Independent School District 196
Rosemount-Apple Valley-Eagan Public Schools

Special Education Advisory Council (SEAC)

Parent Handbook

November 16, 2010
Independent School District 196

Rosemount-Apple Valley-Eagan Public Schools

Rosemount, Minnesota 55068-4199
www.district196.org

Educating our students to reach their full potential

Special Education Services

Parent and Guardian Handbook
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Acronyms

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PACER Center

Glossary of Special Education Terms

ISD 196 Special Education Administrative Team 9/15/08
INTRODUCTION

Independent School District 196, along with the Special Education Advisory Council has developed this resource guide for parents and guardians of students with disabilities. The reason for this guide is to help you, as the parent or guardian, find answers to common questions regarding special education services.

Within this handbook you will find the protocols for evaluations, individual education plans, and transitions from one educational milestone to the next, communication tips, and dispute/conflict resolution. All of these topics are designed to provide further information and open communication flows between educators and parents. If you, as a parent or guardian, do not know where to begin with framing a question, this guide will provide the ground work.

What is the Special Education Advisory Council?

The members of the Special Education Advisory Council (SEAC) include an equal mix of district parents, community representatives, and school staff. Each school district in Minnesota is required by law to have a Special Education Advisory Council. The purpose of the SEAC is to represent the interests of district learners with disabilities from birth through age 21; advise the Special Education Department on current issues, program development, parental concerns and involvement, and department priorities; serve as an advocate for high quality special education programs, and promote communication between family, school and community, actively seeking input from students and parents.

Official members of SEAC are recruited each summer through announcements in local newspapers, district publications and the ISD 196 website. Candidates complete an application and are notified by September 1st if selected. The meetings are open to all parents.

All parents or guardians are encouraged to attend a SEAC meeting. Please see the ISD 196 website, drop down menu for “about the district”, and scroll down to advisory council / Special Education Advisory tab for meeting times and locations.

Internet Protocol (IP) Addresses for Important ISD 196 Web Sites

Independent School District 196 Home Page
www.district196.org

Independent School District 196 Department of Special Education
www.district196/District/Departments/SpecialEducation/Index.cfm

Independent School District 196 Special Education Advisory Council
www.district196/District/Departments/SpecialEducation/SpecialEdAdvisoryCouncil.cfm
The Roles of Those Involved with Your Child’s Education

Your Child
Your child is what this is all about and his and her education is why we are here.

You, the Parent or Guardian
Your role is to be your child’s advocate through this process. You know your child better than anyone else and your participation is not only critical, it is required by law that you are provided the opportunity to participate in the special education process.

Your Child’s General Education teachers
Your child’s general education teachers are trained to identify learning and developmental issues in the educational environment. Your child’s teacher is a key point of contact when setting educational goals.

The Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) Manager
One school staff member of the IEP/IFSP team will be identified as the IEP/IFSP case manager. The case manager will be your primary point of contact in regards to special education services and/or questions.

Your Child’s School Administration
The School Administration plays an important role in the special education process. Often they attend special education meetings as the District Representative. If they are unavailable, an alternative District Representative will be appointed to attend the meeting.

Other Special Education Staff and Supports
There are a number of other district professionals who participate in the special education process as needed (i.e. Speech/Language Pathologists, School Psychologists, School Nurses, Vision Teachers, Deaf Hard of Hearing teachers, etc.). These staff members may participate in an evaluation, provide services to your child and/or consult with the IEP team.

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Other Special Education Staff and Supports
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INTERVENTIONS

I am concerned that my child, who is between the ages of birth and 5 years old, may have a developmental delay. Who do I contact to get assistance?

Minnesota State Law mandates that all school districts provide services to children with disabilities from birth through age 21. ISD 196 provides a comprehensive Early Childhood Special Education Program for children from birth through age 7. To learn more about this program, contact the Department of Special Education/Early Childhood Special Education at (952) 431-8700.

My child is having difficulty in school. Who should I contact to get assistance?

If you have a concern about your child’s school performance or behavior, you may request a meeting with his/her teacher and/or school principal.

To facilitate a thorough review of your concerns, it is recommended that your initial contact be made through your child’s teacher. Working with school and district staff, your child’s teacher may be able to suggest steps to be taken at home, as well as classroom adaptations to address your concern. Your child’s teacher is in the best position to make the necessary initial recommendations that will result in the appropriate screening and evaluation of your child.

What if it is my child’s teacher that reports my child is having difficulty learning in school?

In a situation where your child’s teacher or other district staff personnel feels that your son/daughter is having difficulty learning, you will be contacted by your child’s teacher. If this contact is in written form, you will likely be asked to call the teacher for a conference either by telephone or by visiting the school. Several different courses of action could be taken including:

- Apply recommended strategies at home and in the classroom for teaching your child with a record of the results,
- Use a “student assistance team” to generate additional ideas for teaching your child and make a record of the results,
- Conduct a meeting to determine if your child is suspected of having a disability and recommend that a formal evaluation for special education services be made.

If my child has trouble with reading or math, is my child considered to be a child with a disability?

- Your school team will review your child’s progress, recommend interventions and collect data. An evaluation for special education may be recommended to determine if your child has a disability as defined under federal and state law.
As a parent, can I request that the school proceed with an evaluation without going through the intervention process?

Yes, you can, however, the information gathered by the student assistance team is used to help determine if there is a need for special education services. The section below titled “The Intervention Process” will help you understand what information is collected and the manner in which it is collected and then used in developing a plan for your child.

The Intervention Process

Many elementary, middle and high schools within the district have a student assistance team that is designed to assist the classroom teacher(s) in developing interventions to address learning or behavioral difficulties. The teams are designed to focus on prevention and intervention by providing teachers with suggestions for addressing issues such as learning difficulties, discipline problems, health concerns, and poor attendance. This team typically includes the building’s general education teachers, administrators, school counselors and support staff. Although parents are not required team members, they may be involved in the intervention team meeting, however these meetings do occur during typical school day hours.

Problem Identification and Analysis: The intervention team discusses relevant academic and behavioral information, examines academic history, and defines the problem(s) in observable/measurable terms. The team reviews all baseline data and discusses why the problem(s) may be occurring.

Intervention Planning: The team identifies interventions, sets specific goals, and determines how data will be collected and when the team will review the data. Although there are no specific timelines for interventions, the length of the intervention must be of appropriate duration to determine whether the intervention is effective. Typically interventions should be tried for at least three weeks in duration.

Monitoring and Evaluation: Following the intervention period, the team will reconvene to discuss the progress and analyze the results. In many cases, well planned interventions are all the student requires to make progress. If the first intervention is not successful, at least one more intervention is required.

The intervention team must review the data to determine if further interventions are required or if a referral for a special education evaluation is appropriate.

Examples of Interventions: Interventions must be designed to address the specific student need. Examples of behavioral interventions include: modifying tasks/assignments to better align with student skills; implementing reinforcement
schedules for appropriate behavior; offering options or choices; ignoring the behavior, etc. Examples of academic interventions include: 20 minute daily intervention groups, peer tutoring, cross-age tutoring, graphic organizers, etc.

Who can make the request for intervention or special education services for my child?

If you or someone else involved with your child’s education or development thinks your child may have a learning or developmental disability and may need special education and related services, a referral for evaluation may be made by:

- You, the parent;
- Your son/daughters teacher or student assistance team; or
- The Minnesota Department of Education or another public agency.

If you, the parent, make the request for an evaluation:

You may request that your child be evaluated for a suspected disability either verbally or in writing. It is recommended that your request for an evaluation be in writing so that there is documentation of when the timelines for the school district’s response began. Your request for evaluation should be made directly to your child’s teacher or if your child is not of school age, you should contact the Department of Special Education/Early Childhood Special Education at (952) 431-8700.

What If my child’s teacher, a member of the school staff or the student assistance team, makes the request for evaluation?

Someone from the school district will contact you outlining their concerns and indicating that your child should be referred for an evaluation.

After a request is made and before the evaluation begins:

- If the school district suspects your child may have a disability and recommends an evaluation, the district must get your consent in writing to evaluate.
- You must be given “prior written notice”. Prior written notice tells you that the school district is either proposing to take some action related to the question of your child qualifying for or receiving special education services; or that the school district is refusing to take any action related to this question, and in both cases explain the district’s decision.
- If you refuse to give your consent for your child to be evaluated, the school district may use “mediation” or “due process” procedures to get the go-ahead to evaluate your child. (See explanations of these terms in the “Definitions” section.)
Requirements for a child to be eligible for special education and related services have been established for each of the disabilities recognized in federal and state law. The disabilities are defined in the section of this document titled, “Definitions of Disability Terms.”

*My child’s doctor has determined that he/she has a disability. Does this qualify my child for services?*

Not necessarily. The district must consider any information from a doctor or other outside agency in the evaluation process. A child must not only meet criteria of having a disability under MN special education criteria but must demonstrate a need for special education services. An outside diagnosis or evaluation alone is not sufficient to determine the need for services.

*What happens if my request for evaluation or the request of my child’s doctor is denied?*

Once you provide consent the district has 30 days to conduct the evaluation or send you prior written notice saying the school district does not suspect that your child has a disability and will not be conducting an evaluation.

The rejection of a request for evaluation does not necessarily mean that some form of intervention is necessary, however it is likely that a referral for intervention could be recommended. A referral for intervention is not a rejection for services, but is part of the process in determining the appropriate need and course of action.

*This process is beginning to get complicated. How important is my input?*

Parent input is critical. District and school staff want to address your areas of concern through this process. The sooner you respond, the sooner the district can move forward with intervention and/or the evaluation process.

*What is “prior written notice”?*

You should receive information, in writing, within a reasonable time before the school district proposes any assessment, and action related to your child qualifying for special education services and receiving special education services. You also will receive information in writing when the district *refuses* to take any action related to your child being assessed or qualifying for special education services and receiving special education services. This information is called **prior written notice**.

The school district must also give you prior written notice:
- Within 30 days of the date of referral; or
- Before changing your child’s placement because of a disciplinary action.
The prior written notice must:
- Describe the action the school district is proposing or refusing to take;
- Explain why the district or agency is proposing or refusing to take action;
- Provide a description of each evaluation procedure, assessment, record or report the school district will use to make its decision;
- Provide a description of other factors that led to the school district’s decision;
- Include information saying that the parents’ rights are protected by procedural safeguards.
- Identify sources you can contact to help you understand your prior written notice rights.

Prior written notice to parents must be written in language understandable to the general public. The district must provide the notice in your native language or other mode of communication you use, unless it is clearly not practical to do so. If your native language or other mode of communication is not a written language, the school district must take steps to have the notice translated verbally or by other means so that you understand the notice. The school district must keep a written record that it has taken these actions.

If you disagree with the school district regarding any of the information in the prior written notice, see the section “How to Resolve Conflicts or Concerns” for guidance.

**What does consent mean?**

Consent means:
• You have been fully informed of all information necessary to make a decision about a proposed activity. This information must be provided in your native language or other mode of communication you use.
• You understand and agree in writing to the proposed activity. The consent you sign must describe the proposed activity and list any records on your child that will be released. It must also list who will receive these records.
• You understand that giving your consent is voluntary and that you may revoke your consent at any time.
• You understand that if you revoke your consent, that revocation does not overturn an action that occurred after you gave consent but before you withdrew consent.

**When must the school district get my written consent?**

The school district must make reasonable efforts to get your consent:
• Before a first evaluation begins;
• Before special education and related services are provided for the first time;
• Before a re-evaluation begins, if new testing will be done as part of the evaluation; and
• Before there is a change in location of services. There is an exception: the district is not required to get your consent if your child is being moved from his or her current location for disciplinary reasons.

The school district must keep a record of its attempts to get your consent.

When you give your consent for a first evaluation of your child, you are *not* giving your consent for the district to begin providing special education and related services to your child.
EVALUATIONS

What is an evaluation?

An evaluation is a process used to gather information that will help determine whether your child is a child with a learning disability. It also will help determine your child’s educational needs.

The reason for evaluating your child is to:

• Get a complete picture of your child's abilities as a starting point for planning educational services. This includes a picture of how your child is performing academically and how your child is developing;
• Make recommendations about ways to meet your child's educational needs; and
• Determine whether your child needs special education and related services.

If your child is already receiving special education and related services, the district does a re-evaluation to make sure that your child is still eligible for special education and related services and to determine if the services your child is now receiving are appropriate.

What are the steps to completing an evaluation?

The school district will get your consent to do the evaluation, and the evaluation will be completed no more than 30 school days from the day you give the school district your consent.

The district has established Evaluation Teams to complete initial evaluations at the elementary level. These teams have been highly trained in evaluation procedures, testing and interpretation. When a student has been referred for a special education evaluation, members from the school meet with representatives of the Evaluation Team to discuss appropriate testing. Parents are contacted prior to this meeting and are expected to provide input. All evaluations and re-evaluations at the secondary level will be completed by building staff.

Once your consent for evaluation has been received, the Evaluation Team will determine which areas are in need of evaluation and which evaluation procedures will be used.

Your child’s evaluation must:

• Use a variety of assessment methods and activities to gather information about how your child is developing, learning, and functioning. One of these methods will be to use information provided by you;
• Not use any one measure or assessment as the single reason for determining whether your child is a child with a disability and for determining a proper educational program for your child;
• Use reliable tests and assessments that show how much your child’s intellect, behavior, physical state and level of development each contribute to your child’s disability;
• Use assessment tools that are in your child’s native language or other mode of communication and that are given in the form most likely to give accurate information about how your child is developing, learning and functioning (unless it is clearly not practical to do so);
• Use assessment tools that are unbiased: in other words, given in such a way that they do not discriminate against your child, regardless of your child’s cultural background, race or disability;
• Use background information provided by you, the parent. This may include any reports from professionals outside the school district;
• Gather information useful in helping your child progress in the general curriculum, or for preschool children, to participate in typical activities for that age group;
• Include materials that are intended to show specific educational needs, not simply to measure intelligence.
• Use tests and assessments only for the purposes they are designed and considered reliable for; and
• Include tests and assessments given by a trained professional using instructions provided by the tests’ creators.

Evaluation plans for children under the age of three may include:
• Physical/Motor Development
• Basic Senses, Including Hearing and Vision
• Self Help Skills
• Academic Performance/Cognitive Development/Intellectual Functioning
• Social/Emotional/Behavioral Development
• Communication
• Environmental (Basic Needs)
• Current Health and Medical Status
• Adaptive Development
• Participation in Age Appropriate Activities
• Community Access/Use/Participation

Evaluation plans for children age three or older may include:
• Intellectual
• Academic
• Social/Emotional/Behavioral
• Communication
• Adaptive Behavior/Functional Skills
• Medical/Health Information
• Sensory
• Fine/Gross Motor
• Assistive Technology
• Functional Behavior Assessment (FBA)
• Transition
  o Home/Living
  o Recreational/Leisure
You also may request that other areas be assessed as part of your child’s evaluation.

The evaluation may include formal assessments that are standardized on the general population or informal assessments (checklists, teacher anecdotal information, etc.). An evaluation plan is developed and sent to the parent(s), along with a short description of the proposed assessments, for your review. A sample evaluation plan can be found in the appendix.

All parts of the evaluation that you and the school district have agreed to in the evaluation plan are provided by the school district at no cost to you. If you and the school district cannot agree on all parts of the evaluation plan, you may begin taking steps to resolve the conflict with the school district. (See the section “Resolving Conflicts and Concerns.”)

Written permission must be received before the initial evaluation can proceed. In the case of a re-evaluation, parents have 14 calendar days to respond to the evaluation plan. If there is no response, the school district will proceed with the re-evaluation.

**How long will the evaluation process take?**

For children below the age of three, the evaluation process must be concluded within 45 calendar days of the initial referral. For children aged three or older the evaluation process must be concluded within 30 school days.

**EXCEPTION:** The evaluation is not required to be completed within the timelines if:
- You repeatedly do not bring your child for the evaluation; or
- Your child enrolls in a new school district of residence within 60 days after you have given your consent and your child’s previous school district has not yet determined whether your child is a child with a disability. This will happen only if:
  - The new school district is making acceptable progress toward completing the evaluation; and
  - You and the new school district agree to a specific time when the evaluation will be completed.

**How will I be informed of the results of my child’s evaluation?**
An evaluation report (ER) is written describing the evaluation results. A meeting is held to summarize the findings with the parent(s). You will be sent a Notice of a Team Meeting informing you of the time and place for this meeting.

**Are there specific categories for qualifying for special education services?**

Yes there are. Students must have a need for specialized instruction and meet at least one of the Minnesota disability criteria to receive special education services. Minnesota has identified the following disabilities:

- Autism Spectrum Disorders
- Blind-Visually Impaired
- Deaf-Blind
- Deaf/Hard of Hearing
- Developmental Cognitive Disabilities: Mild-Moderate
- Developmental Cognitive Disabilities: Severe-Profound
- Developmental Delay
- Emotional or Behavioral Disorders
- Other Health Disabilities
- Physically Impaired
- Severely Multiply Impaired
- Specific Learning Disabilities
- Speech or Language Impairments
- Traumatic Brain Injury

The Minnesota Department of Education website identifies some disability specific resources and supports on their website.

[http://www.education.state.mn.us/MDE/Learning_Support/Special_Education/Categorical_Disability_Information/index.html](http://www.education.state.mn.us/MDE/Learning_Support/Special_Education/Categorical_Disability_Information/index.html)

**What are my options if I disagree with the finding of my child’s evaluation?**

Parents of a student with a suspected disability have the right to obtain an independent educational evaluation (IEE) at public expense if they believe the evaluation conducted by the school district was not valid and reliable. Parents are only entitled to one independent educational evaluation at public expense for each evaluation conducted or obtained by the district to which there is disagreement.

If a parent requests an independent educational evaluation at public expense, the district must, without unnecessary delay, either (1) initiate a hearing to show
that its evaluation is appropriate; or (2) ensure that an independent educational evaluation is provided at public expense. 34 C.F.R. Section 300.504(b)(2).

If the parent requests an independent educational evaluation, the district may ask parents why they object to the district’s evaluation. However, the explanation by the parent may not be required and the district may not unreasonably delay either providing the independent educational evaluation at public expense or initiating a due process hearing to defend the district’s evaluation.

The parent should inform their student’s case manager if they wish to request an independent education evaluation.

*My child’s evaluation indicates that he/she does qualify for special education services. What is the next step?*
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

What is an IEP?

An individualized education plan (IEP) is a written statement for a child with a disability that outlines the educational goals and objectives your child will work on in the coming school year. It also outlines the accommodations, supports and services your child needs to meet the goals stated in the IEP.

Federal and state regulations require that the IEP be developed, reviewed and revised in a meeting of qualified individuals that include you, the parent.

When must the IEP meeting take place?

A meeting to develop an IEP must be conducted within 14 days of a decision that the child needs special education and related services. The IEP must be put into action as soon as possible following the IEP meeting.

When must the IEP be completed and in effect?

• The initial (first or original) IEP must be developed within whichever of these time periods is the shortest:
  o 30 calendar days of the decision that the child needs special education and related services;
  o 90 calendar days of receiving the parents' consent for an evaluation; or
  o 120 calendar days of when a parent or school district makes a request for evaluation.
• The IEP must be in effect by the child’s third birthday and at the beginning of each school year following that.

What does the IEP include?

The IEP includes:
• Information about your child’s future;
• Information about how your child is currently learning and functioning.
  o This information should tell you how your child’s disability affects his or her participation and progress in the general curriculum (the same curriculum taught to children without disabilities).
  o For preschool children (3-5 years old), this information should tell you how the disability affects your child’s participation in school activities that are appropriate for preschool children;
• A statement of goals that can be measured annually, including goals for the levels of subject content your child will cover and how well your child functions/perform;
• The IEP also includes benchmarks or short-term objectives related to learning and functioning that are designed to:
• Meet your child’s needs that result from his or her disability, so that your child can participate and make progress in the general education curriculum; and
• Meet your child’s other educational needs resulting from the disability;

• A description of:
  • How your child’s progress toward meeting the annual goals will be measured; and
  • When regular reports will be provided on the progress your child is making toward meeting the annual goals. These could be quarterly or other regular reports issued at the same time as report cards;

• A statement of the special education and related services and supplementary (additional) aids and services to be provided for your child, and a statement of the program modifications or supports for school personnel that will be provided to enable your child to:
  • Advance toward reaching the annual goals;
  • Participate and progress in the general curriculum and participate in school activities outside the classroom, if it is appropriate; and
  • Learn and participate in school activities with other children who have and do not have disabilities.

• An explanation of any accommodations that will be made to facilitate your child’s educational experience:
  • Modifications to any testing environment or test forms/sheets.
  • Location in the classroom.

• An explanation of the degree, if any, to which your child will not participate with children who do not have disabilities in the regular classroom and in other school activities;

• A statement of any individual adjustments that are necessary to measure how your child is doing on state-wide and district-wide assessments. If the IEP team determines that your child will take a different assessment on a particular, regular, state or district-wide achievement test, a statement of why your child cannot participate in the regular test; and why the different assessment that has been selected is appropriate for your child.

• The date the school district plans to begin the services and modifications described in the IEP and where, how often, and for how long those services and adjustments are needed (see modifications in the “Definitions” section); and

• Beginning at least one year before your child reaches the age of majority under state law, a statement saying that your child has been informed of the rights under IDEA that will transfer to him or her at age 18.

What must the IEP team consider in developing an IEP?

The IEP team must consider:
• Your child’s strengths;
• Your concerns for improving your child’s education;
• The results of the first or most recent evaluation of your child;
• The results of your child’s performance on any state-wide or district-wide assessments; and
• What your child needs to learn, develop and function properly.
What else does the IEP team consider?

The IEP team must also review and consider the following special factors:

• The transition or movement of your child from preschool special education services (3-5 years old) to school-age special education services (6-21 years old);
• Beginning at age 14 (or younger, if the IEP team determines it necessary), a statement of the services your child will need for the transition from high school to adult life. This transition statement at age 14 focuses on your child’s courses of study (such as advanced courses or a vocational education program). This statement must be updated annually;
• Beginning at age 16 a statement, updated annually, of:
  o Appropriate goals for your child, based on assessments, that relate to training and education that will prepare the child for employment and, if appropriate, independent living after graduation; and
  o The transition services (including courses of study) needed to assist your child in reaching those goals;
• If your child’s behavior interferes with his or her learning or that of others, the use of positive ways to encourage good behavior, and other strategies to address that behavior;
• Physical education programs that address your child’s individual needs;
• Your child’s need for extended school year services (services offered beyond the traditional school year);
• The need for Braille instruction if your child has a visual impairment;
• The communication needs of your child, which includes listening, speaking, reading and writing. If your child is deaf or hard of hearing, the individualized education plan team must consider your child’s language and communication needs. It must consider what opportunities your child will have for direct communication with classmates, teachers and therapists in your child’s language and communication mode, academic level and full range of needs.
• Your child’s language needs based on the IEP, if the child’s ability to use English is limited (your child shows LEP); and
• Your child’s need for assistive technology devices and services.

What are the arrangements for an IEP meeting?

