Special Education Advocacy: A Team Approach

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Overview

• What is a Special Education Advocate?
• The Special Education Process
• Referral, Evaluation, Eligibility
• The Individualized Education Plan (IEP)
• Other Routes to Support
• Special Education/Related Services as Related to Role of School Nurse and/or Physicians
• Case Studies
What is an Advocate?

- Special Education Advocates assist parents in securing educational rights for their children with disabilities
- Advocates do not impose their beliefs on parents
- Advocates are not attorneys—but they know the law and how to work with the school system
- Advocates put parents in touch with local resources
Why is the Field of Advocacy Important?

• Advocates empower parents and level the playing field
• Advocates teach parents how to communicate effectively with the school
• Advocates help parents and schools find common ground based on data
• Advocates will get parents to a place where they can advocate effectively on their own
What are the qualifications to become an advocate?

• There are no formal qualifications, so...
• Ask questions about work experience and training
• Ask for references
• Does the school welcome their presence?
When Should Parents Consult with an Advocate?

• If they believe your child might have a disability that requires specialized instruction or accommodations/modifications, and you are having difficulty communicating with the school

• If their child is receiving special education or services under Section 504 but you have concerns with your child’s program
The Special Education Process

- Referral
- Evaluation
- Eligibility
- IEP
- Placement
- Instruction
- Annual Review
Referral to Special Education

- Anyone can make an referral—but how you do it makes a difference
- Parents can make a referral if they feel their child is struggling at school (academically or functionally) and needs greater support than what can be provided in regular education
- www.sde.ct.gov
Definition of A Child with A Disability (IDEA)

A child with a disability is defined as:
--an individual between the ages of 3 and 21
--who fits into one of the special education classifications defined in the IDEA
--who needs special education and related services in order to benefit from their educational program (as a result of the disability)
The Individualized Education Plan

- Understand the key components of the IEP
- Know if a child is making progress
- Overcome emotions with data
- Ensure that parental concerns are addressed
- Develop a game plan for when things ‘go wrong’
- Build trust with the school team
Key Components of the IEP

- Prior written notice
- Present Levels of Academic Achievement and Functional Performance
- Parent and Student Input and Concerns
- Transition Planning
- Goals and Objectives
- Accommodations and Modifications
- Service Grid
Is A Child Making Progress?

• Take the time to compare each new progress report to previous reports
• Is there repetition of objectives from year to year? Do you understanding the progress ratings?
• Learn how to understand the results of standardized testing
Overcome Emotions with Data

• Go from “I’m his parent and no one knows him better than me” to “Here’s the data that supports what I believe to be true”
• Do your research
• Keep timelines and ensure follow-through
• Create a paper trail
• It does not matter how “unfair” things are—stick to the facts
When Things Go Wrong

What do you do when...

• A parent starts to cry
• A school-based team member starts yelling
• A parent disagrees with a school-based evaluation
• A key team member doesn’t come to a meeting
• When the school says no to a parent request
• When the school makes a mistake
Ensure that Parent Concerns are Addressed

- Parent and Student Input and Concerns
- Prior Written Notice Page
- Write follow up letters to each PPT meeting to document resulting action steps
- Write an agenda for school meetings and submit at least one day in advance
- Meet with key team members in advance of the PPT meeting
Build Trust with the School Team

• Approach individual team members with questions and concerns prior to PPT meetings
• Actively listen to the school-based team members
• No surprises
• Be respectful of their time
• Thank them for what they do for your child
Special Education-Definitions

• 300.39 (a)(1)
  – “Special education means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability including...instruction in physical education.

• 300.39 (b)(2)
  – “Physical Education means the development of physical and motor fitness, fundamental motor skills and patterns; and skills in aquatics, dance and individual and group games and sports (including intramural and lifetime sports); and includes special physical education, adapted physical education, movement education, and motor development.
Related Services-Definitions

• **300.34 (a) Related services**
  – “….medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services...”

• **300.34 (c)(5) Individual Related Services terms defined**
  – “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.”

