COLTS NECK PUBLIC SCHOOLS
SPECIAL SERVICES PROCEDURAL GUIDEBOOK

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INTERVENTIONS FOR STRUGGLING STUDENTS AND THOSE WITH SPECIAL NEEDS

General Education Interventions and Support

Students in general education, who are struggling in school, may require interventions to address their areas of challenge and weakness. RTI, *Response to Intervention,* is a general education initiative that is designed to address the needs of these students as early in the educational process as possible. RTI is a major component of *New Jersey Multi-Tiered System of Support (NJTSS).*

In keeping with the philosophy and intent of this law, the Colts Neck Township Public Schools have a process in place whereby students who may require academic and/or behavioral interventions will have those needs addressed based on the RTI Model. RTI is a three-tiered system of intervention.

Tier 1

This tier represents where the vast majority of interventions will take place. This tier is where *core* or *universal* interventions are initiated. The classroom teacher in the general education classroom provides these interventions. According to research, 80 – 90% of students with academic and/or behavioral difficulties will respond positively to this level of intervention.

Teachers have always worked diligently to meet the unique learning needs of their students within their general education classroom. Below are the steps to take when students struggle academically and/or behaviorally in class.

- Provide universal screening of students in academic subjects so as to identify the child's proficiency level.
- Identify specific area of student struggle
- Reach out to parents for input and support
- Discuss the struggle (not the student) at a team meeting to gather colleague's general suggestions and recommendations for intervention
- Analyze the demands of curriculum requirements
- Make strategic instructional decisions at the classroom level to meet the needs of diverse learners
- Differentiate both instruction and assessment. It is essential to review testing practice to ensure that your tests are actually assessing what the student has learned, and **not** the strength of his/her memory, attention or ability to follow directions
- Prepare students for the rigors of high stakes testing
- Speak with prior years' teachers to discuss history of difficulties and strategies that may have been helpful with the student

- Speak with building administrator and ask for support and recommendation for dealing with student's difficulty
- Speak with Child Study Team member and/or related service providers for suggestions on dealing with specific issues
- Keep anecdotal accounts of academic struggle as well as evidence of student work

If student continues to struggle and suggested interventions do not sufficiently deal with the academic/behavioral difficulty proceed to next step.

- Request I&RS Committee meeting
    - I&RS will meet to discuss and recommend further Tier 1 interventions that can be provided by the classroom teacher
    - I&RS will document recommendations and provide support for the teacher. The I&RS team will set a date for review of the student to verify the efficacy of the interventions
    - At review meeting, I&RS will decide whether Tier 2 interventions should be added to current Tier 1 interventions

Tier 2

Tier 2 is engaged if adequate progress is not made with Tier 1 interventions. This tier is where *targeted* interventions are initiated. Approximately 5 – 10% of the students with academic and/or behavioral difficulties will benefit from interventions within this tier. Interventions can be provided in small groups or individually. Tier 2 interventions are provided in addition to the instruction within the general education curriculum. Targeted academic interventions are research-based and must be monitored closely. Periodic reviews are conducted by the I&RS committee for these students. Interventions can and should be modified based on the documented progress of the student. Written Tier 2 intervention plans should include:

- a description of the specific intervention including the name of the program
- the length of time that the intervention will be administered before being reviewed
- a specific review date
- the amount of time of the intervention session
- who will be responsible for the intervention
- location of the intervention

A tier 2 intervention should teach the student about the learning process in general and about his/her own unique learning style as well. The student should be able to identify breakdown and challenge points. It is essential that teachers understand the learning demands of all tasks that they assign, so that they can assist their students to navigate through them with maximum success.

The Colts Neck Township Public School District offers the *Speech Articulation Intervention and Development program (SAID)* as a Tier 2 Intervention. Students can receive speech and articulation sessions from one of the speech therapists on a regular and consistent basis as a Tier 2 intervention. Upon receiving consent from a parent, the student will be screened for his/her appropriateness for participation in the program.

The Colts Neck Township Public School District also offers the Motor Opportunities Validating Educational Success program (MOVES) as a Tier 2 Intervention. Students can receive Occupational Therapy and/or Physical Therapy sessions from one of the Occupational or Physical therapists on a regular and consistent basis as a Tier 2 intervention. Upon receiving consent from a parent, the student will be screened for his/her appropriateness for participation in the program.

Special Education Intervention

Tier 3

Students who do not demonstrate adequate progress or skill development within Tier 2 and there is reason to believe that the student may indeed have a disability, Tier 3 interventions may be required. Tier 3 interventions are *intensive* and require an evaluation by the Child Study Team.

Child Study Team Evaluation

The **Referral Form** for Child Study Team Services is an essential legal document that is required in order to determine eligibility for special education and/or related services. Each section must be filled out completely, in order for the CST to consider your request for intervention.

Page 1

Please fill out the required biographical information carefully and thoroughly. It is essential that if both parents' names be on the sheet especially if the parents are not living together. Both parents have the right to know about the referral. (Unless there are court orders prohibiting one of the parents from having this or other personal information; please check with the guidance counselor regarding this situation) It is essential that a copy of the current report card and/or interim report be included with the referral form. No spaces should be left blank. If a specific question is not applicable, then ***n/a*** should be written in the space.

Page 2

You are asked to describe, in detail, Tier 2 interventions. If the student did not receive BSI services, then other tier 2 interventions should be listed. The specific intervention needs to be list. It is not sufficient to say “reading help”, “math assistance”, “language development” etc. The specific targeted interventions need to be listed. Please be as specific as possible regarding the exact area of instruction. For example: Project Read for phonics; Leap Frog for sight word enhancement; SRA for listening comprehension etc. Be sure to include the length of time that the student received the services.

Current teacher needs to reach out to previous years' teacher and document consultation. Referring staff member must include the student's 504 plan (if applicable). Documentation of I&RS consultation, along with I&RS intervention plan must be attached as well. The grade level case manager must be consulted before submission of referral. Please have nurse fill in the health notes at the body of the page. The Building Principal must sign the Referral Form as well.