The IEP meeting is arranged by the school district, according to the following:

• You and/or your child will be notified of the meeting early enough to ensure that you will have an opportunity to attend.
• The meeting will be scheduled at a time and place agreed upon by all.
• The meeting notice should include the purpose, time and location of the meeting and who will be attending.
• If you cannot attend, the school district must use other methods to allow you to participate in the meeting, such as individual or conference telephone calls.
• A meeting may be conducted without you if the school district is unable to convince you that you should attend.
• The school district must have a record of its attempts to reach you.
• The school district must take whatever action is necessary to ensure that you understand what will happen in the IEP team meeting, including arranging for an interpreter if you have a hearing impairment or if you do not understand English.
• The school district must give you a copy of your child’s completed individualized education plan at no cost to you within 30 days of the completion of the IEP meeting.

What if the district and I disagree about what should be in the IEP?

If you and the district disagree about what should be in the IEP, you can:
• Request another IEP meeting with the team
• Request conciliation
• Request a facilitated IEP meeting
• Request mediation; or
• Participate in other ways of resolving the conflict. (See the section of this handbook "Dispute/Conflict Resolution")

Who should be a member of the IEP team?

The school district must ensure that the individualized education plan team for each child includes as a minimum:
• You, the parent;
• Your child, whenever appropriate; the school district must invite your child with a disability to attend the child’s IEP team meeting if a purpose of the meeting will be the consideration of goals for the child after graduation and the transition services that will be needed to help the child meet those goals
• At least one of your child’s regular education teachers (if your child is, or may be, participating in the regular education environment);
• At least one special education teacher or, if appropriate, at least one of your child’s special education providers (for example, an occupational therapist or speech-language pathologist);
• A representative of the school district who is qualified to provide or supervise instruction that is specially designed to meet the unique needs of children with disabilities. The district representative must know about the general curriculum and about the availability of school district resources;
• A person who can explain how the evaluation results will affect teaching. This person may be one of the team members described in the bullet item above;
• At the discretion of you or the school district, other individuals who have knowledge or special expertise regarding your child, including related services personnel when appropriate;
• The school district must invite a representative of any participating agency that may provide or pay for transition services to the degree appropriate, with the consent of the parents or a child who has reached 18 years of age.
• At your request, a representative of an advocacy organization.
• At your request, a third party to assist you in recording meeting minutes or assist you in understanding the terminology or English language.
**When is a member of the IEP team not required to attend an IEP meeting?**

**How may a member of the IEP team be excused from attending an IEP meeting?**

- A member of the IEP team is not required to attend any part of an IEP meeting if the parent and the school district agree in writing that the member’s attendance is not necessary. This would occur only because the member’s area of the curriculum (subject area) or related services is not being changed or discussed in the meeting.
- A member of the IEP team may be excused from attending any part of an individualized education plan meeting when the meeting does involve a change to or discussion of the member’s area of the curriculum or related services, under these conditions:
  1. The parent and the school district each consent in writing to the member being excused; and
  2. The IEP team member gives input into the development of the individualized education plan before the meeting. This input must be put in writing to both the parent and the IEP team;
- If your child was previously served under Early Childhood Special Education (Part C of IDEA), an invitation to the initial individualized education plan meeting must, at your request, be sent to the Part C service coordinator or other representatives of the Part C system to assist with the smooth transition of services.

**How may changes to IEP be handled?**

- Changes to IEP and the meetings necessary to make those changes may be handled as follows: IEP team meeting for a school year, you and the school district may agree not to call an IEP team meeting to make such changes. Instead, you and the school district may determine what changes are needed and put them in writing. IEP team is informed of those changes.
- To the degree possible, the school district must try to combine reevaluation meetings and other kinds of IEP team meetings for your child.
- Once changes to the IEP are agreed to, either by the IEP team or the parent and school district, those changes can be made part of the IEP in three ways:
  - The original IEP document can be marked up with the agreed-upon changes;
  - The newly written changes can be attached to the original IEP; or
  - A new IEP can be written with the changes reflected in it.

At your request, the school district must carry out this third option. The school district must send any version of the amended IEP to you within 30 days of amendment.

**When the school district and I need to meet, do we have to meet in person?**
No. You and the school district may agree to use different ways and different places to have meetings. For example, you may choose to hold video conferences and conference phone calls involving all the parties. Any of the following matters can be discussed in those ways:
• Evaluations;
• Determinations of whether your child is eligible;
• Individualized education plan;
• Educational placements (locations where your child will learn);
• Procedural safeguards such as mediation and resolution sessions; and
• Carrying out administrative matters under the procedural safeguards of IDEA (such as scheduling, exchange of witness lists and status conferences).

What is the responsibility of the IEP team?

IEP meeting participants must complete the following activities in this order:

Step 1: Discuss future planning.
Everyone has dreams for the future, which guide actions, thoughts and plans. Putting dreams into words is part of the ongoing, long-range planning for your child with a disability. As part of that effort, the IEP team will discuss your child's preferences and interests as well as your family's long-range goals for your child. These might include your child's career path, living arrangements and specialized training.

Step 2: Discuss current levels of academic achievement and daily living skills.
The IEP team will review relevant information about your child, including your child's current academic achievement and IEP, the evaluation team report, input from your child's teachers and school staff that work with your child, and, if appropriate, input from you and from your child. This information provides a "picture" of your child, including your child's strengths and needs.

Step 3: Identify annual goals, including academic and life-skills goals, and benchmarks or short-term objectives that can be measured.
The IEP team will develop measurable annual goals, including academic and life-skill goals, as well as benchmarks or short-term objectives with matching evaluation procedures. These will enable your child to participate and progress in the general education curriculum. The team then determines what services are necessary to meet your child's needs.

Step 4: Identify needed services.
The IEP team decides what special education and related services the district will provide to your child, how often, and who will provide them. This section of the IEP should include, as considered appropriate, accommodations, adjustments, assistive technology devices and services, and a statement of what support will be needed for school staff. The supports and services listed on the IEP should be based on scientific research showing what types of supports and services
actually help children with disabilities participate and progress in the general curriculum and other school activities outside the classroom.

**Step 5: Determine least restrictive environment (LRE).**
The law considers your child’s place of learning to be first the regular classroom or other general education environment. If the team determines that a different setting is needed for any service your child receives, it will tell you why your child cannot participate in the general education setting and how your child’s setting and activities are different from those of children without disabilities.

**How is my child’s IEP reviewed and/or revised?**

The IEP team must review your child's IEP on a regular basis (at least once a year) to determine if your child is meeting the annual goals.

The IEP team must revise the individualized education plan for:
- Any lack of expected progress toward the annual goals and in the general curriculum, if appropriate;
- The results of any reevaluation;
- Information about your child provided to you or by you;
- Your child’s expected needs; or
- Any other matters that may arise.

**What happens before my child reaches the age of majority?**

At least one year before your child turns 18, your child’s IEP must include a statement that your child has been informed that all rights will transfer from you to him or her at age 18.
504 Plans

What is a Section 504 Plan?

Section 504 is a federal civil rights law. The purpose of Section 504 is to protect persons with disabilities against discrimination for reasons related to their disabilities.

Unlike IDEA, Section 504 does not guarantee that a child with a disability will receive an individualized educational plan that is designed to meet the child's individual educational needs.

Who is eligible for a Section 504 Plan?

Just because a child has a disability or impairment does not mean that he/she automatically qualifies for special education services under the IDEA. A child with a disability who does not need special education services will not qualify for special education and related services under the IDEA. He or she may however receive protections under Section 504 of the Rehabilitation Act.

Eligibility for protections under Section 504 depends on the child in question having a physical or mental impairment, which must substantially limit at least one major life activity. Major life activities include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, working, caring for oneself, and performing manual tasks. As you see, many activities are included under this category. The question that must be addressed by the school's special education team is whether the child has an "impairment" that "substantially limits one or more major life activities."

How is a 504 plan developed?

504 plans should be developed by a committee, consisting of the student with a disability (if appropriate), the student's parent(s)/guardian(s), the student's teacher(s), the student's counselor, and the 504 coordinator.

The student's disability and corresponding need for reasonable accommodation are identified and documented in the plan. Likewise, the plan delineates the specific accommodations, which will be implemented by the school. All school staff involved in the provision of accommodations should be contacted by the 504 coordinator and made aware of their duties and responsibilities. The plan itself should be updated at least annually.
What are the differences between Section 504 and IDEA?

The major differences between IDEA and Section 504 are in the flexibility of the procedures. For a child to be identified as eligible for services under Section 504, there are less specific procedural criteria that govern the requirements of the school personnel. Schools may offer a student less assistance and monitoring with Section 504 because there are fewer regulations by the federal government to instruct them, especially in terms of compliance.

In contrast, a child identified for services under IDEA must meet specific criteria. The degree of regulation is more specific in terms of time frames, parental participation, and formal paperwork requirements. IDEA also addresses the special education of students with disabilities from preschool to graduation only (from ages 3 to 21). Section 504 covers the lifespan and safeguards the rights of persons with disabilities in many areas of their lives, including employment, public access to buildings, transportation, and education.

The criteria for identification, eligibility, appropriate education, and due process procedures under IDEA and Section 504 vary. It is important for you and your child's teachers to understand how these laws differ, and how those differences could affect your child's education.

IDEA
- Covers all school-aged children who fall within one or more specific categories of qualifying conditions (i.e., autism, specific learning disabilities, speech or language impairments, emotional disturbance, traumatic brain injury, visual impairment, hearing impairment, and other health impairments).
- Requires that a child's disability adversely affects her educational performance.

Section 504
- Covers individuals who meet the definition of qualified "handicapped" person -- for example, a child who has or has had a physical or mental impairment that substantially limits a major life activity or is regarded as handicapped by others. (Major life activities include: walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.)
- Does not require that a child need special education to qualify. Note: Students who are ineligible for services or are no longer entitled to services under IDEA (e.g., kids with LD who no longer meet IDEA eligibility criteria) may be entitled to accommodations under Section 504.

Responsibility to Provide a Free and Appropriate Education (FAPE)
IDEA
- Requires an individualized education plan (IEP).
- "Appropriate" education means a program designed to provide "educational benefit" for a person with disabilities.
- Placement may be any combination of special education and general education classrooms.
* Provides related services, if required. Related services may include speech and language therapy, occupational therapy, physical therapy, counseling services, psychological services, social services, and transportation.

**Section 504**

* Does not require an IEP, but does require a plan.
  * "Appropriate" means an education comparable to the education provided to those students who are not disabled.
  * Placement is usually in a general education classroom. Children can receive specialized instruction, related services, or accommodations within the general education classroom.
  * Provides related services, if needed.

**What are the different rights a student with a 504 plan has? How do their rights differ from students with an IEP?**

Some parents have the belief that if a child is classified under IDEA, the child must automatically be placed in a special education class. They also believe that if the child has a 504 plan, the child may remain in the regular classroom. These same parents therefore often assume that a 504 Plan is more desirable which is not accurate. "Special education" under IDEA does not mean placement. It means the child has been identified as having unique educational needs related to his/her disability and is entitled to an Individualized Education Plan (IEP) to meet these needs.

A child who receives Section 504 protections has fewer rights than the child who receives special education services under the IDEA. The child who receives special education services under the IDEA is automatically protected under Section 504.

Section 504 is designed to guarantee that children with disabilities will not be discriminated against. It is also important to understand that if your child does not qualify for special education services under IDEA, your child does not have the procedural protections that are available under the IDEA.

**I’m not sure I understand, can you give me an example?**

Let’s suppose that your special needs child is severely visually impaired. Under Section 504, your child cannot be discriminated against because of the disability. Your child must be provided with access to an education, to and through the schoolhouse door. Modifications may need to be made to the building itself and other accommodations may need to be made for your child. Preferential seating, enlarged print texts, workbooks, tests, etc. would be reasonable accommodations.
Section 504 defines a free appropriate public education as "the provision of regular or special education and related aids and services that . . . are designed to meet individual educational needs of persons with disabilities as adequately as the needs of persons without disabilities are met and . . . are based upon adherence to specified procedures."

Now let's suppose that your visually impaired child also has Tourette Syndrome, ADHD and a Non Verbal Learning Disability that adversely affects the child's ability to learn. Under the IDEA, if your child has a disability that adversely affects educational performance, your child is entitled to an education that is designed to meet the child's unique needs and from which your child receives educational benefit. Section 504 does not guarantee that your visually impaired child will receive an education from which your child receives educational benefit. Your Section 504 child has access to the same free appropriate public education that is available to children who are not disabled.

*What advice can you give me for my child when attending college?*

Check with the college admission office for contacts regarding your child’s specific needs. You will want to discuss the need for a 504 Plan before high school graduation.
Communication

As a parent, how do I express my concerns and/or provide feedback in a timely manner?

Feedback is essential to the partnership of parents and district personnel. You know your child better than anyone and can sense stress or frustration. Good communications with your child is an excellent tool to unearthing potential school disappointments. Your child’s teacher and case manager are looking out for your child’s education, but it is your duty as a parent to analyze any unfavorable changes within your child. If you have noticed specific areas that could improve your child’s learning environment, please do not hesitate to mention these via teacher phone discussions, via e-mails to the teacher, via notes to the teacher, during conference time or during the annual IEP meeting.

If specific IEP services do not seem to be making an improvement, your child’s teacher and/or case manager should be notified at once. If the service is within a class setting, the teacher of that class and your child’s case manager should be notified. General IEP fine tuning can be handled by your case manager and the specific teacher involved. A good relationship and mutual respect will most likely open further communications with the case manager and teacher.

Whenever talking or meeting with your child’s teachers and case manager, be sure to mention what is working well for your child, as well as what is not working well. Educational success is outcomes based and depends upon frequent communication.

What should I do if repeated attempts to contact my child’s teacher are not being returned?

Two way communication is very important to ensure your child receives the proper services as identified within the IEP. If you have left emails and voice mails with the teacher and these have not been returned, the next step would be to set up a conference. A face to face meeting will enhance communication flow. If such a meeting does not improve conditions, the protocol is to contact your child’s case manager. The case manager may be able to address special concerns you have for your child. If the case manager is unable to improve conditions, the procedure would be to contact the next in charge. Below is a guideline of whom to contact and in what order.

Protocol for Contact

- Class Teacher or Homeroom Teacher
- Special Education Case Manager
- School Special Education Lead Teacher
- School Principal
State and District Required Assessments

Is my child with a disability required to take statewide tests?

Yes, depending on your child’s goals. For a student to be eligible for a diploma in any Minnesota public school, he or she must have passed one of two required Minnesota standardized tests.

What are the two test options?

A student must take either the Minnesota Comprehensive Assessments (MCA-II) or the Minnesota Test of Academic Skills (MTAS). Each of these options tests a student in the areas of language arts, math, and science. The MTAS is for children with significant cognitive disabilities. The child’s IEP team will determine which is the most appropriate test option for the child.

Can my child have accommodations made for statewide testing if he or she has a disability?

Yes. If a student is on an IEP, he or she can have accommodations made if it is written into the plan. The accommodations must align with state standards. Please note: A student can have separate accommodations made for (1) general classroom activities and (2) testing, but these must be written into the IEP plan.

What are some examples of accommodations that my child can have during testing?

Some examples of testing accommodations are:
Setting accommodations: smaller group, individual, lighting, seating options
Timing accommodations: lengthen test time, take movement breaks
Presentation accommodations: larger print, oral presentation, repeat directions, assisted technology.

Other accommodations: Sign language, Braille exam, read aloud, write directly in book, calculator, auditory assist, template to reduce vision field, segmented test booklet, change response format.
*My child is going to need accommodations for the SAT and ACT. When do I need to put these accommodations into my child’s IEP?*

Close coordination with your child’s case manager is necessary to ensure that the requirements of the testing association are met.

Also, it is recommended that you check with the institution(s) your child is planning on attending following high school as some schools no longer require these tests.

*As a parent, where can I get more information on the school curriculum, assessments, and testing for each grade level?*

On the web, go to [http://www.district196.org](http://www.district196.org) and do the following:
Click on student services, then scroll down to K-12 Curriculum
Click on Curriculum Areas of Study – the different subjects and grade levels will appear
Choose which subject and grade level you want
You will find a curriculum overview, what families can do, and information about assessment and testing.
TRANSITION

What does “Transition” mean? Transition can mean 1 of 2 things:

1. Transition is the process of planned activities that may result in changes in services and the personnel who provide those services. There are at least three times in a child’s educational career when transition activities should occur:
   - The move from early intervention services to preschool special education services;
   - The move from preschool special education services to school-age special education services; and
   - The move from school-age special education services to community life.

2. Minnesota law requires that IEP teams begin to consider the area of transition starting when the student turns 14 years of age or during 9th grade. This is often referred to as the “transition age.”

When students reach transition age, parents, staff and the student are surveyed to determine skills and needs in the areas of transition. When the IEP team meets, the team will prioritize the areas of need and develop goals and activities to address these needs. For example, if a student’s transition goal is to secure a job, a transition service need might be enrolling in a career development class to explore career options and specific jobs related to that career. A statement of transition service needs should relate directly to the student’s goals after high school and show how planned activities are linked to these goals.

What are Transition Services?

A coordinated set of activities for your child that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, and independent living or community participation; is based on the individual child’s needs, taking in to account the child’s strengths, preferences, and interests; and includes instruction; related services; community experiences; the development of employment and other post-school adult living objectives; and if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation; if deemed appropriate by the IEP team, a statement of transition services that focuses on the student’s courses of study. Transition services for children with disabilities may be special education, if provided as specially designed instruction or a related service, if required to assist a child with a disability to benefit from special education.
What is transition planning and when is it appropriate for my child?

IDEA requires that transition planning begin at the earliest age appropriate. For each student with a disability, during 9th grade or younger the IEP must include a statement of the student's transition service needs that focuses on the student's course of study (such as advanced academic courses, technical training, or intensive employment preparation). During 9th grade or younger, the IEP team, in identifying annual goals and services for a student, must determine what instruction and educational experiences will help the student prepare for the transition from school to adult life.

What are the 3 areas of transition?

Post Secondary Education
Employment/Training
Independent Living

When should I expect transition planning to begin?

The law requires that the IEP team begin during the 9th grade to address the student's need for instruction that will assist him or her in preparing for transition. Federal law requires that beginning at age 16 (or younger, if determined appropriate by the IEP team), the IEP must contain a statement of needed transition services for the student, including, if appropriate, a statement of interagency responsibilities. This includes a coordinated set of activities with measurable outcomes that will move the student from school to post-school activities.

Who is involved in the planning of the transition IEP?

Transition planning works best when students are actively involved. Family members and other adults also play important roles in this long-term planning. The IEP transition team should involve the student (when appropriate), parents/guardians, and case manager. The team may also involve the participation of other general and special education teachers, related services personnel, counselors, administrators, adult service providers, employers, postsecondary personnel, and support agencies that work with the student and family.

What is the difference between the regulations at age 14 and at age 16?

At age 14 planning must start. The student's post school goals should be developed and transition service needs identified. The needs may include a
course of study and a year-by-year plan to achieve goals after graduation. The IEP team must determine what instruction and educational experiences will help the student prepare for transition from high school to post school life.

By age 16, the needed transition services must be implemented. (**Minnesota requires transition services to be implemented during the 9th grade**.) Services could include instruction and related services, community experiences, vocational evaluation, employment, and other activities involved in adult living. A statement of interagency responsibilities should be included as well as needed links to other agency services. The IEP should be updated at least annually. The IEP team should also monitor the student's high school program to be sure the student completes all graduation requirements that are identified as appropriate in the student's IEP.

**My child is moving from early childhood services and transitioning into pre-school. What should I be doing?**

If your child is receiving early intervention services (available for children ages birth through two) and it is suspected that your child might have a disability and may be eligible for preschool special education services, the following activities should occur:

One hundred twenty (120) days prior to your child’s third birthday, the early intervention service coordinator should schedule a meeting with you to discuss preschool special education services. Your consent is required to share information with the school district. With the consent to share information with the school district, you and the other participants at the meeting (early intervention service providers and school district personnel) will review records and determine whether or not your child is suspected of having a learning or developmental disability.

If your child is suspected of having a learning or developmental disability, the school district will:

Inform you of your educational rights and procedural safeguards;  
Share information about preschool special education services;  
Obtain your consent for evaluation;  
Determine the need for additional evaluation information; and  
Plan your child’s assessment

The evaluation and IEP process must be completed within 90 days from your consent. If your child is eligible for preschool special education services, the IEP must be implemented by your child’s third birthday.
**What happens if my child is not eligible for preschool special education services?**

If your child is not eligible for preschool special education services, with your consent, referrals to other community services and programs may be made. You may also request an independent educational evaluation and/or an impartial due process hearing.

**My child is transitioning from preschool special education services to school-age special education services. What should I be expecting?**

If your child has been receiving preschool special education services and is approaching school age, your existing IEP team will:

Meet to determine appropriate school-age educational services; Review current information from your child’s educational plan; and Recommend instructional strategies that will support your child’s success in the general curriculum.

If the IEP team determines that your child needs school-age special education services, the IEP team will:

Review current assessment data (e.g. data that are less than one year old); Determine and recommend additional assessment information necessary according to school-age special education rules; and Develop the IEP.

If the IEP team determines that your child does not need school-age special education services, you will be provided with prior written notice, which includes your right to challenge this decision through due process.

**My child is approaching 9th grade. What is the transition planning process and what will it cover?**

If your child has been receiving school-age special education services, a statement of transition service needs that focuses on your child’s courses of study (e.g. participation in advanced placement courses or a vocational education program) must be included on his/her IEP during 9th grade or younger, if determined appropriate by the IEP team. Beginning at age 16 (or younger if appropriate), the IEP must include a statement of needed transition services for your child including, if appropriate, a statement of the interagency responsibilities or any needed linkages. Transition activities include:

- Instruction
- Related services
- Community experiences
• The development of employment and other post-school adult living objectives; and if appropriate, acquisition of daily living skills and functional vocational evaluation.

My child will have the opportunity to be graduating from High School this year with a High School diploma. What does this mean in terms of his/her access to services after graduation?

Graduation with a regular diploma is a change in placement, which requires prior written notice to you and/or your child. Also, an IEP meeting should be held.

Children can continue to receive services from the school district through age 21 as long as they show needs in the area of transition. If graduating with a regular diploma or upon reaching age 21, a reevaluation is not required prior to termination of services. If your child’s eligibility terminated because your child graduated with a regular diploma or reached age 21, the school district shall provide your child with a summary of his/her academic achievement and functional performance, which shall include recommendations on how to assist your child in meeting his/her postsecondary goals.

NOTE: The term “regular high school diploma” does not include an alternative degree that is not fully aligned with the state’s academic standards, such as a certificate or a general educational development (GED) credential. Minnesota’s GED is not fully aligned with Minnesota’s academic content standards. Therefore, a child with a disability who has received a GED may return to school to pursue his or her regular high school diploma until his or her 22nd birthday.

Parent Tips for Transition Planning

Why is collaboration important in transition?

Transition from school to adult services is more than a nice idea; it is a requirement of the law! The Individuals with Disabilities Education Act (IDEA) requires that transition services be included in every student’s IEP. This requirement includes, when appropriate, a statement about how agencies will work together to provide needed services after the student leaves the school setting. The foundation of the plan needs to be a coordinated effort among the student, parents, schools, and adult service providers to achieve a desirable future for the individual. When a student leaves school, needs and issues often change. Assistance and support from multiple agencies, organizations and providers may now be required. Eligibility may need to be determined for services that were mandated before.

The coordinated set of services included in the IEP should be based on the student’s needs, interests, and preferences and might include, but not be limited to the following services:
• Post-secondary education
• Vocational training
• Integrated employment
• Adult services
• Independent living which includes community participation and recreation and leisure.

