# 10

# THE PRIMARY SCHOOL YEARS

## MELISSA E. HUDSON, PH.D.
*East Carolina University*

"Growth is endless and our lives change and change us beyond anticipation."

—**Clara Park** (1982)

## LEARNING OBJECTIVES

Specifically, after reading this chapter, you will be able to:

1. Identify ways to communicate effectively with families.
2. Describe strategies to help young children with disabilities transition successfully to elementary school.
3. Provide supports to help children with disabilities make friends.
4. Facilitate the development of communication skills for children with disabilities.
5. Access resources for teaching self-determination skills.
6. Describe how peer tutoring can be used to teach important skills to children with disabilities (e.g., social, self-determination, academic).
7. Understand the **individualized education program plan (IEP)**, the IEP process, and the collaborative team process.

For many families, beginning elementary school is an exciting time—the first step in a process that, if all goes as planned, will end with their child graduating from high school with a diploma, prepared to continue their journey into adulthood. In anticipation of the day, a new backpack filled with school supplies waits by the door for their kindergartener to carry to school. Tears may be shed, but these tears are likely tears of joy and anticipation for the good things to come.

For families of children with disabilities, the first day of school may evoke excitement as well, but other feelings are likely, too—feelings of fear and, possibly, disappointment (Smith, 2003). Feelings of fear may come from all of the unknowns surrounding the transition to elementary school. What will the new teacher be like? Will they take care of my child? Will my child be happy in the new school? The concerns of families may be even greater when their child has complex medical needs (e.g., tube feeding, seizures) due to the high level of care their child requires. Feelings of disappointment may come from the fact that their child's school experience will be different from the one their family imagined for them. This cycle (i.e., fear–disappointment–adjustment) will be repeated throughout their child's time in school. This chapter specifically addresses transitions commonly experienced in elementary school. While transitions can be stressful times, teachers and professionals can support families by preparing them for these events and can support children with disabilities by teaching them important communication, social, and **self-determination skills**.

## COMMUNICATING WITH FAMILIES

Receiving information about their child's school day, classroom, and school events can help alleviate some of the apprehension family members feel at times of transition (Duncan & Brooks-Gunn,

2000). First and foremost, family members want to understand what happens during their child's school day. This information is particularly important when the child is unable to share about their day themselves, such as when a child has complex communication needs. Ongoing, informal, daily communication helps establish trust and build rapport between the family and the classroom teacher. Teachers can accomplish this with a simple school-to-home communication notebook that contains a brief summary of what happened during the child's day. Davern (2004) and Graham-Clay (2005) offer several strategies teachers can use to enhance the effectiveness of school-to-home notebooks. First, make it clear to families from the start what information will be communicated, by whom, and how often. Second, keep a balance between good and bad news in a message. Sometimes a face-to-face meeting is more appropriate if the topic is serious. Third, avoid educational jargon and acronyms that will likely be confusing and meaningless to families. Last, set a respectful tone by using titles to address the family members (e.g., Mr., Mrs., Ms., Dr.).

It is also important for family members to know what is happening in their child's classroom (e.g., upcoming events, new units of study, the arrival of a new classroom pet). Not only will this help families feel more a part of their child's school day, this information will enable families to make important connections from school to home with their child (e.g., "Oh, I see you got a new pet hamster in your classroom"). Classroom newsletters have traditionally been used to provide this information to families, but teachers can create classroom blogs that accomplish the same goal if family members use or have access to technology. If so, classroom blogs are quicker to produce and easier to update and maintain than paper newsletters (as well as much friendlier on the environment). Teachers can find free online blog platforms (e.g., Edublog, Weebly) to create their classroom blog and the steps for creating and maintaining a blog from the World Wide Web.

Whether it's a note, newsletter, or class blog, to make the most of a written communication with families, Graham-Clay (2005) recommends using everyday language with a readability level of sixth grade or less that is free of education jargon and proofing carefully for grammar and spelling errors before publishing or sending it home. In addition, a checklist (Nagro, 2015) called PROSE can be helpful to teachers in improving school-to-home written communication. The acronym PROSE stands for the different elements of print communication: (a) print, (b) readability, (c) organization, (d) structure, and (e) ease (see Figure 10.1). Apply the checklist to written communication to identify any areas that might be unclear to the reader.

Family members also need information about their child's school. Events scheduled throughout the year (e.g., back-to-school night, parent–teacher conferences) will be organized by the student's school. Teachers can help family members attend these events by making sure they know about the events and by encouraging them to attend. Families for whom English is not their native language will need information about these events translated into their primary language.

Likewise, teachers need tools for communicating with difficult parents. First, have a healthy respect for the different roles you both play in the education of the child. Being a parent is a hard job—especially for parents of children with disabilities. Parents are also an integral part of your job as a teacher and alienating them will not help you accomplish your job. Second, be proactive and positive in your interactions with parents to avoid problems from the start. For example, begin an IEP meeting by sharing a positive personal story about the child. This communicates to parents that you know and care about their child. Also, if parents receive frequent communications from school about problems involving their child, make sure to communicate with them at least as often about good things involving their child, no matter how small. Parents will appreciate your time and effort.

Third, when a parent is angry, consider that the anger may not be caused by the immediate situation but rather stem from the loss they perceive related to their child's disability (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005). While you may be able to do little in this situation

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| **FIGURE 10.1 ■ PROSE Checklist for Improving School-to-Home Written Communication** | |
| **P** | Print<br>• All one font<br>• Consistent font size throughout<br>• Running text is medium font (e.g., 12-point font)<br>• Sentence-case print rather than all capitals or italics<br>• Selective use of highlighting or bold print to draw attention rather than to decorate |
| **R** | Readability<br>• Reading level is ideally fifth grade but not higher than eighth grade<br>• Multisyllabic words are limited so most words are one or two syllables<br>• Sentences are 10 to 15 words long ideally but no more than 25 words<br>• Longer sentences are broken into several shorter sentences<br>• Prepositional phrases are limited to shorter sentence length |
| **O** | Organization<br>• Predictable left-to-right, top-to-bottom layout<br>• Headings guide the reader and are set apart from running text<br>• Diagrams (lists, tables, charts, and graphs) are set apart from the running text<br>• Diagrams (lists, tables, charts, and graphs) are simple (no more than 15 labels and 75 items)<br>• Diagrams (lists, tables, charts, and graphs) are labeled and self-explanatory |
| **S** | Structure<br>• Ideally one page or broken into sections<br>• Page numbers are provided for documents longer than one page<br>• Balance white space so text is not overly dense<br>• Images and figures supplement the content rather than serve as decoration |
| **E** | Ease<br>• Written in the active voice<br>• Pronouns replaced by the original nouns so sentences have no more than one pronoun<br>• Terms written out rather than using acronyms unless the acronym is widely known to parents<br>• Real-world examples are included when possible |

For more information about the PROSE Checklist, see the full article by Sarah Nagro (2015) in *Teaching Exceptional Children*, *47*(5), 256–263.

except be supportive of the parent, keeping this in mind could help to not take the parent's anger personally. Fourth, when problem solving for a difficult child, ask parents how they manage similar situations at home. Pose leading questions to parents to get a picture of the child at home (e.g., What do you do at home when…?) and then relate this information to the school setting. For example, recently a special education teacher needed to stop a child from running away from her classroom. The teacher knew from completing an ABC chart (Alberto & Troutman, 2006) that just before the child ran away, she would spin in a tight circle. She asked the parent if the child ever ran away at home and, if so, what the parent did when this happened. Taking this approach kept the parent from feeling attacked (or blamed). In addition, the parent also provided information during the conversation that ultimately helped the teacher develop an effective plan to stop the child from running away. The teacher learned from the parent that the child loved to play in water. To stop the child from running from the classroom, the teacher used a water play area to redirect the child's attention when she started spinning.

In addition to these tools for dealing with difficult parents, teachers should always keep good documentation of their communications with parents and keep the appropriate professionals (e.g., building principal, director of special education) apprised of any interactions with difficult parents so they, too, may be proactive in dealing with potential problems.

### Barriers to Effective Communication With Families

Effective communication is important for positive home–school relationships, but **barriers to communication** can hinder the communication efforts of teachers and others. Graham-Clay (2005) states that barriers to communication may exist on several levels, including societal, cultural, economic, technological, and school. On a societal level, family members are busy people who can easily feel unsupported and overwhelmed by daily demands (Taffel, 2001). Local schools can help address this barrier by providing workshops for families to address these needs (e.g., child development, stress management). On a cultural level, significant cultural differences between teachers and **families** can create communication challenges (Columbo, 2004). To avoid this, teachers should educate themselves about the cultures of their students' families and incorporate various cultures into their classrooms (e.g., providing diverse children's books, providing snacks from various cultures). Kasahara and Turnbull (2005) warn, though, that learning about culture is not enough—teachers need to understand the uniqueness of individual families within their cultural milieu to communicate effectively.

