

SY 2022-2023

Audiology Program Guidebook

Version 6.0
Submitted by: DSI

Reviewed by PALS July 2017
Updated August 2022

Table of Contents

Section I: Introduction	10
Introduction	11
Purpose and Structure of Guidebook	11
DCPS Capital Commitment 2017-2022	11
Office of Teaching and Learning (OTL) Mission Statement	12
DSI Vision and Strategic Goals	12
DCPS Related Services Team Vision	13
Audiology Discipline Goals	13
Discipline Contact Information for Audiology Department	14
Section II: General Guidelines and Procedures	15
Duties & Responsibilities	16
ET-11 Audiologist Job Description.....	16
Intervention and Instructional Services.....	17
Follow-Up and Monitoring	19
EHDI Programs.....	19
Certification & Licensure	21
NPI Requirement	21
Knowledge Required by the Position	22
Supervisory Controls	22
Guidelines	22
Complexity	22
Scope and Effect	22
Personal Contacts	23
Purpose of Contacts	23
Physical Demands	23
Work Environment.....	23
Time & Attendance	24
Tours of Duty.....	24
Entering Time in Peoplesoft	25
Absences/Leave.....	27
Absence/Leave Policies for ET-11	27
Note	27

Leave of Absence27

Religious Accommodations Request27

LEAVE NOTIFICATION PROCESS FOR PLANNED AND UNPLANNED LEAVE.....28

Departmental Off-Boarding Procedures—Providers Who are Going on Extended/Maternity Leave, Resigning, or Retiring28

Inclement Weather Policy29

Communications30

E-mail30

Audiology Announcements31

Route-Mail Service.....31

Provider Management Application (Frontline)31

Departmental Communications.....31

DSI Related Services Provider SharePoint Page32

Canvas.....32

Equipment.....33

Audiology Equipment and Materials.....33

Test Kits/Materials/Computers35

Laptop or Computer Repairs.....35

Stolen Computer/Laptop.....36

Dress Expectations.....37

Random Moment in Time Study (RMTS)38

Performance Evaluations39

Section III: Special Education Disability Categories Under IDEA40

A. Disability Classifications41

Section IV: Referral and Evaluation Procedures42

Pre-Referral Process.....43

Multi-Tiered Support System (MTSS)45

Background and Overview45

MTSS@DCPS Tiers of Support.....46

MTSS@DCPS and Special Populations.....47

Role of the RSP in the MTSS Process49

Special Education Referral Procedures.....51

Special Education Referral Process51

Analyzing Existing Data51

Special Education Eligibility Process.....53

Special Education Process53

The Enhanced Special Education Service Act57

The Initial Eligibility Special Education Process.....59

Early Stages60

Student’s transitioning from IFSPs to IEPs.....60

Hearing Screening Students Enrolled in DCPS Local Schools and Audiological Referral Process62

Audiological Referral Process62

Auditory Processing Disorder (APD) Referral Protocol63

Referral Guidelines63

Criteria used to identify an educationally significant APD.....63

Assessments for Parentally Placed Students64

Charter Schools and Non-Public Schools65

Audiological Equipment or Technology Guidelines66

Section V: Audiology Eligibility and Assessment Procedures67

Audiology Eligibility Process68

Who determines Audiology eligibility?68

What is the process for determining eligibility for Audiology services under IDEA?68

What is the process for determining dismissal for Audiology services under IDEA?68

Educational Impact69

504 Plan Services69

504 Evaluation Process.....70

Triennial/Re-Evaluation Assessments72

DCPS Comprehensive Audiological Screening and Assessment Reports.....75

What is a comprehensive hearing screening?.....75

What is a comprehensive audiological evaluation?75

Mandatory Comprehensive Audiological Report Elements76

Description of the Comprehensive Audiological Report Elements77

What is a Comprehensive Auditory Processing Disorder Assessment?79

Validity Statements.....82

Examples of Validity Statements82

Independent Assessments (IEE)83

Template of an IEE Assessment Report with Required Information.....84

Alternative Assessment Reports87

Template of an Audiological/APD Alternative Assessment Report with Required Information88

Closing Out an Assessment Report in SEDS92

Entering Assessments Results.....92

Submitting Assessment Reports92

Emailing the Case Manager92

Requesting an Interpreter (Foreign Language or ASL)94

How to use an Interpreter94

Provision of Documents to Parents Prior to Eligibility/IEP Meetings96

Canceling Assessments and Deleting Assessment Reports Uploaded in SEDS98

Canceling Assessments.....98

Deleting Assessment Reports98

Section VI: Audiology Intervention.....99

Educational Model of Audiology.....100

What is an Educational Model of Audiology?100

What is the purpose of Audiology (Hearing) therapy in schools?100

Audiologists’ Intervention Schedules101

How to determine who requires Audiology Services101

Initiation of Intervention Services.....101

Intervention Schedule101

Elements to Include When Creating Your Intervention Schedule102

Introductory Communication to Parents/Guardians from RSPs103

Individual Education Plan (IEP)104

Hearing Considerations and AT for Hearing.....104

Present Levels of Academic Achievement and Functional Performance (PLAAFP).....104

Three Components in Writing a PLAAFP statement105

Present Levels of Academic Achievement and Functional Performance105

IEP Goals/Common Core Goals/ Consultative Goals106

Intervention Services109

Direct Services109

Consultative Services109

Frequency and Duration..... 110

Parentally Placed Students and Home-Hospital Instruction Program (HHIP)..... 112

Parentally Placed Students 112

Home-Hospital Instruction Program (HHIP)..... 112

Documentation Requirements, Missed Services, Make-Up Sessions, Truancy, and Due Diligence 114

Missed Services 114

Make-Up Services 114

Missed Services versus Compensatory Education..... 114

Documentation..... 115

Progress Notes/Medicaid 115

Section VIII: Training and Support 119

Training and Support..... 120

..... 120

Mandatory Professional Development and Meetings..... 120

AUD Training Goals 121

SEDS and Provider Management Application Training:..... 121

Graduate Externship Program/University Partnerships 121

Mentoring 121

Section IX: Glossary of Terms 123

A. Abbreviations 124

B. Key Terms 126

Section X: Appendices 130

Appendix I: Severity Ratings for Hearing Loss..... 131

Appendix III: Completion of Services Form..... 133

**Appendix IV: Related Service Provider Weekly Building Intervention/Assessment Schedule School Year
..... 135**

Appendix V: Sample Introduction Parent Letter 136

Appendix VI: Observation Form..... 137

**Appendix VII: Justification for Consideration of Auditory Processing Disorder (APD) Assessment
Evaluation 138**

Appendix VIII: Statement of APD Evaluation Guidelines 140
Statement of APD evaluation Guidelines 140
Other Considerations 140
Appendix IX: DCPS Audiologists..... 141
Appendix X: Make-Up Services Plan Individual Student..... 142
Appendix XI: Make-up Service Plan for Missed Services 143
Appendix XII: Documenting Services Memo 144
Appendix XIII: Untimely Assessments and Due Diligence Guidelines..... 145
I. Executive Summary..... 147
A. Introduction 147
B. Purpose 147
II. Missed Related Service Sessions Scenarios and Due Diligence Procedures 148
A. Provider Unavailable 148
B. Student Unavailable 148
C. Multiple Student Absences/Truancy and Suspension 150
E. Student Suspension from School..... 151
E. Administrative Circumstances..... 152
F. School Closure: School closed for holiday or emergency. 152
III. Documentation for Missed and Make-Up Sessions 153
A. Missed Service Sessions 153
B. Make-Up Service Sessions 153
C. Make-Up Service Session Attempts..... 154
IV. Untimely Assessments Scenarios and Due Diligence Procedures..... 155
A. Student Unavailable..... 155
Appendices 157
Appendix A: DC Public Schools Attendance Intervention Protocol 158
Appendix B: Glossary 160
Appendix XIV: Independent Assessment Review..... 161
Appendix XV: Definition of ESY..... 163
Appendix XVI: Accelify Documentation Requirements-DSI 164
Bilingual Assessment Referral Guidelines 167

Introduction 168

Table of Contents..... 168

Definitions 169

What is the ACCESS for ELLs test? 171

Assessment of bilingual students..... 172

Assigning bilingual assessments..... 177

Requesting an interpreter for meetings 178

Requesting an interpreter for assessment..... 179

Frequently asked questions..... 180

Who should receive a bilingual educational assessment? 180

Points of contact..... 182

Bilingual Assessment Justification Form..... 185

Appendix XVII: Graduate Student Supervision 189

Purpose 191

ASHA Position Statement 192

Reasons to Supervise 193

Guidance 195

Essential skills and core competencies..... 195

Code of Ethics 196

ASHA’s 13 tasks of supervision 196

Supervisory Requirements 198

Supervision Styles 199

Jean Anderson’s Model of Continuum Supervision..... 200

Supervisor Tips 202

Educational considerations prior to graduate student placement: 202

Educational considerations after graduate student placement: 202

Tips for Clinical Remediation 203

Frequently Asked Questions..... 204

Professionalism Agreement..... 206

Education Schedule..... 207

Extern Supervisor Evaluation Form 208

Feedback About Your Supervisor 209

Appendix XVIII: Bilingual Assessment Referral Guidelines 211

1. The Bilingual Program Coordinator assigns the assessment to a member of the city-wide bilingual assessment team. 220

2. If the school-based provider is bilingual, the Bilingual Program Coordinator will reassign the case to the school-based provider. 220

Frequently Asked Questions..... 223

Points of contact..... 225

Bilingual Consultation Contacts 226

Appendix XIX: Accelify Related Service Provider 231

Section I: Introduction

Introduction

Purpose and Structure of Guidebook

The purpose of this guidebook is to:

- Assist Educational Audiology service providers as they support the educational goals of eligible students with disabilities in the District of Columbia Public Schools (DCPS).
- Ensure that all Audiologists (AUDs) in the District of Columbia Public Schools (DCPS) operate with the same premises, utilize the same procedures and guidelines, and are uniform in presentation.

This guidebook is an internal document written specifically for providers of Educational Audiology. The procedures and best practices in this guidebook are designed to provide optimal school-based interventions as part of a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE), following IDEA 2004 while simultaneously maximizing equal access to Audiologists for all of the District of Columbia Public Schools students.

DCPS regulates the practice of Audiology services to the students in public schools of the District of Columbia while the Department of Health, Board of Audiology and Speech-Language Pathology regulates the practice of Audiology. In this guidebook, providers will find guidelines, procedures, suggestions, and ideas that should be used daily to guide them in assuring a high level of professional services for all students and invested stakeholders. This guidebook replaces any guidebook introduced previously. Providers should expect to receive supplemental policy and procedure documents and/or trainings throughout the school year. Implicit within this document is the following core principles:

- The criteria for eligibility must include both the presence of a composite depressed score and documented impact on the student's access to the academic curriculum
- Services should not be instituted until accommodations have been implemented and given a chance to work
- The intensity and modalities of interventions should dwindle over time
- The default delivery service need not be 1:1, unless otherwise required and justified, as applicable, by the clinician
- Discharge from services should be stated at the first IEP meeting as a desirable and celebrated outcome and not a denial of services; discharge may, and should, occur at any time in the process.

DCPS Capital Commitment 2017-2022

In shaping DC Public Schools' five-year strategic plan for 2017-2022, A Capital Commitment, we heard from more than 4,500 students, parents, educators, and community members. Their ideas and feedback will guide our work as we strive to become a district of both excellence and equity—a place where every family feels welcome, and every child is given the opportunities and support they need to thrive.

DCPS VISION	DCPS MISSION
Every student feels loved, challenged, and prepared to positively influence society and thrive in life.	Ensure that every school guarantees students reach their full potential through rigorous and joyful learning experiences provided in a nurturing environment.

Our Values	
STUDENTS FIRST	We recognize students as whole children and put their needs first in everything we do.
COURAGE	We have the audacity to learn from our successes and failures, to try new things, and to lead the nation as a proof point of PK-12 success.
EQUITY	We work proactively to eliminate opportunity gaps by interrupting institutional bias and investing in effective strategies to ensure every student succeeds.
EXCELLENCE	We work with integrity and hold ourselves accountable for exemplary outcomes, service, and interactions.
TEAMWORK	We recognize that our greatest asset is our collective vision and ability to work collaboratively and authentically.
JOY	We enjoy our collective work and will enthusiastically celebrate our success and each other.

For additional information regarding the 2017-2022 Capital Commitment, please visit https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/DCPS%20Strategic%20Plan%20-%20A%20Capital%20Commitment%202017-2022-English_0.pdf .

Office of Teaching and Learning (OTL) Mission Statement

The Office of Teaching and Learning provides educators with **curricular resources, academic programs, and aligned professional development** to ensure **rigorous and joyful learning experiences** for **every student**.

DSI Vision and Strategic Goals

Our vision focuses on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. DSI’s transition to OTL will increase collaboration and alignment with our partners within DCPS and throughout the District to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities. DSI’s core beliefs are:

- We believe that all children, regardless of background or circumstance, can achieve at the highest levels.
- We believe that achievement is a function of effort, not innate ability.
- We believe that we have the power and the responsibility to close the achievement gap.
- We believe that our schools must be caring and supportive environments.
- We believe that it is critical to engage our students' families and communities as valued partners.
- We believe that our decisions at all levels must be guided by data.

DSI Vision and Strategic Goals

In the spring of 2022, the District of Columbia Public Schools (DCPS) Division of Specialized Instruction (DSI) re-initiated the journey of a strategic planning process—a process that ensures we are making the best decisions for our students. DSI is committed to ensuring students receiving special education services and supports have a rigorous and responsive special education program.

Foremost to our strategic plan is our vision: to be the district of choice for students with disabilities. We will achieve this vision by focusing on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. We must also collaborate with our partners within DCPS and throughout the District to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities.

At the time of this publication, DSI's Strategic goals were still in draft and going through the approval process. Any updates to the DSI Strategic plan will be provided to providers via email.

Special Education in DCPS

DCPS is committed to ensuring that our schools provide a world-class education that prepares ALL of our students, regardless of background or circumstance, for success in college, career, and life. We believe that students who receive special education services are integral to this commitment. As such, our strategic goals for special education are designed to dramatically improve academic outcomes for students with IEPs. We believe we can achieve this vision by providing high-quality, common core aligned instruction in inclusive settings, meaningfully involving families and keeping students focused on their goals.

DCPS Related Services Team Vision

Assistive Technology and Related Services is committed to increasing the independence of every student in our schools by giving them the strategies, skills and supports they need to be successful in the classroom and their community. We collaborate with parents, students, schools and other stakeholders to provide services that are timely and tailored to the unique needs of each student and are provided in conjunction with classroom instruction.

Audiology Discipline Goals

The mission for DCPS Audiologists is to identify and deliver intervention strategies and supports to

students with hearing loss or auditory processing deficits to maximize student access to the education curriculum to achieve academic, functional and social success.

Discipline Contact Information for Audiology Department

Name	Phone	Fax	Email
GaBriana Dennis (Program Manager SLP/AUD)	202-906-0221	202-654-6083	GaBriana.Dennis@k12.dc.gov

Section II: General Guidelines and Procedures

Duties & Responsibilities

Each week, Audiologists are expected to complete activities such as attending meetings (including but not limited to Student Support Team (SST), Multidisciplinary Team (MDT), school-wide, staff, case conference, professional development, providing assessment and intervention services, completing student observations, consulting with others (including but not limited to staff, parents, other service providers, etc.), writing assessment reports, making phone calls to parents, completing “EasyIEP” duties, and various other activities that are necessary to perform as an Audiologist. (Please see DCPS DSI job descriptions on the subsequent pages for specific details.)

ET-11 Audiologist Job Description

Introduction

This position is located in the DCPS’ Office of Teaching and Learning.

Tour of Duty

Tour of duty is from 8:00 am until 4:30 pm for a 12-month timeline. An extended tour of duty may be inclusive of central office assignments, summer school assessments, compensatory education services, extended school year services, non-public assessment completions, HOD/SA specifications and extra duty cases which extend beyond the regular school day hours.

Role and Responsibility of the Educational Audiologist

The below statements are intended to describe the general nature and scope of work being performed by this position. This is not a complete listing of all responsibilities, duties, and/or skills required. Other duties may be assigned.

Included in the role and responsibilities of the Educational Audiologist:

- Identification and assessment: screening/management of hearing screening programs;
- Audiological evaluations;
- Assessments of central auditory processing;
- Amplification hearing aid evaluation and analysis;
- Classroom amplification;
- Hearing loss management: medical/educational referral;
- Counseling and guidance of students/parents/ teachers/ other related service; providers;
- In-service training/consultation and interpretation for school personnel;
- Re-habilitation and instructional services;
- Participating in IEP meetings;
- Hearing conservation and consultation;
- Sound field amplification;
- Classroom acoustics;
- Program management, including training and supervision of support personnel;
- Management of coordinating calibration of audiological equipment;
- Record maintenance of all evaluation/assessments, (re) habilitation, instructional and

- educational services, program placement and attendance as appropriate;
- Program administration;
- Professional leadership/development community leadership/collaboration;
- Evaluation and research

Intervention and Instructional Services

Intervention and instructional services must be provided for all children identified by a multidisciplinary team as needing such services. These services are provided under one of the following educational support plans: An Individual and Family Service Plan (IFSP) for ages birth to 3 years, an Individualized Education Program (IEP) for ages 3 to 21 years, or a 504 plan for school-age students who have a hearing loss or APD but do not require special education services. Efforts must be made to compile and interpret information relative to communication skills, cognitive abilities, motor functioning, psychosocial development, adaptive behavior, health history, and academic status. Intervention and education services may be provided through a number of service-delivery options, including but not limited to:

- Direct/indirect intervention
- Consultation/collaboration
- Itinerant instruction
- Team teaching
- General curriculum class with support
- Self-contained special education classes
- Residential, non-public, parochial placement

When determining placements and intervention services, opportunities for educational and social interaction with other children both with and without hearing loss should be considered. In addition, educational programming should consider placement of the child with hearing loss in the general curriculum class to the maximum extent possible or in the least restrictive environment (LRE).

In determining a comprehensive provision of services for a student with hearing loss/ APD an interdisciplinary approach is fundamental to adequately address the academic, cognitive, communication, social/emotional, motor and other developmental needs of the student. An interdisciplinary approach demands qualified professionals who are committed to working with each other and the interests of the families. Team members who will provide primary or supportive services should be chosen based on the backgrounds and expertise as well as the abilities of the students and the determined mode of communication chosen by the family. The most common communication options for a student with hearing loss are as follows:

- Auditory Verbal Unisensory – This program emphasizes auditory skills and teaches a child to develop listening skills through one-on-one therapy that focuses attention on the use of remaining hearing (with the aid of amplification) This method strives to make the most of the child’s listening abilities, no manual communication is used the child’s is discouraged from relying on visual cues.
- Auditory Oral – This program teaches a child to make maximum use of his/her remaining hearing through amplification. This program stresses speech reading to aid in communication. The use of manual communication is not encouraged although natural gestures may be supported

- Cued Speech – This is a visual communication system of eight hand shapes (cues) that represent different sounds of speech. These cues are used while talking to make the spoken language clear through vision.
- Total Communication – This system is based on the philosophy of using every and all means to communicate with a deaf child. The child is exposed to a formal sign language system, finger spelling, natural gestures, speech reading, body language, oral speech, and use of amplification. The idea is to communicate and teach vocabulary and language in any manner that works.
- American Sign Language (ASL) – This a manual language this is distinct from spoken English. Extensively used within and among the deaf community.

**The determination of a student’s primary mode of communication and the intervention strategy to best implement this communication option is determined by the teacher of the deaf and members of the interdisciplinary team.

The intervention needs of children with hearing loss and/or APD encompass many broad and sometimes overlapping areas. Some of the needed services may be provided directly by audiologists ([ASHA, 2001b](#)); others will be provided by other professionals, such as speech-language pathologists, teachers of the deaf and hard of hearing (TOD), psychologists, counselors, social workers, physical therapists, occupational therapists, nurses, or physicians. Some of the most important aspects of intervention are:

- Medical treatment, when indicated
- Selection, fitting, and dispensing of appropriate amplification and HATS at earliest possible age
- Ensuring hearing aid and HATS compatibility with other technology devices and systems in use (e.g., computers, augmentative/alternative communication [AAC] devices and systems, infrared systems)
- Auditory skill development training
- Training in the use of hearing aids, cochlear implants, and HATS with other types of technology and in various environments (e.g., computers, AAC devices and systems, noisy classrooms, social situations)
- Structuring a successful learning environment that includes teacher preparation, optimal room acoustics, accessibility to auditory and visual information, and peer and teacher orientation and training
- Development and remediation of communication in collaboration with speech-language pathologists
- Development of compensatory strategies such as the use of visual information to supplement auditory input
- Counseling and self-advocacy training
- Facilitation of, access to, participation in, and transition between programs, grade levels, agencies, vocational settings, and extracurricular activities

Children with hearing loss require a clear auditory signal if they are to understand oral instructions, class discussions, and other spoken communications. Even when properly functioning amplification devices are

worn, the child still may have difficulty understanding spoken language. In addition, the high levels of noise and reverberation that exist in most classrooms often reduce the effective use of hearing aids, cochlear implants, and HATS (Anderson, 1989; Crandell, 1991; Crandell & Smaldino, 2000; Crum & Matkin, 1976; Finitzo-Hieber & Tillman, 1978; Leavitt, 1991). For this reason, noise sources must be eliminated or reduced.

To ensure that the child receives the best audible signal, HATS are often used to enhance signal-to-noise ratios in addition to, or instead of, personal hearing aids. The complex interactions among noise, distance from the speaker, acoustic characteristics of the room, and type of amplification make simple recommendations for preferential seating inadequate to ensure good use of hearing in the classroom (ASHA, 1995; Flexer, 1992; Flexer, Wray, & Ireland, 1989; Seep, Glosemeyer, Hulce, Linn, & Aytar, 2000). Although the use of hearing aids, cochlear implants, and HATS is often beneficial, sometimes room acoustics are so poor that acoustic modifications must be made or the child relocated to a room with more favorable acoustics. The audiologist should play a key role in determining the appropriateness of room acoustics and providing recommendations for various types of acoustic and/or instructional modifications.

Follow-Up and Monitoring

Follow-up services need to be provided by Audiologists as an ongoing and underlying aspect of each component of the hearing identification, intervention, prevention, and educational services program. These services include, but are not limited to,

- Consultation/collaboration with parents/ guardians, speech-language pathologists, teachers, other professionals and administrators
- Parent/guardian, student, family counseling
- Monitoring of communication function
- Monitoring of academic performance
- Monitoring of psychosocial needs
- Monitoring the performance and effectiveness of hearing aids, cochlear implants, and HATS
- Periodic reassessment in accordance with best practices as mandated, requested, and/or recommended
- Monitoring of classroom acoustics and other listening/learning environments

EHDI Programs

Early hearing detection and intervention (EHDI) programs being implemented throughout the nation require states to identify agencies that will be responsible for EHDI program development, implementation, and follow-up. No matter which state agency is given ultimate responsibility for administration of EHDI programs, audiologists providing services in or for the schools and to pediatric populations in other facilities play an important role and should be an integral part of the identification and management process. In 1994, the Joint Committee of ASHA and the Council on Education of the Deaf

(1994) identified essential EHDI program team members. They include families/guardians, audiologists, speech-language pathologists, physicians, educators, and other early intervention professionals. With expertise in identification, evaluation, and audiological habilitation, audiologists should be and are typically involved in every component of the EHDI process. With respect to hearing screening, audiologists provide program development, management, quality assurance, service coordination, and transition to evaluation, habilitation, and intervention services. As a part of the follow-up component, audiologists are uniquely qualified to provide comprehensive audiological assessment, evaluation to determine candidacy for amplification and other hearing assistive technology devices and systems, and referral for intervention services. The audiologist's role in early intervention includes fitting and/or monitoring of hearing aids, cochlear implants, and HATS; participating in the development of IFSPs and later IEPs; and providing education and counseling for families and other appropriate parties. Audiologists are also an integral part of direct audiological habilitation service delivery (JCIH, 2000; Pediatric Working Group of the Conference on Amplification for Children With Auditory Deficits, 1996).

Certification & Licensure

- Doctor of Audiology or Master's degree (M.A./M.S.) in Audiology
- Eligible for ASHA Certificate of Clinical Competence in Audiology
- District of Columbia OSSE Certification as a School Audiologist, which must be maintained throughout employment with DCPS
- DC Department of Health License in Audiology

NPI Requirement

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule on April 12, 2012, requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to conduct Medicaid claiming, all providers are rendering services on behalf of DCPS must obtain an NPI. Refer to the document "DSI Provider NPI Requirement for New Employees" in the appendix.

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). DCPS must have record of the NPI number by the first day of employment. Individuals are eligible to receive one NPI regardless of the number of specialties practiced. Please follow the steps below. If you already have an NPI then please skip section 1 and complete section 2.

There are two ways to apply for an NPI: web-based and paper-based

1. Use the web based NPI application process at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Click on the hyper link National Provider Identifier to apply for an NPI.
3. **Select Entity type 1**, health care providers who are individuals. Complete sections 2A, 3, 4A, and 5. Completion of the application takes approximately 20 minutes.
4. Obtain the NPI Application/Update form (CMS 10114).
5. Complete and mail application to the following address:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

*Once obtained, your NPI number should be turned in to your assigned program manager and entered into your SEDS EasyIEP profile.

Section 2: Submit NPI to DCPS

If you have an NPI number on file, providers should provide the number to the department's hiring manager **and** bring that number with them to their initial SEDS Training for Related Services Providers.

Knowledge Required by the Position

- Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or government regulations.
- Ability to write reports, business correspondence, and procedural manuals.
- Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.
- Ability to apply concepts such as percentages, ratios, confidence intervals and proportions to practical situations.
- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
- Ability to write reports and correspondence and enter and extract data in electronic form.
- Ability to work well in a team environment.
- Knowledge of the procedures and the operations of DCPS and other agencies of DC government.

Supervisory Controls

The incumbent works under the broad general direction and guidance of the Director for Related Services and Non-School Based Programs and specifically under the direction and guidance of the Program Managers of Speech Language Programs. The incumbent consults with the Program Manager of Speech Language Program services on critical problems relative to DCPS divisions and departments, and their compliance with the Individuals with Disabilities Education Act of 2004 and any and all future reauthorizations of the Individuals with Disabilities Education Act.

Guidelines

Guidelines include but are not limited to the following: Codes of Federal Regulations, DC Board Rules, and DCPS Guidelines. The incumbent exercises judgment in determining what guidelines are applicable, in interpreting these, guidelines and in deciding what matters to discuss with the Program Managers of Speech and Language Programs.

Complexity

The nature of assignments is complex; therefore, the incumbent is expected to identify the area of difficulty and suggest/discuss means and methods to overcome those complexities. The incumbent is expected to use originality and ingenuity in overcoming problem areas.

Scope and Effect

The purpose of this position is to eliminate, reduce and/or provide compensatory strategies in the area of Audiology. The audiologist will support the student's ability to derive full benefit from the district's educational program. The impact of such a position is felt throughout the Division of Special Education Reform in the District.

Personal Contacts

Contacts are with employees throughout DCPS, other District government agencies and offices, parents, constituency groups, advocates, attorneys, vendors and other related agencies.

Purpose of Contacts

The purpose of the contacts is to encourage support and understanding of DCPS work regarding Special Education as it relates to Audiology, to serve as a link between DCPS and the parent/guardian to coordinate work activities, to exchange and clarify information and resolve special education problems and concerns.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to stand, walk, sit, talk and/or listen. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. Specific listening abilities required by this job include acute perceptual and physical listening skills.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.

Time & Attendance

Tours of Duty

ET-11

Audiologists are to report to their schools for an eight and one-half (8.5) work-day inclusive of a duty-free lunch period. Staff members should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am

Departure Time – 4:30pm

All staff must sign-in and sign-out on a **daily basis**. If an employee **does not** submit leave request, sign-in/sign-out sheets or any other required documentation to verify time and attendance, then time and attendance **WILL NOT** be approved in “PeopleSoft for that employee with **NO EXCEPTIONS.**”

Signing In and Out

Immediately upon his/her arrival, each service provider shall record in the

- a. school business office of his/her immediate supervisor the time of his/her arrival, and he/she shall report to his/her classroom or place of duty at least thirty-five (35) minutes before the start of the official school day for students.
- b. Itinerant service providers shall immediately upon their arrival at each school assigned, record in the school business office their time of arrival.
- c. Service providers shall record in the school business office or in the office of their immediate supervisor the time of their departure at the end of the school day.
- d. Service providers shall not be required to use time clocks.

School Based & Itinerant DSI Staff:

1. All sign-in/sign-out sheets must be signed by you on a daily basis.
2. All leave slips must be submitted thru PeopleSoft and approved by your Program Manager (annual, sick, compensatory time, overtime, administrative, etc.).
3. All annual leave must be approved prior to the leave period.
4. All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (registration, receipt, etc.).
5. All requests for leave for over two weeks must be approved by your Program Manager and the Director of Related Services.
6. Leave without pay must be APPROVED by the Deputy Chancellor for Special Education.
7. Staff should not plan to request leave during the two weeks prior to the start of the new school year. Emergencies will require APPROVAL by the Deputy Chancellor for Special Education.
8. “Use or lose” leave must be exhausted prior to the use of annual leave.
9. All compensatory time or overtime must be approved by the Deputy Chancellor for Special Education prior to the work being performed and provide a copy to your supervisor.
10. 12-month employees may not take extended leave during Extended School Year.

Entering Time in Peoplesoft

How do I enter my own time?

1. Log into the PeopleSoft online system.
 - Inside of DC Network: <https://pshcm.dc.gov>
 - Outside of DC Network: <https://ess.dc.gov>
 - Login: Your DCPS email address without @dc.gov (generally firstname.lastname)
 - Use the “Forgot Your Password?” link if you do not know your password.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on “Report Time” under the Time Reporting heading.
4. Click on “Timesheet” under the Report Time heading.
5. Enter the appropriate number of hours for each day of the current week.
 - You may need to change the Date field if you are entering time late.
 - After changing the date, click “Refresh” to enter time for a previous time period.
6. Select a Time Reporting Code from drop down menu. The most frequently used codes are:
 - Regular Pay – REG
 - Annual Leave Taken – ALT
 - Sick Leave Taken – SLT
 - Holiday Pay – HOL

While these are the most frequently used codes, it is important that providers pay attention to any correspondence from Time and Labor regarding time codes. There are circumstances where an alternative code may be utilized (i.e. Spring Break , Winter Break, Situational Telework, etc.).

7. Click the “+” at the far right of the line if you will be entering more than one type of time.
 - Ex: 2 lines would be needed if you worked Monday-Thursday, but you were sick Friday.
 - Ex: 3 lines would be needed if the above were true except that Monday was a holiday.
8. Click “Submit.”
 - Submitted time can be changed (prior to the end of the pay period) if needed.
 - Saved time cannot be approved. Please do not use the “Save for Later” button.
 - Only enter time for the current week, except prior to winter and spring breaks.

When do I need to enter my time?

All ET-11 Audiologists are required to enter time into People Soft Weekly (Thursday). Each Audiologist must submit all supporting documents via fax, email, route mail or hand deliver to their assigned Program Manager prior to taking leave.

How do I submit a leave request in PeopleSoft?

1. Log into the PeopleSoft online system.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on the “Time Reporting” heading.
4. Click on “Absence Request” under the Report Time heading
5. Populate all of the fields on the page (leave may only be taken in 1 hour increments).
6. Click “Submit.” Do not use the “Save for Later” button.

You will receive an email once your leave is approved. Follow up with your manager directly if you do not receive this confirmation at least 48 hours prior to the start of your leave.

What if I need help?

Click [here](#) to view online tutorials on how to enter time and absence requests. For more information, refer to the Human Resources page of the [DCPS website](#) or call the PeopleSoft Helpdesk (202.727.8700).

Please check your leave balances prior to submitting requests for leave in PeopleSoft. Leave balance information can be obtained by logging into PeopleSoft.

In DCPS network: <http://pshcm.dc.gov>

Outside DCPS network: <https://ess.dc.gov>

ET-11 (Refer to CSO contract agreement for detailed information.)

Absences/Leave

Absence/Leave Policies for ET-11

Refer [to Council for School Officers \(CSO\)](#) contract agreement for detailed information regarding the types of leave and policies available for officers.

Note

Any officer (i.e., service provider) other than principals and assistant principals, who is not authorized or assigned administrative functions shall be granted liberal leave when schools are closed for emergencies for students or teachers.

Leave of Absence

The Leave of Absence Team supports employees as they pursue a leave of absence to handle issues that arise in one's personal life. If you have questions about leave, contact the Leave of Absence Team at dcps.loa@k12.dc.gov

To apply for a Leave of Absence, please visit the following link: <https://dcps.dc.gov/page/dcps-leave-absence>

Religious Accommodations Request

DCPS respects employees regardless of their religious affiliations. DCPS provides employees with religious accommodations if those accommodations do not cause an undue hardship for the agency. Examples of reasonable religious accommodations include, but are not limited to:

- Leave for religious observances;
- Flexible scheduling for religious observances;
- Voluntary shift substitutions or swaps;
- Permission to dress in appropriate religious clothing or practice certain grooming techniques; and
- Modifications to workplace policies or practices.

If a DCPS employed related service provider would like to receive a religious accommodation, they should contact their discipline program manager. Consultation with the program manager will include determining the type of accommodation needed, developing a make-up plan if needed and sending correspondence to the school principal and local education agency representative designee.

For additional information on religious accommodations, please refer to DCPS August 2017 Employee Rights and Responsibilities Policy.

<https://dcps.dc.gov/publication/employee-rights-and-responsibilities-policy>

LEAVE NOTIFICATION PROCESS FOR PLANNED AND UNPLANNED LEAVE

For any planned or unplanned leave, it is the provider's responsibility to ensure the appropriate personnel is notified.

DCPS Employees:

- Must notify their immediate supervisor (Program Manager) of absence in accordance with their collective bargaining agreement.
- As a courtesy, it is recommended that Speech-Language Pathologists also notify their principal, LEA Representative Designee, and DCPS Medicaid (dcps.medicaid@k12.dc.gov). Notification to these individuals can help alleviate confusion at the school level.

For planned leave, submit leave requests in PeopleSoft in advance per your bargaining agreement

- Set up your email Outlook out of office notification.

Departmental Off-Boarding Procedures—Providers Who are Going on Extended/Maternity Leave, Resigning, or Retiring

Below you will find a list of deliverables that are due to close-out your caseload prior to your transition and to assist with the continuity of services for your students upon your departure. These actions are required in order to leave DCPS and the Speech-Language department in “good-standing” and is part of your professional obligation (see Ethics section regarding abandonment). This is applicable to the following scenarios: 1) planned medical/family leave; 2.) maternity leave; 3.) retirement; and/or 4.) resignation during the school year. Please review the below information and discuss with your assigned PM prior to your leave/departure.

- Weekly documentation through the agreed upon date of leave must be submitted into SEDS by COB (end of tour of duty).
- Service tracker notes for all students must be finalized by COB (end of tour of duty) on the last date of leave for all services rendered during the month.
- Submission of the Missed Session form to capture services missed between the beginning of school through the date of your leave/departure.
- Completion of information in SEDS for upcoming Analyzing Existing Data (AED) meetings, IEP meetings (Present Levels of Academic Achievement and Functional Performance (PLAAFP), Goals, Service Duration/frequency) for students on your current caseload for up to four weeks post the date of your intended leave/departure.
- A letter must be sent home to the parents of the students that you service to notify them of your departure/upcoming leave.
- Return all assessment and intervention materials and laptop that were loaned during the time of your hire. Please make arrangements with your assigned PM regarding the delivery/drop-off of these materials (This only applies to providers who are resigning or retiring).

- Completion and uploading into SEDS any open assessment reports for students (along with draft information of the PLAAF, speech and language goals, and recommendation for service amount)
- Most current therapy schedule and caseload roster information
- Submit formal letter of resignation to be submitted via the Quickbase link for [resignation](#) or [retirement](#)
 - Submission of the formal resignation must be done at least two or more weeks prior to resignation/retirement date from DCPS

Inclement Weather Policy

Inclement weather has the potential to impact our school schedule (delayed openings or school closings). As in the past, the decision made and announced will be one of the following:

Inclement Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community. During these situations, it is important that related service providers check DCPS' operating status for the day. DCPS' operating status will be posted online at dcps.dc.gov, on [@dcpublicschools](#) social media accounts, and with local news outlets.

Communications

E-mail

Each service provider has a DCPS e-mail address. This is our primary means of communication. Messages should be checked daily and returned promptly. Failure to receive notification of job-related information due to a lack of timely checking of one's e-mail is not an acceptable excuse for non-compliance to work responsibilities. Related service providers are required to use their dc.gov email address – no other email address should be used.

When the service provider is out of the office, the "Out of Office" reply option should be utilized. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information during your absence.

Program Managers, Special Education Coordinators, Principals, teachers and parents often send email messages to related service providers. Please ensure the LEA has the correct email address to ensure proper communication.

Email communication is maintained by the District of Columbia's Office of the Chief of Technology Officer (OCTO). The help desk number for email difficulties is (202) 442-5715.

Sample of Email Signature

Jane Smith, Ph.D., CCC-AUD

Audiologist

School Name

School Address

School Phone

District of Columbia Public Schools

E Jane.Smith@k12.dc.gov

T (202) 555-1111

F (202) 555-2222

Out of Office Messages

When the provider is out of the office and unable to respond to his/her dc.gov email for extended periods, the provider is required to set up an auto-reply message for incoming emails that notifies senders of your plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date and point of contact information during your absence.