*When do we collaborate for transition planning?*

The transition plan should be part of the IEP as soon as appropriate based on individual needs, but must be included when the student is 16 years old. The transition plan becomes part of the IEP. The purpose of the meeting between collaborating members of the IEP team should be to:

- Determine the needs of the student
- Target the services available
- Develop a formal transition plan
- Monitor the performance of the student
- Provide education and training for the parents

*Who should collaborate during transition planning?*

Transition plans are most effective when they are developed by many people working together. Members of the planning team could be:

- The student
- Parents
- Family members
- Special educators
- Vocational rehabilitation counselors
- Independent living counselors
- Other adult service providers
- Anyone else who can provide information or support

*How do team members collaborate in transition planning?*

Team members might collaborate as previously defined by coming together to:
- Communicate and decide how to work together (relationship and structure);
- Consider needs, interests and preferences of the student as well as input from the parents determining and agreeing to goals that will be worked on (mutual goals);
- Include the student, parents, and those who can represent the various agencies, organizations, providers or others who can assist in providing support and/or services that are needed to accomplish the goals and objectives of the plan (responsibilities and accountability for success);
- Share resources, knowledge, unique experience and expertise;
- Benefit from successful outcomes (shared rewards).
As partners in a vital planning process, parents need effective interagency collaboration between the many agencies and providers of adult services to ensure a "seamless transition." As transition planning team members share dreams and a vision for the future, generate ideas, explore options, develop and implement a plan, and effectively follow-through, successful outcomes will be achieved for students with disabilities as they transition into the adult community.

**What is an Individual Education Plan (IEP) Plus?**

Individuals receiving Special Education Services from the district in addition to services from at least one of the following agencies (Dakota County Social Services, Dakota County Corrections, Minnesota Rehabilitation Services) are eligible for and IEP Plus meeting.

**What Is an IEP Plus Meeting?**

The members of an IEP Plus Meeting include district educational staff, the student's social worker, probation officer and/or rehabilitation services counselor, in addition to the student and the student's parents and/or guardian. The goal of this meeting is to develop a plan for a smooth transition to adult life. A student's interests and goals are identified related to post-secondary education or vocational training, employment, home living, recreation/leisure and community participation.

**How is an IEP Plus Meeting different from the typical IEP Meeting?**

The IEP Meeting is focused on the educational experience and associated services of a student. The IEP Plus Meeting is focused more on the process of moving from school and into adulthood and the services necessary to accomplish this.

**How would I know if my child would benefit from an IEP Plus Meeting?**

You should consider requesting an IEP Plus Meeting for the following reasons:

- Improve communications between school, county and rehabilitation staff.
- Improve the continuity of services.
- Ensure consistent strategies are used by service providers.
- Ensure your child’s complete life needs are being addressed and that all services and service providers are coordinated.

**What do I need to do if I feel I should be using the IEP Plus Meeting process to meet my child's needs?**
Inform you child’s Special Education/IEP case manager of your interest and forward to him/her contact information of your child’s county service managers.
Conflict/Dispute Resolution

My child’s IEP Team is having problems moving through several contentious points I feel are critical to my child’s success. Who should I contact if I don’t agree with my child’s progress or program?

When your child is having difficulties at school there are several options that you may choose to resolve your concerns. It is always recommended that you first try to work through all the resources within the school district. It is the goal of the district to address your concerns as quickly as possible.

We recommend addressing concerns at the level nearest the child whenever possible.

• Classroom Teacher or Homeroom Teacher
  o The first point of contact should be with your child’s teacher. Your child’s teacher will be most familiar with the classroom environment, subject matter, behaviors and your child’s level of participation in class. Your child’s teacher should be in the best position to make adjustments that result in the most immediate impact. Communication is critical. Be sure to request an IEP meeting if your concerns continue.

• Special Education Case Manager
  o In many cases your child’s teacher may also be your child’s case manager. Other times students have more than one teacher and the case manager will be someone other than your child’s teacher. If you have difficulties in resolving a classroom issue or if you have concerns about your child’s programming, it is recommended you contact your child’s case manager.

• School Administration
  o Every school in District 196 has assigned an assistant principal or a principal to participate as a member of the IEP teams. These administrators take responsibility for the on-site needs of students receiving special education services.

If your concerns have not been resolved at this point, it is recommended that you take the following steps:

• Request that an IEP meeting. This should include a regular education teacher, special education case manager, and the administrative designee (usually a principal or assistant principal). Additional members as listed on your child’s IEP may also be in attendance. Your case manager may also recommend additional school staff who are familiar with your child’s needs (school nurse, school psychologist, etc.). You and the case manager may also discuss if resolution could be aided by the attendance of a Special Education Coordinator.
The following are district level personnel, committees, and out-of-district organizations that may be of help to parents:

**School Special Education Coordinator:** Each school in District 196 is assigned a Special Education Coordinator who reports directly to the district Director of Special Education. The Special Education Coordinator has responsibility for the special education services of a cluster of District 196 schools. When you have an issue that comes to the attention of the school’s administration (Assistant Principal or Principal) they will often request the involvement of a Special Education Coordinator. Your child’s case manager may also request the involvement of the Special Education Coordinator when your concern requires services or district assets that required special authorization. You may also contact your school’s Special Education Coordinator. To identify the Special Education Coordinator for your child’s school contact the Special Education Department at (651) 423-7628 or go to the ISD 196 website at [www.district196.org](http://www.district196.org) and click on 1) student services, 2) special education services, 3) contact us, and 4) administrative team structure.

**Director of Special Education:** The Director of Special educations reports to the school district Superintendent. Should the prior listed options fail to resolve the issues, you may contact the Director of Special Education at (651) 423-7629.

**Special Education Advocates/Consultants:** Any time during your child’s education you may choose to access a Special Education Consultant or Advocate. Lists of organizations offering these services are listed in the Appendix. These groups can often help you understand the options and processes available to you.

**Further avenues to conflict resolution.**

Formal conflict/dispute resolution processes are described below. They include conciliation, Facilitated IEP meetings, Mediation or a Due Process Hearing.

**Conciliation:** A conciliation meeting involves a special education administrator and other pertinent staff members as determined by the parent and other IEP team members. At a conciliation meeting, your concerns can be addressed and many times the matter can be resolved. Conciliation does not require a full IEP team. It is most helpful for resolving a single issue.

**Facilitated IEP:** Minnesota Special Education Mediation Services (MNSEMS) offers trained individuals to help facilitate the IEP process.
Mediation: Minnesota Special Education Mediation Services (MNSEMS) offers mediators who can meet with both sides to attempt to resolve disputes.

Due Process Hearing: When parents and the school district cannot reach an agreement, either party may request a Due Process Hearing.

For additional information regarding the above conflict/dispute resolution processes, contact Minnesota Special Education Mediation Service (MNSEMS) by:

1) Calling them at (651) 582-8222 or toll-free at (866) 4MN-SEMS; or
2) Access their website at: www.education.state.mn.us
   a. Click on the accountability programs button
   b. Scroll down to “Compliance and Assistance”
   c. Choose the link from the list on the right
      i. Recommended Due Process Forms
      ii. Special Education Complaints
      iii. MN Special Education Mediation Services (MNSEMS)
      iv. Special Education Due Process Hearings

Resources:
# Appendix
## Educational Disability Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactive Disorder</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<tr>
<td>ASR</td>
<td>Assessment Summary Report</td>
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<tr>
<td>ATR</td>
<td>Annual Team Review</td>
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<tr>
<td>BIP</td>
<td>Behavior Intervention Plan</td>
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<tr>
<td>CI</td>
<td>Cognitively Impaired</td>
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<tr>
<td>CID</td>
<td>Communication Interaction Disorder</td>
</tr>
<tr>
<td>CIP</td>
<td>Communication Interaction Program</td>
</tr>
<tr>
<td>CP</td>
<td>Cerebral Palsy</td>
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<tr>
<td>CS</td>
<td>Child Study</td>
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<tr>
<td>DAPE</td>
<td>Developmental Adaptive Physical Education</td>
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<tr>
<td>DCD</td>
<td>Developmental Cognitively Delayed</td>
</tr>
<tr>
<td>DD</td>
<td>Developmentally Delayed</td>
</tr>
<tr>
<td>DHOH</td>
<td>Deaf and Hard of Hearing</td>
</tr>
<tr>
<td>EBD</td>
<td>Emotional Behavior Disability</td>
</tr>
<tr>
<td>ECFE</td>
<td>Early Childhood Family Education</td>
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<tr>
<td>ECSE</td>
<td>Early Childhood Special Education</td>
</tr>
<tr>
<td>FAE</td>
<td>Fetal Alcohol Effect</td>
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<tr>
<td>FAPE</td>
<td>Free and Appropriate Public Education</td>
</tr>
<tr>
<td>FAS</td>
<td>Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>FBA</td>
<td>Functional Behavior Assessment</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<tr>
<td>IEIC</td>
<td>Interagency Early Intervention Committee</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>IFSP</td>
<td>Individual Family Service Plan</td>
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<tr>
<td>IHP</td>
<td>Individual Health Plan</td>
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<tr>
<td>IQ</td>
<td>Intelligence Quotient</td>
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<tr>
<td>ISD</td>
<td>Independent School District</td>
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<tr>
<td>ISP</td>
<td>Individual Service Plan</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<tr>
<td>MDCFL</td>
<td>Minnesota Department of Children Families and Learning</td>
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<tr>
<td>MMMI</td>
<td>Mild to Moderate Mental Impairment</td>
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<tr>
<td>MSMI</td>
<td>Moderate to Severe Mental Impairment</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NBA</td>
<td>Neurobiological Accommodations</td>
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<tr>
<td>O&amp;M</td>
<td>Orientation and Mobility</td>
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<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
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<td>ODD</td>
<td>Oppositional Defiant Disorder</td>
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<tr>
<td>OHD</td>
<td>Other Health Disability</td>
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<tr>
<td>OT</td>
<td>Occupational Therapy</td>
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<tr>
<td>PACER</td>
<td>Parent Advocate Coalition for Educational Rights</td>
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<tr>
<td>PDD</td>
<td>Pervasive Development Disorder</td>
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<tr>
<td>PHD</td>
<td>Physical Health Disability</td>
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<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
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<tr>
<td>PI</td>
<td>Physically Impaired</td>
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<tr>
<td>PLEP</td>
<td>Present Level of Education Performance</td>
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<tr>
<td>POHI</td>
<td>Physical and Other Health Impaired</td>
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<tr>
<td>PT</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>PWN</td>
<td>Prior Written Notice</td>
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<tr>
<td>ROM</td>
<td>Range of Motion</td>
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<tr>
<td>SED</td>
<td>Severe Emotional Disturbance</td>
</tr>
<tr>
<td>SI</td>
<td>Sensory Integration</td>
</tr>
<tr>
<td>SLD</td>
<td>Specific Learning Disability</td>
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<tr>
<td>SLP</td>
<td>Speech and Language Impaired</td>
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<tr>
<td>SPLISE</td>
<td>Strategic Planning for Low Incidence Services in Education</td>
</tr>
<tr>
<td>SPMI</td>
<td>Severe to Profound Mental Impairment</td>
</tr>
<tr>
<td>TBI</td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td>VI</td>
<td>Visually Impaired</td>
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</tbody>
</table>
### Web Site Resources List

#### Advocacy Organizations (State and National)

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>ACT (Advocating Change Together)</strong>&lt;br&gt;1821 University Avenue, Suite 306-S, St. Paul, MN 55104&lt;br&gt;Phone: 651-641-0297 800-641-0059&lt;br&gt;Fax: 651-641-4053&lt;br&gt;E-mail: <a href="mailto:act@selfadvocacy.org">act@selfadvocacy.org</a>&lt;br&gt;Website: <a href="http://www.selfadvocacy.com">http://www.selfadvocacy.com</a></td>
<td>Advocating Change Together (ACT) is a grassroots disability rights organization run by and for people with developmental and other disabilities. ACT's mission is to help people across disabilities to see themselves as part of a larger disability rights movement and make connections to other civil and human rights struggles.</td>
</tr>
<tr>
<td><strong>Advocate for the Blind</strong>&lt;br&gt;Phone: 612-377-1788</td>
<td>Free legal service for legally blind Minnesotans whose legal issues involves blindness.</td>
</tr>
<tr>
<td><strong>Arc Greater Twin Cities</strong>&lt;br&gt;2446 University Ave W Ste 110&lt;br&gt;Saint Paul, MN 55114&lt;br&gt;952-920-0855&lt;br&gt;www.arcgreatertwincities.org</td>
<td>Advocacy, Resources, Community - For individuals with developmental disabilities and their families.</td>
</tr>
<tr>
<td><strong>Association for Persons with Severe Handicaps (TASH)</strong>&lt;br&gt;1025 Vermont Ave., Floor 7&lt;br&gt;Washington, DC 20005&lt;br&gt;202-263-5600 Fax: 202-637-0138&lt;br&gt;E-mail: <a href="mailto:info@tash.org">info@tash.org</a>&lt;br&gt;Website: <a href="http://www.tash.org">http://www.tash.org</a></td>
<td>TASH is an international membership association leading the way to inclusive communities through research, education, and advocacy. TASH members are people with disabilities, family members, fellow citizens, advocates, and professionals working together to create change and build capacity so that all people, no matter their perceived level of disability, are included in all aspects of society.</td>
</tr>
<tr>
<td><strong>Bazelon Center for Mental Health Law</strong>&lt;br&gt;1101 15th Street, NW&lt;br&gt;Suite 1212&lt;br&gt;Washington, DC 20005&lt;br&gt;202-467-5730 TDD: 202-467-4232&lt;br&gt;Fax: 202-223-0409&lt;br&gt;E-mail: <a href="mailto:leec@bazelon.org">leec@bazelon.org</a>&lt;br&gt;Website: <a href="http://www.bazelon.org">http://www.bazelon.org</a></td>
<td>Our advocacy is based on the principle that every individual is entitled to choice and dignity. For many people with mental disabilities, this means something as basic as having a decent place to live, supportive services and equality of opportunity.</td>
</tr>
<tr>
<td><strong>Center for Law and Education</strong>&lt;br&gt;1875 Connecticut Avenue, NW Suite 510&lt;br&gt;Washington, DC 20009&lt;br&gt;Voice: 202-986-3000, Fax: 202-986-6648&lt;br&gt;37 Temple Place, suite 303&lt;br&gt;Boston, MA 02111&lt;br&gt;Voice: 617-451-0855, Fax: 617-451-0857&lt;br&gt;E-mail: <a href="mailto:cle@cleweb.org">cle@cleweb.org</a>&lt;br&gt;Website: <a href="http://www.cleweb.org">http://www.cleweb.org</a></td>
<td>The Center for Law and Education (CLE) strives to make the right of all students to quality education a reality throughout the nation and to help enable communities to address their own public education problems effectively, with an emphasis on assistance to low-income students and communities. For more than a quarter of a century, the Center for Law and Education has worked to bring about school- and district-wide change across the country in order to improve educational outcomes, particularly for low-income students</td>
</tr>
<tr>
<td><strong>Council for Exceptional Children (CEC)</strong>&lt;br&gt;Minnesota&lt;br&gt;<a href="http://www.mncec.org">http://www.mncec.org</a></td>
<td>The mission of the Minnesota Council for Exceptional Children is to improve the practices and resources of persons working on behalf of</td>
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<td>Contact Information</td>
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<tr>
<td><strong>Disability Rights Education and Defense Fund (DREDF)</strong></td>
<td>We represent clients in state and federal court, serve as co-counsel, and file amicus curiae briefs in appellate courts and the U.S. Supreme Court in high impact and law reform disability rights cases. We design and carry out strategies that strengthen public policy and that lead to the enactment of federal and state laws protecting and advancing civil rights for people with disabilities.</td>
</tr>
<tr>
<td>2212 Sixth Street</td>
<td></td>
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<tr>
<td>Berkeley, CA 94710</td>
<td></td>
</tr>
<tr>
<td>800-348-4232 (V/TTY) 510-644.2555 (V/TTY)</td>
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<tr>
<td>Fax: 510-841-8645</td>
<td></td>
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<tr>
<td>E-mail <a href="mailto:info@dredf.org">info@dredf.org</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.dredf.org">http://www.dredf.org</a></td>
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<tr>
<td><strong>Families and Advocates Partnership for Education (FAPE)</strong></td>
<td>The Families and Advocates Partnership for Education (FAPE) project is a partnership that aims to improve the educational outcomes for children with disabilities. It links families, advocates, and self-advocates to information about the Individuals with Disabilities Education Act (IDEA). The project is designed to address the information needs of the 6 million families throughout the Country whose children with disabilities receive special education services.</td>
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<tr>
<td>PACER Center</td>
<td></td>
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<tr>
<td>8161 Normandale Boulevard</td>
<td></td>
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<tr>
<td>Minneapolis, MN 55437-1044</td>
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<tr>
<td>952-838-9000 TTY: 952-838-0190</td>
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<tr>
<td>Fax: 952-838-0190</td>
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<tr>
<td>E-mail: <a href="mailto:fape@fape.org">fape@fape.org</a></td>
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<tr>
<td>Web site: <a href="http://www.fape.org">www.fape.org</a></td>
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<tr>
<td><strong>Family Service, Inc.</strong></td>
<td>For over one hundred years, Children's Home Society &amp; Family Services (CHSFS) has been committed to representing the needs and interest of Minnesota children and families. Social and legislative advocacy arises from this commitment, and is manifest in program delivery and professional activity of advocates throughout the agency.</td>
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<tr>
<td>166 4th St. E #200</td>
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<tr>
<td>St. Paul, MN 55101-1464</td>
<td></td>
</tr>
<tr>
<td>Phone: 651-222-0311 800-488-4395</td>
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<tr>
<td>V/TTY: 651-222-0175</td>
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<tr>
<td>E-mail: <a href="mailto:kebrown@familyinc.org">kebrown@familyinc.org</a></td>
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<tr>
<td>Website: <a href="http://www.familyinc.org">http://www.familyinc.org</a></td>
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<tr>
<td><strong>Federation of Families for Children's Mental Health</strong></td>
<td>The National family-run organization dedicated exclusively to helping children with mental health needs and their families achieve a better quality of life. We: Provide leadership to develop and sustain a nationwide network of family-run organizations. Focus the passion and cultural diversity of our membership to be a potent force for changing how systems respond to children with mental health needs and their families</td>
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<tr>
<td>9605 Medical Center Drive,</td>
<td></td>
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<tr>
<td>Suite 280</td>
<td></td>
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<tr>
<td>Rockville, MD 20850</td>
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<tr>
<td>703-684-7710 Fax: 703-836-1040</td>
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<tr>
<td>E-mail: <a href="mailto:ffcmh@ffcmh.org">ffcmh@ffcmh.org</a></td>
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<tr>
<td>Website: <a href="http://www.ffcmh.org">http://www.ffcmh.org</a></td>
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<tr>
<td><strong>Metropolitan Center for Independent Living</strong></td>
<td>The Minnesota Association of Centers for Independent Living (MACIL) is a non-profit organization whose purpose is to advocate for the independent living needs of people with disabilities who are citizens of the State of Minnesota, to develop new resources, identify and provide access to existing resources which provide the services needed by persons with disabilities so that they may live independently in the situation and community of their choice.</td>
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<tr>
<td>1600 University Ave. W #16, St.</td>
<td></td>
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<tr>
<td>Paul, MN 55104-3834</td>
<td></td>
</tr>
<tr>
<td>Phone: 651-646-8342</td>
<td></td>
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<tr>
<td>Fax: 651-603-2006</td>
<td></td>
</tr>
<tr>
<td>V/TTY: 651-603-2001</td>
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<tr>
<td>E-mail: <a href="mailto:mcil@mcil-mn.org">mcil@mcil-mn.org</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.macil.org">http://www.macil.org</a></td>
<td></td>
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<tr>
<td><strong>Minnesota Disability Law Center</strong></td>
<td>The Minnesota Disability Law Center (MDLC) addresses the unique legal needs of persons with disabilities. A statewide project, MDLC provides free civil legal assistance to individuals with disabilities on legal issues that</td>
</tr>
<tr>
<td>430 First Ave. N Suite 300</td>
<td></td>
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<tr>
<td>Minneapolis, MN 55401</td>
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<tr>
<td>Phone: 612-332-1441 800-292-4150</td>
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<tr>
<td>Fax: 612-334-5755</td>
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<tr>
<td>Contact Information</td>
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<tr>
<td><strong>TTY:</strong> 612-332-4668</td>
<td>are related to their disabilities.</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:phoopes@midmnlegal.org">phoopes@midmnlegal.org</a></td>
<td>The overall purpose of the agency is to promote policies, programs, practices, and procedures that guarantee equal opportunity for all people with disabilities, regardless of the nature or severity of the disability, and to empower them to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society.</td>
</tr>
<tr>
<td>Website: <a href="http://www.midmnlegal.org">http://www.midmnlegal.org</a></td>
<td></td>
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<tr>
<td>National Council on Disability</td>
<td></td>
</tr>
<tr>
<td>1331 F St. NW Suite 850</td>
<td></td>
</tr>
<tr>
<td>Washington, DC 20004</td>
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<tr>
<td>202-272-2004 Fax: 202-272-2022</td>
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<tr>
<td>TTY: 202-272-2074</td>
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<tr>
<td>E-mail: <a href="mailto:ncd@ncd.gov">ncd@ncd.gov</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.ncd.gov">http://www.ncd.gov</a></td>
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<tr>
<td><strong>Office for Civil Rights-National Office, U.S. Department of Education</strong></td>
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<tr>
<td>U.S. Department of Education</td>
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<tr>
<td>400 Maryland Avenue, SW</td>
<td></td>
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<tr>
<td>Washington, DC 20202</td>
<td></td>
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<tr>
<td>Phone: 1-800-872-5327</td>
<td></td>
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<tr>
<td>Spanish speakers available (se habla español)</td>
<td></td>
</tr>
<tr>
<td>Fax: 202-401-0689 TTY: 1-800-437-0833</td>
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<tr>
<td>E-mail: <a href="mailto:ocr@ed.gov">ocr@ed.gov</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.ed.gov/ocr">http://www.ed.gov/ocr</a></td>
<td></td>
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<tr>
<td><strong>PACER Center, Inc. (Parent Advocacy Coalition for Educational Rights)</strong></td>
<td></td>
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<tr>
<td>8161 Normandale Blvd.</td>
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<tr>
<td>Minneapolis, MN 55437-1098</td>
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<tr>
<td>Phone: 952-838-9000 800-537-2237</td>
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<tr>
<td>Fax: 952-838-0199</td>
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<tr>
<td>TTY: 952-838-0190</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:pacer@pacer.org">pacer@pacer.org</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.pacer.org">http://www.pacer.org</a></td>
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<tr>
<td><strong>People First</strong></td>
<td></td>
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<tr>
<td>2446 University Ave W Ste 110</td>
<td></td>
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<tr>
<td>Saint Paul, MN 55114</td>
<td></td>
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<tr>
<td>952-920-0855</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.peoplefirstmn.org/">www.peoplefirstmn.org/</a></td>
<td></td>
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<tr>
<td><strong>Reach for Resources</strong></td>
<td></td>
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<tr>
<td>1001 State Hwy 7 #217</td>
<td></td>
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<tr>
<td>Hopkins, MN 55305-4723</td>
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<tr>
<td>Phone: 952-988-4177</td>
<td></td>
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<tr>
<td>Fax: 952-988-4020</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:mp.whcs@juno.com">mp.whcs@juno.com</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.reachforresources.org">http://www.reachforresources.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Self-Help for Hard of Hearing (S.H.H.)</strong></td>
<td></td>
</tr>
<tr>
<td>7910 Woodmont Avenue, Suite 1200</td>
<td></td>
</tr>
<tr>
<td>The Hearing Loss Association of America is the nation’s largest organization for people with hearing loss.</td>
<td></td>
</tr>
</tbody>
</table>
### Contact Information

#### Bethesda, MD 20814
301-657-2248 (V/TTY) Fax: 301-913-9413
Website: http://www.shhh.org/

### Description

with hearing loss. The Hearing Loss Association of America exists to open the world of communication for people with hearing loss through information, education, advocacy and support.

