

Surrogate Parent Training Manual

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This document was produced and distributed by the Perryton Special Education, SSA, for all districts to use in training their assigned surrogate parent. Credit to the Minnesota Curriculum Services, for adoption of their surrogate materials for use in this manual as well as Region XI for their guidance.

Guidelines for Appointing And Training a Surrogate Parent

When a need for a surrogate Parent Arises as a result of one of the three situations cited in *Federal Reg. 300.515* the following guidelines will be applicable:

At the beginning of each school year the District Superintendent or Director of Special Education, will be contacted by the Perryton Special Education, SSA office, for names of individuals who meet the district's criteria to be trained to serve as a surrogate.

1. The Perryton Special Education, SSA office will be responsible for: Providing the surrogate parent with adequate training so he/she may function in the proper capacity. He/she will be using materials and information provided by TEA and the "*Surrogate Parent Training Manual*" developed by the Perryton Special Education, SSA.
2. The surrogate parent will sign a statement certifying completion of training and an understanding of such role.
3. Should the same individual serve more than one year, then a continuing education will be provided, if so determined by collaboration between Director of SSA and Surrogate Parent

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Surrogate Parent Training Manual

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Note on Training Requirement

Generally most people who volunteer to be surrogate parents attend training. The training will provide a comprehensive coverage of the information you need to know as a surrogate parent and allow you an opportunity to ask questions. This training manual provides the basic information.

Section I

Surrogate Parent Responsibilities

- Lee needs a Surrogate Parent
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Section I provides the basic information, a volunteer needs to know about the role of a surrogate parent.

LEE NEEDS A SURROGATE PARENT

• A Case Study

Perhaps one of the easiest ways for you to learn your role as a surrogate parent is for you to read a case study of a student who needs a surrogate parent. The following people are part of the case study:

- (1) **Lee Lad**, *a 15 year old boy living in a group home*
- (2) **Bill Taylor**, *surrogate parent*
- (3) **Dr. Alice Sammons**, *Special Education Director of local school district*
- (4) **Sally McKey**, *Special Education teacher*
- (5) **Tom Johns**, *County Caseworker*

Lee's History

Lee Lad is a 15-year-old boy who has been a ward of the state for ten years. His mother died when he was a baby and his father put Lee in a foster home. Over the years, Mr. Lad moved several times and his whereabouts were eventually lost. Lee lived in the foster home until last summer and has since lived in a group home, the Hamilton Center.

Lee has attended Washington Junior High since he moved to the group home. Washington is a regular junior high school and Lee is in a Special Education class for mentally retarded students most of the day. There are

eight students in Lee's class with one certified teacher and one teacher's assistant.

Lee's main disability is mental retardation. He is able to understand most of what is said to him but he has difficulty expressing his thoughts and ideas. Physically Lee's movements and actions are fairly normal, although somewhat stiffer or slower than normal peers movements. Lee can read second grade books.

Since coming to Washington Junior High, Lee has received the following Special Education instruction and related services:

- (1) Four classes a day with other mentally disabled students.
- (2) Regular Physical Education class for one period a day
- (3) Computer Literacy class one period per day with non disabled students
- (4) Speech Therapy two times a week for 30 minutes per session
- (5) Bus transportation to and from school

Mrs. McKey, Lee's teacher, is concerned with Lee's difficulty in learning computer keyboarding. She feels it may be due to poor fine motor skills and would like him evaluated by the Occupational Therapist.

Because he has no natural parents available, Lee has no parental

representation in the planning and monitoring of his Special Education program. Tom Johns, his County Caseworker, attended the first student staffing for Lee when he moved to the Hamilton Center, and signed for his placement into the program. Mr. Johns calls Lee's teacher periodically to check on his progress. Dr. Alice Sammons, the Director of Special Education Department, has identified Lee as a student who is eligible for the assignment of a surrogate parent.

A Description of Bill Taylor

Bill Taylor works for a food company in Denton. He is the father of an eight-year-old girl and has worked with children and young people for the past four years as a volunteer youth leader in a Denton community program. He read about the surrogate parent program in a newspaper article and decided he would like to become more involved with a young person with disabilities.

Getting Involved

In March, Bill Taylor called Dr. Sammon's and inquired further about the duties of a surrogate parent. Dr. Sammon's briefly explained Bill would be assigned a child with disabilities who had no parents. He would need to ***learn the educational needs of the child, attend at least one planning meeting per year, and speak up for the child with disabilities who had no parents.*** Dr. Sammon's informed Bill that she would arrange for him to ***attend a training session*** which would fully cover the responsibilities of a surrogate parent and answer all his questions. Bill was interested and agreed to attend the

training session. At the conclusion of the training, Bill was assigned Lee Lad as his special child.

Bill Taylor visited Lee's school, Washington Junior High and met with Mrs. McKey to discuss Lee's ***special needs***. Then he visited with Lee and ***observed him*** in a reading class. In May, Bill was notified that a Special Education meeting would be held in two weeks to plan for next year and discuss the recommendations for Occupational Therapy.

At the ***planning meeting*** (or "***ARD***" meeting) Bill Taylor was part of a committee composed of the Principal, Special Education teacher, the Computer Literature teacher, Educational Diagnostician and Lee Lad. Lee's educational progress for the current year was reviewed and academic goals were developed for next year. It was decided to place Lee at the high school so he could begin taking vocational classes. The Occupational Therapist had informally observed Lee in his computer class, and didn't think he needed additional therapy. After 35 minutes the meeting was completed. Bill Taylor and the other committee members signed the "***ARD***" report and checked that they agreed with the decisions made for Lee.

Who Can Be A Surrogate Parent?

Anyone who:

1. Has no interests which would conflict with the interests of the child
 2. Is not an employee of a public agency involved in the care or education of the child (for example a surrogate parent cannot be a county welfare worker, a teacher or school administrator employed by the school district, or a group home employee.
 3. Has skills and knowledge to adequately represent the child
 4. Has knowledge of :
 - (a) state and federal special education requirements
 - (b) the school district's special education procedures
 - (c) the nature of the student's disability and needs
- b. reviewing the child's class work, assessment reports, and /or ARD reports
 - c. talking with teachers, therapist, caseworkers, counselors or other professionals involved in the student's education.
1. Participate in school meetings to plan or make changes in the student's individual educational program;
 2. Serve as the child's advocate by requesting appropriate educational services;
 3. Represent the student in any complaint or due process procedure.

