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STAFF HIGHLIGHTS

Internal Communique • Missouri Schools for the Severely Disabled

DATA DATA DATA

By Bonnie Aaron, Central Office

Using data to measure student progress on IEP goals is nothing new; it is something we do on a regular basis. What is new is how we best use the data collected to drive conversations, make decisions and take action. One of the purposes of the 2014-2015 district's goals is to develop a culture of effective data use for data-driven decision making. Data collected is meaningless unless teachers know what to do with it. Data is intended to identify opportunities for growth and continuous improvement.

Creating a culture of data use is the job of a team that collaborates regularly to review and analyze data and identify implications for taking action. The purposes of data collection and analyses are to act as dashboard indicators of action research, testing assumptions and making course corrections. Unfortunately, many data collections are only used as rear-view mirrors to realize the impact of their efforts long after the fact.

The 2014-2015 Big Rock trainings will focus on delving deeper into the data collection and analyses processes using strategies that will systemically and systematically help Missouri Schools for the Severely Disabled (MSSD) reach its goals. Some of the strategies include effective leadership on collaboration and collective efficacy, how to get better use of the data, and staying student focused.

Use of data

Instructional Specialists helped revise the *Witness/Participant's Statement Behavioral Outburst (7-760-592b)* form. The data received from the schools will be entered onto a spreadsheet to identify students that may need a behavior consultant.

Central Office staff produce a weekly IEP report to track IEP compliance deadlines. When IEP deadlines are not in compliance, building administrators will be asked to submit a corrective action plan.

Teacher evaluations

The Educator Evaluation System (EES) will be implemented the 2014-2015 school year. An introductory training was presented to the teachers last spring. At the July 30-31, 2014 Building Administrators meeting, Paul Katnik from Educator Quality discussed implementing the Teacher Growth Plan using indicator 7.2 Student Assessment and Data Analysis-Assessment data to improve learning, conducting classroom observations and setting baseline scores. New teachers will be evaluated on the same indicator as returning teachers.

MAP-A update

This year Missouri will participate in both MAP-A science and MAP-A math and English language arts (ELA) for accountability. The MAP-A assessment dates for 2014-2015 will be released soon.

Curriculum alignment

The Curriculum Committee will compare the Essential Elements (EEs) with existing curriculum and develop a plan to close the gaps of the existing curriculum.

Technology preparation

MSSD teachers participated in one pilot test and three field tests during the 2013-2014 school year. During the testing phases computers and bandwidths were upgraded for testing compatibility.



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Professional development

Looking forward to the 2014-2015 MAP-A (math and ELA) assessment, teachers will be required to pass a training assessment in order to receive test tickets for their students. Teachers should continue to complete the DLM self-directed training modules. Beginning October 1, 2014 completion of required training and self-directed modules will be tracked in Educator Portal.

Dynamic Learning Maps (DLM) integrated assessment model 2014-2015 blueprint

In this document, the "blueprint" refers to the pool of available EEs and the requirements for coverage within each conceptual area. A general description of the content covered is provided for each grade. The specific options and minimum expectations for each student's assessment are provided with each table. The specific EEs available in each grade are listed in tables provided on the following link. EEs are organized according to conceptual area. Integrated Assessment Model 2014-2015 Blueprints for ELA and math can be found on the DESE Assessment website at: http://dese.mo.gov/sites/default/files/ELA_Blueprint-revised_7-16-2014.pdf.

How Teachers Cause Problem Behaviors

By Sasha Long, MA, BCBA from theautismhelper.com

Caught your attention with that title didn't I? The terror! The horror! A well-intentioned, seasoned teacher unknowingly causing and increasing problem behaviors. Could you be one of them? I've been one. Don't be embarrassed. Hi, my name is Sasha and I'm a Problem Behavior Causer. Luckily I'm working my steps and on my way to recovery. No, I'm not crazy. I didn't cause problem behaviors on purpose to look like more of a [hard-core] teacher. I really didn't know I was doing it. Step into the light my friends.