Economic and time constraints may also be significant barriers to communication (Finders & Lewis, 1994), to which flexibility and creativity are often effective remedies. Ask family members about their schedules at the beginning of the year so that convenient meeting times can be found. Also, to improve family participation, provide alternative places for meetings, such as a local community building or a family's home, as well as childcare and transportation for families who need it.

It is hard to imagine in this day and age, but a lack of technology access can also limit communication opportunities for many families (Ramirez, 2001). Ask families at the beginning of the year what technology they use, including Internet, voice mail, email, and computers, and plan communications accordingly.

Last, on a school level, it is important for educators to remember that nothing **breaks down communication** faster than a conversation or note full of educational jargon. To family members, educational jargon is meaningless. For this reason, all conversations and written communications to families need to be jargon free. In addition, the use of technical terms or acronyms should be avoided, as these are often hard for families to understand. When they are used, the technical

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## CASE STUDY 1

### SOPHIA AND HER FAMILY

Sophia is a 6-year-old first-grade student with deafblindness. She lives with her mother, father, and sister. Her parents are native Spanish speakers, and Spanish is the primary language spoken at home.

#### Questions for Critical Thinking

1. What are some particular concerns Sophia's parents might have about Sophia beginning first grade due to her deafblindness?

2. What steps might need to be taken to ensure effective communication with Sophia's parents?

3. If you are not a native Spanish speaker, how might you go about translating the information that you need to communicate? What supports are available to help you in your school or community?

terms or acronyms should be thoroughly explained, and families should be encouraged to ask for clarification if they are unsure about the meaning.

## TRANSITION TO ELEMENTARY SCHOOL

Few things are scarier than the unknown. It is important to prepare children with disabilities and their families for upcoming **transitions**, especially transitions that involve major changes to settings, routines, and expectations. These transitions will likely be stressful times for both children with disabilities and their families. One of the most effective ways to ease the stress for children and their families is to help them learn about the new school and all that comes with it (Duncan & Brooks-Gunn, 2000).

There are several approaches families may take to learn about their child's new school. Taking a look at the school's website can be helpful in obtaining general information about the school, such as when the school day begins and ends. For more specific information, a school visit can be scheduled to see the school building and meet their child's new teachers and school administrators. As the first day of school draws near, most schools offer an event (e.g., back-to-school night) for new and returning families to visit the school. Some common questions families ask about schools are:

1. What should I do before my child starts school?
2. What will my child's teacher expect of my child?
3. What can I do at home to help my child succeed in school?
4. How can I tell how well my child is doing in school?
5. How can I get the most out of parent–teacher conferences?

> For a discussion of these and other frequently asked questions families ask about schools, see *Questions Parents Ask about Schools* at: http://www2.ed.gov/parents/academic/help/questions/questions.pdf

Transitions can also be scary for children, and like their families, learning about their new school can also help them transition successfully. Several ideas for accomplishing this are described in this chapter, but keep in mind that these ideas should be adapted to meet the individual needs of the child with disabilities.

One way to facilitate transition to a new school is to involve the child and their teachers early in the individualized education program (IEP) planning process (Hains, Fowler, & Chandler, 1988; Martin et al., 2006; Morningstar et al., 2010). For example, at the IEP meeting prior to beginning elementary school, the sending teacher invites the receiving teacher to collaborate on the child's IEP goals and objectives. For children moving from kindergarten to elementary school, the meeting would include the current kindergarten teacher and the new elementary teacher. For children moving from elementary to middle school, the meeting would include the current elementary teacher and the new middle school teacher. This kind of collaboration allows important information sharing and sets a positive tone for the child's move.

Before the move, the child may spend a day (or more depending on the child's needs) at the new school. A paraeducator can accompany the child to the new school to provide support for the child as needed and also to learn about the new school environment along with the child. Information about the new school can then be shared with the sending teacher, who can emphasize aspects of the new school with the child throughout the remainder of the school year (e.g., "Luis, you will have a locker to put your things in next year.") A one-day visit may be too brief of a time period for some children to have a meaningful experience. For these children,

more time can be planned for visiting the new school so that when the time comes, they know what to expect in their new school setting.

In addition to visiting the new school, many children can benefit from a book, movie, or DVD about their new school custom-made for them (Aronson, 1995; Ramirez, 2001). The idea is to use pictures or video taken at the new school that capture the child's day from beginning to end, just as they will experience it when they begin attending. If the child is transported to school on a school bus, the book/video might begin at the bus stop; if the child is dropped off at school, the book/video can start at the school's entrance. A new teacher and classroom are featured until the entire school day is presented. New teachers can share a little about themselves, their classrooms, and their feelings of excitement about meeting the child when school starts.

To create a book, pictures are placed on one page and text about the picture on the facing page, or a picture and text can be placed on each page. Text may need to be simplified depending on how the book is used (e.g., as a read-aloud or read independently by the child). The pages of the book can be laminated to increase durability and, when complete, put together in a three-ring binder. Families can read the book aloud to their child, or children who can read independently may prefer to read the book for themselves. If being used as a read-aloud, a second- to third-grade reading level is recommended for the text (see Browder, Trela, & Jimenez, 2007, for guidelines on adapting text). To create a movie or DVD from photographs, use a program readily available on most computers (e.g., Windows Movie Maker; Windows DVD Maker).

For children with visual impairments, a tactile book can be made about their new school as well. To be meaningful, objects or parts of objects that remind them of their visit to the new school should be included in the book. For example, a piece of chalk might be included for a teacher if the chalk reminds the child of the teacher. The objects serve the same purpose as photographs do for sighted children. For guidelines on creating a tactile book for a child with visual impairments, see Lewis and Tolla (2003) or visit the Texas School for the Blind website (http://www.tsbvi.edu/).

To optimize the interest of the child, consider how the child would most like the book (or movie or DVD) presented. For example, some children may be most interested in the new people they will meet or a friend that is also attending the new school. If that is the case, the presentation of the book or video should highlight the people at the school (e.g., teachers, peers). Other ideas include having a friend narrate the movie/DVD or act as a guide through the book. Other children may be more interested in the activities they are going to do at their new school. For these children, the presentation of the book or DVD can focus on the child's daily activities (e.g., first period is math, second period is science). Remember to include important administrators and support staff in the book or video, as well as familiar faces from their old school (e.g., friends, speech-language therapist). This will help the child transition smoothly from their old school to their new school.

### Adjusting to a Longer School Day

Some children with disabilities will find adjusting to a longer school day challenging. In preschool, children likely attended a morning or afternoon program for part of the day. In elementary school, the school day will be 6 hours or more. Young children may find the new routines and activities exhausting. Families can help children adjust to the new school routine by setting a consistent bedtime that allows them to get enough rest. Teachers may need to consider adding in some downtime for very young children so that they can rest. These periods can be eliminated when they are no longer needed. For other children, it may be necessary to gradually build up to attending school for a full day. If families anticipate that the transition to elementary school will be particularly difficult on their child, they might consider arranging for their child to attend the new school during their kindergarten year on a regular basis to help them adjust to the longer school day.

### Supporting Communication Skills

Times of transition highlight the need for good **communication skills** for all, including the child with disabilities. The ways children with disabilities communicate can vary greatly—some may use spoken words, others may use manual signs or facial grimaces; and still others may use a combination of gestures and vocalizations. For many children with disabilities, improving their communication skills will be a major focus at school and at home. An in-depth discussion of the needs of children with **complex communication needs** is beyond the scope of this chapter. Rather, the goal of this section is to highlight some strategies, assessments, and resources teachers and families can use to support a child's communication efforts.

While the way individuals communicate varies, the reasons they communicate do not. According to Light (1997), people communicate to accomplish four things: to express their needs and wants (e.g., "I'd like popcorn for a snack today, please"), engage in social closeness (e.g., best friends chat about a recent movie), share information (e.g., telling the school nurse you feel sick), and to fulfill the established conventions of social etiquette (e.g., "Hi. How are you?").

