

DRAFT
MAINE SCHOOL ADMINISTRATIVE DISTRICT 34
SPECIAL SERVICES GUIDEBOOK
2006-07

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What the Special Services Office Does
The PET Referral Process Questions and Answers
Guidelines for Speech/Language Services
Guidelines for Occupational Therapy Services
Guidelines for Social Work Services
Day Treatment Programs

WHO IS WHERE IN SPECIAL EDUCATION?

Central Office Sally Cousins, Administrative Assistant, and Lucy Mallar, special services director

Kermit Nickerson School Lucy Mallar, coordinator
Deanna Richardson, special education teacher
Karen Shute, speech clinician
Bob Munster, occupational therapist
Lynn Dumas, ed tech III
Abigail Lourie, school social worker

Captain Albert Stevens School Lucy Mallar, coordinator
Melinda Bosk, special education teacher
Beverly Carlisle, special education teacher
Connie Tuller, special education teacher
Rolande Johnstone, ed tech II
Dalenne Gray, ed tech III
Cindy Herbig, ed tech III
Louise Bakley, speech clinician
Karen Shute, speech clinician
Connie O'Brien, occupational therapist
Laurie Ireland, COTA
Frank McCabe, school psychological services provider
Abigail Lourie, school social worker

East Belfast School Lucy Mallar, coordinator
Kayleen Penniman, special education teacher
Debra Bailey, special education teacher
Abigail Lourie, school social worker
Cory Cunningham, ed tech III
Gail Groening, ed tech III

David Hurley, ed tech III
Katherine Coleman, ed tech III
Barbara Gould, ed tech III
Abigail Lourie, social worker
Dean Anderson, speech clinician
Bob Munster, occupational therapist

Ames Elementary Sandy Lannon, coordinator
Sharon Morse, special education teacher
Bryan Smith, special education teacher
Roger Quehl, social worker
Cheryl Mallard, ed tech II
Kathy Simmons, ed tech II
Andy Wakeman, ed tech III
Susan Black, ed tech II
Bev Goodale, speech clinician
Soo Shershow, occupational therapist

Weymouth Elementary Sandy Lannon, coordinator
Karen Stacey, special education teacher
Kathy Knight, educational technician
Bev Goodale, speech clinician
Soo Shershow, occupational therapist

Edna Drinkwater School Lucy Mallar, coordinator
Paul Doucette, special education teacher
Terry Kuzell, special education teacher
Anna Wood-Cox, ed tech III
Kim Ashey, ed tech II
Barbara Cataldo, ed tech I
Annie McCormack, ed tech III
Diana Ryan, ed tech I
Angela Simonton, ed tech III
Dean Anderson, speech clinician
Soo Shershow, occupational therapist

Troy Howard Middle School Sandy Lannon, coordinator
Beverly Koelbl, special education teacher
Carla Fancy, special education teacher
Chris Healey, special education teacher
Bonnie Gallagher, special education teacher
Cynthia Hargraves-Tobin, special education teacher
Michele Philbrick, special education teacher
Jessica Gal, special education teacher
Nicole Carter, special education teacher
Sadie Fournier, social worker

Cindy Enos, ed tech III
Barbara Hall, ed tech II
Jim Roberts, ed tech III
Lonie Brown, ed tech II
Alicia Prescott, ed tech II
Sonja Richardson, ed tech III
Ginny Tupper, ed tech II
Anne Feeley, ed tech III
Lori Alexander, ed tech II, out of district
Bev Goodale, speech clinician
Bob Munster, occupational therapist

Belfast Area High School Terry Drapach, coordinator
Michael Bailey, special education teacher
Ann Clark, special education teacher
Judy Crosby, special education teacher
Hidie Falkingham, special education teacher
Jon Cox, special education teacher
Mary Ward, special education teacher
Chris Audet, ed tech III
Jack Brady, ed tech III
Dana Boynton, ed tech III
Ron Collins, ed tech III (for Camden student)
Eleanor DeGraff, ed tech III
Varina Flood, ed tech II
Doris Wilder, ed tech III
Mary Salvatore, ed tech III
Larry Hess, social worker
Bev Goodale, speech clinician
Bob Munster, occupational therapist
Marie Magincalda, school psychological services provider

SPECIAL ED TEACHER'S GUIDELINES

TEACHER AND ED TECH SCHEDULES

Please develop a **STUDENT SPECIFIC SCHEDULE** for yourself and for your ed techs. The purpose of this schedule is to document that services are being delivered to a child at a specific time by a specific person (you or an ed tech under your direction). Email the schedule to your principal and the director. Update your schedule as needed, date it, and email the updated schedule to your principal and your director. This is an important protection for you personally and for the district.