#### Spina Bifida Association of America
4590 MacArthur Boulevard, NW
Washington, DC 20007
202-944-3285 Toll Free: 800-621-3141
Fax: 202-944-3295
E-mail: sbaa@sbaa.org
Website: http://www.sbaa.org

### Description

The National Resource Center on Spina Bifida (NRC) provides high quality, confidential information and referral services. Every year the NRC responds to as many as 10,000 questions about health care, education, employment, benefits, and more. The National Resource Center on Spina Bifida is the only clearinghouse of information exclusively dedicated to Spina Bifida.

#### Twin Cities Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Phone: 952-922-5761
Website: http://www.chadd.org/AM/Template.cfm?Section=Chapter_Search_Display1&state=mn

### Description

CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is the nation's leading non-profit organization serving individuals with AD/HD and their families. CHADD has over 16,000 members in 200 local chapters throughout the U.S. Chapters offer support for individuals, parents, teachers, professionals, and others.

#### United Cerebral Palsy of Minnesota, Inc.
1821 University Ave. #219S
St. Paul, MN 55104-2892
Phone: 651-646-7588 800-328-4827 ext. 1437
Fax: 651-646-3045
E-mail: ucpmn@cipinternet.com
Website: http://www.ucp.org/ucp_local.cfm/90

### Description

A leading source of information on cerebral palsy and is a pivotal advocate for the rights of persons with any disability. As one of the largest health charities in America, the UCP mission is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network.

### Community Education

#### Contact Information

<table>
<thead>
<tr>
<th>Fraser Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2400 W. 64th St</td>
</tr>
<tr>
<td>Minneapolis, MN 55423</td>
</tr>
<tr>
<td>612-861-1688; Fax 612-861-6050</td>
</tr>
<tr>
<td><a href="http://www.fraser.org/">http://www.fraser.org/</a></td>
</tr>
</tbody>
</table>

### Description

A nationally renowned Minnesota nonprofit, Fraser serves children of all abilities and adults with special needs through comprehensive education, healthcare and housing services. Our vision is a world where all people have equal opportunity and choice to realize their dreams to live, work, learn and play as members of our community.

#### Goodwill Industries Inc., Easter Seal Society of Minnesota
553 Fairview Avenue North
St Paul, MN 55104
651-379-5800 Fax 651-379-5803
www.mnges.easterseals.com

### Description

Goodwill/Easter Seals Minnesota provides services for people with barriers to education, employment and independence in achieving their goals. Adults with disabilities and other social and economic disadvantages looking for meaningful employment receive job training.
River Valley Project Explore is a program designed to serve adults with physical and developmental disabilities by encouraging inclusion in community activities and providing specialized educational, social and recreational opportunities.

Community Healthcare

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Description</th>
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</thead>
</table>
| **Associated Clinic of Psychology** | With a 27-year history the Associated Clinic of Psychology is known throughout Minnesota as a leader in preventing, diagnosing, and treating mental health issues. Our commitment to our clients is to provide a comprehensive suite of mental health services, a single source for all of your mental healthcare needs. With 85 clinicians, ACP provides:  
  • Individual Psychotherapy  
  • Marriage Counseling  
  • Family Counseling  
  • Group Counseling  
  • Medication Management  
  • Individual Counseling  
  • Testing  
  • Consulting  
  • Workshops  
  • Training |
| Main Office  
Lake Pointe Corporate Center  
3100 West Lake Street, Suite 210  
Minneapolis, MN 55416  
612-925-6033 Fax: 612-925-8496  
Apple Valley  
6950 West 146th Street, Suite 100  
Apple Valley MN 55124  
612-925-6033 Fax: 651-789-5615  
St. Paul  
Bigelow Building  
450 North Syndicate Street Suite 385  
St. Paul MN 55104  
612-925-6033 Fax: 651-789-5615  
West St. Paul  
1633 S. Roberts Street Suite A  
West St. Paul, MN 55118  
651-450-0860 Fax: 651-450-0759  
www.acp-mn.com/ |  |
| **Chicanos Latinos Unidos En Servicios (CLUES)** | CLUES is Minnesota’s premier provider of behavioral health and human services to the Latino community. A community builder and a catalyst for change, CLUES provides services that advance and enhance the quality of Latino’s lives in Minnesota. CLUES helps low-income Latinos to find and retain better jobs with benefits so that they are able support their families and become self-sufficient |
| Minneapolis  
720 East Lake Street  
Minneapolis, MN 55407  
Phone: 612-746-3500 Fax: 612-871-1058  
St. Paul  
797 East 7th Street  
St. Paul, MN 55106  
651-379-4200 Fax: 651-292-0347  
Elder Wellness Office  
401 Concord Street  
St. Paul, MN 55107  
651-291-8174  
www.clues.org/ |  |
| **Dakota County Crisis Response Unit** | If a person is an immediate danger to self or others, call 911. The Dakota County Crisis Response Unit (CRU) provides 24-hour phone and face-to-face crisis intervention and consultation. CRU staff are able to hospitalize clients |
| Phone: 952-891-7171  
www.co.dakota.mn.us |  |
<table>
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<tr>
<th>Contact Information</th>
<th>Description</th>
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<tbody>
<tr>
<td>Dakota County Public Health</td>
<td>The Dakota County Public Health Department provides services to individuals, families and communities to prevent disease and disability and promote and protect the health of the residents of Dakota County. Our focus is to promote healthy families and communities; support disabled and elderly persons to live independently; and respond to emerging diseases and health threats. We partner with many organizations and community groups to address and resolve health issues and concerns.</td>
</tr>
<tr>
<td>General Assistance Medicare Care</td>
<td>Minnesota's General Assistance Medical Care (GAMC) program pays for medical care for some 27,000 low-income Minnesotans who don't qualify for Medicaid or other state or federal health care programs — primarily low-income adults between the ages of 21 and 64, who don’t have dependent children. GAMC is 100 percent state-funded. The Minnesota Department of Human Services oversees the program, administered locally by counties.</td>
</tr>
<tr>
<td>Eagan Counseling Clinic</td>
<td>The mission of Eagan Counseling - a division of MN Mental Health Clinics - is to be the leading provider of mental health services to clients in the Minneapolis and St. Paul metro area. By providing excellent, client centered service; Eagan Counseling promotes client stabilization and empowerment, community integration and helps clients achieve the highest level of functional capacity and personal growth.</td>
</tr>
<tr>
<td>Hmong American Partnership</td>
<td>Our mission is to help Hmong grow deep roots in America while preserving the strength of our culture. Services include Employment Assistance and Job Placement, Education and Training (ESL and computer classes), After School Enrichment, Mentoring and Youth Activities, Family Support, Counseling, and Elders Program.</td>
</tr>
<tr>
<td>Lao Family Community Of Minnesota</td>
<td>Responding to the unique needs of Hmong individuals and families, Lao Family's bilingual and bicultural programs strive to empower the Hmong to meet the many challenges of modern American life within a context that honors and preserves their traditions, values, and heritage.</td>
</tr>
<tr>
<td>Medical Assistance for Employed Persons with Disabilities (MA-EPD)</td>
<td>Medical Assistance for Employed Persons with Disabilities is a work incentive that promotes competitive employment and the economic self-sufficiency of people with disabilities by assuring continued access to</td>
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<td>Contact Information</td>
<td>Description</td>
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<tr>
<td><strong>MinnesotaCare</strong></td>
<td>Medical Assistance for necessary health care services. MA-EPD allows working people with disabilities to qualify for MA under higher income and asset limits than standard MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of being employed.</td>
</tr>
<tr>
<td>DHS Central Office</td>
<td>MinnesotaCare is a subsidized health care program for people who live in Minnesota and do not have access to health insurance. There are no health condition barriers, but applicants must meet income and program guidelines to qualify.</td>
</tr>
<tr>
<td>444 Lafayette Road North</td>
<td></td>
</tr>
<tr>
<td>St. Paul, MN 55155</td>
<td></td>
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<tr>
<td>651) 297-3862 (Twin Cities metro area)</td>
<td></td>
</tr>
<tr>
<td>800-657-3672 (outside Twin Cities metro area)</td>
<td></td>
</tr>
<tr>
<td><strong>Minnesota Comprehensive Health Association</strong></td>
<td>MCHA was established in 1976 by the Minnesota Legislature to offer policies of individual health insurance to Minnesota residents who have been turned down for health insurance by the private market, due to pre-existing health conditions. MCHA is sometimes referred to as Minnesota’s “high risk pool” for health insurance or health insurance of last resort.</td>
</tr>
<tr>
<td>Customer Service, Mail Route CP555</td>
<td></td>
</tr>
<tr>
<td>401 Carlson Parkway</td>
<td></td>
</tr>
<tr>
<td>Minnetonka, MN 55305-5387</td>
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</tr>
<tr>
<td><a href="http://www.mchamn.com/html/contact.php">http://www.mchamn.com/html/contact.php</a></td>
<td></td>
</tr>
<tr>
<td><strong>The Minnesota Department of Human Services</strong></td>
<td>The Minnesota Department of Human Services helps people meet their basic needs by providing or administering health care coverage, economic assistance, and a variety of services for children, people with disabilities and older Minnesotans.</td>
</tr>
<tr>
<td><a href="http://www.dhs.state.mn.us">www.dhs.state.mn.us</a></td>
<td></td>
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<tr>
<td><strong>Personal care assistance (PCA) program</strong></td>
<td>The personal care assistance program provides services to persons who need help with day-to-day activities to allow them be more independent in their own home. A PCA is an individual who is trained to help persons with some basic daily routines. A PCA may be able to help you if you have a physical, emotional or mental disability, a chronic illness or an injury.</td>
</tr>
<tr>
<td><strong>Safe Haven</strong></td>
<td>A residential group home in a suburban neighborhood in Scott County for Twin Cities area boys aged 10-18 who are in transition back into the community. We pride ourselves on being flexible to the needs of the community through focus groups and evaluation feedback from participants, regular contact with county and other nonprofit programs serving youth and creating programs and services in response to gaps in service. Partnerships play a central role in all of our programs.</td>
</tr>
<tr>
<td>13780 McKenna Road NW</td>
<td></td>
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<tr>
<td>Shakopee, MN 55379</td>
<td></td>
</tr>
<tr>
<td>952-288-2688</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.safehavenmn.org/">www.safehavenmn.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>St. Mary’s Health Clinics</strong></td>
<td>For a decade and a half St. Mary’s Health Clinics has provided free primary health care to the uninsured in the seven county metropolitan area of St. Paul, Minneapolis and their surrounding suburbs. In that time</td>
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<td>Contact Information</td>
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<tr>
<td><strong>Autism Society of Minnesota (AuSM)</strong>&lt;br&gt;2380 Wycliff Street, Suite 102&lt;br&gt;St. Paul, MN 55114&lt;br&gt;(651) 647-1083&lt;br&gt;www.ausm.org</td>
<td>The Autism Society of Minnesota (AuSM) is an organization of families, educators, caregivers, and professionals committed to supporting individuals with autism spectrum disorders (ASD). It was chartered in 1971 as a chapter of the Autism Society of America, the collective voice of the autism community in over 240 chapters nationwide. AuSM has members throughout the state of Minnesota and the upper Midwest. The Autism Society of Minnesota exists to enhance the lives of individuals with autism spectrum disorders. AuSM seeks to realize its mission through education support, collaboration, and advocacy.</td>
</tr>
<tr>
<td><strong>Autism Society of America</strong>&lt;br&gt;7910 Woodmont Avenue, Suite 300&lt;br&gt;Bethesda, Maryland 20814&lt;br&gt;301.657.0881 or 1.800.328.8476&lt;br&gt;Minnesota Chapter&lt;br&gt;2380 Wycliff Street, Suite 102&lt;br&gt;Saint Paul MN 55114-1257&lt;br&gt;651-647-1083 Fax: 651-642-1230&lt;br&gt;<a href="http://www.ausm.org">http://www.ausm.org</a></td>
<td>ASA is dedicated to increasing public awareness about autism and the day-to-day issues faced by individuals with autism, their families and the professionals with whom they interact. The Society and its chapters share a common mission of providing information and education, and supporting research and advocating for programs and services for the autism community.</td>
</tr>
<tr>
<td><strong>Behavioral Institute for Children and Adolescents</strong>&lt;br&gt;3585 Lexington Ave. N, Suite 163&lt;br&gt;Arden Hills, MN 55126&lt;br&gt;651-484-5510 Fax: 651-483-3879&lt;br&gt;<a href="http://www.behavioralinstitute.org/">http://www.behavioralinstitute.org/</a></td>
<td>Children and youth with emotional and behavioral challenges will have access to a full array of effective academic and functional services provided by highly qualified practitioners in school and community settings. Mission: The Institute promotes the well being of children and youth with emotional and behavioral challenges through skill-based and trans-disciplinary training.</td>
</tr>
<tr>
<td><strong>Blind, Inc.</strong>&lt;br&gt;100 East 22nd St.&lt;br&gt;Minneapolis, MN 55404&lt;br&gt;612-872-0100 1-800-597-9558&lt;br&gt;Fax: 612-872-9358&lt;br&gt;<a href="http://www.blindinc.org/">http://www.blindinc.org/</a></td>
<td>BLIND, Incorporated is an adjustment to blindness training center. We teach the skills that blind people need to become independent and employable such as Braille, home management, the use of the white cane, and computers with screen reading software, etc. But just as importantly, we instill in our students the confidence to put these skills into practice.</td>
</tr>
<tr>
<td><strong>The Brain Injury Association of Minnesota</strong>&lt;br&gt;34 13th Avenue Northeast, Suite B001&lt;br&gt;Minneapolis, MN 55413-1005&lt;br&gt;612-378-2742 or 800-669-6442.&lt;br&gt;<a href="http://www.braininjurymn.org/">http://www.braininjurymn.org/</a></td>
<td>Today it is still the only statewide nonprofit organization in Minnesota devoted solely to serving the needs of the estimated 100,000 Minnesotans (12,000 children and young adults) who live with disability due to brain injury, their families and</td>
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<td>over 66,000 visits have been recorded at the St. Mary’s Health Clinics.</td>
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<td>Contact Information</td>
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<tr>
<td><strong>Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)</strong>&lt;br&gt;8181 Professional Place - Suite 150&lt;br&gt;Landover, MD 20785&lt;br&gt;301-306-7070&lt;br&gt;Twin Cities CHADD&lt;br&gt;952-922-5761&lt;br&gt;<a href="http://www.chaddonline.org/chapters/chadd172.html">http://www.chaddonline.org/chapters/chadd172.html</a></td>
<td>Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), is a national non-profit, tax-exempt organization providing education, advocacy and support for individuals with AD/HD. In addition to our informative Web site, CHADD also publishes a variety of printed materials to keep members and professionals current on research advances, medications and treatments affecting individuals with AD/HD.</td>
</tr>
<tr>
<td><strong>Communication Services for the Deaf (CSD of Minnesota)</strong>&lt;br&gt;2055 Rice Street&lt;br&gt;St. Paul, Minnesota 55113&lt;br&gt;Voice/TTY: 651-297-6700 Fax: 651-297-6766&lt;br&gt;<a href="http://www.c-s-d.org/">http://www.c-s-d.org/</a></td>
<td>CSD (also known as Communication Service for the Deaf, Inc.) is a private, nonprofit organization dedicated to providing broad–based services, ensuring public accessibility and increasing public awareness of issues affecting deaf and hard of hearing individuals. Through global leadership and a continuum of quality communication services and human service programs, CSD provides the tools conducive to a positive and fully integrated life.</td>
</tr>
<tr>
<td><strong>Cystic Fibrosis Foundation</strong>&lt;br&gt;6931 Arlington Road&lt;br&gt;Bethesda, Maryland 20814&lt;br&gt;301-951-4422 800-344-4823&lt;br&gt;<a href="http://www.cff.org/Minnesota">http://www.cff.org/Minnesota</a> Chapter&lt;br&gt;1611 West County Road B, Suite 221&lt;br&gt;St. Paul, MN, 55113&lt;br&gt;651-631-3290 Fax: 651-631-3296&lt;br&gt;<a href="http://www.cff.org/Chapters/minnesota/">http://www.cff.org/Chapters/minnesota/</a></td>
<td>The mission of the Cystic Fibrosis Foundation, a nonprofit donor-supported organization, is to assure the development of the means to cure and control cystic fibrosis and to improve the quality of life for those with the disease. The Foundation is the leading organization in the United States devoted to cystic fibrosis.</td>
</tr>
<tr>
<td><strong>DeafBlind Services MN (formerly FIND, Inc.)</strong>&lt;br&gt;2344 Nicollet Ave. #420&lt;br&gt;Minneapolis, MN 55404&lt;br&gt;612-871-4788&lt;br&gt;www.deafblindinfo.org</td>
<td>DeafBlindInfo.org contains: - An online introduction to deafblindness (combined vision and hearing losses of all kinds). - Information about Minnesota's resources for people who are DeafBlind, as well as resources throughout the USA and in other countries. - Empowerment for DeafBlind individuals, their families, and service providers, both in Minnesota and beyond.</td>
</tr>
<tr>
<td><strong>Down Syndrome Association of Minnesota</strong>&lt;br&gt;656 Transfer Road&lt;br&gt;St. Paul, MN 55114&lt;br&gt;651-603-0720 800-511-3696&lt;br&gt;<a href="http://www.dsamn.org/">http://www.dsamn.org/</a></td>
<td>It is the mission of the Down Syndrome Association of Minnesota to provide information, resources and support to individuals with Down syndrome, their families and their communities.</td>
</tr>
<tr>
<td><strong>Epilepsy Foundation</strong>&lt;br&gt;8301 Professional Place&lt;br&gt;Landover, MD 20785&lt;br&gt;800-332-1000&lt;br&gt;<a href="http://www.epilepsyfoundation.org/">http://www.epilepsyfoundation.org/</a>&lt;br&gt;1600 University Ave W Suite 205&lt;br&gt;St. Paul, MN 55104&lt;br&gt;651-287-2300 1-800-779-0777&lt;br&gt;<a href="http://www.efmn.org/">http://www.efmn.org/</a></td>
<td>The Epilepsy Foundation is the national voluntary agency solely dedicated to the welfare of the 3 million people with epilepsy in the U.S. and their families. The organization works to ensure that people with seizures are able to participate in all life experiences; and to prevent, control and cure epilepsy through research, education, advocacy and services.</td>
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<td>Contact Information</td>
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<td><strong>Hearing and Service Dogs of Minnesota</strong>&lt;br&gt;2537 25th Avenue South&lt;br&gt;Minneapolis, MN 55406&lt;br&gt;612-729-5986 TTY/Fax: 612-729-5914&lt;br&gt;<a href="http://www.hsdm.org/">http://www.hsdm.org/</a></td>
<td>Hearing and Service Dogs of Minnesota is dedicated to enhancing the quality of life for people who are deaf, hard of hearing or disabled by creating mutually beneficial partnerships with specially trained dogs.</td>
</tr>
<tr>
<td><strong>Interpreter Referral Services in Minnesota (MN Dept. of Human Services)</strong>&lt;br&gt;St. Paul office&lt;br&gt;651-297-1316 TTY: 866-206-6513&lt;br&gt;<a href="mailto:dhhs.metro@state.mn.us">dhhs.metro@state.mn.us</a></td>
<td>People of any age can experience hearing loss. Some people are born with hearing loss, for others it develops later in life. Regardless of the type of hearing loss, all deaf and hard of hearing people have unique needs. The Deaf and Hard of Hearing Services Division (DHHSD), a division in the Minnesota Department of Human Services, is here to help.</td>
</tr>
<tr>
<td><strong>Learning Disabilities Association (LDA Learning Center)</strong>&lt;br&gt;LDA of Minnesota&lt;br&gt;5354 Parkdale Drive, Suite 200&lt;br&gt;St. Louis Park, MN 55416&lt;br&gt;952-922-8374 Fax 952-922-8102&lt;br&gt;<a href="http://www.ldaminnesota.org/">http://www.ldaminnesota.org/</a></td>
<td>The mission of Learning Disabilities Association is to maximize the potential of children, youth and adults with learning disabilities or related learning difficulties so that they and their families lead more productive and fulfilled lives.</td>
</tr>
<tr>
<td><strong>Little People of America, Twin Cities</strong>&lt;br&gt;<a href="mailto:connor.anthony@gmail.com">connor.anthony@gmail.com</a>&lt;br&gt;<a href="http://www.lpadistrict9.org/content/">http://www.lpadistrict9.org/content/</a></td>
<td>Little People of America (LPA). LPA is a non-profit organization that supports and provides information for short-statured individuals. District 9 is here to serve little people, their families, and their friends who live in the states of Nebraska, Iowa, Minnesota, North Dakota, and South Dakota.</td>
</tr>
<tr>
<td><strong>Mental Health Association of Minnesota</strong>&lt;br&gt;2021 East Hennepin Avenue, Suite 412&lt;br&gt;Minneapolis, MN 55413-2726&lt;br&gt;phone: 612-331-6840&lt;br&gt;800-862-1799 Fax: 612-331-1630&lt;br&gt;www.mentalhealthmn.org</td>
<td>The Mental Health Association of Minnesota is a 501(c)(3) nonprofit agency that responds to the needs of individuals with mental illnesses, and their family members. We offer services in Advocacy and Education: individual advocacy case services, community support referrals, educational materials, workshops and community presentations.</td>
</tr>
<tr>
<td><strong>Minnesota Association for Children’s Mental Health</strong>&lt;br&gt;165 Western Avenue North&lt;br&gt;Saint Paul, MN 55102&lt;br&gt;Phone: 651-644-7333 1-800-528-4511&lt;br&gt;Fax: 651-644-7391&lt;br&gt;<a href="http://www.macmh.org/">http://www.macmh.org/</a></td>
<td>The Minnesota Association for Children’s Mental Health (MACMH) began in 1989 as a small group of parents concerned about children with mental health disorders. Driven by the challenges of raising a child with one of the least understood and most stigmatized disabilities, these parents met regularly, defined their mission, and established a formal board of directors.</td>
</tr>
<tr>
<td><strong>Minnesota Association of the Deaf</strong>&lt;br&gt;1824 Marshall Ave.&lt;br&gt;St. Paul, MN 55104&lt;br&gt;Phone: 651-644-3455&lt;br&gt;<a href="http://www.minndeaf.org/">http://www.minndeaf.org/</a></td>
<td>MADC advocates for and promotes a better quality of life and social wellness of Deaf people through its membership, activities and advocacy.</td>
</tr>
<tr>
<td><strong>Minnesota Chemical Dependency Program for Deaf &amp; Hard of Hearing Individuals (MCDPDHHI)</strong>&lt;br&gt;2450 Riverside Avenue South&lt;br&gt;Minneapolis, MN 55454.&lt;br&gt;1-800-282-3323 (V/TTY)&lt;br&gt;<a href="http://www.mncdideaf.org/">http://www.mncdideaf.org/</a></td>
<td>The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals is an inpatient chemical dependency program located within the University of Minnesota Medical Center, Fairview, at the Riverside campus in Minneapolis, Minnesota.</td>
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<td>Contact Information</td>
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| **Minnesota Council for Children with Behavioral Disorders**  
http://www.mnccbd.org | Specialized in treatment for Deaf and Hard of Hearing persons, The Program has been providing services nationally since 1989. |
| **Minnesota DeafBlind T.A. Project**  
4001 Stinson Blvd., Suite 210  
Minneapolis, MN 55421  
612-638-1525 or 1526 800-848-4905  
TTY: 612-706-0808 Fax: 612-706-0811  
http://www.dbproject.mn.org | The technical assistance team has been recognized nationally as a truly unique staff consisting of a parent, educator and pediatrician. This combination allows for a holistic look at each child, their family and education team. Project staff are available for on-site visits to homes or schools to provide technical assistance as needed. |
| **Minnesota Life College**  
7501 Logan Avenue S., Suite 2A  
Richfield, MN 55423  
612-869-4008 Fax: 612-0869-0443  
http://www.mnlifecollege.org/ | Minnesota Life College is a three year postsecondary, life-skills training program for young adults with learning disabilities. Independent Living and Employment Readiness are at the heart of MLC’s unique program; other key curriculum areas include: Decision-Making for Success, Social Skills Development, and Fitness and Wellness. MLC helps each student reach for his/her full potential by providing direct, professional instruction in a safe, easily accessible urban campus. |
| **Muscular Dystrophy Association**  
National Headquarters  
3300 E. Sunrise Drive  
Tucson, AZ 85718  
1-800-FIGHT-MD (344-4863)  
http://www.mdausa.org/ | The Muscular Dystrophy Association is a voluntary health agency -- a dedicated partnership between scientists and concerned citizens aimed at conquering neuromuscular diseases that affect more than a million Americans. |
| **National Federation of the Blind of Minnesota**  
100 East 22nd Street  
Minneapolis, Minnesota 55404  
612-872-9363  
http://members.tcq.net/nfbmn/ | The National Federation of the Blind of Minnesota (NFBM) is the state's largest and oldest organization of the blind. We provide individual counseling, advocacy, and education through a number of programs. Most of our members are blind, and our knowledge of blindness comes from our personal lives and our collective experience. We have learned that the real problem of blindness is not loss of eyesight, but the fear and misunderstandings that surround it. We believe that, if given training and opportunity, blind people can live full and productive lives. |
| **National Multiple Sclerosis Society, MN Chapter** | Providing accurate, up-to-date information to |
### Contact Information