Follow these steps to set up your out of the office message:

- Go Office 365 and log in using your DCPS email address and password
- Select the "Outlook" application
- Click "Settings" (top right corner)

- Click “Automatic Replies”
- Select “Turn on Automatic Replies”
- Compose message in the text box for “Send automatic replies inside your organization” with the above components included. A sample text is outlined below:
 - *Thank you for your email. I am out of the office from [DAY, DATE] to [DAY, DATE] and unable to respond at this time. If you need immediate assistance, please contact (Name school level staff as alternate contact.). I look forward to responding to your email within 24 hours of my return. Thanks.*

Your Name and Title

School Name

School Address

T: Your telephone number

F: Your fax number

Email: Your k12.dc.gov email address

- Check the box “Send replies outside your organization”
- Copy and paste the message into the text box for “Send automatic replies outside your organization”
- Click on “Save”

Audiology Announcements

Audiology announcements will be shared via email and available for view on the DSI Related Services Provider page.

Route-Mail Service

A DCPS mail service is available for sending documents to DCPS work locations. Envelopes may be available at your school’s main office. An area for all outgoing route mail is designated at each school and work location. Provide the sender’s name and school address on the route mail envelope.

Provider Management Application (Frontline)

Frontline (formerly Accelify) is the provider management application where RSPs will be able to document MTSS/RTI interventions and 504 services for students on assigned caseload. As an RSP, you will have access to student level data in Frontline. Please refer to the DCPS Data System User Security Pledge in the Appendix. Please see the DSI RSP Frontline documentation requirements. Frontline can be accessed at the following link: <https://dc.acceliplan.com/Login.aspx>

Departmental Communications

Departmental communications will be shared via AUD Monthly Updates on the DSI Related Services SharePoint Page (see below) and via email communication from speech.audiology@k12.dc.gov. It is

important that providers read all email communication from the speech.audiology@k12.dc.gov email address.

Departmental Communications may also come directly from the assigned program manager. Any email communications from program managers should be reviewed by providers in a timely manner.

DSI Related Services Provider SharePoint Page

The DSI Related Services Provider SharePoint Page is an online platform that houses a variety of resources specific to DSI Related Service Providers. This page contains templates, resources, and guidance documents to support RSPs in their daily work. This page is only accessible to DSI related service providers utilizing their DCPS email address.

Audiology SharePoint Page

Within the DSI Related Services Provider SharePoint Page is an Audiology SharePoint Page. The AUD page will house policy and procedure documents, professional development training information, and therapy assessment resources. The AUD SharePoint page can be accessed using the following link: <https://dck12.sharepoint.com/sites/DSIRelatedServiceProvidersPage/SitePages/SLP.aspx>

Canvas

Canvas is a DCPS platform that houses resources, as well as policies and procedures from teams across the network. RSPs can access Cornerstone Curriculum and Course Companions on Canvas.

Contractual Staff (Login Information)

<https://dcps.instructure.com/courses/2025/pages/instructional-practice-impact>

Username: DCPS Contractor

Password: canvas22

Equipment

Assessment equipment is not assigned to individual Audiologists but rather shared among the audiology team and used on an as needed basis. It is important to return loaned items promptly since other Audiologists may be waiting for them. Additionally, Audiologists are asked to inform their program manager of any problems found with the equipment/test kits (e.g., missing or broken items).

Audiology Equipment and Materials

Provision of adequate identification, evaluation, and audiologic management services to children with hearing loss requires access to the equipment and materials listed below. Equipment should be calibrated according to manufacturers' and current American National Standards Institute's (ANSI) standards ([ANSI, 2002](#)), and test and intervention materials should be developmentally, linguistically, and culturally appropriate. Such equipment and materials include at least the following:

- Sound-treated test booth
- Clinical audiometer with sound field capabilities
- Visual reinforcement audiometry equipment and other instruments necessary for assessing young children or difficult-to-test children
- High fidelity tape/CD player for use with recorded assessment materials
- Visual reinforcement audiometry equipment and other instruments necessary for assessing young children or difficult-to-test children
- Electrophysiological equipment (e.g., screening and/or clinical OAE/ABR equipment)
- Portable audiometer
- Clinical and portable acoustic immittance equipment
- Otoscope
- Electroacoustic testing equipment (e.g., hearing aid analyzer, real ear measurement system)
- Hearing aids and HATS to be used on a permanent or temporary basis for evaluation of and intervention for hearing loss and/or APD
- Earmold impression materials and modification equipment
- Sound-level meter with calibrator
- Test materials for screening speech and language and evaluating speech reading, functional listening, and auditory skills
- Materials necessary for providing direct and indirect intervention services
- Computer for administrative purposes (e.g., generating reports and tracking student data and outcomes)
- Sterilization/sanitation supplies necessary for practicing universal precautions

Hearing Equipment Distribution, Monitoring, and Collection

For all students who have an IEP, 504 plan, or Audiologic Assistive Technology needs, that requires DCPS audiological equipment to access their academic environment, the assigned DCPS Audiologist will distribute the equipment at the beginning of the academic year. Monitoring of all equipment will follow the IEP or 504 service prescription. Students who have Audiologic AT needs without a prescribed hearing service will be monitored at the beginning of the school year and on an as-needed basis throughout the school year. At the end of the academic year, the DCPS assigned Audiologist will collect the equipment from the school for the summer.

Test Kits/Materials/Computers

Test kits and materials are not assigned to individual providers but rather shared among the audiology team and used on an as needed basis. It is important to return loaned items promptly since other Audiologists may be waiting for them. Additionally, Audiologists are asked to inform their program manager of any problems found with test kits (e.g., missing materials).

Laptops and Cell Phones are assigned to each service providers for the purpose of scoring tests, writing reports and maintaining progress notes in the Special Education Data System (SEDS). Cell phones are to be used for DCPS communications. Laptops and cell phones are the responsibility of each service provider and should be appropriately maintained and secured at all times.

Laptop or Computer Repairs

Laptop computers are assigned to all DCPS centrally funded service providers for the purpose of scoring tests, writing reports and maintaining progress notes in the Special Education Data System (SEDS). Laptops are the responsibility of each service provider and should be appropriately maintained and secured at all times. Upon separation from DCPS, laptops must be returned in good condition. Failure to return DCPS property will result in garnishing of wages.

For providers who are issued Macs, all repairs should be handled through your local Apple store. All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:

- Phone: 202-442-5715
- <https://itremote.dc.gov>
- <http://dcforms.dc.gov/webform/it-servus-request-form>

The DCPS IT support department will provide a ticket number for your technology request. Please retain of copy of this ticket number for your records. In the event your laptop or computer becomes inoperable, this information will be required from your manager and/or OTL.

Technology Replacement Process

Providers should follow the steps listed below to request replacement of their technology/computer:

1. Providers are to contact OCTO to report the issue by submitting a ticket at [OCTOHelps Self Service System](#) or by calling **202-442-5715**.
2. OCTO will follow up directly with a service call. Once that service call has concluded, OCTO will provide a Remedy email and Remedy Ticket number. If OCTO determines the computer is inoperable, and needs to be replaced, the Remedy ticket must reflect the following information: "computer is 525 and needs replacement." The OCTO ticket must be closed by Remedy Force.
3. Providers should forward the Remedy email that contains the Remedy ticket number to their Program Manager.
4. The Program Manager will request the replacement technology/computer from Central Office.

5. When the replacement technology is available for pick up, providers will receive an email from the IT department with instructions for pick up at Central Office.

PLEASE NOTE: Testing equipment & testing materials are on loan for work purposes only. Therefore, upon your resignation, retirement, or termination your materials must be returned in good condition to the Program Managers prior to your separation date. Failure to return property will result in garnishing of wages.

Stolen Computer/Laptop

In the event your laptop or computer is stolen, please inform your school security officer and the Metropolitan Police Department (MPDC). You are required to file a report with the MPDC. For centrally funded staff, please submit the police report to your manager.

Dress Expectations

It is the provider's responsibility to find out the dress code requirements for their assigned school site and to wear the appropriate attire. Providers must be in compliance with the dress code for the school. Cleanliness and professionalism are the primary considerations. The following is a non-exhaustive list of expectations:

- a. All clothing should be clean, and neat. *Clothing should not contain any suggestive or offensive pictures or messages.*
- b. Tops should be of opaque fabric (not see-through), fit appropriately, not too low cut, tight or loose, and long enough to remain tucked in with movement (i.e., no bare midriffs). Showing of cleavage is not appropriate. Tops should allow for rising of hands above head without exposing skin. T-shirts that convey a casual appearance are not to be worn. For men, collared shirts and ties may be appropriate in many settings.
- c. Pants should fit appropriately, loose enough to allow for mobility but not to present a safety hazard by getting caught in equipment.
- d. Skirts or skorts may be worn but should be no shorter than 2" above the knee and have no slits above the knee.
- e. Piercing- other than ears- should not be visible while working with students. All tongue jewelry must be removed.

Random Moment in Time Study (RMTS)

The Random Moment in Time Study is a mandatory study required by the federal Centers for Medicare & Medicaid Services (CMS) to evaluate how school-based staff spends their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generates revenue for DCPS for products and services for special education programs. As a related services provider, your participation in this study is crucial to securing these funds; if the response rate drops below an average of 85% for all providers, DCPS is subject to financial penalties with regard to Medicaid reimbursement.

As a service provider, you will be randomly assigned a “moment” five days in advance via email from dcps@pcgus.com. You will also receive four additional reminder emails (1 day before, 1 hour before, 1 day after and 2 days after) that your RMTS Coordinator will receive as well. It is essential that you regularly check your dc.gov email to ensure that you are aware that your moment is coming up. After your moment has arrived, log on to the website (<https://easyrmts.pcgus.com/rmtsv2/>) and candidly answer six simple questions. It should take no longer than five minutes to complete and you have a total of three business days to respond. If you have any questions about the Random Moment in Time Study you can contact Office of Student Wellness’s Eligibility and Enrollment Specialist, at 202-727-6196 or DCPS.Medicaid@dc.gov.

For a planned or unplanned leave, the related service provider is responsible for emailing DCPS.Medicaid@dc.gov to let them know the dates of leave to ensure RMTS moments are not missed.

Performance Evaluations

Each RSP is evaluated twice per school year using IMPACT: The DCPS Effectiveness Assessment System for School-Based Personnel or IMPACT. The primary purpose of IMPACT is to help the employee become more effective in your work. Our commitment to continuous learning applies not only to our students but to the employee as well. IMPACT supports the employee's growth by:

- **Clarifying Expectations** – IMPACT outlines clear performance expectations for all school-based employees. Over the past year, we have worked to ensure that the performance metrics and supporting rubrics are clearer and more aligned to your specific responsibilities.
- **Providing Feedback** – Quality feedback is a key element of the improvement process. Therefore, during each assessment cycle, you will have a conference to discuss your strengths as well as your growth areas. You can also view written comments about your performance by logging into your IMPACT account at <http://impact.dcps.dc.gov>.
- **Facilitating Collaboration** – By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential, as we know that communication and teamwork create the foundation for student success.
- **Driving Professional Development** – The information provided by IMPACT helps DCPS make strategic decisions about how to use our resources to best support you. We can also use this information to differentiate our support programs by cluster, school, grade, job type, or any other category.
- **Retaining Great People** – Having highly effective teachers and staff members in our schools helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires us all. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

All related service providers are in Group 12. There are three IMPACT components for the members of Group 12. Those components include:

- Related Service Provider Standards (RSP)
- Assessment Timeliness (AT)
- Core Professionalism (CP)

Please refer to your Group 12 IMPACT book for additional information. You may also contact the IMPACT office at (202) 719-6553 or impact.dcps@k12.dc.gov.

Section III: Special Education Disability Categories Under IDEA

A. Disability Classifications

The Division of Specialized Instruction (DSI) Special Education Reference Guide contains IEP Process and related guidance on the implementation of the IEP Process as well as best practices for implementation of the IEP Process. This IEP Process Guide will help answer questions about referrals to special education, the eligibility process and IEP development and implementation processes. Additional policy guidance can be found contained within this guide that will help schools implement the regulatory requirements of IDEA and the DCMR.

The presence of a disability is not sufficient to establish eligibility for special education. The disability must result in an educational deficit that requires specially designed instruction (i.e., special education). In order to qualify for services a student, due to their disability, must require special education and related services.

Eligibility for special education and related services is determined by documenting the existence of one or more of the following disabilities and its adverse effect on educational performance. Refer to the [Office of the State Superintendent of Education's Chapter 30](#) policy for more detailed descriptions.

- Autism
- Traumatic Brain Injury
- Intellectual Disability
- Emotional Disturbance
- Specific Learning Disability
- Other Health Impairment
- Orthopedic Impairment
- Speech Language Impairment
- Hearing Impairments including Deaf / Hard of Hearing
- Visual Impairments including Blindness including Blind / Partially Signed
- Multiple Disability
- Developmental Delay

Section IV: Referral and Evaluation Procedures

Pre-Referral Process

The pre-referral process is a problem-solving methodology utilized by school-based personnel to determine if a student needs accommodations/modifications, a Multi-Tiered Support System (MTSS) and/or an assessment to determine if a disability exists. Parents are encouraged to participate as an active member of the team. The MTSS Coordinator organizes and facilitates meetings to address the academic and/or behavioral needs of students. The team:

- Collects and analyzes student data
- Identifies student need(s)
- Identifies interventions matched to student need(s)
- Creates a student intervention plan with desired success targets
- Establishes fidelity and monitoring systems
- Agrees on a home-school communication system
- Schedules the six-week progress update meeting
- Provides support to the teacher for plan implementation

Prior to a referral being submitted the MTSS team should meet on the student to determine what interventions will be implemented to assist in meeting the individual needs of the student. The MTSS process was previously known as Response to Intervention (RTI).

The Pre-referral Process

This process is a vital part of the student referral process. Examples of team members may include an administrator, a counselor, a general education teacher, a special education teacher, a school social worker, a parent, specialist or other central office persons, as appropriate. Audiologists should serve as consultants to the team. The MTSS process should be implemented over approximately six weeks, to determine if the recommendations are successful. If the strategies are not successful, the team can meet again to modify the strategies and the plan. Students should be referred to Special Education if a number of important decision criteria are met:

- Reasonable classroom interventions of sufficient duration have been carefully attempted, without success.
- The cause of the problem is suspected to be a disability that cannot be resolved without special education services.

Exceptions to the process include those students for whom MTSS would delay obviously needed special education services. In these cases, the MTSS process may occur concurrently during the special education referral/assessment process. For early childhood students, the MTSS process should **not** be implemented in lieu of referral to the special education team.

As an Audiologist, you may be asked to consult on the MTSS Team for certain students. As a member of the team you should provide strategies to the teacher and parent to address the identified hearing concerns. If the process is not successful in addressing the audiological concerns, the student should be referred for a special education evaluation. For additional information regarding the role of the

Audiologist in MTSS, please see the following memo: <http://www.edaud.org/advocacy/14-advocacy-06-12.pdf>.

Audiologists can be a valuable resource as schools design and implement a variety of MTSS models. The following functions are some of the ways in which Audiologists can make unique contributions:

- Explain the role that hearing and listening plays in curriculum, assessment, and instruction, as a basis for appropriate program design;
- Explain the interconnection between hearing skills with spoken and written language;
- Identify and analyze existing literature on scientifically based Auditory/CAPD assessment and intervention approaches;
- Assist in the selection of screening measures;
- Help identify systemic patterns of student need with respect to listening and hearing skills, and classroom environment;
- Assist in the selection of scientifically based aural rehabilitation interventions;
- Plan for and conduct professional development on the area of concern;
- Interpret a school's progress in meeting the intervention needs of its students.

RSPs will document all pre-referral interventions in Frontline (formally Accelify). Frontline is accessible through a web browser by accessing the following website: dc.acceliplan.com.

Multi-Tiered Support System (MTSS)

Background and Overview

In previous years, DCPS has adopted a Response-to-Intervention (RTI) model that is often reactive and grounded in a deficit approach prior to beginning interventions. Beginning in school year 2021-2022, DCPS seeks to become a district that aligns to a whole child purpose. This entails DCPS operating as a district that is trauma-responsive and where educators are prepared and supported to meet the individual and holistic needs of each child. The targeted outcome of a whole child approach is improvement in teacher/student relationships and experiences leading to enhanced developmental skills, mindsets and academic mastery, in service of equitable whole-child thriving.

MTSS@DCPS is focused on rolling out a district-wide process that provides a coherent structure through which educators will be able to reflect on their improvement efforts related to whole-child core practice; interrogate schoolwide systems, structures and practices that often lead to inequitable outcomes for students; and reflect on student assets and needs to ensure that every student in the district gets the enhancements and supports needed to be successful. MTSS@DCPS is rooted in the science of how children learn and develop guided by these five core science principles:

1. Development is Bi-Directional

- The ongoing, dynamic interaction between nature and nurture – our genes and our environment – drives all development.
- This back-and-forth biological process highlights the malleability of our brains and bodies.

2. Context Matters

- The malleable nature of development is both an opportunity and a vulnerability, based on the context.
- In a positive developmental context, a safe and affirming environment, attuned and responsive relationships, and rich instructional experiences support healthy development and learning.

3. Learning is Integrated

- Learning is not “academic” or “social and emotional” – students become increasingly capable of complex skills through the integration of their cognitive, social and emotional development.
- No part of the brain develops in isolation – it is structurally and functionally integrated.

4. Pathways are Unique

- There is no such thing as an average student – each is on their own individual developmental trajectory.
- It is the challenge of educators to support the fullest expression of what a student can do by designing both shared and individualized experiences that support their holistic development.

5. Student Voice is Critical

- Creating better conditions for learning and development must build from the assets and interests of young people.
- When students are empowered, and we work to dismantle the long-standing barriers in their way, we can move towards more equitable opportunities and outcomes.

This new model for DCPS hopes for a successful tiered system of supports that recognizes all students have unique strengths and needs, which are best met with an integrated and holistic approach that requires collaboration between educators, clinicians, caregivers and communities. Research demonstrates that there are reasons behind the academic, social, emotional, and motivational challenges that students present.

Our goal as educators is that instead of asking why a student is not motivated or what is wrong with this student, we can ask:

- “What has happened to this student that contributes to their struggles?”
- “How can we create an equitable school environment that does not identify the student as the problem but rather honors individual context?”

Our response to these questions with a multi-tiered system of support works in service of holistic outcomes and in service of equity. DCPS’ focus is now on creating the conditions for student success and having holistic conversations about students and enduring that all students receive unique supports or accelerators to reach their potential.

MTSS@DCPS Tiers of Support

The following table provides a description of supports within a tiered system:

Tier 1 Universal Supports	Tier 2 Targeted Supports	Tier 3 Intensive Supports
Proactive supports that ALL students receive in order to be successful. Educators reflect on the quality of the relationships, environments, and experiences they create for students. Tier 1 supports is also grounded in strong and holistic instruction.	Individual or small group supports students receive when universal supports are not meeting their needs; these supports do not replace Tier 1 instruction and supports. Approximately 20-35% of students may need additional supports in order to be successful.	Personalized supports an individual student receives when they have more significant needs or when Tier 2 supports are not meeting their needs. Approximately 10% of students will benefit from intense supports.
Common across all three tiers: <ul style="list-style-type: none"> • Adult collaboration and capacity-building • Educator capacity-building • Attention to bias and antiracist mindset • Equity focus • Context and conditions drive conversations and solutions • Student agency and voice 		

MTSS@DCPS and Special Populations

Specialized Instruction & Related Services

MTSS@DCPS is a model that promotes school improvement through engaging, evidence-based academic and behavioral practices. Multi-tiered systems of support are intended to meet the needs of all learners, including students with disabilities across the continuum. MTSS is a collaborative, concurrent and communicative process involving all school staff, general education and special education. There is an expectation that educators are effectively working and communicating with all stakeholders throughout the implementation. A Multi-Tiered System of Supports restructures the educational system by creating a culture in which there is a shared responsibility and collaboration between general education and special education for the purpose of ensuring that the educational needs of every student are met. General and special educators work closely together within collaborative learning groups to create instructional plans that are rigorous and purposeful.

Effective MTSS practices will provide all students access to high quality instruction, relationships and experiences. The model should lead to fewer students requiring a formal IEP with modifications and accommodations to their classroom environment. For students whose IEP only requires classroom modifications, MTSS interventions could keep those students from unnecessary labels, increase their amount of time in the general education setting versus special education setting and lead to an overall reduction in special education referrals. Academic, behavioral and social-emotional tiered supports will also support in the reduction of the overidentification and over representation of black males with a special educational disability classification of Emotional Disturbance.

Universal Tier 1 supports are for all students, general education and special education. Tier 2 and Tier 3 supports are not intended to replace Tier 1 supports for students with learning challenges or students with IEPs. At different points, any student may need the supports in Tiers 2 and 3 and should have equitable access to each tier.

It is important to understand that Tier 3 is not synonymous with special education. In fact, students with disabilities may not need Tier 3 support while other students not identified as having a disability may require those supports. It is critical to understand that MTSS@DCPS does not function as a step ladder. A student may need intensive Tier 3 support without first accessing Tier 2 supports. For example, if a student suffers a traumatic event, individual counseling daily may be needed. We do not suggest they try to attend weekly group sessions to see if those work first if the student is in crisis. We must provide the student with the level of support required regardless of a defined disability or a predetermined sequence of scaled supports.

If a student is responding positively to interventions, the student is probably not a student that would need the specially designed instruction of special education. If supports and interventions are unsuccessful, the evidence-based interventions data will be useful for the special education team for the evaluation process and determining the level of support a student may need. Throughout the MTSS process, the school team must monitor student progress when a student is suspected of having a

disability requiring specially designed instruction. A referral for evaluation under IDEA can occur at any point in the MTSS process and continue during and after the special education process is completed.

In the tiered support planning and discussions for students with IEPs, the MTSS team expands to include additional stakeholders across general education and special education, to ensure all experts are represented. The MTSS process is not a general education process or special education process, it is a collective process. Connecting MTSS with special education enables teams to blend the resources and expertise of both general and special education personnel to provide a unified system of supports that meets the needs of every student.

Tier 1 supports for students with IEPs may include co-teaching, inclusion instruction and co-planning with general education content teachers. Here are some Tier 2 or 3 examples for students with IEPs:

- Students who qualify for special education services in reading may need Tier 2 or 3 support in mathematics.
- Students who qualify for special education services in behavior, may need access to Tier 2 or 3 for academics.
- Students who qualify for special education services in speech therapy, may need access to Tier 2 or 3 for reading.

Students with disabilities should be able to access the level of support needed, regardless of whether the supports in question are provided in the general or special education setting. Schools need to be cognizant of making sure the level of support the student receives doesn't *decrease*, if the student qualifies for special education services. For students with IEPs, student progress should be included in the Special Education Data System (SEDS) quarterly IEP progress report. Updates to the IEP may be warranted by the multi-disciplinary team based on student progress monitoring data from the tiered supports.

As educators and students return to school, it is important to align our expectations about student progress with the district's educational offerings and account for the time needed for recovery. We must be diligent about not labeling students according to their needs. Tiers are not placements or designations that follow students throughout their academic careers. MTSS@DCPS is iterative process that is fluid based on data from universal screening, on-going progress monitoring and the problem-solving model. For more information to help planning for recovery, please see [Recovery Planning Considerations for Special Education](#)

Key Concepts

- MTSS is NOT a process that automatically results in a referral or eligibility to special education.
- A student receiving interventions through the MTSS process should NOT delay a referral to special education.
- Students with disabilities are general education students first and should have access to the full system of supports available to all students.
- Accessing an appropriate educational program should be SEAMLESS; the MTSS framework should be flexible to meet the needs of EVERY student.
- MTSS@DCPS employs a systems approach, using data-driven problem-solving process.

For additional information regarding MTSS@DCPS including progress monitoring within the MTSS process, please visit the MTSS site at: [https://dck12.sharepoint.com/sites/DCPSWay/SitePages/21-22-Multi-Tiered-System-of-Supports-\(MTSS\).aspx](https://dck12.sharepoint.com/sites/DCPSWay/SitePages/21-22-Multi-Tiered-System-of-Supports-(MTSS).aspx)

Role of the RSP in the MTSS Process

Related Service Providers can play an important role in each tier of the MTSS process. As MTSS looks to be proactive, the RSP does not have to wait for another educator to bring up an area of concern. Instead, starting with Tier 1, RSPs can provide critical and vital supports that is beneficial for all students in the classroom. Below are examples of how RSPs can be involved in each tier of the MTSS process:

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> •Co-teaching with classroom teacher so all students receive support from the RSP •Training for teachers on UDL strategies and supports related to the RSP's clinical expertise •Reviewing progress monitoring data with the MTSS team •Co-planning with teachers related to embedding strategies and supports beneficial for all students 	<ul style="list-style-type: none"> •Provision of small group or individual supports related to the clinician's area of expertise •Completing progress monitoring/data collection for students receiving Tier 2 supports •Collaborating with the classroom teacher regarding student progress and support •Meeting with the MTSS team to provide updates regarding student progress and updates 	<ul style="list-style-type: none"> •Individualized, personalized EBP supports related to the RSP's clinical expertise •Progress monitoring of the student's performance within Tier 3 supports •Collaborating with the classroom teacher regarding student progress and support needs •Meeting with the MTSS team to provide updates regarding student progress and updates

Documentation Requirements for RSPs

For SY 22-23, RSPs will continue documentation of MTSS supports in Frontline (formerly Accelify) in the RTI portal. The service line in Frontline should clearly define the tier of support and the related area of concern (e.g., receptive vocabulary, fine motor grasp, etc.). The comment for the note should contain the following elements:

- Identification of the intervention activity/activities
- Description of the student's response to the intervention (quantitative and qualitative information)
 - Quantitative includes: accuracy percentage, number of trials/opportunities, etc.
 - Qualitative includes: level of prompting/dependence (i.e. moderate verbal prompts, tactile cues, maximum supports, etc.), behaviors impacting/contributing to progress, etc.

- Explanation of the relevance of the activity to the student's MTSS plan or area of support

While RSPs will log their service lines for MTSS in Frontline, RSPs will need to share data/progress monitoring information with the MTSS team so that it can be included in the student's overall MTSS profile which will be located in Panorama.

For additional information on MTSS@DCPS, see [DCPS Way MTSS page](#).

Special Education Referral Procedures

Special Education Referral Process

Once strategies implemented through the MTSS process have proved unsuccessful and/or if a referral for evaluation for special education services is received, the Special Education Eligibility process will be initiated. Within the referral process, the areas of concern for the student will be identified. If hearing is marked as an area of concern, the Audiologist will join the Multi-Disciplinary Team (MDT) team through the eligibility process. The next step after the referral is completion of the Analyzing Existing Data section within the Special Education Data System (SEDS).

Audiology Assessment Referral

When an Audiological, Hearing Screening or Auditory Processing assessment is necessary, a referral for assessment will be initiated. Prior to making a referral for an Audiological assessment, the teacher or MDT members should complete the appropriate referral form. This information can assist the Audiologist in completing the Analyzing Existing Data section in EasyIEP. Per the DCPS guidelines, initial and reassessments must be completed within 45 days of parental consent.

Analyzing Existing Data

The analyzing existing data (AED) step of the evaluation process should be completed to determine if there is sufficient data and information to make an eligibility determination or if additional information is required through completion of formal assessments. The review of data must be conducted by a group of individuals that include required members of an IEP team. The Audiologist is a required member if “Hearing” is marked as an area of concern.

1. Review existing evaluation data
 - Information provided by parent
 - Classroom-based observations (please see sample form in APPENDIX section)
 - Student response to Tiered Supports provided in the General Education setting
 - Information provided by teachers
 - Formal and informal assessments

2. The IEP team should begin their review of the referral by analyzing as many of the following types of existing data as are available:
 - Attendance
 - Behavior or Incident reports
 - Classroom observations (please see required form in APPENDIX section)
 - Class work samples
 - Current grades
 - Discipline reports
 - Documentation of academic and behavior interventions
 - Evaluations and information provided by parents
 - Health records and medical reports

- Report cards
 - Standardized test scores
3. Identify the data that is needed to be determined
- Category of disability
 - Present level of performance
 - Special education and related services
 - Modifications to allow child to meet IEP goals and participation in general education
 - The student's progress
4. Documentation of this review must include:
- The team conclusions/decisions
 - The date the conclusions/decisions are finalized
 - The names of individuals participating in the review
 - Conclusion if additional assessments are needed

Special Education Eligibility Process

Special Education Process

What is Eligibility?

Eligibility refers to the meeting of specific criteria for receiving special education and related services.- A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT. For a student to be considered eligible for special education and related services, there must be documentation that the student meets the requirements defined by IDEA.

Special Education Consent to Evaluate

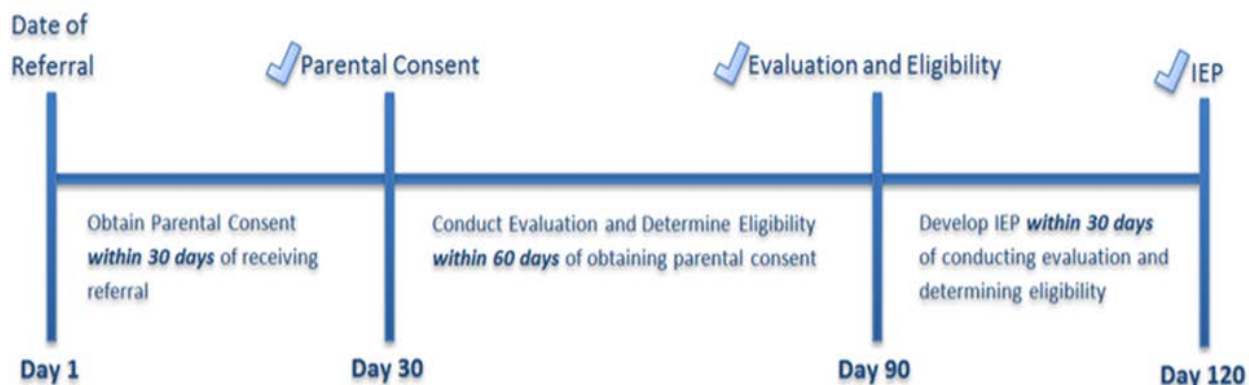
Before a student may be assessed, the LEA must notify the parents in writing. This notice must describe any assessment procedure that the District proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed. Once a meeting is held to determine if assessments should be ordered, parent consent is gained. Once consent is gained an assessment is ordered in EasyIEP and the respective provider begins the assessment process

Per the DCPS guidelines, all evaluations must be completed within 45 days of parental consent.

Special Education Timeline

As a result of the Enhanced Special Education Services Amendment Act of 2014, beginning July 1, 2017, the *maximum amount of time allotted* for the evaluation and assessment period for students recommended for special education services will change (DC Code §38-2561.02 (a)).

- After receiving the student's referral for special education services, the LEA has 30 days to obtain parental consent for an evaluation.
- A referral may be oral or written. Oral referrals must be documented by the LEA within 3 business days of receipt (DCMR 5-E3004).
- The LEA must make reasonable efforts to obtain parental consent (DCMR 5-E3005). The LEA must make at least three attempts to communicate with a parent using three different modes of communication. Possible modes include correspondence by mail, by phone, or by conducting home visits. All communication attempts must be documented in the communications log in SEDS.
- After gaining parental consent, the LEA has 60 days (*adjusted from 120 days*) to conduct an evaluation and determine the student's eligibility.
- After conducting an evaluation and determining eligibility, the LEA has 30 days to develop the IEP (20 USC §1414(d); 34 CFR §300.320-326).



Note: If parental consent is gained on Day 5, conducting an evaluation and determining eligibility must be completed by Day 65. Since each phase has a specific amount of time allotted, the timetable for each phase begins immediately after the preceding phase is completed.

Note: IEP teams may elect to hold the evaluation/eligibility and IEP meeting on the same day.

Time Allotted By Best Practices		
Step	Best Practices	Required by Law
Review Referral and Send Procedural Safeguards Manual and Referral Acknowledgement Letter to parent	3 days	≤ 30 days
Collect Student Information and Send Referral Meeting Invitation to parent	3 days	
Analyze Student Information	4 days	
If Assessment is NOT Needed: Hold Referral Meeting, Obtain Parental Consent, and Schedule Eligibility Meeting	5 days	
If Assessment IS Needed: Hold Referral Meeting, Obtain Parental Consent, Schedule Eligibility Meeting, and Order Assessment, Assigning Assessment to the Provider <i>within 48 hours</i> of Obtaining Parental Consent	10 days	≤ 60 days
If Assessment IS NOT Needed: Prepare for Eligibility Meeting and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	10 days	
If Assessment IS Needed: Conduct Assessments, Prepare for Eligibility Meeting, and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	45 days	
Note: After the IEP Team orders an assessment, providers have 45 days to conduct it		
Hold Eligibility Meeting	10 days	≤ 30 days
PWN: Send Eligibility Determination to parent		
Note: For initial IEPs, teams should be prepared to hold an IEP development meeting on the same day as the Eligibility meeting		
Develop IEP	30 days	≤ 30 days

If a student is found eligible for special education under IDEA, decisions about the need for related services are made by the IEP team taking into consideration the assessment information provided. When a student is suspected of having a disability and initially referred for a comprehensive evaluation, the eligibility committee reviews the assessments and any pertinent information to determine if the child has a disability that requires special education. Once eligibility has been established, the IEP team determines if related services are needed to help the student benefit from his educational program or access the general curriculum. The IEP team makes this determination based on the current data in the child's education record, or by evaluating the child in accordance with applicable requirements.

TRIENNIAL ASSESSMENTS/ RE-EVALUATIONS

Students placed in special education must have their individualized educational programs re-evaluated every three years. The purpose of the triennial assessment is to determine:

- If the student is still eligible for services under IDEA
- Determine the student's present levels of academic achievement and functional needs
- Whether any additions or modifications to the special education services in a student's IEP are needed, such as a change in disability category.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of SEDS must be completed by the team members for all areas of concern as part of the re-evaluation process. Using this data, the team can determine if assessments are warranted.

Speech and language assessments are not always necessary for re-assessments. The need for a formal assessment should be reviewed and discussed by the IEP team. Examples when a formal speech-language assessment is not warranted for a triennial assessment, include:

- Standardized testing would not provide any additional relevant information.
- The student has demonstrated little change in functional skills.
- There is sufficient anecdotal and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyzing Existing Data section and under the Information Reviewed fax cover sheet.
- There is no change in eligibility or location of services.

If the decision is not to conduct new assessments, the parents must be informed of school decision, reasons for it, and their right to request new assessment.

- Informed parental consent should be sought with due diligence by the school before any new assessments take place. The school division may proceed with new assessment if the school can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond. These attempts must be documented in SEDS.
- **A triennial assessment must include new assessments if the parent requests it.**
- A triennial assessment should include new assessments, if:
 1. Additional information is needed for continued placement and/or delivery of services.
 2. The IEP committee is considering a change of placement, disability, or eligibility.
 3. The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

If the decision is to conduct new assessments, a comprehensive speech and language evaluation must be conducted using a language and vocabulary battery. If formal language and vocabulary batteries are not appropriate, informal measures, checklists, observational ratings, or inventories should be completed due to student's difficulties with completing formal batteries.

Special Education Law

Individuals with Disabilities Education Improvement Act (2004)

On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) was enacted into law as Public Law 108-446. The statutes, as passed by Congress and signed by the president, reauthorized and made significant changes to the Individuals with Disabilities Education Act of 1997 (IDEA 1997)

IDEA 2004 intended to hold children with disabilities achieve high standards – by promoting accountability for results enhancing parental involvement, using proven practices and materials, and providing more flexibility and reducing paperwork burdens for teachers, local school districts and states. Enactment of the law provided an opportunity to consider improvements in the current regulations to strengthen the federal effort to ensure every child with a disability has available a free and appropriate public education that is of high quality and designed to achieve the high standards reflected in the Elementary and Secondary Act of 1965, as amended by the No Child Left Behind Act of 2001 (NCLB) and its implementing regulations.

The purpose of IDEA 2004 was to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.

The Enhanced Special Education Service Act

The Enhanced Special Education Services Act of 2014 (DC Law 20-195; [DC Official Code § 38-2614](#) and [§ 38-2561.02](#)) made important updates to special education services in DC, including:

- **Secondary Transition:** Lowers the minimum age for the creation of secondary transition plans for students with disabilities from age 16 to 14, “beginning July 1, 2016, or upon funding, whichever occurs later.”
- **Initial Evaluation:** Requires LEAs to make reasonable efforts to obtain parental consent to evaluate the child within 30 days of referral, and then complete the evaluation and eligibility determination within 60 days of parental consent. This requirement of the law takes effect “beginning July 1, 2017, or upon funding, whichever occurs later.”

Eligibility Timelines and Reasonable Efforts

Reasonable efforts are the communication efforts of the LEA to keep the special education process moving forward. Reasonable efforts are an LEA obligation under the law. A reasonable effort is means:

- Contact is with the parent
- The reason for the contact is related to the evaluation process
- The result of the communication is documented
- The language used to document the effort is specific.

OSSE does not consider the following to be “reasonable efforts”:

- A 2nd or 3rd attempt to an inactive phone number/email
- A reminder call related to a currently scheduled appointment

- Communication logs that do not make the reason for contact clear

Reasonable efforts can be made utilizing the following modalities:

- Phone call
- Text message
- Email
- U.S. mail
- In-person meeting.