STAFF MEETINGS

Watch EMAIL for information on special education staff meetings. The director will ask for your input for agendas via email. Information about meetings, conferences, and workshops will be posted via email.

PAPERWORK

All SAD 34 special education paperwork is electronic. Each child has an electronic file on the server. Paper files are required by the state and are kept in the special education office for Nickerson, East Belfast, Drinkwater, and CASS. Special ed files are kept in the school for Weymouth, Ames, THMS, and BAHS, under the coordinators' supervision.

CASE MANAGER RESPONSIBILITIES:

1. DOING THE IEP

- Assess the student's present level of performance using local or curriculum-based assessment (same as general ed) if available. Or, use other objective assessment – many are available in the special services office - and be prepared to discuss results at the PET. Be prepared to discuss reasonable annual goals, given the student's learning rate. Consider each area in which the child cannot access the general curriculum because of disability-related issues.
- Collect written information on the child's progress from general ed teachers who will not be attending the PET. How is the child doing in the general curriculum, and what modifications and accommodations are required?
- Assess progress on goals and objectives each quarter, enter progress notes on electronic IEP, and send a copy of IEP progress notes home with the report card.
- **Assure that all special education services listed in the IEP are being delivered and that the services are providing reasonable benefit to the student.** Call a meeting of the PET immediately if the student is not making expected progress.

2. PETS:

Inform the coordinator when there is a need for a PET.

Bring recent MEA and district assessment data to the PET. The PET is required to consider this data.

Always have an objectively measured present level of performance in all areas of concern, especially behavior.

3. EVALUATION PROCESS:

Case-e can track three year re-evaluations if the dates are entered and correct. The coordinator sends notices, gets consents, and assigns evaluations and observations along with a due date for the report. All reports are electronic. Templates are available for many types of tests. Send completed evaluation reports and observations to the director by email.

When all reports are in, the coordinator will forward them to the general and special ed staff members who have a need to know. Then a PET will be scheduled.

When evaluators are making recommendations in their reports, they must remember that it is the responsibility of the PET, not the evaluator, to recommend goals, objectives, and services. The PET will consider the whole child and the big picture for the child when reviewing the evaluation. The evaluation report should contain student specific recommendations such as “Joe would benefit from a multi sensory approach to reading,” or “John needs to develop better postural control for more efficient handwriting,” or “Susan may benefit from pre-teaching and review of new vocabulary in the content areas.” Please do not recommend special services. The PET, not the evaluator, makes decisions about services.

4. IEP MODIFICATIONS DISTRIBUTED TO REGULAR ED STAFF WHO NEED TO KNOW

At the beginning of school year when the student’s regular ed teacher changes, e-mail all IEPs to regular ed teachers who need to know IEP modifications in the mainstreamed setting – you can keep documentation of the sent file in your email. Following up with the regular ed teacher on a regular basis is a good idea to be sure they understand the modifications. You can set up a special folder to move those sent modifications in to so you know that you notified regular ed staff.

WHAT THE COORDINATOR DOES

1. Schedule PET meetings. Guide PETs in decision-making.
2. Mail out and file parental notices and consent forms, PET minutes, and IEPs. File completed IEPs after annual PETs.
3. Accept referrals from the special education teachers and the building principal. All referrals need to be screened by the building principal and the special education teacher, then emailed to the coordinator.
4. Notify those doing evaluations of their evaluation responsibilities.

5. Maintain paper and electronic copies of students' special ed files.
6. Notify supportive services providers of students requiring services, maintain schedules of supportive service providers, schedule special transportation with bus garage, arrange for tutoring services.

MONEY MATTERS

The director develops and oversees special education budgets and budget-related duties.

The director approves purchase orders for special education and approves expenditures for conferences and workshops for special education staff.

THE PET REFERRAL PROCESS: QUESTIONS AND ANSWERS FOR EVERYONE

What is special education?

It is specially designed instruction to meet the unique needs related to a child's disability. Needs not related to the disability are not addressed by an IEP.

What are SATs, PETs, and 504 teams?

Student Assistance Team is a team of educators, parents, and community members who meet together on a regular basis to discuss students' problems and brainstorm solutions to them. The SAT may suggest pre-referral interventions when a teacher or parent is considering referring the child to the Pupil Evaluation Team. SAT minutes document students' issues and interventions in case of later referral to the PET. The SAT may make a referral to the PET when pre-referral interventions don't work.