If the student is being consider for special education for the first time, the surrogate parent must also give consent for the child to be tested and give consent for the child to be placed in special educational.

The qualities of an ideal surrogate parent would also include:

1. a commitment to learn about the child's educational needs and the special education system in which he/she is enrolled;
2. an ability to communicate with school personnel which includes questioning procedures or educational programs that are unfamiliar.

Surrogate Parent Responsibilities

Being a surrogate parent involves many rights and responsibilities as far as the child's educational needs are concerned. But the surrogate parent ***has no responsibility for the child's care or financial support.***

Federal regulations require that a surrogate parent must adequately represent the child and effectively advocate for an appropriate education. (FAPE)

As guidelines to meet these objectives, it is suggested that surrogate parents may do the following:

1. Learn about the child's educational needs by:
 - a. observing or talking to the student at school;

Which Children Need Surrogate Parents?

- ❖ Students whose parents cannot be located
- ❖ Students who are wards of the state
- ❖ Students who live in a temporary foster home
- ❖ Students whose parents are unknown

Under federal law, I.D.E.A. the following groups of disabled students are eligible to have surrogate parents appointed to represent them:

1. Children who are wards of the state;
2. Children whose parents' rights have been terminated;
3. Children whose parents are unknown;
4. Children who live in a temporary foster home (temporary has been defined as less than six months) ;

Children in such categories might live in a foster home, public/ private group home, state hospital, correction facility, or residential treatment center.

If someone such as a grandparent, aunt, etc. is "acting" as the child's parent, a surrogate would not have to be appointed.

Surrogate Parent Rights

Your rights as a surrogate parent in the educational process are the same as those of a natural parent. The law gives parents and surrogate parents of disabled students, extra assurances that the child's rights will be protected.

The rights of students with disabilities include:

1. the right to a free appropriate public education in accordance with an *Individualized Education Program (IEP)*
2. the right to receive an appropriate, non-discriminatory educational assessment
3. the right to be educated in the least restrictive environment appropriate for his/her needs

You, "*as a surrogate parent*", have certain rights known as "*due process*" rights that assure a child will be treated fairly under the law. Due process rights are spelled out by law.

These include your right to:

1. inspect and have a copy of all records with regard to the child's educational program;
2. request changes if information in the child's records is inaccurate or inappropriate;
3. be informed about assessment procedures, tests, and all results;
4. seek an independent evaluation of the child if you think the school's evaluation methods and/or results were inappropriate;
5. participate fully in the planning of the child's individualized education program;
6. receive information about the special education services available to the child;
7. question the appropriateness of the child's educational program;
8. decide if the proposed placement and program in special education is appropriate for the child and indicate your decision by signing or refusing to sign the **ARD** committee report
9. talk with people involved in the child's education and receive regular progress reports (report cards) or other communications routinely given to parents;

10. be informed about any proposed changes and have a chance to consent or refuse before any major change is made in the child's educational program;
11. request a parent/school conference, new evaluation or planning meeting when necessary;
12. have an outside person attend any school meeting with you and ask the child to attend if appropriate;
13. participate as a partner with the school in planning the child's **IEP**
14. be notified in writing when:
 - a. the school proposes to test the child
 - b. a change in placement is being considered
 - c. a change in the child's education plan is considered;
 - d. an educational planning meeting is being held;
15. receive information from the school upon your request about free or low cost legal services in your area, if you require legal guidance in the performance of your surrogate duties;
16. initiate due process proceedings, if needed;
17. be informed if the school is beginning due process proceedings.

Due process proceeding are official steps taken when the school and parent (or surrogate parent) disagree about a child's educational program. The proceedings involve legal hearings at various levels.

❖ *Remember, these are the same rights that all parents have in the Special Education Process. If you ever hear the term, "parents rights", it is also referring to "surrogate parents rights". Throughout all procedures, the real goal is the child's rights.*

Federal and State Legislation Concerning Special Education

Public Law 94-142

The beginning of federal legislation concerning students with disabilities was Public Law 94-142 signed by President Gerald Ford on November 29, 1975. PL 94-142's purpose was to ensure all handicapped children have available to them a free appropriate public education which also includes special education and related services to meet their needs.

Important aspects of PL 94-142

- States receiving federal support must educate children with disabilities free of charge; the children are to be educated within the public school system, if possible.
- Each disabled child would have an "*individual educational plan*", ("*IEP*"). An *IEP* must contain annual goals and short term instructional objectives; indicated the specific special education and related services to be provided; the length of time those services will be provided and specify the criteria and evaluation procedures which signify the child's educational goals are being met.
- No matter how severe a child's disability, that child cannot be refused a free appropriate public education "*zero reject*".
- "*Appropriate Education*" ensures that handicapped students are not permitted to just attend school but that an educational program will be designed to meet the students needs to accommodate his/her handicapping condition and therefore to make education meaningful.
- "*Least Restrictive Environment*" students with disabilities must be educated with non-disabled students to the greatest extent possible.

Individuals with Disabilities Education Act (IDEA)

The newest piece of federal legislation involving students with disabilities is the *Individuals with Disabilities Education Act (IDEA)* which amended PL.94-142 as of October 1990. The major changes made by IDEA are:

- two additional handicapping conditions of *autism and traumatic brain injury (TBI)* were added as eligible for special education services; (*autism has been designated as a handicapping condition in Texas for a number of years*);
- the terminology for referring to handicapped students has been changed to "*children with disabilities*";
- the *I.E.P.'s* of *students 16 years and older* must outline needed transition services, including the responsibilities of agencies outside public school. The goal of transition plans for older students is to ensure they successfully move from public school to

post-secondary activities *i.e.*; college, trade school, employment, or independent /assisted living;

- As of June 1, 1997 this Act provided flexibility on critical discipline issues such as; *ARD*'s do not have to convene regarding functional behavior assessments and behavior intervention plans unless suspensions total more than 10 school days in a school year and placed in an AEP setting for not more than 45 days for weapons or drug misconduct. Water cooler chats do not constitute school official's knowledge that the student may need services. General education teacher may not be required to participate in all decisions, be present during entire meeting, or attend every meeting (depends on student's needs). Each child's teacher must be informed of responsibilities relating to the IEP and the IEP must be accessible to general education teachers. Parents must be given information about agency criteria applicable to the IEP upon request. More parent input is called for in the evaluation process. School districts are mandated to locate, identify, and evaluate private school children with disabilities, directing district to expand efforts comparable to those in public school.