Reasonable efforts are more effective if they are completed in multiple modalities (when possible) and during different days and different times during the day.

As the LEA, we must engage in reasonable efforts to contact the parent at each distinct step in the referral/eligibility process. This includes are response to a referral, obtaining consent, scheduling an evaluation appointment, scheduling an eligibility meeting, and obtaining consent to develop and implement an IEP. Reasonable efforts must cross the minimum threshold of occurring on 3 different dates and made in 2 different modalities (also know as 3/2 contacts).

Reasonable efforts must be documented in the SEDS Communication Log to be recognized by OSSE. Any documents sent to the parent that are not also documented by a SEDS communication log will not be considered reasonable efforts. The documentation in the Communication Log must be specific to identify its purpose.

Related Service Provider Responsibility for Documenting Reasonable Efforts

Related Service Providers are critical members of the eligibility process. Therefore, they are also important in documenting reasonable efforts as it relates to the eligibility process. Specifically for all Related Service Providers, the reasonable efforts would primarily be related to scheduling an evaluation appointment. Documentation includes communication with the parent regarding scheduling an evaluation appointment and communication from the parent indicating any barriers impacting timely action (e.g. only Fridays, only a few days within several weeks, death in the family, emergencies, hospitalizations, unexpected travel).

The following are examples of specific documentation language that meets OSSE's expectations:

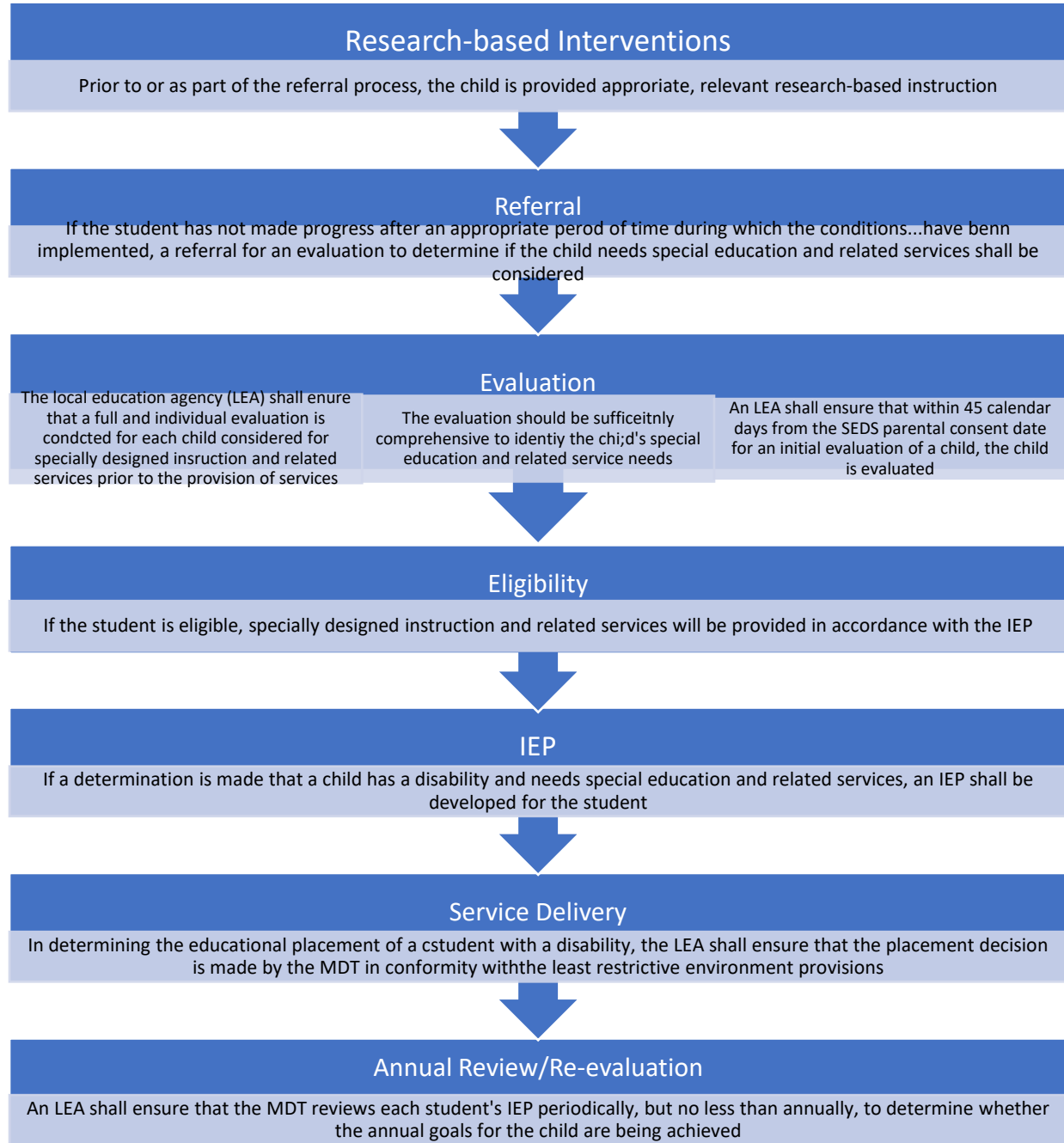
- "Called parent to schedule an initial evaluation appointment."
- "Texted the parent to reschedule a missed evaluation appointment."
- "Emailed parent regarding scheduling the evaluation at the following location for the following date _____ and time_____."

The following examples do not meet OSSE's expectations for specific documentation language:

- "Called parent to schedule a meeting."
- "Texted pared to reschedule."
- "Emailed parent about the evaluation process"
- "Sent letter to parent about the upcoming IEP meeting"

Related service providers must document all attempts (successful and unsuccessful) to schedule or assess a student in the SEDS Communication Log following the Reasonable Efforts guidance.

The Initial Eligibility Special Education Process



Early Stages

Children between the ages of 3 and 5 years, 10 months are assessed by Early Stages if they are in the District of Columbia and NOT enrolled in a DC Public School. Initial assessments for students enrolled in a DC Public School between the ages of 3 and 5 years, 10 months are conducted by the local school-based team. All other initial assessments for students 5 years, 10 months, 1 day old are to be completed by the Audiologist assigned to the school. Re-assessments for students between the ages of 3 years and 5 years 10 months should be completed by the IEP team at the student's attending school.

Contact Information: (202) 698-8037 www.earlystagesdc.org

Per federal findings made via Head Start program reviews, the assessment process should not be deferred to provide MTSS interventions. Interventions should be provided simultaneously as an Early Childhood student is going through the assessment and eligibility process.

Student's transitioning from IFSPs to IEPs

The Early Stages Center is responsible for students transitioning from IFSPs to IEPs. Student's transitioning from an IFSP (Part C) to IEP (Part B) may not be re-evaluated by Early Stages providers. This process takes into account Presumptive Eligibility since the student is currently receiving services as a Part C child with an IFSP. RSPs at Early Stages evaluate students by reviewing OSSE Strong Start documentation (assessment and intervention) and completing student observations, interviews, screenings and supplemental assessments. Students transitioning from IFSPs to IEPs remain a snapshot of the student's present level of performance during the evaluation. This may impact the format and information incorporated in the eligibility documentation received from Early Stages.—Assessments and progress monitoring for Part C to Part B students should be ongoing after the assessment and IEP are completed.

Part C and Transition

Each discipline has its own perspective and definitions for the evaluation and assessment procedures used within their scope of practice. However, under Part C of IDEA 2004, the definitions of these procedures may differ from those used in other practice settings; therefore, providers must be well informed about the definitions under Part C.

Steps for a Smooth Transition

For all toddlers with an IFSP, the steps, at the time of the transition meeting, shall include provision of information; parent training and discussion of transition needs, as appropriate, regarding future placements; and plans for the transition to special education programs under Part B, to early education, or other appropriate services (34 CFR § 303.344(h); 17 CCR § 52112(c) and (d)). The transition IFSP must also include the procedures to prepare the toddler for changes in service delivery. Steps to help the toddler adjust to and function in a new setting, as well as a projected date are established for conducting a final review of the IFSP to document progress toward achieving early intervention outcomes by age three (17 CCR § 52112(c)(3)).

For toddlers who may be eligible for preschool services from the LEA under Part B (e.g., special education and related services), the transition must include the following steps:

- Obtain parental consent for exchange of information about the toddler with the LEA (e.g., progress reports, evaluation/assessments).
- Review IFSPs that have been developed and implemented and other relevant information.
- Identify the needed assessments to determine special education eligibility.
- A statement of the process necessary to ensure that the LEA receives the referral in a timely manner to ensure that assessments required are completed and that an IEP is implemented by the toddler's third birthday.
- Specialized instruction and services are delivered to the student by the child's third birthday.

This means that the referral must be received by the LEA no later than the time the toddler is two years nine months old, or before the LEA's break in school services if the toddler will become three years of age during a break in school services. DCPS has their own evaluation and assessment procedures to determine eligibility. The eligibility criteria reflect differences in the populations served, as well as the focus and purpose of the services that are needed, as a result of these evaluations and assessments. One of the key changes at the time of transition from early intervention services to Part B services is the shift in service delivery, primary focus, and purpose of services. Specifically, speech-language services under Part C of IDEA, may be required or primary early intervention services if the team determines that they are needed and they are specified on the IFSP. However, once the child becomes eligible for special education services, speech-language services may be identified as a related service, which means that speech-language services may be determined to be necessary for the child to benefit from his/her special educational program as a related service.

Hearing Screening Students Enrolled in DCPS Local Schools and Audiological Referral Process

Hearing screenings for students are completed by the school nurse or other school qualified personnel. If the student does not pass the initial screening (receives “refer”), the school nurse or qualified school personnel will re-screen within 15 to 30 days. Parents will receive written notification from the school staff if a student does not pass a hearing screening twice with a recommendation to follow up with medical personnel or an Audiologist. .

DCPS Audiologists should follow up with school nurses within 90 days of the first day of school, to determine if all “did not pass” students have been cleared. If the student has been cleared, no further action is required from the Audiologist. If there has been no parental follow up, the school nurse and Audiologist will determine if an Audiologist visit is necessary to complete an expanded hearing screening. In the event an Audiologist provides support to a school nurse for students who cannot participate in in Hearing Screenings, the Audiologist should count this as a Tier 1 support and document the information and results in Frontline.

If a student is in the referral process for special education, the school team should determine if the student has “passed” their most recent hearing screening (within 1 year) based on student records. If a “referred” (failed) hearing screening is on file, the MDT should request a Hearing Screening in the Special Education Data System (SEDS). All Hearing screenings will be assigned to the school’s Audiologist in SEDS and conducted at the school site. The Audiologist will conduct a comprehensive hearing screening and upload into SEDS within 45 days of parental consent. All results will be reviewed at the MDT meeting. If a hearing screening is failed and appropriate measures to correct the problem have not been implemented, the eligibility process must still proceed. Refer to your discipline guidebook on the implementation of qualitative assessment procedures.

- Contact the Audiology department at (202) 698-8011

Audiological Referral Process

When an audiological assessment is necessary, a referral for the assessment will be initiated by the MDT. Prior to making a referral for an audiological assessment, the teacher or MTSS team members should indicate the reason for the referral and attach any previous audiological screening/evaluation results available. This information can assist the audiologist in completing the Analyzing Existing Data section in EasyIEP. Per DCPS guidelines, initial assessments and re-evaluations must be completed within 45 days of parental consent.

Auditory Processing Disorder (APD) Referral Protocol

Students who are suspected of having an Auditory Processing Disorders (APD), or who are diagnosed with APD, should be considered for special education services through the same process as any student suspected of having a disability. To qualify for special education and related services, the disorder must interfere with the student's ability to obtain reasonable benefit from regular education. An Auditory Processing problem causes difficulty in understanding the meaning of incoming sounds. Sounds enter the auditory system but the brain is unable to interpret efficiently or at all the meaning of sounds. In an extreme case, meaningful sounds cannot be differentiated from non-meaningful sounds.

Referral Guidelines

The student must:

- Be at least seven (7) years or older.
- Have normal peripheral hearing acuity.
- Full Scale IQ score of 80 or above.
- Have a recent psycho-educational assessment (within the year).
- Have a recent speech and language assessment (within one year, which should include a language battery (e.g. CELF-5) and phonological processing skills assessment (e.g. CTOPP).
- Have intelligible speech and can follow directions.

The referral must:

1. Include the psychological and speech-language assessment.
2. State clearly and in detail why the student is being referred for an APD evaluation.
3. List any diagnoses including ADD/ADHD, Autism, SLI, ED, OHI.
4. Indicate whether the student is taking medication for ADD. A student who is taking medication for ADD but has not taken it in the morning of APD, testing will be rescheduled.
5. Indicate which special classes the student attends and for how much of the day.
6. Indicate what modifications are being made for the student at present.
7. Include the Justification for Consideration of APD Assessment Evaluation (see Appendix).

The DCPS Audiologist along with the student's MDT will determine if the APD assessment is warranted. All assessments will be completed at the DCPS Audiology Office at Payne Elementary School (where the equipment resides).

Criteria used to identify an educationally significant APD

The student must meet the following two criteria identify as having an educationally significant APD:

- Scores that are below the age-corrected normal region (-2.0 standard deviations) on at least two different dimensions.
- Evidence of difficulty in the academic setting based on observation, multidisciplinary assessment, and academic performance. Please see the following link for the APD Checklist/Criteria Form: <https://dcps.instructure.com/courses/2025/pages/teaching-and-learning-related-services>

Assessments for Parentally Placed Students

DCPS's Centralized IEP Support Unit (CIEP), is responsible for locating, identifying, and evaluating all parentally-placed, self-funded private and religious school children ages 5 years 11 months to 22 years old who have a disability or suspected disability. Children who have been parentally placed and self-funded in a private or religious school will be evaluated to determine whether they are eligible for special education. If eligible, they may be offered equitable services if the area of concern relates to speech-language pathology. Audiologists will be assigned to assessment cases on the CIEP team. This team is responsible for all students who are parentally placed, self-funded (i.e. Non-Public School), attend private or religious schools, home schooled as well as resolution cases.

If it is determined that a parentally placed student is eligible for special education services, then DCPS offers an IEP. The parent has the option of remaining in the private/religious school or enrolling their child full time into a DCPS school. In the event the parent elects to remain with the private school option, DCPS offers an individual service plan (ISP) to provide the related services. If eligible, DCPS will develop an ISP SLP services. The related services outlined on the ISP will be provided in the student's educational environment. For further questions regarding parentally-placed students, please contact t 202-442-5475 or dcps.childfind@K12.dc.gov.

Charter Schools and Non-Public Schools

DCPS serves as the LEA for one dependent charter school. As of July 1, 2017, St. Coletta Special Education School is the only DCPS dependent charter school.

DCPS has several students attending Non-Public Educational programs. In these cases, the Non-Public Unit monitors the IEP services to ensure compliance. At times, an Audiologist is required to complete re-evaluations and APD assessments. Non-Public case assignments will be issued to the assigned DCPS Audiologist.

The website for EasyIEP for Charter Schools is: <https://osse.pcgeducation.com/~dcosse/>

Audiological Equipment or Technology Guidelines

After the completion of an audiological referral or assessment, the audiologist will make recommendations to the team on the Audiological Equipment or Technology needs for the student. The team will review and incorporate the recommendations into the “Hearing Considerations” section of the IEP. DCPS will secure the Audiological Equipment or Technology that is deemed necessary for the student to access to academic environment.

Section V: Audiology Eligibility and Assessment Procedures

Audiology Eligibility Process

Who determines Audiology eligibility?

A qualified audiologist with input from the members of the MDT determines if a student is eligible for Audiology services. The audiologist and the MDT decides if a student is eligible for Audiology Services using information collected from a multidisciplinary evaluation. This decision is made only after the provisions for pre-referral interventions, referral, and a multidisciplinary evaluation have been completed. An audiologist who can interpret educational implications of evaluations must be an MDT member when any audiological evaluations are discussed.

What is the process for determining eligibility for Audiology services under IDEA?

Once the Audiological Assessment has been completed, the MDT convenes a meeting to review all assessments and data and determine if the student is eligible for services as a special education student. The audiologist reviews and discusses each piece of data collected from the Audiological Assessment Report.

The Audiologist MUST utilize the underlying criteria to initiate Audiology Services. In conjunction with the IEP team, the audiologist must answer “yes” to the following questions to determine eligibility for audiology services:

1. Is there a disability condition (i.e., a hearing disorder)?
2. Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the disability condition?
3. If so, are specially designed instruction and/or related services and supports needed from the teacher and/or related service provider to help the student make progress in the general education curriculum?

What is the process for determining dismissal for Audiology services under IDEA?

Dismissal from Audiology (i.e., hearing) Services may occur if:

- The student no longer has a hearing related or APD deficit; OR
- Although the student has a hearing related or APD deficit, it no longer affects his/her academic performance, and accommodations and/or modifications can be provided to address hearing/auditory processing needs; OR
- The student demonstrates a documented lack of measurable progress, triennial to triennial, with consistent services; OR
- The student has a documented history of refusal of services; OR
- The student’s parent/guardian requests dismissal

To dismiss from audiology (hearing) services, the provider must complete a comprehensive assessment.

Educational Impact

Adverse effect means the child’s progress is impeded by the disability to the extent that educational performance is significantly and consistently below the level of similar age peers. Adverse Effect must have been consistently present, across time and settings. Situational issues such as divorce or a death in the family – may cause temporary educational problems that should improve with time which means the educational problem is not due to a disability. The term “educational performance” includes academic areas and non-academic areas. Educational performance in non-academic areas can include reading, math, communication, etc.; progress in meeting goals for the general curriculum; and performance on state-wide and local assessments. Non-academic areas include daily living activities, behavior, mobility, mental health, etc.

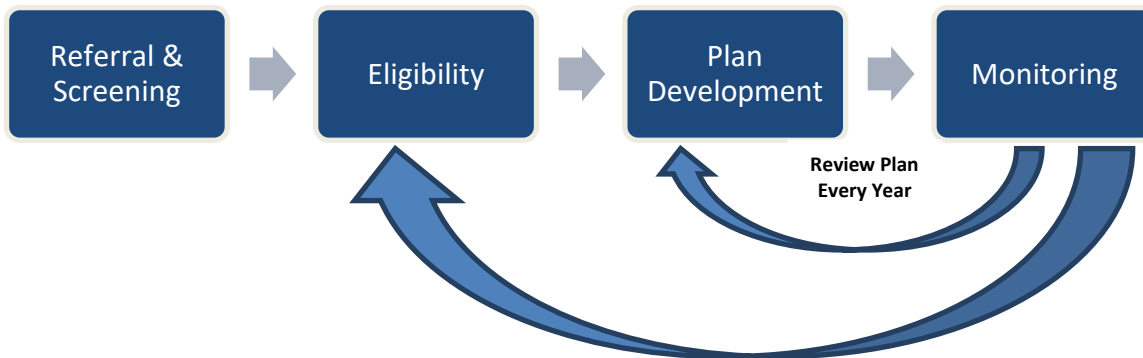
The following is a list of some areas of educational performance (academic, functional and/or developmental) that are impacted by a variety of disabilities:

- Academic performance
- Communication functioning
- Social functioning
- Pragmatic (social) language
- Organizational Skills
- Group work skills
- Problem solving skills
- Emotion regulation
- Hygiene
- Behavior
- Attention challenges
- Daily living skills/adaptive behavior

504 Plan Services

It is the intent of the district to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, assessed, and provided with appropriate educational services. Under this policy, a student with a disability is one who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment. Students may be disabled under Section 504 even though they do not require services pursuant to the Individuals with Disabilities Education Act (IDEA). Due process rights of students with disabilities and their parents under Section 504 will be enforced.

The Section 504 Process in DCPS



504 Evaluation Process

This process should be followed when a school-based 504 team believes that a student in the 504 process (initial or ongoing) may require a related service (occupational therapy, physical therapy, speech-language pathology, audiology, or behavior support services) and/or if a parent/guardian requests a related service assessment.

1. The 504 coordinator and the related service provider shall meet to discuss the referral and the current existing data. The determination of whether additional information is needed shall rely heavily on the expertise of the related service provider.
2. If the related service provider determines that additional information is needed in order to determine eligibility for the related service, the related service provider shall confirm the specific assessment type that will be completed and the 504 coordinator shall create a Related Service Evaluation event in the Frontline (Frontline) database. The 504 coordinator shall obtain written consent for the related service evaluation, upload the consent form in the Related Service Evaluation event, and notify the related service provider(s) that the event has been created and consent has been obtained. If the assessment is to be completed remotely, the 504 coordinator shall also obtain separate consent for a telehealth assessment using the Informed Consent for Telehealth – Assessments form.
3. The related service provider shall complete all necessary assessments in accordance with the DCPS eligibility timeline process. For behavioral support services, the social worker shall complete the Behavioral Support Services Checklist. For more information about the eligibility timelines process or related service assessments, please refer to the relevant related service discipline’s program guidebook. Once the assessment has been completed, the related service provider shall upload all relevant documentation from the assessment in the Related Service Evaluation and lock the event to finalize.
4. The 504 team (including the related service provider) shall reconvene to review the results on the assessment. If the student is eligible to receive related services, then the related service provider will:
 - Provide the duration, frequency, tentative start date, and goals of the service to include in the student’s 504 plan
 - Provide consultation, including recommendations for accommodations, to the classroom teacher, if applicable
 - Provide direct and/or consultative services
 - Conduct periodic monitoring of progress and/or concerns with the educational team to ensure accommodations are being implemented

- Collect data regarding student progress toward completing their related service goals
- Document communication with educational team and outside resources
- Participate in 504 meetings to provide relevant information and updates
- Document service delivery in the Frontline database no later than Monday at 3:30 following the service delivery

Note: If the timeline for the completion of the assessment extends beyond the timeframe of the 504 eligibility determination process or the timeframe for writing the 504 plan, then the 504 team shall proceed to complete all other parts of the 504 eligibility determination and/or 504 plan without this information and reconvene to discuss the addition of the related service(s) when the assessment results are available.

For questions about the role of the 504 coordinator in this process, please DCPS.504@k12.dc.gov

Training Video: [How to Create a 504 Related Services](#)

Evaluation (<https://drive.google.com/file/d/1CIMwwsFU8KgeHFFyNsZGVGbL33cbgB7Z/view>)

What are the eligibility requirements for Section 504 accommodations?

For a student to be eligible for accommodations under Section 504, s/he must have a physical or mental impairment that “substantially limits one or more major life activities,” as determined by the “504 team.” Important terms are defined as follows:

- Physical or mental impairment can be any physiological condition that affects a body system, such as the respiratory, musculoskeletal, or neurological systems; any mental or psychological disorders, such as emotional or mental illness and intellectual disabilities; or specific learning disabilities. The definition does not limit the impairments that can qualify a student for Section 504 services.
- Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Again, this list does not limit what kind of activities can qualify a student as having a disability.
- Substantially limits means that the impairment results in considerable impairment with a permanent or long-term impact. A substantial impairment prevents or severely restricts a person from performing major life activities. Determining whether a child has a substantial impairment is based on a child's disability without any assistive measures other than ordinary eyeglasses or contact lenses. Eligibility will be reviewed at least annually.

Students who meet the eligibility guidelines will have a 504 Plan developed for use in school. The Plan specifies the nature of the impairment, the major life activity affected by the impairment, accommodations necessary to provide access based on the student's needs, and the person(s) responsible for implementing the accommodations. Parents are encouraged to participate in development of the plan. A case manager will be assigned to notify teachers about the accommodations and monitor implementation.

- Accommodations should be specific to the individual student and should not include accommodations typically provided to general education students.
- Accommodations should be specific to the individual student's physical or mental impairment in terms of the substantial limitation to the major life activity.

- Accommodations must be documented in writing.

Role of the AUD within the 504 Process

The Audiologist will participate as a member of the 504 Team, if there are expressed concerns in the initial referral related to hearing loss or auditory processing disorder. The Audiologist plays an integral role as it relates to determining the educational impact of one of the aforementioned domains within the classroom setting, social interaction with peers and staff and future access to developing vocational skills. The attendance of the Audiologist is important to discuss and interpret assessment findings conducted within or outside of DCPS. If the student is found eligible, then the Audiologist will assist with developing 504 plan accommodations as it relates to the student's communication skills.

Methodologies Used to Determine if a Student Qualifies for a 504 Plan

- Review of existing data and referral concerns
- Complete Screening
- Conducting classroom observation(s)
- Parent/Teacher Interview
- Formal Assessment of Hearing ability (if testing is ordered)
- Gathering other supporting data to support/dismiss the need for a 504 Plan
 - Report Cards
 - Performance on classroom-based and/or state-wide testing
 - Work Samples
 - Data Collection (if student has been receiving RTI)

If a student qualifies for services under the 504 Plan the AUD will do the following:

- Provide accommodations/modifications to the classroom and/or special education teacher
- Provide direct, indirect and/or consultative services
- Conduct ongoing periodic monitoring of progress and/or concerns with the educational team to ensure accommodations/modifications are being implemented
- Collect data regarding performance given strategies
- Document communication with educational team and outside resources
- Participate in the 504 meetings to provide relevant information and updates
- Students with hearing services on a 504 plan will receive consultative services from the DSI Audiologist.

If you have any questions regarding the 504 Process, you may contact the identified 504 Coordinator at your school or email the DCPS 504 team at DCPS.504@k12.dc.gov. For additional information related to 504 Policy and Procedures, please visit <https://dcps.instructure.com/courses/2025/pages/student-support-section-504-program-main-page>

Triennial/Re-Evaluation Assessments

Students placed in special education must have their individualized educational programs re-evaluated every three years. The purpose of the triennial assessment is to determine:

- If the student is still eligible for services under IDEA

- Determine the student's present levels of academic achievement and functional needs
- Whether any additions or modifications to the special education services in a student's IEP are needed, such as a change in disability category.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of SEDS must be completed by the team members for all areas of concern as part of the re-evaluation process. Using this data, the team can determine if assessments are warranted.

Audiology evaluations are not always necessary for re-assessments. The need for a formal assessment should be reviewed and discussed by the IEP team. Examples when a formal audiological assessment is not warranted for a triennial assessment, include:

- Standardized testing would not provide any additional relevant information.
- The student has demonstrated little change in functional skills.
- There is sufficient anecdotal and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyzing Existing Data section and under the Information Reviewed fax cover sheet.
- There is no change in eligibility or location of services.

If the decision is not to conduct new assessments, the parents must be informed of school decision, reasons for it, and their right to request new assessment.

- Informed parental consent should be sought with due diligence by the school before any new assessments take place. The school division may proceed with new assessment if the school can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond. These attempts must be documented in SEDS.
- A triennial assessment must include new assessments if the parent requests it.
- A triennial assessment should include new assessments, if:
 1. Additional information is needed for continued placement and/or delivery of services.
 2. The IEP committee is considering a change of placement, disability, or eligibility.
 3. The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

If the decision is to conduct new assessments, a comprehensive audiological evaluation must be conducted.

Dismissal Through Eligibility/Triennial Evaluations

- Complete "Analyzing Existing Data" section in SEDS by including comprehensive information about student's performance and abilities
- Determine if formal assessments are warranted
 - If **YES** 7 complete assessments and make final determination based upon findings
 - If **NO** 7 include the supporting data used to determine dismissal recommendation in AED
- Confirm with LEA and Case Manager that Hearing is NOT clicked for the "Eligibility Determination" portion.

- “Completion of Service” form is completed, parent signature has been obtained and faxed into SEDS along with the signature page (from IEP meeting)

1	Determine type, degree and nature of hearing loss resulting in appropriate recommendation.
2	Recommend appropriate accommodations and modifications tailored to the specific needs of the student.
3	Hearing Technology: Select, evaluate and troubleshoot; include hearing aids, cochlear implants, FM Systems, etc.
4	Ensuring Quality Services Train and supervise support personnel and staff.

DCPS Comprehensive Audiological Screening and Assessment Reports

What is a comprehensive hearing screening?

A comprehensive hearing screening is a preliminary step to determine if further evaluation is required. For DCPS, a comprehensive hearing screening consists of otoscope examination, pure tone audiometry OR otoacoustics emission test. A comprehensive hearing screening should also contain the following information:

- Reason for referral
- Background/Case History
- Classroom Observation
- Behavioral Observation
- Validity Statement
- Parent/Teacher Interview
- Assessment battery
- Qualitative Assessment Measures (Pure Tone Audiometry OR Otoacoustics Emission, Tympanometry)
- Summary of Findings (including educational impact)
- Recommendations for the classroom/family

What is a comprehensive audiological evaluation?

A comprehensive audiological evaluation consists of procedures and test materials that are developmentally and culturally appropriate and free from cultural bias. The assessment should be at least consistent with ASHA's preferred practice patterns ([ASHA, 1997a](#)) and include, but not be limited to:

- Administering, scoring, and interpreting comprehensive audiological assessment, which shall include the following, as appropriate:
 - Review referral and other available information
 - Case history
 - Classroom observation
 - Teacher/Parent Report
 - Behavioral Observation
 - Validity Statement
 - Qualitative Assessment Measures
 - Otoscopic examination
 - Acoustic immittance audiometry
 - Pure tone audiometry (air and bone conduction) with appropriate masking
 - Speech recognition or awareness threshold with appropriate masking

- Word-recognition measures in quiet and/or in noise with appropriate masking
- Speech and word recognition in quiet and in noise with both auditory and visual inputs
- Most comfortable loudness level
- Uncomfortable loudness level
- Electrophysiological tests (e.g., ABR, OAE)
- Functional listening skills
- Audiologic rehabilitation assessment
- Summary of Findings
- Recommendations for classroom/family

This also applies when determining the continued eligibility of audiology services for a student (dismissal from services).

Mandatory Comprehensive Audiological Report Elements

1. DCPS Letterhead, Page numbers
2. Title:
 - a. Initial Audiological Evaluation; Audiological Re-evaluation; Audiological Independent Assessment Review; Auditory Processing Disorder (APD) Evaluation; Auditory Processing Disorder Evaluation Review
3. Identifying Information
 - a. Student Name
 - b. Date of Birth
 - c. Student Identification Number
 - d. Chronological Age
 - e. Grade
 - f. School (Home/Attending)
 - g. Date of Evaluation
 - h. Date of Report
 - i. Examiner/Reviewer
 - j. Date of SEDS Parental Consent
4. Reason for Referral
5. History/Background/Record Review
6. Classroom Observation
7. Assessment Protocol
8. Teacher and/or Parent Report
9. Behavioral Observations
10. Validity Statement
11. Audiometric Test Results
12. Summary/Impressions
13. Recommendations
14. Signature/Date

15. Title/Credentials
16. ASHA #

Description of the Comprehensive Audiological Report Elements

Each section must include the mandatory elements with required information for each section. Each section must include a summary of the test results using quantitative and qualitative information/data. In addition, the report should describe the specific auditory skills the student demonstrates/lacks and the student's ability to access the curriculum /grade level material. As school based providers, the written report must discuss the student strengths and/or deficits for each test/subtest and its educational impact based on the test results, observations, teacher reports, etc. A report template can be found in the appendix.

Title and Heading

Each report should be accurately titled and include the following headings: Name, Date of Birth (DOB), Date of Evaluation (DOE), Date of Report (DOR), Student ID Number (USI), Grade, Chronological Age (CA), School, Examiner (Name and Credentials), Teacher

Reason for Referral

This section must state that the assessment was ordered by the IEP team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e. difficulty formulating sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Speech & Language Assessment results
- Progress on interventions (RTI or speech therapy IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance

Assessment Protocol

List of formal and informal assessment procedures used in completing the assessment

Teacher and/or Parent Interview

Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observations

Report information from observing the student engaged in a learning activity within the classroom setting. Indicate the type of class/setting student was observed in along with their participation, engagement, and auditory skills in the tasks. A description of the auditory environment can also be included for barriers that may have impacted the student's performance during the observation. Be sure to address

information as it pertains to attention, any observed generalization (or lack thereof) of auditory (hearing) and listening skills (or alignment to goals for students who are being re-evaluated).

Behavioral Observations

This section should include information regarding the student’s behavior during the testing session. It may include statements regarding activity level, distractibility, impulsivity, preservation, effort, cooperation, comprehension of test directions and separation from parent or classroom.

Validity Statement (can be placed after the Behavioral Observations section or before the Summary section of the assessment report)

Must answer the following three (3) questions:

- Was the assessment procedure valid for the intended purpose?
- Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student’s current functioning?
- Were procedural modifications made when assessing the student to increase the validity of the results?

Audiometric Test Results

Information about hearing function (otoscopic examination, type and degree of hearing loss, word recognition ability, and middle ear function).

Summary

- Summary of formal and informal assessment information.
- Information on the educational impact of the student’s communication abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
- Compare results with previous test results for re-evaluations

Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Strategies for teachers and parents to improve hearing/auditory function based on student needs
- Strategies for improving the auditory environment to assist students with accessing the educational environment
- Strategies or recommendations for auditory aids that can be provided to help student access the educational environment

Signature and Date

Each report should be signed (electronically or physically) and include credentials, title, date, and ASHA #.

What is a Comprehensive Auditory Processing Disorder Assessment?

Conducting Auditory Processing Disorder Assessments

There is no universally accepted method of screening or evaluating auditory processing disorders. This protocol was developed by the DCPS Audiology Department. Our standards are parallel to ASHA's guidelines for Auditory Processing Assessment. An appropriate audiological assessment consists of procedures and test materials that are developmentally and culturally appropriate and free from cultural bias. The assessment should be at least consistent with ASHA's preferred practice patterns ([ASHA, 1996](#)) and include, but not be limited to:

- **Background History:** A comprehensive background history should be included. The following areas can be included: speech language history, educational history, social development, social development, cultural and linguistic information.
- **Audiological Test Procedures:** OAE, pure tone thresholds, speech recognition, should be included to determine and examine auditory function.
- **Behavioral Auditory Measures:** Temporal processes, localization and lateralization, low-redundancy monaural speech, dichotic stimuli, binaural interaction procedures.

The following elements also need to be included in all Auditory Processing Assessments:

- Classroom Observation
- Parent and/or Teacher Interview
- Summary
- Recommendations

When referring for an Auditory Processing Disorder (APD) evaluation, the following DCPS APD Referral Guidelines must be met.

The student should:

1. Be at least 7 years old or older. Age criteria are important because it reflects the developmental component of the central auditory pathways and resulting developmental abilities of the child.
2. Have normal peripheral hearing acuity. Normal hearing must be documented by an audiologist prior to considering APD testing.
3. Have a recent psycho-educational assessment (within the year). The students Full Scale IQ must be 80 or higher (other cases will be considered on an individual basis). Performance on central auditory tasks is affected by cognitive ability; therefore, any child assessed must have cognitive ability within a normal range.
4. Have a recent speech and language assessment (within the year). Testing should look specifically at language and processing skills. (e.g.: CELF, CTOPP). A child should have normal language skills because the APD tasks are linguistically loaded. Children with poor language skills will generally have more difficulty on APD tasks, particularly those which require more sophisticated language processing.
5. Be emotionally appropriate. The child should not be diagnosed with a severe emotional/behavioral disorder. Diagnosis of APD is challenging because the heterogeneous population usually has coexisting disorders such as ADHD, language impairments, learning disability or cognitive impairments. For many children and adults with disorders such as these,

listening and comprehension difficulties often seen are due to the higher order, more global or all-encompassing disorder and not to any specific deficit in the neural processing of auditory stimuli per se. As such, it is not correct to apply the label APD to these individuals, even if many of their behaviors appear very similar to those associated with APD. In some cases, however, APD may co-exist with ADHD or other disorders. In those cases, only careful and accurate diagnosis can assist in disentangling the relative effects of each.

6. Have intelligible speech. Most tests require verbal responses.
7. Be able to follow directions. Child should be able to listen and execute the APD test instructions given.

The referral should also:

1. State clearly and in detail why the student is being referred for an APD evaluation.
2. List any diagnoses including ADHD.
3. Indicate whether the student is taking medication for such disorders. A student who is taking medication but has not taken it the morning of APD testing will be rescheduled.
4. Indicate which special classes the student attends and for how much of the day.
5. Indicate what modifications are being made for the student at present.

APD Evaluation Protocol

Student should meet the seven criteria before testing, however, consideration for testing is determined on a case-by-case basis (see DCPS APD Referral Guidelines). A multi-disciplinary approach is essential to the evaluation process. Information is gathered from the parent and student, the audiologist, classroom teacher, school psychologist, speech-language pathologist, and other team members.

Prior to the evaluation, the child's age, cognitive ability, classroom performance, and hearing sensitivity are carefully considered. A case history is obtained, examining both the medical history and auditory behaviors that may be present in the student or in the family. Based on the initial information gathered, the audiologist will choose an appropriate test battery. The audiologist administers several tests in a sound-treated room. There are several areas of assessment stated below.

Areas of an APD Assessment:

Dichotic Listening: Information is presented to both ears simultaneously. Tests of integration require the student to repeat the information heard by both ears, while tests of separation require the student to identify what is heard in one ear while ignoring information presented to the opposite ear.

Monaural Low Redundancy: Spoken language is processed at multiple levels within the auditory system, allowing the listener to receive the message several ways. During low redundancy testing, each ear is tested independently. The speech signal is degraded to reduce redundancy, making the listening task more difficult.

Temporal Processing: Tests of temporal processing examine the student's ability to recognize tonal stimuli (e.g., pitch, duration, loudness) and to perceive auditory patterns.