Pupil Evaluation Team is a team of regular and special educators, parents, and administrators charged with evaluating students who have or are suspected to have disabilities that make them eligible for special education under IDEA and Maine state special education regulations. The PET determines eligibility for special education and writes individual education plans for eligible students.

504 Team is a team similar to the PET charged with determining if a student is eligible for special services under Section 504 of the Rehabilitation Act of 1973, and with developing an accommodation plan for eligible students.

What about confidentiality?

Educational records and information are confidential in SAT, 504, and PET meetings.

What if the classroom teacher and the parents have concerns that the student may have a disability?

The teacher and principal convene the Student Assistance Team to collect information and plan pre-referral interventions. The purpose of the Student Assistance Team is to solve problems, select pre-referral interventions, and avoid unnecessary referrals. (When the district sends notice of referral to the parent, it must note pre-referral interventions and the outcomes of those interventions. They must be part of the pre-referral process).

What if the child is in crisis?

The SAT should use interventions other than or in addition to a referral to the PET. Special education is a long term educational process for students with disabilities that allows them to have educational benefit. Special ed does not function quickly to deal with crises. Midcoast Mental Health Crisis Services 24-hour hotline is 1-888 568-1112.

What if the child is getting poor grades?

The Student Assistance Team can ask why this is happening. We know that students who have difficulty at school are not necessarily disabled or in need of special education. Is the student unable to learn, or does he or she choose not to do assignments? Is it a lifestyle choice on the part of parents and child to disregard the importance of an education? Is the child spending mental energy on emotionally draining issues pertaining to the family? Special education in Maine does not “maximize” children’s educational potential. This means you don’t get into special education only because of poor grades.

What if the parent or guardian has concerns that the child may have a disability?

The best place to start is the SAT for some problem solving and interventions. However, parents can’t be forced to use the SAT process. If they insist on a referral, the principal and special services director will convene the PET to discuss it.

How the referral and evaluation process works:

What if pre-referral interventions are not successful? What if the Student Assistance Team believes that the student has a disability and needs special education?

Referrals may be made by the SAT or any individual with an educational interest in the child. The referral form is completed and sent to the building special education teacher and principal.

After the principal and special education teacher have reviewed and approved the referral, they forward it to the coordinator, who has 15 school days from receiving it to mail out an initial notice to parents requesting their consent for

evaluation. Or, the coordinator may schedule a PET to discuss the referral and request parent consent for evaluation at the PET.

When the coordinator receives written consent from parents, he/she assigns evaluators. From the date the consent is received by the director, the district has 45 school days to complete the evaluation and convene the PET. Evaluators turn in reports to the director by a specified date. When all evaluations are in, the special services office sends a notice and copies to parents. Evaluations are sent by email to the people who need to read them before the PET. The Special Services office sets up a PET.

The PET convenes, reviews evaluations, and determines if the child is a student with a disability who requires special education. If the child does meet the disability criteria and does require special education, the PET writes an IEP. Services may be delivered only upon written permission from parents for special education placement.

Section 504: What is it?

Generally, Section 504 of the Rehabilitation Act of 1973 protects people with disabilities from discrimination. A student who has a physical or mental impairment that SUBSTANTIALLY LIMITS a major life activity is eligible for protection from discrimination and for a free appropriate public education under this law. "Substantially limits" means cannot do it at all (cannot walk, cannot learn, cannot talk, etc) or must do it in a manner that is severely restricted compared with the average person in the general population. A student is always viewed WITH ameliorating supports, such as medication, prosthesis, etc. A student who qualifies for services under 504 might be deaf, for example, requiring only an interpreter to access all general education curriculum and programs. Hearing is substantially limited, and there are no ameliorating supports.

A student who does not qualify for a Section 504 plan would be a student whose medication controls his ADHD symptoms, allowing him to access the general curriculum and all school programs. This student does not qualify for a plan under Section 504 because his ameliorating supports control his condition, and there is no substantial limitation to learning.

Students whose disabilities are expected to last 6 months or less generally do not qualify.

MSAD 34 uses the same procedures for Section 504 as for the PET process. There are very few students who qualify for 504 who do not qualify for special education.

What about students with challenging behavior?

Students who exhibit challenging behavior are often referred to the PET with the concern that they may be emotionally disabled. The term in the federal regulations is “seriously emotionally disturbed.” This condition is more than a normal reaction to difficult life circumstances. It is long term (6 months or more) and warrants a mental health diagnosis from the DSM IV manual.