Americans with Disabilities Act (ADA)

ADA is not confined to children with disabilities, but covers all individuals, birth to elderly who are disabled. *ADA* constitutes a civil rights statute to prohibit discrimination against individuals who have a disability. These protections impact employment, housing, education, and all other life-impacting opportunities. Districts not in compliance may be sued as violating the civil rights of the disabled person involved. *ADA* went into effect during the summer of 1992.

State Regulations

Plan A

Texas had been providing services to disabled students many years before 1971 and the implementation of *Plan A*. But it was *Plan A*, that contained the rules and regulations governing special education within the state. Two major changes brought about by Plan A were to identify students with learning disabilities as eligible for special education services and to recognize the "*resource room*" as viable instructional arrangement.

State Board of Education Rules for the Handicapped (SBOE)

With the advent of *PL 94-142*, Texas adjusted its rules and regulations for special education by developing the *State Board of Education Rules for the Handicapped*. The guidelines found in *SBOE* are revised occasionally to meet new or changing conditions. Generally, the *SBOE* is much more detailed than federal or state regulation. For example the *SBOE* specifies: the members of an *ARD* committee, procedures, for referring students for special education assessment and provisions concerning the suspension and discipline of disabled students.

Federal Regulations regarding Surrogate Parents

1. *Who is a "parent"?*

34 CFR 300.20

As use in this part, the term parent means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with §300.515. The term does not include the State if the child is a ward of the State.

Sec.300.20 Parent

- (a) General; As used in this part, the term parent means:
- (1) A natural or adoptive parent of a child;
 - (2) A guardian but not the State if the child is a ward of the State;
 - (3) A person acting in the place of a parent (such as a person who is legally responsible for the child's welfare); or
 - (4) A surrogate parent who has been appointed in accordance with Sec. 300.515
- (b) Foster parent, Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part B of the Act if:
- (1) The natural parents' authority to make educational decisions on the child's behalf has been extinguished under State law; and
 - (2) The foster parent:
 - (i) Has an ongoing, long-term parental relationship with the child;
 - (ii) Is willing to make the educational decisions required of parents under the Act; and
 - (iii) Has no interest that would conflict with the interests of the child.

(Authority: 20 U.S.C. 1401(19))

2. *When must a surrogate parent be appointed*

See below: Sec. 300.515, (a)(1-3)

3. *Who can be a surrogate parent?*

4. *See below: Sec 300.515 (c-)*

Sec. 300.515 Surrogate parents.

- (a) General. Each public agency shall ensure that the rights of a child are protected if:
- (1) No parent (as defined in *Sec. 300.20*) can be identified;
 - (2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or
 - (3) The child is a ward of the State under the laws of that State

(b) Duty of public agency. The duty of a public agency under paragraph (a) of this section includes the assignment of an individual to act as a surrogate for the parents. This must include a method:

- (1) For determining whether a child needs a surrogate parent; and
- (2) For assigning a surrogate parent to the child.

(c) Criteria for selection of surrogates.

- (1) The public agency may select a surrogate parent in any way permitted under State law.

Except as provided in paragraph (c) (3) of this section, public agencies shall ensure that a person selected as a surrogate:

- (i) is not an employee of the SEA, the LEA or any other agency that is involved in the education or care of the child;
- (ii) has no interest that conflicts with the interest of the child he or she represents; and
- (iii) has knowledge and skills that ensure adequate representation of the child

(d) Non-employee requirement; compensation. A person who otherwise qualifies to be a surrogate parent under paragraph (c) of this section is not an employee of the agency solely because he or she is paid by the agency to serve as a surrogate parent.

4. What are the responsibilities for surrogate parents?

34 CFR 300.515 (e):

(e) Responsibilities: The surrogate parent may represent the child in all matters relating to:

- (1) the identification, evaluation, and educational placement of the child, and
- (2) the provision of a **Free Appropriate Public Education (FAPE)** to the child

5. Parent Participation

34 CFR 300.345 (c) and (d)

(c) if neither parent can attend, the public agency shall use other methods to insure parent participation, including individual or conference telephone calls

(d) A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case the public agency must have a record of its attempts to arrange a mutually agreed on time and place such as:

- (1) detailed records of telephone calls made or attempted and the results of those calls
- (2) copies of correspondence sent to the parents and any responses received, and
- (3) detailed records of visits made to the parents' home or place of employment and the result of those visits

Questions and Answers

- Q. Why can't staff members of the school or care agency be responsible for representing the child on educational matters?**
- A. *In the past, the school and the agency often made educational decisions about disabled students without parents responsible for the care of the child. There are two main problems with this:*
1. The school and agency may have a conflict of interest in meeting an individual child's needs;
 2. Neither the school or agency can be objective since they are involved in the education or care of the child;
- Q. Will I get paid for being a surrogate parent?**
- A. *There is no requirement that a surrogate parent receive compensation. However, schools may choose to cover the expenses of surrogate parents or offer another type of compensation. This is a question you should ask the special education director.*
- Q. How much do I need to know about the child's disability? How can I learn more about it?**
- A. *You can be a very effective surrogate parent without knowing much about the child's disability. However, it may be helpful for you to learn more about the characteristics of the major disabilities. A brief section in this booklet covers characteristics of the major disabilities of children in special education. You may ask the child's teacher for more information or written material. Also the director of special education will often have books or pamphlets on various disabilities which you may borrow.*
- Q. How often can I visit the child's classroom?**
- A. *As often as is necessary in order for you to develop an adequate knowledge of the child. Set up each visit by contacting the teacher, diagnostician, or principal. Explain that you are the surrogate parent representing the child and the nature of your visit (to observe, confer with teacher, etc.)*