| Description | 200 12th Avenue South  
Minneapolis, MN 55415  
Phone: 612-335-7900 |
|---|---|
| **Tourette's Syndrome Association of Minnesota**  
2233 University Avenue Suite 338  
St. Paul, MN 55114 | To assist Minnesotan's with Tourette syndrome in achieving their fullest potential through education, support and public awareness programs. |
| **United Cerebral Palsy of Minnesota, Inc.**  
1660 L Street, NW, Suite 700  
Washington, DC 20036  
800-872-5827 202-776-0406  
Fax: 202-776-0414  
http://www.ucp.org/  
1821 University Avenue West #219 South  
St. Paul, MN 55104-2892  
Phone: 651-646-7588 Fax: 651-646-3045  
http://www.ucpmn.org/ | United Cerebral Palsy (UCP) is the leading source of information on cerebral palsy and is a pivotal advocate for the rights of persons with any disability. As one of the largest health charities in America, the UCP mission is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network. |
| **Upper Midwest Branch of the International Dyslexia Association (UMBIDA)**  
PMB 159  
5021 Vernon Avenue  
Minneapolis, MN 55436  
651-450-7589  
http://www.umbida.org/ | The mission of the Upper Midwest Branch of the International Dyslexia Association (UMBIDA) is to inform and educate people about dyslexia and related difficulties in learning to read and write, in a way that supports and encourages, promotes effective change, and gives individuals the opportunity to lead productive and fulfilling lives, which benefits society with the resource that is liberated. |

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## Employment Options

| Description | Access to Employment Too, Inc.  
5075 Wayzata Boulevard, Suite 180  
Golden Valley, MN 55416  
763-543-6980  
www.deed.state.mn.us/rehab/crp/accessstoo.htm |
|---|---|
| **Access to Employment**  
**Access to Employment Too, Inc.**  
5075 Wayzata Boulevard, Suite 180  
Golden Valley, MN 55416  
763-543-6980  
www.deed.state.mn.us/rehab/crp/accessstoo.htm | This Operating Agreement pertains to the expenditure of Vocational Rehabilitation funds governed by the Rehabilitation Act of 1973, as amended, and the arrangements under which services are purchased for consumers of that program. |
| **AccessAbility, Inc.**  
360 Hoover Street NE  
Minneapolis, MN 55413  
612-331-5958 Fax: 612-331-2448 | AccessAbility, Inc. is a not-for-profit, diversified training, employment and production facility. We provide training, work and recreational opportunities for individuals with disabilities and economic disadvantages who have barriers to employment and community inclusion. Our goal is self-sufficiency. |
| **Association for Persons in Supported Employment**  
1627 Monument Ave.  
Richmond, VA 23220 | Supported employment (SE) enables people with disabilities who have not been successfully employed to work and contribute to society. SE focuses on a person's abilities and provides the |
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<th>Contact Information</th>
<th>Description</th>
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<td>804-278-9187 Fax: 804-278-9377 <a href="http://www.apsen.org/">http://www.apsen.org/</a></td>
<td>supports the individual needs to be successful on a long-term basis. It allows people experiencing disabilities, their families, businesses, and their communities to experience the successes of people with disabilities. SE affords the public the opportunity to see the person for who they are rather than seeing the disability.</td>
</tr>
<tr>
<td><strong>East Suburban Resources</strong> 1754 Washington Ave. Stillwater, MN 55082 651-351-0190 Fax: 651-351-0192 <a href="http://www.esrworks.org/">http://www.esrworks.org/</a></td>
<td>Empowering adults with disabilities through community supported employment is one of the ways in which East Suburban Resources changes lives each and every day. Our belief that people who want to work should have the opportunity to do so has propelled the agency into the top tier of service providers in the metro area. Established in 1964, the agency serves adults with developmental disabilities and other special needs by meeting their individual employment goals and helping them become more fully integrated into their community.</td>
</tr>
<tr>
<td><strong>Kaposia, Inc.</strong> 380 East Lafayette Freeway South Suite 212 St. Paul, MN 55107-1216 651-224-6974 Fax: 651-224-7249 <a href="http://www.kaposia.com/">http://www.kaposia.com/</a></td>
<td>Kaposia provides comprehensive, customized employment, training and consultation services to individuals with barriers to successful employment, employers and other customers. Connecting jobseekers with jobs, employers with workers and providing ongoing support to both are the primary business focus. Retirement services assist customers in connecting with their communities as they leave the workforce or reduce their work focus. Support services assist all customers in achieving success.</td>
</tr>
<tr>
<td><strong>Lambert Vocational Services</strong> 375 East Kellogg Boulevard Saint Paul, Minnesota (MN) 55101-1411 651-225-9425</td>
<td>Lambert Vocational Services is dedicated to assisting individuals who have a disability, have been injured, or are disadvantaged, to obtain and maintain enriching career opportunities that enhance the quality of their life. Lambert Vocational Services is an innovative leader in the field of vocational rehabilitation. We serve individuals, employers, insurers, government agencies, health care providers and attorneys by providing expert and ethical, timely and respectful case management.</td>
</tr>
<tr>
<td><strong>Lifetrack Resources</strong> 709 University Avenue West St. Paul, MN 55104 651-227-8471 Fax: 651-227-0621 Website: <a href="http://www.lifetrackresources.org">http://www.lifetrackresources.org</a></td>
<td>As a community-based service organization, Lifetrack Resources has distinguished itself in our ability to work holistically with individuals, families and children to change lives and create new possibilities.</td>
</tr>
<tr>
<td><strong>LIFEWORKS DAKOTA REGION</strong> Administrative office: Lifeworks Services, Inc. 1120 Centre Pointe Drive, #100</td>
<td>Our mission is to serve our community and people with disabilities as we live and work together. We are passionately committed to fostering a greater understanding of people with disabilities.</td>
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<td><strong>Contact Information</strong></td>
<td><strong>Description</strong></td>
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| Mendota Heights, MN 55120  
651-454-2732 Fax: 651-454-3174  
http://www.lifeworks.org  
Burnsville  
12237 Wood Lake Drive  
Burnsville, MN 55337  
952-808-1483 Fax: 952-808-9174  
Hastings  
Westview Center  
1355 South Frontage Road, #101  
Hastings, MN 55033  
651-437-8762 Fax: 651-437-7239  
Mendota Heights  
1120 Centre Pointe Drive, #400  
Mendota Heights, MN 55120  
651-365-3790 Fax: 651-365-3792 | disabilities so that they are heard, their interests are respected, and their contributions valued. Lifeworks provide customized services for people with disabilities that help them to live full and meaningful lives. We do this by listening to the people we serve and their families to determine what is important to them. We understand that in order to listen we must first learn how each person communicates. We plan with each person in order to follow their lead, rather than direct their path. We consider their interests and gifts, and build relationships with their families and friends, employers, coworkers, funders, and the community. A meaningful life means something different for every person and encompasses time and experiences beyond just the hours that we spend with him or her. We must look at the whole person, and connect them to resources and relationships beyond what Lifeworks provides. |
| MRCI-Burnsville  
15191 Boulder Court  
Rosemount , MN 55068  
651-423-8900 | MRCI WorkSource is currently the largest provider of both community-based supported employment and center-based extended employment in Minnesota. We offer more than 65 distinct programs that serve more than 3,000 people from Southern Minnesota and the Southern Metro areas. Of that number a record 517 people were employed last year in the competitive job market and were able to leave MRCI WorkSource services and 1137 additional people worked in supported employment. |
| Midwest Special Services  
14779 Energy Way  
Apple Valley, MN 55124  
952-891-5345 Fax: 952-891-1922  
MSS Eagan Center  
3265 Northwood Circle Suite 180  
Eagan, MN 55121  
651-454-9010 Fax: 651-454-9011  
Website: http://www.mwsservices.org/ | Job Search & Placement assists people who want to work at a competitive level in the community. Candidates for whom this program works best, have already acquired job skills and are ready to find and keep the job that best suits their interests and abilities. |
| National Center on Secondary Education and Transition  
Institute on Community Integration  
University of Minnesota  
6 Pattee Hall  
150 Pillsbury Drive SE  
Minneapolis MN 55455  
612-624-2097 Fax: 612-624-9344  
Website: http://www.ncset.org/ | The National Center on Secondary Education and Transition (NCSET) was established to create opportunities for youth with disabilities to achieve successful futures. NCSET provides technical assistance and disseminates information focused on four major areas of national significance for youth with disabilities and their families. |
| Pathways to Employment (PTE)  
http://www.deed.state.mn.us/pte/ | The mission of Pathways to Employment is to increase competitive employment of people with disabilities and meet Minnesota’s workforce needs by bringing together people with disabilities, employers, businesses, government and providers. |
### Contact Information

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<tr>
<th><strong>PROACT INC</strong></th>
<th><strong>Description</strong></th>
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| 3195 Neil Armstrong Blvd.  
Eagan, MN 55121  
651-686-0405 Fax: 651-686-0312  
http://www.proactinc.org/ | ProAct is an organization dedicated to serving people with disabilities and other challenges with a range of client services that enhance employment skills and self-sufficiency capabilities. |

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<tr>
<th><strong>Tree Trust</strong></th>
<th><strong>Description</strong></th>
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| 2350 Wycliff Street Suite 200  
Saint Paul, MN 55114  
651-644-5800 Fax: 651-644-1469  
Website: http://www.treetrust.org/ | Tree Trust has a variety of training programs for youth and adults with special needs living in the Twin Cities metro area. These are actual work or service experiences. Some pay wages. All help participants learn basic job skills while they serve their communities by carrying out community projects. Our training programs are well known for the quality work our trainees do in the fields of landscape installation, landscape construction and tree care. |

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<tr>
<th><strong>TSE Inc.</strong></th>
<th><strong>Description</strong></th>
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| Administration office  
2027 Rice St.  
Roseville, MN 55113  
651-489-2595 Fax: 651-489-0410  
Work Ahead St Paul  
1919 University Ave. Suite 116  
St. Paul, MN 55101  
651-379-5290 Fax: 651-379-5292  
Website: http://www.tse-inc.org/ | TSE strives to actively involve individuals in their communities. This includes regular and meaningful interaction with non-disabled peers who are not their paid service providers. TSE also provides opportunities to enhance a person’s independence with age appropriate and functional training in the least restrictive environment. |

### Funding

<table>
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<tr>
<th><strong>Dakota County Collaborative</strong></th>
<th><strong>Description</strong></th>
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</table>
| Dakota County Western Service Center  
Social Services  
14955 Galaxie Ave.  
Apple Valley, MN 55124  
Phone: 952-891-7449 Fax: 952-891-7473  
Web Site: www.co.dakota.mn.us/HealthFamily/  
CaringFor/InfoForParents/Collaboratives.htm | The Dakota County Collaborative is an integrated Children’s Mental Health and Family Services collaborative. Partners include parents, community agencies, schools, and County staff. The purpose of the Dakota County Collaborative is to establish an integrated system of services for children. The partnership was formed more than ten years ago to enhance the stability and health of children and families. |

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<tr>
<th><strong>Community Alternatives for Disabled Individuals (CADI) Waiver</strong></th>
<th><strong>Description</strong></th>
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| Dakota County Community Services Administration  
Northern Service Center  
1 Mendota Rd W., Ste 500  
W St. Paul, MN 55118-4773  
651-554-5611 Fax: 651-554-5948  
Web Site www.co.dakota.mn.us | The Community Alternatives for Disabled Individuals Waiver provides funding for home and community-based services for children and adults, who would otherwise require the level of care provided in a nursing facility. CADI Waiver services may be provided in a person’s own home, in his/her biological or adoptive family’s home, in a relative’s home (e.g. sibling, aunt, grandparent etc.), a family foster care home or corporate foster care home, a board and lodging facility or in an assisted living facility. |

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<tr>
<th><strong>Community Alternative Care (CAC) Waiver</strong></th>
<th><strong>Description</strong></th>
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<tr>
<td>Dakota County Community Services Administration</td>
<td>The Community Alternative Care Waiver provides funding for home and community-</td>
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<td><strong>Contact Information</strong></td>
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<tr>
<td>Northern Service Center</td>
<td>based services for children and adults who are chronically ill. The CAC Waiver is designed to serve persons with disabilities who would otherwise require the level of care provided in a hospital. CAC Waiver services may be provided in a person’s own home, in his/her biological or adoptive family’s home, in a relative’s home (e.g., sibling, aunt, grandparent etc.), in a family foster care home or corporate foster care home.</td>
</tr>
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| 1 Mendota Rd W., Ste 500 | **Consumer Support Grant (CSG)**
DHS Central Office | The Consumer Support Grant program is a state-funded alternative to Medicaid home care services of home health aide, personal care assistance and/or private duty nursing. The Consumer Support Grant Program allows a recipient to convert the state portion of payments for specific home care services into a cash grant. Eligible participants receive monthly cash grants to replace fee-for-service home care services payments. |
| W St. Paul, MN 55118-4773 | **Developmental Disability Waiver**
Dakota County Community Services Administration | The DD Waiver provides funding for home and community-based services for children and adults with mental retardation or related conditions. Assessed waiver service needs, as identified in the person’s service plan, may be provided in a person’s own home, in his/her biological or adoptive family’s home, in a relative’s home (e.g., sibling, aunt, grandparent, etc.), in a family foster care home or corporate foster care home. |
| 651-554-5611 Fax: 651-554-5948 | **Family Support Grant (FSG)**
DHS Central Office | The Family Support Grant program provides state cash grants to families of children with certified disabilities. The goal of the program is to prevent or delay the out-of-home placement of children with disabilities and promote family health and social well being by facilitating access to family-centered services and supports. |
| Web Site www.co.dakota.mn.us | **Minnesota Children with Special Health Needs (MCSHN)**
85 East Seventh Place / P.O. Box 64882 St. Paul, MN 55164-0882 | The MCSHN Information and Assistance Line can help you find the right resources to meet special needs. The service is free and confidential. The Information and Assistance Line is for families, health care providers, public health nurses, teachers, social workers and anyone who needs help identifying and locating resources for children with special health needs. It offers information on services and resources provided by public and private agencies. |
| 651-201-3650 or 1-800-728-5420 website: http://www.health.state.mn.us/divs/fh/mcsrn/ | **Minnesota’s home and community-based waivers**
DHS Central Office | Minnesotans with disabilities or chronic illnesses who need certain levels of care may qualify for the state’s home and community—based waiver programs. Minnesota has chosen to enter into a number of waiver agreements in order to provide Minnesotans with more choice in their services. There are some differences in the services available in each waiver and the amount of money that a person can use to |
<p>| 444 Lafayette Road North | 651-297-3933 TDD: 1-800-627-3529 website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> |</p>
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<th><strong>Contact Information</strong></th>
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<td><strong>Minnesota Supplemental Aid (MSA)</strong>&lt;br&gt;DHS Central Office&lt;br&gt;444 Lafayette Road North&lt;br&gt;St. Paul, MN 55155&lt;br&gt;651-297-3933 TDD: 1-800-627-3529&lt;br&gt;website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
<td>Minnesota Supplemental Aid (MSA) is a state funded program that provides a monthly cash supplement to people who are aged, blind or disabled and who receive federal Supplemental Security Income (SSI) benefits.</td>
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<td><strong>Social Security</strong>&lt;br&gt;Social Security Administration&lt;br&gt;Office of Public Inquiries&lt;br&gt;Windsor Park Building&lt;br&gt;6401 Security Blvd.&lt;br&gt;Baltimore, MD 21235&lt;br&gt;1-800-772-1213 TTY 1-800-325-0778&lt;br&gt;Local Contact:&lt;br&gt;Social Security&lt;br&gt;190 5th St. E STE 800&lt;br&gt;St. Paul, MN 55101&lt;br&gt;Website: <a href="http://www.ssa.gov/">http://www.ssa.gov/</a></td>
<td>Social Security pay disability benefits under two programs:&lt;br&gt;The Social Security disability insurance program pays benefits to you and certain family members if you worked long enough and paid Social Security taxes. Your adult child also may qualify for benefits on your earnings record if he or she has a disability that started before age 22. The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits.</td>
</tr>
<tr>
<td><strong>Supplemental Security Income (SSI)</strong>&lt;br&gt;Social Security&lt;br&gt;190 5th St. E STE 800&lt;br&gt;ST PAUL, MN 55101&lt;br&gt;1-800-772-1213 TTY 1-800-325-0778&lt;br&gt;Website: <a href="http://www.socialsecurity.gov/ssi/index.htm">http://www.socialsecurity.gov/ssi/index.htm</a></td>
<td>Supplemental Security Income (SSI) is a cash assistance program funded and administered by the Federal Government. The program is authorized by Title XVI (Supplemental Security Income for the Aged, Blind, and Disabled) of the Social Security Act. Beginning in January 1974, SSI replaced the Federal/State matching grant program of adult assistance to the aged, blind, and disabled. Under SSI, there is no minimum age limit for establishing eligibility based on blindness or disability.</td>
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<td><strong>Traumatic Brain Injury (TBI) Waiver</strong>&lt;br&gt;Dakota County Community Services Administration&lt;br&gt;Northern Service Center&lt;br&gt;1 Mendota Rd W., Ste 500&lt;br&gt;W St. Paul, MN 55118-4773&lt;br&gt;651-554-5611 FAX: 651-554-5948&lt;br&gt;Web Site <a href="http://www.co.dakota.mn.us">www.co.dakota.mn.us</a></td>
<td>The Traumatic Brain Injury Waiver provides funding for home and community-based services (HCBS) for children and adults who have an acquired or traumatic brain injury.</td>
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<td><strong>TEFRA (Tax Equity and Financial Responsibility Act of 1982)</strong>&lt;br&gt;DHS Central Office&lt;br&gt;444 Lafayette Road North&lt;br&gt;St. Paul, MN 55155&lt;br&gt;651-296-7675 TTY: 800-627-3529 or 711&lt;br&gt;Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
<td>Children with disabilities who live with their families. To qualify for TEFRA, a child must meet ALL of the following conditions:&lt;br&gt;• Live with at least one parent&lt;br&gt;• Be under 18,&lt;br&gt;• Have a disability determination from the State Medical Review Team,&lt;br&gt;• Need a certain level of home health care to stay at home which compares to the level of care provided in a hospital, nursing home or an intermediate care facility for the mentally retarded&lt;br&gt;• The cost for home care must not be more than the cost for care in a medical institution.</td>
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## Recreation and Leisure

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<tr>
<td><strong>Agape Acres</strong></td>
<td>Agape Acres is more than a place to go to receive muscle therapy. It is a feeling that one enters into where people are encouraged to go beyond their limitations and to accomplish that which their heart is prepared to try. Therapeutic riding strengthens weak muscles and relaxes tight, spastic ones. The horse's stride simulates the normal motion of walking, thus encouraging that movement in the rider. Therapeutic riding also improves posture, balance, and coordination. This form of therapy is effective and FUN! The bond between the rider and the horse is exciting.</td>
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<tr>
<td>3033 160th St. E</td>
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<tr>
<td>Rosemount, MN 55068</td>
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<td>651-423-2377</td>
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<td><a href="http://www.agapeacres.com">www.agapeacres.com</a></td>
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| **Camp Buckskin**   | We are an overnight summer camp program that specializes in serving boys and girls ages 6 - 18 who are experiencing social skill and academic difficulties. While not an entrance requirement, the majority of our campers have a primary diagnosis of AD/HD, Learning Disabilities, or Aspergers while others may have a secondary or related diagnosis. |
| Winter:             |             |
| 4124 Quebec Ave N   |             |
| Suite 300           |             |
| Minneapolis, MN 55427|            |
| 763-208-4805 Fax 763-208-8668|  |
| **Summer:**         |             |
| PO Box 389          |             |
| Ely, MN 55731       |             |
| 218-365-2121 Fax 218-365-2880 |  |
| www.campbuckskin.com|             |

| **Camp Confidence** | To provide a unique year-round opportunity, facility, and professional staff for persons with developmental disabilities. To enhance the ability and self-confidence of people of all ages with developmental disabilities, with particular emphasis on persons with mental retardation, wherever they may be. To educate through "hands-on" outdoor and recreation experiences while meeting individual needs. To facilitate exceptional learning experiences for families, direct care staff, interns, and professionals in the field of developmental disabilities. |
| Confidence Learning Center |             |
| 1620 Mary Fawcett Memorial Drive |             |
| East Gull Lake, MN 56401 |             |
| Phone: 218-828-2344 |             |
| Fax: 218-828-2618 |             |
| http://www.campconfidence.com |             |

| **Camp Courage**    | Courage Camps offer safe, accessible, natural environments where children and adults with physical disabilities, sensory and language impairments, and other disabilities or illnesses discover abilities they never knew they had or they thought they had lost. |
| 3915 Golden Valley Road |             |
| Golden Valley, MN 55422|             |
| 763-520-0504 866-520-0504 |  |
| Fax:763-520-0577 |             |
| http://www.couragecamps.org |             |

