for input into instructional planning based on their knowledge of the student, but the ultimate accountability for planning, implementing, monitoring, and adjusting instruction should rest with the professional staff, just as it does for all other students without disabilities.