- Q. Who has final say about the student's educational program?**
- A. All decisions about the child's education program are made by the entire ARD committee. As a surrogate parent, you are the parent representative and you are given extra consideration. If you disagree with the decisions of the ARD committee, the committee briefly adjourns (from 1–10 days) to reconsider the area of disagreement you presented. The committee will work toward reaching agreement if at all possible.
- Q. What if the representative from the care agency disagrees with the child's educational program?**
- A. *Although case workers, social workers, staff members from care facilities and others will and should continue to be involved, it is your signature and agreement which are part of the decision making process. Representatives from care facilities have valuable information about the child, which is an important consideration in making educational decisions. Their input should be encouraged and respected but they are not the decision-makers at the ARD meeting.*
- Q. Could I be assigned a student over the age of 18 years?**
- A. *Student's aged 18 – 21 years are viewed as adults, therefore, unless the student is judged mentally incompetent, they do not need a surrogate parent.*
- Q. Will the school be evaluating my activities as a surrogate parent?**
- A. *Schools monitor the activities of each surrogate parent. They may do this by talking with the child's teachers, diagnostician, and others who have been in contact with you.*
- Q. What if I have a question after I am assigned as a surrogate parent? Whom do I ask?**
- A. *Start by asking the child's teacher, diagnostician, special education director, or principal. They can probably answer most of your questions.*
- Q. What if the school does not assign me as a surrogate parent even after I have been trained?**
- A. *The school may have a variety of reasons for not assigning you. Often there may not currently be any students who need to be represented by a surrogate parent or there may be more volunteers than are needed. Make sure the school knows that you are still interested, even if you are not assigned a student right away.*

Q. When must a surrogate be appointed?

- A. *A surrogate parent must be appointed:*
... when a court order designates a state agency as the managing conservator, but places the child in a residential facility and gives the facility control over the education of that child.
- A. ...when the court order gives managing conservatorship to a state agency and the agency designates the placement facility to have responsibility for the child's education.
- A. when a state agency has temporary managing conservatorship, but the parental rights have not been terminated.

Q. When is a surrogate parent not needed?

- A. *A surrogate parent does not need to be appointed when a court gives managing conservatorship to a private (not public) agency, that is licensed by the state.*

Q. When may a surrogate parent need to be appointed?

- A. *A surrogate parent may need to be appointed:*
....when the school district is unable to locate/communicate with the parent before holding a transfer ARD. "Appoint a surrogate if parent cannot be found by the 2nd ARD meeting."

....when the child is placed by the parents who sign a contract with the group home assigning the complete responsibility for education to the home..
"Parents cannot sign away rights. School district must still communicate and work with the parent. The agency may not serve as the surrogate."

...when the child is in a group home with no parent readily available, but the home does not have a court order regarding managing conservatorship.
"Maybe, it depends on whether or not you can locate the parent, etc."

...when the child's mother is recently deceased, the father's location is unknown, and the child is living with a relative. "Maybe, it depends on whether the relative is representing the parent."

...when the child's legal guardian, an uncle, does not live in the community, or is not readily available and the child lives with a friend of the guardian.
"Maybe, the district should try to involve the guardian."

Q. What is the relationship/responsibility between surrogate parents and facility personnel?

A. The school should contact the facility if the child has a discipline problem. If the child has a Behavior Management Plan, the school should follow it regarding contact with the facility.

...The facility personnel may come to ARD meetings.

...The facility should be contacted in case of a medical emergency.

...For special education purposes, the surrogate parent must sign for release of records. For other school purposes, the facility may sign.

If You have a Complaint

If you feel that the child you represent does not have an appropriate education or the child's education plan is not being followed, you may need to work for change through one or more of the following procedures.

- (1) First talk with the child's teachers, educational diagnostician, principal or other professionals who work directly with the child and try to resolve any problems at this level.
- (2) Request that another educational planning meeting (ARD meeting) be held to discuss specific issues and concerns. Look into other school programs and services if necessary.
- (3) Write a letter or call to request a meeting with the Director of Special Education for the school district. (Marsha Murphy, Director of Special Education, P. O. Box 1048, Perryton, TX 79070, 806-435-4412)
- (4) Contact the Education Service Center, Region XVI (ESC, XI) Special Education Department.
- (5) If you believe the school is violating the laws and regulations that govern special education, you may file a complaint with the Texas Education Agency, 1701 North Congress Ave., Austin Texas, 78701 or call 1-800-252-9668.

Liability of Surrogate Parents

The surrogate must act in a way that they believe is in the best interest of the child.

A surrogate parent is not liable to the child damages that result from ordinary acts of negligence. But the surrogate parent would be liable for gross or willful acts of negligence.

Section 11

The 12 Disabilities of Students in Texas Special Education Programs

- Autism
- Learning Disabled
- Mentally Retarded
- Emotionally Disturbed
- Other Health Impaired
- Orthopedic Impairment
- Speech Impairment
- Traumatic Brain Injury
- Auditory Impairment
- Visual Impairment
- Deaf/Blind
- Multiple Disabilities

Section II provides a brief description of the disabilities of children served by special education in Texas. The descriptions should help interpreters know the basic characteristics of the special child they were assigned.

Autism

Autism is a rare disorder that occurs in about 4 out of 10,000 children. In general, autistic children have a language disorder, display abnormal intellectual functioning, exhibit bizarre behaviors, and have impaired social interactions.

In autistic children, language is both delayed and deviant in their ability to understand words and in their ability to express their thoughts. Those who develop language tend to exhibit excellent memorization skills but actually communicate very little, if any, meaning. Autistic children may respond to brief phrases, but they find it very difficult to understand complex commands.