<p>| <strong>Camp Discovery</strong>  | Situated near Itasca State Park and the Headwaters of the Mississippi River, Camp Discovery is located at Camp Courage North in beautiful Lake George, MN. This camp is designed for youth with Asperger Syndrome who are looking for a summer camp experience but would benefit from a high degree of structure and small group activities. |
| Autism Society of Minnesota |             |
| 2380 Wycliff Street, Suite 102 |             |
| St. Paul, MN 55114 |             |
| 651-647-1083 fax 651-642-1230 |             |
| <a href="http://www.ausm.org/camps/discovery.asp">http://www.ausm.org/camps/discovery.asp</a> |             |</p>
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| **Camp Friendship Ventures**  
10509 108th St. NW  
Annandale, MN 55302  
952-852-0101 320-274-8376  
1-800-450-8376  
Three camps  
Camp Edenwood  
Camp Friendship  
Camp New Hope  
http://www.friendshipventures.org/ | Friendship Ventures is a non-profit agency that creates unique educational, recreational and social opportunities for people of all ages with mental and physical developmental disabilities. We also offer conference and retreat services and professional team-building programs to the communities we serve. Programs are designed for people who have mental retardation or developmental disabilities related to autism, cerebral palsy, brain injury, and Down, Tourette, and other syndromes. Many clients also have physical disabilities, hearing or vision impairment, and medical conditions such as diabetes or epilepsy. Siblings and friends without disabilities may also participate in many of our programs. |
| **Camp Hand in Hand**  
Autism Society of Minnesota  
2380 Wycliff Street, Suite 102  
St. Paul, MN 55114  
651-647-1083 Fax 651-642-1230  
http://www.ausm.org/camps/handInHand.asp | This camp features beautiful woodland settings with modern air-conditioned cabins and bathrooms. Nutritious meals are served in a group dining room. Activities will include swimming, horseback riding, fishing, crafts, archery, nature hikes and music therapy with a focus on social interaction and communication. Campers will be divided into groups by age, gender and interests. Staff camper ratio is 1:1. |
| **Camp Knutson and Knutson Point Retreat Center**  
11169 Whitefish Ave  
Crosslake, MN 56442  
218-543-4232  
http://www.lssmn.org/camp/ | Camp Knutson was donated in 1953 by Minnesota Congressman Harold Knutson to be used as a summer retreat for "neglected, unfortunate, deprived and handicapped children." Today the purpose of the camp has been expanded and currently serves:  
Children with Skin Disease  
Children with Autism  
Children with Down Syndrome  
Children with Heart Diseases  
Families affected by or infected with HIV/AIDS |
| **Echo Valley RR**  
35280 53rd Avenue  
Cannon Falls MN 55009  
507-263-3788 | Provides therapeutic horseback riding to children and adults with special medical/developmental disabilities. Training includes evaluation by Physical Therapist. Seasonal recreational activities and family retreats available. |
| **Family Institute for Creative Well-being**  
1745 Birmingham St.  
Maplewood, MN 55109  
Office Address: (By Appointment Only)  
Family Institute for Creative Well-Being  
2131 Fairview Ave. N.  
Roseville, MN 55113  
Phone: 651-639-2527  
www.familyinstitute-cwb.org/ | Our programs focus on managing the rollercoaster of thoughts and emotions that accompany demanding health conditions. These are conditions such as disabilities or chronic illnesses that have an impact on daily life. It could be brain injury, cancer or cystic fibrosis just to mention a few of many, many life-changing health conditions. Family Institute programs use creative ways to address the tough stuff like anger, sorrow, stress, fear and the whole truckload of emotions that come with these conditions. |
| **MacPhail Center for the Arts**  
Paideia Academy | MacPhail Center for Music is an extraordinary community asset. During its near-century long |
<table>
<thead>
<tr>
<th><strong>Contact Information</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7200 147th Street West</strong></td>
<td>history, MacPhail has become a vital part of the fabric of organizations that make the Twin Cities a vibrant arts community and a uniquely wonderful place to live and work. Exceptional instruction for individuals, groups, and ensembles as well as partnerships with schools and arts organizations enable MacPhail to transform the lives of people of all ages, in the greater Twin Cities area and beyond.</td>
</tr>
<tr>
<td>Apple Valley, MN 55124</td>
<td></td>
</tr>
<tr>
<td>612-321-0100</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.macphail.org/index_flash.html">www.macphail.org/index_flash.html</a></td>
<td></td>
</tr>
<tr>
<td><strong>Majestic Hills Ranch</strong></td>
<td>Majestic Hills for Children provides therapeutic riding to children with special needs. Many children are either born with a disability or obtain it through an accident.</td>
</tr>
<tr>
<td>24580 Dakota Ave.</td>
<td></td>
</tr>
<tr>
<td>Lakeville, MN 55044</td>
<td></td>
</tr>
<tr>
<td>952-888-6077 or Cell 952-426-5688</td>
<td></td>
</tr>
<tr>
<td><a href="http://majestichillsranch.com/">http://majestichillsranch.com/</a></td>
<td></td>
</tr>
<tr>
<td><strong>The Uniquely Abled Dance Center</strong></td>
<td>The Uniquely Abled Dance Center, Inc., is a center designed to teach the disabled how to dance. Those included in our program are the blind and visually impaired, deaf and hearing impaired, children and adults with Down's Syndrome, those confined to wheelchairs, and developmentally delayed. All classes are custom designed to the abilities of each group. All forms of dance including jazz, ballroom, tap, and classic ballet are taught.</td>
</tr>
<tr>
<td>120 E. Butler Ave.</td>
<td></td>
</tr>
<tr>
<td>West St. Paul, MN 55118</td>
<td></td>
</tr>
<tr>
<td>651-457-4942</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.raddatzdance.com/uadc.html">www.raddatzdance.com/uadc.html</a></td>
<td></td>
</tr>
<tr>
<td><strong>VSA arts of Minnesota</strong></td>
<td>VSA arts is an international, nonprofit organization founded in 1974 by Ambassador Jean Kennedy Smith to create a society where all people with disabilities learn through, participate in and enjoy the arts.</td>
</tr>
<tr>
<td>Hennepin Center for the Arts</td>
<td></td>
</tr>
<tr>
<td>528 Hennepin Avenue, Suite 305</td>
<td></td>
</tr>
<tr>
<td>Minneapolis, MN 55403</td>
<td></td>
</tr>
<tr>
<td>612-332-3888 800-801-3883</td>
<td></td>
</tr>
<tr>
<td>TTY: 612-332-3888</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.vsarts.org/">www.vsarts.org/</a></td>
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**Transportation**

<table>
<thead>
<tr>
<th><strong>Contact Information</strong></th>
<th><strong>Description</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Achieved Mobility Inc</strong></td>
<td>General (for people with various disabilities)</td>
</tr>
<tr>
<td>8500 210a St W</td>
<td></td>
</tr>
<tr>
<td>Lakeville MN 55044</td>
<td></td>
</tr>
<tr>
<td>952-469-1909</td>
<td></td>
</tr>
<tr>
<td><strong>All Service Transportation</strong></td>
<td>General (for people with various disabilities)</td>
</tr>
<tr>
<td>Bloomington MN</td>
<td></td>
</tr>
<tr>
<td>952-888-8886</td>
<td></td>
</tr>
<tr>
<td><strong>DARTS</strong></td>
<td>DARTS provides transportation and supportive services to individuals and their families in Dakota County and beyond. We make connections and create possibilities for people experiencing transitions in their lives.</td>
</tr>
<tr>
<td>1645 Marthaler Lane,</td>
<td></td>
</tr>
<tr>
<td>West St. Paul, MN 55118</td>
<td></td>
</tr>
<tr>
<td>Administration: 651-455-1560</td>
<td></td>
</tr>
<tr>
<td>Transit: 651-455-1339 TDD: 651-234-2288</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.darts1.org">http://www.darts1.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Metro Mobility</strong></td>
<td>ADA paratransit service is public transportation for certified riders who are unable to use the regular fixed-route bus due to a disability or health condition. Rides are provided for any purpose. Whether a rider is traveling to a doctor's appointment, going shopping or meeting friends for dinner, all</td>
</tr>
<tr>
<td>390 Robert St. N.</td>
<td></td>
</tr>
<tr>
<td>St. Paul, MN 55101</td>
<td></td>
</tr>
<tr>
<td>651-602-1000 TTY: 651-291-0904</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.metrocouncil.org/transportation/paratransit/intro.htm">http://www.metrocouncil.org/transportation/paratransit/intro.htm</a></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Address</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Metro Transit (Bus)</strong></td>
<td>390 Robert St. N.</td>
</tr>
<tr>
<td><strong>Metro Transit (Light rail)</strong></td>
<td>390 Robert St. N.</td>
</tr>
<tr>
<td><strong>MVTA (Minnesota Valley Transit Authority)</strong></td>
<td>100 E. Highway 13</td>
</tr>
<tr>
<td><strong>TLC Special Transportation</strong></td>
<td></td>
</tr>
</tbody>
</table>
Post-Secondary Education Resource

www.actstudent.org
Everything you want to know about the ACT Assessment students with disabilities, test prep, test sites and dates, college search, financial aid information, and much more.

http://www.collegeboard.com/splash/
Everything you want to know about the SAT Assessment students with disabilities, test prep, test sites and dates, college search, financial aid information, and much more.

www.socialsecurity.gov
A valuable resource about all social security programs.
Apply for benefits, get addresses of local offices, request forms, and make connecting links to other social security online services.

www.fafsa.ed.gov
FAFSA stands for “Free Application for Federal Student Aid.” It is easier and quicker to complete, and response is much faster if submitted online though paper copy is also available. The form is very similar to completing an income tax form and information is required on parents and the student. Completing this form can qualify a student for federal grants, loans, or work-study. It should be completed as early as possible after the first of the year.

www.ed.gov/about/offices/list/ocr/transition.html
Government website provides information on the rights and responsibilities of a student with a disability upon entering a postsecondary educational institution.

http://www.ed.gov/about/offices/list/ocr/transition.html
Office of Civil Rights

www.mnschu.edu/campuses/index.html
A state map with the location of all Minnesota State Colleges and Universities. Click on the site of interest and it will provide you with information and web links related to the school, its programs, and services.

www.washington.edu/doit/brochures/academics/
Preparing for College: an Online Tutorial – Many resources on the Internet can be used to help high school students with disabilities prepare for college, but they can be difficult to locate. A new DOIT publication guides students through a set of preparatory experiences.

www.c3online.org
Maps and provides access information for services for youth with disabilities within the state of Minnesota.

www.apprenticeship.org
Describes apprenticeships. Provides requirements in a variety of fields. Gives contact information by location in state, and links to similar sites.

http://iseek.org
Minnesota’s gateway to career, education, employment and business information

Workforce Center
Vocational Rehabilitation (VR) is for people with disabilities who need our services to prepare for work, or to find and keep a job. Minnesota Workforce Center - Dakota County-Western Area
MN Workforce Center
Rehabilitation Services
South Cross Commons Center IV
2900 W County Road 42, Suite 140
Burnsville, MN 55306
952-895-7600 Voice
952-895-7661 TTY
952-895-7625 FAX

Minnesota Workforce Center - Dakota County-Northern Area
MN Workforce Center
Rehabilitation Services
1 Mendota Road West, Suite #170
West Saint Paul, MN 55118-4768
651-554-5955 Voice
651-554-5914 TTY
651-554-6565 FAX
# IEP FORMS

**Page 1 of IEP**

### IEP Annual Meeting Date: ________

Date of Last Comprehensive Evaluation: ________

---

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Gender</th>
<th>Birthdate</th>
<th>ID Number</th>
<th>MARSS Number</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Native Language/Primary Communication Mod</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>School of Enrollment</th>
<th>School Phone</th>
<th>Providing District #</th>
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</table>

<table>
<thead>
<tr>
<th>Student Permanent Residence Address (if different)</th>
<th>Resident District #</th>
</tr>
</thead>
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## PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Parent(s)</th>
<th>Home Phone #</th>
<th>Daytime Phone #</th>
<th>Ext.</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Parent(s) Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Native Language/Primary Communication Mod</th>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian/Surrogate Parent Name(s)</th>
<th>Parent</th>
<th>Guardian(s)</th>
<th>Surrogate Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian/Surrogate Parent Address (if different)</th>
<th>Home Phone #</th>
<th>Daytime Phone #</th>
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<tbody>
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## IEP INFORMATION

<table>
<thead>
<tr>
<th>IEP Manager</th>
<th>Phone #</th>
<th>Federal Setting</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Primary Disability</th>
<th>Type of IEP:</th>
<th>Initial</th>
<th>Annual</th>
<th>Intern</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Secondary Disability 1</th>
<th>Secondary Disability 2</th>
<th>Secondary Disability 3</th>
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<tbody>
<tr>
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</tbody>
</table>

---

## PROGRESS REPORTING

Frequency and method(s) to be used for reporting progress to parent(s):

---

## TRANSFER OF RIGHTS AT AGE OF MAJORITY

Address only in IEPs for students who will reach age 17 during tenure of this IEP. The student, upon reaching age 17, has been informed the rights which will transfer to him/her upon reaching the age of majority (18), unless legal guardian or conservator has been appointed.

Data Notice Was Provided: ________

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Indicate Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>Yes</td>
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<td></td>
<td>Yes</td>
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</tbody>
</table>

This form is available in several languages, Braille, or other formats. Contact the IEP Manager for an alternate format.
STUDENT PERFORMANCE AND MEASUREMENT OF PROGRESS: GOAL 1

<table>
<thead>
<tr>
<th>Performance Areas</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual/Cognitive Functioning</td>
<td></td>
</tr>
<tr>
<td>Academic Performance</td>
<td></td>
</tr>
<tr>
<td>Cognitive Development</td>
<td></td>
</tr>
<tr>
<td>Adaptive Development</td>
<td></td>
</tr>
<tr>
<td>Functional Skills</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Emotional, Social, and Behavioral Development</td>
<td></td>
</tr>
<tr>
<td>Motor Ability</td>
<td></td>
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<tr>
<td>Sensory</td>
<td></td>
</tr>
<tr>
<td>Health/Physical</td>
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</tbody>
</table>

Present Level(s) of Academic and Functional Performance:
- For preschool children, describe how the disability affects the child’s participation in appropriate activities.
- For K-12 students, describe how the disability affects their involvement and progress in the general curriculum.

Student-Based Need:

Measurable Annual Goal: Progres Notes:

___ of ___ Goals

How will progress toward meeting this goal be measured?
- Standardized Test
- Teacher Made Tests
- Observations
- Daily Points
- Periodic Tracking
- Other: ___

This section also conditional.

Short Term Objectives or Benchmarks: Progress Notes:
### TRANSITION PLANNING: GOAL 1

Components of the IEP for students ages 14-11 (to be updated annually). Transition information is to be periodically updated such that these sections will continue to be a current part of the student's IEP.

#### Transition Areas

| ☐ Employment | ☐ Home Living Skills | ☐ Post-Secondary Education and Training |
| ☐ Recreation and Leisure | ☐ Community Participation |

Following the initial evaluation or a reevaluation, the Evaluation Summary Report may be attached to the IEP.

#### Future Outcome/Goal (optional):

| Present Level of Academic and Functional Performance: |

| Student-Related Need (optional): |

| Course of Study: Describe the focus on courses of study to address transition from secondary services to post-secondary education and training, employment, community participation, recreation and leisure, and home living: |

See attached Course of Study form. (Statement will print if box is checked on form.)

| Statement of Transition Service Needs: Identify instructional services, related services, and interagency responsibilities and any needed linkages to address transition from secondary services to post-secondary education and training, employment, community participation, recreation and leisure, and home living and the person(s) accountable for each activity: |

See attached Statement of Transition Service Needs form. (Statement will print if box is checked on form.)

| Measurable Post-Secondary Goal: |

| ☐ of ☐ Goals |

#### How will progress toward meeting this goal be measured?

- ☐ Standardized Test
- ☐ Teacher-Made Tests
- ☐ Observations
- ☐ Other

#### Short Term Objectives or Benchmarks:

| Progress Notes: |

This section also conditional.
### ADAPTATIONS IN GENERAL AND SPECIAL EDUCATION

Adaptations, including 1) supplemental aids and services in general and special education, and 2) program modifications or supports for school personnel to meet the needs of the student, and 3) assistive technology:

(All sections listed below are conditional.)

### DISTRICT WIDE ASSESSMENTS

- [ ] District-wide assessments are NOT administered at the grade level covered by this IEP.
- [ ] District-wide assessments ARE administered at the grade level covered by this IEP (if checked, continue below).

**District-Wide Assessment:**

(List each assessment administered district-wide for all students in this grade.)

**Is this assessment plan appropriate for the student (check below)?**
- [ ] Yes
- [ ] No

If YES, for each assessment, indicate if the student needs accommodation(s) and what specifically is needed.

If NO, state the reason why the specific district-wide assessment is not appropriate for the student and indicate what alternative assessment the student will be administered and why it is appropriate:

### Parental Notification of Alternative Assessment

- [ ] If this box is checked, your child's academic achievement will be assessed using alternate academic achievement standards or modified academic standards as indicated above, on state or District-wide assessments. Your child's proficiency must always be based on the academic content standards for his or her grade level.

### LIMITED ENGLISH PROFICIENCY (LEP) STATE ASSESSMENTS FOR ACCOUNTABILITY

#### Reading/Writing

(Grades 3-12)

The student will participate in:
- [ ] Test of Emerging Academic English (TEAE) (Reading/Writing) without accommodations.
- [ ] Test of Emerging Academic English (TEAE) with accommodations:
  (Reading/Writing accommodations inc.)

#### Math

(Grades 3, 4, 5, 7, 8, and 11)

The student will participate in:
- [ ] Mathematics Test for English Language Learners (MTELL) without accommodations.
- [ ] Mathematics Test for English Language Learners (MTELL) with the listed accommodations:
  (Math accommodations inc.)

#### Listening/Speaking

(Grades K-12)

The student will participate in:
- [ ] Minnesota Student Oral Language Observation Matrix (MN-OLOM)

Document IEP team decisions: Explain why this assessment option is appropriate.
# SPECIAL EDUCATION AND RELATED SERVICES TO MEET GOALS AND OBJECTIVES

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>General Education</th>
<th>Special Education</th>
<th>Minutes Per Session</th>
<th>Service</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indirect</td>
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<td>Direct</td>
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</table>

# INTERAGENCY SERVICES

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Intragency/Organization Linkages (Identify services, funding, responsibilities, etc.)</th>
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</thead>
<tbody>
<tr>
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</table>

# LRE EXPLANATION

If the student is not able to participate full time with students without disabilities in the regular classroom in extracurricular and non-academic activities, this statement explains the extent of nonparticipation.

---

# EXTENDED SCHOOL YEAR

Are extended school year services required for this student? (i.e., A) Regression and Recoupment, B) Self-Sufficiency, or C) Unique Needs.)

- [ ] Yes
- [ ] No
- [ ] More Data Needed

If yes, describe goals and services (must be described within this IEP or attached documentation):
# Significant Change Form

## Learner Information

<table>
<thead>
<tr>
<th>Learner Name (Last, First, M.I.)</th>
<th>Birthdate</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Current Address (Street/City/State/Zip)</th>
<th>Learner’s Primary Language</th>
<th>Box</th>
<th>Grade</th>
<th>ID #</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>School of Enrollment</th>
<th>School Phone</th>
<th>District #</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Learner’s Permanent Residence Address (if different than above)</th>
<th>District #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## IEP Information

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Date of Last Annual IEP Meeting</th>
<th>Note: The completion of this document does not replace the required Annual IEP Team Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

## Areas of Significant Change

1. Goals:  
   - Added  
   - Changed  
   - Deleted  
   - (see IEP)

2. Special Education/Related Support Services:  
   - Added  
   - Deleted  
   - (see IEP)

3. Type of Setting or Site:  
   - From:  
   - To:  
   - (see IEP)

4. Amount of Time Spent with Peers Who Do Not Have Handicapping Conditions:  
   - Increased  
   - Decreased  
   - (see IEP)

5. Amount of Special Education Services to Accomplish Goals/Objectives:  
   - Increased  
   - Decreased  
   - (see IEP)

Please record the changes specified above on the current IEP. Provide a copy of this form, the changed IEP pages, and the Notice of Special Education Services form (ED-01921-02) to the parent(s). As soon as the parent’s signature is received, or if the parent(s) does (does not) object in writing within ten school days after the receipt of the notice, changes may be implemented.

## IEP Planning Meeting

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Ten Tips That May Help Ease Your Child's Transition To Adulthood

Planning for your child's transition from adolescence to adulthood is one of the most important things you can do to pave the way to a successful future. In Minnesota, special education transition planning and services begin when your child with a disability is 14. From then on, you and your child will start learning new skills side-by-side. Your child will begin to take on more responsibility, and you will find new ways to provide support.

It can be a challenge. Depending on your child’s disability, you may need to consider everything from post-secondary education to employment, from housing to finances. As you and your son or daughter plan for the future, consider these tips to help build a successful transition.

1. Help build your son’s or daughter’s self-determination and self-advocacy skills.

All young people should have a strong sense of their strengths, abilities, and interests. If students have a disability, they should also be aware of how it might affect them at work, in the community, and in their educational pursuits. Transition is a wonderful time to explore how youth will talk about their disability in different settings and ask for any support or accommodation they will need.

2. Help develop your child's social outlets.

Social relationships and recreation are more than fun; they are important tools that help tie people into the community and provide a wider network of support. Although social isolation can be an issue for many young adults with disabilities, transition planning that addresses opportunities for social relationships and recreation can build a bridge to success.

3. Expand your network and explore community supports.

As children with disabilities become adults with disabilities, they may need support from a variety of sources. Start now to develop helpful networks for your child. Who do you know in your family, social group, professional circle, religious community, or other sphere who could help provide social, recreational, work, or volunteer experiences for your young adult? Look, too, at adults in the community who have the same disability as your child to learn what kinds of supports they use.

4. Make sure your son registers with Selective Service at age 18.

All males—including those with disabilities—must register with Selective Service within 30 days of their 18th birthday. (Exceptions are made for young men in institutional care.) Failure to do so can affect a person’s ability to receive federal and state benefits, including student loans, job training, and government jobs. Learn more at www.sss.gov or link through PACER’s site at www.PACER.org.

5. Explore post-secondary accommodations.

Students who receive academic programming and support in high school through Individualized Education Programs (IEPs) and 504 plans will not automatically have the same support after they graduate. Although post-secondary institutions are required to provide reasonable accommodations to students with disabilities, they are not required to modify course work, if it would substantially change program requirements. When you and your student visit a prospective school, visit the campus’s Disability Services Office to:

- explore how to document your student’s disability:
• ask if you can talk with other students and families about their experiences in this particular program;
• inquire about what accommodations are available. In addition to note takers, extended time, and alternative testing environments, are other, less commonly services offered?

6. Investigate SSI programs.

Financial planning is an important part of transition. Many people with disabilities are beneficiaries of Supplemental Security Income (SSI), a federal program that provides a monthly benefit check that can help pay for living expenses. A lesser-known program of SSI, called Plan for Achieving Self-Support (PASS), may be helpful to some SSI recipients. It allows a person with disabilities to set aside income and resources in order to reach a work goal. These goals could include such things as enrolling in an educational or training program; obtaining supported employment; starting a business; or purchasing a vehicle to commute to work. PACER published parent briefs on SSI in conjunction with the National Center for Secondary Education and Transition (NCSET). The briefs are available online at www.PACER.org/publications/transitions.html. Social Security information on SSI is available at www.ssa.gov/work/ResourcesToolkit/pass.html.