Once you know how your behaviors can actually be reinforcing and hence increasing problem behaviors you will of course want to do everything in your power to stop doing those things. However, I must clarify that there are situations where you will knowingly reinforce a behavior and it's okay.

Safety

This is the end all be all. When safety of the student, other students, or staff is at risk, all bets are off. Call off the troops, reel it in immediately, and scale the heck back. It doesn't matter if you are reinforcing the behavior if you prevent someone from getting hurt. Trust me.

Disruption is too high

Sometimes the behaviors are so disrupting, you have no choice but to intervene. I cannot let my guy have a tantrum in the middle of the graduation ceremony. Sometimes you have to outweigh the benefits.

Those situations aside, you need to ensure that you and your staff are refraining from (as much as humanly possible) causing and/or increasing problem behaviors. Teach your staff about this!

What does NOT work for attention behaviors

Verbal reprimands, threats, yelling, lectures, etc. – you are giving the child exactly what they want – attention! Don't worry, they aren't "getting away" with the behavior if you don't yell at them or correct them. Actually they are getting away with it when you do because they are getting exactly what they want – your attention. Work on this with your staff. This is a hard habit to break but you must!

What does NOT work for escape behaviors

Time out – Don't use time out, breaks right after a bad behavior, long lectures, etc. – make sure that the student is only getting a break when using an appropriate way of asking. No time out. No time out. No time out. Get my point? Time out is giving them exactly what they want. They get out of work. Do not use time out with escape behaviors because they will keep using the problem behaviors to get exactly what they want.

FAQs: Related Services

Excerpts of article reprinted with permission from <http://www.wrightslaw.com/info/relsvcs.faqs.htm>

IDEA's exact words

Let's start with IDEA's full requirement for specifying a child's related services in his or her IEP. This appears at §300.320(a)(4) and stipulates that each child's IEP must contain:

(4) A statement of the special education and **related services** and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—

(i) To advance appropriately toward attaining the annual goals;

(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and

(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section... [§300.320(a)(4)]

We've bolded the part of IDEA's regulation that specifically mentions related services, because it's important to see the context in which this term is used. It is that context, and IDEA's own definition of related services, that will guide how a child's IEP team considers what related services the child needs and the detail with which the team specifies them in the IEP.

Related services, in brief

Related services help children with disabilities benefit from their special education by providing extra help and support in needed areas, such as speaking or moving. Related services can include, but are not limited to, any of the following:

- speech-language pathology and audiology services
- interpreting services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training

Beginning with evaluation

IDEA requires that a child be assessed in all areas related to his or her suspected disability. This evaluation must be sufficiently comprehensive so as to identify all of the child's special education and related services needs, whether or not those needs are commonly linked to the disability category in which he or she has been classified.

Determining what related services a student needs

It is the IEP team's responsibility to review all of the evaluation information, to identify any related services the child needs, and to include them in the IEP. Goals can be written for a related service just as they are for other special education services. The IEP must also specify with respect to each service:

- when the service will begin;
- how often it will be provided and for what amount of time; and
- where it will be provided. [§300.320(a)(7)]

Each child with a disability may not require all of the related services listed above. Furthermore, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education. Examples include artistic and cultural programs, art, music, and dance therapy.

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The IEP is a written commitment for the delivery of services to meet a student's educational needs. A school district must ensure that all of the related services specified in the IEP, including the amount, are provided to a student.

Changes in the amount of services listed in the IEP cannot be made without holding another IEP meeting. However, if there is no change in the overall amount of service, some adjustments in the scheduling of services may be possible without the necessity of another IEP meeting.

Do parents have to pay for the related services their child receives?

No. School districts may not charge parents of eligible students with disabilities for the costs of related services that have been included on the child's IEP. Just as special and regular education must be provided to an eligible student with a disability at no cost to the parent or guardian, so, too, must related services when the IEP team has determined that such services are required in order for the child to benefit from his or her education.