When some children enter elementary school, they use early communicative behaviors such as nonspeech vocalizations, motor behaviors, gestures, facial expressions, and eye gaze to communicate. For these children, the success of their communication efforts depends largely on the responsiveness of their **communication partner** (Beukelman & Mirenda, 2013). At school, communication partners may be teachers, therapists and other professionals, school staff, and peers. At home, communication partners may be family members, neighbors, or other people in the child's community. To be effective at supporting the child's early communicative behaviors, communication partners need to have a positive attitude, expect that the learner is communicating, and respond to subtle cues from a learner (Siegel-Causey & Bashinski, 1997).

Many of the communication efforts of early communicators are **idiosyncratic**, or specific to the child, and are only understood by those that know them well. For example, a mother might say that she just "knows" that her son wants a different toy when he taps the toy he is playing with on the floor. It is because of her experience with her son and not the tapping behavior specifically that she knows what he wants. People without such rich experiences with the child will not know what the child means or how to respond appropriately. When communication partners are unable to respond to the communication efforts of a child, this is known as a **communication breakdown**.

One strategy that can help communication partners avoid communication breakdowns with early communicators is through the use of a gesture dictionary. A gesture dictionary describes the child's gestures, along with their meanings, and makes suggestions for appropriate responses (Beukelman & Mirenda, 2013). The dictionary can be in the form of a poster that hangs on the wall in the classroom or as an alphabetized notebook that travels with the child. To make the gesture dictionary easier for communication partners to use, entries should be cross-referenced. For example, using the toy example, two entries would be created under "T" in the gesture dictionary—one for "tap" and one for "toys." Both entries would describe the meaning of the tapping behavior and how to respond (e.g., Tapping the toy he is playing with on the floor means he wants you to give him a different toy. Prompt him to sign "toy" and then give him a new toy).

Other children with **complex communication needs** are just beginning to use signals intentionally to gain attention and accept and reject things in their environment. These children will need many opportunities to practice using these signals during naturally occurring activities across their time at school and home. One way to do this is through the use of a scripted routine. A scripted routine is created around a typical activity in a child's day (e.g., going swimming, getting ready for bed) and includes five elements: a touch cue, a verbal cue, a pause, verbal feedback, and an action (Beukelman & Mirenda, 2013).

Scripted routines are created using the steps needed to complete the activity (i.e., task analysis). Touch cues give nonverbal information to the child about what is about to happen. Verbal cues are the words said while providing the touch cues. Pauses (i.e., 10–30 seconds) allow the child time to respond to the touch and verbal cues. Verbal feedback is the words said about what the child did and what will happen next. The action step is the step in the routine that was identified through a task analysis. Table 10.1 contains an example of a scripted routine created for a young child with blindness and intellectual disability who is preparing to ride a horse during a therapeutic horseback riding lesson. The child needs to wear a safety belt around their waist, so the scripted routine is built around accomplishing this task.

Other children with disabilities will have some understanding of symbols and they may communicate using objects, pictures, picture symbols (e.g., Boardmaker™ Picture Symbols; www.mayer-johnson.com), manual signs, spoken words, and/or written or brailed words. For these children, it is important that teachers and family members present information and provide communication supports in a form the child understands. For example, a child may need an object schedule for their daily routine instead of a written-word schedule printed on the board because they don't yet understand written words, but they do know that when they see a piece of a carpet square on their object schedule, it is time for morning circle.

| TABLE 10.1 ■ Example of a Scripted Routine | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Steps** | **Touch Cue** | **Verbal Cue** | **Pause** | **Verbal Feedback** | **Action** |
| 1. | Rub seat belt under child's elbow. Release buckle so a sound is made. | *It's time to get ready to ride.* | Pause, observe. | *Okay, I see you smiling; You really like horseback riding.* | Continue to step 2. |
| 2. | Rub belt under wrist. | *It's time to put on your belt.* | Pause, observe. | *I hear you laughing; I'll help you put the belt around.* | Continue to step 3. |
| 3. | Pat his back where belt will go around. | *I'm going to put the belt on you now.* | Pause, observe. | *I see you looking at the belt; I am going you put the belt on now.* | Put belt around child and continue to step 4. |
| 4. | Put pressure on belt where it is around child. | *Okay, the belt is around you, time to lean back.* | Pause, observe. | *Nice job! You leaned back in the seat.* | Make sure child is in the seat properly and continue to step 5. |
| 5. | Tap the belt buckle to make noise and rub it under arm if possible. | *It's time to buckle that belt.* | Pause, observe. | *I see you nodding; I'm going to help you buckle the belt now.* | Buckle belt and continue to step 6. |
| 6. | Tap child's hand. | *You are all ready to ride.* | Pause, observe. | *I see you smiling and looking toward the riding ring. Enjoy your ride!* | Lead horse to riding ring. |

* Adapted from Lillian Reinisch's Scripted Routine for a therapeutic riding lesson.

Generally, children develop symbolic understanding following a continuum from least to most abstract: objects, color photographs, black-and-white photographs, miniature objects, black-and-white line drawings, logos, written words. This continuum is a guideline for symbolic development and is not set in stone. Additionally, children can understand more than one form at once and do not have to master one form before moving on to another. Other factors, such as motivation and opportunity, can influence what a child understands about a particular symbol as well. For example, even though many children are not able to read the word "McDonald's", they understand what the golden arches mean when they see the logo. In order to support comprehension, it is good practice to pair words with objects, pictures, and picture symbols (Abbott & Lucey, 2005; Detheridge & Detheridge, 2013). By pairing the written word with objects or pictures, children learn to assign meaning to the word (a more abstract form) from their experience with less abstract forms.

In order for effective instruction and communication supports to be given to children with **complex communication needs**, it is important that teachers and families understand how the child is currently communicating. Several communication assessments exist that can provide teachers and families with this information. One such assessment is the Communication Matrix (Rowland, 2004a, 2004b). The **Communication Matrix** is appropriate for individuals of all ages who are at the earliest stages of communication, including children with severe and multiple disabilities. The **Communication Matrix** is available in three ways: online (www.designtolearn.com), in a version for teachers and professionals (Rowland, 2004a), and in a parent-friendly version (Rowland, 2004b). The **Communication Matrix** involves two major aspects of communication: (1) the reasons people communicate (i.e., refuse, obtain, social, information) and (2) the behaviors people use to communicate (i.e., pre-intentional behavior, intentional behavior, unconventional

## CASE STUDY 2
### CHANDRA

Chandra is a 5-year-old kindergartener with CHARGE syndrome. Chandra can't wait to get to school each morning and smiles and vocalizes when she arrives. Her favorite place in the classroom is the play area, where she quickly finds her favorite toys on her own. Chandra explores the toys by putting them really close to her eyes and turning them over and over. Chandra also likes mealtime. She smiles and reaches toward her spoon when the food is something she likes (e.g., spaghetti, macaroni and cheese). Another thing Chandra likes to do is to play music on an iPad. Her teacher makes the room really dark so Chandra can see the strong visuals on the iPad that accompany the music Chandra makes. As you might have already guessed, Chandra is a happy girl who really likes people. Her teacher made a tactile cue for each of the important people in her life. When the teacher shows her a tactile cue for one of her "people," a big smile lights up her face. Chandra follows routines well with prompts and can use single words purposefully (e.g., saying "stop" to stop an activity). During circle-time activities, Chandra also uses pictures for choice making.

#### Questions for Critical Thinking

1. Chandra communicates with the people around her in several different ways. What are some of the ways she communicates?

2. What strategies from the chapter might you use to facilitate her current communication skills?

3. What strategies might you use to help her gain new communication skills?

communication, conventional communication, concrete symbols, abstract symbols, and language). Once the assessment is completed, the results are summarized in a one-page profile that shows the communication behaviors of the child at a glance. Teachers and families can each complete the Communication Matrix and compare differences in the ways a child communicates at home and at school. Table 10.2 contains information about the Communication Matrix (Rowland, 2004a, 2004b) and other communication assessments that can provide helpful information for addressing the communication needs of children with disabilities.