Binaural Interaction: Complementary information is presented to each ear and the listener must integrate

the information into a meaningful message.

Other Considerations in the Screening and Evaluation of APD

The student must meet the following two criteria to be identified as having an educationally significant APD:

- Scores that are below the age-corrected normal region (-2.0 standard deviations [SD]) on at least two different dimensions.
- Evidence of difficulty in the academic setting based on observation, multidisciplinary assessment, and academic performance.

Reevaluation for a student identified with APD

For all students in a Special Education Program, re-evaluation is required every three years, and if the IEP team recommends it, an Auditory Processing reevaluation may be a part of that formal process. The audiological reevaluation procedure will include a peripheral audiological assessment, an APD reevaluation, and observation checklists. If the student is using a FM system, the reevaluation will include monitoring the use of the equipment.

Validity Statements

All audiology reports must include validity statements in the report. Below are some situations when caution needs to be taken when interpreting the result of an assessment, which may impact the validity:

- Special accommodations are provided, which are not permitted per the administration manual of the assessment
- Medications were or were not taken that may/may not have impacted attention, focus, and/or behaviors
- Assessment was attempted, however based on the student's cognitive functioning and/or behaviors the assessment tool was not appropriate or did not accurately measure student's performance
- Child is bi-lingual and needed an interpreter when the assessment was administered
- Special seating needed
- The communication output of the student varied (i.e., the use of a AAC device or picture icons)

Examples of Validity Statements

Example 1: The evaluation procedures included the use of (standardized measures, informal assessment, observation in a variety of settings, and interviews of student, teachers and/or parents). All tests were administered in the student's primary language or through an interpreter and were administered by qualified personnel in accordance with the instructions provided by the test publishers. Tests were selected to provide results that accurately reflect the student's aptitude, achievement, and which are not influenced by impaired sensory, manual, or communication skills. Except where otherwise noted, the results of this assessment are believed to be valid.

Example 2: The findings of this assessment should be reviewed with caution due to the student demonstrating non-compliance and work-refusal behaviors, therefore it may not be an accurate reflection of his hearing ability. Student required multiple redirection to tasks and additional repetition beyond that indicated in the assessment manual.

Example 3: The assessment procedures used throughout the testing sessions were valid for its intended purpose to assess the student's auditory skills. Based on performance and observation, the procedures were valid and accurately reflected the students current auditory functioning. However, a French interpreter was used to read and translate the student's responses to increase the student's ability to comprehend information and answer questions to increase the validity of the results.

Independent Assessments (IEE)

There are times when an outside assessment is submitted to the public schools for consideration for the eligibility of a student with a suspected disability for the purpose of seeking placement in education programs or accessing services. An IEE can also be requested by a parent if the parent disagrees with a DCPS evaluation. Other sources for IEEs include the following:

- Ordered by Hearing Officer Decision (HOD)
- Agreed to in a Settlement Agreement (SA)
- Ordered by a judge in a Child and Family Service Agency (CFSA) or juvenile proceeding

A multidisciplinary (MDT) assessment team is required to review all relevant documentation and decide if data is sufficient and/or additional information is needed.

IEE Checklist

Once a RSP receives an IEE, they must first complete the DCPS Review of Independent Assessment checklist form. The IEE Checklist form is located at the following link:

<https://dck12.sharepoint.com/sites/DSIRelatedServiceProvidersPage/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FDSIRelatedServiceProvidersPage%2FSiteAssets%2FSitePages%2FGeneral%2DResources%2D%2D%2DTemplates%2FFillable%20Independent%20Assessment%20Review%20Form%2Epdf&parent=%2Fsites%2FDSIRelatedServiceProvidersPage%2FSiteAssets%2FSitePages%2FGeneral%2DResources%2D%2D%2DTemplates>

When completing the DCPS Review of Independent Assessment Checklist form, the provider must indicate if the IEE will be accepted and meets the requirements for a DCPS Comprehensive Assessment. The IEE Checklist must be uploaded into SEDS within 5 days of receiving the IEE from the Case Manager/LEA RD.

IEE Report Elements

A DCPS Audiologist must review all independent Audiological and Auditory Processing Disorder assessments. In addition to the completion of the form, a typed review of the report must be attached to the IEE and uploaded into SEDS. The review report of an independent educational audiology report must include the following components:

- Place on DCPS letterhead
- Title: Independent Assessment Review
- Student's identifying information
- Background information
- Teacher and parent interview
- Classroom Observation (required)
- Assessment Protocol
- Results
 - Informal and Formal assessment information for each area of communication

- Test findings and interpretation of scores
- Educational impact statements based on student’s performance (how should the student perform based on the results of the assessment?)
- Summary
 - Summary of formal and informal assessment information/findings.
 - Information on the educational impact of the student’s overall hearing acuity/auditory abilities must be discussed.
 - Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
 - If the results indicate that there are no auditory impairments, then the provider must indicate that there is no potential educational impact
- DCPS’ recommendations
- Signature, Title and Credentials (*italicized* fonts/typed fonts are not acceptable forms for a signature)

Independent assessments must meet DCPS’ criteria of a comprehensive assessment. There may be occasions where the administrations of additional test batteries are required. If additional testing is required, the RSP is responsible for following the timeline outlined in the below section. Provision of services/supports should not be delayed secondary to the need of additional assessment information. In the event the student requires support, the MDT should consider what tiered supports can be implemented while the student is going through the eligibility process.

IEE Timeline

When a school receives an IEE, it is the LEA RD/Case Manager’s responsibility to upload the IEE into SEDS **and** inform the provider via email (with the IEE attached) of the IEE. Once the provider receives the IEE, the RSP has **5 calendar days** to complete the IEE Checklist form. If no additional test batteries are needed to make the IEE comprehensive, then the RSP has 20 days (from the date of receipt) to upload the IEE Review report.

If additional assessments are required, parental consent should be obtained by the LEA RD/Case Manager and the appropriate evaluation should be ordered in SEDS by the LEA RD or Case Manager within 2 days of receiving the checklist. Once parental consent is obtained, the provider has 45 days to complete the additional testing, write the report and upload the written report into SEDS.

Template of an IEE Assessment Report with Required Information



Audiological or Auditory Processing Disorder Independent Assessment Review

Name: Name of student
DOB: Date of Birth

DOE: Date of Assessment
DOR: Date of Report/Review

SID#: student id number

CA: Chronological age

Examiner: Name and credentials

Grade: The grade that the student is in

School: Name of Attending School

Teacher: Name of student's teacher

SEDS Parental Consent Date: Date of signed parental consent

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Speech & Language Assessment results
- Progress on interventions (RTI or speech therapy IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Parent Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in a language-based activity within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of speech-language skills (or alignment to goals for students who are being re-evaluated).

Assessment Protocol

- List of formal and informal assessment procedures used in completing the assessment

IEE Results

- Include assessment result information from the IEE for each area of audiological or APD addressed. The information included should be informal and formal assessment information.
- This section should also include test findings and interpretation of the scores from the reviewing related service provider
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Additional Assessment Data

- In the event additional assessment data is required, this section will include formal/informal assessment information for the additional testing completed
- Descriptions of what the test/subtest measured
- Description of what the tasks were supposed to do to indicate the skill (i.e. point to pictures, formulate sentences using pictures, etc.....).
- Results and the interpretation of the standard/scaled scores for each test and/or subtest given
- Qualitative description of the student’s performance. Indicate the student’s strengths and weaknesses as it pertains to the student’s performance on the tests and subtests
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student’s communication abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
- If the results indicate that there are no S/L impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

DCPS’ Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve skills based on student needs
- The strategies must align with areas of weaknesses identified in the report
- If there were no areas of weaknesses, then the strategies should align with the referral concerns.

Name, Credentials (highest degree obtained and Certificate of Clinical Competence) _____ Date _____

Alternative Assessment Reports

The process for an **alternative assessment** should only be followed if **all** the following conditions have been fulfilled:

- You have made at least 3 documented attempts to assess the student, and the student was uncooperative or absent each time.
- You have been in communication with the school staff (Case Manager, Special Education Coordinator, or Administrator) about the case, and they have not been able to assist in making the student available for testing.
- You have spoken to the parent/guardian about the case OR you have confirmed the phone number for the parent/guardian and name/contact information of this individual with school staff, and you have left at least three voice messages (one after 5pm) for the parent and they were not returned.

This process should not be followed if:

- You have not tested the student because you were unable to keep a scheduled appointment for any reason
- You have not successfully scheduled an appointment because you are waiting to hear back from school staff

An **alternative assessment report** should include the following:

- An explicit explanation of why a complete battery of testing measures was not conducted
- A chronological reference to each act of due diligence conducted by the provider. This includes information you sent or provided to the parent/guardian in any format, explaining the scope of the testing you intended to conduct and requesting parental assistance make the student available for testing and to be present on the day of the evaluation. Include dates of phone calls and/or letters sent to caregiver for this purpose.
- Explain your interaction with the LEA, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parent about this matter.
- Title your report as **“Audiological Data Review Report”**.

In the absence of new test data, your report should emphasize a robust summary of existing data based on records review and interviews with all school staff who interact with the student are available and parents/guardians. You should place emphasis on:

- Work samples or notes from the student’s classroom teacher
- Teacher’s concerns/observed difficulties related to academics affected by areas of concern
- Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results.
- Information on the student’s cooperation towards the implementation of those accommodations and adaptations.
- Previous assessment reports
- Progress reports by related service providers (where relevant)
- Classroom observation (if possible)

Your report must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both following statements are true:

1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated.

Template of an Audiological/APD Alternative Assessment Report with Required Information



Audiological or APD Data Review Evaluation

Name: Name of student

DOB: Date of Birth

SID#: student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending School

Teacher: Name of student’s teacher

SEDS Parental Consent Date: Date of signed parental consent

Reason for Referral

- This section must state that the assessment was ordered by the MDT team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e. difficulty formulating sentences during classroom activities, etc....).
- In the case of an initial assessment, this section may also include the person who is making the referral.

Reason for Data Review Evaluation

- This section must include an explicit explanation of why a complete battery of testing measures was not conducted

Due Diligence Timeline

- This section must include a chronological reference to each act of due diligence conducted by the provider.
- Information in this section includes the dates of contact in chronological order with specific details the provider sent or provided to the parent/guardian in any format, explaining the scope of testing that would be conducted and the request for parental assistance to make the student available for testing and to be present on the day of the evaluation.
- Information in this section also outlines in chronological order the interactions with the LEA RD, Case Manager, and School staff. Also, reference any communication that the LEA or school staff has made to the parent regarding this matter.

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Audiological/APD results
- Progress on interventions (MTSS or previous/current IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher and/or Parent Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in a language-based/auditory heavy activity within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of auditory/listening skills (or alignment to goals for students who are being re-evaluated).

Behavioral Observations

- This section should include information regarding the student's behavior during the testing session. It may include statements regarding activity level, distractibility, impulsivity, preservation, effort, cooperation, comprehension of test directions and separation from parent or classroom.
- This section may also include the number of testing sessions provided, participation level, and other pertinent information.

Validity Statement (can be placed after the Behavioral Observations section or before the Summary section of the assessment report) This section must answer the following three (3) questions:

1. Was the assessment procedure valid for the intended purpose?
2. Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student's current functioning?
3. Were procedural modifications made when assessing the student to increase the validity of the results?

Assessment Protocol

- List of formal and informal assessment procedures used in completing the assessment

**** For each subtest listed below, the report should emphasize a robust summary of existing data based on records review, interviews with all school staff who interact with the student, and**

parents/guardians. In the absence of new test data, the following can be included for each area of communication outlined below:

- Work samples or notes from the student’s classroom teacher
- Teachers’ concerns/observed difficulties as they pertain to academics affected by the areas of concern
- Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results
- Information on the student’s cooperation towards the implementation of those accommodations and adaptations
- Previous assessment report data/information
- Progress reports by related service providers (where relevant)
- Data from the classroom observation if completed

Audiometric Test Results

Information about hearing function (otoscopic examination, type and degree of hearing loss, word recognition ability, and middle ear function).

or

APD Test Results

Any information that can address the student’s auditory processing abilities (Dichotic Listening, Monaural Low Redundancy, Temporal Processing, Binaural Interaction).

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student’s communication abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
- If the results indicate that there are no S/L impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

Recommendations

- In this section, the RSP must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements are true:
 1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
 2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.

- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve communication based on student needs
- The strategies must align with areas of weaknesses identified in the report
- If there were no areas of weaknesses, then the strategies should align with the referral concerns.

Name, Credentials (highest degree obtained and Certificate of Clinical Competence)

Date

Closing Out an Assessment Report in SEDS

Upon completing an assessment, the report must be faxed and closed out in SEDS. The following steps should be completed to enter and submit assessment results.

Entering Assessments Results

- To enter results for a completed assessment, click the “Results” button in the appropriate assessment type column.
- You will be taken to a separate details page for the assessment type you selected.
- Enter the date assessment completed.
- If applicable, you may indicate which tools you used as part of the assessment by selecting from the drop-down menu and clicking the “Add Assessment Tool” button.
- In the areas addressed by this assessment section, select the appropriate areas being considered for the student (ex. Hearing).
- For each area selected, complete a statement of strengths and concerns identified by the results of the completed assessments.
 - TIP: The list of areas that appears is based upon what was selected on the Analyzing Existing Data page as an area where more information was needed.

Submitting Assessment Reports

- There are three options for submitting assessment reports: upload, fax or copy and paste. **Please select the upload option.** All reports must be uploaded in PDF format.
- For the upload option, you will be able to create an EasyFax cover sheet by clicking the “Create Audiological Assessment Report Cover Sheet” button. (Or the appropriately assigned Report Cover Sheet).
- The cover sheet will appear in a separate document table. Upload your assessment report into the system with this cover sheet.
- When the system receives the upload, the data will appear in the Documents Received column along with a link to the uploaded document in the EasyFax column.
- To submit assessment results, click the “Submit Assessment Results” button.
- After you submit the results, you will no longer be able to edit the information on the page.
- All assessment reports should be uploaded on the SAME DAY as the SEDS Close-out date.

Emailing the Case Manager

- Click the “Email Case Manager” button to access the **Send Email** composition page.
- The *To* and *From* address fields are pre-populated based on user information in the system.
- The subject link will be “Assessment Completed”.
- In the body of the email, the text will indicate the type of assessment (AUD) that has been completed, along with the *Date of Request*, the *Date Due* and the *Date Completed*.
- Add additional comments in the text field if applicable.
- Click the “Save & Continue” button to send the email and return to the previous page.

Untimely Assessment/Assessment Due Diligence

Per DCPS guidelines, initial and reassessments must be completed and uploaded within 45 days of parental consent. There may be times where assessments cannot be completed within the allotted time at no fault of the provider. In those cases, please adhere to “Missed Related Services and Untimely Assessment” Guidelines (April 2017) (see Appendix or visit SharePoint).

Requesting an Interpreter (Foreign Language or ASL)

DSI Related Services Interpreter Request Process

The Division of Specialized Instruction (DSI) Related Services Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter/translation services. Interpreter/translation services may be requested to support RSPs while conducting student evaluations and assist parents participating in student meetings. All requests for interpreter/translation services require the RSP to submit an Interpreter Request Form. Requests can be made for the following services:

1. Interpretation/translation in the student's native language during evaluation
2. American Sign Language services
3. Translation of student assessments

All requests should be submitted within a minimum of four business days, prior to the date services are needed. Any incomplete request forms will not be processed. Interpreters for assessments can be requested via the link on the DSI Related Service Providers Page.

The information below outlines the process to secure an interpreter for a bilingual assessment:

- LEA representative orders the assessment in SEDs and assigns the assessment to the school's assigned provider
- RSP completes the Interpreter Request form using the following link: <https://forms.office.com/r/u0fx3SU6TP>
- The DSI point of contact will identify a vendor to complete the interpreter services and provide confirmation of interpreter/translation services at least two days prior to the date of requested services

If there are any inquiries or questions regarding the Interpreter Request process, please contact your assigned Program Manager. For more information regarding the Bilingual Assessment Referral Guidelines, see the Appendix section.

In cases when a Bilingual Audiologist is not available in the requested language, the monolingual Audiologist is responsible for assessing the student with an interpreter.

How to use an Interpreter

Prepare the interpreter by using the BID process:

Briefing

- Establish Seating Arrangement;
- Provide overview of assessment purpose, session and activities;
- Review student behaviors and characteristics that may impact; Discuss plans in case the child is not cooperative;
- Discuss issues of confidentiality and its boundaries;
- Provide protocols, interviews, language sample materials in advance so that the interpreter can

- become familiar with them;
- Discuss technical terms and vocabulary ahead of time so that the interpreter may ask questions to verify concepts;
- Review how to translate precisely-especially student errors and differences in sentence structure, style, grammar or imprecise vocabulary.
- Discuss cross-cultural perspectives. The interpreter may provide the Audiologist with pragmatic rules consistent with the student's background
- Explain that the interpreter will need to limit non-verbal cues, such as hand gestures or vocal variations that may impact assessment results
- Remind the interpreter to take notes on the student's responses
- Develop an agenda for the assessment session and review it with the interpreter interaction
- Welcome student, introduce participants and establish rapport
- Inform the student of the role of the interpreter and the role of the AUD
- Speak directly to the student avoiding darting eyes between the interpreter and student
- Speak in short, concise sentences and allow time for the interpreter to translate everything precisely Pause frequently to allow the interpreter to translate information
- Avoid oversimplification of important explanations
- Avoid use of idioms and slang

Debriefing

- Review student responses
- Discuss any difficulties in the testing and interpretation process
- Examine the language sample
- Discuss excerpts with transcription as necessary to illustrate critical elements of student's language usage

Provision of Documents to Parents Prior to Eligibility/IEP Meetings

PROVIDING DOCUMENTS TO PARENTS BEFORE AND AFTER ELIGIBILITY/IEP MEETINGS

Changes to DCMR Special Education Legislation

- Providing documents to parents before and after Eligibility/IEP meetings
- Translation of post-meeting documents

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

Process for Providing Documents Before Meetings:

- At least ten (10) business days before scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents** by the LEA RD and/or the Case Manager.

Documents to Provide Before an Eligibility Meeting

Before Eligibility meetings, the following materials must be provided to parents:

- Analyzing Existing Data Report
- Copies/ results of any formal or informal assessments and/or evaluations (educational, FBA, speech, psychological, etc.)
- Any other additional relevant documents that will be discussed at the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.

Documents to Provide Before an IEP Meeting

Before IEP meetings, the following materials should be provided to parents:

- Draft IEP
- ESY Criteria Worksheet
- Post- secondary transition plans and any informal vocational assessments or surveys (for students 14 and older)
- LRE observation reports (if applicable)
- Transportation forms (if applicable)
- Dedicated aide observation reports (if applicable)
- Any data/documents related to possible change of service hours
- Any other documents that will be discussed in the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.

Process for Providing Documents After Meetings:

1. *Within 2 business days* after an Eligibility or an IEP meeting, the school must send the **finalized documents to parents.**
 - Finalized Eligibility or IEP
 - Signed Eligibility or IEP signature page
 - Eligibility or IEP PWN
2. *Communications log entry* must be completed after providing parents with documents.

Providing Documents to Parents-FAQs

What meetings are subject to these new requirements?

All Initial Eligibility, Initial IEP, Re-evaluation, and Annual IEP meetings

How should documents be sent to parents?

Documents must be mailed, sent home in backpack, or handed to parents.

Who is responsible for sending documents, uploading cover sheets and creating a communications log entries?

The case manager is responsible for sending documents, uploading cover sheet, and creating communications log entries.

Canceling Assessments and Deleting Assessment Reports Uploaded in SEDS

Canceling Assessments

Scenario One: Staff orders assessments and the correct provider was not at the table to say assessment was warranted. If provider doesn't agree assessment is needed.

Response: The RSP should call LEA Rep or SEC to cancel the assessment. No need for deletion.
Follow Up

Scenario Two: School refuses to cancel assessment.

Response: Contact your PM to reach out to the school's SES

Deleting Assessment Reports

Scenario One: Assessment was uploaded for the wrong student by the provider.

Response: The provider should upload new assessment report with correct student's name and inform the upload. Provider should escalate to spedoda.dcps@dc.gov, to confirm correct student was uploaded and deletes the erroneous report.

Scenario Two: Team reviewed assessment at table, but parent wants to amend report – e.g. correct wrong information. Report is uploaded into SEDS.

Response: Help Desk will instruct the provider/user to upload new report and keeps the old one in there. The provider must title the report "Updated" and same name as other report.

Scenario Three: The provider states report was faxed into SEDS, but all the pages are not showing.

Response: Won't delete original fax, but provider can upload the full completed report again.

Scenario Four: None of the above.

Response: Contact ODA SEDS Help Desk staff.

Please refer to your SEDS manual for additional information located at the following website:

<https://osse.pcgeducation.com/dcdcps>

Developed by Karen L. Anderson, Ed.S & Noel D. Matkin, Ph.D. (1991)

Adapted from: Bernero, R. J. & Bothwell, H. (1966) Relationship of Hearing Impairment to Educational Needs. Illinois Department of Public Health & Office of Superintendent of Public Instruction.

Section VI: Audiology Intervention

Educational Model of Audiology

What is an Educational Model of Audiology?

The educational model of audiology ensures that all students have adequate access to auditory information in their educational settings. The Educational audiologist is uniquely qualified to facilitate support for students with hearing difficulties in the educational system and has the knowledge and skills regarding the impact of hearing loss on learning, relevant educational goals and benchmarks, and experience with strategies and technology for support within the classroom for both the student and the teacher. Recommendations for frequency and duration of services should align with the District's eligibility criteria and the mandate to support the student's educational program within the *least restrictive environment*. When making recommendations for eligibility, frequency, and duration of Audiology services, audiologists should take into consideration the whole range of resources that are available within the educational setting. Many programs (early childhood, autism, hearing impaired, etc.) provide instruction in a language-rich environment using personnel that are trained in being primary facilitators of oral language within their classrooms. Our ultimate goal should be that the student generalizes oral communication and listening skills in their least restrictive educational environment. Often, this is the classroom setting.

When determining frequency and duration of services, the Audiologist must consider the nature and severity of the disability, prognosis for improvement, and other available educational resources.

What is the purpose of Audiology (Hearing) therapy in schools?

The purpose of Audiology services is to ensure that all students have adequate access to auditory information in their educational settings. The Educational audiologist is uniquely qualified to facilitate support for students with hearing difficulties in the educational system and has the knowledge and skills regarding the impact of hearing loss on learning, relevant educational goals and benchmarks, and experience with strategies and technology for support within the classroom for both the student and the teacher.

Audiologists' Intervention Schedules

How to determine who requires Audiology Services

By the first day of school, the Local Education Agency (LEA) must identify all students who require related services as per their IEP. This identification process includes:

- Type of service, Related Service Provider (RSP) assigned to the student
- Beginning date of service
- Intensity of service (e.g. one 60-minute session per week)

During the first two weeks of school, the Related Service Provider must:

- Check with the LEA at each of their assigned schools to ensure they have all of the students on their caseload assigned to them in SEDS.
- If RSPs have difficulty engaging their LEA in this process, they should contact the OSSE SEDS (EasyIEP) Call Center (202) 719-6500 Monday – Friday, 7:30am – 6:00pm) for assistance in appropriately assigning students to their caseload and immediately notify their Program Manager via email.
- Identify any students the RSP does not have the capacity to serve.
- Supply this information to their Program Manager immediately to ensure the Program Manager is aware of the capacity issue at that school.

Initiation of Intervention Services

At the beginning of the school year, intervention services start on the 1st day of school for students. If services are not rendered during the first week of school, providers are required to make-up missed services for that week prior to the end of the 1st reporting period.

Throughout the school year, students who are receiving an initial IEP, recently enrolling or recently transferred must have their speech language services initiated and delivered within 14 calendar days of enrollment. To ensure that providers are aware of new students who may be enrolling in their schools who require services, the RSP should check with their LEA Representative assigned to their school(s). Providers should document all attempts to provide and initiate speech and language services within SEDS.

Initiation of Services for Students Transitioning from Part C to Part B

Once a Part C to B transition student enrolls (ASPEN level 4) in a school, the principal and LEA Representative Designee are notified via email. This Quickbase email alert includes the student information, IEP services and reminds the LEA Representative Designee to add the respective school-based RSP in SEDS as the assigned provider.

Intervention Schedule

Each Audiologist must complete and submit a copy of his or her schedule two weeks after starting at the

assigned school(s). For each school year, the schedule must be electronically provided to each school LEA and principal by the second Friday of the school year for staff. Intervention services must start on the first day of instruction for students.

If there are any changes to the schedule (i.e., addition of student, removal of students, changes in service times or locations) an updated schedule **must be electronically re-submitted to the school LEA/SEC and Principal**. An updated copy must also be provided to the PM electronically.

If a related service provider varies their work location from what is recorded on the schedule, the principal and Program Manager must be notified.

Elements to Include When Creating Your Intervention Schedule

Your intervention schedule is the first line of defense in assisting you with workload and caseload management. The below elements are helpful in the event the provider has an unplanned leave of absence or if additional assistance is provided to help manage the caseload. If you ever need assistance with formulating your intervention schedule, please contact your Program Manager. Intervention schedules must contain the following:

- All students listed on our caseload must appear on your schedule, including indirect/consultation services
 - First and Last Name
 - Type of Hearing Related Disorder (if multiple can be separated by hashmarks “/”)
 - Hearing Impairment
 - Deafness
 - Auditory Processing Disorder.
- Name of School
- Contact telephone number for the School
- Make sure to include the following:
 - Time for IEP meetings
 - Time for assessments
 - Indirect/Consultative/504 services
 - Time for collaboration and planning
 - Time for documentation of attempted/delivered services
 - Time for make-up sessions
 - Time for lunch
- Room # or location of where the service is provided (you may also indicate if you are providing classroom-based services by indicating teacher’s name and classroom number).
 - Example: James Doe (AP)
Jane Blank (L)
Ms. Nelson’s Class (Rm. 202)

For schools that do not have any Audiology services indicated at the beginning of the school year, the assigned DCPS Audiologist should still send an Introductory email to the school. The email should be sent to the Principal and the School Accountability Manager should be copied. The following elements should

be included in the introductory email:

- Name, role, and contact information
- Supports of an Educational Audiologists
- When the Educational Audiologist should be contacted
- General dates support can be offered to the school (i.e. 2nd Monday of the month)

Refer to Appendix for a copy of the Audiologist Monthly Building Intervention/Assessment Schedule.

Introductory Communication to Parents/Guardians from RSPs

Each Related Service Provider is required to send an introductory letter to each parent / guardian of the students on their caseload no later than the Friday of the second week of employment. The correspondence should contain the following information:

- Your name
- Days assigned to School
- Day/time student is scheduled for therapy
- Your contact information (ex. Email or school phone number and extension)

Please refer to appendices for a template. The RSP must then document this action in the communications log of each student in SEDS.

During the school year, students are added to the RSP caseload. Once a new student is added to an Audiologist's caseload, the RSP is required to send an introductory letter to the parent of the new student within two weeks.

Individual Education Plan (IEP)

Below are the elements that should be completed by the Educational Audiologist for each student on their caseload who has an IEP. The IEP is a legally binding document that informs the team of what the individual needs are for the student. Because of this, each section should be detailed and reflect what the student needs to access their educational environment.

Hearing Considerations and AT for Hearing

Hearing Considerations

The Hearing Considerations portion of the IEP should be filled out by all students receiving indirect or direct Audiology services. The considerations should include the degree of hearing loss, the student's mode of communication, or the severity of the auditory processing disability. The considerations should also include any equipment supports the student needs to access their educational environment. Accommodations and strategies to support the student in their academic environment should also be included in this section.

AT for Hearing

The AT for Hearing section of the IEP is located in the Supplemental Aids section of the IEP. This section should align with the "Hearing Considerations" portion of the IEP. In this section, the type of Audiological equipment the student requires should be listed. A reminder to keep the listed equipment general and not specific to a brand or vendor.

Audiologic Assistive Technology Summaries

Audiologic Assistive technology summaries should be completed for students who did not qualify for hearing services under an IEP or 504 plan, however they have equipment needs. During the annual IEP meeting, the team should consider the need for any audiological equipment. In the IEP, under the Hearing Considerations and AT for Hearing section, the audiologist should document the equipment needs of the student. It is then the role of the audiologist to monitor the students' equipment a minimum of once per year (hearing aid check, FM check, teachers/parents' concerns). Any follow up/monitoring of equipment is documented in EasyIEP under miscellaneous documents and should be entitled Audiologic Assistive Technology Summary. If any equipment requires additional support throughout the academic year (i.e. lost, broken, etc.) the school team should immediately contact the assigned DCPS Audiologist.

Present Levels of Academic Achievement and Functional Performance (PLAAFP)

The first main element of an IEP is a statement of the student's present levels of academic achievement and functional performance (PLAAFP). The purpose of the PLAAFP is to describe the problems that interfere with the student's progress in the general education classroom and with the general education curriculum. The PLAAFP is the foundation to develop the student's IEP and measure the student's short-term and long-term success. From the PLAAFP, the IEP team develops an IEP that identifies the student's appropriate goals, related services, supplementary aids and supports, accommodations, and placement. The IEP team should include goals as well as any necessary accommodations and/or modifications, related service, or supplementary aides and supports to address any identified area of weakness.

Academic Achievement	Functional Performance
<ul style="list-style-type: none"> • Reading • Written Language • Mathematics 	<ul style="list-style-type: none"> • Physical, Health, Sensory Status • Emotional/Social/Behavioral • Communication difficulties • Vocational skills (ages 15 and older) • Daily life activities

Anyone who reads a student’s PLAAFP should have a comprehensive understanding of the student’s strengths and weaknesses. The PLAAFP should contain information on both the student’s academic achievement and functional performance.

To draft a student’s PLAAFP, the IEP team should consider data from a variety of sources. Data sources for the PLAAFP include:

- Most recent special education evaluation
- Teacher reports
- Classroom observations
- Parental input
- Cumulative records: grades, attendance, retentions
- Discipline records
- Outside Medical Records (i.e. Audiograms, IEE, etc.)

Three Components in Writing a PLAAFP statement

Component 1	A description of the student’s strengths and weaknesses.
Component 2	A statement of needs that prioritizes the student’s relative weaknesses to highlight what should be the primary focus of instructional support. Information should be included as to why these needs should be prioritized and how addressing these particular needs will improve the student’s ability to access grade level content.
Component 3	An explanation of how the disability impacts academic achievement and functional performance in the general education setting. A brief description of specific recommended modifications and/or accommodations that directly relate to the impact of the student’s disability on academic achievement and functional performance should be included.

Present Levels of Academic Achievement and Functional Performance

Example

Alexandria presents with a mild to moderately-severe sensorineural hearing loss in the right ear and a mild to severe mixed hearing loss in the left ear. Due to her hearing impairment, she misses sounds in many words, which makes hearing and understanding speech difficult if it is not loud enough. She is a consistent binaural hearing aid user which improves her auditory access and overall achievement and performance across all environments. Without amplification, Alexandria may miss 50-100% of speech information. Her degree of difficulty will depend upon how faint the speaker's voice is, noise levels in the classroom, her distance from the teacher, and whether the speaker is in her line of vision. Due to the configuration of her hearing loss, she misses more consonants sounds (specifically /s/, "sh", /k/, and "th") which makes understanding speech difficult. With amplification, she has a mild hearing loss in both ears. Binaural amplification coupled to an assistive listening device maximizes her auditory access to the general education curriculum. Due to Alexandria's bilateral hearing loss, she misses the redundancy in language which impacts how she hears and understands speech and overall influences her performance and progress in the general education curriculum.

IEP Goals/Common Core Goals/ Consultative Goals

PLAAFP are inherently linked to the development of annual goals because they serve as baseline data that describe how the student is currently performing academically and functionally. Therefore, PLAAFP should be used as the starting point in developing goals. For each area of weakness identified in the student's PLAAFP, the IEP team must develop appropriate goals.

The present levels section provides insight into the relative strengths and needs of the student. Anyone who reads this section of the IEP should get a quick, yet comprehensive understanding of where the student is struggling and how to capitalize on the student's strengths. When writing the present levels section, teachers should have access to formal assessment results, and the classroom data – both quantitative and qualitative – that has been collected over the course of a year.

IDEA (the Individuals with Disabilities Education Act) 2004 wants to ensure that children with disabilities have "access to the general education curriculum in the regular classroom, to the maximum extent possible, in order to (20 U.S.C Sec. 1400 (c) (5) (a) (i)) meet developmental goals, and to the maximum extent possible, the challenging expectations that have been established for all children; and (ii) be prepared to lead productive and independent adult lives, to the maximum extent possible."

DCPS requires goals are written in S.M.A.R.T. format.

- S Specific
- M Measurable
- A Use Action Words
- R Realistic and relevant
- T Time-limited

Specific goals and objectives "target areas of academic achievement and functional performance. They include clear descriptions of the knowledge and skills that will be taught and how the child's progress will be measured".

- Non-specific example: Joey will improve his auditory skills.

- Specific example: Joey will correctly discriminate the /s/ phoneme in the initial position, 40 out of 50 words.

Measurable means that the goal can be measured by observation or counting occurrences. "Measurable goals allow parents and teachers to know how much progress the child has made since the performance was last measured. With measurable goals, you will know when the child reaches the goal".

- Non-measurable example: Jack will increase his knowledge of his hearing loss.
- Measurable Example: Using four fabricated audiograms, Jack will increase his knowledge of hearing impairment by independently determining whether hearing loss is present or not, naming the degree of hearing loss in each ear, and describing the person's speech understanding ability with 100% accuracy as measured by verbal testing.

Action words - "IEP goals include three components that must be stated in measurable terms: direction of behavior (increase, decrease, maintain, etc.), area of need (i.e. reading, writing, social skills, transition, communication, etc.), and level of attainment (i.e. to age level, without assistance, etc.)"

- No use of action words example: Luke will give eye contact during conversational speech.
- Use of action words example: Luke will maintain eye contact with prompting during conversational speech in increments of 5 minutes

Realistic and Relevant goals and objectives "address the child's unique needs that result from the disability. SMART IEP goals are not based on district curricula, state or district tests, or other external standards".

- Unrealistic Realistic example: Evan will increase performance when following directions in class.
- Realistic and relevant example: Using amplification, Evan will follow three step unrelated directives in order without prompting, 8 out of 10 trials.

Time-limited goals "enable you to monitor progress at regular intervals"

- Not time-limited example: Rachel will improve her communication skills demonstrated by mastery of goals.
- Time-limited example: Rachel will increase her auditory skill development demonstrated by aurally identifying 25 words (no visual cues) in 10 minutes then decreasing the time in 1 minute intervals.

*Annual goals and objectives are required for students that are taking an alternative assessment (portfolio).

Additional links and resources to assist Audiologists in writing SMART goals and aligning goals with Common Core State Standards (CCSS) can be found at the following links:

CCSS DCPS Links

- Elementary - <http://dcps.dc.gov/page/elementary-school-academic-standards>
- Middle - <http://dcps.dc.gov/page/middle-school-academic-standards>
- High - <http://dcps.dc.gov/page/high-school-academic-standards>

Goal book Link

- Sign In: https://goalbookapp.com/accounts/users/sign_in
- Here's a link to a recorded webinar for related service providers: <https://goo.gl/3AiYUX>

Intervention Services

In determining if a student should receive direct services versus consultative services this is left up to the discretion of the audiologist and is based on the individual needs of the student. Typically, a student receives direct services if they have a recently identified hearing loss, are new hearing aid/cochlear implant wearers, or are in need of self-advocacy support. Consultative services are generally for students who are experienced amplification wearers but are in need of support through discussing and monitoring intervention strategies with their educational team or would not benefit from direct services due to physical or developmental limitation. Therefore, the staff would be educated in understanding the student's hearing loss and would serve as an educational advocate. It is noted that the need of consult services versus direct intervention services should be determined by the audiologist.

*** Goals are required for students receiving consultation services on their IEPs. This is necessary to indicate how the skills will be monitored and/or generalized across the academic setting to increase the student's overall independence.**

****When writing goals to differentiate between the teachers of the deaf goals and audiology goals please note at the beginning of each goal "Au.D.".**

***** Service delivery implemented must match the frequency, duration and setting (inside general education setting or outside the general education setting) on the current IEP.**

RSPs will receive an email alert from Quickbase once a Part C to Part B transition student registers (ASPEN level 5) in their school with their respective IEP related service. The email correspondence will include the deadline to deliver the services (direct and/or consultation). The school LEA Representative Designee will also be included on this correspondence.

Direct Services

Examples of Direct Service Goals

Ex. 1 (Au.D.): To increase speaking and listening skills, Jonathan will be able to repeat the LING 6 sounds from 6 feet away with 80% accuracy.

Ex. 2 (Au.D.): To improve comprehension and/or collaboration, Sally will participate in collaborative conversations with diverse peers in small and large groups.

Ex. 3 (Au.D.): To improve self-advocacy skills during listening tasks, Amy will make specific requests when information is not heard or not understood (Slow down please, Can you say that louder, I need to hear that again, I don't understand) given verbal prompts only with 80% accuracy.

Consultative Services

Best practice for students who receive "Consult-Only" hearing services, should be re-evaluated and

dismissed after a full year of not receiving direct services. The rationale behind this practice assumes that during the consultation-only period of service the student's hearing related skills were being generalized across the academic setting and did not require direct services to access his/her curriculum. Therefore, the student should transition from consultation-only services and dismissed through a comprehensive audiological assessment and observation.