Students who just don’t like school or who refuse to obey school rules are not considered emotionally disabled. Their behavior is under their control and represents personal or lifestyle choices. Also excluded from disability identification are students whose emotional problems are short term and are expected reactions to difficult life situations such as divorce or death in the family. The Student Assistance Team is an ideal forum for problem solving for these students. It may suggest school based counseling to the family, or help the family or student find other appropriate interventions.

Students and families may be referred to Department of Mental Health Children’s Services. Region III’s Bangor office number is 1-800-963-9491 or 941-4360. All children with behavioral health needs are entitled to case management services to assist the family in getting appropriate care and in accessing necessary resources.

Supportive services – what are they?

Related or supportive services are services that are required to assist a child to benefit from special education. If a PET thinks a child may require supportive services, the team may request an evaluation by the supportive service provider. When evaluation is complete, the PET reviews the evaluation and determines if supportive services are required. If so, the services are added to the IEP. Supportive services include occupational therapy, physical therapy, speech therapy, psychological services, social work services, and special transportation.

GUIDELINES FOR SPEECH/LANGUAGE SERVICES

“A student with a speech and language impairment exhibits impairment in speech and/or language such as impaired articulation, fluency, voice impairment, or a receptive or expressive verbal language handicap that adversely affects the student’s educational performance.” Maine Special Education Regulations, p. 11

Speech therapy is considered to be specialized instruction (special education) when provided to students with speech/language impairments.

Speech therapy is a supportive (related) service that is provided for students with other disabilities when the PET determines it is required to assist the child to benefit from special education.

Referral process for speech/language evaluation:

If the child is not identified as a student with a disability, and the child's teacher notices a speech/language problem that has an observable or measurable adverse effect on educational performance, the teacher utilizes the building's pre-referral processes such as the Student Assistance Team or the Student Assistance Team. The teacher tries pre-referral interventions. If the interventions are not adequate or successful in correcting the adverse effect, the teacher and principal make a referral to the PET.

If the child is a student with a disability, and the child's special education teacher notes that the child may require speech therapy in order to benefit from special education services, the special education teacher convenes the PET to discuss the need for a speech and language evaluation. If the PET agrees that there is a need for a speech/language evaluation, the special services director will send a written notice to parents and request their written consent. When consent is received, the director will assign the evaluation to a speech clinician.

Guidelines for speech/language evaluations:

The speech clinician gathers data on areas of concern. File review, teacher and/or parent interviews, clinical observations, classroom observations, and standardized testing are done as needed. A classroom observation may be done by the special education teacher.

The evaluation report shall:

- summarize the evaluation procedures employed;
- specify the results of each evaluation procedure;
- summarize the evaluation results and diagnostic impressions; and
- make educational recommendations specific to the student's special education needs. These are student – specific, such as “John would benefit from visual cues to assist in understanding directions.”

The evaluation report shall not recommend goals and objectives and shall not recommend speech therapy services. All final recommendations for special education and supportive services such as speech therapy are the responsibility of the PET. They are made by the PET with a comprehensive understanding of the academic, social, self-help, or other participation goals that the student may have. The speech therapy evaluation is only one facet of the process of developing the IEP.

Determining who is eligible for speech services:

A student is considered to be eligible for speech services when the following conditions are met:

Conversational intelligibility:

If a student's intelligibility rate is less than 80%, the student may be considered to have a speech/language impairment. Conversational intelligibility may be impaired by sound pattern errors, language errors, or problems with voice or fluency.

Language Delay:

A student with a language delay exhibits normal acquisition of receptive and expressive language skills, but not at the expected rate of development. To be considered in need of direct services from a speech/language clinician, students would be expected to have a discrepancy of 1.5 to 2 standard deviations or more below the mean on more than one standardized test in overall expressive and receptive language skills while having nonverbal cognitive skills in the average range.

Students whose language and verbal IQ scores are similar are not eligible for direct speech/language therapy unless specific communication disorders coexist.

Language Disorder:

A student with a language disorder exhibits atypical acquisition of receptive and expressive language skills which may involve auditory language processing problems, auditory memory deficits, word retrieval problems, and phonological processing problems. To be considered in need of direct services from a speech/language clinician, students would be expected to have a discrepancy of 1.5 to 2 standard deviations or more below the mean on standardized tests of language commonly used by speech clinicians. The student is expected to have other cognitive skills in the average range.

Speech/language services for middle/high school students with language delay, but whose communication skills are functional, can usually be provided through consultation with the special and regular education staff. Direct services may be required for students having serious language disorders that affect intelligibility or functional communication.