## Supporting Friendships

Friendships are important for everyone, and as children with disabilities begin elementary school, they have more opportunities to make friends with children their own age; however, they may need

| TABLE 10.2 ■ Communication Assessments for Children With Disabilities | | | |
|---|---|---|---|
| **Communication Assessment** | **Available From** | **Description** | **Cost** |
| All Kids Communicate | http://www.transitioncoalition.org/ transition/tcfiles/files/docs/All_Kids_ Communicate-_with_tabs1258861243. pdf/All_Kids_Communicate-_with_tabs .pdf | How to build and use a communication dictionary with nonsymbolic learners | Free online |
| Communication Matrix | https://www.communicationmatrix.org/ Matrix PDF (Parent and Professional versions) https://www.designtolearn.com/ products/20 | An assessment instrument designed for individuals of all ages who function at the earliest stages of communication and who use any form of communication | Free online Download-able PDF $5.00 |
| Design to Learn: An Environmental Inventory | https://www.designtolearn.com/content/ design-learn-inventory | Designed to track the opportunities to learn communication and object interaction skills provided in classroom activities for a specific child | $10.00 for 1; $93.00 for 10 |
| Every Move Counts Clicks and Chats manual (Korsten, J. E., Foss, T. V., & Berry, L. M., 2007) | EMC Communication, Inc. 11944 W. 95th Street #281 Lenexa, KS 66214 http://www.everymovecounts.net/index .html | A sensory-based approach to communication and assistive technology for individuals with significant sensory motor differences, developmental differences, or autism | $90.00, plus $10.00 shipping and handling per manual |
| Tangible Symbol System | https://www.designtolearn.com/ products/tangible_symbol_systems | Designed for people who are unable to understand the meaning of the abstract symbols used in formal language systems. The illustrated manual shows how to teach individuals to communicate using tangible symbols: objects or pictures that represent items, people, and events in their daily lives. | Manual: $50.00 DVD: $55.00 |

help from teachers and family members for this to happen. Children as young as 3 years are able to make friends, and usually friendships form around an activity both youngsters enjoy (Parker, Rubin, Earth, Wojslawowicz, & Buskirk, 2006). Children understand at an early age about friendship. When Heyne, Schleien, and McAvoy (1994) asked young children with disabilities participating in the Dowling Friendship Program who a friend is, their responses are insightful: a friend is someone who eats lunch with me, someone who plays with me, and someone who is nice to me. When these same children were asked what they like to do with friends, their responses included typical childhood activities (e.g., play with my toys, go swimming).

Friendships are enjoyable and give children with disabilities opportunities to build important social skills (Bukowski, Newcomb, & Hartup, 1996). Conversely, without friends, children with disabilities may experience feelings of anxiety, depression, and social withdrawal (Berndt, 2004). Children with disabilities are likely to have more trouble making friends than their peers without disabilities, especially children with developmental disabilities, challenging behaviors, or autism (Geisthardt, Brotherson, & Cook, 2002; Odom et al., 2006). In addition, friendships are not likely to develop just because children are in the same place at the same time (Geisthardt et al., 2002).

Fortunately, there are steps teachers and families can take to encourage the growth of friendships between children with and without disabilities. In a review of the literature on friendships and children with disabilities, Meyer and Ostrosky (2014) found teachers used both active and passive strategies for supporting and maintaining friendships. Passive strategies included letting children choose their own friends and providing time for free play (Hollingsworth & Buysse, 2009). Active strategies included facilitating two children's (a dyad) interactions or play (Hollingsworth & Buysse, 2009), commenting on children's play (Buysse, Goldman, & Skinner, 2003), discussing with children what it means to be friends (Hollingsworth & Buysse, 2009), modeling for children how to communicate and develop friendships (Buysse, 1993), and teaching social skills, such as how to share (Buysse, 1993; Hollingsworth & Buysse, 2009). Two strategies missing from the studies (but supported by research) are planning favorite activities to support a friendship (Hollingsworth & Buysse, 2009) and making contact with a child's family to help arrange out-of-school experiences with peers (Buysse et al., 2003). The use of these strategies offers effective ways for teachers to facilitate the friendships of young children with disabilities.

The time children with disabilities spend at home with their families can also be used for friendship building. In an exploratory study of 26 families with children with disabilities, Geisthardt et al. (2002) examined the friendships of children with disabilities, 3 to 10 years old, at home. From their work, four themes emerged around the topic of building friendships at home: contact with peers, attitudes influencing friendships, the family's focus on friendship, and the physical environment's influence on friendships. Findings from theme one (i.e., contact with peers) indicate that children with disabilities spent less time with peers without disabilities than their nondisabled siblings, and of the children with disabilities, children with behavioral problems and significant cognitive limitations spent the least amount of time with peers without disabilities.

Findings from theme two (i.e., attitudes influencing friendships) indicate that families believe that other children were more accepting of their child with disabilities when their child spent more time with them. On the other hand, families believe that the parents of children without disabilities were more hesitant to invite their child with disabilities over to play because the parents without children with disabilities perceived that the child with disabilities required a lot of assistance.

Findings from theme three (i.e., parents' focus on friendships) indicate that families took some steps to involve their child with other children (e.g., selecting homes in neighborhoods

with lots of children, involving their child in community groups, arranging playdates) but rarely reported doing anything to increase their child's opportunities to interact with peers. Most families supervised their children while playing with peers as a safety precaution, intervening only when necessary.

Findings from theme four (i.e., physical environment influencing friendships) indicate that the play spaces in some homes were hard for children with disabilities to access (e.g., stairs); many children lived in close proximity to other children (i.e., subdivisions), but having other children around did not guarantee peer interactions; and children living in more isolated areas or off busy roads had limited peer contact.

Additionally, how a child with disabilities is perceived by their peers can affect friendships (Schaffner & Buswell, 1992). To set a positive tone, for instance, a child with disabilities can share his/her special interests or talents with peers. This helps peers view the child with disabilities as a competent individual. Another idea is to provide accommodations and/or adapt the environment so that the child with disabilities can be involved with other children in meaningful ways. Being perceived as competent by peers without disabilities is a critical factor for friendships (Siperstein & Leffert, 1997).

Since many friendships are built around a common interest or activity, teachers and families can encourage friendship between children with disabilities and their peers through recreation (Heyne, Schleien, & McAvoy, 2003).

What school staff can do:

- Include social and recreation skills in curricula.
- Assign friends to the same classroom.
- Provide opportunities for families to become acquainted.
- Include friendship and recreation goals in the IEP.
- Train school personnel on children's friendships.
- Offer disability awareness training to families and children without disabilities.
- Tell families when friendships develop.

What families can do:

- Make friendship development a family priority.
- Become acquainted with other families in their neighborhood.
- Schedule times together with other children.
- Invite children into their home and on outings.
- Discuss the needs of their child with other parents so they can become comfortable assuming responsibility for them.
- Discuss children's friendships at home.
- Encourage positive social interactions.
- Learn about community recreation resources their child might be interested in (e.g., YMCA, community centers).

## Supporting Self-Determination Skills

**Self-determination** is an important lifelong process often associated with transition to adulthood and adult abilities; however, the foundation for **self-determination** begins early in childhood (Palmer, 2010). Research with elementary- and middle school–aged children with disabilities has demonstrated that young children can learn important self-determination skills associated with self-determined behavior (Palmer & Wehmeyer, 2003; Reid, Trout, and Schwartz, 2005). These skills include (but are not limited to): choice making, decision making, problem solving, goal setting and attainment, self-advocacy and leadership skills, self-awareness, and self-knowledge (Wehmeyer,

## CASE STUDY 3

### AHMAD

Ahmad is an 8-year-old third grader with physical disabilities, including cerebral palsy. Ahmad's physical disabilities require him to use a wheelchair and other adapted seating and modifications, including a prone stander (e.g., device that supports vertical stance) and walker during the school day. The cerebral palsy impacts Ahmad's spoken language as well, although he understands what is said to him. Ahmad has a small spoken vocabulary of words related to his environment, such as "eat," "drink," "done," "home," and he is beginning to verbalize "yes" and "no." Ahmad has seizures that are controlled with medications. He smiles and laughs when excited. Ahmad is very interested in participating in activities with his classmates, but his classmates struggle to include him.

#### Questions for Critical Thinking

1. What strategies might you use to help support the development of friendships between Ahmad and his classmates?

2. How might you approach Ahmad's parents about the topic of friendship?

2003). For young children, developing these skills is a place to start in moving toward self-determined behavior later in life (Palmer, 2010).

Many families of young children with disabilities may be unfamiliar with the construct of self-determination. It is important that teachers and families understand that self-determination may be different for each person and is focused on obtaining a level of independence for the individual that is rooted within the family's and culture's beliefs and values (Lahat, Helwig, Yang, Ran, & Liu, 2008).