When students are not making progress as deemed by the Audiologist, the MDT/IEP team **must**, according to IDEA Improvement Act of 2004 (C.F.R. 34 § 300.324 (c)), review the child's IEP to determine whether the annual goals for the child are appropriate. The IEP should be revised, as appropriate, to address any lack of progress toward the annual goal prior to consideration for dismissal.

Once a student has been dismissed from services, the provider must fax the "Completion of Service" form into SEDS and label a miscellaneous coversheet as "Hearing Dismissal".

Examples of Consultation Goals

Ex. 1: Prior to a typical classroom session, Leonard will advocate for his own communication needs (i.e., ask for repetition when critical information is missed, request class notes or visual supplements, independently use hearing aids/FM, select appropriate seating) demonstrating knowledge of what is needed for him to communicate and participate effectively in 8 out of 10 classes as measured by teacher feedback and audiologist observation.

Ex. 2: (Au.D.) To ensure consistent amplification use is being maintained, implementation of Susie's hearing aid use plan will be monitored by observing her independent and teacher-assisted use of the equipment 5 out of 5 days a week.

Ex. 3: (Au.D.) Communication strategies for DHOH children will be shared and reviewed with Joe's education team to increase his auditory access within the classroom setting at least once per quarter.

Ex. 4: (Au.D.) Compensatory strategies and techniques will be shared and/or reviewed with Debbie's parents and/or outside treating therapist via email/phone/handouts to increase her ability to hear and understand speech auditory speech in the home and community at least 1 time per month.

Frequency and Duration

Per a student's IEP, Audiology services can be provided on a weekly, monthly, or quarterly basis. Those mandated services must be provided in / out of the general education setting based on the setting designated on the IEP. DCPS suggests services are written in a monthly format, but IEP frequency and duration may be written weekly, monthly, or quarterly.

While services are generally written in a monthly format, delivery throughout the month should reflect the student's need.

- **DCPS suggests that IEPs for related services are written in a frequency of monthly, NOT weekly or yearly service delivery prescriptions.**
 - Type the number of agreed upon minutes in Time
 - Make monthly selection in SEDS.
- Benefits of monthly services:

- Flexibility in providing services
- Accommodating student and classroom needs
- Increased opportunities to integrate services in the classroom or during school events
- Allows rescheduling of sessions to accommodate provider unavailability
- Scheduling options that can change to meet the student's needs
- Increased opportunities to make up missed sessions

Accommodations

Students who receive Audiology services as outlined on their IEP may require accommodations or supports to access their educational environment. All accommodations and supports that are needed to grant access should be outlined in the IEP under the section "Services and Supplemental Aids."

Extended School Year Services (ESY)

Extended School Year services are federally mandated services outlined on a student's IEP. Eligibility for ESY services are determined by the IEP team from December 1st through April 1st in an IEP meeting. Students receiving Audiology services for ESY should have goals and the frequency/duration of service outlined in their IEP under ESY. To learn more about the requirements regarding ESY, please see the appendix or <https://dcps.instructure.com/courses/2025/pages/extended-school-year-esy-program> .

Parentally Placed Students and Home-Hospital Instruction Program (HHIP)

Parentally Placed Students

As previously noted, DCPS provides assessment services to students attending private and parochial schools. If it is determined that the student is eligible for special education services, an Individual Service Plan (ISP) is developed. The parent has the option of remaining in the private/religious school or enrolling their child full time into a DCPS school.

If it is determined that the student is eligible for special education equitable services, an Individual Service Plan (ISP) is developed. The parent has the option of remaining in the private/religious school or enrolling their child full time into a DCPS school.

In the event the parent elects to remain with the private school option, DCPS offers to provide the related services from the ISP during the school day at the student's location. For additional information regarding Parentally Placed Students, please contact Child Find at dcps.childfind@k12.dc.gov.

Early Childhood Parentally Placed Students

After Early Stages develops an IEP for an early childhood student not enrolled in a DCPS school, the IEP team will recommend a placement based on the needs of the student. If the parent elects not to accept the placement and decides to remain with day care or non-DCPS preschool site, DCPS does not offer to provide the IEP related services unless the student is enrolled in a HeadStart Program.

Home-Hospital Instruction Program (HHIP)

Students who are unable to attend school secondary to medical issues, continue to receive instruction and related services through the home-hospital instruction program. Parents must enroll and submit supporting medical documentation for acceptance into HHIP. If a student is accepted into the HHIP program, the school-based related service provider will need to collaborate with the HHIP case manager to determine the student's schedule and if any IEP adjustments are necessary for the student while they remain in HHIP services.

For school year 21-22, HHIP students can fall into two categories.

- Category 1: The student has a part-time IEP and receives services within LRE A or LRE B. Students in this category will **remain assigned to the home-school related service provider** if they are medically cleared to participate in intervention services during the regular school day. Services for these students will be delivered virtually by the home-based provider. In the event the student requires services outside of the regular school day due to medical concerns, the home school provider or another provider could receive admin premium (WTU only) to service the student outside of the tour of duty.

- Category 2: The student is on HHIP for long-term services. Students who are on long-term HHIP services will be assigned to a HHIP allocated provider. Services for these students could be in-person at the student's home or provided virtually.

If there are questions related to a student's status surrounding HHIP, please email the HHIP team at hip.dcps@k12.dc.gov and copy your program manager.

Documentation Requirements, Missed Services, Make-Up Sessions, Truancy, and Due Diligence

Missed Services

Refer to the document titled “Missed Related Service Sessions, Truancy and Due Diligence Guidelines” dated April 2017 additional information (See Appendix). The link can be found here:

<https://dck12.sharepoint.com/:b:/s/DSIRSPExtendedClosureInformationResources/Eb4w9NWtOyNCirv01CuLl4gBLgipGAz9RSeooQNcc7UbnQ?e=IfRw6Q>.

Make-Up Services

Refer to the document titled “Missed Related Service Sessions, Truancy, and Due Diligence Guidelines” dated April 2017 for additional information. The link to this document is:

<https://dck12.sharepoint.com/:b:/s/DSIRSPExtendedClosureInformationResources/Eb4w9NWtOyNCirv01CuLl4gBLgipGAz9RSeooQNcc7UbnQ?e=IfRw6Q> .

Missed Services versus Compensatory Education

On occasions, related service providers are unavailable due to absences, MDT meetings, etc. When the missed sessions are a significant disruption to intervention and not attributable to the student or student’s parents, it must be made up. Missed services are made up in school during the student’s school day by the audiologist.

If there are too many missed service hours to be made up during the school day, compensatory education hours may be provided. Compensatory Education hours are provided after the student’s school day at a mutually agreed upon location and time between the service provider and parent. Compensatory Education services are awarded to parents by the LEA or SSL and provided by outside providers.

When it has been determined that missed services have occurred, the following steps should occur:

- LEA schedules IEP meeting
- Meeting is convened for the audiologist to discuss how the missed services will be made up (either missed services format or compensatory education)
- Missed services are made up until completed.
- Make up sessions are documented in EasyIEP per the Due Diligence Guidelines.

Refer to Due Diligence Guidelines Information dated April 2017 the Appendix.

Documentation

Progress Notes/Medicaid

Each intervention or consultation service listed on the IEP that is provided to a student must be documented in the Special Education Data System (SEDS) EasyIEP. This includes services to students within the local schools, services private religious students, missed services, and home-hospital instruction program (HHIP).

Per OSSE guidelines, RSPs should not document services that are not included on the IEP. This includes consultation with parent or teacher, teacher or parent training, or information reported during an IEP meeting. For example, if a student's IEP includes direct Audiology services, the AUD should document all delivered and attempted services in a service tracker log. Since there is no IEP prescription for Audiology consult services, the provider should document delivered and attempted consultations in the SEDS communication log. **Time spent conducting Assessments should never be listed as a direct service in the service tracker notes.**

Service Tracker Log Mandatory Elements for Direct Services

Each service tracker note must include the following information:

1. Identification of the intervention activity / activities
2. Description of the student's response to the intervention (quantitative and qualitative information)
 - a. Quantitative includes – accuracy percentage, number of trials/opportunities, etc.
 - b. Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc.
 - c. Descriptions aligned and relevant to the current AUD IEP goals
3. Explanation of the relevance of the activity to the IEP goal

Service Tracker Log Mandatory Elements for Consultation Notes

Consultation notes should be comprehensive and provide a detailed picture of the tasks or skills consulted on within the session. **Consultation sessions should be tied to the consultation goal on the IEP** and should consist of observations or discussions of how the student is generalizing the skill(s) outlined on the IEP to their educational environment.

Each consultation service is required to include the following elements:

- Who was consulted with (e.g. special education teacher, general education ELA teacher)
- Identification of the activities/tasks/skills consulted on
- Description of the student's skill level during the task(s)/activity
- Quantitative includes – accuracy percentage, number of trials/opportunities, etc....
- Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc.....
- Descriptions aligned and relevant to the current IEP goals
- Explanation of the relevance of the activity to the IEP goal

Documenting Missed and Make Up Services

Related Service Providers are expected to follow the DCPS Missed Services and Untimely Assessment Guidelines, dated April 2017. This document is located in the Appendix section of this guidebook and outlines the mandatory documentation requirements for Missed and Make-Up Services.

Missed session notes should always reflect the time that would have spent with the student. For example, if the student was supposed to be seen 30 minutes and was absent from school, the provider should enter a “student absent” note for 30 minutes.

A reminder that zero (0) minutes should never be entered for minutes or group size in a SEDS log.

Email your program manager if barriers exist for daily documentation of services. We recognize there may be challenges (e.g. incorporating time to collaborate with teachers and parents) that could prevent you from providing daily documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

Definitive Due Date for Documenting Services: All services provided in a school week **must** be documented by **the end of the tour of duty on the Monday of the following school week**. If school is closed on Monday, then documentation is due by the end of the tour of duty of the next school day. For example, 60 minutes of Audiology services provided on Friday from 2 to 3 p.m. should be documented by the end of the tour of duty that upcoming Monday.

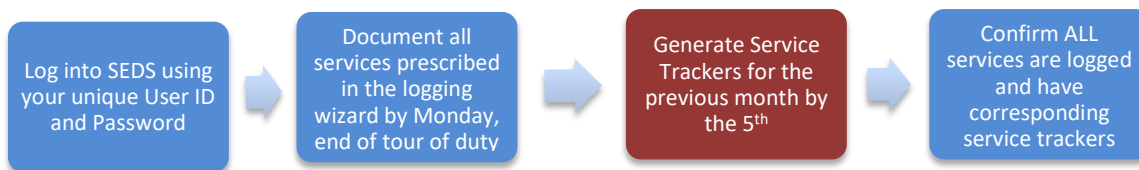
Refer to the Documenting Services Guidance memorandum dated November 2009 in the Appendix.

The website for SEDS is: <https://osse.pcgeducation.com/dcdcps>

If you have questions about EasyIEP, please contact the call center at (202) 719-6500 or review the Related Service Provider Guide on the EasyIEP website. The SEDS Help Desk email address is spedoda.dcps@dc.gov

All documentation is completed using electronic signature. Service tracker notes must be generated and **finalized no later than the fifth (5th) of the following month**. For example, September notes must be generated or finalized by October 5th. If the fifth of the month falls on a weekend or holiday, the deadline moves to the next workday.

To document services per OSE guidelines, please adhere to the following steps:



Documenting 504

Documentation for students receiving 504 services is entered into the appropriate DCPS database (Accelify). 504 documentation should be entered on a consistent basis and will follow the same timeline as service tracker logs. 504 service logs should be entered into DCPS' current provider management tool by noon the following Monday. Documentation for 504 services should include the following information:

- Date, type, duration of the service
- Specific information pertaining to the service provided (i.e. supports given, equipment status, etc.)
- Qualitative/quantitative information regarding the student's response (if necessary, based on student 504 goal)

Documenting MTSS

Documentation for students receiving tiers 1, 2 and/or 3 is entered into DCPS' current provider management database system. Documentation should include the date and duration of the service, type of intervention (i.e. tier 1), strategies/supports provided, the student response (can be based on teacher report), and the next steps (continue with current strategies, modify plan, etc.).

Quarterly Progress Report

Quarterly IEP progress reports must be completed in EasyIEP/SEDS for each student on the related service provider's caseload. This IEP quarterly progress report must be printed and provided to the parent at the end of each advisory period. **Please refer to the school calendar to obtain DCPS' IEP Progress Reports due dates; and consult your schools' LEA RD to know the specific due dates for you to complete these reports.** SLPs who are case managers for "speech-only" students are required to finalize quarterly progress notes in SEDS each reporting period for the students on their case management caseload.

Each IEP Progress Report must include the following information:

- Baseline data from the previous reporting period or the beginning of the current reporting period on all IEP goals
- Current performance on all IEP goals, in measurable terms (Quantitative and Qualitative data). *Please see the table below for definitions for each drop-down menu option.*
- Information on **each** goal must be noted on the IEP quarterly progress report. Since goals are written to be measurable, the update of progress toward the goal should be reflected in the current level of performance of what was being measured
- Special factors important to treatment/instruction sessions that supported or interfered with IEP progress (Examples: cooperative, student often refuses to participate and requires significant encouragement from teacher and therapist to attend therapy sessions, successful strategies, etc.)
- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period, indicate why that was the case, and when the goal is anticipated to be targeted.

Information that must be Included if the student is on a Missed Services Plan

- Services missed during the quarter secondary to provider gap
- Status of make-up services secondary to provider gap (e.g. number of minutes made up during the term)

- Plan for make-up services secondary to provider gap
- Additional Information that can be included, but not mandatory in Progress Reports
- General therapeutic/instructional interventions used in therapy sessions
 - Feedback gathered from the student’s classroom teacher on progress the student has demonstrated towards achieving his/her goals.
 - Feedback gathered from the student’s caregiver on progress the student has demonstrated towards achieving his/her goals
 - Suggestions for parents to address/practice goals/skills for carryover in the home environment

Progress Report Definitions for drop-down menu options

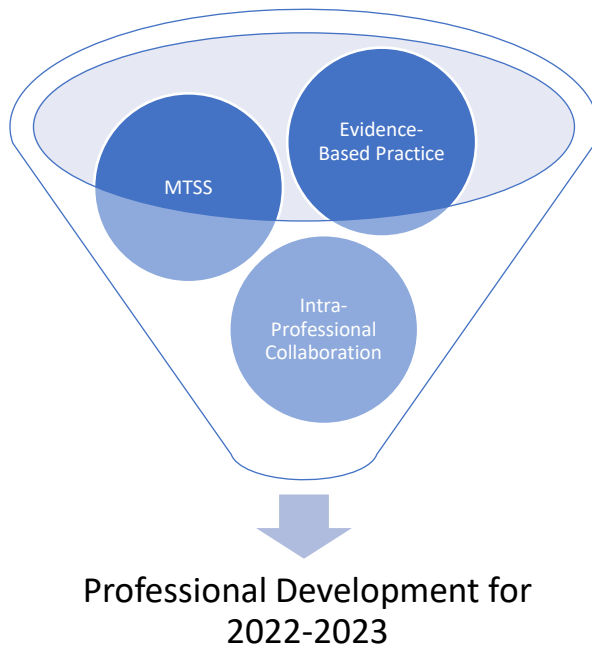
Not introduced	Goal was never introduced to the student during <i>this or previous</i> IEP progress reporting periods
Just introduced	Goal was introduced within the current IEP progress reporting period
No progress	Goal was introduced to the student and has been targeted, but student has not shown any progress since introduction or since previous progress reporting period
Progressing	Goal was targeted and student is demonstrating measurable progress
Regressing	Goal was targeted and student’s performance has declined as compared with previous progress reporting period
Mastered	Goal was targeted and student has achieved the goal. Indicate plan to update/remove goal or skill area at next annual IEP. Reach out to case manager if an IEP amendment is required prior to next IEP meeting.

Quarterly Assistive Technology for Hearing

Audiologic Assistive technology summaries should be completed for students who did not qualify for hearing services; however they have equipment needs. In the IEP, under the AT section, the audiologist should document the equipment needs of the student. It is then the role of the audiologist to monitor the students’ equipment quarterly (hearing aid check, FM check, teachers/parents’ concerns). This quarterly follow up is documented in EasyIEP under miscellaneous documents and should be entitled Audiologic Assistive Technology Summary. All communication with the teacher or school-based team regarding the student’s Audiologic Assistive technology needs should also be reflected in the SEDS Communication log.

Section VIII: Training and Support

Training and Support



Mandatory Professional Development and Meetings

Professional Development trainings are provided to Related Services Providers to assist with augmenting their assessment and intervention skills, clinical decision-making and utilization of best practices to improve the provision of quality services in their schools. Therefore, attendance to Professional Development trainings is MANDATORY. Providers are notified regarding the dates for the upcoming trainings for the school year in August during Pre-service week.

Program Managers reserve the right to request a doctor's note when calling out and able to document as unexcused. If you have a conflict or pre-arranged obligation you must notify your Program Manager two months in advance of the mandatory training date.

SY 22-23 Mandatory Training Dates

Below are the mandatory professional development training dates as outlined in the DCPS SY 22-23 Calendar. Whole day PD sessions will be held 8:00-3:30 pm with lunch and 15-minute breaks embedded. ½ Day PD sessions will be 2.5-3 hour sessions that will be held either 8:00 am-11:00 am or 1:00 pm-3:30 pm.

August 23, 2022 (whole day PD)

August 24, 2022 (whole day PD)

October 7, 2022 (whole day PD)

November 7, 2022 (1/2 day PD)

January 25, 2023 (1/2 day PD)

March 10, 2023 (whole day PD)

April 10, 2023 (1/2 day PD)

AUD Training Goals

- To utilize best practice in assessment and intervention for students with hearing loss and auditory processing deficits to improve student performance and carryover into the classroom and home setting.
- To increase collaboration with teachers, parents and other related service providers to improve student performance in the school and home settings.
- To increase the utilization of various service delivery models to meet the needs of the student for academic success.

SEDS and Provider Management Application Training:

Newly hired providers/contractors **must** register and complete SEDS and Provider Management Application training prior to gaining access to the system. Registration for DCPS trainings can be located at the following link:

<https://octo.quickbase.com/db/berthuw6f>

Graduate Externship Program/University Partnerships

The SLP/AUD Department has established clinical externships with several universities in the DC Metropolitan Area and beyond. The department is continuously seeking ASHA Certified Audiologists to serve as extern clinical supervisors for Fall and Spring semesters for audiology graduate students. If you are interested in serving as a clinical supervisor for a semester, please inform your assigned Program Manager.

In addition, undergraduate AUD students in the area are looking for observation hours in the school based setting. The observation hours are required for their undergraduate coursework and towards ASHA certification. The department is seeking volunteers to allow undergraduate AUD students to observe assessment and intervention sessions. If you are willing to allow a student to observe your sessions, please inform your assigned Program Manager.

Mentoring

The mentoring program is established to assist those persons new to the District of Columbia Public School System, the Audiology (AUD) profession, and/or those who are new to the school setting. The purpose of the program is to pair new AUD professionals with experienced AUD professionals to provide support. The experienced AUD will serve as a resource and reference for the new employee and will provide helpful hints and pertinent information about their assigned schools and the AUD department. The mentoring

pairs will be established no later than the first 2 weeks of school. The mentoring pair will then schedule meeting dates to cover specific agenda items that meet the needs of the new employee.

Section IX: Glossary of Terms

A. Abbreviations

AUD Audiologists	IDEA Individuals with Disabilities Education Act
BIP Behavioral Intervention Plan	IEP Individualized Education Program
BSS Behavior Support Services	IFSP Individualized Family Service Plan
CCSS Common Core State Standards	ISP Individualized Service Plan
CMS Centers for Medicare & Medicaid Services	LD Learning Disability
CSO Council of School Officers	LEA Local Education Agency
DCMR District of Columbia Municipal Regulations	LEP Limited English Proficiency
DCPS District of Columbia Public Schools	LRE Least Restrictive Environment
DHS Department of Human Services	MD Multiple Disabilities
DOB Date of Birth	MDTMultidisciplinary Team
DSI Division of Specialized Instruction	OHI Other Health Impairment
ED Emotionally Disturbed	O+M Orientation and Mobility
ESL English as a Second Language	OSE Office of Special Education
ESY Extended School Year	OSSE Office of the State Superintendent of Education
FAPE Free Appropriate Public Education	OT Occupational Therapy
FBA Functional Behavioral Assessment	OTL Office of Teaching and Learning
HI Hearing Impairment	PLAAFP Present Level of Academic Achievement and Functional Performance
HODHearing Office Determination	PT Physical Therapy
ID Intellectual Disability (Also known as Mental Retardation MR)	RTI Response to Intervention

RSP	Related Service Provider	SLP	Speech Language Pathologist
SA	Settlement Agreement	SSI	Supplemental Security Income
SEA	State Education Agency	SW	Social Worker
SEDS	Special Education Database System	TBI	Traumatic Brain Injury
SLD	Specific Learning Disability	VI	Visual Impairment
SLI	Speech Language Impairment	VIS	Visiting Instruction Services
		WTU	Washington Teacher’s Union

B. Key Terms

The key terms outlined below have specific meanings assigned by IDEA (34 C.F.R §300.34, and/or DCMR 5-3001. This is not an exhaustive list of the developmental, corrective and supportive services that an individual child with disabilities may require. However, all related services must be required to assist a child with disabilities to benefit from special education. To provide clarity on the various types of related services, the individual definitions are provided below.

Audiology

Audiology services include:

- The identification of children with hearing loss,
- Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing,
- Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing assessment, and speech conservation,
- Creation and administration of programs for prevention of hearing loss,
- Counseling and guidance of children, parents, and teachers regarding hearing loss; and
- Determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

Behavior Support Services

Behavior Support Services are a related service listed on the IEP, provided by a qualified social worker.

Centers for Medicare and Medicaid Service

A branch of the Department of Health and Human Services (HHS) is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state.

Common Core State Standards

These standards lay out what students should know and be able to do in kindergarten through twelfth grade. The standards will help parents, teachers and community members understand what students should learn each year. Also, because so many states have adopted the Common Core State Standards, we will be able to compare our students’ achievements to those of students around the country. Adopting the Common Core State Standards will have a major impact on the quality of education we provide our students.

Council of School Officers

This a DCPS union. 12-month Audiologists are members of this union.

Counseling

Counseling services means services provided by qualified social worker, psychologist, guidance counselors, or other qualified personnel.

Division of Specialized Instruction (DSI)

This division is housed within the Office of Teaching and Learning and works to provide a high-quality continuum of services in an inclusive environment so every student with disabilities is prepared for success in college, career, and life. The division works with schools to design, implement, and monitor programs and supports for students with disabilities.

Early identification and assessment of disabilities in children

The implementation of a formal plan for identifying a disability as early as possible in a child's life.

Interpreting services

When used with respect to children who are deaf or hard of hearing, this includes: oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell and special interpreting services for children who are deaf-blind.

Medical services

This service is for diagnostic, or assessment purposes provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education services.

Occupational therapy

Occupational therapy means services provided by a qualified occupational therapist and (ii) include (a) improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation, (b) improving ability to perform tasks for independent functioning if functions are impaired or lost, and (c) preventing, through early intervention, initial or further impairment or loss of function.

Office of Teaching and Learning (OTL)

OTL's mission is to deliver high-quality instructional resources, enhance classroom practice and scale effective programs to increase DCPS student achievement and prepare all students for success in college, career, and life. OTL spans four core competency areas: Curriculum, Professional learning, Enrichments and interventions, and Formative assessment.

Orientation and mobility

Orientation and mobility services means services:

- Provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community, and includes teaching children the following, as appropriate:
 - Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street),
 - To use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision,
 - To understand and use remaining vision and distance low vision aids, and
 - Other concepts, techniques, and tools.

Parent counseling and training

Includes (i) assisting parents in understanding the special needs of their child, (ii) providing parents with information about child development, and (iii) helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

Physical therapy

Physical therapy means services provided by a qualified physical therapist.

Present Levels of Academic Achievement and Functional Performance

This section on the IEP describes the individual strengths and needs of the student in relation to accessing and mastering the general curriculum. This section also considers the factors related to the student's disability and how they affect how the student learns and demonstrates what he/she knows.

Psychological services

Psychological services include:

- Administering psychological and educational tests, and other assessment procedures,
- Interpreting assessment results,
- Obtaining, integrating, and interpreting information on child behavior and learning conditions
- Consulting with other staff members to plan school programs to meet special educational needs indicated by psychological tests, interviews, direct observation, and behavioral assessments,
- Planning and managing a program of psychological services, including psychological counseling for children and parents, and
- Assisting in developing positive behavioral intervention strategies.

Recreation

This service includes, assessment of leisure function, therapeutic recreation services, recreation programs in schools and community agencies, and leisure education.

Rehabilitation counseling

Rehabilitation services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability.¹

Related Service Provider (RSP)

DCPS personnel who provide related services on the IEP. The following are considered RSPs: Audiologists, Speech-Language Pathologist, Occupational Therapist, Physical Therapist, Social Worker.

Response to Intervention

The multi-tiered support system DCPS utilizes during the pre-referral process to ensure students who learn differently receive the strategies and supports need to access the general education curriculum.

1

School health and school nurse

These health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

Special Education Data System (SEDS)

SEDS is the online database system that DCPS uses to track special education documents and systems.

Social work

Social work in schools including:

- Preparing a social or developmental history on a child with a disability,
- Group and individual counseling with the child and family,
- Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school,
- Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program, and
- Assisting in developing positive behavioral intervention strategies.

Speech-language pathology Services

Speech-language services include:

- Identification of children with speech or language impairments,
- Diagnosis and appraisal of specific speech or language impairments,
- Referral for medical or other professional attention necessary for habilitation of speech or language impairments,
- Provision of speech and language services for habilitation or prevention of communicative impairments, and
- Counseling and guiding parents, children, and teachers on speech and language impairments.

Transportation

Transportation includes travel to and from school and between schools, travel in and around school buildings, and specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Washington Teacher's Union

This is a DCPS union. 10-month and 12-month related service providers are members.

Section X: Appendices

Appendix I: Severity Ratings for Hearing Loss

Severity Ratings for Hearing Loss

These are general guidelines for severity ratings assigned to students with hearing loss. It is broadly divided into "Normal", "Slight", "Mild", "Moderate", "Severe", and "Profound" degrees of impairment. For norm-referenced measures related to Auditory Processing Disorder, consider age equivalency, standard scores, and percentiles. The following serves as a guide for possible effects of hearing loss on understanding of language, speech, potential educational needs, and programs. Please note that all children with hearing loss require periodic audiologic evaluation, rigorous monitoring of amplification, and regular monitoring of communication skills. All children with hearing loss (especially conductive) need appropriate medical attention with educational programming.

Normal Hearing (0-15dB HL)

In general, indicates the child is able to detect the complete speech signal at soft levels. Good hearing, however, does not guarantee good ability to discriminate speech in the presence of background noise.

Slight Hearing Loss (16-25dB HL)

In general, indicates a child may have difficulty hearing faint or distant speech. Can miss up to 10% of the speech signal. Degree of difficulty may vary depending on noise, distance, and reverberation. Child may miss portions of fast-paced peer interactions. May benefit from amplification. Favorable seating recommended. May need attention to vocabulary or speech. Teacher in-service warranted on impact of hearing loss on language development and learning.

Mild Hearing Loss (26-40dB HL)

In general, indicates a child may miss 25-50% of the speech signal. Degree of difficulty will depend upon noise level in the room, distance from sound source, volume of speaker, and configuration of the hearing loss. Child is more fatigued than classmates due to listening effort. Will benefit from favorable seating and lighting. Needs auditory skill building. Referral for language evaluation and educational follow-up is warranted. May need attention to vocabulary and language development, articulation or speech reading and/or special support in reading. Teacher in-service warranted on impact of hearing loss on language development and learning.

Moderate Hearing Loss (41-70dB HL)

In general, indicates a child may miss 50-100% of the speech signal. Child may understand face-to-face conversational speech from 3-5 feet (controlled structure/vocabulary). Child has marked difficulty in school situations requiring verbal communication. Child likely to have limited vocabulary, defective syntax, imperfect speech, and atonal voice quality. Communication significantly affected and socialization with normal hearing peers becomes increasingly difficult. Referral for language evaluation and educational follow-up is warranted. Amplification essential. Auditory skill development and speech therapy usually needed. Teacher in-service warranted on impact of hearing loss on language development and learning.

Severe Hearing Loss (71-90dB HL)

In general, suggests that a child may hear loud voices about one foot from the ear. When amplified optimally, children with hearing ability of 90dB or better should be able to identify environmental sounds and detect all the sounds of speech. If hearing loss is prelingual onset, oral language and speech may not develop spontaneously or will be severely delayed. Child may prefer other children with hearing impairments as friends and playmates. This may further isolate them from the mainstream. Child may need full-time special aural/oral program which emphasis on all auditory language skills, speech reading, concept development, and speech. Child may benefit from a Total Communication approach. Amplification is essential. The effectiveness of chosen communication modality should be monitored. Participation in regular classes is beneficial. In-service of mainstream teachers is essential.

Profound Hearing Loss (91+ dB HL): In general, indicates a child has awareness of vibrations more than tonal patterns. May rely on vision rather than hearing as primary mode of communication and learning. Detection of speech sounds is dependent upon configuration of the loss and use of amplification. Speech and language will not develop spontaneously and are likely to deteriorate rapidly if hearing loss is of recent onset. Depending on auditory/oral competence, child may or may not increasingly prefer association with Deaf culture. Child may need special program for deaf children with emphasis on all language skills and academic areas. Program needs specialized supervision and comprehensive support services (i.e., Teacher of the Deaf, SLP, AUD). Child may be a cochlear implant candidate. Continual appraisal of needs in regard to communication and learning mode are required. Participation in regular classes may be beneficial to student.

Developed by Karen L. Anderson, Ed.S & Noel D. Matkin, Ph.D. (1991)

Adapted from: Bernero, R. J. & Bothwell, H. (1966) Relationship of Hearing Impairment to Educational Needs. Illinois Department of Public Health & Office of Superintendent of Public Instruction.

Appendix III: Completion of Services Form

COMPLETION OF SERVICES FORM

STUDENT: _____ **DATE:** _____
ADDRESS: _____ **SCHOOL:** _____
 Street# Street Name Apartment # **ADDRESS:** _____

 City State Zip Code **TELEPHONE:** _____
TELEPHONE: _____
ID#: _____ **DOB:** _____ **GRADE:** _____

A multidisciplinary team meeting is required in order to determine whether a student has completed special education and related services identified on the IEP, including the consideration of information from the evaluation (for which you provided consent) in the area(s) to be considered. Complete the sections below identifying the services.

COMPLETION OF SERVICES(S) (Check all service that are being considered)

SERVICE	Goals/ Obj. Completed	Results of Evaluation	Date
<input type="checkbox"/> Speech-Language Therapy	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Orientation & Mobility	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Occupational Therapy	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Physical Therapy	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Counseling	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Adaptive PE	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Audiology	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Transportation	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Other (specify)	<input type="radio"/> Y <input type="radio"/> N		
<input type="checkbox"/> Specialized Instruction	<input type="radio"/> Y <input type="radio"/> N		
	<input type="radio"/> Y <input type="radio"/> N		
	<input type="radio"/> Y <input type="radio"/> N		

REASON FOR COMPLETION OF SERVICES:

Graduated Completed Services Aged Out Transferred Out of District Dropped Out
 _____ Other: _____

I agree with the proposed termination of the special education and related service(s) identified above.
 I have been provided with my procedural safeguards and questions answered. I understand that my consent is voluntary, and that I have the right to appeal the decision of the multidisciplinary team (MDT).

Signature: _____ Date: _____
Parent/Eligible Student

(Student if age of majority has been reached and the transfer of right has been officially documented)

Appendix IV: Related Service Provider Weekly Building Intervention/Assessment Schedule School Year



Related Service Provider Weekly Building Intervention/Assessment Schedule
School Year: _____ **Discipline:** _____ **Employee:** _____

Today		Monday, June 25, 2018 - Friday, June 29, 2018				Day	Work Week	Week	Month
	Monday 25	Tuesday 26	Wednesday 27	Thursday 28	Friday 29				
8:00 AM									
9:00 AM									
10:00 AM									
11:00 AM									
12:00 PM									
1:00 PM									
2:00 PM									
3:00 PM									
4:00 PM									
5:00 PM									

Appendix V: Sample Introduction Parent Letter



SAMPLE INTRODUCTION PARENT LETTER

Dear Parent,

Welcome to School Year _____! I am excited about the opportunity to work with your child as their Audiologist.

My goal in Hearing/Audiology Therapy is to improve your child’s auditory skills so he / she can be successful in the educational environment. Therapy is provided using a combination of direct therapy with the child and collaboration with the teacher.

As the parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or listening activities through your child. Please implement the strategies at home and complete the homework. If you should have any questions about any of the activities sent home, please don’t hesitate to contact me.

I am assigned to _____ School on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

Once again, welcome to a new School Year. Let’s work together to make this a productive school year for your child.

Sincerely,

Name, Credentials
DCPS
Audiologist

Appendix VI: Observation Form

Observation Form

Name: _____ School: _____
 Student ID: _____ D.O.B. _____ Age: _____ Grade: _____

The purpose of this observation is to provide information regarding this student’s performance in the school setting and behaviors in the area(s) of concern. Observe the student, complete this form and email to the Early Stages requestor. Attach additional sheet if necessary.

Date of Observation:	Start Time of Observation:	End time of Observation:
Setting of Observation:		
Describe the lesson/activities occurring during the observation session (e.g., lesson, discussion, independent seatwork, small group work) and the observed student level of participation and engagement. Include any special supports or conditions during this observation (e.g., student seated away from group, uses interpreter, etc.):		
Identify any instructional strategies and/or behavior supports used during the activity/instruction: *wait time *repetition *visual supports *graphic organizers *rephrasing *manipulatives *positive reinforcement *re-direction *teacher proximity *other _____		
Describe the student’s reaction to instructional strategy(ies) and/or the behavior supports provided:		
Describe the student’s behavior during the observation session:		
Describe the student’s academic, social, emotional and/or behavioral functioning during the observation session:		
Summary of additional comments or concerns:		

 Print Name and Signature of
 Person Completing Observation

 Job Title

Appendix VII: Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation



**AUDIOLOGY DEPARTMENT
202-698-8011**

**Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation
Page 1 of 2**

Send this completed form to the Audiologist assigned to your school (See list of “Schools by Audiologist” and “Audiologist Contact Information Sheet”) Please submit all the following information by typing the information in via computer. Do NOT hand-write.

Student information

Student’s name	
DOB	
ID#	
Teacher	
Teacher contact information (phone/e-mail)	
Parent/Guardian	
Parent/Guardian contact information (phone/e-mail)	
Parent/Guardian Address	
Name of person making referral	
Referral contact information (phone/e-mail)	
Submission date	

Please submit the following information. A full statement of guidelines is found on page 3 of this document:

Please type an X in the box via computer. Do NOT hand-write.

<input type="checkbox"/>	Student is 7 years of age or older
<input type="checkbox"/>	Verification that the student is a proficient English Speaker
<input type="checkbox"/>	Verification that the student has normal hearing. Requires audiological evaluation within the past year. This may be done by an outside audiologist or may be requested of a DCPS audiologist.
<input type="checkbox"/>	Submission of Psychological Evaluation within last year documenting Full Scale IQ of 80 or better. Submit review of report by DCPS Educational Psychologist if evaluation done by an outside source.
<input type="checkbox"/>	Submission of Speech Language Evaluation within the last year documenting language proficiency, processing status, and speech intelligibility. Submit review of report by DCPS Speech-Language Pathologist if the evaluation was done by an outside source.
<input type="checkbox"/>	Include front page of IEP, hours of service and accommodations if applicable
<input type="checkbox"/>	Attach a brief statement of reason for referral
<input type="checkbox"/>	Attach a list of any additional diagnoses including ADD/ADHD, ASD, LD, ED, etc..
<input type="checkbox"/>	Date received by DCPS Audiology Department



**Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation
Page 2 of 2**

Student's name	
DOB	
ID#	

Typical Behaviors of Children at Risk for Auditory Processing Disorder

Reference: Scale of Auditory Behaviors (SAB) (Conlin, 2003; Schow et al., 2006; Shiffman, 1999; Simpson, 1981; Summers, 2003).

Please rate the following behaviors by placing the appropriate number in the box in via computer. Do NOT hand-write.