• **300.34 (c)(13) Individual Related Services terms defined**
  – “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 a child’s IEP. School nurse services are services provided by either a qualified school nurse or other qualified person.
Other Routes to Support

- Section 504
  - Discrimination Law
  - Leveling the Playing Field/Equal Access

- SRBI
  - Tiered interventions within regular education
  - In theory, a promising model...
Case Study #1

• Monday night—Received email through website
  — “daughter age 7, OI type 3 taken off IEP and put on 504. We need IEP back.”

• Thursday afternoon—Planning & Placement Team meeting with multiple administrators

• What happened in the three days between the email and the first meeting?

• How did this turn out in the end?
What the Heck is OI?

Osteogenesis Imperfecta (OI) is a genetic bone disorder characterized by fragile bones that break easily. It is also known as “brittle bone disease.” The term literally means “bone that is imperfectly made from the beginning of life.” A person is born with this disorder and is affected throughout his or her life time.
What Led Parents to Call Us

• Two months earlier child found ineligible for special education. Child was not reevaluated prior to exiting special education. Parents want child back on an IEP
• On playground, child broke her left femur and bent the rod in her leg that is meant to prevent breaks
• A staff member questioned parents as to why they insisted on having child attend their school
Our Role at the Meeting

- What do the key stakeholders want? Is there common ground?
- Stay focused on primary goal of parents
- Be knowledgeable about the law/procedure
- Use data and facts
- Excerpt from IDEA
- How did things turn out in the end?
Special Education-Definitions

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  – “Special education means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability including...instruction in physical education.

• **300.39 (b)(2)**
  – “Physical Education means the development of physical and motor fitness, fundamental motor skills and patterns; and skills in aquatics, dance and individual and group games and sports (including intramural and lifetime sports); and includes special physical education, adapted physical education, movement education, and motor development.
Other opinions?

• National Consortium for Physical Education & Recreation for Individuals with Disabilities

• Adaptive physical education is physical education which may be adapted or modified to address the individual needs of children and youth who have gross motor developmental delays.

• www.pecentral.org/adapted/adaptedwhatis.html
More from NCPERID...

• The APE teacher is a direct service provider, not a related service provider, because special education is a federally mandated component of special education services.

• This means that physical education needs to be provided to the student with a disability as part of the child’s special education.

• This is contrasted with physical therapy and occupational therapy, which are related services. These therapies are provided to the child with disabilities only if he/she needs them to benefit from instruction.
Case Study #2

- Five year old boy, transitioning from Special Needs preschool to kindergarten
- Complex medical history
- Parents retained us to advocate for a comprehensive plan for kindergarten, and to help make the transition go as smooth as possible
Case Study #2 - Medical History

- Low muscle tone, poor weight gain starting at 2 months old
- Torticollis diagnosed
- Mitochondrial Disease?
- Sleep apnea
- Congential Myopathy
Parent Concerns

• Recent psychological evaluation shows normal cognitive abilities. Ready for kindergarten?

• Parents very concerned about safety: frequent falls; how will he maneuver building, playground, gym, classroom, bathroom?

• What information did parents receive from other evaluations?

• Global delays: speech/language, social, motor, self-help, motor planning
The Role of The Advocate

- Ensure that parents are fully aware of delays and deficits
- Inform them of options. Retain for an extra year of pre-school?
- An emotional decision for parents
- School wants child to go to kindergarten
- Dad wants child to be retained. Mom is not certain.
The Role of The Advocate

• We present options, but take the parent’s lead
• What will kindergarten look like? What will retention look like?
• Inform parents of any state regulations on kindergarten.
• Parent of a typical may retain at any time, but parent of a special needs child runs risk of losing services.
• Inform parents of procedures and rights
The Parents Need Help from Private Medical Team & School Nurses

- Parents need to get opinions from child’s physicians on whether or not moving on to kindergarten would be detrimental.
- Get opinions in writing and possibly have doctors call into, or attend, meeting.
- Arrange for meeting between parents, nurse at preschool, and nurse at elementary school so that medical plan can be explained for both settings. The nurses will be critical members of the PPT.
- What would an extra year in pre-school do for this child?
Conclusion

• It is often challenging to be the parent of a child with learning, emotional, and/or medical issues
• It is often challenging to be the teacher or service provider of the same child
• This is not ‘us’ against ‘them’
• Parents will be effective advocates for their children if they are prepared, respectful, and know their rights. This takes a lot of work and preparation.
• Education advocates support parents through this process.
Q & A