Teachers and families alike can foster self-determination skills in young children. Table 10.3 describes developmentally appropriate expectations for elementary-aged children in three areas (i.e., How I Learn to Know Myself, Finding What I Would Like to Know, and Planning for the Future; Palmer, 2010). Each expectation is written from the perspective of the child and includes clear steps teachers and families can take to facilitate self-determination skills for children with disabilities. For example, when families and teachers teach an elementary-aged child when it is okay to talk, what to say, and with whom it is all right to talk, she learns to communicate her ideas and thoughts to others (i.e., self-advocacy). Self-advocacy is discussed in detail in Chapters 11 and 12.

A free online resource is available from the Beach Center entitled *A Parents' Guide to the Self-Determined Learning Model for Early Elementary Students* (Palmer & Wehmeyer, 2002). The guide includes an introduction to the **Self-Determined Learning Model of Instruction (SDLMI)** as well as a list of children's books about problem solving (Appendix A) and sample forms to teach self-determination skills (Appendix C).

Another free online resource guide, *Fostering Self-Determination Among Children and Youth with Disabilities—Ideas From Parents for Parents* (Weir, Crooney, Walter, Moss, & Carter, n.d.) was written by parents and includes practical ideas for teaching self-determination skills to children with disabilities. For example, three of the ideas shared to teach choice making were to model a choice-making process, provide opportunities for children to make choices throughout the day, and to use visuals (e.g., pictures, symbols) and words to encourage children to make choices.

| TABLE 10.3 ■ Developmentally Appropriate Expectations for Elementary-Aged Children | |
|---|---|
| **How I Learn to Know Myself** | • I want to feel good about myself and know that this is important.<br>• I need to know how to communicate to make my ideas and thoughts known with others. You may need to help me learn when it is okay to talk, what to say, and with whom it is all right to talk.<br>• I want you to know that I might not be the same as others my age, depending on my disability. But I will continue to grow and change and need help to understand this.<br>• I have friends because I "talk" to others, they "listen" to me, and I "listen" to them. We have shared ideas, experiences, and fun.<br>• I know what is good (foods, sleep) and bad (drugs, smoking) for my body. When I get sick, I should know it and be able to ask someone for help. |
| **Finding What I Would Like to Know** | • School can help me learn lots of new things. Encourage me to pay attention and do my work.<br>• I should try different group and individual activities to find out what I enjoy doing in my free time.<br>• I need to be responsible for my actions and what I say. If I need help with my schoolwork or with someone in school, please help me work on this, but don't do it for me.<br>• I need to start learning about many different jobs from my family, teachers, and others. |
| **Planning for the Future** | • I should be able to make simple decisions at school and at home. Help me do this until I learn to do this myself.<br>• I may need help to become an active participant in my meetings (educational planning or person-centered planning).<br>• I should understand about different kinds of jobs and what kinds of ways people prepare for them. |

### Keeping Children With Disabilities Safe From Abuse and Neglect

Due to their unique needs (e.g., cognitive impairments, communication skill deficits), children with disabilities are a particularly vulnerable group for abuse and neglect. In fact, according to Sobsey (2002), children with disabilities are at least twice as likely to be abused or neglected as children without disabilities. Parents and professionals in all 50 states and the District of Columbia have a responsibility to report suspected abuse to police or child protection agencies (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2013), so it is important to be aware of the signs of abuse (see Table 10.4). Many of these signs are ambiguous in and of themselves, but taken together or when an overall pattern or impression emerges, action may be required (Thuppal & Sobsey, 2004).

The risk for abuse and/or neglect can be reduced by educating children with disabilities about their right to be free from abuse and neglect. Similarly, as mentioned early in this chapter, a way to communicate with others is paramount. When children have a way to communicate, they can tell others about their feelings as well as any instances of abuse or neglect they may experience.

### Supporting Participation in General Education

Many children with disabilities will receive instruction in general education classrooms for part or all of the day. Careful planning is necessary for children with disabilities to participate successfully in general education (Browder, Spooner, & Jimenez, 2011; Wolfe & Hall, 2003). To plan for successful experiences in inclusive educational settings for students with disabilities, consider the following:

- Is the class activity accessible (i.e., physically, visually, auditorily, tactilely) for the student? If not, what changes are needed? See the American Printing House for the Blind (APH, http://www.aph.org/) for resources that promote accessibility.
- How is the classroom environment laid out? Are changes needed?

| TABLE 10.4 ■ Common Signs of Child Abuse | |
|---|---|
| **All Forms of Abuse** | Aggression |
| Direct observation (tangible acts) | Unreported fractures |
| Withdrawal | Patterned injury |
| Resistance to touch | Temporarily dispersed injuries |
| Fear of specific caregivers | **Sexual Abuse** |
| Poor self-esteem | Genital irritation |
| Victimization of others | Aggression |
| Disclosure | Resistance to touch |
| Escape behavior | Noncompliance |
| Hypervigilance | Gender-specific fear |
| Sleep disturbances | Promiscuity |
| Passivity | Threats |
| Reenactment | Sexual precocity |
| Fear of specific environments | Withdrawal |
| Self-abuse | Inappropriate sexual behavior |
| Stoical responses to discomfort | Unexplained pregnancy |
| Inappropriate behavior | Sexually transmitted disease |
| Behavior regression | **Neglect** |
| **Physical Abuse** | Low affect |
| Frequent injury | Dehydration |
| Unexplained coma | Indifference to other people |
| Noncompliance | Unusual need for attention |
| Unexplained injury | Poor nutritional status |
| Threats | Stoical responses to discomfort |
| Grab marks | Untreated illness or injuries |
| Atypical injury | |

- What is the general education teacher's instruction like? Is it a good match to the student's style of learning? Are multiple ways for the student to engage with instruction provided? What adaptations (i.e., accommodations or modifications) might be needed?
- Are general education learning materials presented in multiple ways? Do the materials need to be adapted? If so, what is needed, and who will make the adaptations?
- Does the student have multiple ways of showing what they know? Do the expectations for learning need to be adjusted?

- How could an intervener, paraeducator, or peer tutor support the student?
- Are goals focused on alternate achievement standards linked to academic content needed?

**Collaboration with general education teachers.** Academic instruction is typically rich in the general education classroom, and it is hard to duplicate an equivalent experience in a separate special education classroom. For this reason, collaborating with general education teachers for academic instruction is a good idea. In their article "In Junior High You Take Earth Science," Siegel-Causey, McMorris, McGowen, and Sands-Buss (1998) described a four-step process for including a student with severe disabilities in general education classes. Although this article was written for a middle school student with disabilities, the same steps could be followed to plan inclusive opportunities for an elementary-aged child.

Step 1—Plan. First, establish the student's educational outcomes and annual goals. When prioritizing academic goals for students with disabilities, including the family's voice is important. One way to accomplish this is to have family members complete the Choosing Options and Accommodation for Children (COACH; Giangreco, Cloninger, & Iverson, 2011), educational planning tool. The COACH includes a multistep process for selecting and prioritizing learning outcomes for their child.

Step 2—Select classes. Second, the IEP team identifies several potential grade-level classes that have content likely to address the student's annual goals and teachers who use teaching styles that are a good match for the student (e.g., hands-on, tangible products, small groups).

Step 3—**Accommodations**. Next, the special education teacher works with each general education classroom teacher to develop accommodations based on the student's strengths, needs, preferences, and learning style. An annual goal matrix (see Figure 10.3) can be used to translate how the student's annual goals will be matched to the curricular objectives of the classroom instruction. The annual goal matrix describes opportunities to address each annual goal within each class. An "X" indicates the goal can be addressed, an "A" indicates that the goal can be addressed with some adaption, or a "-" indicates no opportunity to address the goal. In addition, the special education teacher and the general educator can problem solve ways to link the student's annual goals within a curricular unit. By going through this process with one curricular unit, strategies that can be used in other curricular units are identified.

Step 4—Collaboration. Last, the roles, duties, and communication strategies for each class are determined along with needed curricular adaptations and progress monitoring. The special education teacher usually takes the lead in accomplishing these activities, but this responsibility can be shared between general education and special education teachers. For monitoring

| FIGURE 10.2 ■ The Annual Goal Matrix | | | | | | |
|---|---|---|---|---|---|---|
| | **Circle Time** | **Physical Education** | **Science** | **Music/Art** | **ELA** | **SPED Classroom** |
| Greet Others | X | X | X | X | X | X |
| Describe Events | X | X | X | X | X | X |
| Ask Questions of Others | X | X | X | X | X | X |
| Sustain Communication | X | X | X | X | X | X |
| Read Vocabulary | A | - | A | A | A | A |
| Follow Directions | X | X | X | X | X | X |

Key: X = Goal can be addressed, A = Goal can be addressed with adaption, - = No opportunity

progress, two areas are prioritized—achievements in meeting annual goals and level of classroom participation.