Page 3

It is essential that the student's strengths and affinities be listed. The strengths should include academic as well as social and character strengths. We learn our students' affinities by speaking with them and their parents. It is very helpful to the CST know that a particular student loves horse backing riding or karate etc. Knowledge of a student's affinities is essential when directing intervention strategies.
Section V on page 3 asks for the referring party to explain the reason(s) for referral. This section must be specific as to the exact academic and/or social difficulty that this student is exhibiting. Avoid broad statements such as: reading, comprehension, math facts etc. List the exact area of struggle and include examples (which can be attached). An example could be that the student has difficulty decoding consonant blends and cannot identify the following short vowel sounds consistently…….. Student has great difficulty with saliency determination and will focus on extraneous facts that confuse and mislead him. In section VI of page 3, it is extremely important that evidence of both tier 1 and 2 interventions be attached. The specific intervention needs to be stated with the length of time indicated. Details need to be provided as to the effectiveness of the intervention and it is not sufficient to just state “not effective”.

Page 4

It is extremely important to list in section VII what the parents have done in order to support their child through his/her academic and/or behavioral struggles. It would be appropriate to list in this section that the parents have: provided a tutor, purchased flash cards for review, corresponded with you on a regular basis, enrolled their child in counseling etc.

There are times when a child who is enrolled in school may exhibit extreme behaviors and/or severe academic delays due to an apparent or previously identified disabling condition. It is essential that the Child Study Team be contacted about this as soon as possible, so that an evaluation, if warranted, could be expedited.

THE SPECIAL EDUCATION EVALUATION PROCESS

What is a referral?

A referral is a written request for an evaluation that is given to the school district when a child is suspected of having a disability and may be in need of special education services.

Who can make a referral?

Parents, school personnel and agencies concerned with the welfare of students can all make referrals. (This includes the New Jersey Department of Education) It is important to note, that if school personnel (teacher, guidance counselor, administrator or related service provider) feel that a child may require an evaluation, it is incumbent on them to make the referral and **should not request the parent to refer their own child.** Parents as well should write (not via e-mail) their own referral if they feel that an evaluation is warranted. Teachers do not need a parent's consent to refer a student for an evaluation. Even if a parent is opposed to the evaluation, it is still the responsibility of the teacher to submit the written referral. Teachers should inform parents when they have made a referral.

Referral Timeline

The school district has 20 calendar days (excluding school holidays but not summer vacation) after receiving the written referral to hold a meeting to decide whether an evaluation will be conducted. This meeting is known as an **Identification** meeting. At this meeting, if a decision is made to evaluate the youngster the Child Study Team will develop an **Evaluation Plan** where the nature and scope of testing will be decided. Upon completion of all of the evaluations (within 90 days of parental consent), an **Eligibility (Classification)** meeting will be held. The Child Study Team, in conjunction with the parents, teachers and related service providers, will determine whether the child is eligible for special education and/or related services. The Child Study Team will then hold an **Individual Education Plan** (**IEP**) meeting where the IEP is developed. The Eligibility and IEP meetings can be combined. However, should the parents **not** consent to moving forward with an IEP at the **Eligibility Meeting,** an IEP meeting must then be held within 30 calendar days, but not before the parents have had 15 days to consider their decision.

If a student is found not to meet the state requirements/guidelines for eligibility for special education and related services, then the student will be **referred back** to the I&RS committee. The I&RS committee will again work

with the general education staff as well as the student's family, to try and meet this child's academic and/or behavioral needs.

It is important to note that a Child Study Team evaluation is not meant to measure student progress. The intention of the evaluation is primarily to:

a. Determine initial eligibility for special education services
b. Determine continued eligibility for special education services

There are fourteen categories of disabling classifications defined in the New Jersey Administrative Code (this code outlines state law as it pertains to the requirements and procedures for special education) that permit a student to be eligible for special education services. There are specific and strict guidelines for each category that the Child Study Team is required to meet in order for a student to be eligible for special education services. The CST does not arbitrarily determine those criteria, and special education services are **not** permitted for students who are not identified as having a specific, *legally defined* disability.

The majority of our students fall under the category of Specific Learning Disability (SLD). In order for a student to be classified as having a specific learning disability and receive special education and/or related services, it must be determined that a **severe discrepancy** exists between achievement and ability. This statistical discrepancy cannot be due to a lack of English Language instruction, cultural and/or environmental factors or lack of formal instruction. Any disabling condition must have educational implications, if it is to be addressed by special education services.

The CST conducts **Annual Reviews** minimally one time per year just prior to the one-year anniversary of the previous IEP meeting. There can be more than one Annual Review during the calendar year. With parental consent, IEPs can be *amended* to reflect a change in service. An **Amended** IEP is created in lieu of having a formal meeting (Annual Review) to make those changes.

The IEP

The tone of the IEP needs to be positive and realistic. There should be no overt or implied judgment made of either the student or family. The student's strengths should be utilized to address the deficits. The IEP should indicate the setting where the student can demonstrate his/her best efforts. Strategies and modifications that will enhance student learning should be presented in the IEP as well. The strategies should be specific and individual to the individual student based on his/her own specific learning profile. These sections of the IEP must be in alignment.

Present Level of Academic Achievement & Functional Performance
Teachers and related service providers have the opportunity and are responsibility for writing the Present Level of Academic Achievement and

Functional Performance for their students. This is an important and vital section of the student's IEP that summarizes the student's current performance in relation to their individual goals and objectives. The purpose of the **PLAAFP** is to provide specific information on how the child is presently doing in class. It must address how the student's disability is affecting his/her progress within the general curriculum. Teachers must include current baseline data that is both measurable functional and objective. It should describe academic and non-academic areas and include the most recent evaluation results (both formal and informal). This description must be regarding the student's performance and should not be directed at the student's character. Avoid subjective descriptions such as: cute, sweet, handsome, pretty etc. Judgments regarding a student's motivation, work ethic and effort should not appear in the PLAAFP. It is extremely important not to indicate that a student is an *excellent reader*, when in reality the student is three years below grade level. Objectively describing the student's reading strengths and difficulties will help prevent misunderstanding or erroneous conclusion by the reader of the PLAAFP regarding the student's actual functioning level. The PLAAFP should indicate whether or not a student is performing *consistent with*, *above, or below* the average student in the class. It is not appropriate to make comments regarding a student's intelligence. The psychological evaluation will address that issue. PLAAFPs should not include program-specific jargon. Unless someone is familiar with the particular reading program the jargon does not let the reader know exactly what skill the student has or is struggling with. Rather than mentioning specific books that a student is currently reading, it is preferable for the PLAAFP to refer to the genre and type of reading that the student is engaged with. The PLAAFP must present a realistic view of the student based on objective criteria. We must avoid writing a PLAAFP that would seem to indicate that the student no longer requires special education services, when in reality the student is still very much in need of those services.