- 1- Frequent
- 2- Often
- 3- Sometimes
- 4- Seldom
- 5- Never

	Difficulty hearing or understanding in background noise
	Misunderstands, especially with rapid or muffled speech
	Difficulty following oral instructions
	Difficulty in discriminating and identifying speech sounds
	Inconsistent responses to auditory information
	Poor listening skills
	Asks for things to be repeated
	Easily distracted
	Learning or academic difficulties
	Short attention span
	Daydreams, inattentive
	Disorganized

Appendix VIII: Statement of APD Evaluation Guidelines



Statement of APD evaluation Guidelines

When referring for an APD Evaluation, the following guidelines must be met:

1. Be at least 7 years of age or older. An age criterion is important because it reflects the developmental component of the higher auditory pathways and resulting developmental abilities of the child. It is also important to meet the age requirement due to the need to match the child to appropriately age-normed tests.
2. List any diagnoses including ADD/ADHD, LD, and Autism Spectrum Disorder (ASD). Indicate whether or not the student is taking medication for ADD. A student who is taking medication for ADD but has not taken it the morning of APD testing will be re-scheduled.
3. Indicate which special classes the student attends and for how much of the day. Indicate what modifications are currently being made for the student.
4. Have normal peripheral hearing acuity (Note: Normal hearing must be documented by an Audiologist prior to considering APD testing). Testing in the presence of a hearing loss is generally inappropriate when attempting to diagnose an Auditory Processing Disorder. In the case of a hearing loss, APD testing will need to be considered on an individual basis
5. Be able to cooperate with the APD test protocol. Testing requires extended period of attention.
6. The student is English proficient. APD assessments are normed on native English speakers.
7. Have a recent psychological evaluation (within a year). Performance is affected by cognitive ability. All APD tests are normed on individuals with average (normal) intelligence. Any child assessed must have normal cognitive function so results can be compared to age mates. The student's Full-Scale IQ must be 80 or higher (Note: Individual subtest scores are not an adequate criterion). Exceptions will be considered on an individual basis.
8. Have a recent speech and language assessment (within a year), specifically looking at processing skills. (CELF or equivalent evaluation of language; CTOPP or equivalent evaluation of phonological processing). In addition, the student must have intelligible speech.

Other Considerations

For all students in a special education program, re-evaluation is required every three years. If the student has a diagnosed APD, a re-evaluation may be a part of that formal process. The re-evaluation process will be identical to the procedure used in the initial evaluation. If the student is using a FM system, the re-evaluation will include assessing the benefit of the equipment.

Appendix IX: DCPS Audiologists

**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
AUDIOLOGISTS
Payne Elementary School
202-698-8011**

Gavin Mahoney, Au.D, CCC-A

Phone: 202-794-4917

Fax: TBD

Email: Gavin.Mahoney@k12.dc.gov

Sasha Phillips, Au.D., CCC-A, FAAA

Phone: 202-578-2213

Fax: 202-722-5682

Email: Sasha.Phillips@k12.dc.gov

Alexia Tsoukatos, Au.D., CCC-A, FAAA

Phone: 202-684-5051

Fax: 202-654-6426

Email: Alexia.Papanicolas@k12.dc.gov

Tracey Wallace, Au.D., CCC-A, FAAA

Phone: 202-489-9051

Fax: 202-654-6427

Email: Tracey.Wallace@k12.dc.gov

Appendix X: Make-Up Services Plan Individual Student



MAKE-UP MISSED SERVICES PLAN

Student		Student ID Number	
Date of Birth		School	
Discipline		Provider Name	
Date		Signature	

Instructions:

- (1) Follow DCPS guidelines regarding Due Diligence Missed Related Service Guidelines
- (2) Notify the student's parent and teacher of missed sessions and make-up plan and document in Communications Log in SEDS
- (3) Work with teachers to determine best times for providing make-up services
- (4) Submit a copy of this form to assigned Program Manager by the end of the quarter

Reason for Missed Service	Options for Making-Up Services
<p>Select: T1 – Provider unavailable due to student/district/building meetings T2 – Provider – illness; personal; professional development T3 – No provider to cover school</p>	<p>Select: 1. Add time before or after the student's scheduled session 2. Add a session another day 3. Incorporate the student into other students' sessions 4. Integrate service into classroom activities 5. Schedule before/after school if permissible by the district</p>

Dates of missed sessions	Amount of time missed (in minutes)	Reason	Option selected for make-up services	Dates services will be made up	Estimated completion date	Make up plan confirmed with teacher and parent	Date make-up was completed and documented

Appendix XII: Documenting Services Memo

DOCUMENTING SERVICES GUIDANCE MEMO

TO: All DCPS Employees and Contracted Related Service Providers
FROM: Dr. Richard Nyankori, Deputy Chancellor of Special Education
Dr. Erica Fener, Program Director of Related Services
DATE: November 13, 2009
SUBJECT: Establishment of Caseload Management and IEP Service Documentation Guidelines

Caseload Management for Related Service Providers

By the first day of school, Local Education Agency (LEA) must identify all students who require related services as per their IEP. This identification process includes:

- Type of service, Related Service Provider (RSP) assigned to the student
- Beginning date of service
- Intensity of service (e.g. one 60-minute session per week)

During the first two weeks of school, Related Service Providers must:

- Check with the LEA at each of their assigned schools to ensure they have all the students on their caseload assigned to them in SEDS. If RSPs have difficulty engaging their SEC in this process, they should contact the OSSE SEDS (EasyIEP) Call Center (202-719-6500 Monday – Friday, 7:30am – 6:00pm) for assistance in appropriately assigning students to their caseload and immediately notify their Program Manager via email.
- Identify any students the RSP does not have the capacity to serve.
- Supply this information to their Program Manager immediately to ensure the Program Manager is aware of the capacity issue at that school.

IEP Service Documentation for Related Service Providers

DCPS, the Centers for Medicare and Medicaid (CMS), and the Office of the State Superintendent for Education (OSSE) have established a best practice service delivery documentation system. Related Service Providers should document the services they provide or attempt to provide pursuant to the IEP within the same school day those services were scheduled to occur. Email your program manager if barriers exist for daily documentation of services. We recognize there may be challenges (e.g. incorporating time to collaborate with teachers and parents) that could prevent you from providing daily documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

Definitive Due Date for Documenting Services: All services provided in a school week **must** be documented by **noon on the Monday of the following school week**. If school is closed on Monday, then documentation is due by noon of the next school day. For example, 60 minutes of speech/language services provided on Friday from 2 to 3 p.m. should be documented by noon that upcoming Monday.

Appendix XIII: Untimely Assessments and Due Diligence Guidelines

April 2017

Missed Related Services and Untimely Assessment Guidelines

Submitted by: Regina Grimmert, Director, Division of Specialized Instruction
Deitra Bryant-Mallory, Director, Division of Student Wellness

Approved by: Kerri Larkin, Deputy Chief, Division of Specialized Instruction
Heidi Schumacher, Deputy Chief, Division of Specialized Instruction

I. Executive Summary..... 147

A. Introduction 147

B. Purpose 147

II. Missed Related Service Sessions Scenarios and Due Diligence Procedures 148

A. Provider Unavailable..... 148

B. Student Unavailable..... 148

C. Multiple Student Absences/Truancy and Suspension 150

E. Student Suspension from School..... 151

E. Administrative Circumstances..... 152

F. School Closure: School closed for holiday or emergency. 152

III. Procedures for Documentation..... 153

A. Missed Service Sessions 153

B. Make-Up Service Sessions 153

C. Make-Up Service Session Attempts..... 154

IV. Untimely Assessments 155

Appendices 157

Appendix A: DC Public Schools Attendance Intervention Protocol 158

Appendix B: Glossary 160

I. Executive Summary

A. Introduction

The District of Columbia Public Schools (DCPS) provides related services as illustrated in student's Individualized Education Plan (IEP) in accordance with federal and local law. DCPS seeks to provide consistent service delivery to meet the needs of its students and legal obligations. For this reason, **related service providers** (RSPs) must provide consistent service delivery to help students function with greater independence. Related service providers are also responsible for creating supporting documentation and acting to ensure student access to needed services. When delivery of a service is impeded, the RSP is responsible for documenting due diligence consistent with these guidelines. This document delivers the procedures necessary when a student or provider misses service session. It also deliver the guidance for the procedures to follow for untimely assessments. Bolded terms will be defined in the glossary at the end of the document. For further information regarding these guidelines, please direct your question to Division of Specialized Instruction (dcps.relatedservices@dc.gov).

B. Purpose

The purpose of this document is to provide guidance to related service providers (RSPs) regarding required actions for missed service sessions and untimely assessment. DCPS is required to ensure all students with disabilities receive free appropriate public education (FAPE) consistent with their individualized education program (IEP).² These guidelines clarify the roles and obligations of RSPs, identify when and by when missed related service sessions must be made up, and explain how to document missed, make-up, and attempted make-up service sessions.

Truancy is an agency-wide problem in DC Public Schools. **Truancy** is the unexcused absence from school by a minor (5-17 years of age), either with or without parental knowledge, approval, or consent. Since regular school attendance is critical to academic success, chronic truancy must be addressed³. Absences impact the number of instructional hours that a student receives and may result in failing grades, disengagement from the school environment, and ultimately, increase the likelihood of students dropping out of school. Since truant students often miss related service sessions, RSPs are uniquely situated to assist in increasing attendance and reducing truancy for special education students.

These guidelines address due diligence for service delivery to truant students and instruct RSPs on how to support truancy prevention. This document also provide necessary information for monitoring student engagement through service delivery, engaging parents in problem solving, and adhering to district reporting requirements for student attendance. RSP providers in every discipline should adhere to these guidelines and all other specialized instruction policies.

² See OSEP Response Letter Guidance (Mar.8 2016) available at <http://www.asha.org/uploadedFiles/advocacy/federal/idea/OSERPResponseLetterGuidance.pdf> (*interpreting* 34 CFR §300.101).

³ 61 DCR 222

II. Missed Related Service Sessions Scenarios and Due Diligence Procedures

A. Provider Unavailable

1. Provider not available for schedule service session(s) (e.g., sick leave, annual leave, attending an IEP meeting, professional development)

When a service session(s) is missed because the provider is unavailable to deliver the service, DCPS has the following two options:

- a) The RSP will schedule a make-up service session for the missed service session(s) during the quarter in which the missed service session(s) occurred. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter. This policy ensures that all relevant information will be provided in the quarterly progress report. In most cases, this is the option that should be utilized. If the RSP cannot make up the session(s) by the following quarter, he/she must notify the program manager.
- b) When the RSP absolutely cannot make up the session(s), and notifies the program manager, the program manager must assign a substitute provider to make up the missed service session(s) during the quarter in which the missed service session(s) occurred or develop an alternative option with the RSP and LEA. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter.

B. Student Unavailable

1. Student in school, but not able to attend session

a) Student Attendance at School-Related Activities (e.g., field trip, assemblies): If a service session is missed because of student attendance at a school-related activity the RSP must:

- Consider the impact of the missed service session on the child's progress and performance and determine next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to the student's unavailability has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to the student's unavailability has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.
- Document this determination in the **Service Log** in SEDS for that missed service session due to student unavailability and state the reason for the student's unavailability.

b) Student Refuses to Participate or Attend (e.g., verbal refusal, student is unable to be located)

When a student misses 3 service sessions because the **student refuses to participate or attend**:

- The RSP must
 - Document each missed service session;
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;

- Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- Notify the LEA or case manager via email within 24 hours of the last missed service session. This notification prompts an **IEP meeting**. The LEA or case manager must convene the IEP meeting within 15 school days of the 3rd missed service session to consider the impact of the missed session on the student's progress and performance and determine how to ensure the continued provision of a **free and appropriate public education (FAPE)**. Student attendance records should be reviewed at the meeting when making the determination.
- The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.

The parent/guardian can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services. In this case an *IEP Team Member Excusal Form* must be completed in SEDS. **However, the RSP for the service sessions in question must be in attendance and cannot be excused from this meeting.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls).

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

The parent's/guardian's signature must be obtained on the IEP and/or the Prior Written Notice (PWN) before the delivery of services can be modified. The LEA or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

While there is no requirement to make up missed service sessions due to student absence or refusal to participate, DCPS seeks to ensure that related services are delivered despite the reason for missed service sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when a student's absence or refusal is significantly impacting service implementation as outlined above. Examples of alternative service delivery options include: service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g., exit from speech/language services and increase research-based reading intervention).

Appropriate alternative service delivery does not include inclusionary delivery of services (e.g., RSP attends assembly with student as part of his/her service session).

C. Multiple Student Absences/Truancy and Suspension

1. Student absent from school and scheduled service sessions

a) Truancy with or without approval, parental knowledge, or consent) The District of Columbia Compulsory School Attendance Law 8-247⁴ and DC Municipal Regulations Title V Ch. 21⁵ govern mandatory school attendance and the ways schools must respond when students are truant. The Compulsory School Attendance Law states that parents/guardians who fail to have their children attend school are subject to the following:

- Truancy charges may be filed against the parent or student;
- Neglect charges may be filed against the parent;
- The parents may be fined or jailed;
- School-aged students may be picked up by law enforcement officers during school hours for suspected truancy;
- Students may be referred to Court Diversion and other community based interventions; and
- Parents and students may be assigned community service and placed under court supervision/probation.

2. When a student misses a related services session because of an excused or unexcused student absence the RSP must:

- a) Speak with the teacher and Attendance Counselor / Attendance Designee to determine reason for the student's absence;
- b) Check ASPEN to provide information regarding the student's absence;
- c) Contact the student's parent, make a home phone call (*if the absence is excused, there is no need to contact the student's parent*);
- d) Document the contact with the student's guardian in the SEDS **Communication Log**;
- e) Document each missed session in an entry the Service Log in SEDS (see examples below);
 - "Attempted to provide (state related service), however (name of student) is absent per report of classroom teacher (name teacher). Per ASPEN the student's absence is excused/unexcused."
 - You may also add information received following phone call with parent/guardian. For example "Per telephone conversation with parent (name the parent/guardian), (student's name) is absent from local school because (state the provided excuse)"; and
- f) Notify the LEA or case manager via email within 24 hours of the missed service session.

3. When a student misses five (5) related service sessions because of unexcused student absences the RSP must:

- a) Contact the student's parent or guardian by making a home phone call;

⁴ D.C. Law 8-247, § 2(a), 38 DCR 376, D.C. Law 20-17, § 303(a), 60 DCR 9839

⁵ 5-A DCMR § 2103

- b) Inform the teacher, Attendance Counselor / Attendance Designee to determine what staff has already done to address attendance concerns;
- c) Inform the LEA/Case Manager of the absences and attempts to contact the student's parent or guardian; and
- d) Document the attempts to service the student and contact the student's guardian in the SEDS Communication Log and in the Service Log.

4. Per DCPS' Attendance Intervention Protocol, after five (5) unexcused absences:

- a) The Attendance Counselor / Attendance Designee will mail an Unexcused Absences ASPEN letter to the student's home requesting an attendance conference;
- b) Student is referred to the Student Support Team (SST);
- c) Student, parent or guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps;
- d) Follow up within 10-days to track student's progress on next steps identified in attendance conference. The SST Team will follow up with programs/resources identified for support during attendance conference to determine if student/family is participating; and
- e) A home visit must be conducted by the SST Team if parent is not responsive to meeting request.

The Attendance Counselor / Attendance Designee or SST chair will request RSP attendance in the SST meeting. RSPs should be prepared to contribute to the development of the Student Attendance Support Plan. A decision to reduce or remove a related service from a student's IEP due to truancy should not be made without consideration from the MDT to determine whether the student's non-attendance of service sessions is a manifestation of his/her disability. Refer to the *DCPS Attendance Intervention Protocol* provided below for the detailed protocol.

E. Student Suspension from School

1. Suspensions lasting ten (10) days or less

IDEA allows school administrators to apply short-term disciplinary removals of students with disabilities and students suspected of having disabilities for up to ten consecutive school days or ten accumulated school days throughout the course of the school year.

If a service session is missed due to a short-term disciplinary removal from school the RSP must:

- a) Consider impact of the missed service session(s) on the child's progress and performance and determine next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to short-term suspension has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to short-term suspension has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.

- b) Document this consideration in the Service Log for the missed service session(s).

2. Suspensions beyond ten (10) consecutive or accumulated school days

Any additional removal beyond ten consecutive school days or ten accumulated school days constitutes a change in placement for the student. Under these circumstances, the IEP team must meet to determine:

- a) The setting for the Individual Alternative Educational Setting (IAES);
- b) The services that will be provided to the student at the IAES in order for the student to meet the student's IEP goals;
- c) If additional services are necessary to ensure the misbehavior does not continue into the IAES; and
- d) How the student will continue to participate in the general education curriculum.

On the 11th day of a student's removal from school, educational services must begin at the IAES. The IDEA's procedural safeguards require that all students with disabilities who have been suspended or expelled from school still must receive a free and appropriate education, which includes services provided to the student at the IAES in order for the student to meet his or her IEP goals. RSPs must provide services in the IAES regardless of whether the incident leading to suspension was a manifestation of the student's disability.

E. Administrative Circumstances

1. Student Withdrawn from ASPEN but showing in SEDS

If the school registrar has completed the steps to withdraw a student from ASPEN but the student is still showing in SEDS, the RSP must:

- a) Document the missed service session (see *Procedures for Documentation*); and
- b) Document as "student unavailable".
 - The Service Log entry must include:
 - Date student was withdrawn in ASPEN;
 - Reason for withdrawal (noted in ASPEN); and
 - Attending school if known.
- c) Continue to document the missed services until the student is no longer showing in SEDS.

F. School Closure: School closed for holiday or emergency.

When school is not in session due to a scheduled holiday, delayed opening, or complete closure due to poor weather there is no requirement to make up the missed service session(s).

III. Documentation for Missed and Make-Up Sessions

A. Missed Service Sessions

1. SEDS Service Log Procedures

For all missed service sessions, the RSP must complete the SEDS Service Log as follows:

- a) Include detailed information to identify the missed service section and the student's progress:
 - Date of missed service session;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Duration of service scheduled (service duration must be documented even if a student is absent; if the student receives only partial service, document the altered duration.);
 - Group size; and
 - "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- b) Complete the "Comments" box in the SEDS Service Log:
 - Document why the service session was missed (e.g., student unavailable, student absent, provider unavailable, school closure); and
 - List action taken to ensure service delivery (e.g., contacted the parent/guardian, talked with the teacher, contacted the student).

2. Documenting Missed Services if Student is Unavailable

As mentioned above, in certain cases of "student unavailable," consider and document the impact of the missed session on the child's progress and performance. If the missed session has impacted the student's progress or performance, indicate that services will be made up and include the make-up plan dates. If the missed session has not impacted the student's progress or performance, please indicate and provide supporting data.

B. Make-Up Service Sessions

1. SEDS Service Log

- a) The RSP must log all delivered or attempted make-up service sessions in the SEDS Service Log as follows:
 - Include detailed information to identify the missed service section and the student's progress:
 - Date and time of make-up service provided;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Duration of the service provided (if the student receives only partial service, document the altered duration);
 - Group size;

- “Progress Report” (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- b) Complete the “Comments” box in the SEDS Service Log:
 - Describe the session (i.e. “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”);
 - Record progress note standards for service sessions delivered; and
 - List action taken to ensure service delivery (e.g., notified the parent/guardian of the make-up service session dates(s)).

C. Make-Up Service Session Attempts

1. SEDS Procedures for Session Attempts

The RSP is required to attempt to make up a service session three times. All attempts at make-up service sessions should be documented in SEDS as follows:

- a) Any failed attempt prior to the third scheduled make-up session should be logged in the SEDS Communication Log, including:
 - Attempted date and time of service session; and
 - Which attempt it was (e.g., first, second, third, etc.).
- b) Upon the third failed attempt the scheduled missed make-up service session should be logged in the SEDS Service Log indicating:
 - Attempted date and time of service session;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Which attempt it was (e.g., first, second, third);
 - Duration of service attempted (number of minutes or zero minutes);
 - Group size; and
 - “Progress Report” (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- c) When documenting the third failed attempt, complete the “Comments” box in the SEDS Service Log:
 - Describe the session (i.e. “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”); and
 - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student).

After three attempts have been made and documented in an effort to make up the missed service session(s) and DCPS has exercised due diligence, attempts to implement a make-up session for the missed session(s) can be discontinued.

IV. Untimely Assessments Scenarios and Due Diligence Procedures

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

A. Student Unavailable

1. Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

- a) The Related Service Provider (RSP) assigned to complete the assessment must:
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;
 - Document the reason for the student's absence for each time a scheduled assessment is missed;
 - Reschedule the assessment with the parent/guardian and document the agreed upon session in the SEDS communication log; and
 - Document contacts, attempted contacts, and outcomes in the SEDS communication log;
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- b) The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.
- c) The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
 - Review the student's attendance history since consent was obtained;
 - Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and

- Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Skype.

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

2. No Parent/Guardian Consent for Initial Evaluation


If the parent/guardian fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- a) Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone, email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the communication log after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt;
- b) Document contacts, attempted contacts, and outcomes in the SEDS communication log;
- c) Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- d) Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.




Appendices

Appendix A: DC Public Schools Attendance Intervention Protocol

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
1 & 2 (Total)	a. Teacher calls home <ul style="list-style-type: none"> ➢ Teachers should inform Attendance Counselor (AC)/ Designee (AD) of any contact attempted/made with parent and on non-working phone numbers. 	a. **Connect-Ed calls to absent students (occurs daily)**	
3 (Unexcused)	a. AC/AD mails 3-Day Unexcused Absences Attendance Notice STARS letter and mails to student's home (elementary and middle school and educational center students only).	a. Connect-Ed call from Chancellor	
5 (Total)	a. AC/AD mails 5-Day Total Absences Attendance Notice STARS letter and mails to student's home. <ul style="list-style-type: none"> ➢ AC/AD submits 5-day letter to nurse to: <ul style="list-style-type: none"> ✓ Check for the Universal Health Form ✓ Contact family ✓ Develop Individual Health Plan for students (i.e. Asthma Action Plan) 		
5 (Unexcused) & MPD Pick-ups	a. AC/AD mails 5-Day Unexcused Absences STARS letter to the student's home requesting an attendance conference b. Student is referred to the Student Support Team (SST) c. Determine and document root cause of absences and intervention in STARS <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps **Follow up within 10-days to track student's progress on next steps identified in attendance conference. Follow up with programs/resources identified for support during attendance conference to determine if student/family is participating** d. Home visit must be conducted, if parent is not responsive to meeting request	a. OYE will monitor 5-day meeting compliance rate b. OYE will review root causes to identify common themes in need of system wide action.	
7 (Unexcused)	a. AC/AD mails MPD warning letter		
10 (Total)	a. AC/AD mails 10-Day Total Absences STARS letter to the student's home arranging an attendance conference; <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials meet to develop or modify Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps b. If parent is non-responsive to meeting request, student is referred to SST		

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
10 (Unexcused) Student becomes "chronically truant"	<p><i>Elementary and middle schools and educational centers (ages 5 – 13):</i></p> <p>a. If attendance interventions have been executed and documented in STARS; > AC/AD will complete CFSA educational neglect referral form and email to CFSA.EdNeglect@dc.gov and include Attendance Specialist on email</p> <p>b. Document referral in STARS adhoc field</p> <p><i>High school students (ages 14 and up):</i></p> <p>c. AC/AD refers student to SST for follow-up. SST meets to review student's progress and revise the Student Attendance Support Plan</p> <p>d. SST will notify administrators of all students reaching 10 unexcused absences</p>	<p>a. OYE will monitor CFSA referral compliance rate</p> <p>b. OYE will notify MPD & OSSE of all students with 10+ unexcused absences</p>	
15 (Unexcused)	<p>a. If all interventions have been executed and documented in DC STARS, AC/AD, in conjunction with their attendance specialist, will refer student/family to court in conjunction with Attendance Specialist (students ages 5-17 only)</p> <p>b. Document submission to OYE in STARS adhoc field</p>	<p>a. OYE will approve and send court referral to OAG/CSS</p> <p>b. OYE will monitor court referral compliance rate</p>	
16+ (Unexcused)	<p>a. Continue to monitor student's progress and modify Student Support Plan</p>		
20* (Unexcused Consecutive)	<p>b. AC/AD mails letter to student's home to notify parent/guardian that the student is eligible to be withdrawn from school > School must have executed all the above interventions before withdrawal</p>	<p>a. Attendance Specialists will review list of students that have been withdrawn and will refer dropped students to Student Placement Team</p>	

Additional Instructions for MPD Drop-offs

1. Student goes to designated office to sign in
2. AC/AD documents time of entry in adhoc MPD field in STARS
3. AC/AD contacts student's parent/guardian to inform them of MPD pick up
 - a. Print and send STARS MPD Pick Up letter requesting a meeting within 5 days of pick up
4. AC/AD convenes **Attendance Conference** with parent/guardian to develop Student Support Plan

Appendix B: Glossary

Communication Log

Tab in SEDS where all communications with parents should be documented in detail. Log entries should include date, mode of outreach (i.e. phone call, e-mail), summary of communication, and parent response.

FAPE (Free Appropriate Public Education)

Public education special education and related services that a) are provided at public expense, under public supervision and direction, and without charge; b) meet the standards of the SEA, including the requirements of this part; c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and d) are provided in conformity with an individualized education program (IEP)" (34 CFR 300.17).

IEP Meeting

A written statement for each child with a disability that is developed, reviewed, and revised in a meeting that includes a) a statement of the child's present level of academic achievement and functional performance; b) a statement of measurable annual goals, including academic and functional goals; c) a description of how the child's progress toward meeting the annual goals will be measured; d) a statement of the special education and related services and supplementary aids and services to be provided to the child and a statement of the program modifications or supports or school personnel that will be provided to the child; e) a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on assessments; and f) the projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications.

Related Service Providers (RSPs)

Related Service Providers (RSPs) provide wrap-around services for students. These positions include speech-language pathologists, social workers, school psychologists, and school counselors, etc.

Service Log

Tool in SEDS where all services (including those provided, missed, attempted, and made-up) should be documented in detail. Log entries should include date, duration of session, and summary of session.

Truancy

The unexcused absence from school by a minor (5-17 years of age), either with or without parental knowledge, approval, or consent.

Appendix XIV: Independent Assessment Review



INDEPENDENT ASSESSMENT REVIEW

Student's Name _____ Student ID Number _____

School _____ Grade ____ Date of Birth __/__/__ Age _____

Date of Assessment __/__/__ Date of Review __/__/__

Type of Independent Assessment (Check One)

Audiological ____ Clinical ____ Educational ____ Neuropsychological ____
Occupational Therapy ____ Physical Therapy ____ Psychiatric ____ Psychological ____
Speech/Language ____ Other ____

Part I: Review by Qualified Personnel

Name and title of DCPS qualified personnel reviewing assessment:

Name and title of person who completed the independent assessment/and name and title of supervisor (if applicable)

If the person who completed the assessment is an audiologist, occupational therapist, physical therapist, psychologist, physician, or speech-language therapist, is the person licensed? _____ Yes _____ No

The report is written, dated, and signed by the individual examiner who conducted the assessment or appropriate designee and appears on agency/company letterhead? _____ Yes _____ No

Testing and assessment materials and procedures used to assess the student's need for special education and related services are:

- Valid and reliable? _____ Yes _____ No
- Current version of assessment (newer version that is more than 2 years old does not exist)? _____ Yes _____ No
- Provided and administered in the student's native language, unless it is clearly not feasible to do so? _____ Yes _____ No
- Valid for the specific purpose for which they are used? _____ Yes _____ No

The results of the assessment procedures selected for use with a student with impaired sensory, manual, or speaking skills accurately reflect the student's potential or achievement level or the other factors that the procedures are intended to measure? _____ Yes _____ No _____ Not applicable



Part II: Review, Considerations, and Conclusions

The report includes the following:

- A review of relevant background information (including observation, teacher/parent interview)? _____ Yes _____ No
- A description of the student’s performance on the assessment? _____ Yes _____ No
 - A description of the student’s performance in the current school environment (including educational impact)? _____ Yes _____ No
 - A variety of assessment tools and strategies to directly assist in determining if the student has an educational handicapping condition as defined by IDEA and Chapter 30? _____ Yes _____ No

Are there additional data available to the school, which suggests that there are other factors, which significantly impact the student, such as health, attendance, social, or other issues? _____ Yes _____ No

If yes, please specify _____

Are conclusions supported by the data provided? _____ Yes _____ No

Is additional information needed? _____ Yes _____ No

If yes, please specify _____

Reviewer has had direct contact with student? _____ Yes _____ No

The MDT concludes that a DCPS assessment is waived. _____ Yes _____ No _____ Yes, with reservations (attach note)

Appendix XV: Definition of ESY

ESY services are specialized instruction and/or related services provided to a student with a disability beyond the regular school year

Features of ESY:

- Ensures students with disabilities can access FAPE
- Provided in accordance with student's IEP
- Provided at no cost to parents
- Must be individualized to the unique needs of each student
- Provided in accordance with OSSE standards

ESY Determination Timeline

- All ESY decisions must be made between DECEMBER 1st and APRIL 1st.
- If a student has an IEP date *after* April 1st and you think s/he may be a candidate for ESY, please plan accordingly and hold the annual meeting early to fall within this timeframe.
- If an ESY eligibility decision needs to be reconsidered due to new data, you should hold an amendment meeting between DECEMBER 1st and APRIL 1st to amend the IEP.

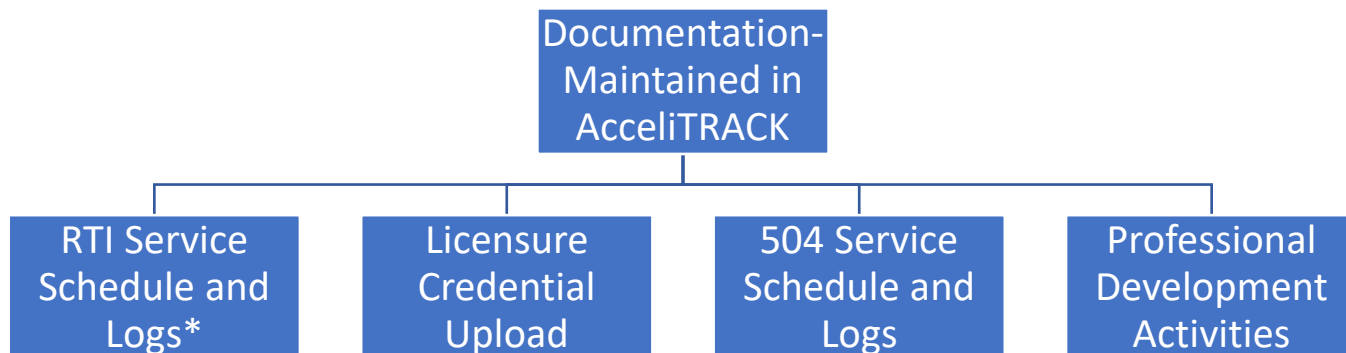
If you amend an IEP, please also be sure to follow the *full* IEP amendment process in SEDS to change the actual IEP document

Analysis of Existing Data ESY Eligibility Determination Criteria Decision Tree

** For more information regarding ESY Related Services, please refer to the DCPS ESY Guidelines.*

Appendix XVI: Accelify Documentation Requirements-DSI

Accelify Documentation Requirements – DSI Providers



*Requires prerequisite event completion in AcceliPLAN
**See documentation consideration on page two

Calendar Function

In Accelitrack, the following providers will be required to maintain their weekly schedule using the Accelify Calendar function: Audiologists, CIEP members, EC-MAT members. Your weekly/monthly schedule should still be provided to your PM. The details in your schedule should follow the requirements outlined in your Discipline Guidebook.

RTI Service Schedule and Documentation Requirements

RTI service lines must be created in RTI AcceliPLAN (following workflow events) to be added to provider caseload to drag and drop onto TRACK calendar.

- Providers should create a service line for students whom they are assigned in the Aspen RTI Plan.
- Providers should create a service line if you are meeting a general education student for more than 3 times for ongoing intervention (intermittent contacts with a student should be recorded in the “student activity” screen).
- For prescribed monthly interventions, there should be a service line log documented that matches the prescription outlined in the RTI plan. Intervention services logs in RTI follow the same documentation requirements outlined in the discipline guidebook. All service logs for the

previous week should be entered by 12:00 noon on the following Monday. All service logs for the previous month should be closed out by the 5th of the following month.

Note: RTI Plans and progress reporting of RTI plans and goals are documented in the Aspen-RTI Module.

504 Service Schedule and Documentation Requirements

- Add “Create Service” in the TRACK Calendar by clicking onto the day/time of service. A 504 Service Detail screen will appear.
- Document the service log notes in corresponding fields following the service log requirements outlined in the discipline specific guidebook. All service logs for the previous week should be entered by 12:00 noon on the following Monday. All service logs for the previous month should be closed out by the 5th of the following month.
- Record delivery status in the 504 log. Continue to follow the Due Diligence Guidance.

Professional Development Activities

- From the “Toolbox” (far left on screen in TRACK), click Training Manager
- Add a “Training Conducted” or “Training Attended” and complete required fields
- Upload sign in sheets, feedback forms, principal approval letter, (required for training conducted) and handouts using the “select file” button.

Student and Non-Student Activities

Student Activities refer to actions in service of a student (ex: observation, crisis intervention)

My Activities refer to actions taken *not* related to a particular student (ex: duty, documentation of services, team meetings)

- Add “Create Student Activity” or “Create Activity” in the TRACK Calendar by clicking onto the day/time of service. An Activity Detail screen will appear.
- Document the GARP/contact note in corresponding fields
- Record delivery status
- See “IEP Service Delivery Schedule” on page two regarding recording any activities for students with IEPs

For How-To instructions of system functionality, browse knowledgebase articles at support.acceliplan.com.



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS
DCPS Data System User Security Pledge - Accelify

I will have access to confidential student data provided by the District of Columbia Public Schools (DCPS) via the Accelify system. I understand that access to this confidential data carries with it the responsibility to maintain the confidentiality of such data in a secure fashion, including the duty to guard against any unauthorized use and unauthorized access.

To treat information as confidential means not to divulge it to or cause it to be accessible by any unauthorized person. To secure confidential data means to take all necessary precautions to prevent unauthorized persons from accessing such data.

I agree to fulfill my responsibility under this security pledge as follows:

1. I agree not to permit unauthorized access to these sensitive data, either electronically or in hard copy.
2. I agree to notify DCPS if there is a breach of data confidentiality as outlined in this pledge.
3. I agree to follow all DCPS policies and procedures governing the confidentiality and security of DCPS data in any form, either electronic or in hard copy.
4. I agree that I will not access, release or share confidential data except as necessary to complete my project duties or role responsibilities.
5. I agree that I will use all reasonable means to protect the security of confidential data in my control, and to prevent it from being accessed or released, except as permitted by law.
6. I agree that when my affiliation/employment with DCPS ends, I will not take any confidential data with me and I will not reveal any confidential data I had access to as a result of my role/responsibilities.
7. I agree to report unauthorized use or disclosure of confidential data, or security issues impacting the proper safeguard of confidential data to DCPS immediately.

I understand that disclosing confidential data directly, or allowing unauthorized access to such data, or failing to adequately secure data may subject me to criminal prosecution and/or civil recovery and may violate the code of research ethics, District of Columbia laws and DCPS rules and regulations.

I agree to the terms and conditions of use. E-Signature_____

Bilingual Assessment Referral Guidelines

SY 2021-22

Introduction

The Individuals with Disabilities Education Act (IDEA) regulations require assessments and other evaluation materials to be provided and administered in the student’s native language or other mode of communication.

This set of guidelines is intended to help the Local Education Agency (LEAs) and case managers meet these requirements and provide appropriate assessments to inform the evaluation of students who are not native speakers of English.

Table of Contents

Definitions	3
What is the ACCESS for ELLs test?	4
Assessment of bilingual students	5-7
Special considerations for students new to the country (newcomers)	7
How to refer a student for Spanish bilingual assessment	8
Assigning bilingual assessments	9
Requesting an interpreter for meetings	10
Requesting an interpreter for assessments	11
Frequently asked questions	12-13
Points of contact	14-15
Bilingual Assessment Justification Form	16-17

Definitions

English as a Second Language (ESL) - A model of instruction for students whose native language is other than English

English Language Learner (ELL) - linguistically and culturally diverse student who has an overall English Language Proficiency level of 1-4 on the ACCESS for ELLs test

ACCESS for ELLs - An assessment anchored in the WIDA English Language Proficiency Standards to help educators, parents and students better understand a student's development of English language proficiency on an annual basis (see page 4 of this guidebook)

Bilingual Assessment Team - The Student Support Division: Office of Improvement and Supports and The Office of Teaching and Learning: Department of Specialized Instruction maintains a team of fully itinerant bilingual related service providers in different disciplines (Psychology, Social Work and Speech-Language Pathology) to conduct assessments of ELLs in DCPS local schools, public charter schools for whom DCPS is LEA, and DCPS tuition-grant students in non-public schools. These providers present the results of their reports at MDT meetings and assist the IEP team in developing or modifying IEPs for the students they assess

Language Acquisition Division (LAD) - Division, formerly known as the Office of Bilingual Education, that provides translation and interpretation services to central offices and local schools to enable parents of other language backgrounds to fully participate in the education of their children

Local Education Agency (LEA) Representative - The point of contact for all special education matters at a DCPS school. LEAs and IEP case managers are responsible for identifying children who may have a disability and for organizing all meetings related to special education. At some DCPS schools, a child's teacher serves as his or her IEP case manager

Multidisciplinary Disciplinary Team (MDT) - A group of persons whose responsibility it is to evaluate the abilities and needs, based on presenting data, of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria

Multi-Tiered System of Supports (MTSS) – An integrated, prevention-based model of educating students that uses data and problem-solving to connect and integrate all the academic, behavior and social emotional instruction

Newcomer – A student who has lived in the United States for two years or less

Student Support Division: Office of Improvement and Supports - Works with schools to ensure that students with disabilities have the services and support needed to achieve success

What is the ACCESS for ELLs test?

The Assessing Comprehension and Communication in English State to State (ACCESS for ELLs) test places students in English language proficiency levels 1 to 5.

DCPS provides services to students scoring levels 1 to 4 and exits students from support programs when they reach level 5.

If a student's composite ACCESS score is less than 5 (i.e. 4.9 or below), they are eligible to be evaluated by a bilingual provider. The LEA may follow the process outlined in this document to proceed with a bilingual referral.

