WASHINGTON STATE MEDICAL HOME PARTNERSHIPS PROJECT
CHILD HEALTH NOTES - July 2019

Promoting early identification and partnerships between families, primary health care providers & the community.


SPECIAL EDUCATION – THE KEY THINGS TO KNOW

Special Education is education that addresses the individual needs of children with disabilities. Children with learning disabilities, neurodevelopmental disabilities, and physical disabilities benefit from customized education programs and/or specialized services to meet their individual needs.

SPECIAL EDUCATION FACTS & TERMINOLOGY

13% of students (6.7 million total in U.S.) enrolled in public schools receive special education services.

A specific medical diagnosis is not required for a child to be evaluated for special education.

Students who do not qualify for an IEP may still require some degree of accommodations in the classroom (ex. preferential seating) and may qualify for a 504 plan. A 504 plan is a blueprint for how the school will provide supports and remove barriers for a student with a disability, so the student has equal access to the general education curriculum. Unlike the IDEA, Section 504 does not require a public school to provide specially designed instruction.

TERMINOLOGY

Individualized Education Program (IEP): A written statement for a student eligible for special education that is developed, reviewed, and revised in accordance with state and federal laws. It describes the amount of time that the student will spend receiving special education, any related services the student will receive, and the academic/behavioral goals and expectations for the year.

Specially Designed Instruction (SDI): Adapting the content, methodology, or delivery of instruction as appropriate to the needs of an eligible child. SDI is to address the unique needs of the child that result from the child’s disability and to ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Accommodation vs. Modification: Accommodations change how a student learns the material. Modifications change what a student is taught or expected to learn.
Under the *Individuals with Disabilities Education Act* (IDEA) Part B, children (ages 3 to 21) with disabilities are entitled to a **free and appropriate public education** (FAPE) in the **least restrictive environment** (LRE).

### Referral
A referral for an IEP evaluation can be initiated by a parent, teacher, or other person involved in care of the child. Parents must sign consent for evaluation.

### Evaluation
A comprehensive multidisciplinary assessment is conducted to determine eligibility for educationally related services.

### IEP
A child's IEP details the specially designed instruction (SDI) and/or related services necessary to maximize a child's education and learning.

### Maximum of 35 school days (after receiving parent consent) to evaluate
### Maximum of 30 days to create an IEP after eligibility

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### IEP Evaluation:
Comprehensive evaluations are used to determine what a child’s strengths and weaknesses are and to assist in developing an IEP.

### Specially Designed Instruction:
Provided in general or special education setting.

### Related Services (may include):
- Speech and language therapy
- Occupational therapy
- Physical therapy
- Social work & counseling

### IEP Team Members:
- Parents/Caregivers
- Special Education teacher(s)
- General Education teacher(s)
- School representative
- An individual who can interpret the evaluation results
- Student (if appropriate)
- Individuals with knowledge or expertise about the child
- Representatives from other agencies

## ROLE OF PRIMARY CARE PROVIDERS

**ADVOCATE**: Help families **navigate** the special education system and **know their rights**.

**COLLABORATE**: As a child’s **medical home**, primary care providers (PCPs) are asked to partner with families and schools. PCPs can also partner with specialists such developmental-behavioral providers.

**COMMUNICATE**: PCPs can ask families to sign a **release of information** so that information can be shared with their child’s school and vice versa. Written documentation and **updated medical records** may be requested by school districts.

**EDUCATE**: Teach families about their **shared decision-making** and **integral role** in the IEP process.

**SURVEILLANCE**: Provide screening and surveillance at each well-child visit to **identify** whether a child may have a disability and **refer** for a special education evaluation.
# RESOURCES

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<th>Regional</th>
<th>Special Education Support Center: WA Education Association</th>
<th><a href="http://specialeducationsupportcenter.org/">http://specialeducationsupportcenter.org/</a></th>
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<td>WA State Governor’s Office of the Education Ombuds</td>
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<th>National</th>
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<td>Special Education Guide</td>
<td><a href="https://www.specialeducationguide.com/">https://www.specialeducationguide.com/</a></td>
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<td>U.S. Department of Education IDEA Website</td>
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# REFERENCES

1. Understanding 504 Plans, Understood.org  
   https://www.understood.org/en/school-learning/special-services/504-plan/understanding-504-plans

2. Individualized Education Program (IEP), Office of Superintendent of Public Instruction (OSPI)  

3. Sec. 300.39 Special education, Individuals with Disabilities Education Act (IDEA)  
   https://sites.ed.gov/idea/regs/b/a/300.39

4. The Difference Between Accommodations and Modifications, Understood.org  