Goals & Objectives

Federal Regulation and New Jersey State Regulation (Chapter 14 Special Education New Jersey Administrative Code, Title 6A) require students with disabilities to have IEPs that include measurable annual goals aligned to the core content standards in the general education curriculum. The Common Core State Standards are constructed to assist students in attaining the knowledge and skills necessary to become successful and productive members of society. The IEP goals and objectives should specifically address the identified skill deficits needed to be remediated so that the student could then achieve success within the general education curriculum.

The general education standards apply to all students. Students with disabilities however will most likely require *accommodations or adaptations of instructional strategies and specialized materials or programs* to meet these standards. Students who are not progressing in their content area subjects (social studies and science) require goals and objectives ***that address their learning need or deficit,*** rather than goals that are specific to the subject

area. If a student is not progressing in these subjects, the focus of the IEP must be on the learning skills and abilities that will be addressed within that class in order to assist the student to achieve. The special education teacher within the classroom will use the subject area content to address the underlying skill deficits that the student evidences. IEP goals should not restate the general education curriculum or common core standards. Annual goals must be individualized and measurable and should represent what the student can realistically be expected to achieve by the end of the IEP period. For example: **Social Studies and/or Science Grades 7 - 8**

Goal: 3.31

- The student will write a formal argument with evidence and reasons to support a claim, using credible sources, language that relates the claims and reasons and a concluding statement that supports the argument while acknowledging opposing claims.

Objective:

- **3.31.1**
- The student will write an argument using an organizational structure in which claims made and reasons provided are clearly related and includes accurate, relevant evidence from credible sources.
- **3.31.2**
- The student will write an argument that acknowledges opposing claims
- **3.31.3**
- The student will write an argument that acknowledges and distinguishes opposing claims from the one presented by the writer of the article
- **3.31.4**
- The student will use words and phrases that clarify the relationship between claims and counterclaims, along with relevant evidence
- **3.31.5**
- The student will provide closure that follows logically from the argument presented
- **3.31.6**
- The student will write in formal style

The Tone of the IEP needs to be objective and explicit. The IEP for each student with a disability must include measurable annual goals, including benchmarks or short-term objectives. The annual goal must be:

a. related to the disability
b. aligned with the Common Core Standards
c. aligned to the curriculum
d. functional
e. measurable

The short-term objective must define the intermediate steps leading up to the goal. It is intended to bridge the gap between the student's present level of performance and the annual goal. These objectives must be functional, measurable and reasonable. Please be reminded that objectives are expected to be reached within the one-year time frame of the IEP.

Each goal needs to correspond to the core curriculum content standard. The standard needs to be indicated next to each goal. Also, for each objective, conditions (e.g. *with moderate assistance*, *independently*) and criteria (e.g. *80% of the time*, *4 out 5 trials*, *4 out of 5 completed work samples* etc) needs to be indicated.

Action and Performance Terms

Task Oriented

attend	differentiate	label	provide
choose	discriminate	list	recall
collect	distinguish	mark	repeat
complete	distribute	match	select
copy	duplicate	name	state
count	Find	note	tally
define	identify	omit	tell
describe	imitate	order	underline
designate	indicate	place	
detect	Isolate	point	

Analysis Skills

analyze	criticize	generate	structure
appraise	deduce	infer	switch
combine	defend	paraphrase	
compare	evaluate	plan	
conclude	explain	present	
contrast	formulate	shorten	

It is extremely important that when writing behavioral objectives, that the action being described is indeed measurable. Avoid verbs such as: know, understand, strengthen, develop etc.

The objectives should be specific and have verbs such as:

- arrange
- increase (by a specific amount)
- decrease (by a specific amount)
- name
- distinguish
- copy
- demonstrate (site specifically how)
- repeat
- decode
- compute
- solve
- point to
- select
- sequence

It is essential that the IEP connect teaching strategies to the student's individual learning profile. It should provide the reader with the tools that will address the deficits noted. By using the student's strengths and affinities to leverage the weakness, the IEP can be a useful guide for assisting students to achieve their long-range goals. When writing the IEP, please do not assume that the reader has any prior knowledge of the student or his/her strengths and/or weaknesses.

Preparing for a Child Study Team Meeting

Teacher and related service provider reports are due to the Special Services Department **ten school days prior** to the meeting. A copy should be sent to the student's case manager as well as to the Office of Special Services.

Teachers and related service providers are responsible for submitting the PLAAFP goals and objectives (with core curriculum content standards, conditions and criteria included), list of specific modifications and accommodations for the student, list of evaluations methods and *proposed* accommodations for standardized testing. As indicated above, modifications must be *specific* and *individualized* for the student. For most students, fewer, more meaningful strategies are preferable to a long list of common *best practice* methodology that should be utilized for students on a daily basis. If you are considering a change in program for a student, you should discuss this with the case manager **prior to** the meeting and not introduce this idea for the first time, at the meeting. You are always welcome to suggest any change that you feel is appropriate for the student however it is of the utmost

importance that you let the case manager know this prior to the day of the meeting. The IEP meeting should not hold any surprises for any of the participants.

If a change in program is required at a time other than during the Annual Review IEP meeting, please refer to the Special Services Department's formal **Change in Placement** documentation form. This form is required to be submitted to the case manager as well as to the Director of Special Services.

Teachers and related services providers must not indicate in the IEP, or at the IEP meeting, that the student's case manager will observe a particular student on a regular or on-going basis. If a case manager's input is needed regarding a specific student then arrangements with the case manager must be made on an individual basis.

It is imperative that all participants arrive at meetings promptly. Often several meetings are scheduled on the same day and a late start at one meeting can lead to a delay at the following meetings. Please be reminded that IEP meetings are not intended for parent-teacher conferences. If a teacher wishes to meet with the parents after the meeting, then those arrangements need to be firmed up ahead of time. The focus of the IEP meeting must be on IEP issues. Case managers always attempt to schedule IEP meetings that do not conflict with a teacher's lunch time. Teachers and related service providers must forward their schedules to the Special Services office, so that CST can avoid unnecessary conflicts.