Regardless of where the child with disabilities receives instruction, they will be taught content linked to the general curriculum standards all children learn (i.e., the general curriculum). For children with significant cognitive disabilities who are assessed with an alternate assessment based on alternate achievement standards, this content will be reduced in complexity (e.g., extended standards).

## Peer Tutoring

This chapter has discussed four important areas for children with disabilities during times of **transition**: (1) friendships, (2) communication skills, (3) self-determination skills, and (4) access to the general curriculum. While many strategies can be used to teach these skills to children with disabilities, there is one instructional strategy that has been successful in teaching all of these skills: **peer tutoring**. **Peer tutoring** is an instructional strategy in which one student teaches another student (Greenwood, Carta, & Hall, 1988) and the experience benefits both (Rohrbeck, Ginsburg-Block, Fantuzzo, & Miller, 2003). Peer tutoring typically involves children in the same grade but can also be used with children of different grade levels (i.e., cross-age tutoring), with older children assuming the role of tutor and younger children assuming the role of tutee (Barbetta & Miller, 1991). In **reciprocal or two-way tutoring**, children alternate between tutor and tutee roles (Eiserman, 1988), whereas in classwide peer tutoring (CWPT), children are taught by peers who are trained and supervised by the classroom teacher, a form of intraclass, reciprocal peer tutoring in which children alternate tutor and tutee roles during tutoring sessions (Greenwood, Maheady, & Delquadri, 2002).

Peer tutors have taught social skills and academic skills to children with disabilities in both the separate special education classroom and the general education classroom. Table 10.5 contains a description of the placement and school level as well as the content and skills taught by peers to children with disabilities. In each of these studies, peer tutors were trained and supported to deliver instruction to peers with disabilities. For more information on peer support interventions

| TABLE 10.5 ■ Studies Using Peer Tutors Without Disabilities to Teach Elementary Students With Disabilities | | | |
|---|---|---|---|
| **Placement** | **School Level** | **Targeted Content/Skills** | **Reference** |
| Special Education Classroom | Elementary | Money skills, expressive language, and oral reading/comprehension skills | Kamps, Locke, Delquadri, & Hall, 1989 |
| Special Education Classroom | Elementary | Sight word recognition | Kamps & Walker, 1990 |
| General Education Classroom | Elementary | Expressive word naming and recognition of correct spellings | Wolery, Werts, Synder, & Caldwell, 1994 |
| General Education Classroom | Elementary (CWPT) | Spelling | McDonnell, Thorson, Allen, & Mathot-Buckner, 2000 |
| General Education Classroom | Elementary (4th grade) | Listening comprehension of adapted science lessons | Hudson, Browder, & Jimenez, 2014 |
| General Education Classroom | Elementary (5th grade) | Listening comprehension of adapted literature (i.e., *The Watsons Go to Birmingham*, 1968) | Hudson & Browder, 2014 |

for individuals with disabilities, see Carter, Asmus, and Moss (2014); Carter, Cushing, and Kennedy (2009); and Hughes and Carter (2008).

# THE INDIVIDUALIZED EDUCATION PLAN (IEP) PROCESS AND DOCUMENT

All school-aged students receiving special education supports and services have an individualized education plan (IEP document) to help them reach their full potential. Professionals follow specific steps for developing the IEP document called the IEP process. In this section, the process for developing an IEP will be discussed first, followed by the specific components included in the IEP document.

### The IEP Process

The Individuals with Disabilities Education Act (IDEA, 2004) describes 10 steps to follow when developing the IEP document (see Steps in the IEP Process box).

## STEPS IN THE IEP PROCESS

Step 1. Identify child who possibly needs special education and related services.

Step 2. Conduct comprehensive evaluation.

Step 3. Determine eligibility (see IDEA disability categories).

Step 4. Qualify child for special education supports and services.

Step 5. Schedule IEP meeting.

Step 6. Hold IEP meeting and write the IEP.

Step 7. Provide services.

Step 8. Measure progress and report to parents.

Step 9. Review IEP annually.

Step 10. Reevaluate child every 3 years.

A parent, local educational agency (LEA), or state educational agency (SEA) can recommend a child suspected of having a disability for the initial evaluation. Once the referral is made, a multidisciplinary team conducts a full and individualized evaluation in all areas of suspected disability to determine if a child is eligible to receive special education and/or related services. These areas can include general health, vision, hearing, speech and language skills, intellectual, academic, or prevocational/vocational skills. The initial educational evaluation must be completed within 60 days of the referral and before a child receives special education and/or related services. For each category of disability, the assessment results must demonstrate that there is an impact on the student's education caused by the disability and that the student can benefit from specially designed instruction. After all, not all children with a disability require special education services.

A child can qualify for special education supports and services under one or more of the 13 disability categories described in the IDEA (2004).

## WHO QUALIFIES FOR SPECIAL EDUCATION SUPPORTS AND SERVICES?

### IDEA 13 DISABILITY CATEGORIES

1. Autism
2. Deaf-blindness
3. Deafness
4. Emotional disturbance
5. Hearing impairment
6. Intellectual disability (ID)*
7. Multiple disabilities
8. Orthopedic impairment
9. Other health impairment
10. Specific learning disability
11. Speech or language impairment
12. Traumatic brain injury
13. Visual impairment

*ID has also been referred to as "mental retardation" (MR) in the past, and the term and its acronym may be used colloquially or in older documentation. It is not, however, a currently accepted practice to refer to individuals with intellectual disabilities as mentally retarded. For more information, see Rosa's Law (2010).

Additionally, the IDEA allows states and LEAs to use the term "**developmental disability**" to qualify children aged 3 to 9 years who experience delays in one or more areas of development (i.e., cognitive, physical, social or emotional, communication, or adaptive behavior) who, because of these delays, need special education supports and services.

The next steps in the process involve designing a plan (sometimes called program) that addresses the child's unique needs. This plan is described in very specific ways in the IEP document. The IEP document is a legally binding document that is reviewed annually in the IEP meeting. The first IEP must be in place within 30 days of the evaluation meeting in which the child was determined to be eligible for special education supports and services.

The last steps in the IEP process involve implementing the plan and measuring student progress. The IEP meeting is only one of the times a child's progress should be discuss by teachers, parents and other service providers throughout the year. Because the IEP is a working document, it can be modified and changed as needed.

## THE INDIVIDUALIZED EDUCATION PROGRAM PLAN

All school-aged students receiving special education supports and services will have an individualized education program (IEP) plan. The involvement of families in the IEP process is crucial for a well-developed plan that meets the needs of students with disabilities. Although the forms used to create the IEP may look different from state to state, the Individuals with Disabilities Education Act (IDEA, 2004) requires that all IEPs contain the following information:

- Present levels of academic and functional performance (present levels)
- Annual goals

- Services and supports
- Participation with nondisabled children
- Modifications to state and districtwide assessments
- Location and duration of services
- Reporting child progress
- Transition services
- Age of majority

**Present levels of academic achievement and functional performance (present levels).** This section of the IEP describes how the student is doing in school. This information comes from the results of current evaluations (e.g., classroom tests, individual tests given to decide eligibility or during reevaluation, observations from family members, teachers, related service providers). All the areas of development in which the student may need support should be assessed (e.g., academic skills, daily living or self-help skills, social skills, behavior, sensory skills, communication skills, mobility, vocational skills). Also, this section includes a description of how the student's disability affects his or her involvement and progress in the general curriculum (i.e., the knowledge and skills that all students are expected to learn while in school).

A well-written present levels document describes:

- the student's strengths and weaknesses;
- what helps the student learn;
- what limits or interferes with the student's learning;
- objective data from current evaluations of the student; and
- how the student's disability affects his or her ability to be involved and progress in the general education curriculum

It is very important that the student's present levels are written clearly and thoroughly, because this statement is the foundation for all of the IEP, including the annual goals.

**Annual goals.** Annual goals describe what the student can reasonably be expected to accomplish in a year. For students who take the alternate assessment based on alternate achievement standards, annual goals will be broken down into smaller goals called short-term objectives or benchmarks. The student's present levels of academic achievement and functional performance are used to write the annual goals. Specifically, the present levels statement identifies what the student needs, and the goals (and objectives, if appropriate) are written to address those needs. Annual goals and objectives may target any area of need, including the general education curriculum, learning development, functional skills, social or behavioral needs, physical needs, or other educational needs such as communication. A well-written goal should be positive and describe a skill that can be seen and measured. It answers the questions:

1. **Who?** … will achieve?
2. What?...**skill or behavior?**
3. How?...**in what manner or at what level?**
4. Where?...**in what setting or under what conditions?**
5. **When?**...by what time? And ending data?