See the chart below for an explanation of the five scoring levels. It is expected that at level 5 students are ready to meet state academic standards with minimal language support services. ACCESS for ELLs measures language across the four domains: listening, speaking, reading and writing. It also measures across the following content areas: social studies; social and instructional English; math; science and language arts.

Level	Category	Description
1	Entering	Knows and uses minimal social English and minimal academic language with visual and graphic support
2	Beginning	Knows and uses some social English and generic academic language with visual and graphic support
3	Developing	Knows and uses social English and some specific academic language with visual and graphic support
4	Expanding	Knows and uses social English and some technical and academic language
5	Bridging	Knows and uses social English and academic language working with modified grade level material

For additional information, visit <http://www.wida.us/assessment/access/>

Assessment of bilingual students

As with any student, the MTSS/RTI team must review all existing data (e.g. school-based assessments, academic interventions and length of supports documenting limited growth) before determining that additional assessments are necessary to make an eligibility determination. The MTSS/RTI team is responsible for establishing that hearing and vision screenings are current (within 1 calendar year). It is important to remember that hearing and vision are exclusionary factors and therefore, the absence of this information could impact the eligibility for special education services.

Once the intervention process for the student has been completed and if it has been determined by the Multidisciplinary Team (MDT) that a student requires bilingual assessments (based on the results of the WIDA ACCESS or other English proficiency test), one of two processes will be followed. If the student is Spanish-speaking, the assessment should be assigned to the Bilingual Coordinator and it will be completed by a DCPS bilingual provider. For all other languages, refer to Requesting an Interpreter section below.

For bilingual Spanish assessment, all the pre-referral steps, including interventions, must be completed prior to the referral package being forwarded to the Bilingual Coordinator. Additionally, WIDA ACCESS scores must be obtained prior to referring to the Bilingual Coordinator. If the WIDA scores are **not** secured prior to signing consent, the assessment will be the responsibility of the local school-based team and an interpreter will assist with completing the assessment.

The current DCPS Bilingual Providers consist of Spanish speaking Social Workers, School Psychologists, and Speech Pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer.”

If the school/parent or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student’s educational performance, the MTSS/RTI team can refer the student for further investigation.

The DCPS local schools conduct Multidisciplinary Team (MDT) meetings to analyze existing data which assists in determining if additional evaluations are needed and whether the student will require a bilingual assessment. If the student in question displays behaviors that may impact learning, please include a detailed description of the behaviors in the Emotional, Social, and Behavioral Development Section of the AED.

The determination will include but is not limited to the results on the WIDA ACCESS or other English proficiency test which are used to determine if the student is an English Language

Assessment of bilingual students (cont'd)

Learner (ELL) and in need of a bilingual assessments. English Language Learner students are given the WIDA ACCESS test every spring to determine their current English proficiency levels.

If the WIDA ACCESS or other English proficiency tests results are not available, the student can be referred to the Language Acquisition Division (LAD), which is currently housed at MacFarland Middle School, 4400 Iowa Ave NW, (202) 671-0750 to have the assessments completed. The English proficiency scores, along with the various other data points indicated below, will assist in determining the student's dominant language to be spoken during the evaluation.

When determining if a student is to be assessed in English or another language, consideration of the number of years of academic instruction in English and the native language of the student are important. Students who have lived in the United States for 7 years or fewer, receive ESL services, and are non-native speakers of English should be considered for bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

Once it is determined that the referred student requires a Spanish bilingual assessment, the local school is to order and assign the assessment(s), complete a Request for Bilingual Assessment Packet, **with attachments**, and upload the information in SEDS. This action is expected to take place within 24 hours of parental consent. Referral Packets will be reviewed to establish the completion of all stipulated documentation. **NOTE: The school-based service provider (school psychologist/social worker/speech-language pathologist) is required to sign the Bilingual Justification Form in order to make a referral packet complete.**

Once the Spanish Bilingual referral is received, it will be assigned within 48 hours to the designated provider(s) by the Bilingual Discipline Program Coordinator. The Bilingual Discipline Program Coordinator SEDS accounts are as follows:

Psychology = Bilingual Psychology Program Coordinator
Social Work = Bilingual Social Work Program Coordinator
Speech-Language Pathology - Bilingual Speech Program Coordinator

NOTE: The data will be reviewed by the bilingual provider to ensure that it is an appropriate referral. If not, it is subject to being reassigned to the school-based team.

NOTE: The bilingual team does not include Audiologists, Occupational Therapists, or Physical Therapists. If there is an assessment need for one of these areas, the assessment should be

Assessment of bilingual students (cont'd)

assigned to the school-based provider and the provider should request an interpreter to complete the assessments. Refer to the section below labeled “requesting an interpreter for assessments.”

If you have questions, please contact the discipline program managers listed in the points of contact section below.

IN SUMMARY: If the team has decided that an **initial** assessment for special education is necessary, the student should be referred for bilingual assessment if any of the following are true:

The student currently receives ESL services

or

The student’s composite ACCESS score is less than 5

or

The student has lived in the United States for 7 years or less

or

The student is 7 years old or younger and a non-native speaker of English

For **re-evaluations**, the bilingual team only completes evaluations for students whose classification may change or if there is no previous evaluation on file.

In cases of extenuating circumstances, the MDT team (including the parent) can refer an ELL student for bilingual assessment even if none of the above criterion is met. **Each bilingual**

referral that does not meet one of the aforementioned criteria is subject to review by the Student Support Division: Office of Improvement and Supports.

Special considerations for students new to the country (newcomers)

Students who have been in the United States for two years or less are considered newcomers. These students undergo a period of cultural and social adjustment within the school community and country. In addition, they may face challenges such as minimal formal education, interrupted schooling and limited English. If a team suspects that a student new to the country has a disability and therefore would need to be referred for evaluation, they must consult with their cluster-assigned member of the bilingual team prior to holding the AED meeting.

How to refer a student for Spanish bilingual assessment

The LEA Representative or case manager should request Spanish bilingual assessments as follows:

<p>1. Locate the students ACCESS scores prior to obtaining signed parental consent.</p>	<p>For assistance, contact Margaret Miller (Margaret.Miller@dc.gov) in the Language Acquisition Division (202) 868-6502 to request a copy for your school’s files.</p> <p>ACCESS scores must be obtained prior to the parent’s signing consent</p>
<p>2. Order a Bilingual Social History <u>when the parent’s preferred language is Spanish</u></p>	<p>It is preferred that social history is completed before any requests are made for a Functional Behavior Assessment (FBA). A bilingual social worker will review the record to determine if a social history is needed for all initial referrals. For reevaluation, a social history is ordered in the case of:</p> <ul style="list-style-type: none"> ● major changes in the family ● social emotional or behavioral concerns ● traumatic incidents, i.e. physical, sexual abuse, etc.
<p>3. Collect and evaluate appropriate data points</p>	<p>Consult the Bilingual Checklist in the handbook</p>
<p>4. Complete the <i>Bilingual Assessment Justification Form</i> (page 16-17)</p>	<p><i>Upload to SEDS as Miscellaneous Doc:</i></p> <ul style="list-style-type: none"> ● Bilingual Assessment Justification form ● ACCESS scores ● Bilingual Checklist with required documents attached

<p>5. Complete the “Additional Assessment” component in SEDS (Easy IEP) under the Eligibility section</p>	<p>Complete this component just as you would for any initial or re-evaluation assessment.</p>
<p>6. Assign each assessment.</p> <ul style="list-style-type: none"> - “Bilingual Psychology Program Coordinator” - “Bilingual Social Work Program Coordinator” - “Bilingual Speech Program Coordinator” - Other disciplines = assign to the school-based provider and RSP requests an interpreter 	<p>Be certain to check the box that indicates “Send email to provider.”</p> <p>If the assessment has not been reassigned within 2 business days, email the discipline’s program manager (listed in points of contact) to ensure that referral was received.</p>

Assigning bilingual assessments

Within 48 hours of receiving the complete bilingual assessment request, the Bilingual [Discipline] Program Coordinator will: The Bilingual [Discipline] Program Coordinator assigns the assessment to a member of the city-wide bilingual assessment team. If the school-based provider is bilingual, the Bilingual [Discipline] Program Coordinator will reassign the case to the school-based provider.

1. If the bilingual team is at capacity, the Bilingual [Discipline] Program Coordinator will reassign the case to the school-based provider and the evaluation will be conducted with an interpreter.

*Please note that cases requested more than 48 hours after the parent consent may impact the timeliness of the assessment

Requesting an interpreter for meetings

****Please note, this is a separate process from ordering a bilingual assessment****

An interpreter may be necessary to facilitate the bilingual assessment of ELL students. An interpreter may also be necessary to facilitate review meetings or other MDT meetings with non-English speaking parents. **Scheduling an interpreter for testing or meeting is the responsibility of the LEA Representative.**

There are two options to consider regarding interpreting **for meetings**:

<i>Option 1</i>	<i>Option 2</i>
<p>A bilingual teacher (i.e., an ESL teacher) at the school who is fluent in the student’s native language may serve as an interpreter.</p>	<ul style="list-style-type: none"> ■ Call the Language Line at 1-800-367-9559 ■ Agency Client ID 511049 ■ Access Code 701001 ■ Language Line App (available for download – for questions, email language.access@k12.dc.gov or call (202) 868-6508)

Note: Meetings may be interpreted using the Language Line provided by the District of Columbia Office of Human Rights. However, this line ***may not*** be used for assessments.

NOTE: The bilingual service provider(s) are not interpreters.

Requesting an interpreter for assessment

In-Person Interpreter Request Process for RSP Assessments

The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team, or the bilingual team does not have capacity. All requests for interpreter/translation services require the RSP to submit the request by completing a OneDrive form.

Here is the Interpreter Request form: [Interpreter Request form](#)

- All requests should be submitted within a minimum of five business days prior to the date services are needed. Any incomplete request forms will not be processed.
- The following languages are currently under contract. Note: Requests for other languages will take longer.
 - Spanish
 - Vietnamese
 - Chinese
 - Amharic
 - French
- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two (2) days prior to the date of services to the school based RSP.
- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.
- Upon completion of interpreter services, the provider sends a follow-up email to Katrina White-Sneed (katrina.white-sneed@k12.dc.gov) confirming the services requested were rendered with the evaluation form attached. All information should be submitted within 2 days of completed interpreter services.
- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, Katrina White-Sneed (katrina.white-sneed@k12.dc.gov).
- If interpretation services are no longer needed, the RSP must notify Brigid Cafferty via email 48 hours in advance. If the services are not cancelled in advance, DCPS is still fiscally responsible for vendor payment.

For more information regarding the bilingual assessment referral guidelines for SY 21-22, please access the [Bilingual Assessment Referral Guidelines](#).

Frequently asked questions

Who should receive a bilingual educational assessment?

For initial Spanish bilingual assessments, the psychologist from the Bilingual Assessment Team assigned to each case will be completing all pertinent testing (e.g., cognitive, adaptive) including the educational. For re-evaluations, a bilingual educational assessment is only required if the student is enrolled in a dual language program, and it is suspected that there is a discrepancy between academic skills in both languages. If there is a special education teacher at the school who are also fluent in the student's native language, and the school has bilingual educational assessment materials, the special education teacher should complete the assessments. This course of action should be noted on the Bilingual Assessment Justification Form.

Should the bilingual provider present his/her report at the review meeting?

Yes, this is best practice. It is imperative that you include the bilingual assessor when scheduling the review MDT meeting.

Will the bilingual provider deliver general language interpretation at the review meeting?

No, the LEA representative should use the language line.

What school-based staff may interpret during assessments or at IEP meetings?

The MDT meeting may utilize teachers fluent in the student's native language to interpret. Any school-based staff the team decides to use to interpret for an assessment or at a meeting should be individuals who could otherwise have access to the student's file and be considered members of the MDT.

School support staff, such as secretaries, custodians, and cafeteria support should not be used as interpreters.

Community members or family members may interpret if the parent agrees to consider them as a consultative member of the IEP team. Remember, information discussed at MDT meetings or in the process of special education assessments is private.

What if the student is enrolled in a private/religious school?

The student's case manager should follow the same process as any other case manager to refer the student for a bilingual assessment.

What if the student is between 3 years (3.0) and 5 years 10 months (5.10) of age?

If the evaluation is an initial evaluation, then the student will be evaluated by the Early Childhood Assessment Team (ECAT). Refer to ECAT guidelines to make referrals. Reevaluations are to be completed in the school where the student is enrolled.

Does this process apply for deaf or hearing-impaired students fluent in American Sign Language?

If an assessment is needed for a student with a primary language of ASL, the interpreter request google form should be completed by the related service provider.

How can I request a sign-language interpreter for a parent?

If the team requires a sign-language interpreter for a parent of a hearing-impaired student at a meeting, the LEA representative should fax the Request for Sign Language Interpreter Form to the DC Office of Disability Rights. Please note that requests should be received by ODR at least 5 business days for processing. Contact Haydn.Demas@dc.gov at (202) 442-4692 or (202)724-5055.

How long should the team wait before referring a student new to the country (newcomer) to be assessed for Special Education eligibility?

Cases involving students new to the country can be complex. Please consult with your cluster-assigned member of the bilingual assessment team **prior to** initiating the referral process.

Points of contact

Related Service Provider: Program Managers

Name	Discipline	Email	Phone	Fax
Darla Kimbrough, Program Manager	Speech- Language Pathology	darla.kimbrough@k12. dc.gov	(202) 281- 8516	(202) 442- 4368
Dr. Ramonia Rich, Program Manager	Psychology	Ramonia.rich@k12. dc.gov	(202) 369- 2886	(202) 654- 6150
Tamara Dukes, Program Manager	Social Work	Tamara.dukes@k12.dc.gov	(202) 907- 8056	(202) 654- 6153

Bilingual Consultation Contacts

Please contact a member of the city-wide bilingual assessment team for specific questions about bilingual cases. **DO NOT** assign assessments directly to the psychologists; *please follow the Bilingual Referral process found in this guidebook.*

City-Wide Team

Name	Role	Email	Phone
Isora Cruz- Cardona	Psychologist	Isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Maura Garibay	Social Worker	Maura.garibay@k12.dc.gov	(202) 534-2740
Sonia Pilot	Psychologist	Sonia.pilot@k12.dc.gov	(202) 281-0183
Susanne Leslie	Psychologist	Susanne.leslie@k12.dc.gov	(202) 607-4694
Patricia Porro	Psychologist/ECAT	Patricia.Porro@k12.dc.gov	(202) 422-5410
Amaris Anglero	SLP/ECAT	Amaris.Anglero@k12.dc.gov	(202) 590-6697

School Based Bilingual Providers

Name	Role	School	Email
Ana Frontera	SLP	Bancroft ES	ana.frontera@k12.dc.gov
Gretchen Gramer	SLP	Bancroft ES	gretchen.gramer@k12.dc.gov
Guillermo Cintron	Social Worker	Bancroft ES	guillermo.cintron@k12.dc.gov
Elizabeth Castillo	Social Worker	Brightwood EC	elizabeth.castillo@k12.dc.gov
Kairo Vivas	Social Worker	Brightwood EC	kairo.vivas@k12.dc.gov
Mayra Figueroa Clark	Social Worker	Bruce Monroe ES	mayra.figueroa- clark@k12.dc.gov
Diana Mata	Social Worker	Bruce Monroe ES	diana.mata@k12.dc.gov

Karina Rivas	Psychologist	Bruce Monroe ES	karina.rivas@k12.dc.gov
Katherine Zamore	Psychologist	Cardozo International Academy	katherine.zamore@k12.dc.gov
Reinaldo Rodriguez	SLP	Cardozo International Academy	reinaldo.rodriguez@k12.dc.gov
Mary Trumbore	Social Worker	Cardozo International Academy	maryanne.trumbore@k12dc.gov
Jennifer Vargas	Social Worker	Cardozo International Academy	jennifer.vargas@k12.dc.gov
Paula Crivelli-Diamond	Social Worker	CHEC	paula.crivelli-diamond@k12.dc.gov
Veronica Martinez	Psychologist	Dorothy Heights ES	veronica.martinez@k12.dc.gov
Carmen Suazo	Social Worker	Dorothy Height ES	carmen.suazo@k12.dc.gov

Name	Role	School	Email
Robert Soriano	Psychologist	Marie-Reed ES	robert.soriano@k12.dc.gov
Letecia Manoel	Social Worker	Marie-Reed ES	letecia.manoel@k12.dc.gov
Maria Martinez	Psychologists		maria.martinez@k12.dc.gov
Rachel Friedlander	Social Worker	MacFarland MS	rachel.friedlander@k12.dc.gov
Eduardo Del Valle	Psychologist	Powell ES	eduardo.delvalle@k12.dc.gov
Andres Nunez	Psychologist	Oyster Adams Bilingual EC	andres.nunez@k12.dc.gov
Molly Hepner	SLP	Oyster Adams Bilingual EC	molly.hepner@k12.dc.gov
Melissa Shaw	Social Worker	Oyster Adams Bilingual EC	melissa.shaw@k12.dc.gov
Gisele Perez Hanson	Social Worker	Truesdell EC	gisele.hanson@k12.dc.gov
Jason Kling	Social Worker	Truesdell EC	jason.kling@k12.dc.gov
Jennifer Cardenas	Psychologist	Tubman ES	jennifer.cardenas@k12.dc.gov
Margaret DeAngelis	Social Worker	Webb-Wheatley EC	margaret.deangelis@k12.dc.gov

Language Acquisition Division (LAD)

Name	Questions about	Email	Phone/Fax
Main Office	General Inquiries	LAD Coordinator	(202) 671-0750/2667
Vicki De'Javier	Interpreter	vicki.de-javier@k12.dc.gov	(202) 671-0755
Margaret Miller	Data/Records	Margaret.miller@k12.dc.gov	(202) 671-0750
Elba Garcia	Director	Elba.garcia@k12.dc.gov	(202) 671-0750
Raquel Ortiz	Welcome Center Lead	Raquel.ortiz@k12.dc.gov	(202) 671-0750
Ivy Chaine	Document Translation	Ivy.Chaine@k12.dc.gov	(202) 868-6504

Newcomer Consultation Cluster Assignments

Name	Clusters Assigned	Email	Phone
Susanne Leslie	Clusters I-III	Susanne.leslie@k12.dc.gov	(202) 607-4694
Isora Cruz-Cardona	Clusters IV-VI	Isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Sonia Pilot	Clusters VII-X	Sonia.pilot@k12.dc.gov	(202) 281-0183
Amaris Anglero	All Speech Consult	Amaris.anglero@k12.dc.gov	(202) 590-6697
Maura Garibay	All Social History Consult	Maura.garibay@k12.dc.gov	(202) 534-2740

Bilingual Assessment Justification Form

Providers from the Bilingual Assessment Team or interpreters will be assigned **only after both steps below are completed** by the LEA representative or case manager.

Step One: This completed form and a copy of the student’s ACCESS scores and/or any other English language proficiency documentation are uploaded into SEDS under miscellaneous cover sheet (document section) for that particular student.

Step Two: Each required assessment is ordered in Easy IEP and assigned to Bilingual “DISCIPLINE” Program Coordinator within 24 hours of the parental consent date. [Click “email provider.”](#)

NOTE: All referrals to the bilingual team are subject to review. Cases with incomplete data or those that are deemed inappropriate may be reassigned to the school-based team.

Information requested below about the student to be assessed must be complete and accurate.

Student’s Name	<input type="text"/>
Student DCPS ID#	<input type="text"/>
Date of Birth Attending	<input type="text"/>
School Native	<input type="text"/>
Language	<input type="text"/>
Dominant Language	<input type="text"/>
LEA Representative or case manager	<input type="text"/>

Justification for Bilingual Assessment (check all that apply)

- Student currently receives ESL services
- Student’s composite ACCESS score is lower than 5
- Student has lived in the United States for fewer than 7 years
- Student is younger than 7 and not a native speaker of English
- None of the above, an explanation must accompany this form for review by the OSI

Note: If school-based staff will complete one or more bilingual assessments, must attach explanation.

BILINGUAL CHECKLIST

DATE: _____

NAME OF REQUESTER: _____ TITLE: _____

SCHOOL/LOCATION: _____ CONTACT PHONE #: _____

NAME OF STUDENT: _____ STUDENT ID#: _____

NAME OF PARENT/GUARDIAN: _____

DOCUMENTATION: ALL OF THE ITEMS BELOW ARE REQUIRED (No exceptions – if these items do not accompany the referral, the school-based provider will be responsible for completing the assessment with an interpreter)

- PARENT/TEACHER & MTSS/RTI MEETING NOTES
- SPECIAL EDUCATION MEETING/MDT NOTES
- ACCESS LEVEL
- DOCUMENTATION OF ESL SERVICES (location, frequency, duration and type of instruction)
- HEARING/VISION
- MTSS/RTI: READING MATH WRITTEN LANGUAGE
- MTSS/RTI: SOCIAL EMOTIONAL/BEHAVIOR (*for social history referral*)
- MTSS/RTI: Articulation, Speech Fluency, Expressive Language, Receptive Language (*for speech referral*)

ADDITIONAL QUESTIONS

- PREVIOUS EDUCATION **Y** **N** # YEARS OF PREVIOUS SCHOOLING: _____
- NEWCOMER (>2YEAR) **Y** **N** # YEARS LIVED IN US: _____
- SOCIAL HISTORY **Y** **N**
- REJOINING FAMILY IN US? **Y** **N**

SERVICE LOCATION: _____ PHONE (DIRECT LINE/CELL): _____

DAY OF CONTACT NAME: _____ PHONE (DIRECT LINE/CELL): _____

SIGNATURE OF SCHOOL BASED PSYCHOLOGIST

UPLOAD THIS FORM THIS FORM INTO SEDS WITH THE BILINGUAL ASSESSMENT JUSTIFICATION FORM.

APPROVED: **YES**

NO

DATE: _____

Appendix XVII: Graduate Student Supervision

July 2012

Clinical Supervision of Graduate Students Guidelines

Version 1.0

Purpose	3
ASHA Position Statement	4
Reasons to Supervise	5
Guidance	7
Supervisory Requirements	10
Supervision Styles	11
Supervisor Tips	14
Frequently Asked Questions	16
Professional Agreement	18
Education Schedule.....	19
Feedback About Your Supervisor	20

Purpose

This guidebook for clinical supervision of a graduate student is a comprehensive guide and reference point for providing career guidance through clinical supervision for speech-language graduate student clinicians. As a graduate student supervisor, the role of mentoring should be approached as a continual effort that encompasses a critical set of clinical skills and interpersonal attributes that enable an ability to develop and instill specific attitudes, values and practice habits in mentees in administering clinical support services. During clinical supervision, it is the responsibility of the supervisor to practice clinical teaching in adherence to the highest standards of integrity in establishing a mentoring relationship conducive to influencing clinical practices in developing and strengthening core competencies of graduate student clinicians.

In reviewing the contents of this guidebook, this document seeks to incorporate the fundamental standards observed by ASHA for SLP supervisors in administering clinical supervision over graduate student clinicians. In observing these standards, this document reviews core competencies, considerations and challenges that should be acknowledged by the supervisor in facilitating a gainful clinical supervisory relationship with the supervisee that provides mentoring guidance and enrichment through practical clinical experiences.

ASHA Position Statement

The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This current position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

Reasons to Supervise

There are several reasons for a speech-language provider to serve as a mentor in fostering the professional development of a graduate student. As the mentoring experience should encompass a mutually beneficial learning experience for both the supervisor and supervisee, the mentor plays an integral role in influencing graduate students through observation and evaluation of clinical practices and offering relevant feedback and guidance to improve performance.

Through the reinforcement of best practices, the supervisor is a vital resource for providing guidance and ongoing dialogue that contributes towards improving confidence for independent decision-making and critical thinking for complex client management issues. As shown below, there are 10 compelling reasons to supervise a graduate student:

1. Develop and recruit future employees.
2. Stay current—learn what students are learning.
3. Share your expertise with future SLPs.
4. Establish a relationship with university programs.
5. Teach future SLPs to advocate for SLP services.
6. Introduce students to interdisciplinary teaming.
7. Feel good about giving back to the profession.
8. Develop your mentoring and supervisory skills.
9. Enhance your clinical skills by teaching someone else.
10. Leave a legacy.

As summarized above, these are diverse and substantive reasons on the value gained from a supervisory experience that entails clinical teaching and guidance. The role of a mentor is to gently guide the new clinician by offering knowledge, insight, perspective, or wisdom (Shea, 1997). Through continual interaction with the supervisee, a collaborative process emerges with a shared responsibility between the clinical supervisor and the supervisee. In turn, the undertaking of a supervisory role entails a committed effort to participate in the development of the supervisee as it pertains to improving areas of knowledge gaps and meeting clinical expectations in fulfilling core competencies.

Benefits for Graduate Students

The benefit gained from graduate students through mentorship includes a solid foundation for practical experience in administering clinical practices, treatment strategies and diagnostic procedures under the guidance of a seasoned professional. This role enables the supervisee guidance in developing an understanding of the profession through a supervisory relationship that is conducive to fostering critical-thinking skills in evaluating and assisting clinical services. In addition, the supervisory relationship entails an active engagement of ideas in developing clinical skills through a variety of cases involving implementation of services and client management skills. The below reasons illustrate the benefit gained by graduate students from mentoring:

1. Access to a support system during critical stages of college and career development.
2. Clear understanding and enhancement of academic and career development plans.

3. Ability to develop mentoring relationships in industries where mentoring is not readily available.
4. Enhanced understanding of the importance of mentors.
5. Exposure to diverse perspectives and experiences.
6. Direct access to power resources within the professions of audiology; speech-language pathology; and speech, language, and hearing science.
7. Identification of skill gaps before leaving school.
8. Greater knowledge of career success factors.
9. A lasting career network.
10. Insider perspective on navigating their chosen career.

As a mentor, there are several reasons to participate in the supervisory process in facilitating the development of a graduate student in acquiring the core skills and competencies needed to be successful in the field. As a supervisor, the development of a collegueship with a supervisee contributes toward the advancement of the profession in enhancing the quality of clinicians performing SLP services. The supervisor can impart knowledge on past experiences, which serves to expose the supervisee to diverse clinical cases, therapeutic treatment strategies and diagnostic procedures to enhance the supervisee's content knowledge and understanding of clinical practices.

Guidance

ASHA-certified individuals who supervise students should possess or seek training in supervisory practice and provide supervision only in practice areas for which they possess the appropriate knowledge and skills. The supervisor must oversee the clinical activities and make or approve all clinical decisions to ensure that the welfare of the client is protected. The supervisor should inform the client or the client's family about the supervisory relationship and the qualifications of the student supervisee.

The supervisor must provide no less than the level of supervision that is outlined in the current certification standards and increase supervision if needed based on the student's knowledge, experience, and competence. The supervisor should document the amount of direct and indirect supervision provided, and design and implement procedures that will protect client confidentiality for services provided by students under supervision.

ASHA members and certificate holders engaged in the preparation, placement, and supervision of student clinicians must make reasonable efforts to ensure that direct practicum supervision is provided by professionals holding the appropriate CCC. They must inform students who engage in student practica for teacher licensing, or other clinical practica under a non-ASHA-certified supervisor that these experiences cannot be applied to ASHA certification. ASHA-certified personnel cannot sign for clinical practicum experiences that were actually supervised by non-ASHA-certified individuals. It is unethical for certificate holders to approve or sign for clinical hours for which they did not provide supervision.

Essential skills and core competencies

There are essential skills and core competencies that are expected of clinical supervisors in having the capacity and ability to properly facilitate the clinical supervisory process. Mentors should recognize that they lead by example and will be responsible for various aspects of the student's clinical experience. In turn, mentors will address all accountability, including documentation; reimbursement; confidentiality; licensure and certification requirements; local, state, and national standards and regulations; and preferred practice patterns.

As role models, mentors should be conscientious of their daily presentation, including attire and hygiene. As a professional, it should be implicitly and explicitly communicated through professionalism and daily work habits that the supervisor takes the mentorship role seriously. Although friendly interaction should be encouraged as a means to develop rapport with the supervisee, it is important that boundaries are set, and a level of mutual respect is established in commanding authority from the supervisee. In communicating with the supervisee, it is imperative that the supervisor follows established protocol regarding clinical practices and doesn't deviate from standards to ensure consistency regarding expectations.

A mentor must not rely solely on his superior clinical knowledge and expertise in this process, but also must understand the role that one's individual and unique personality plays in mentoring. Mentors need to have knowledge of strategies that foster self-evaluation while recognizing and accommodating various personality types and learning styles. In turn, mentors should have skills that assist the supervisee in

describing and measuring his/her own progress (ASHA, 2008b). As a supervisor, the opportunity arises for self-reflection and an in-depth examination of one's own teaching style and practice habits, including one's own individual strengths and weaknesses. Effective clinical teaching should include self-analysis, self-evaluation, and problem-solving skills (ASHA, 1985). This self-acknowledgement plays an integral part in the supervisor's awareness of how supervision is administered and how to enhance the supervisory experience to benefit the supervisee.

Code of Ethics

ASHA-certified individuals who supervise students cannot delegate the responsibility for clinical decision-making and management to the student. The legal and ethical responsibility for persons served remains with the certified individual. However, the student can, as part of the educational process, make client management recommendations and decisions pending review and approval by the supervisor. Further, the supervisor must inform the client or client's family of the qualifications and credentials of the student supervisee involved in the provision of clinical services.

All supervised clinical activities provided by the student must fall within the scope of practice for the specific profession to count toward the student's certification. The supervisor must achieve and maintain competency in supervisory practice as well as in the disability areas for which supervision is provided. The amount of supervision provided by the ASHA-certified supervisor must be commensurate with the student's knowledge, experience, and competence to ensure that the welfare of the client is protected. The supervisor must also ensure that the student supervisee maintains confidentiality of client information and documents client records in an accurate and timely manner.

Discrepancies may exist among state requirements for supervision required for teacher certification in speech-language pathology and audiology, state licensure in the professions of speech-language pathology and/or audiology, and ASHA certification standards. In states where credential requirements or state licensure requirements differ from ASHA certification standards, supervised clinical experiences (including student practica for teacher licensing) will count toward or may be applied toward ASHA certification (CCC) requirements only if those practicum hours have been supervised by ASHA-certified personnel.

ASHA's 13 tasks of supervision

The below tasks illustrate the directives encompassed within a supervisory relationship in maintaining an effective relationship that will contribute towards the development of the supervisee in attaining and refining skills needed to administer SLP services. As a mentor, it is paramount that these tasks are fulfilled and reinforced throughout the duration of the supervisory process to establish expectations for the supervisee and to facilitate the professional development of the supervisee in promoting independent decision-making. The 13 tasks of supervision are as follows:

1. Establishing and maintaining an effective working relationship with the supervisee
2. Assisting the supervisee in developing clinical goals and objectives
3. Assisting the supervisee in developing and refining assessment skills
4. Assisting the supervisee in developing and refining clinical management skills

5. Demonstrating for and participating with the supervisee in the clinical process
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions.
7. Assisting the supervisee in the development and maintenance of clinical supervisory records.
8. Interacting with the supervisee in planning, executing and analyzing supervisor conferences.
9. Assisting the supervisee in evaluation of clinical performance
10. Assisting the supervisee in developing skills of verbal reporting, writing and editing.
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice.
12. Modeling and facilitating professional conduct.
13. Demonstrating research skills in the clinical or supervisory process.

In completing the tasks, the supervisor should be fully engaged in the clinical process in monitoring and evaluating the clinical performance of the graduate student during their development. Under such supervision, this would include an acute involvement in the supervisee's development, guiding the ethical, regulatory, legal and clinical aspects of treatment in managing supervisee conduct. It is important for the supervisor to convey interest in the supervisory process, monitoring performance in recognizing the supervisee's clinical strengths and weaknesses. In turn, the supervisor should disclose feedback and constructive criticism as appropriate to enhance the supervisee's professional growth.

All certified SLPs have received supervision during their student practicum and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

Supervisory Requirements

The below requirements are expectations held to all supervisors in managing professional and clinical expectations of graduate students participating in externships with DCPS Related Services Speech-Language program. The following requirements enable the supervisor to understand the scope of the role and responsibilities in managing the student, as well as guidance in facilitating a relationship conducive to supporting the student in fulfilling core requirements in meeting clinical competency expectations:

1. Site supervisors will inform the student of any pre-requisite site requirements such as background check and/or immunizations. The supervisor will familiarize the student with the facility's physical layout, orient the student to the institution's policies, make staff introductions as appropriate, and provide verbal and/or written expectations regarding student's time on site and performance requirements.
2. Site supervisors will help to ensure that the student acquires needed direct client contact hours and will sign off clinical clock hour logs and on-site hour logs on a regular basis.
3. Site supervisor will provide an appropriate amount of supervision to meet the student's level of knowledge, experience, and competence and will be on-site for the entire session.
4. Site supervisor will provide supervision sufficient to ensure the welfare of the client or pupil.
5. Site supervisor will provide direct supervision defined, according to ASHA Standards, as real time supervision that must never be less than 25% of the student's total contact with each patient, client or pupil in therapy and 50% of each diagnostic evaluation. This direct contact must take place throughout the practicum. Direct supervision is defined as on-site observation or closed-circuit TV monitoring of the student clinician. In addition to the required direct supervision, supervisors may use a variety of other techniques to obtain knowledge of the student's clinical work, such as conferences, audio-and videotape recordings, written reports, staffing and discussions with other persons who have participated in the student's clinical training.
6. Supervisor will provide written and verbal feedback on therapy and diagnostic sessions, lesson plans, data, and reports submitted by the student clinicians. The supervisor is responsible for conveying clinical requirements to the student and conveying information on the student's specific areas of strength and weakness in a constructive manner. The student will appreciate and benefit from feedback regarding performance and goal setting.

Supervision Styles

Supervisors who maintain a “direct-active” style of supervision as described by [J. L. Anderson](#) are less likely to address the mentoring aspect of supervision. The “direct-active” style focuses mainly on growth in performance rather than on the personal growth of the supervisee. “Collaborative” or “consultative” styles, as described by [J. L. Anderson](#), better facilitate the ability to address the mentoring aspect of supervision.

In this regard, mentoring includes supervision that empowers the student by monitoring professional development in a manner that includes a focus on the personal growth of the supervisee. This would entail 1) in-depth collaboration around reinforcing best practices, 2) providing clarity in areas of ambiguity or uncertainty regarding decision-making, 3) promoting the graduate student to think critically in administering treatment strategies in managing nuanced issues; 4) continually providing input & feedback regarding client assessments and course of treatment for intervention, and 5) assisting in the development of time management and planning skills for patient/client management. In facilitating a mentoring relationship with the supervisee, a dual relationship should emerge in which the supervisee can seek guidance, counseling and advice in a manner that maintains the professional integrity of the supervisor-supervisee relationship, however, yields to enable interpersonal communication that seeks to foster the personal development of the supervisee.

A variety of strategies have proven effective in explicitly defining supervisor expectations for performance and criteria for evaluation, and for enhancing objectivity. These include: a contract- based system, competency-based goal setting and evaluation, and interactive and joint involvement in the analysis and assessment of clinical performance.

Communication that is open, candid and respectful between the supervisor and student is crucial. Supervisors must provide maximum support for the student, which often means allowing the student to initially observe the supervisor providing services, moving to co-assessment or co-treatment, and continuing to delegate more responsibility only when the student has demonstrated the necessary competencies. New clinical experiences offer new challenges and require more intense supervision/direction by the supervisor.

The supervisor and supervisee should share in the planning, observation, and objective analysis of data from the observation as it relates to understanding the clinical and supervisory learning processes. This partnership reportedly leads to a more analytical, problem-solving and ultimately self-supervising supervisee. In turn, there is a mutual responsibility that is shared for the professional growth and development of the supervisee.

Jean Anderson's Model of Continuum Supervision

Jean Anderson's continuum of supervision serves as an example model platform for graduate student supervisors to utilize in planning stages of clinical supervision. Widely recognized and distinguished as a primary model for clinical supervision, each stage describes a gradual decrease in the amount and type of involvement by the supervisor with a corresponding increase in amount and type of involvement on the part of the supervisee (Anderson, 1988). This model promotes professional growth for supervisor, as each stage of supervision allows adjustment to the knowledge, needs and skills of the supervisee.

1. Evaluation-feedback stage:

- The supervisor is dominant and directive in working with the supervisee.
- The supervisee benefits (and appreciates) specific input and feedback for each client assigned for intervention or diagnosis.
- The supervisor serves as "the lead" in planning for the needs of the clients with whom the supervisee is working.
- The supervisory feedback is considered to be "direct-active" in that the supervisor controls and the supervisee follows direction.
- The marginal student, the student who evidences difficulty in planning, critical thinking, time management, and/or other areas of the therapy process may remain in the evaluation-feedback stage for an extended period of time.
- Typically, this is a more comfortable start for the supervisee; however, it is the hope that the student will move through this stage of development relatively quickly. Be aware that for many supervisees, the direct-active supervisor is the easiest to work with for most, movement on the continuum to the transitional stage is anticipated.

2. The transitional stage:

Some of the responsibility for case and client management shifts to the supervisee.