EXTENDED SCHOOL YEAR

Extended School is intended to reduce the effects of **regression** of academic skills over the long summer break for students with significant disabilities. It also addresses the needs of students who have an unusually long **recoupment** period after an absence from school. Recoupment is the amount of time it takes to regain prior level of functioning and knowledge. The determination for ESY eligibility must be **based on empirical and qualitative data**. The decision to provide ESY services must not only take into account retrospective data, but also predictive data on recoupment abilities (will the recoupment take 9 weeks or more). Although no one disability category is excluded from consideration for ESY the nature and severity of the student is a key factor in the ESY eligibility determination. (Wrights Law)

Teachers need to document regression and recoupment (please use ESY Documentation Form) as well as maintain an active portfolio on each student. Portfolios are important indicators of good instructional practice. Reviewing a student's portfolio at the end of the school year is an effective way of documenting an individual student's regression and his or her length of recoupment over time. It is not appropriate to bring up the idea of ESY at an

IEP meeting for the very first time. ESY, as stated required collection of data, as well as consultation with the child's case manager during the data collection period.

The summer curriculum for students enrolled in ESY is based on the student's IEP, as well as the grade level standards of the just completed grade. Teachers will reinforce skills taught during the preceding school year so as to ensure that the student is ready to enter the next grade level in September with prerequisite skills and abilities in place. The purpose of ESY is **not** to teach new skills or address new goals and objectives.

INSTRUCTIONAL PROGRAMMING

Most of the students within the Colts Neck Township Public Schools receive their special education instructional services within a co-taught classroom. This program is known as the In-Class Resource Room. The Colts Neck Public School District is committed to providing an effective and collaborative learning opportunity for our students with disabilities within the least restrictive environment. A setting where two skilled and well-trained teachers work together to meet the needs of all of their learners, can provide students with an exceptionally rich learning experience. Both teachers (a content specialist and a learning specialist) work together to plan, implement and assess their students' learning.

Teachers in our co-teaching class employ a variety of strategies in order to provide their students with academic rigor, while still addressing their individual learning challenges. Our teachers have received extensive training in co-teaching approaches and models for effective instruction.

A co-taught classroom provides both our students with IEPs, as well as those without, with a wonderful opportunity for enhanced learning, support and rigor.

There are a variety of programs and services for students with special learning needs that are provided in our school district. Our IEP teams work collaboratively to develop and tailor specific and individual programs based on individual student need. Our goal is always to provide services for students within the least restrictive environment.

LEARNING DISABILIITES & YOUNG CHILDREN: Identification and Intervention

By: National Joint Committee on Learning Disabilities (2006) (Abstract)

LD has been defined by the National Joint Committee on Learning Disabilities (NJCLD) as a heterogeneous group of disorders of presumed neurological origin manifested differently and to varying degrees during the life span of an individual. These disorders are developmental in nature, occur prior to kindergarten, and continue into adult life. Various manifestations of LD may be seen at different ages and as a result of varying learning demands. (NJCLD, 1985/2001a, 1990/2001c) Early indicators that a child may have LD include delays in speech and language development, motor coordination, perception, reasoning, social interaction, prerequisites to academic achievement and other areas relevant to meeting educational goals.These indicators may occur concomitantly with problems in self-regulation, attention, or social interaction (Lowenthal, 1998; McCardle, Scarborough, & Catts, 2001).

In effective programs for infants, toddlers, and preschoolers, professionals (1) examine risk and protective factors, (2) conduct systematic observations of individual children, (3) assess developmental status, (4) create rich and varied learning opportunities, (5) plan and deliver services and supports, and (6) provide intervention based on assessment data. These programs are culturally and developmentally appropriate, linguistically sensitive, and based on scientific evidence. This paper describes how such programs can be established and implemented, emphasizes the importance of family and caregiver involvement and responsibilities, discusses issues in professional preparation and development, and articulates critical research needs.

Early identification

The purpose of early identification is to determine which children have developmental problems that may be obstacles to learning or that place children at risk. Development in infants, toddlers, and preschoolers is characterized by broad variability in rates and patterns of maturation. For some children, differences and delays in abilities are temporary and are resolved during the normal course of development. For other children, delays may persist in different domains of functioning, necessitating the child's referral for targeted screening and/or comprehensive evaluation. At present, no clear distinction can be made in the early years between the children whose problems may persist from those who will make adequate progress with time. Therefore, young children who demonstrate difficulties in early development may or may not be at risk for LD; nevertheless, screening, evaluation, enhanced learning opportunities, and possibly intervention services should be provided. It is not in the child's best interest to “wait and see” or hope that the child will “grow out of” his or her problems. Conversely, it is important to guard against the premature identification of a disability, especially if high quality learning opportunities have not been provided.

It is often during the early years that families and caregivers first suspect a problem and may share their concerns with qualified professionals. However, some families initially may deny the existence of a problem because they are fearful of, or threatened by, its possibilities and consequences. Family cooperation is critical to early identification. Thus, professionals must recognize and be sensitive to differences in family responses, including cultural differences in viewing and addressing a disability, and provide appropriate support.

The identification process includes (1) screening, (2) examination for the presence of risk indicators and protective factors, (3) systematic observations, and, if indicated, (4) a comprehensive evaluation. An effective early identification program must take into account the numerous biological, environmental, and cultural factors that may influence the course of a child's development. Information from the identification process is the basis for making decisions about the need for further services and supports.

Screening The purpose of screening is to determine if additional evaluation is required and in what developmental domains. Examples of large scale state-wide screening programs include Universal Newborn and Infant Hearing Screening and Child Find, a component of IDEA '04 that requires states to have a system to identify, locate, and evaluate all children with disabilities (birth-21 years), who need early intervention or special education services. Screening tools are not intended for diagnosis, placement, and educational planning. Careful consideration of reliability, validity, standardization, cultural and linguistic sensitivity, and relevance of screening instruments and procedures is required for appropriate selection, use, and interpretation. The NJCLD supports the recommendations by the Learning Disabilities Roundtable in 2002 that "all preschoolers should be screened to assess early language and reading skill development just as they are for vision and hearing" (p. 1).