Most autistic children have mental retardation. Less than 10% of autistic persons score in the normal range of intelligence. Some studies have shown them to have low levels of abstract reasoning, while rote memory skills are often good. And some children have amazing isolated skills such as multiplying as quickly as a calculator or able read a newspaper with expression but no understanding.

The autistic child often exhibits behavior that is uncommon or nonexistent in normal children. For example, the child may have a tantrum because a chair was moved in their room. The child may be very attached to an object like a string, blanket, or rubber band. They often exhibit hand flapping or body rocking. Sometimes they display self-injurious behavior such as head banging or eye-gouging.

Theories abound as to the cause of autism and what seems most likely is that these children are brain-damaged. There is a high incidence of prematurity, birth trauma, and central nervous system infections in autistic individuals.

The educational program should be suited to the child's intellectual abilities. The

environment should be very structured, and instructions must be very simple. A speech and language pathologist is most helpful in treating the language disorder.

Learning Disabled

Students with learning disabilities are students with normal intelligence but are doing poorly in their schoolwork. This child is not mentally retarded, nor is the cause because of physical, emotional or social problem. Usually the child has had normal cultural advantages, and adequate learning opportunities. Yet, the child fails to learn according to he/her abilities.

No one knows exactly what causes learning disabilities. Typically these children do not have a history of birth trauma or negative environmental influence. They tend to develop as rapidly as their siblings except in the area of language. Some of characteristics of learning disabilities are:

In fine motor tasks the child has difficulty coloring, writing, or cutting, and has problems establishing which hand to use, left or right.

In skills involving concentration the child does not listen well, forgets easily, is poorly organized, and cannot follow multiple step directions;

In reading he/she has trouble sounding out words, difficulty understanding words or concepts, misreads letters or puts them in the wrong order.

To diagnose a LD, (*learning disability*) an educational diagnostician or psychologist gives the child a comprehensive assessment covering many areas (*language, health, emotional/behavior skills, sociological and others*) but the **critical testing is in the area of intelligence and academic achievement**. If the child's ***academic achievement scores fall 16 or more points below the intelligence score and she/he is doing poorly in school, then the child could qualify as LD.***

A LD (Learning Disabled) child may also be dyslexic or have attention deficit disorder but the child cannot be a slow learner

Within the special education population in most schools, there are more students with LD than any other disability. Most are in regular classes all day and getting help from special education teachers only when needed.

Mental Retardation

Mental retardation is often thought of in terms of the severely retarded who "look and act different". In reality, most of the persons with retardation have no obvious symptoms. Through education and training, the majority of retarded persons can be self-sufficient citizens.

Mental retardation has many causes. It can occur as a result of a head injury, an illness, or because of a congenital or genetic abnormality (such as Down's Syndrome). Generally a person is considered to be mentally retarded, when he/she has significantly low intellectual functioning. (IQ scores below 70) They will also be impaired in their ability to adapt to the environment. (As a reference, people of average intelligence have IQ scores from 90 – 110).

The functioning of persons with mental retardation is very different depending on the severity of the retardation. The following paragraphs give general characteristics of mild, moderate, and severe to profound retardation.

Mild Retardation

- ❖ IQ's from 70 to 50 - about 85% of the retarded Population

The observer may not notice mild retardation, in newborns to 5 year olds. However, these children are slower to walk, talk and feed themselves than typical children.

In school, these children can learn practical skills and useful reading and math abilities. They can reach academic achievement of the third grade to sixth grade level with special attention.

As adults, they can learn vocational and social skills for self-maintenance i.e. working at a competitive job and living independently.

Moderate Retardation

- ❖ IQ's from 49 to 35 – approximately 10% of the retarded population

The infant or young child with moderate retardation has noticeable delays in motor development, especially in speech, which may be limited to a few sounds or words.

The goal of education is to enhance self-help skills so they are better able to function in a vocational environment. While they cannot live independently, they can care for themselves under supervision and perform repetitive unskilled tasks. As adults their mental age ranges from 5 to 7 years.

Severe/Profound Retardation

- ❖ IQ's range scores of 34 or less - approximately 5 % of the retarded population

For persons with severe and profound mental retardation, the ability to learn and care for themselves is very limited. Many of these individuals, besides having mental retardation have other disabilities such as seizures, cerebral palsy, hearing or visual impairment. They are able to learn basic self-help skills but have extreme difficulty learning any academic skills. The mental age of adults with severe retardation is under 5 years, and for persons with profound retardation, it is under 3 years.

Educational goals for students with retardation

The key to teaching children with retardation is setting up learning situations in which they will achieve success, since they usually experience failure. Repetition is a vital element. It is important to vary the kinds of experiences but repeat the same concept many times. Very often retarded children have trouble with short-term memory. Short learning sessions, well planned, can be helpful with a limited

attention span. The more abstract the activity, the more difficult is the learning, such as learning reading.

The major educational goal for teaching children with retardation is to gain useful work and have adequate self-help and social skills. Thus much of their education is based on actual experiences in community settings with an abundance of practice. A multi-media approach instead of print-related materials provides these students with concrete information rather than abstract ideas. One program many schools use for teaching functional skills to children with retardation is Project LIFE.

Emotionally Disturbed

A student who is ED (emotionally disturbed) may have normal or above intelligence and would be capable of the same academic work as their peers if disruptive emotions or behaviors did not interfere. They are often frustrating and irritating to regular teachers and classmates because they disrupt other's learning. Students with emotional disabilities often have no friends, don't get along with teachers, react impulsively without regard for consequences, may lose control of themselves by verbally or physically acting out and /or they may be depressed.

Emotional disturbance in students must be diagnosed by a LSSP (Licensed Specialist in School Psychology). The professional evaluator must determine the child's emotional or behavior problems have been occurring over a "*long period of time' and to a marked degree.*" It is very important to distinguish true emotional disturbance from normal reactions to difficult situations such as divorce, death, or other upsetting circumstances. A condition must be identified that adversely affects educational performance that results in one or more of the following characteristics:

- ❖ an inability to learn which cannot be explained by intellectual sensory, or health factors;

- ❖ an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- ❖ inappropriate types of behavior or feelings under normal circumstances;
- ❖ a general pervasive mood of unhappiness or depression;
- ❖ a tendency to develop physical symptoms or fears associated with personal or school problems;

Educationally these students do best in classes with clearly defined rules and consequences. The consequences for misbehavior are consistently applied. It is most effective when teachers and administrators respond in a non-emotional manner, which emphasizes the connection between cause and effect. These students need close supervision during instruction and throughout the school building. Social skills training (making friends, getting along with teachers, accepting criticism, etc.) is **very** beneficial for ED students in learning to act appropriately.