In addition to describing how the student's progress will be measured, the IEP must also describe when periodic reports on that progress will be provided to families. For many schools, periodic reports are report cards sent home quarterly, but local education agencies may decide to use another form or schedule. Regardless of the form, families should be able to see whether their student is making progress on the annual goals (and/or short-term objectives) described in the IEP.

**Services and supports.** Under IDEA, special education supports and services are available to students who need them to reach their annual goals, be involved in and make progress in the general education curriculum, participate in extracurricular activities, and be educated with students without disabilities. The different types of services and supports include:

- Special education
- Related services
- Supplementary aids and services
- Program modifications or supports for school staff

Each of these services and supports is defined and described in this section.

*Special education* is instruction designed to meet the individual needs of a student. An individualized curriculum is different from that of same-age peers who do not have disabilities (e.g., teaching a blind student to read and write using Braille), yet it is based on the same general education curriculum that all students learn. It is important to understand that a student's entire education is not captured in the IEP—only those areas in which a student needs special education support are included. That means that if a student does not need special education support to participate meaningfully in physical education, goals for physical education will not be included in the student's IEP. Also, it is important to remember that special education is not a place. It's a set of services that can be provided in many different places, depending on the needs of the student.

*Related services* offer additional help in areas such as speaking or moving. The IEP team reviews evaluation information to identify any related services needed by a student, and these related services are included in the IEP. Table 10.6 lists some related services that can be included on the IEP. Please note that this list is not exhaustive of all the related services that may be provided; related services may include other developmental, corrective, or supportive services (e.g., artistic and cultural programs, and art, music, and dance therapy) if they are needed by a student with a disability to benefit from special education.

*Supplementary aids and services* include other kinds of supports or services that a student needs to be educated with students without disabilities to the maximum extent appropriate. Some examples of supplementary aids and services are:

- adapted equipment (e.g., pencil grip, special seat)
- a one-on-one aide
- assistive technology (e.g., computer, special software, or an augmentative or alternative communication device/system)

| TABLE 10.6 ■ Common Related Services | | |
|---|---|---|
| Transportation | Physical therapy | Audiology |
| Psychological services | Counseling services | Occupational therapy |
| Early identification and assessment of disabilities | Rehabilitation counseling | Interpreting services |
| School health services and school nurse services | Recreation, including therapeutic recreation | Social work services in schools |
| Orientation and mobility services | Speech-language pathology | Parent counseling/training |
| Medical services for diagnostic or evaluation | Assistive technology services | |

- training for staff, the student, and/or families
- adapted materials (e.g., adapted books, books on tape, large-print materials)
- peer tutors
- collaboration/consultation among staff, families, and/or other professionals (e.g., occupational therapist, behavior specialist, mobility specialist)

*Accommodations and modifications* help a student with disabilities access the general education curriculum and other learning materials and activities. Accommodations or modifications can be made to:

- scheduling (e.g., giving extra time to complete assignments or tests)
- setting (e.g., working in small groups, working one-on-one with the teacher)
- materials (e.g., providing audiotaped books, using large-print books)
- instruction (e.g., reducing the difficulty of assignments, reducing the reading level)
- student response (e.g., allowing answers to be given orally, using a computer for written work)

*Program modifications or support for school staff* include the supports available to the people who work with a student with disabilities. These supports are provided to help these people help the student:

- achieve his or her annual goals;
- be involved in a make progress in the general education curriculum;
- participate in extracurricular and other nonacademic activities; and
- be educated and participate with students who do not have disabilities.

**Participation with children without disabilities.** While IDEA does not require students with disabilities to be educated in the general education classroom, it does require them to be educated with their peers without disabilities *to the maximum extent appropriate* for each student. With this requirement in mind, the IEP must include an explanation of the extent, if any, to which the student will *not* participate with students without disabilities in the regular class and in extracurricular and nonacademic activities. This means that if a student with disabilities receives special education supports and services someplace other than the general education classroom, the IEP team must explain why in the IEP.

**Modifications to state- or districtwide assessments.** In order for students with disabilities to show what they know on state- or districtwide assessments, appropriate accommodations may be needed by the student. These accommodations are described on the IEP and offered in the same areas as the instructional modifications discussed earlier (i.e., scheduling, setting, materials, and student response). The IEP team will also decide how a student with a disability will participate in state- or districtwide assessments: the student may (1) participate in the assessment with no testing accommodations or modifications, (2) participate in the assessment with testing accommodations or modifications, or (3) participate in an alternate assessment. Alternate assessments are based on alternate achievement standards and are taken by students with significant cognitive disabilities who cannot participate in the regular assessment with or without testing accommodations or modifications.

**Location and duration of services.** Each of the services a student needs is described in the IEP. Along with a description of these services, the IEP must also include:

- how often a student will receive the service(s) (e.g., number of times per day or week);
- how long each session will last (e.g., number of minutes);

- where services will be provided (e.g., in the general education classroom); and
- when services will begin and end (e.g., starting and ending dates).

Sometimes students with disabilities need to receive special education supports and services after the school year has ended. This is called extended school year or ESY services. The IEP team will determine whether a student is eligible for ESY services based on the guidelines provided by the LEA.

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Additional information about the IEP and the IEP process can be found at *A Parent's Guide to Developing Your Child's IEP* (2009), available from the National Dissemination Center for Children with Disabilities website: http://www.parentcenterhub.org/repository/pa12/.

The PDF is available in English and in Spanish.

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## WORKING TOGETHER—THE IEP TEAM AND THE COLLABORATIVE TEAM MODEL

Many individuals are involved in planning and implementing a student's IEP. At a minimum, the members include the student, family members, special education teacher, general education teacher, related services professionals, and a local education agency representative such as the school principal (see Figure 10.3). If needed, other members are included on the IEP team (e.g., school nurse, **assistive technology** specialist). Each of the team members has an important role to play. Figure 10.3 describes some of the individuals that might be included on an IEP team.

**Student.** The student is the reason the team exists, and the team's energies should focus on the student's educational needs. As much as possible, the student should be involved in all team functions, including learning how to lead their IEP meeting (Hawbaker, 2007; Uphold & Hudson, 2012).

### FIGURE 10.3 ■ Possible Members on a Student's IEP Team
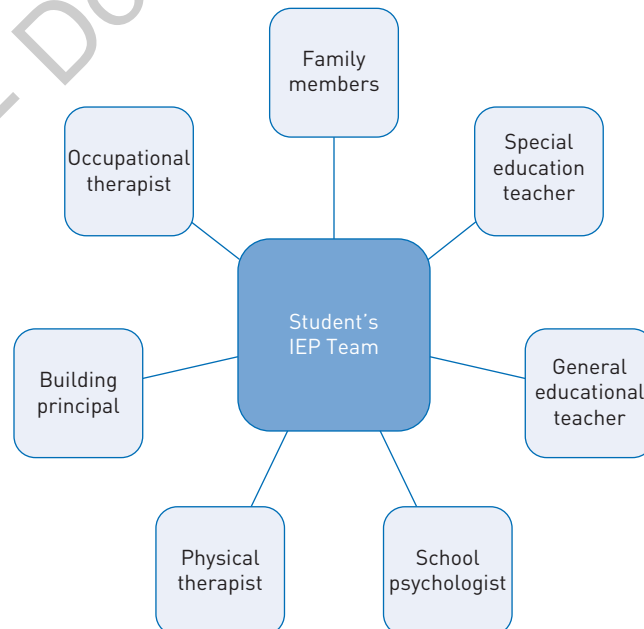
**Family members.** Family members are the most knowledgeable about the student with disabilities, and their input is crucial to developing appropriate goals for the student. Additionally, family members have the greatest stake in their student's future, making their input all the more valuable to the other team members.

**Special education teacher.** The special education teacher develops and implements the IEP with input from the other team members. The special education teacher is an expert in effective instructional strategies. In addition, they will educate and supervise paraprofessionals who work with the student, plan inclusive educational opportunities with general education teacher(s) to address IEP goals, and serve as a liaison between family and school and an advocate for students with disabilities.

**General education teacher(s).** The general education teacher(s) shares their expertise in the general curriculum by describing typical learning expectations and activities for their grade and content area. They may also describe their class schedule, rules, and routines so that the other members of the IEP team get an idea of what is expected for a typical student at a particular grade level. The general education teacher and special education teacher will work together to plan inclusive educational opportunities that address IEP goals for the student with disabilities.