7. Encourage your child to build a résumé by volunteering.

Many young people struggle to find work experiences that help them compete in the job market. Volunteering is a great solution. Young adults can gain skills and build a résumé that shows a prospective employer their abilities, initiative, and dedication to work. Volunteering can also help develop additional social skills, especially if it is done along with a parent, friend, or group of peers.

8. Help your child learn “soft” employment skills.

In addition to the work skills people need for their jobs, they also need “soft skills.” These include such things as being able to accept direction, ask for help, deal with conflict, and engage in interpersonal communication. They also include being prompt, having appropriate hygiene, and dressing properly for the workplace. An employer is more likely to be patient with an employee learning the technical aspects of a job if soft skills are in place. You can help your young adult develop these skills by practicing them at home.


Like most people, young adults with disabilities need to manage their health care and insurance. You should develop a clear plan on how to address health care needs once your child reaches adulthood.

10. Call PACER Center for information and resources.

The transition staff at PACER Center can help you prepare your son or daughter for the adult world. Trained advocates can help you understand your rights and find resources to help with all aspects of transition. To speak with a transition expert, call PACER at (952) 838-9000. You may also visit www.PACER.org/publications/transitions.html for online transition resources.
Parent Tips for Transition Planning

Successful and meaningful transition services are the result of careful planning. This planning is driven by a young person’s dreams, desires, and abilities. It builds a youth’s participation in school, home and community living.

Transition planning helps to prepare young people for their futures. It helps them to develop skills they need to go on to other education programs after high school. It builds skills to live, work, and play in the community. It helps to build independence. Youth learn important adult decision making roles when they participate in this school based planning.

Must transition planning be part of the Individualized Education Program (IEP)?

Transition planning is required in the IEP for students by age 16. Many students will begin this planning at age 14 or earlier so that they have the time to build skills they will need as adults. Parents should feel comfortable asking for transition planning to start earlier than age 16 if they believe it is needed. Transition planning, goals, and services will be different for each student.

Transition services include instruction, community experiences and building employment skills. They include post-school adult living objectives and, if needed, daily living skills training and functional vocational evaluations. All of these services must be provided in a manner that is sensitive to a student’s cultural background and native language.

Transition services are based on a student’s strengths as well as needs. They consider a young person’s preferences and interests. Activities that are part of transition services must be results-oriented. This means that they are focused on building specific skills.

Must students be involved in transition planning?

Schools are required to invite students to participate in their IEP meetings whenever transition goals or services are considered. Transition services are a required component of IEPs for students age 16 and older, and should be routinely discussed at IEP meetings. These services may become part of discussion and planning as early as the IEP team finds is needed for an individual student. (Some states require transition planning beginning at age 14.)

What if my child does not attend his or her IEP meeting?

If a youth is unable to participate in his or her IEP meeting or chooses not to attend, school personnel must take steps to ensure that the youth’s preferences and interests are considered in developing the IEP.

The best transition plans are those that help youth achieve their dreams and aspirations. Youth should be included in all aspects of planning and goal setting, and encouraged to participate at IEP meetings. This participation helps keep team members focused on the young person’s individual needs and desires. It also helps the youth to develop the skills for making decisions and becoming a self-advocate. Preparing a young person for his or her role in transition planning helps them to become knowledgeable members of the IEP team.

How can I be sure that the IEP meets my child’s transition needs?

Transition services begin with age-appropriate transition assessments. They include student and parent interviews, interest and skill inventories and other tools.

In order for an IEP to meet a student’s transition needs, both parents and school personnel participate in the assessment. The school does this through assessments and observations. Parents do it through day-to-day knowledge and talks with their child about their goals and dreams.

Answering the following questions may help guide how parents and students prepare for and participate in an effective IEP meeting that is focused on transition planning:

- What does the young person want to do with his or her life? What are his or her dreams, aspirations, or goals? The youth’s answers should be incorporated into all
aspects of transition planning. If a young person is non-verbal or has difficulty communicating, parents can still use their knowledge of their child to be sure that transition planning and services reflect the youth’s preferences and choices.

- **What are the young person’s needs, abilities, and skills?** Parents should be familiar with how much assistance their child needs or does not need to accomplish tasks.
- **What are the outcomes that the youth and parents want?** Parents and their child should bring suggestions to the transition planning meeting. Suggestions might include the kind of services, actions, or planning they believe is needed to achieve desired goals in the transition section of the IEP.
- **Will the young person attend the transition IEP conference?** Parents can help by encouraging their son or daughter to attend. He or she will be invited. Together, parents and youth can prepare for the meeting. If the youth does not attend, parents may represent their desires and wishes.
- **How do young people develop self-advocacy skills?** Parents and school staff should encourage self-advocacy in young people. Staff should direct questions to the youth, even when it is the parents who may provide answers. It is important to encourage young people to have and state (by any means available to them) their own opinions. It is important for students to understand their disability and to ask for the accommodations they may need.
- **What are the programs, services, accommodations, or modifications the young person wants or needs?** Parents and their youth need to think about and be clear on what they want or need. IEP team discussions address these topics, but often parents and young people have had conversations at home that will be useful in planning.
- **What kinds of accommodations will students need when they go on to higher education or employment?** Parents and youth need to think what accommodations will be needed after high school and how the youth will obtain them.
- **Who will be responsible for what part of the transition plan in the IEP?** It is wise for parents and youth to know who is responsible for each transition goal. Each task should have a specific timeline that is included in the IEP.
- **Should the educational and transition programs emphasize practical or academic goals?** Does the young person need a combination of both? This will depend on the goals of each individual student.
- **What are the community-based training opportunities the school provides?** Parents and their child should decide how much to participate in those activities.
- **If a student plans on going to college, is he or she taking the courses needed to meet college entrance requirements?**
- **When will the young person graduate?** What kind of diploma option is the best choice?
- **Are work experience classes appropriate to reach employment goals?** Research suggests that youth have more successful employment outcomes after high school if they have had hands-on, work-based learning experiences as students.
- **How could the educational and transition program be more integrated into the regular program?**
- **Who will attend the IEP meeting?** Parents and the youth should become familiar with the roles and functions of team members. They should also know what community agencies might be present (vocational rehabilitation, etc.). Parents may request that a specific community agency be invited to the IEP meeting if the youth is or may be using services from that agency. Becoming familiar with adult service systems or agencies now can be helpful in making future decisions. At times parents may want a family member, friend, or advocate to go to planning meetings with them for support or to take notes.

Parents and youth will want to have a copy of the daily school schedule each quarter or semester. It is important to have information on all classes available so that their child can participate in selecting classes and the scheduling process.

**A final tip:** Parents will need to start thinking about their child’s legal status before he or she turns 18. If a youth is not able to make informed decisions about major issues (medical treatment, living accommodations, financial arrangements, etc.), the family may need to learn more about guardianship or conservatorship.

IDEA 2004 requires that students be notified at least one year in advance of the rights that will transfer to the student upon reaching the age of majority (becoming a legal adult in that state). These rights include being the responsible person for planning and agreeing or disagreeing with services in the IEP. It is important that parents understand what this means for them and their role in planning. The age of majority is 18 in most states.

By learning as much as possible about the options available for transition planning, a parent can ensure that their young person’s rights are protected while they are learning the skills needed to develop independence.
Special Education Glossary of Terms

Accessibility: Use of facilities and equipment in a safe and efficient manner.

Accommodation: A change in how a student accesses and demonstrates learning, but it does not substantially change the instructional content.

Activities of Daily Living (ADL’s): Person’s daily cares which include grooming/hygiene, feeding/eating, toileting, seating, and dressing/personal safety.

Acute: A condition characterized by a sudden onset, sharpness or severity and a short course.

Adaptations: Alternative strategies and equipment that help meet the educational and physical needs of persons with disabilities.

Administrative Designee: A person assigned by the school principal to participate in a student’s IEP (see definition) process. This person is given the authority to commit the school district’s resources as designated on the IEP. It is stated that this person shall be someone other than the student’s teacher.

Affective Disorders: Characterized by changes in mood as the primary symptoms, e.g., mania, depression.

Agitated: Motor restlessness and increased activity level in association with anxiety and tension.

Agnosia: Total or partial loss of the perceptive faculty by which persons and things are recognized.

Ankle Foot Orthosis (AFO): A brace that supports the ankle and foot.

Anoxia: Absence or loss of oxygen.

Antidepressant: An agent that prevents or suppresses the symptoms of depression; mood elevating.

Antiepileptic: An agent that reduces the frequency, magnitude, or duration of convulsions or seizures; anticonvulsant.

Antipsychotic: An agent that prevents or suppresses the symptoms of psychosis; major tranquilizer, neuroleptic.

Ambulation: The ability to walk or move.

Anxiety: A feeling of uneasiness, apprehension, and fear over an anticipated experience.
**Apraxia:** The inability of a person to initiate or carry out a purposeful movement, although he understands what was requested and does not have severe paralysis, sensory loss, or cerebral ataxia.

**Articulation Disorder:** The absence of or incorrect production of speech sounds that are developmentally appropriate.

**Assessment:** The process of collecting information about a student’s learning needs through a series of individual tests, observations, and interviewing the student, the family, and others. Also, the process of obtaining detailed information about an infant or toddler’s developmental levels and needs for services.

**Asymmetrical Tonic Neck Reflex:** An inborn primitive reflex elicited by turning the head which leads to involuntary change of muscle tone: Face side = arm and leg extension. Skull side = arm and leg flexion.

**Ataxia:** Severe problems of coordination of voluntary movements, particularly those used in reaching and walking.

**Gait Ataxia:** A staggered walk with a wide base.

**Athetosis:** Muscular movement marked by slow, recurring, weaving movements of arms and legs, and by facial grimaces, resulting mainly from brain lesion.

**Atonic:** Loss of normal muscle tone.

**Attention Span:** That period of time during which a student is able to focus and maintain attention upon the task to be completed.

**Auditory:** Of or relating to hearing.

**Auditory Discrimination:** The ability to hear and perceive differences between sounds that are similar, but not the same, as p and b.

**Auditory Memory:** Capacity to recall material that one has heard.

**Auditory Sequential Memory:** Ability to recall in its correct order material that was heard.

**Augmentative Communication Systems:** A device or system that assists a non-speaking person to communicate, i.e., a communication board and sign language.

**Aura:** A warning that precedes an epileptic seizure, often manifested by a sensation or motor movement.

**Autism Spectrum Disorder ASD:** All of the disorders included under Pervasive Developmental Disorder share similar patterns of behavior including impairment in social interaction, impairment in communication and restricted behavior, activities and interests.
They are considered spectrum disorders because each individual displays a different combination of behavior from mild to severe.

**Autistic Disorder:** A lifelong developmental disability that begins sometime within the first three years of life. It is a neurological disorder that impacts communication, social interactions, and perceptions and reactions to the world.

**Autonomic Nervous System:** The part of the nervous system that regulates the muscles of the heart, smooth muscles, and glands.

**Balance:** Ability to assume and maintain a position against the force of gravity.

**Static:** The ability to maintain a position against gravity.

**Dynamic:** Ability to maintain a position while in motion.

**Behavior Modification:** Techniques that are used to change an existing behavior by applying both educational and psychological interventions.

**Bilateral:** Pertaining to the use of both sides of the body in simultaneous parallel fashion.

**Bilingual:** The ability to speak two languages fluently.

**Binocular:** Use of both eyes simultaneously.

**Blind:** Describes a condition in which a person has loss of vision for ordinary life purposes. Generally, anyone with less than 10% of normal vision would be regarded as legally blind.

**Body Concept:** The verbalized knowledge that a person has about his own body.

**Body Image:** Awareness of one’s own body resulting from internal sensations and from feedback from the environment.

**Body Scheme:** Knowledge of construction and spatial relationship of anatomical elements. This is an inner awareness.

**Cancer:** A disease which produces malignant tumors in various sites of the body.

**Cardiac:** In relation to or acting on the heart.

**Cardiopulmonary Resuscitation (CPR):** A procedure designed to restore normal breathing after cardiac arrest.

**Cardiovascular:** Pertaining to the heart and blood vessels.

**Catastrophic Reaction:** Child shows an overflow of response or a sudden collapse of control for no apparent reason and to a degree seemingly unwarranted by stimulus.
**Catheterization**: Insertion of a sterilized tube into the bladder through the urethra to eliminate fluids from the body.

**Central Nervous Systems**: Consisting of the brain and spinal cord.

**Cephalo-Caudal Principle**: Development begins in the head-neck region and proceeds down through the lower limbs.

**Cerebral Palsy (CP)**: Motor impairment caused by brain damage, which is usually acquired during the prenatal period or during birth; ranging from mild to severe, it is neither curable or progressive.

**Certified Occupational Therapy Assistant (COTA)**: A person who works under the supervision of a Registered Occupational Therapist.

**Child Study Team**: Each building has a team of persons who meet weekly to discuss all prereferrals and referrals of students to Special Education and related services. This team reviews the needs of students and recommends assessment and programming.

**Chronic**: A condition that persists over a long period of time.

**Cleft Palate**: A congenital, reparable split in the palate that affects one’s articulation and speech.

**Clonic**: Pertaining to a series of alternate muscle contractions and relaxations.

**Closure**: The process of achieving completion in a behavior or perception, e.g., seeing a u as a circle, or blending the sounds of g and o to sound the word go.

**Co-contraction**: Contraction of the agonist and antagonist muscles to provide stability.

**Cognitive Development**: Development of a person’s ability to think about and perceive the environment.

**Conciliation Conference**: A formal meeting that can be requested by the parents of a student or by the school in order to discuss issues on which the parents and the school do not agree regarding assessment or special education services.

**Concept**: An abstract idea generalized from particular instances. Involves idea of the existence of objects, processes, or relation of objects, i.e., table, cell, man, raining, family, etc.

**Congenital**: Conditions which are present at birth.

**Congenital Disability**: Describes a disability that has existed since birth but is not necessarily hereditary. The term ‘birth defect’ is inappropriate.

**Congenital Heart Disease**: Disease of the heart at birth.
**Consultation:** The process in which the educational staff discusses with other educational staff or parents, through formal or informal conferences, the objectives, goals and descriptions of the student’s program, or the results and implications of evaluation findings.

**Contracture:** A permanent shortening of a muscle due to spasticity or paralysis, resulting in less than normal range of motion of a joint.

**Convergence:** Action of the eyes whereby they turn inward when viewing binocularly an object moving in toward the face from a distance. The ocular pointing mechanism by which the two eyes are aimed at the target. It enables one to see an object singly over varying distances.

**Convulsions:** A violent and involuntary contraction or series of contractions of the voluntary muscles.

**Coordination:** Skill in performing gross motor activities involving integrated movement of several muscle groups.

**Cortex:** In the brain; the major mediator of skilled motor function.

**Cross Lateral Movements:** Movements requiring the stimulation use of different limbs on opposite sides of the body, or the moving of the same limbs simultaneously but opposite directions.

**Crossing the Midline:** The movement of the eyes, a hand and forearm, or foot and leg across the midsection of the body without head turning, trunk twisting or swaying or without mobilization of the opposite limb.

**Cueing:** Cueing is a verbal or nonverbal reminder or “hint,” such as movement of the eyes to draw attention to something or a small leading statement.

**Curriculum Content and Instruction:** Outcomes and expectations for what the learner should know and the strategies, materials and equipment used to attain them.

**Cystic Fibrosis:** A hereditary disease of children involving defective production of enzymes in the pancreas (pulmonary involvement).

**Deaf:** Refers to a profound degree of hearing loss that prevents understanding speech through the ear.

**Deaf-Blindness:** Medically verified visual impairment coupled with medically verified hearing impairment that, together, interferes with acquiring information or interacting in the environment.

**Decubitus Ulcer:** An ulcer of the skin commonly called a bedsore or pressure sore.
**Deep Pressure:** A strategy used to provide individuals with heavy tactile input, such as massage, hugs, and “mummy” wrapping.

**Degenerative:** A condition or illness characterized by higher to lower level of body function.

**Delusions:** A false belief that cannot be changed by reason or evidence from the patient’s senses.

**Depression:** A psychiatric disorder characterized by feelings of personal incompetence, listlessness, insomnia, loss of appetite, and psychomotor slowing.

**Dermatitis:** Inflammation of the skin.

**Developmental Adapted Physical Education (D/APE):** A physical education program designed to meet the special needs of handicapped individuals.

**Developmental Cognitive Disability (DCD):** A condition resulting in intellectual functioning significantly below average and deficits in adaptive behavior, that requires special education and related services.

**Developmental Disability:** Any mental and / or physical disability that has an onset before age 22 and may continue indefinitely. It can limit major life activities. Term includes individuals with mental retardation, cerebral palsy, autism, epilepsy (and other seizure disorders), sensory impairments, congenital disabilities, traumatic accidents, or conditions caused by disease (polio, muscular dystrophy, etc.)

**Diabetes:** A metabolic disorder of the pancreas in which there is a faulty production of insulin.

**Diagnosis:** The identification of a condition from its signs or symptoms.

**Differentiation:** The ability to sort out and use independently different parts of the body in a specific and controlled manner. The ability to innervate the muscles on one arm without innervating in a similar fashion the muscles of the other.

**Diplopia:** Double vision.

**Direct Special Education:** Direct special education services are provided by a teacher or a related service professional when the services are related to instruction.

**Directionality:** Ability to distinguish left from right, up from down.

**Disability:** A general term used for a functional limitation that interferes with a person’s ability, for example, to walk, hear, learn, or lift. It may refer to a physical, mental or sensory condition. Use a descriptive noun or adjective, such as “persons who are mentally and physically disabled” and “man with a disability”.

**Discrimination:** The process of detecting differences.
**Dislocation:** A condition that occurs when the bones that form a joint are no longer in contact or are displaced.

**Disorganization:** Child appears unable to carry out a task or to pay attention to the stimulus material.

**Distractibility:** The inability to hold one’s attention fixed on a given task for more than a few seconds.

**Down Syndrome:** A form of mental retardation caused by improper chromosomal division during fetal development.

**Dwarfism:** Underdevelopment of part or all of the body due to malfunction of the endocrine glands.

**Dysarthria:** Imperfect articulation of speech; slurred speech.

**Dryskinesia:** Fragmentary or incomplete movements that result from a diminished power to control voluntary movements.

**Dyslexia:** Word blindness, or inability to read; a condition characterized by normal intelligence and reversals in reading and writing.

**Echolalia:** The immediate repetition of words or phrases just spoken by others.

**Emotional or Behavioral Disorders:** An established pattern characterized by one or more of the following behavior clusters:

a. Severely aggressive or impulsive behaviors;

b. Severely withdrawn or anxious behaviors, general pervasive unhappiness, depression, or wide mood swings;

c. Severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles, and distorted interpersonal relationships.

This category may include children or youth with schizophrenic disorders, affective disorders, or other sustained disorders of conduct or adjustment when they adversely affect educational performance.

**Empathy:** Being aware of understanding and sensitivity to other people’s thoughts and feelings.

**Epilepsy:** A condition marked by chronic and repeated seizures, disturbances of movement, sensation, behavior, and/or consciousness caused by abnormal electrical activity in the brain; can usually be controlled with medication, although the drugs may have undesirable side effects.

**Epileptic Seizure:** A loss or alteration of consciousness associated with involuntary muscle movement or cessation of movement, and abnormal electrical discharges in the brain; convulsions, spell, fit.
**Equilibrium Reactions**: Brain mechanisms which function on a non-conscious basis to preserve balance.

**Etiology**: The causes of disease; the study of the factors that cause disease.

**Evacuation Plan**: Procedures used to leave the classroom and/or building in case of emergency.

**Exacerbate**: To make more severe or violent; to aggravate or irritate.

**Expressive Language**: The ability to talk, to produce symbolic gestures and/or to write.

**Extension**: The straightening of a joint. Opposite of flexion.

**Exteroceptors**: Receptors of the skin which give information on changes in the immediate external environment, such as warmth, cold, and touch pressure.

**Eye-hand Coordination**: Harmonious cooperative movements of the eye and the hand, in which the eye guides the hand to smooth completion of the task.

**Eye Preference**: The eye that is chosen automatically when monocular viewing is necessary.

**Figure Ground**: Refers to the relationship between a specific pattern (figure) and its ground (background). Clinically, the figure is that part of the field of perception that is the center of the observer’s attention, the remainder of this field is the ground.

**Fine Motor Skills**: Control of small muscles in the hands and fingers, which are needed for activities such as writing and cutting.

**Fixations**: Ability of the eyes to focus on a given target accurately.

**Flexion**: The bending of a joint. Opposition of extension.

**Fluency Disorder**: The intrusion or repetition of sounds, syllables, and words; prolongations or sounds; avoidance or words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns.

**Footedness**: Consistent preferred use of either right or left foot for kicking, hopping, starting to walk upstairs, etc.

**Form Constancy**: The ability to recognize a form as the same despite differences in size, color, position or the plane in which it is visualized.

**Form Perception**: The ability to conceive form in all its parts, put it together as a whole unit, then again break it down into individual parts.
**Fracture:** The breaking of a bone.

**Friedreich’s Ataxia:** A hereditary, progressive degeneration of sensory nerves of the limbs and trunk.

**Frustration Level:** Degree of task difficulty which the child is incapable of performing at a given time.

**Functional Skills:** Skills to increase performance and independence at work, in school, in the home, in the community, for leisure time, and for post secondary and other lifelong learning opportunities.

**Gait:** The manner in which a person walks.

**Generalized Seizures:** Seizures associated with abnormal electrical discharges that affect the entire brain; they may be focal at the onset and spread to become generalized, or be generalized from the beginning. Grand mal, petit mal, and mycolonic seizures are all generalized seizures.

**Grand Mal Epilepsy:** Characterized by periodic attacks of unconsciousness and generalized tonic and clonic movements frequently lasting from 1 to 13 minutes. Generalized seizures fall into four categories: tonic-clonic, clonic, tonic and atonic.

**Gross Motor Skills:** Control of large muscles in the arms, legs and torso, which are needed for activities such as running and walking.

**Growth Delay:** Growth patterns are not based on normal growth patterns.

**Hand Dominance:** The hand the person prefers to use.

**Handedness:** The choice of hand or side that is to lead in all activities. True handedness grows out of laterality, the inner knowledge of the two sides of one’s body and the ability to call forth the one needed for a prescribed task. False handedness is merely a naming of sides, and this is often done by linking one side to an external object such as a ring, memorizing placement of objects in classroom, etc.

**Handicap:** Is not a synonym for disability. It describes a condition or barrier imposed by society, the environment, or by one’s own self. Handicap can be used when citing laws and situations, but should not be used to describe a disability. Say, “The stairs are a handicap for her,” or “he is handicapped by the inaccessible bus.”

**Head injury:** Describes a condition where there is temporary or long-term interruption in brain functioning. Use “persons with head injury”, “people who have sustained brain damage”, “woman who has traumatic brain injury”, and “boy with a closed head injury”.

**Head Trauma:** (TBI = Traumatic Brain Injury) Traumatic damage to skull and its contents which results from penetration or rapid acceleration of the brain, which damages tissue.
**Hearing**: A Due Process Hearing is required by law whenever a parent refuses to provide written permission for the initial assessment or placement and provision of Special Education services, provided the district has made at least one attempt to obtain consent through a conciliation conference.

