

FAQs: Related Services

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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; and 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.

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.

(continued on page 2)

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.

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.

Parent Focus

Missouri Schools for the
Severely Disabled
P.O. Box 480
Jefferson City, MO 65102-0480

Archie Derboven,
Superintendent

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(con't. from page 2)

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.

Transporting Our Students Safely and Efficiently

A combined effort by bus contractors, state-employed bus teams, our schools, parents and other caregivers ensures that our students are transported safely and efficiently. This article describes what to expect from the transportation service and what assistance is needed from parents.

The bus team

- A driver and attendant are on every route.
- The bus team is trained in common medical procedures (CPR, using asthma inhalers and oxygen, etc.) and in specific medical procedures for certain students (dealing with seizures).
- The bus team is familiar with emergency evacuation drills.
- The driver and attendant are professional in all communication with parents and students. In particular, the team maintains confidentiality about all students. The bus team may tell parents anything that arose during the journey concerning their student. However, the bus team does not discuss the behavior of other students on the route or at school, nor does the team comment on the type of day the student had at school. (The teacher may communicate this in a note sent home with the student.)
- The driver and attendant work as a team in loading and unloading students in wheelchairs. The attendant is outside of the bus, and the driver is inside at the top of the lift. The wheelchair brakes are applied when the wheelchair is on the lift; one member of the bus team should maintain hand contact with the wheelchair while the lift is moving. No one should ever ride up or down on the lift beside the wheelchair.
- The attendant assists ambulatory students on and off the bus.
- For students who do not ride in their wheelchairs during the route, the attendant transfers students from the wheelchairs to the bus seats or car seats (and vice versa).
- The bus team takes and delivers to parents any medications that travel between home and school. Medicine is stored in a locked box on the bus.
- During the journey, the attendant repositions students as needed in bus seats, car seats or wheelchairs. Training in repositioning is provided by the school.
- The bus attendant performs self-care tasks on the route such as wiping noses, cleaning up a student who may have vomited, or helping to keep students warm or cool (with guidance provided by the school on procedures).
- The bus team does not smoke at any time before, during or after the journey while on or close to the bus.

The bus route

- At the beginning of each school year, the school principal, the bus contractor (if any) and the bus teams work out the most efficient way to pick up the students at each school. The principal/school office contacts parents with the anticipated morning pickup times and afternoon drop-off times. It is generally a few days into the school year before the times are finalized, and times are subject to change at any time during the year as students are added and removed from the route or the routes are reconfigured. The school office will notify affected families when changes occur.
- Bus routes are generally configured to pick up students based on geographic location with the students who live farthest from the school being picked up first and dropped off last. Bus teams should not be requested by parents to pick up students out of sequence to make the pickup and drop-off times fit the parents’ schedules.

(continued on page 4)

(con't. from page 3)

- If the bus is on time or running early in the morning, it is required to wait at your house for the student to load until three minutes after the designated pickup time before leaving. If the bus is running late, it is required to wait three minutes after it arrives before leaving.
- In the afternoon, the same policy also applies. If no one is home to receive the student, the bus must wait three minutes beyond the designated drop-off time or three minutes after arrival if the bus is running late. If no one is available by the time the bus must leave, it will continue with the route. The driver will notify the school and terminal (if any) that your child could not be delivered home. The school and/or terminal will call ahead to your alternate drop-off locations, and an attempt will be made to drop off the student where someone is available. If this fails and the school or bus contractor cannot contact you, the bus team will follow the school's policy, which could include returning the student to school or contacting the local law enforcement agency.
- All buses are required to stop at each pickup location every day unless told by the school office that it is not required due to a known student absence.
- The bus is expected to travel the route in the sequence approved by the school, and the bus team is not allowed to change the route without discussing this in advance with the principal.

What schools expect from parents

- When the school gives you the designated pickup and drop-off times, it is expected that you will have your child fully dressed and ready before that time, and that you will be home and ready for the drop off no later than the afternoon time. The three-minute allowance is to provide a leeway for unexpected occurrences.
- If it is difficult to get your child ready in the morning, you can check whether the school has a home school coordinator who can give you some tips on ways to organize the process.
- If your child has an accident immediately before the bus arrives, send out a family member to explain what has happened and ask the bus to wait while your student changes into clean clothes. If you are home by yourself, try to work out a signal with the bus team to indicate there will be a brief delay.
- If you are delayed getting home in the afternoon, inform the school as soon as possible. Let the school know who is going to receive your child so that the bus can be rerouted to your alternate address.
- If you are changing your residence, let the school know as early as possible. Provide the date of the move, the new address, directions for locating the new residence and any change in your phone number. This information should be called into the school office, and the bus team will be notified by the school. Parents without access to a phone may send a written note with the student or give it to the driver for delivery to the office.
- If you need to change the morning or afternoon location for pickup or drop-off, this change must be discussed with the school principal. The school attempts to assist any permanent arrangements such as pickup at the home but drop-off at a relative's house or day care. If the arrangements are temporary, the principal will let you know if this is possible.
- Advise the school office if your child is absent due to illness or another reason. Give advance notice when possible for planned absences. This helps with rescheduling the buses. Notify the office when you expect your student to return to school so that the bus can resume coming to your home.
- If the names, addresses or phone numbers supplied on the alternate drop-off form change during the year, please complete a new form so that the bus team knows where to take your child if you are not home.
- Transportation services are provided as outlined in the student's IEP. If curb-to-curb service is designated for your student, the bus is required to stop in front of your home and on the same side of the street as your home. If a bus team suggests or requires you to take your student to any other location than in front of the home, contact the school office and talk with the principal. You may volunteer to take your student to a more convenient pickup site (a nearby store or parking area). However, you are not required to agree to this.
- Parents should not board the bus unless doing so is prearranged with the school and the bus company for a specific reason. The bus attendant assists ambulatory students with boarding and leaving the bus.
- Wheelchairs must be maintained with functioning brakes and straps. If you need assistance with repairs, the school might be able to help.
- If your child has a behavioral intervention plan related to transportation services, the school will let you know how you can help with this plan. This might involve letting your child bring a favorite object on the route or providing a reinforcement for your child after appropriate behavior on the ride home.
- If the bus company is not providing the services outlined above, notify the school office. Also, please share the positive experiences you have had in dealing with your bus team.

If you have questions about the transportation services provided to your child, please contact your school principal for further assistance.