Students who are socially maladjusted do not meet criteria for Emotionally Disturbed.

Other Health Impaired

Students who are '*Other Health Impaired*' have serious health problems. The severe illness limits the student's strength, vitality or alertness in learning situations. Children may have such serious or chronic health problems as heart disease or defect, respiratory disorders, diabetes, seizures, cancer, etc. The health problem must have been diagnosed, by a physician, who states: ***the condition is severe, it limits the child's ability to participate in school activities, and the condition will last a minimum of four weeks.***

Educationally, some of these students will only be able to attend school off and on during the year. For example monthly school attendance for a child on chemotherapy may be 3 weeks at school and one week out for chemotherapy. Other students may need to have a teacher instruct them at the hospital or at home.

Orthopedic Impairment

These students have a severe physical disability and are unable to perform normal movements because of crippling deformity. A physician diagnoses this impairment. The orthopedic impairment may be the result of a congenital impairment or birth defect, or physical impairment caused by diseases such as polio, arthritis, or accidents.

The educational concerns for these students are additional needs for space to maneuver a wheel chair or crutches or need to use a typewriter/computer, or calculator. Other considerations would be access to desks, bathrooms, and second floor classrooms. Physical education may need to be modified or eliminated according to the child's ability.

Speech Impairment

Language disorders range from mild speech defects such as articulation disorders to severe communication disorders that affect both expressive (spoken language) and receptive language (the understanding of words).

A speech and language pathologist determines the speech impairment. The speech pathologist diagnoses a communication disorder in one of the following areas:

- ❖ **Articulation** - severe problems producing the correct sounds;
- ❖ **Language** - the child's vocabulary is severely limited, he/she may understand words, but not be able to express ideas in words or sentences
- ❖ **Fluency** - problems with stuttering-,
- ❖ **Voice** - difficulty with resonance, quality, pitch and intensity,

There are more students with speech impairments in elementary special education programs than any other disability. The *typical speech student* in elementary grades is in regular classes. The speech pathologist may offer speech therapy within the child's regular class or may instruct the child in a private setting. The typical speech student receives speech therapy about one hour per week. The amount of time and frequency of therapy is determined by the severity of the child's disability. Autistic and mentally retarded students also benefit from speech therapy, which develops their ability to communicate.

Traumatic Brain Injury

With the passage of the federal legislation, IDEA, Traumatic Brain Injury was designated as a disability in 1990.

This disability is determined by a physician to have an injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment.

Auditory Impairment

Among the senses, hearing is equaled only by vision in its importance to our understanding the world around us. A hearing deficit, therefore, is a major disability. Hearing losses can range from mild to profound and may be unilateral or bilateral and are diagnosed by an otologist or a medical doctor. Hearing loss occurs in approximately 1 % of all children. Among all individuals who have hearing problems, 40% have a mild loss, 20% a moderate loss, 20% a severe loss and 20% have a profound loss (or about 2 in 1,000 children). An auditory impairment may exist alone or be part of a multiple disability. If the hearing loss is an isolated disability, the affected child tends to do well, provided he or she was identified early and developed an alternate method of communication.

Treatment for hearing loss primarily consists of aids for hearing and aids for speech. The approach used most often to help a child with mild to severe hearing loss is to provide him/her with a hearing aid and place the child in the front row of a classroom. Many schools use a 'total communication' philosophy. With this approach a language program may consist of a combination of a hearing aid, natural gestures, pantomime, sign language, finger-spelling, lip reading, and body language with or without oral speech

Visual Impairment

Our eyes help us perceive and understand our world. Indirectly, they also affect the development of muscle tone, language, and other developmental skills. The causes of blindness are numerous, ranging from cataracts to infections to tumors. The visual impairment is diagnosed by an ophthalmologist or optometrist. When the visual acuity is less than 20/200 with correction, the person is considered legally blind. A person with 20/200 vision can read large-type books, while a totally blind person must rely on Braille or other aids.

For a child with visual impairment, educational placement depends on the extent of the loss and the presence of any other disabilities. A six-month-old child can start infant stimulation programs, and at 2 years old the child is ready to start a special preschool program at their local school.

Children with partial vision can be maintained in regular classes with the use of large print books, special paper with dark lines, sitting in the front of the classroom, or using magnifying glasses and special instruction. Teachers need to be aware that a visually impaired child's eyes may be uncomfortable or painful at times and vision may vary from day to day. Blind children usually do best in self-contained classrooms. These children need to learn Braille and computers. They may also need to learn other new forms of assertive technology such as calculators and opticians.

Deaf & Blind

The deaf/blind student qualifies for visual impairment and auditory impairment. See the previous descriptions.

Multiple Disabilities

This student has at least *two* serious disabilities that will severely impair the thinking processes, self-care, communications, social and emotional development and psychomotor skills. For example, a student may be blind, mentally retarded, and have cerebral palsy. (*Having two mild disabilities such as learning disabled and speech impaired would not qualify as multiple disabilities.*)

Section III

The Special Education Process in Public Schools

- Referral
- Assessment
- ARD Committee

This section briefly describes the initial process a child goes through in being considered for special education services. Most of your involvement will be in attending ARD committee meetings.

The Special Education Process in Public Schools

The special education process in public schools *begins when a child experiences difficulty in learning*. The problem is noticed by a parent, doctor, or teacher, who thinks the difficulty may be due to some type of disability. The school is notified.

Once the school has been notified, information is gathered from many different sources concerning the child's learning history. Information on current grades, achievement test scores, use of the English language, medical/developmental history, cultural influences, classroom observations and parent information is collected by the school counselor (or other regular education staff member). ***This information is called a referral*** and it is next sent to the special education department.