**Hearing Impaired**: The generic term preferred by some individuals to refer to any degree of hearing loss – from mild to profound. It includes both hard of hearing and deaf. Hard of hearing refers to a mild to moderate hearing loss that may or may not be corrected with amplification.

**Hemiplegia**: Paralysis on left or right side of body hindering functioning of arm and leg on affected side.

**Heredity**: Traits acquired from parents as the result of action of a single gene or a complex of genes.

**Homolateral**: Coordinating right side of the body. Head, arm and leg are integrated in movement, same for left.

**Hydrocephalus**: A neurological condition which is an abnormal amount of fluid in and around the brain. Can be arrested with the implantation of a shunt.

**Hyperactivity**: A long term, persistent behavior disorder characterized by excessive restlessness and inattentiveness originating during early to middle childhood (2 to 6 years of age).

**Hyperkinesis**: Hyperactive excess movement, common in children with minimal brain dysfunction.

**Hypertonicity**: Flaccid tone, limp, floppy.

**Inclusion**: Ensuring that necessary supports and services are provided so children with disabilities can participate with children who are not disabled in school, community, and recreation activities.

**Identification**: The continuous and systematic effort to identify, locate and screen persons, birth to age 21, in need of special education.

**Individualized Education Plan (IEP)**: A written Individualized Education Plan developed for a pupil. It is based on an assessment of the pupil’s performance utilizing licenses personnel, a determination of the pupil’s needs in a team process, an identification of appropriate goals and objectives, a selection of teaching strategies designed to enhance learning, delivery of services in an environment which is conducive to learning, and periodic review and evaluation of the pupil’s performance.

**IEP Manager**: The staff member responsible for assuring that the interests of a student are being protected and due process requirements are being met.
**Individualized Family Service Plan (IFSP):** A written plan for providing services to a pupil and the pupil’s family through interagency agreements. Procedural and program requirements for the IEP also apply to the educational components of the IFSP.

**Individual Health Plans (IHPs):** A student’s individual education IEP plan may also include an individual health plan which is designed to ensure that the child receives the health services he or she needs during the school day.

**Indirect Special Education:** Indirect special education services include ongoing progress review; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials, or equipment; and direct contact with the pupil to monitor, observe and follow up.

**Individual and Team Sports:** Games and activities played, as an individual or as a team, using fundamental motor skills.

**Inhibition / Facilitation:** Limiting abnormal muscle responses while teaching normal motor patterns.

**Inhibitory Techniques:** Decreasing neural activity by using a particular process or external stimulation to prevent certain adverse activity from occurring.

**Interceptors:** Receptors which transmit impulses from visceral organs.

**Integration:** The process by which the brain organizes past and present experiences and sensory information for the purpose of determining an appropriate response for a present situation. A perception cannot be associated with other learning until it is integrated.

**Impulsiveness:** The tendency to act hastily, without thinking, inability to control or restrain hasty responses to stimuli.

**Job Coach:** A person who is responsible for supervision and training of persons with disabilities at specific integrated work-sites.

**Joint Attention:** The ability to engage with another person around a third subject of focal point.

**Juvenile Rheumatoid Arthritis:** A chronic disease characterized by inflammation of the joints.

**Kinesiology:** The study of bodily movement, particularly as it relates to and affects communication.

**Kyphosis:** An abnormally increased backward curvature of the spine that causes a hump-like appearance or the upper back.

**Laterality:** Complete motor awareness of the two sides of the body.
**Lead Poisoning**: Chronic disease due to long term heavy exposure to lead that accumulates in tissues and bones. Symptoms might be anemia, apathy, clumsiness, or loss of recently acquired developmental skills.

**Least Restrictive Environment (LRE)**: A concept inherent in the Individuals with Disabilities Education Act (IDEA) that requires that to the maximum extent appropriate, pupils with disabilities shall be educated with children who do not have disabilities and shall attend regular classes. A pupil with disabilities shall be removed from a regular educational program only when the nature or severity of the disability is such that education in a regular educational program with the use of supplementary aids and services cannot be accomplished satisfactorily. Furthermore, there must be an indication that the pupil will be better served outside of the regular program. The needs of the pupil shall determine the type and amount of services needed.

**Long Term Memory**: Ability to recall material over a long period of time.

**Lower Extremities**: Thigh, leg and foot.

**Mainstream**: Placement of special needs student in regular education programs and activities.

**Manipulative Skills**: The ability of an individual to use the hand and fingers to handle large and small objects through the combination of fine and gross motors.

**Medical Documentation**:  
   a. Written verification of medical diagnosis of a physical disability or health impairment signed by a physician.  
   b. Statement by a physician of the status of the student’s body systems.

**Meningitis**: An inflammation of the membranes that surround the brain and spinal cord.

**Mental Illness / Mental Disability**: Describes a condition where there is loss of social and/or vocational skills. Do not use ‘mentally deranged’, ‘crazy’, or ‘deviant.’ Mental disabilities describes all of the recognized forms of mental illness, severe emotional disorder, or mental retardation. Terms such as neurotic, psychotic, and schizophrenic should be reserved for technical medical writing only. Use “man with mental illness” or “woman with a mental disorder”.

**Mental Retardation**: It is characterized by significant limitations both in intellectual functioning and in adaptive behavior. These limitations are expressed in conceptual, social, and practical adaptive skills.

**Midline**: The child’s center of gravity. Unless he has a well-defined midline as the result of well-developed laterality, his space structure will not be stabilized and he may have difficulty orienting himself to his surroundings.

**Mobility**: The way a person moves in his/her environment, i.e., wheelchair, walks, crutches, when such environment is barrier free.
**Mobility and Transfers**: Movement and transition in a safe and efficient manner.

**Monocular**: The use of one eye while the other eye is shut or covered.

**Motor Planning**: Complex thinking movements needed to act on the environment; is dependent meaningful organization of previous tactile experience.

**Motor Skills**: Locomotor and non-locomotor skills including running, jumping, walking, skipping, galloping, leaping, hopping, sliding, bending, twisting, stretching, throwing, striking, and balance activities.

**Motor Training**: A program of activities designed to develop motor skills; sometimes referred to as visual motor training or perceptual motor training.

**Multiple Sclerosis**: A slow, progressive disease resulting in various neurological symptoms and signs.

**Muscle Tone**: A slight degree of muscle tension produced by continuous neural stimulation.

**Muscular Dystrophy**: A group of genetically caused, degenerative diseases of the muscles characterized by weakness and atrophy.

**Mutism**: Inability or refusal to speak.

**Nephritis**: An acute infection of the kidney.

**Neuro**: A combining form indicating relationship to a nerve, nervous tissue, or a nervous system.

**Neurological Development**: The development or maturation of the nervous system or its component parts.

**Neurophysiological Dysfunction**: An inadequate function, development or maturation of the nervous system or its component parts.

**Nondisabled**: The appropriate term for persons without disabilities. The terms ‘normal’, ‘able-bodied’, ‘healthy’, or ‘whole’ are inappropriate.

**Nonverbal Communication**: Sending and receiving messages by means of facial expression, gesture, posture, and body proximity.

**Normalization**: A principle stating that treatment and services for persons with disabilities should be provided in such a manner as to enable them to live as normal a life as possible.

**Nystagmus**: A rapid involuntary movement of the eyeball horizontally, vertically, or in a rotary manner.
**Occupational Therapist (OT):** A health professional skilled in the provision of creative activity designed to promote recovery or rehabilitation of the body’s muscles, independent functioning in ADL’s and improved perceptual abilities.

**Ocular:** Having to do with the eyes.

**Orientation:** The child’s ability to locate himself in space in relation to the things surrounding him/her in space and/or in time.

**Osteogenesis Imperfecta:** A inherited condition in which the bones are abnormally brittle and easily fractured.

**Other Health Impaired (OHI):** A broad range of medically diagnosed chronic or acute health condition that may adversely affect academic functioning and result in the need for special education instruction and related services.

**Paralysis:** Complete or partial loss of function involving the movement or sensation in part of the body.

**Paraplegia:** Paralysis of the lower part of the body caused by spinal injury, brain lesions, etc.

**Paraprofessional:** A district employee who is engaged in direct interaction with one or more pupils for instructional activities, physical or behavior management, or integration purposes under the direction of a regular education of special education teacher or related services provider.

**Perception:** The ability of an individual to use body receptors (smell, taste, touch, sight, hearing) to gather information about his environment and its subsequent processing by the brain.

**Perceptual Motor:** The perceptual motor process includes input (sensory or perceptual activities) and output (motor or muscular activities). A division of the two is impossible for anything that happens to one area automatically affects the other. Use and interpretation of sensory information in a meaningful way.

**Perceptual Skills:** Those skills calling for interpretation and integration, by the brain, of sensory intake.

**Periodic Review:** Determines the appropriateness of current program goals specified in a student’s Special Education Program and allows for modifications.

**Peripheral Vision:** Visual sensations arising from the visual sense cells lying outside the central focal area of the retina.

**Perseveration:** The tendency to persist in an activity despite the fact that it may lack relevance in the particular stimulus situation. Example: the child is asked to draw a square; he may continue to draw squares even though he is later requested to draw circles.
**Pervasive Developmental Disorder (PDD):** Pervasive impairment in several areas of development including social interaction, communication, and a restricted range of behaviors, interests, and activities. PDD is an umbrella term for five related disorders: Autism, Pervasive Developmental Disorder – Not Otherwise Specified; Asperger Syndrome; Rett Syndrome; and Childhood Disintegrative Disorder.

**Petit Mal Epilepsy:** Characterized by periodic attacks of altered consciousness usually lasting from 5 to 30 seconds. The seizure is manifested as a sudden cessation of movement and vacant staring into space. In some children the eyes roll back into the head.

**Phobia:** A persistent abnormal fear.

**Photophobia:** Abnormal intolerance to light.

**Photosensitivity:** Abnormal reaction of the skin to sunlight.

**Physical Fitness:** Status of the learner’s strength, muscular and cardiovascular endurance and flexibility.

**Physical Status:** Current functioning of the learner’s skeletal, muscular and neurological systems as each relates to motor activity.

**Physical Therapist (PT):** A licensed professional who evaluates, plans, and develops programs to improve function, prevent injury, and promote fitness, health, and the quality of life in all age populations.

**Physically Impaired:** Means a medically diagnosed chronic physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services.

**Picture Exchange Communication System (PECS):** An augmentative/alternative communication system that teaches individuals with communication deficits to initiate communication using picture symbols.

**Poliomyelitis:** A disease caused by a virus that attacks nerve tissue in the spinal cord or cranial nerves, or both, and may result in muscular weakness or paralysis.

**Position in Space:** Perception of the relationship of an object to the observer. Spatially, at least, a person is always the center of his own world and perceives objects as being behind, before, above, below, or to the side of him.

**Posture:** The position of support of the body whether natural or assumed.

**Praxis:** The performance of a purposeful movement or group of movements; ability to motor plan.

**Precaution:** A necessary measure taken beforehand to prevent harm.
Prereferral Process: This is a process developed by the disability areas to assure prior interventions and adequate knowledge about a pupil’s previous educational, medical and family experiences in order to facilitate decisions regarding the appropriateness of assessment recommendation.

Prognosis: The determination of prediction of the probable outcome of a disease or condition based on the symptoms and the current knowledge of it.

Prone: Position on the stomach.

Proprioception: Message that come from muscles, joints and the labyrinths conscious and unconscious messages which gives information concerning the movements and position of the body in space.

Proximal-Distal: The direction from the center outward. Movements of large muscle groups lying toward the center of the body develop before the independent movements of parts lying at extremity.

Psychomotor: Relating to muscular actions resulting from conscious mental activity.

Psychosis: A general term for any severe mental disorder involving a loss of contact with reality and usually associated with delusions, hallucinations, or illusions.

Pursuits: The ability of the eyes to follow a moving target accurately.

Quadriplegic: Paralysis of both arms and legs.

Receptive Language: Language that is spoken or written by others and received by the individual. The receptive language skills are listening and reading.

Recreational and Leisure Activities and Experiences: Free time activity or recreation/leisure curriculum that involves playing or recreation.

Redundancy: The art of appealing to as many of the senses as simultaneously as possible in a given task.

Referral: The formal, ongoing process for reviewing information related to students who are possibly handicapped and show potential signs of needing Special Education. This process includes reviewing screening and pre-referral information to determine if assessment is necessary.

Reflex: An involuntary response to a specific stimulus.

Regression: The return to a previous or earlier developmental phase of adaptation, partially or symbolically, of more infantile ways of gratification. Most clearly seen in severe psychoses.
**Regular Education Program:** The normal early childhood, elementary, secondary, or vocational education offerings, including instruction, and services in the classroom or other appropriate places.

**Relapse:** A return of a disease after it apparently ceased.

**Related Services:** Any specially designed services not provided by regular education or special education instruction to meet the unique needs of a pupil to benefit from the educational program. This includes psychological and social worker services, occupational therapy, physical therapy, speech pathology and audiology, health services, medical services for diagnostic purposes, and other similar services.

**Remission:** A lessening or disappearance of disease symptoms that usually is temporary in nature. Also, the period during which such an event occurs.

**Rheumatic Fever:** A streptococcal infection, characterized mainly by arthritis, chorea, or cardiac heart disease.

**Rigidity:** A tendency for the muscles to become very stiff after they have been extended.

**Scoliosis:** Irregular activity of the central nervous system that may cause periods of unconsciousness or psychic disturbance, twitching, delirium or convulsive movements.

**Schizophrenia:** A psychotic disorder characterized by emotional distortion, ambivalence, disturbances of thought, retreat from reality, delusions, hallucinations, and withdrawn or bizarre behavior.

**School Routines:** Procedures and daily transitions made by the learner throughout the school day, including transportation to and from the school.

**Seizure:** Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc., resulting from a neurological condition, such as epilepsy. Rather than “epileptic”, say “girl with epilepsy” or “boy with a seizure disorder”. The term convulsion should only be used for seizures involving contraction of the entire body.

**Self Esteem:** One’s feeling of worth.

**Sensory Integration:** Sensory integration refers to skill and performance in development and coordination of sensory input, motor input, and sensory feedback. This includes but is not limited to:

a. **Sensory Awareness** refers to skill and performance in perceiving and differentiating external and stimuli such as:

1. **Tactile awareness:** the perception and interpretation of stimuli through skin contact.
2. **Stereognosis:** the identification of forms and nature of objects through the sense of touch.
3. **Kinesthesia:** the conscious perception of muscular motion, weight and position.
4. **Proprioceptive awareness**: the identification of the positions of body parts in space.
5. **Ocular control**: the localization and visual tracking of stimulus.
6. **Vestibular**: the detection of motion and gravitational pull as related to one’s performance in functional activities, ambulation and balance.
7. **Auditory**: the differentiation and identification of sounds.
8. **Gustatory**: the differentiation and identification of tastes.
9. **Olfactory**: the differentiation and identification of smells.

b. **Visual-Spatial Awareness**: refers to skill and performance in perceiving distances between and relationship among objects, including self. This includes but is not limited to:
   1. **Figure Ground**: recognition of forms and objects when presented in a configuration with competing stimuli.
   2. **Form Constancy**: recognition of forms and objects as the same when presented in different contexts.
   3. **Position in space**: knowledge of one’s position in space relative to other objects.

c. **Body Integration**: refers to skill and performance in perceiving and regulating the position of various muscles and body parts in relationship to each other during static and movement states. This includes but is not limited to:
   1. **Body Schema**: refers to the perception of one’s physical self through proprioceptive and interoceptive sensations.
   2. **Postural balance**: refers to skill and performance in developing and maintaining body posture while sitting, standing or engaging in activity.
   3. **Bilateral motor coordination**: refers to skill and performance in purposeful movement that requires interaction between both sides of the body in a smooth, refined manner.
   4. **Right-Left discrimination**: refers to skill and performance in differentiating right from left and vice versa.
   5. **Visual motor integration**: refers to skill and performance in combining visual input with purposeful voluntary movement of the hand and other body parts involved in an activity. Includes eye hand coordination.
   6. **Crossing the midline**: refers to skill and performance in crossing the vertical midline of the body.
   7. **Praxis**: refers to skill and performance of purposeful movement that involves motor planning.

**Sequencing**: Reading, listening, expressing thoughts or describing events in an orderly and meaningful manner.

**Shunt**: A surgically implanted tube that connects two blood vessels, two spaces or two organs.
**Sickle Cell Anemia**: A hereditary form of anemia, characterized by fragile red blood cells and abnormal type hemoglobin.

**Side Effect**: A consequence other than that for which an agent or treatment is being used; adverse reaction, toxic effects.

**Sidelying**: A position in which a person rests on either the right or left side of the body, usually with legs slightly bent.

**Small Stature**: Do not refer to very small persons as dwarfs or midgets. Use “man of small stature”. Dwarfism is an accepted medical term, but it should not be used as general terminology.

**Somatic Sensation**: Refers to sensory information about the body arising on or from the body as via exteroceptors, proprioceptors (Somesthesia).

**Space**: The area in which the child exists and moves; immediate surroundings as well as those at a distance. Note: Spatial relationships and spatial directions develop first in relation to the child himself. Thus, early in his development the child locates two objects each independently in relation to himself. This is SUBJECTIVE SPACE. Later the child is able to conceive of one object to the right or left of another without the intervening step of locating each object with relation to him. This is OBJECTIVE SPACE.

**Space Perception**: The direct awareness of the spatial properties of an object, especially in relation to the observer. The perception of position, direction, size, form, distance by any of these senses.

**Spasm**: A convulsive involuntary contraction of a muscle or group of muscles.

**Spastic**: Constant hypercontracitility of the muscles to stretch; describes a muscle with sudden abnormal and involuntary spasms. Not appropriate for describing someone with cerebral palsy. Muscles are spastic, not people.

**Spatial Relationships**: The ability of an observer to perceive the position of two or more objects in relation to himself and in relation to each other.

**Special**: Describes that which is different or uncommon about any person. Do not use to describe persons with disabilities (except when citing laws or regulations).

**Special Education**: Any specially designated instruction or related services and support services to meet the unique cognitive, affective, or psychomotor needs of a pupil as stated in the IEP.

**Specific Learning Disability (SLD)**: A condition within the individual affecting learning relative to potential. A specific learning disability is demonstrated by a significant discrepancy between a pupil’s general intellectual ability and academic achievement in one or more of the following areas: oral expression, listening comprehension, mathematical calculations or mathematic reasoning, basic reading skills, reading comprehension, and written expression; demonstrated primarily in academic
functioning but may also affect self-esteem, career development, and life adjustment skills.

**Speech Disorder:** Describes a condition where a person has limited or difficult speech patterns. Use “child who has a speech disorder”. For a person with no verbal speech capability, use “woman without speech”. Do not use ‘mute’.

**Speech Impaired:** A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child’s educational performance.

**Speech/Language Pathologist:** A health professional specially trained and qualified to assist persons in overcoming speech and language disorders.

**Spina Bifida:** A congenital defect of the body spinal column characterized by incomplete closure of the spinal bones during fetal development that may cause paralysis below spinal opening.

**Spinal Cord Injury:** Describes a condition where there has been permanent damage to the spinal cord. Quadriplegia describes substantial or total loss of functioning in all four extremities. Paraplegia refers to substantial or total loss of function in the lower part of the body only. Say “man with paraplegia” or “woman who is paralyzed”.

**Splinter Skills:** The ability to accomplish a specific task only in specific place and under specific conditions.

**Structuring:** The act of arranging any activity in a way that is understandable to the child and conducive to performance, or in other words, arranging the task in such a way that the child will be aware of what is expected of him. Once the task is structured, the child should be left on his own to perform without additional cueing.

**Stuttering:** A disturbance of rhythm and fluency of speech by an intermittent blocking.

**Subluxation:** A condition in which surfaces of the bones forming a joint begin to slip out of alignment.

**Supine:** Position on the spine or back.

**Support Services:** Any specially designed services which assist in the delivery of instruction or related services to a pupil. This includes brailists, interpreter services, management aides, transportation, and other similar devices.

**Surrogate Parent:** A person appointed by the providing district to ensure, by intervening on behalf of a pupil, that the rights of the pupil to a free and appropriate education are protected. The surrogate parent shall not be a person who receives public funds to care for the child. However, a foster parent may serve as surrogate parent if appointed and if no conflict of interest exists.

**Sympathy:** The tendency to feel sorry for a person or cause.
**Syndrome:** A set of symptoms that occur together and characterize a specific disorder.

**Tactile or Tactual:** Having to do with the sense of touch. We use it to express both the child’s application of his sense of touch to a given object or task and the use of tactual cues applied to the child by the instructor.

**Tactile Defensiveness:** Adverse reaction to being touched.

**Tactile-Kinesthetic:** A combination of the sense of touch and the sense of muscle movement.

**Team:** The team consists of those who are involved in the education of the special needs student. Members include special education teacher, mainstream classroom teacher, parents, physical therapist, occupational therapist, speech/language pathologist, administration, paraprofessional and others as deemed needed.

**Temporal Awareness:** An awareness of time such as time of day, day of week, month, of the year. Also called Time Perception.

**Theory of Mind:** The ability to infer the thoughts, feelings, beliefs, desires, and intentions of other people and to use that information to interpret what they say, make sense of their behavior and predict what they will do next.

**Tic:** Spasmodic movement of a muscle; a twitching movement especially of a facial muscle.

**Time Perception:** The awareness of the length of time occupied by a psychological process; of rate of change, of placement in time, of order occurrence.

**Tolerance Level:** The level at which the child can perform without any effort and at which he will soon become bored or uninterested.

**Tracking Behavior:** The watching of a moving object, attempting to organize its velocity, direction, etc.

**Transfer:** The process of moving from one surface to another.

**Transition:** Learner’s change between programs, grade levels and settings.

**Trauma:** A wound or injury.

**Traumatic Brain Injury (TBI):** An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that may adversely affect a child’s educational performance and result in the need for special education and related services.

**Tremor:** An involuntary trembling or shaking.
**Trunk:** The body apart from the head, arm, and legs. The torso.

**Unilateral:** One sided; the child who is unilateral uses one side of his body and ignores the other.

**Upper Extremity:** Arm and forearm; shoulder through hand.

**Vestibular Awareness:** Detection of motion and gravitational pull as related to one’s performance in functional activities, ambulation and balance.

**Visual:** Pertaining to the use of the eyes.

**Visual Closure:** Ability to identify incomplete figures when only fragments are presented.

**Visual Discrimination:** The ability to see and perceive differences between forms, shapes and letters that are similar, but not the same such as m and n or h and n.

**Visual Motor Coordination:** The ability to use visual information to perform motor acts coordinately. The use of eyes and body in unified actions, in which visual information guides the motor response of the hand or legs, as in writing or playing ball.

**Visual Motor Skills:** Skills normally accomplished through visual perception and an integrated motor response or responses; often involves spatial relations and tactile perception; a kinesthetic perception is included, although not stated. (Manual skills)

**Visual Perception:** Seeing in the sense of understanding; a function of precise working relationships between the eyes and the Central Nervous System.

**Visual Sequential Memory:** The ability to recall words or letters in their proper sequence, as in spelling.

**Visually impaired:** A medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed.

**Voice Disorder:** The absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration.

**Werding-Hoffman:** Disorder beginning at birth or childhood, characterized by muscle wasting due to progressive degeneration of cells in anterior horn.
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