Risk Indicators and Protective Factors A range of environmental, biological, genetic, and peri-natal conditions may be associated with adverse developmental outcomes (see Shonkoff & Phillips, 2000) and may be risk indicators (i.e., warning signs) for LD. Also, advances in medical technology have kept an increasing number of fragile children alive, and these children often are at risk for developmental and later educational problems. Such risk indicators, especially when several are present, warrant careful monitoring of a child's development and signal the need to ensure high quality learning opportunities for this population. Children who do not respond adequately to these opportunities may be at increased risk for LD. Furthermore, young children with identified disabilities (e.g., cerebral palsy) also may be at risk for LD. However, risk indicators do not always predict which children will have future learning problems. Risk indicators must be considered within the context of typical developmental expectations. For example, an inability to follow one-step directions is not a risk indicator for a 6-month-old, but is for a 4-year-old, especially in combination with other risk indicators, such as poor fine motor coordination.

Protective factors that reduce risk and foster resilience can buffer children and families from circumstances that place them at risk. Risk indicators interact with protective factors in unique ways for each child. For example,

some children with a history of birth complications may exhibit typical developmental patterns and require few if any special services, whereas other children without such histories may struggle to learn and may require formal assessment and intervention. Likewise, children who may have multiple risk indicators may not demonstrate learning problems if they receive strong culturally and developmentally appropriate early learning experiences. The two lists below, though not all-inclusive, identify possible risk indicators and protective factors for LD among infants, toddlers, and preschoolers:
Risk indicators

- Perinatal conditions
    - Low Apgar scores
    - Low birth weight and/or preterm birth
    - Hospitalization for longer than 24 hours in a neonatal intensive care unit
    - Difficulty with suckling, sucking, and swallowing
    - Chronic otitis media that may result in intermittent hearing loss
- Genetic or environmental conditions
    - Family history of LD
    - Adopted child status
    - Family history of spoken and/or written language problems
    - Exposure to environmental toxins or other harmful substances
    - Limited language exposure in home, childcare, and other settings
    - Poverty
- Developmental milestones
    - Delay in cognitive skills
        - Not demonstrating object permanence
        - Limited understanding of means–ends relationships (e.g., using a stool to reach a cookie jar)
        - Lack of symbolic play behavior
    - Delay in comprehension and/or expression of spoken language
        - Limited receptive vocabulary
        - Reduced expressive vocabulary (“late talkers”)
        - Difficulty understanding simple (e.g., one-step) directions
        - Monotone or other unusual prosodic features of speech
        - Reduced intelligibility
        - Infrequent or inappropriate spontaneous communication (vocal, verbal, or nonverbal)
        - Immature syntax
    - Delay in emergent literacy skills
        - Slow speed for naming objects and colors
        - Limited phonological awareness (e.g., rhyming, syllable blending)
        - Minimal interest in print
        - Limited print awareness (e.g., book handling, recognizing environmental print)
    - Delay in perceptual-motor skills
        - Problems in gross or fine motor coordination (e.g., hopping, dressing, cutting, stringing beads)

        - Difficulty coloring, copying, and drawing
- Attention and behavior
    - Distractibility/inattention
    - Impulsivity
    - Hyperactivity
    - Difficulty changing activities or handling disruptions to routines
    - Perseveration (i.e., constant repetition of an idea)

Protective factors

- Access to quality pre-, peri-, and postnatal care
- Maternal education
- High quality learning opportunities
    - Exposure to rich and varied vocabulary, syntax, and discourse patterns
    - Responsive learning environments sensitive to all cultural and linguistic backgrounds
    - Access to printed materials
    - Involvement in structured and unstructured individual/group play interactions and conversations
    - Engagement in gross and fine motor activities
- Multiple supports
    - Assistance adapted to the child's responsiveness to instruction or intervention
    - Access to adaptive and assistive technology (AT) and services
    - Transition planning between early intervention services (birth to age 3 years) and preschool programs (ages 3–5 years), and between preschool and elementary school
    - Service coordination

In summary, risk indicators do not necessarily predict later learning problems or indicate the existence of a disability, particularly when only a single indicator is present. Similarly, protective factors do not rule out the presence of a disability. However, the presence of risk indicators warrants substantial and serious efforts to facilitate early learning success, because many children at risk respond positively to high quality instruction and support. Therefore, children at risk, who may or may not have LD, need to receive carefully planned and responsive services and supports to enhance their opportunities for learning (see Coleman, Buysse, & Neitzel, 2006).

Systematic Observations Systematic observations of a child's behavior and abilities over time are an important addition to examining the presence of risk indicators and protective factors. Observations may be informal or may follow a standard observation protocol; in either case, they should be conducted multiple times and in varying contexts (e.g., home, diagnostic preschool, Head Start classroom, playgroup) to increase the reliability and validity of the hypotheses made regarding a child's behavior. In many cases, an extended period of observations will be necessary. Observations should provide a description of the frequency, consistency, and severity of the behaviors causing concerns in relation to contextual demands.

The child's family should be involved throughout the entire process. When professionals raise a question about the course of the child's development as a result of systematic observation, they should discuss the findings with the caregivers and family. When indicated, a referral should be made to appropriate professionals for further evaluation and, if warranted, provision of supports and services should be recommended.

Comprehensive Evaluation When a screening, a review of risk indicators and protective factors, and systematic observations suggest that a child is at risk for LD, professionals should conduct periodic evaluations to ascertain whether development follows expected patterns. The major goal of a comprehensive evaluation is to determine the individual child's specific pattern of abilities and needs and to identify strategies and resources to address learning and behavioral problems as soon as possible. These evaluations should occur across different settings and should consider multiple perspectives offered by caregivers and professionals. An interdisciplinary approach is especially valuable in obtaining and interpreting evaluation information derived from a variety of sources (see Wolraich, Gurwitch, Bruder, & Knight, 2005). E valuations should focus on developmental norms across domains (e.g., cognition, communication, emergent literacy, motor and sensory abilities, and/or social–emotional adjustment); however, it is important to recognize that there is a wide range of individual differences, both within and between children, some of which may fall within the "normal" range of expected behaviors.