The special education department reviews the referral information. If it appears the child may have a disability and an educational need (poor achievement in school), the parent will be contacted. A designated staff member, reviews with the parent the

- ❖ ***Explanation of Procedural Safeguards*** (See Appendix A),
- ❖ ***Notice of Comprehensive Assessment***
- ❖ ***Consent for Assessment*** (obtained from the parent's)

Once the parent gives consent, the comprehensive assessment of the child can take place. An educational diagnostician or school psychologist usually administers it. This thorough assessment covers the child's capabilities in language, physical skills, emotional/ behavioral development, intellectual ability, academic achievement, and consideration of any cultural or lifestyle differences. In addition, the evaluation of the child's specific disability (autism, orthopedic, vision, etc.) may require an additional professional (psychologists, physician, optometrist, etc.) to complete a report on the child's

disabilities. The school testing and the specific disability testing are all recorded in the Comprehensive Individual Assessment report. It documents whether or not a student meets federal or state regulations for disabilities served by special education. If the child did meet the qualifications for a disability, a special education teacher is assigned to test the student for academic strengths and weaknesses. Based on the child's abilities, the special education teacher recommends modifications, which would be beneficial to the child in regular classes. These modifications consider changes to the course content, instructional methods, testing, and special equipment/ material needs. These recommendations are also part of the Comprehensive Individual Assessment report.

Once testing is completed, the parents are notified and a date for an Admission, Review, and Dismissal (ARD) Committee meeting is arranged.

At the ARD committee meeting, the testing is reviewed and the presence *or absence of a disability* is discussed. If the child meets the criteria for a disability and has an educational need, eligibility for special education services is established. The committee's next duty is to begin developing an Individual Education Plan (IEP). It reviews the child's competencies: physical, emotional /behavior, and academic and designs an education plan (IEP) to meet the child's needs. The IEP contains instructional goals for the year and the short instructional steps needed to obtain that goal. The committee then decides how much time (minutes/hours per day) the child will need special education instruction and how much time the child will be in regular classes. If the child needs additional related services (occupational therapy, physical therapy, bus transportation, etc.) to benefit from instruction, those services are discussed and amount of time needed for the service. Next the ARD committee decides on the modifications needed in regular classes or if the student will take the Texas Assessment of Academic Skills (TAAS) or a state alternative assessment.

Finally, the members of the ARD committee sign the ARD report and indicate agreement with the decisions. In addition, the parent must give consent *for the child to be placed in special education*. The typical ARD committee members are the parent (or surrogate parent), an administrator (principal), teacher (general and/or special education teacher), and assessment representative (educational diagnostician or psychologist).

The ARD committee has additional duties depending on the type and severity of disability of the child. Other ARD duties:

For students in special education assurances must be made that the child is educated in the Least Restrictive Environment.

For students entering high school (or already in high school) *vocational classes* are considered and a *graduation plan* is developed (or revised) along with an *Individual Transition Plan* on or before the age 16.

For students with the *disabilities of autism, or visual impairment, additional educational responsibilities are discussed.*

Information you can request to help you follow the ARD process:

- ❖ An *ARD* agenda or a blank copy of the ARD report (planning meeting report; see appendix)
- ❖ A copy of the IEP (individual education plan)
- ❖ A copy of the modification sheet

Be sure you are introduced to all members of the ARD committee.

Your input is valuable! You bring an objective view to the process and you are representing the best interests of the child.

Note for Surrogate Parents

The ARD committee meeting can be a confusing process. Always ask Questions when you do not understand the issue being discussed.

Section IV

Glossary of Terms

As a Surrogate Parent for a special needs child, you may find there are many new and strange words you must learn. Listed in this section are many of the new words you will see or hear.

Glossary

Achievement Test

A test designed to measure a child's knowledge, skills and understanding in subject areas. For instance, these tests may measure the child's reading comprehension, math calculation, or spelling capability as compared to other children in the same grade or same age.

Adaptive Behavior

The ability to socially function in school, home or community environment, involves skills such as: making friends, bathing and dressing appropriately, being punctual for appointments, budgeting, etc.

Age/Grade Equivalent

The scores from tests given to a student are defined in years and months that are equal to the average score of children of that age/grade group.

Annual Goals

These are broad academic or behavioral goals the child is to accomplish for the year (i.e.: Lisa will master reading skills for third grade.)

Admission, Review and Dismissal (ARD) Committee

This *ARD committee* makes decisions regarding the Special Education needs of the child. It determines if the child has a disability, if a special education (regular school class rooms) program is needed, and if modifications in regular education are required. ***The parent or surrogate parent is an important member and is encouraged to attend and participate.***

Assessment

These are tests used to determine the child's special needs. Assessment may include intellectual, social, emotional, educational achievement, physical, auditory, speech, language, etc.

Audiological Services

This related service includes the evaluation of hearing ability and recommendation of certain types of hearing equipment for a child with hearing impairment

Auditory Impaired

A disability in which the child has hearing problems which delay or stop him/her from developing speech, language or academic skills (See section on auditory impairment for more information).

Autism

A rare disorder in which the child experiences severe language disorders, may display bizarre behavior, have abnormal intellectual capabilities, and have impaired social interactions.

Battery of Tests

A group of tests given to a child to determine strengths and weaknesses.

Central Nervous System

The brain and spinal cord

Cognitive

Intellectual abilities, such as memory and the ability to solve problems and make judgments.

Consent

Before a child can be tested or placed in a special education program, a parent must give written permission for these services to take place.

Criteria

The measurement of whether or not an educational goal is being met. For example a 'criteria' for spelling achievement is spelling correctly 9 out of 10 words.

Cumulative Record

All the child's educational records. The records begin when a child enters school, and follows the child from school to school. It includes information about health records, grades, attendance, achievement tests, and special education programs (if any).

Curriculum

The subject matter a school is going to teach the child by using special activities and materials to help the child learn.

Due Process

A guarantee of rights and privileges that neither the government nor other public agency cannot take away. For example, the right to be notified before any action can be taken concerning your child.