Questions for the PET to consider in determining educational need for speech services:

What are the student's needs within the educational program? Pre-teaching or review of vocabulary used in the classroom? Modeling for grammar and articulation? Strategies for word retrieval? Who is best able to provide this service, and what is the least restrictive environment? What strategies and solutions can the speech clinician offer the student, teachers, and others through consultation? Can support be provided in the general education environment on a daily basis by teachers in consultation with the speech therapist?

If speech therapy is required, what intensity of speech services would be appropriate to assist the child to benefit from his/her special education program (time, frequency, duration, location)? Would a brief but intensive program correct the problem interfering with the child's educational progress?

Documenting speech services on the IEP:

Speech services are listed on the first page of the IEP under Special Education Services *if the child has a speech/language impairment*, or **under Supportive Services if the child has any other disability**.

Educational goals may be supported by speech therapy. For example, if a child has severe phonological processing problems, the speech clinician may support reading goals and objectives, though the primary responsibility for phonological processing lies with the special education teacher delivering direct instruction in reading. The PET may include in the IEP speech goals and objectives for which the speech clinician is responsible when the goals and objectives clearly require the expertise of the speech clinician.

GUIDELINES FOR OCCUPATIONAL THERAPY SERVICES

Occupational therapy is a supportive service. Supportive services are those required to assist a student with a disability to benefit from special education. It must be an integral part of an educational objective (the service is required to help the student achieve a goal or is an integral part of the instructional methodology used with the student (like interpreter services).

Occupational therapy may include working directly with the child, or providing services to teachers and parents on behalf of the child to help them work more effectively with the child.

Referral process for occupational therapy evaluation:

1. The student is identified as a student with a disability who requires special education.
2. The child's special education teacher thinks that the child is not able to benefit from special education without the support and expertise of the occupational therapist and convenes the PET to discuss the areas of concern. The PET determines that an occupational therapy evaluation is needed.
3. The special services director sends parents written notice of the request for an occupational therapy evaluation, or requests written consent at the PET. When written consent is received, the evaluation is assigned to an occupational therapist.

Guidelines for occupational therapy evaluations:

The OT gathers data on areas of concern – what may be interfering with learning and participation in school activities? File review, teacher interviews, clinical observations, and standardized testing are done as needed.

The evaluation report shall:

- summarize the evaluation procedures employed;
- specify the results of each evaluation procedure;
- summarize the evaluation results and diagnostic impressions; and
- make educational recommendations specific to the student’s special education needs. These are student – specific, such as “John would benefit from daily physical activity that provides intense vestibular and proprioceptive input.”

The evaluation report shall not recommend goals and objectives and shall not recommend occupational therapy services. All final recommendations for supportive services such as OT are made by the PET with a comprehensive understanding of the academic, social, self-help, or other participation goals. The occupational therapy evaluation is only one facet of the process of developing the IEP.

Occupational therapists are invited to the PET to share information and assist the team in determining if a child requires occupational therapy in order to attain reasonable benefit from his or her individual educational program. The PET is required to select the least restrictive educational environment and may determine that the needs defined in the occupational therapy evaluation can be met through the special education staff or by means other than occupational therapy.

Determining who is eligible for occupational therapy services:

A student is considered to be eligible for occupational therapy services when the following conditions are met:

1. An evaluation of the student documents scores in the below average range or clinical observations note skills in the below average range in the areas of concern. The areas of concern would be those that form the foundations of academic learning, such as visual perceptual skills, visual motor integration, attention, postural control, mobility and locomotion, and self-help skills.
2. The PET determines that occupational therapy is required in order to assist a student to benefit from special education services and to address educational goals and objectives, including participation in the general curriculum. For example, a student has poor visual motor integration skills documented by standardized testing. One of his goals is to write a legible paragraph using cursive script within the range of time expected for a student in his grade. The student needs help with

postural control, pencil grip, and visual tracking skills. The special education teacher is not trained to address two of these foundational areas. Therefore, occupational therapy is required. Services may be direct to the student or may be consultation provided to the child's teachers.

Question sequence for determining educational needs:

- What demands does the educational program place on the student?
- What special education supports are in place?
- Are the supports meeting the student's educational needs (level and type appropriate)?
- If not, is OT expertise required to provide needed support?
- What strategies and solutions can the OT offer the student, teachers, and others?
- What intensity of services are needed from the OT (time, frequency, duration, location)?