A comprehensive evaluation involves the use of multiple instruments and procedures, including norm- and criterion-referenced tests, teacher/parent rating scales, and developmental checklists. The use of a single instrument or procedure does not constitute a comprehensive evaluation. Practitioners should use culturally and linguistically sensitive instruments to ensure appropriate assessment of children with potential LD. Evaluation of the child's status and needs depends on an integrated assessment of the child's functioning in the following domains:

- cognition, including perceptual organization, memory, concept formation, attention, and problem solving
- communication, including speech/language form, content, and use for receptive and expressive purposes
- emergent literacy, including phonological awareness, awareness of print; and numeracy, including number recognition, and number concepts
- motor functions, including gross, fine, and oral motor abilities
- sensory functions, including auditory, haptic (sensory feedback), kinesthetic, and visual systems
- social–emotional adjustment, including behavior, temperament, affect, self-regulation, play, and social interaction

Time-limited placement in a diagnostic preschool setting can be a useful part of the comprehensive evaluation for addressing diagnostic questions and determining the effectiveness of various evidence-based interventions for the child.

Early Services and Supports

If a learning problem or delay in development has been suggested based on screening, review of risk indicators and protective factors, systematic observation, and, if indicated, comprehensive evaluation, then the priority should be to ensure that services and supports based on individual needs and strengths are available. Such services and supports may include (a) providing special education interventions that meets the child's developmental, behavioral, and pre-academic learning needs; (b) offering strong preschool programs; and (c) enhancing the home language and literacy environment. Services and supports for young children should be evidence-based, developmentally appropriate, family-centered, and culturally and linguistically sensitive. Professionals must ensure that their findings and recommendations for services and supports are sensitive to all cultural and linguistic backgrounds, such as those for English language learners. Likewise, professionals must ensure that caregivers and family members have access to a range of supports such as the following:

- helping families and caregivers to recognize, understand, and accept the child's problems
- selecting programs that meet the child's individual needs
- locating parent support networks and programs
- finding a service provider or agency whose treatment philosophy is congruent with the family's preferences
- identifying appropriate interventions and resources available within public or private preschool programs
- facilitating the child's development in the home and childcare environment

A variety of professionals, in collaboration with families and caregivers, is involved in the selection and delivery of services and supports. Collectively, the professionals should possess knowledge of typical and atypical patterns of development in the domains of cognition, communication, emergent literacy, pre-academic interventions, and motor, sensory, and social–emotional functioning, as well as the capacity to collaborate effectively. The following is a list of the roles of some of the professionals in addition to the child's pediatrician who typically are involved with infants, toddlers, and preschoolers:

- Audiologist—specializes in the nonmedical management of hearing and related problems (e.g., balance)
- Early childhood general and special education teachers—plan and provide educationally relevant interventions and other services based on the IEP or IFSP
- Occupational therapist— helps children improve their ability to perform fine motor skills and daily activities and to achieve independence
- Physical therapist— helps children develop gross motor skills and coordination; they also provide services aimed at preventing or slowing the progression of conditions resulting from injury, disease, and other causes

- School psychologist—collaborates with educators, parents, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home and school
- Speech -language pathologist—assesses, diagnoses, and provides intervention services and supports for individuals with speech, language, literacy, cognitive-communication, social communication, and swallowing problems

Other professionals may be involved, such as childcare providers, educational diagnosticians, educational therapists, reading specialists, social workers, English-as-a-Second-Language (ESL) teachers, child/developmental psychologists, pediatric neurologists, and child psychiatrists. The specific needs of the child should determine the mix of professionals who will assist the family and caregivers at home, in the preschool, and in the special education setting.

The provision of services and supports may enhance the learning opportunities for young children who may be at risk for LD but who have not been identified with a specific disability. The services and supports required by children and their families and caregivers vary along a continuum of intensity and may be provided in different settings. Providing a continuum of services and supports is consistent with a response to intervention (RTI) model, which is a framework that may be used for identifying school-age students with LD (NJCLD, 2005). The application of RTI principles has been proposed for preschool-age children, with its characteristic use of different levels of instructional intensity, collaborative problem-solving, early response, and data to inform instruction and monitor progress (Coleman et al., 2006).

Less intensive services and supports The initial level of early services and supports for young children at risk for LD would be less intensive and would revolve around daily experiences generally available in any strong preschool program. Such services and supports may involve assisting caregivers and families in increasing interactions with their children. Experiences like shared book reading, conversations about current and past events, and family trips to the zoo, market, library, and playground provide opportunities for such interactions and also stimulate conceptual and linguistic development. It is important to provide activities that develop perceptual, coordination, and fine and gross motor skills, such as use of scissors, crayons, finger paints, beads, balls, and puzzles. Emergent literacy can be encouraged by having books, magazines, and other literacy artifacts available in home, childcare, preschool, and other settings, and by engaging in activities such as word play, drawing, and storytelling. Literacy activities at home, in the preschool, and in other settings can develop print concepts, story sense, phonological awareness, and matching speech to print, and offer opportunities for practicing beginning reading and writing skills (Lonigan, 2006).

More intensive services and supports More intensive services and supports may add ongoing, regular consultation with one or more service providers and participation in more structured programs. For preschool-age children, for example, such support might mean an increased emphasis on activities focusing on the acquisition of emergent literacy skills and

enrollment in a high quality preschool program that includes more individualized activities. In fact, Head Start programs are now required to document children's progress in early development, particularly literacy (Head Start, 1998). This has resulted from an increased recognition of the importance of early development to later school success and an increased awareness of the discrepancies in development for young children due to differences in socioeconomic, sociolinguistic, and socio-cultural factors.

Most intensive services and supports If young children do not respond to the earlier levels, more specialized and individualized instruction and intervention strategies may be needed. Such services would be provided to children with identified disabilities who are eligible to receive special education. Some of these children with disabilities, such as those with developmental delay or speech and language impairment, may be identified later as having LD. Because no single instructional approach or intervention strategy can be expected to serve the different needs presented by young children with disabilities, it is essential that selection of an instructional strategies and program be based on a clear understanding of a child's specific strengths and needs. The selection of the service delivery system, including the setting (e.g., inclusive or non-inclusive), models (e.g., pull-out, classroom-based, collaborative-consultation), and supports can then proceed. The LRE provision in IDEA '04 requires that young children with disabilities receive services in settings that best match their education needs. State and local agencies need to ensure the availability of a continuum of service delivery options for students with disabilities, provide funding, and promote interagency cooperation among public and private sectors.