Early Childhood

(Preschool Program for Children with Disabilities-PPCD)

Public school education can begin at age 3 years for young children with a disability, or earlier if child is auditorally or visually impaired.

Educational Diagnostician

A professional in special education who gives tests to determine the academic and intellectual abilities of children. In other states, a school psychologist may fulfill this role.

Education Service Center (ESC)

One of 20 regional offices within Texas to provide consultation, professional development and assistance to local school districts. Our local region is ESC XVI.

Emotionally Disturbed (ED)

A disability in which a child's behavior is interfering with getting along with others, and the ability to learn. (See section on emotional disturbance for more information).

Expressive Language

Describes how a child used spoken or written language to communicate with others. Expressive language can also include gestures or hand signs.

Eye-Hand Coordination

The ability to use the eye and hand simultaneously to effectively complete a task. Activities of eye-hand coordination include copying designs from a book, cutting with scissors on a line, or painting with a brush.

EYS (Extended Year Service)

FAPE (Free Appropriate Public Education)

Fine Motor Development

The skills developed by a child that involve precision tasks done with the hands such as writing, gripping an object, playing with puzzles, stringing beads, etc.

Gross Motor Development

A person's large muscle development exhibited in such skills as crawling, walking, jumping, throwing or running.

Guardian

A person who has legal authority to make decisions for a minor. The parent is the legal guardian of a minor child. A person 18 years or older does not have a guardian unless one is appointed by a court.

Homebound Program

An instructional arrangement for special education in which the teacher instructs the student at the hospital or home for a minimum of four hours a week.

Inclusion

An educational philosophy in which children with disabilities are educated in only regular education classrooms. The special services needed by the child would be provided within the regular class setting.

IDEA

Federal legislation, Individuals with Disabilities Education Act, which amended (PL 94-142 by adding two new disabilities (TBI & Autism) and required the Planning of post secondary transitional services, (Individual Transition Plan).

Individual Education Plan (IEP)

A written plan for education and related services. It contains the educational / behavior goals and objectives, student competencies, the amount of special education services needed and modifications for the regular program. The IEP is reviewed for progress each year.

Intelligence Quotient (IQ)

A score that measures a child's mental development in solving problems. The IQ scores of 'average' persons range from 90 to 110 points.

Implementation

Describes how a child's special services will be provided.

Learning Disabled (LD)

A disability in which a child with average or above average intelligence has significant problems in academic achievement (basic reading, reading comprehension, math calculation, math reasoning, spelling, listening comprehension, oral expression, or written expression). (See disability section describing LD.)

Least Restrictive Environment (IRE)

Assurances that a disabled child is educated to the maximum extent possible with non-disabled students.

Mainstream

A child with disabilities is placed in all regular class with no regularly scheduled special education services.

Managing Conservator

A suitable, competent adult, parent or authorized agency appointed by the court to have responsibilities and rights of a parent. When a public agency is managing conservator of a disabled child, a surrogate parent must be appointed.

Mental Age

A child's mental ability compared to children of the same chronological age. For example a retarded child may have a mental age of 4 years but be 18 years old.

Mentally Retarded (MR)

A disability category for children whose intellectual ability is significantly lower than the average person. IQ scores below 70.

Multidisciplinary Team

More than two educational professionals working together to evaluate and to help a special child.

Occupational Therapy (OT)

A related service to help a child develop fine motor skills. The OT may also suggest equipment to help children in daily activities such as special feeding equipment.

Orthopedic impairment

A disability category for child with physical challenges of the bones, joints or muscles that affect the ability to move.

Other Health Impairment (OHI)

A disability category, for children with serious health problems, that limits their strength, vitality, or alertness. These serious health problems may be heart disease, seizure disorders, cancer, respiratory disorders, etc.

Physical Therapy (PT)

A related service provided to a child who has difficulty using motor skills (large and fine muscles).

Psychological Services

A related service that may include evaluation of social and emotional behaviors of a child. A psychologist may provide counseling therapy to the child or consult with the family or teachers on working on the child's behavior problems.

Public Law 94-142

Legislation passed by the U.S. Congress guaranteeing a free appropriate education for all disabled children.

Receptive Language

Describes how a child receives and understands information from others.

General Education Program

The education programs for students without disabilities.

Reinforcement

Praise or other rewards (food, toys, etc.) given to a child when they successfully complete a task.

Related Service

Special programs a child can receive if she/he needs special help or support in learning. These services may include occupational therapy, physical therapy, audiological services, psychological services, interpreter services, orientation and mobility training, and others.

Resource Room

A special educational arrangement where a student can spend a minor part of their school day receiving special instruction. The majority of the student's instruction will be from regular education teachers.

Schedule of Services

A schedule of the student's classes which designates whether the class is special or regular education and the amount of time the class meets.

Self-Contained Classroom

An instructional arrangement in which a student receives the major portion of daily instruction from special education teacher.

Self-Help Skills

Skills that a child uses in daily living, such as eating, dressing, and toileting.

Short-Term Objective

Small instructional steps which lead to the accomplishment of the child's annual goal. These objectives must be observable and measurable.

Special Education

Those services which are additional or different from those provided to "typical" students. Special materials, teaching techniques and equipment are provided to meet the needs of disabled children.

Speech Impaired

A disability category for children having trouble speaking or understanding language

Speech and Language Therapy

Therapy which includes evaluation and instruction in articulation, fluency (stuttering), voice stress, or speaking or understanding language.

Surrogate Parent

A surrogate parent must be appointed for any child in special education whose parent's rights have been terminated or the parents are unknown. A surrogate parent represents in all same matters that would require a natural parent.

Texas Education Agency

The state agency that is responsible for administering all educational programs in Texas.

Traumatic Brain Injury

A disability category for children who have experienced an injury to the brain caused by external forces.

Visual Impairment

A disability category for children with visual impairment. Partial sighted children have a visual acuity of 20/60 with correction and can read print. Blindness is defined as central vision of 20/200 with correction or field vision (side vision) or no more than 20 degrees.

Section V

Appendices