**Physical therapist (PT).** The physical therapist focuses on the student's physical functions, including: gross motor skills, handling, positioning, transfer techniques, range of motion, muscle strength, endurance, flexibility, mobility, and relaxation and stimulation.

**Occupational therapist (OT).** The occupational therapist focuses on the development and maintenance of functional skills, including: daily living skills, fine motor skills, sensory perception, range of motion, muscle tone, sensorimotor skills, posture, and oral-motor skills.

**Speech-language pathologist (SLP).** A speech-language pathologist provides services in receptive and expressive communication, articulation and fluency, voice quality and respiration, augmentative and alternative communication (AAC) devices, and assessing and facilitating mealtime skills.

**Assistive technology specialist.** The assistive technology specialist focuses on the use of high- and low-technology devices and adaptations to facilitate instruction, communication, environmental management, mobility, and recreation.

**School psychologist.** The school psychologist focuses on social-emotional issues, assessment and evaluation, interpretation of testing information and counseling of students and families.

**School administrator.** This team member is usually a school principal or director of special education and is the person on the team who ensures compliance with local, state, and federal laws.

**Teacher of students with visual impairments.** This team member provides direct instruction, accommodations, and adaptations to students with visual impairments. Additionally, they may teach tactile communication and use of optical devices as well as adapt general education classroom materials, consult with general educators, and provide orientation and mobility training.

**Audiologist.** An audiologist identifies different types and degrees of hearing loss, consults on equipment (e.g., hearing aids, frequency modulation devices) and their use, and environmental modifications when needed.

**School Nurse.** The school nurse is an important member for students who have medical needs. They administer medications, provide medical procedures when needed (e.g., catheterization, suctioning, tube feeding), develop safety and emergency protocols, and consult with other medical professionals.
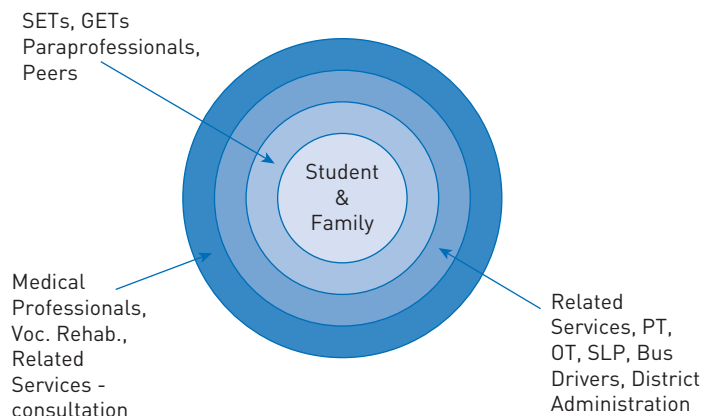
## COLLABORATIVE TEAM MODEL

It would be highly inefficient for a single teacher to gather and integrate all the information needed to plan, implement, and evaluate a student's IEP (Ryndak, Lehr, Ward, & DeBevoise, 2014). To meet the various needs of students with disabilities, therefore, team approaches have been developed (e.g., multidisciplinary, interdisciplinary, collaborative; Cloninger, 2004). For children with disabilities, the **collaborative team model** has been described as an exemplary practice for providing educational support (Giangreco, Cloninger, Dennis, & Edelman, 2000; Heller & Forney, 2009). Figure 10.4 contains a diagram of the collaborative team model. In this diagram, the child and their family are at the center, and the professionals who support their educational goals surround them.

In the **collaborative team model**, team members have expertise that is relevant to the needs of the child with disabilities. For planning and sharing information purposes, team members are grouped into core members and support members (Heller & Forney, 2009). Core members are the people who are involved in designing and implementing the student's education program. In Figure 10.4, these individuals are found in the second and third circles. For example, core team members for an elementary student with visual impairments could be the child, their family members, the special education teacher, the general education teacher, the teacher of students with visual impairments, an orientation and mobility specialist, and the classroom teaching assistant.

Other members of the team play a supportive role and offer their expertise when needed. These members are important to the team, but their roles do not directly support the child's day-to-day educational program. In Figure 10.4, these individuals would be in the outermost circle. Examples of possible support team members include the school psychologist, a social worker, vocational rehabilitation counselor, school nurse, and physicians (Heller & Forney, 2009).

In the collaborative team model, the roles of team members are dynamic, changing as the child's needs change. For example, if a child requires a feeding tube, the school nurse might move from being a support member on the child's team to a core member because her expertise will be needed on a regular basis. In addition to their areas of expertise, team members need specific

**FIGURE 10.4 ■ Collaborative Team Model**



SETs, GETs
Paraprofessionals,
Peers

Student
&
Family

Medical
Professionals,
Voc. Rehab.,
Related
Services -
consultation

Related
Services, PT,
OT, SLP, Bus
Drivers, District
Administration

knowledge related to the education of students with severe disabilities such as use of evidence-based interventions, methods for embedding evidence-based interventions and strategies, use of Universal Design for Learning principles, and use of accommodations and modifications (Ryndak et al., 2014).

Times of transition are likely periods when team members might need to shift their participation on the team to meet the changing needs of the student. For example, when a child with significant health-care needs begins first grade, the highest priority during the first few weeks is establishing safe routines for the delivery of the child's care. During this time, the school nurse, occupational therapist, and physical therapist might work with the classroom teacher and teaching assistants on positioning, handling, and daily living skills (e.g., feeding, toileting). While initially intense, once these procedures are in place, the interactions of the nurse, occupational therapist, and the physical therapist with the student may lesson, allowing time for the speech-language pathologist to work on a communication system with the student.

In the collaborative team model, some roles and responsibilities are shared by all team members. For example, all team members will help make decisions about the child's IEP, problem solve issues related to the child's educational program, share their specific knowledge and skills so that other team members understand the child's capabilities and needs, support the contributions of other team members, and support practices that facilitate the child's education and integration into the community (Cloninger, 2004; Heller & Forney, 2009).

To function successfully, collaborative teams are advised to establish and follow rules of operation from the onset (Ryndak et al., 2014). These rules might address (a) team member interactions, (b) development of team goals, (c) role assignments, (d) individual accountability, (e) measurement of effectiveness, (f) reflective evaluation of the team's functioning, (g) problem-solving process and action planning, and (h) receipt of mutual benefits from their collaboration (Jorgensen, McSheehan, & Sonnenmeier, 2010).

## Summary

In the first part of this chapter, transitions occurring during elementary school for children with disabilities and their families are described. These times of transition will likely be stressful for both family members and their children with disabilities due to the changes these transitions bring. Educators can help by providing effective communication, both written and electronic, to families that includes information about their child's day, classroom, and school events. In addition, educators can teach children with disabilities important skills that facilitate successful transitions, including communication skills, self-determination skills, social skills (e.g., friendships with peers without disabilities), and skills to participate successfully in general education. The second half of the chapter describes two ways effective instruction and supports are obtained for children with disabilities. The child's individualized education program (IEP) plan is the written document that describes the present levels of academic achievement and functional performance (i.e., present levels). From these "present levels," annual goals are written to address the areas of need, and other needed supports and services are identified and provided. The IEP team is a diverse group of people that includes the child with disabilities and family members. The members of the IEP team are devoted to the success of the child with disabilities and work collaboratively to make this happen.

## Additional Resources

### Web-Based

Questions Parents Ask about Schools

A discussion of frequently asked questions families ask about schools: http://www2.ed.gov/parents/academic/help/questions/questions.pdf.

*A Parents' Guide to the Self-Determined Learning Model for Early Elementary Students*

A free online resource that includes an introduction to the Self-Determined Learning Model of Instruction (SDLMI) as well as a list of children's books about problem solving and sample forms for teaching self-determination skills: http://www.beachcenter.org/RESOURCE_LIBRARY/BEACH_RESOURCE_DETAIL_PAGE.ASPX?INTRESOURCEID=2505&TYPE=BOOK&JScript=1.

*Fostering Self-Determination among Children and Youth with Disabilities—Ideas from Parents for Parents*

A free online resource guide written by parents that includes practical ideas for teaching self-determination skills to children with disabilities: http://www.waisman.wisc.edu/naturalsupports/pdfs/FosteringSelfDetermination.pdf.

*A Parent's Guide to Developing Your Child's IEP*

Available in English and Spanish, this guide describes information about the IEP and the IEP process: http://www.parentcenterhub.org/repository/pa12/.