Instruction/Intervention strategies

An effective instructional program is based on a child's individual strengths and needs and includes well-defined goals, objectives, content, materials, and support (e.g., occupational and physical therapy, AT). Careful development of the individual instructional program is especially important due to the increased recognition that the pre-kindergarten years are a critical period during which intervention efforts are most effective (see Guralnick, 1997). A summary of research (Paul-Brown & Caperton, 2001) suggests that decisions about instructional programming should be guided by five quality indicators of successful programs for young children:

1. Have a philosophy of individualized programming based on specific needs with a preference for inclusive practices.
2. Rely on relevant research to design service delivery models that meet the individual, changing needs of a child over time and that provide opportunities for interactions in natural environments.
3. Form collaborative partnerships that select and achieve goals for each child.
4. Provide ongoing professional development.
5. Conduct program evaluation and research.

Decisions regarding which instructional approach or intervention strategy to use should be determined with interdisciplinary, family, and caregiver input

on the basis of individual learner characteristics and needs and incorporated within the IFSP or IEP. The family and caregivers have an important responsibility for the application of learned skills in the home environment; direct family and caregiver involvement is a major determinant of intervention effectiveness. The interventions selected should be based on current research, principles of evidence-based practice (i.e., an integration of theory, research, professional judgment, and family preferences), and progress-monitoring data. In summary, appropriate evidence-based intervention practices should be a collaborative effort that

- focuses on the child's needs while capitalizing on the child's existing strengths
- is explicit, systematic, and comprehensive
- links intervention activities to family activities
- integrates intervention with the preschool curriculum and makes curricular adaptations as necessary
- results in functional and meaningful progress that can be sustained over time and across settings

Once an instructional program has been planned, determining the setting in which special education services are provided is an important decision. For children from birth to 3 years, IDEA '04 Part C mandates that services be delivered in a "natural environment." The home often is considered to be the ideal setting for providing services to these young children; however, childcare centers also may be considered natural environments.

Also influencing decisions about the service setting is the clear preference in IDEA '04 for inclusive settings, where children with disabilities are served with typically developing children. The two main types of inclusive settings are (a) *full inclusion*, where the child with disabilities is placed in a classroom in which the majority of the children exhibit typical developmental patterns, and, less frequently, (b) *reverse inclusion*, where a few children who exhibit typical developmental patterns are placed in a classroom of children with disabilities. An advantage of inclusive settings is that typically developing young children can serve as appropriate models for their peers with disabilities (see Guralnick, 2001). One barrier to placement in either type of inclusive setting is the fact that public preschool programs are not available in all states for children without disabilities. Head Start programs provide access to inclusive settings for young children from low-income families. The national pre-kindergarten movement in the United States may be one response to the challenge of creating more inclusive preschool programs because more young children without disabilities will be attending public preschools (see Barnett & Yarosz, 2004).
Different types of service delivery models may be used across settings and also should be selected based on individual child needs. While home-based, classroom-based, and collaborative consultation models are most compatible with the characteristics of inclusive settings (e.g., encouraging peer

interactions, providing services in the natural environment, integrating services within the ongoing home or classroom routine), pull-out services may be appropriate at times for some children. Another consideration to the provision of effective instructional programs is the use of supportive services such as AT (Assistive Technology) when needed. Technological advances have improved intervention programming for young children at risk for or with identified disabilities. The use of AT and augmentative and alternative communication (AAC) systems, a subset of AT, can foster access, interaction, and integration in daily communication and classroom activities for young children (Romski, Sevcik, & Forrest, 2001). Since the late 1980s, AAC systems have been used to enhance communication and literacy skills for young children who do not speak or whose speech is unintelligible. Instructional approaches for teaching communication skills, whether through AAC or more conventional speech modes, have moved from one-on-one, discrete and repetitive skills training to teaching more contextually based (e.g., home, community, classroom) communication functions (e.g., requesting, commenting, rejecting) in everyday situations and with a child's regular communication partners.

A number of instructional software programs have been designed specifically for young children. Software may enhance children's concept development, develop emergent literacy skills, and increase attention. However, there is little empirical evidence of the efficacy of many software programs for accomplishing these aims, and computer-assisted instruction should not replace interactions with families, peers, and professionals.

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Glossary

Applied Behavior Analysis (ABA): A set of scientific principles and guidelines which use direct observation, measurement, and analysis of the relationship between the environment and behavior. In programming for students with autism, ABA employs intensive, highly structured teaching approaches where skills are broken down into their simplest most manageable form.

Accommodations: Techniques and materials that allow disabled individuals to complete school or work with greater ease and effectiveness. Examples include spellcheckers, tape recorders, and expanded time for completing assignments.

Adaptive Physical Education: A diversified program of physical education having the same goals and objectives as regular physical education, but modified when necessary to meet the unique needs of each individual.

Alternative Assessment: An alternative to conventional means of assessing achievement; usually means using something other than a paper and pencil test, such as oral testing or work sample review.

Alternate Proficiency Assessment (APA): A portfolio assessment designed to measure progress toward achieving New Jersey's state educational standards for those students with severe disabilities who are unable to participate in the state's standardized testing regimen.

Assistive Technology (AT): Any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Auditory Discrimination: The ability to recognize, compare, and differentiate the discrete sounds in words.

Auditory Memory: The ability to remember something heard some time in the past (long-term auditory memory); the ability to recall something heard very recently (short-term auditory memory).

AYP: Adequate Yearly Progress – Under the No Child Left Behind Laws, adequate yearly progress is required for students in public education. The states must ensure that all local schools demonstrate AYP by 95% participation on statewide assessments and progress in relation to a state imposed objective. Separate measurable objectives for achievement must be shown for students with disabilities under IDEA.

Behavior Modification: A technique intended to alter behavior by positive reinforcement (rewarding desirable actions) and extinguishing undesirable actions.

Behavioral Intervention Plan (BIP): The term can be generally defined as a component of a child's IEP that describes positive behavioral interventions and other strategies that the district must implement to prevent and control unacceptable behaviors.

Central Auditory Processing Disorders (CAPD): A deficit in information processing of audible stimuli with no deficits attributed to impairments in hearing or intelligence. To put it simply, it is the inability to attend to, discriminate, recognize or comprehend what is heard, even though hearing and intelligence are normal.

Child Study Team: Consists of a school psychologist, a learning disabilities teacher/consultant, school social worker, and when needed, a speech-language specialist, responsible for conducting evaluations to determine eligibility for special education and related services for students with disabilities.

Cognitive Ability: Cognitive, intellectual or innate ability tests measure identifiable skills related to learning or potential. Cognitive ability is often broken down into components such as verbal skills, non-verbal skills, processing speed and/or working memory.