- This process is seamless and allows the supervisee the opportunity to begin participating in the planning, implementing, and analyzing the course of treatment for patients/clients. The transition to independence can create anxiety for the supervisee and the supervisor.
- The supervisee is anxious relative to the increased responsibility and planning required for the patient/client.
- The supervisor may feel anxious relative to "giving up control" for the patient and family. In addition to the new clinical student, a supervisee who is working with a new clinical population will generally begin in the evaluation-feedback stage. The supervisor needs to be sensitive to any signs of unusual stress exhibited by the supervisee.
- In this transition stage, the supervisor provides input and feedback; however, the tone of the supervisory relationship becomes more of a joint project between the supervisor and the supervisee.
- The supervisee may be able to become more independent when working with clients having some disorder types sooner than with other disorder types (e.g., the supervisee may work effectively in setting short- and long-term goals with children with phonological disorders but may have difficulty establishing reasonable goals for children with autism). The desired outcome of the

transitional stage is that the supervisee begins to demonstrate clinical and professional skills with some degree of independence.

- It is expected that the supervisee will become more participatory in all aspects of client management and will begin to self-analyze clinical behavior. It is possible that with certain skills (i.e., session planning) the supervisee may require little direction from the supervisor. However, the same supervisee may consistently evidence difficulty at communicating at an appropriate language level with clients/patients. In this case, the supervisor can provide collegial mentoring providing additional ideas or reinforcement as the graduate student establishes short-term goals for sessions, selects materials, etc.
- The supervisor may need to be directive in supervisory style when working with the same student in "scripting" information to be provided for the family emphasizing appropriate vocabulary choices, definition of professional terminology, etc.

3. The self-supervision stage:

It is the goal for each supervisee to move to the self-supervision stage. When the student reaches this stage of the continuum, the supervisor serves in a consultative role with the supervisee.

- The supervisee grows in clinical independence.
- The supervisee is better able to plan and implement therapy with less direct supervisory input.
- The supervisor begins to serve in a more collaborative role and feedback at this stage mirrors the change in the supervisory role. The supervisor listens and supports the supervisee in problem solving.
- The supervisee is responsible for the primary management of the caseload.

Significantly, Anderson notes that the continuum is not time-bound. This means that there is no set period of time that a supervisee should achieve a particular skill. The continuum is designed to support the supervisee in the development and self-recognition of clinical and professional strengths as well as the development and self-recognition of those areas requiring additional development of skill.

Supervisor Tips

The below tips are helpful in planning a supervisory mentoring experience that is transparent and supportive of the supervisee in seeking to meet successful clinical outcomes. As each supervisee is unique in learning style, level of competency, personality and understanding of relevant content knowledge, the supervisor plays an integral part in guiding the student's initial clinical experiences in the profession, as well as upholding morale in dealing with the varying cases and challenges encompassed in performing clinical services. In turn, the tips shown below are helpful in outlining the framework of ideas in planning your mentorship experience:

- Complete any necessary paperwork attesting to your professional credentials (ASHA certification, state licensure, and/or state teacher certification) as this may be necessary for the graduate student to document their supervised clinical experiences when they make application for their own professional credentials.
- Clarify expectations about the amount of time the student will spend at your site (e.g., 3 or 5 days a week, number of hours, number of weeks).
- Contact the university placement coordinator to ask questions about communication between you and the university program once the graduate student is placed, including:
 - Type and frequency of contact;
 - Number of site visits by university coordinator;
 - Systems for addressing any problems;
 - Benchmarks and assessment for student progress

Educational considerations prior to graduate student placement:

- Find out what types of clinical experiences the graduate student has acquired.
- Determine the type of evaluation of the graduate student's performance that the university requires (frequency and format).
- Consider how you plan to assess and teach clinical skills.
- Determine how you will assign cases and manage your caseload accordingly.
- Determine graduate student assessment measures.

Educational considerations after graduate student placement:

When working with the graduate student, consider the following:

- Set up regular times for conferences.
- Encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for the placement, which take into consideration the student's level of experience and the nature of the clinical opportunities available at the site.
- Clearly state your expectations for the graduate student over the course of the practicum-hours, responsibilities (clients, assigned projects or readings), and facility policies -- and how the student will be evaluated.
- Be cognizant of the graduate student's learning style and how they respond to feedback.

- Avoid attempting to expose the graduate student to every type of patient and disorder. Periodically revisit the goals for placement and student learning objectives.
- Maintain communication with the university regarding the student's progress.

As a first-time supervisor, appropriate planning is integral in ensuring an effective supervisory experience in shaping the attitudes, behaviors and performance of the supervisee. In turn, much attention should be particularly focused on the supervisee's learning style and their level of competency to determine effective strategies to aid in the student's development. It is imperative from the onset of the mentorship that clear expectations and goals are established, as the supervisor should look to define the path in which the student's experiences and gradual development enable for expectations to be met.

Tips for Clinical Remediation

Occasionally as student or supervisor will encounter and/or perceive a problem in the supervisory relationship. If such matters are left unresolved, this may adversely impact the integrity of the relationship and undermine the supervisory experience. If a supervisor and/or graduate student perceives a problem that exists, a sequence of procedures should be followed to attempt to resolve the problem:

- Discuss the problem together. Usually, simple misunderstandings can be resolved by discussion. The university coordinator should be informed regarding any issues, as this person can play a key role in seeking to resolve the problem.
- If the graduate student is having difficulties in clinic practicum, s/he may require a Remediation Plan. The remediation plan is a written document that captures the difficulties being experienced, the objectives that need to be met, and the supports available for the student to meet goals and clinical expectations. The plan may focus on one or multiple aspects of work and may also address a broad area of concerns. It can include professional expectations, clinical competencies, self-evaluation skills, interpersonal communication difficulties, etc.
- If the student is unsuccessful in completing the requirements of the remediation plan, the student will be withdrawn from the practicum experience. If the student is successful in completion of the remediation plan, decisions regarding upcoming placement should be made by the University Coordinator.

Frequently Asked Questions

Are there requirements to supervise student clinicians?

Yes. Supervisors should have established competency in any area of practice in which the supervisor or student may engage (e.g., supervisors without experience and competency working with pediatric populations should not supervise a student who is working with a child). The Issues in Ethics Statement on Supervision of Student Clinicians includes further discussion of this issue.

To meet ASHA's Standards for the Certificate of Clinical Competence (CCC), student clinicians must be supervised by an individual who holds the CCC in the appropriate area of practice (see Standard IV-E of speech-language pathology standards). University programs also may require the supervisor to hold the necessary state credential to practice in their setting, i.e., license and/or teacher certification.

Is there a requirement about the number of years one needs to be ASHA-certified before supervising a graduate student?

No. However, the supervisor should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education. Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged.

Is there special "training" you need?

As with any area of practice, AUDs who are clinical educators should have established competency in supervision. There are a number of ways one can establish and maintain competency in this area. ASHA's position statement on clinical supervision outlines the competencies needed and training options.

How do I find an academic program that will send me student clinicians to supervise?

A list of graduate programs in speech-language pathology is available on ASHA's Web site. You can speak with the department chair, graduate program director, or clinic director for further information.

How much of the practicum has to be directly supervised?

According to Standard IV-E of the AUD Certification Handbook:

"Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants."

The implementation language further states that "The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient."

Also see the ASHA document, *Quality Indicators for Professional Service Programs in Audiology and Speech-Language Pathology*, which includes information about supervision.

In addition, facilities, payers, and other regulatory agencies may have requirements regarding supervising student clinicians that may impact the amount of supervision provided.

Can I supervise more than one student at a time?

Yes. Supervisors often find that they are called upon to supervise more than one student at a time. There is no language within the standards that specifies the number of students that can be supervised by one person.

Do I have to be on-site when the student is on-site? Is it okay to have other SLPs on-site?

As noted in the question above, the amount of direct supervision provided must be appropriate to the student's needs and ensure the welfare of the client. If the primary supervisor cannot be on site, another clinician may supervise the student, if needed. It is important to note that all persons who take on supervisory responsibilities must hold the appropriate CCC in the professional area in which the clinical hours are being obtained in order for the graduate student clinician to apply those supervised clinical hours towards their own CCC application.

To learn more about payer requirements for reimbursement of services provided by student clinicians and how this may influence the issue of on-site supervision in health care settings, see the first question in the health care section below.

Am I liable for the treatment provided by the student under my supervision?

As a supervisor, you are responsible for any actions taken by the student while under your supervision. You should ensure that the amount of supervision provided is appropriate to the needs of the client/patient and for the graduate student's experience and skill.

Do I have to co-sign all notes, such as treatment plans and IEPs, written by the student? Can anyone else sign the student's notes?

The supervisor of record for the case would be expected to sign all treatment documentation, in accordance with the facility's policies.

How many minutes are in a clinical practicum hour?

The Council for Clinical Certification defines one (1) clinical practicum hour as equal to 60 minutes.

What other supervision resources are available?

ASHA has a number of resources for supervisors and those interested in clinical education. These resources include:

Student supervision Web resources

Teaching tools

ASHA Certification Handbook in Speech-Language Pathology

Professionalism Agreement



Professionalism Agreement

During my field experiences, I am a guest at the school site or other educational or community setting.

1. I understand that my task is to learn so that I can become a more effective educational professional.
2. I agree to abide by the specific institutional values and policies as well as highest standards of professionalism at all times.
3. I agree to maintain professional, legal, and ethical conduct at all times. I will respect the privacy of children, families, and school personnel and protect the confidentiality of confidential academic or personal information that I encounter.
4. I agree to be on site when and where I am expected. In the event that I cannot attend or will be late, I will follow proper notification procedures to let the appropriate individuals know in advance.
5. I agree to maintain a professional demeanor and appearance, in accordance with the standards of the site where I am placed.
6. I agree to complete my assigned tasks, duties, and responsibilities on time.
7. I agree to interact and communicate in a positive and professional manner with students, peers, school and university personnel, and others. I will avoid bias, prejudice, or lack of fairness toward individuals or groups of people.
8. I agree to act in a safe and responsible manner, avoiding any action that might put students at physical and emotional risk.
9. I agree to remain committed to student learning at all times. I will not make offensive or demeaning comments about students/participants or their abilities to learn or about teachers or their abilities to teach.
10. I agree to remain committed to improving my own instructional practices and teaching activities. I will remain flexible and open to feedback from others.
11. I agree to demonstrate commitment to my field of study and to the teaching profession. I understand that failure to comply with this agreement may result in the execution of a disposition assessment form (Form D-2) and/or placement termination. (The accumulation of three disposition assessment forms will result in a disciplinary review that may result in removal from the teacher education program.)

Graduate Student Print Name

Graduate Student Signature

Date

Education Schedule



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Education Schedule

Semester _____

STUDENT INFORMATION:

Name _____

Address- _____

Cell Phone – _____

Email Address _____

SUPERVISING SLP INFORMATION:

Name: _____

Email: _____

ASHA certification number _____

School Corporation/COOP (*NOT INDIVIDUAL SCHOOLS- LIST THOSE BELOW*) _____

School Assignments and telephone number:

1. _____

2. _____

Weekly Schedule -- list school name and hours in building(s):

Monday AM PM _____

Tuesday AM PM _____

Wednesday AM PM _____

Thursday AM PM _____

Friday AM PM _____

School Break Dates (Christmas, Spring): _____

Extern Supervisor Evaluation Form



Extern Supervisor Evaluation Form

Graduate Clinician:	
Supervisor:	
Externship Dates:	
University:	
University Supervisor:	
Date:	

Please use the following scale to rate the supervisor on the items below:

5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree

This evaluation form will be confidential and used to identify the skill sets of the Clinical Supervisor when making assignments.

This form is to be completed at the end of Graduate School Assignments and faxed to GaBriana Dennis at 202-654-6083.

Feedback About Your Supervisor

My Supervisor:	5	4	3	2	1
1. Is dependable (prompt, available for consultation, etc.)					
2. Values supervision and expresses interest in the process					
3. Respects personal, individual differences between supervisor-supervisee					
4. Provides ongoing monitoring and feedback					
5. Works at hearing and understanding supervisee’s concerns					
6. Focuses on increasing supervisee awareness of how/when to improve skill					
7. Is self-disclosing, shares own strengths and weaknesses, and makes referrals when necessary					
8. Collaborates with the supervisee to plan and suggest possible alternatives for lessons					
9. Works on establishing a climate of trust					
10. Constructively works toward conflict resolution between self and supervisee					
11. Serves as a consultant in areas where supervisee has less experience					
12. Provides guidance on ideas initiated by supervisee					
13. Recognizes supervisee’s clinical strengths					
14. Recognizes supervisee’s clinical weaknesses and provides recommendations for growth					
15. Gives continuous and relevant feedback					
16. Uses constructive criticism to enhance supervisee’s professional growth					
17. Recognizes and is sensitive to the power differential between the supervisor and supervisee					
18. Provides a balance of relationship with mutual respect and support					

19. Demonstrates awareness of supervisee’s professional level					
20. Explores personal background and history, including socio-cultural factors, which may affect the supervisee’s work with clients					
My Supervisor:	5	4	3	2	1
21. Monitors and provides guidance regarding ethical and legal issues					
22. Advances supervisee’s sensitivity and ability to work effectively with diverse clients					
23. Uses appropriate references, including scholarly materials					
24. Models and encourages a commitment to ongoing professional development					
25. Advances supervisee’s ability to work effectively as a member of a professional team					
26. Advances supervisee’s ability to develop and utilize therapeutic relationships					
27. Facilitates skill development of conceptualizing clients and treatment planning					
28. Facilitates skill development of effective intervention					
29. Assists supervisee in accurately and clearly articulating his or her approach to clinical practice					
30. Fostered a satisfactory level of clinical independence					

Global Evaluation:

Specific Strengths:

Specific Weaknesses:

Recommendations:

Appendix XVIII: Bilingual Assessment Referral Guidelines

Bilingual Assessment Referral Guidelines

SY 2020-21

Introduction

The Individuals with Disabilities Education Act (IDEA) regulations require assessments and other evaluation materials to be provided and administered in the student’s native language or other mode of communication.

This set of guidelines is intended to help the Local Education Agency (LEAs) and case managers meet these requirements and provide appropriate assessments to inform the evaluation of students who are not native speakers of English.

Table of Contents

Definitions	3
What is the ACCESS for ELLs test?	4
Assessment of bilingual students	5-7
How to refer a student for Spanish bilingual assessment	8
Assigning bilingual assessments	9
Requesting an interpreter for meetings	10
Requesting an interpreter for assessments	11
Frequently asked questions	12-13
Points of contact	14-15
Bilingual Assessment Justification Form	16-17

Definitions

English as a Second Language (ESL) - A model of instruction for students whose native language is other than English

English Language Learner (ELL) - linguistically and culturally diverse student who has an overall English Language Proficiency level of 1-4 on the ACCESS for ELLs test

ACCESS for ELLs - An assessment anchored in the WIDA English Language Proficiency Standards to help educators, parents and students better understand a student's development of English language proficiency on an annual basis (see page 4 of this guidebook)

Bilingual Assessment Team - The Student Support Division: Office of Improvement and Supports maintains a team of fully itinerant bilingual related service providers in different disciplines (Psychology, Social Work and Speech-Language Pathology) to conduct assessments of ELLs in DCPS local schools, public charter schools for whom DCPS is LEA, and DCPS tuition-grant students in non-public schools. These providers present the results of their reports at MDT meetings and assist the IEP team in developing or modifying IEPs for the students they assess

Language Acquisition Division (LAD) - Division, formerly known as the Office of Bilingual Education, that provides translation and interpretation services to central offices and local schools to enable parents of other language backgrounds to fully participate in the education of their children

Local Education Agency (LEA) Representative - The point of contact for all special education matters at a DCPS school. LEAs and IEP case managers are responsible for identifying children who may have a disability and for organizing all meetings related to special education. At some DCPS schools, a child's teacher serves as his or her IEP case manager

Multidisciplinary Disciplinary Team (MDT) - A group of persons whose responsibility it is to evaluate the abilities and needs, based on presenting data, of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria

Multi-Tiered System of Supports (MTSS) – An integrated, prevention-based model of educating students that uses data and problem-solving to connect and integrate all the academic, behavior and social emotional instruction

Student Support Division: Office of Improvement and Supports - Works with schools to ensure that students with disabilities have the services and support needed to achieve success

What is the ACCESS for ELLs test?

The Assessing Comprehension and Communication in English State to State (ACCESS for ELLs) test places students in English language proficiency levels 1 to 5.

DCPS provides services to students scoring levels 1 to 4 and exits students from support programs when they reach level 5.

If a student's composite ACCESS score is less than 5 (i.e., 4.9 or below), they are eligible to be evaluated by a bilingual provider. The LEA may follow the process outlined in this document to proceed with a bilingual referral.

See the chart below for an explanation of the five scoring levels. It is expected that at level 5 students are ready to meet state academic standards with minimal language support services. ACCESS for ELLs measures language across the four domains: listening, speaking, reading and writing. It also measures across the following content areas: social studies; social and instructional English; math; science and language arts.

Level	Category	Description
1	Entering	Knows and uses minimal social English and minimal academic language with visual and graphic support
2	Beginning	Knows and uses some social English and generic academic language with visual and graphic support
3	Developing	Knows and uses social English and some specific academic language with visual and graphic support
4	Expanding	Knows and uses social English and some technical and academic language
5	Bridging	Knows and uses social English and academic language working with modified grade level material

For additional information, visit <http://www.wida.us/assessment/access/>

Assessment of bilingual students

As with any student, the MTSS/RTI team must review all existing data (e.g., school-based assessments, academic interventions and length of supports documenting limited growth) before determining that additional assessments are necessary to make an eligibility determination. The MTSS/RTI team is responsible for establishing that hearing and vision screenings are current (within 1 calendar year). It is important to remember that hearing and vision are exclusionary factors and therefore, the absence of this information could impact the eligibility for special education services.

Once the intervention process for the student has been completed and if it has been determined by the Multidisciplinary Team (MDT) that a student requires bilingual assessments (based on the results of the WIDA ACCESS or other English proficiency test), one of two processes will be followed. If the student is Spanish speaking, the assessment should be assigned to the Bilingual Coordinator and it will be completed by a DCPS bilingual provider. For all other languages, refer to Requesting an Interpreter section below.

For bilingual Spanish assessment, all the pre-referral steps, including interventions, must be completed prior to the referral package being forwarded to the Bilingual Coordinator. Additionally, WIDA ACCESS scores must be obtained prior to referring to the Bilingual Coordinator. If the WIDA scores are **not** secured prior to signing consent, the assessment will be the responsibility of the local School Psychologists and an interpreter will assist with completing the assessment.

The current DCPS Bilingual Providers consist of Spanish speaking Social Workers, School Psychologists, and Speech Pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer.”

If the school/parent or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student’s educational performance, the MTSS/RTI team can refer the student for further investigation.

The DCPS local schools conduct Multidisciplinary Team (MDT) meetings to analyze existing data which assists in determining if additional evaluations are needed and whether the student will require a bilingual assessment. If the student in question displays behaviors that may impact learning, please include a detailed description of the behaviors in the Emotional, Social, and Behavioral Development Section of the AED.

The determination will include but is not limited to the results on the WIDA ACCESS or other English proficiency test which are used to determine if the student is an English Language

Assessment of bilingual students (cont’d)

Learner (ELL) and in need of a bilingual assessments. English Language Learner students are given the WIDA ACCESS test every spring to determine their current English proficiency levels.

If the WIDA ACCESS or other English proficiency tests results are not available, the student can be referred to the Language Acquisition Division (LAD), which is currently housed at **Emery Building, 1720 First St, NW, (202) 671-0755** to have the assessments completed. The English proficiency scores, along with the various other data points indicated below, will assist in determining the student's dominant language to be spoken during the evaluation.

When determining if a student is to be assessed in English or another language, consideration of the number of years of academic instruction in English and the native language of the student are important. Students who have lived in the United States for 7 years or fewer, receive ESL services, and are non-native speakers of English should be considered for bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

Once it is determined that the referred student requires a Spanish bilingual assessment, the local school is to order and assign the assessment(s), complete a Request for Bilingual Assessment Packet, **with attachments**, and upload the information in SEDS. This action is expected to take place within 24 hours of parental consent. Referral Packets will be reviewed to establish the completion of all stipulated documentation. **NOTE: The school-based service provider (school psychologist/social worker/speech-language pathologist) is required to sign the Bilingual Justification Form in order to make a referral packet complete.**

Once the Spanish Bilingual referral is received, it will be assigned within 48 hours to the designated provider(s) by the Bilingual Discipline Program Coordinator. The Bilingual Discipline Program Coordinator SEDS accounts are as follows:

Psychology = Bilingual Psychology Program Coordinator
Social Work = Bilingual Social Work Program Coordinator
Speech-Language Pathology = Bilingual Speech Program Coordinator

NOTE: The data will be reviewed by the bilingual provider to ensure that it is an appropriate referral. If not, it is subject to being reassigned to the school-based team.

Assessment of bilingual students (cont'd)

NOTE: The bilingual team does not include Audiologists, Occupational Therapists, or Physical Therapists. If there is an assessment need for one of these areas, the assessment should be assigned to the school-based provider and the provider should request an interpreter to complete the assessments. Refer to the section below labeled “requesting an interpreter for assessments.”

If you have questions, please contact the discipline program managers listed in the points of contact section below.

IN SUMMARY: If the team has decided additional assessments are necessary, the student should always be referred for *bilingual assessment* if any of the following are true:

The student currently receives ESL services

or

The student’s composite ACCESS score is less than 5

or

The student has lived in the United States for 7 years or less

or

The student is 7 years old or younger and a non-native speaker of English

In cases of extenuating circumstances, the MDT team (including the parent) can refer an ELL student for bilingual assessment even if none of the above criterion is met. **Each bilingual referral that does not meet one of the aforementioned criteria is subject to review by the Student Support Division: Office of Improvement and Supports.**

How to refer a student for Spanish bilingual assessment

The LEA Representative or case manager should request Spanish bilingual assessments as follows:

<p>1. Locate the students ACCESS scores prior to obtaining signed parental consent.</p>	<p>For assistance, contact Margaret Miller (Margaret.Miller@k12.dc.gov) in the Language Acquisition Division (202) 868-6502 to request a copy for your school’s files. ACCESS scores must be obtained prior to the parent’s signing consent</p>
<p>2. Order a Bilingual Social History <u>when the parent’s preferred language is Spanish</u></p>	<p>It is preferred that social history is completed before any requests are made for a Functional Behavior Assessment (FBA). A bilingual social worker must complete Bilingual Social History in the case of an:</p> <ul style="list-style-type: none"> ● initial evaluation ● major changes in the family ● social emotional or behavioral concerns ● traumatic incidents, i.e., physical, sexual abuse, etc.
<p>3. Collect and evaluate appropriate data points</p>	<p>Consult the Bilingual Checklist in the handbook</p>
<p>4. Complete the <i>Bilingual Assessment Justification Form</i> (page 16-17)</p>	<p><i>Upload to SEDS as Miscellaneous Doc:</i></p> <ul style="list-style-type: none"> ● Bilingual Assessment Justification form ● ACCESS scores ● Bilingual Checklist with required documents attached
<p>5. Complete the “Additional Assessment” component in SEDS (Easy IEP) under the Eligibility section</p>	<p>Complete this component just as you would for any initial or re-evaluation assessment.</p>
<p>6. Assign each assessment.</p> <ul style="list-style-type: none"> - “Bilingual Psychology Program Coordinator” - “Bilingual Social Work Program Coordinator” - “Bilingual Speech Program Coordinator” - Other disciplines = assign to the school-based provider and RSP requests an interpreter 	<p>Be certain to check the box that indicates “Send email to provider.”</p> <p>If the assessment has not been reassigned within 2 business days, email ramonia.rich@k12.dc.gov to ensure that referral was received.</p>

Assigning bilingual assessments

Within 48 hours of receiving the complete bilingual assessment request, the Bilingual Program Coordinator will:

1. The Bilingual Program Coordinator assigns the assessment to a member of the city-wide bilingual assessment team.
2. If the school-based provider is bilingual, the Bilingual Program Coordinator will reassign the case to the school-based provider.
3. If the bilingual team is at capacity, the Bilingual Program Coordinator will reassign the case to the school-based provider and the evaluation will be conducted with an interpreter.

*Please note that cases requested more than 48 hours after the parent consent may impact the timeliness of the assessment.

****Please note, this is a separate process from ordering a bilingual assessment****

An interpreter may be necessary to facilitate the bilingual assessment of ELL students. An interpreter may also be necessary to facilitate review meetings or other MDT meetings with non-English speaking parents. **Scheduling an interpreter for testing or meeting is the responsibility of the LEA Representative.**

There are two options to consider regarding interpreting **for meetings**:

<i>Option 1</i>	<i>Option 2</i>
A bilingual teacher (i.e., an ESL teacher) at the school who is fluent in the student’s native language may serve as an interpreter.	<ul style="list-style-type: none"> ■ Call the Language Line at 1-800-367-9559 ■ Agency Client ID <u>511049</u> ■ Access Code <u>701001</u>

Note: Meetings may be interpreted using the Language Line provided by the District of Columbia Office of Human Rights. However, this line **may not** be used for assessments.

NOTE: The bilingual service provider(s) are not interpreters.
Requesting an Interpreter for Assessments

In-Person Interpreter Request Process for RSP Assessments

The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team, or the bilingual team does not have capacity. All requests for interpreter/translation services require the RSP to submit the request by completing a OneDrive form.

Here is the Interpreter Request form: [Interpreter Request form](#)

- All requests should be submitted within a minimum of five business days prior to the date services are needed. Any incomplete request forms will not be processed.
- The following languages are currently under contract. Note: Requests for other languages will take longer.
 - Spanish
 - Vietnamese
 - Chinese
 - Amharic
 - French
- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two (2) days prior to the date of services to the school based RSP.
- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.
- Upon completion of interpreter services, the provider sends a follow-up email to Brigid Cafferty (brigid.cafferty@k12.dc.gov) confirming the services requested were rendered with the evaluation form attached. All information should be submitted within 2 days of completed interpreter services.
- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, Brigid Cafferty (brigid.cafferty@k12.dc.gov).
- If interpretation services are no longer needed, the RSP must notify Brigid Cafferty via email 48 hours in advance. If the services are not cancelled in advance, DCPS is still fiscally responsible for vendor payment.

For more information regarding the bilingual assessment referral guidelines for SY 19-20, please access the [Bilingual Assessment Referral Guidelines](#).

Frequently Asked Questions

When should a student receive a bilingual educational assessment?

For initial Spanish bilingual assessments, the psychologist or speech-language pathologist from the Bilingual Assessment Team assigned to each case will be completing all pertinent testing (e.g., cognitive, adaptive, articulation, language) including the educational. For re-evaluations, a bilingual educational assessment is only required if the student has received Spanish language instruction for at least 3 years and if it is suspected that there is a discrepancy between academic skills in both languages. If there is a special education teacher at the school who are also fluent in the student's native language, and the school has bilingual educational assessment materials, the special education teacher should complete the assessments. This course of action should be noted on the Bilingual Assessment Justification Form.

Should the bilingual provider present his/her report at the review meeting?

Yes, this is best practice. It is imperative that you include the bilingual assessor when scheduling the review MDT meeting.

Will the bilingual provider deliver general language interpretation at the review meeting?

No, the LEA representative should use the language line.

What school-based staff may interpret during assessments or at IEP meetings?

The MDT meeting may utilize teachers fluent in the student's native language to interpret. Any school-based staff the team decides to use to interpret for an assessment or at a meeting should be individuals who could otherwise have access to the student's file and be considered members of the MDT.

School support staff, such as secretaries, custodians, and cafeteria support should not be used as interpreters.

Community members or family members may interpret if the parent agrees to consider them as a consultative member of the IEP team. Remember, information discussed at MDT meetings or in the process of special education assessments is private.

What if the student is enrolled in a private/religious school?

The student's case manager should follow the same process as any other case manager to refer the student for a bilingual assessment.

What if the student is between 3 years (3.0) and 5 years 10 months (5.10) of age?

If the evaluation is an initial evaluation, then the student will be evaluated by the Early Childhood Assessment Team (ECAT). Refer to ECAT guidelines to make referrals. Reevaluations are to be completed in the school where the student is enrolled.

Does this process apply for deaf or hearing-impaired students fluent in American Sign Language?

If an assessment is needed for a student with a primary language of ASL, the interpreter request form should be completed by the related service provider.

How can I request a sign-language interpreter for a parent?

If the team requires a sign-language interpreter for a parent of a hearing-impaired student at a meeting, the LEA representative should fax the Request for Sign Language Interpreter Form to the DC Office of Disability Rights. Please note that requests should be received by ODR at least 5 business days for processing. Contact Haydn.Demas@dc.gov at (202) 442-4692 or (202)724-5055.

How long should the team wait before referring a student new to the country (aka “newcomer”) to be assessed for Special Education eligibility?

Cases involving students new to the country can be complex. Best practice is to allow a student to be in the country for at least a year and have remediation through MTSS/RTI. However, if you feel the case is unique and may need to be referred sooner, please consult with a member of the bilingual assessment team prior to initiating the referral process

Points of contact

Related Service Provider: Program Managers

Name	Discipline	Email	Phone	Fax
Darla Kimbrough, Program Manager	Speech- Language Pathology	darla.kimbrough@k12. dc.gov	(202) 281- 8516	(202) 442- 4368
Dr. Ramonia Rich, Program Manager	Psychology	Ramonia.rich@k12. dc.gov	(202) 369- 2886	(202) 654- 6150
Tamara Dukes, Program Manager	Social Work	Tamara.dukes@k12.dc.gov	(202) 907- 8056	(202) 654- 6153

Bilingual Consultation Contacts

Please contact a member of the city-wide bilingual assessment team for specific questions about bilingual cases. **DO NOT** assign assessments directly to the psychologists; *please follow the Bilingual Referral process found in this guidebook.*

City-Wide Team

Name	Role	Email	Phone
Isora Cruz-Cardona	Psychologist	Isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Maura Garibay	Social Worker	Maura.garibay@k12.dc.gov	(202) 534-2740
Dr. Sonia Pilot	Psychologist	Sonia.pilot@k12.dc.gov	(202) 281-0183
Susanne Leslie	Psychologist	Susanne.leslie@k12.dc.gov	(202) 607-4694
Patricia Porro	Psychologist/ECAT	Patricia.Porro@k12.dc.gov	(202) 422-5410
Amaris Anglero	SLP/ECAT	Amaris.Anglero@k12.dc.gov	(202) 590-6697

School Based Bilingual Providers

Name	Role	School	Email
Ana Frontera	SLP	Bancroft ES	ana.frontera@k12.dc.gov
Guillermo Cintron	Social Worker	Bancroft ES	guillermo.cintron@k12.dc.gov
Elizabeth Castillo	Social Worker	Brightwood EC	elizabeth.castillo@k12.dc.gov
Kairo Vivas	Social Worker	Brightwood EC	kairo.vivas@k12.dc.gov
Ayo Olagbegi	SLP	Bruce Monroe ES	Ayo.Olagbegi@k12.dc.gov
Mayra Figueroa Clark	Social Worker	Bruce Monroe ES	mayra.figueroa-clark@k12.dc.gov
Diana Mata	Social Worker	Bruce Monroe ES	diana.mata@k12.dc.gov
Karina Rivas	Psychologist	Bruce Monroe ES	karina.rivas@k12.dc.gov
Katherine Zamore	Psychologist	Cardozo International Academy	katherine.zamore@k12.dc.gov
Mary Trumbore	Social Worker	Cardozo International Academy	maryanne.trumbore@k12dc.gov
Jennifer Vargas	Social Worker	Cardozo International Academy	jennifer.vargas@k12.dc.gov
Reinaldo Rodriguez	SLP	Cardozo International Academy	Reinaldo.rodriguez@k12.dc.gov

Makeda Greene	Psychologist	CHEC	makeda.greene@k12.dc.gov
Maria Gomez	Social Worker	CHEC	maria.gomez@k12.dc.gov
Paula Crivelli-Diamond	Social Worker	CHEC	paula.crivelli-diamond@k12.dc.gov
Reinaldo Rodriguez	SLP	CHEC	Reinaldo.rodriguez@k12.dc.gov
Carmen Suazo	Social Worker	Dorothy Height ES	carmen.suazo@k12.dc.gov
Robert Soriano	Psychologist	Marie-Reed ES	robert.soriano@k12.dc.gov
Letecia Manoel	Social Worker	Marie-Reed ES	letecia.manoel@k12.dc.gov
Rachel Friedlander	Social Worker	McFarland MS	rachel.friedlander@k12.dc.gov
Eduardo Del Valle	Psychologist	Powell ES	eduardo.delvalle@k12.dc.gov
Andres Nunez	Psychologist	Oyster Adams Bilingual EC (Oyster Campus)	andres.nunez@k12.dc.gov
Maria Martinez	Psychologists	Oyster Adams Bilingual EC (Adams Campus)	maria.martinez@k12.dc.gov
Melissa Shaw	Social Worker	Oyster Adams Bilingual EC	melissa.shaw@k12.dc.gov
Molly Hepner	SLP	Oyster Adams Bilingual EC	Molly.hepner@k12.dc.gov
Gisele Perez Hanson	Social Worker	Truesdell EC	gisele.hanson@k12.dc.gov
Jason Kling	Social Worker	Truesdell EC	jason.kling@k12.dc.gov
Jennifer Cardenas	Psychologist	Tubman ES	jennifer.cardenas@k12.dc.gov
Margaret DeAngelis	Social Worker	Webb-Wheatley EC	margaret.deangelis@k12.dc.gov

Language Acquisition Division (LAD)

Name	Questions about	Email	Phone/Fax
Main Office	General Inquiries	LAD Coordinator	(202) 671-0750/2667
Vicki De’Javier	Interpreter	vicki.de-javier@k12.dc.gov	(202) 671-0755
Margaret Miller	Data/Records	Margaret.miller@k12.dc.gov	(202) 671-0750
Elba Garcia	Director	Elba.garcia@k12.dc.gov	(202) 671-0750
Leidy Navarro	Intake Manager	Leidy.Navarro@k12.dc.gov	(202) 671-0750
Ivy Chaine	Document Translation	Ivy.Chaine@k12.dc.gov	(202) 868-6504

Bilingual Assessment Justification Form

Providers from the Bilingual Assessment Team or interpreters will be assigned **only after both steps below are completed** by the LEA representative or case manager.

Step One: This completed form and a copy of the student’s ACCESS scores and/or any other English language proficiency documentation are uploaded into SEDS under miscellaneous cover sheet (document section) for that particular student.

Step Two: Each required assessment is ordered in Easy IEP and assigned to Bilingual “DISCIPLINE” Program Coordinator within 24 hours of the parental consent date. [Click “email provider.”](#)

NOTE: All referrals to the bilingual team are subject to review. Cases with incomplete data or those that are deemed inappropriate may be reassigned to the school-based team.

Information requested below about the student to be assessed must be complete and accurate.

Student’s Name

Student DCPS ID#

Date of Birth Attending

School Native

Language

Dominant Language

LEA Representative or case manager

Justification for Bilingual Assessment (check all that apply)

- Student currently receives ESL services
- Student’s composite ACCESS score is lower than 5
- Student has lived in the United States for fewer than 7 years
- Student is younger than 7 and not a native speaker of English
- None of the above, an explanation must accompany this form for review by the OSI

Note: If school-based staff will complete one or more bilingual assessments, must attach explanation.

BILINGUAL CHECKLIST

DATE: _____

NAME OF REQUESTER: _____ TITLE: _____

SCHOOL/LOCATION: _____ CONTACT PHONE #: _____

NAME OF STUDENT: _____ STUDENT ID#: _____

NAME OF PARENT/GUARDIAN: _____

DOCUMENTATION REQUIRED:

- PARENT/TEACHER & MTSS/RTI MEETING NOTES
- SPECIAL EDUCATION MEETING/MDT NOTES
- ACCESS LEVEL
- DOCUMENTATION OF ESL SERVICES (location, frequency, duration and type of instruction)
- HEARING/VISION
- MTSS/RTI: READING MATH WRITTEN LANGUAGE
- MTSS/RTI SOCIAL EMOTIONAL/BEHAVIOR (*FOR SOCIAL HISTORY*)

ADDITIONAL QUESTIONS

- PREVIOUS EDUCATION **Y** **N** # YEARS OF PREVIOUS SCHOOLING: _____
- NEWCOMER (>2YEAR) **Y** **N** # YEARS LIVED IN US: _____
- SOCIAL HISTORY **Y** **N**
- REJOINING FAMILY IN US? **Y** **N**

SERVICE LOCATION: _____ PHONE (DIRECT LINE/CELL): _____

DAY OF CONTACT NAME: _____ PHONE (DIRECT LINE/CELL): _____

SIGNATURE OF SCHOOL BASED PSYCHOLOGIST

UPLOAD THIS FORM THIS FORM INTO SEDS WITH THE BILINGUAL ASSESSMENT JUSTIFICATION FORM.








APPROVED: **YES** **NO** DATE: _____

Appendix XIX: Accelify Related Service Provider

DC DOH & OSSE License

Providers should maintain an updated copy of their DC Government Department of Health (DOH) license and their Office of the State Superintendent of Education (OSSE) license in Accelify.

Adding/Editing a License

- From the home screen, go to the [AcceliTrack](#) drop-down, and select [Administrative Tools](#) then [License Manager](#).
- From the [License Manager](#), select the  icon.
- To create a new License, click  and fill out all required fields on the [Provider Certificate Details](#) form and click .
- To upload a license, click , select the desired file, and then click . Save the file as FirstName LastName TypeofLicense Date of Expiration (ex. Jane Doe OSSE 06-30-2021)
- [Edit](#) your licenses by clicking the  icon.
- [Delete](#) your license by clicking the  icon.
- Note: You can also access the [License Manager](#) from the [Toolbox](#) tab in the [Administrative Tools](#) section.