Documenting OT on the IEP:

OT services (time, frequency, duration, and location) are listed on the first page of the IEP under Supportive Services.

Educational goals supported by OT services note under "Staff position responsible" that the OT will be responsible (along with the special education staff) for the educational outcomes.

The PET may include in the IEP a goal and objectives with OT as the primary facilitator if it is necessary, as in a situation where the child participates fully in the general curriculum with the support of occupational therapy. For example, Susan has a hand with only the thumb and finger. The OT will teach Susan to use a special pencil so that she can participate in written assignments with her class.

At regular report card times, the OT documents progress on the goals and objectives for which he/she shares responsibility. The OT may collaborate with the special education staff on progress notes or enter their own progress notes by accessing the IEP on the server. The OT must document progress on any goals and objectives for which he/she is solely responsible.

Dismissal from OT:

OT services are discontinued by the PET when:

- needed skills have been acquired and incorporated into school routines;
- needed supports are in place without the addition of OT services (as when staff have the training they need to assist the student);
- OT services have failed to assist in achieving the desired educational outcomes despite numerous approaches and lengthy attempts.

GUIDELINES FOR EXTENDED SCHOOL YEAR SERVICES

School districts must provide extended school year services to students with disabilities to the extent necessary to ensure that a free appropriate public education is available to the student.

The purpose of extended school year services is to maintain previously learned skills. Additional progress on IEP goals and objectives is not expected.

PET decisions to provide extended school year services shall be made on an individual basis and based on the probability that the student is at risk of losing skills previously mastered and unable to recoup those skills within a reasonable period of time. Extended school year services should not be offered to provide additional progress on IEP goals and objectives.

PETs may consider various forms of evidence which indicate severe regression and recoupment problems such as these:

- Loss of learning over weekends to the extent that the child needs more than a day's review to recoup skills,
- Loss of learning over breaks and vacations - concepts and information taught before vacation has to be taught again and it takes nearly as long to learn it a second time as it did the first time,
- A history of loss of skills over summer break and recoupment time longer than the usual six weeks' review period in the fall.

Teachers document regression and provide the written documentation to the PET for consideration.

Typical students who require extended school year services:

- Students whose responses to stimuli are conditioned - usually they have severe developmental disabilities such as autism or severe mental retardation, and without continued instruction, the stimulus-response links are lost.
- Students who master reading skills but lose all those skills over the summer and must start instruction over again, never experiencing lasting gains.
- Students with physical impairments who would lose skills without continuing work on goals and objectives.
- Students with severe developmental speech disorders which impair communication, like apraxia or severe stuttering, who would lose communication skills without continuing therapy.

DAY TREATMENT PROGRAMS

Description:

Day treatment services are structured developmental or rehabilitative programs designed to improve a student's functioning in daily living and community living. Programs include a mixture of individual, group, and activities therapy and may also include therapeutic treatment oriented toward developing a child's emotional and physical capability in the areas of daily living, community integration, and interpersonal functioning. Services are provided as described in the student's IEP.

Eligibility for Day Treatment Programs:

Students are referred to the day treatment programs by the Pupil Evaluation Team. The team must consider whether the day treatment program, which is a self-contained special education setting with mainstreaming as deemed appropriate by the PET, is the least restrictive educational placement for the student. The student must require rehabilitative assistance to be eligible for day treatment.

Policies and procedures:

Day treatment programs make occupational and physical therapy, nursing services, psychological services, social work services, and any other required related services available to students in accord with their IEPs. Any such medically necessary services are described in the IEP and in the Individual Service Plan. Educational technicians provide rehabilitative services to students as an integral part of the day treatment milieu.

Day treatment programs follow Medicaid record keeping rules. Staff maintain treatment notebooks for each student. Quarterly progress meetings are held for each student. Parents are invited to attend each meeting.

Confidentiality is strictly maintained by all day treatment staff as required under FERPA and Recipients' Rights.

Behavior management policy:

Students in day treatment programs who have challenging behavior receive functional behavior assessments. Their individual service plans specify behavioral supports and interventions.

Day treatment program staff are trained in safe physical management of students whose behavior is endangering self or other or resulting in significant destruction of property. A student in this condition may be escorted to a separate setting until he/she is able to respond to verbal interventions.

Day treatment programs do not use aversive therapy or treatment to modify or change a student's behavior. Aversive treatment includes the application of unusual or noxious substances, stimuli, or procedures to a student, such as water spray, hitting, pinching, slapping, loud noises, noxious fumes or substances, or humiliating practices such as costumes or signs.