Compensatory Strategies: Ways in which a student is taught to manage his or her learning problems, by manipulating and emphasizing strengths as a way to work around skills and/or abilities which may be limited.

Decoding: The process of acquiring meaning from spoken, written, or printed symbols used in receptive language.

Developmental Delay: Failure to meet expected developmental milestones in one or more of the following areas: physical, social, emotional, intellectual, speech and language and/or adaptive development. Developmental delay is usually a diagnosis made by a doctor based on strict guidelines.

Direct Instruction: A method for teaching that provides consistent interaction between students and the teacher.

Discrimination: The process of differentiating between and/or among separate stimuli either visual or auditory.

Due Process: A defined procedure to settle a dispute between the parent and the school district.

Dyslexia: A specific learning disability that is neurological in origin. It can be characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. Difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

Educational Evaluation: An assessment of a student based on multiple tests, analysis of class work, classroom observation, and teacher input intended to determine levels of achievement in certain academic areas, as well as the student's learning style and perceptual abilities.

Encoding: Spelling.

Expressive Language: Communication through speech, writing, and/or gestures.

Extended School Year: Extended school year services during the summer months is considered and discussed at the annual IEP review meeting. Special education and related services that are provided to a student with a disability beyond the normal school year in

accordance with the student's IEP. Extended School Year is intended for students with severe disabilities who exhibit a significant regression with an extraordinarily long recoupment period.

Fine Motor Skills: The use of small muscles to complete precise tasks such as writing, drawing, buttoning, opening jars, and assembling puzzles.

Functional Behavior Assessment: A process to determine which behaviors are limiting educational progress; to design interventions that decrease target behaviors; and to promote appropriate behavior(s) through positive behavioral supports.

General Education: An education program that follows the core curriculum content standards..

Gross Motor Skills: The use of large muscles for activities involving strength and balance, such as walking, running and climbing.

IEP Team: The group of individuals who are responsible for the development, review and revision of the student's individualized education program.

In Class Resource: Instructional setting with a general education and a special education teacher in a co-taught classroom; the student has to meet the regular education curriculum requirements for the grade or subject being taught, unless he/she has replacement goals; instructional and testing modifications will be implemented as per the student's IEP.

Inclusion/Mainstreaming: The practice of placing a student who has special education needs into general education classrooms for at least part of the student's educational program.

Individualized Education Plan (IEP): The written educational program designed for each classified student, incorporating certain information such as educational goals (long-term and short-term), the duration of the program, and provisions for evaluating the program's effectiveness and the student's performance.

Individual Service Plan (ISP): A written educational plan developed to support classified students in non-public schools.

Learning Styles: The specific and individual way that each individual student learns, retains and recalls information. e.g: visual; auditory; kinesthetic or a combination thereof. Learning style-specific approaches to assessment and instruction emphasize the variations in temperament, attitude, and preferred reflective/impulsive, or verbal/spatial dimensions.

Least Restrictive Environment (LRE): To the maximum extent appropriate, students with disabilities are educated with students who are not disabled. Placement in a self-contained class, separate school, or other removal of students with disabilities from the general educational environment occurs only when the nature and severity of the disability is such that a free and appropriate public education in mainstream classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Mainstreaming/Inclusion: The practice of placing a student who has special education needs into regular education classrooms for at least part of the student's educational program.

Manifestation Determination: Refers to the ability of the school district to impose disciplinary actions upon a student with disabilities. The Manifestation Determination Review will conclude whether the misconduct at issue is manifestation of the disability or not.

Neurological Evaluation: An examination that specifically focuses on mental status, cranial nerves, motor functions, deep tendon reflexes, sensation and gait abilities; when used more in a psychiatric context, also refers to an examination of an individual's thinking ability.

Pre-Referral Process: A procedure in which staff members and parents develop intervention strategies to assist a student who is having difficulty in learning, behavior or socialization to function in the regular education classroom.

Psychiatric Evaluation: An evaluation designed to diagnose any number of emotional, behavioral, or developmental disorders. An evaluation of a child or adolescent is made based on behaviors present and in relation to physical, genetic, environmental, social, cognitive (thinking), emotional, and educational components that may be affected as a result of the behaviors presented.

Psychological Evaluation: The evaluation of a student's intellectual, behavioral, social and emotional characteristics by a certified school psychologist.

Related Services: Services that are provided to help students with disabilities benefit from their instructional program. These services are specified in the student's IEP. Some examples of related services include: counseling, occupational therapy, physical therapy and speech/language therapy.

Resource (Pull-out) Programs: The class is taught by a special education teacher in a small group self-contained setting in a specific subject area.

Response to Intervention (RTI): The Response to Intervention (RTI) model for school-age children who are struggling academically and/or socially at school. RTI can be distinguished from traditional methods of identifying learning disabilities in that it allows early and intensive interventions based on learning characteristics and does not wait for children to fail before providing necessary services and supports. The major premise of RTI is that early intervening services can both prevent academic problems for many students who experience learning difficulties and determine which students actually have learning disabilities, as distinct from those whose underachievement can be attributed to other factors such as inadequate instruction.

Although several variations of the model have been proposed, in general RTI is based upon three components:

a. the use of multiple tiers of increasing intense interventions
b. a problem solving approach to identify and evaluate instructional strategies
c. an integrated data collection and assessment system to monitor student progress and guide decisions at every level

An RTI model is employed by the I&RS team at each school in the district.

Section 504: A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education (ED). Section 504 provides: "No otherwise qualified individual with a disability in the United States...shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance…"

Self Contained Programs: Taught by the special education teacher, this is considered a special class program that serves students with similar educational needs; instruction is usually provided with an alternative curriculum based upon the nature or severity of the student's disability and in accordance with the student's IEP goals and objectives.

Standardized Test (Norm Referenced Test): Are designed to give a common measure of students' performance. Since the same test is given to large numbers of students throughout the country, a common yardstick or "standard" of measure can be derived to give evaluators a picture of the skills and abilities of students.

Transition: A coordinated set of activities for a student, designed within an outcome-oriented process that promotes 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. Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education.

Traumatic Brain Injury: The physical damage to brain tissue and/or structure that occurs after birth.

Vocational Assessment: Assessment to determine the eligibility and appropriate programming for students receiving vocational education, including assessment of skills, aptitudes, interests, work ethic and social skills.