Related services, in detail

To add detail to the "short story" above, let's begin with the very first part of IDEA's definition of related services at §300.34.

§300.34 Related services

General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes....

This beginning represents the *core* of how IDEA defines related services. The term related services is typically spoken in the same breath as special education (similar to how "peas and carrots" and "ham and eggs" go together) and, when used in IDEA, will always have the same meaning, including the part of the definition we haven't shown you yet, which picks up where the beginning leaves off...

...and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.

Clearly, the list of related services is extensive—and, as already mentioned, the list is not exhaustive. These are just the services that IDEA specifically mentions.

Medical services

Medical services are considered a related service only under specific conditions: when they are provided (a) by a licensed physician, and (b) for diagnostic or evaluation purposes only. This is clear from the definition at §300.34(c)(5):

(5) *Medical services* means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

This related service has a long and interesting history that has only gotten more interesting as medical science has advanced and children with diverse medical conditions are being educated in increasing numbers in general education classrooms. The support that many such children need in order to attend school, school districts have argued, is medical in nature, complex and continual, and is not the responsibility of public agencies because IDEA clearly states that medical services are allowable related services only when provided for diagnostic or evaluation purposes.

The case of *Cedar Rapids Community School District v. Garret F.*, which took place in 1999, turned the gray line about the provision of related services to children with complex medical needs into a "bright line" ("Supreme Court adopts," 1999). The U.S. Supreme Court found that, if a related service is required to enable a qualified child with a disability to remain in school, it *must* be provided as long as it is not a purely "medical" service. What is considered "medical," as IDEA's definition amply indicates, are those services that can only be provided by a licensed physician (and only for the purposes of diagnosis or evaluation). If a non-physician can deliver the services, then the service must be provided by public agencies, regardless of the staffing or fiscal burdens they may impose. Health care services that can be provided by a non-physician are not provided under the category of medical services, however. Today they would be as considered school health services and school nurse services. Examples of such services include bladder catheterization, tracheostomy tube suctioning, positioning, and monitoring of ventilator settings, to name a few.

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School health services and school nurse services

School health services have long been a part of IDEA's related services definition. In IDEA 2004, the term has been changed to school health services and school nurse services, with the following definition at §300.34(c)(13):

(13) School health services and school nurse services means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

Returning to an issue that was raised under Medical Services, many children with disabilities, especially those who are medically fragile, could not attend school without the supportive services of school nurses and other qualified people. Over the years, the extent of the health-related services that are provided in schools has grown, as might be expected when you consider medical advances in the last decade alone. In *Cedar Rapids Community School District v. Garret F.*, the question of whether or not public agencies are responsible for providing health-related supports that are complex or continuous was settled. They are, "only to the extent that the services allow a child to benefit from special education and enable a child with a disability to receive FAPE" (71 Fed. Reg. at 46574-5). What was previously called "school health services" in IDEA has been expanded to distinguish between services that are provided by a qualified nurse and those that may be provided by other qualified individuals.

States and local school districts often have guidelines that address school health services and school nurse services. These may include providing such health-related support as:

- special feedings;
- clean intermittent catheterization;
- suctioning;
- the management of a tracheostomy;
- administering and/or dispensing medications;
- planning for the safety of a child in school;
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores);
- chronic disease management; and
- conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting. (U.S. Department of Education, 2003)

In conclusion

That was quite a list, wasn't it? You no doubt now have a very good sense of how extensive, well-thought-out, and important related services actually are for children with disabilities who need them. It's no wonder the term so often appears with its buddy, special education.



MISSOURI SCHOOLS FOR THE SEVERELY DISABLED

Website: dese.mo.gov/special-education/missouri-schools-severely-disabled

NOTE: If you have items of interest for Staff Highlights, please call 573-751-0706, 800-735-2966 (Missouri Relay) or forward them to Debbie Downing, Missouri Schools for the Severely Disabled, P.O. Box 480, Jefferson City, MO 65102-0480; or send an email to debbie.downing@dese.mo.gov.