



Crawford County Schools

Revised 6.12.17

**Multiple Tiers of Student
Supports (MTSS)**

Manual and Forms

Excellent Teachers; Excellent Leaders; Excellent Schools

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Forms Available from School-Level SST Coordinator

CC Strategies to Prevent Misbehavior

CC Tier 1 & 2 Standards Protocol Approach

CC Tier 2 Academic Intervention Form

CC Speech and Language Interventions

CC SST Referral Form

CC SST Initial Parent Invitation

CC SST Follow-up Parent Invitation

CC SST Tier 3 Plan

CC Parental Consent for SST Screening

Woodcock Johnson Parent's Checklist

Woodcock Johnson Teacher's Checklist

CC SST Dismissal Parent Letter

CC Request for Psychological Assessment

CC SST Waiver

Compliance Checklist

504 Plan

504 Procedural Safeguards

What is the Student Support Team?

It is important to know that Georgia SST teams had their origin in a federal lawsuit known as *Marshall vs. Georgia* (1984). It dealt primarily with disproportionate placement of minority students in Special Education. While the state prevailed in this case, a shortcoming in Georgia education became obvious: there was no standard process for students to obtain individualized help in the regular classroom for learning or behavior difficulties. Instead, the route to such help usually led to placement in Special Education, often involving removal from the general classroom.

As part of its commitment to federal court to remedy technical violations found in the trial, the State of Georgia mandated that a Student Support Team would be established in every Georgia public school, K-12. The court accepted this commitment, thereby making the SST mandate a permanent injunction.

The Student Support Team (SST) is a joint effort of regular education and special education to identify and plan alternative instructional strategies for children prior to or in lieu of a special education referral. Each building level team is comprised of such persons as administrator, classroom teacher, requesting teacher, special education teacher, counselor, school psychologist, special education resource person, school social worker or central office personnel. Parental involvement is also a critical part of the Student Support Team process.

This interdisciplinary group which plans for interventions in a student's education program shall engage in a six step process to include: (1) identification of needs, (2) assessment, if necessary, (3) academic and/or behavior plan, (4) implementation, (5) follow-up and support, and (6) continuous monitoring and evaluation

Students who are experiencing difficulties, in a number of areas, benefit from the activities of the Student Support Team. This includes students who are experiencing a lack of progress as well as those students who are in need of a more challenging academic program. At any time during this process, if the team has sufficient evidence that the student has a disability, the team should determine whether an evaluation or 504 Plan is necessary. For students with obvious severe disabilities and/or crisis and for whom delay of referral to special education or other supplemental or support services would be detrimental to the student, the SST may bypass implementation of alternative strategies prior to referral. The reason(s) for bypassing this process must be clearly documented.

Georgia Board of Education Rule on Student Support Teams

160-4-2-.32 STUDENT SUPPORT TEAM.

Code: IGB

(1) DEFINITIONS.

(a) Student Support Team (SST) - an interdisciplinary group that uses a systematic process to address learning and/or behavior problems of students, K-12, in a school.

(2) REQUIREMENTS.

(a) Each school shall have a minimum of one SST and shall establish support team procedures.

(b) Before a referral is made for other supplemental or support services an evaluation and/or assessment shall be conducted.

1. Prior evaluation(s) and/or assessment(s) of a student for a state or federal program shall be considered as having met this requirement.

(c) The SST shall include at a minimum the referring teacher and at least two of the following participants, as appropriate to the needs of the student:

1. Principal.
2. General education teacher.
3. Counselor.
4. Lead teacher.
5. School psychologist.
6. Subject area specialist.
7. ESOL teacher.
8. Special education teacher.
9. School social worker.
10. Central office personnel.
11. Section 504 coordinator.
12. Other appropriate personnel.

(d) Parents/guardians shall be invited to participate in all meetings of their child's SST and in the development of interventions for their child.

(e) Each school shall include the following steps in the SST process:

1. Identification of learning and/or behavior problems.
2. Assessment, if necessary.
3. Educational plan.
4. Implementation.
5. Follow-up and support.

160-4-2-.32 (Continued)

6. Continuous monitoring and evaluation

(f) Documentation of SST activities shall include the following:

1. Student's name.
2. Names of team members.
3. Meeting dates.
4. Identification of student learning and/or behavior problems.
5. Any records of assessment.
6. Educational plan and implementation results.
7. Follow-up and, as appropriate continuous evaluation.

EXCEPTIONS TO THE USE OF THE SST PROCESS.

School personnel and parents/guardians may determine that there is a reasonable cause to bypass the SST process an individual student. Documentation in the student's record shall clearly justify such action, including whether the parent or guardian agreed with such a decision. In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student.

(a) It is not necessary for students who transfer into the local school system/state operated program with a current Individualized Education Program or Section 504 plan to go through the SST process.

Authority O.C.G. § 20-2-152; 20-2-240.

Adopted: September 14, 2000

Effective: October 5, 2000 ◇ ◇ ◇

◇ ◇

Notes on the State Board rule

- A parent can be one of the two participants specified in 2 (c)
- Schools that only serve pre-kindergarten students are not required to have an SST
- A parent must be invited but is not required to participate; a meeting can proceed without the parent in attendance
- SST records are part of a student's permanent cumulative file unless their timely purging is provided for in the system's Records Retention Schedule

Functions of the Student Support Team

The committee discusses, develops and implements research based interventions for teachers/staff. The Student Support Team is an intervention process for teachers and parents that provides an avenue for student success.

The Student Support Team strives to continuously:

- **PROVIDE** professional collaboration and cooperation;
- **ALLOW** professional dialogue;
- **ANALYZE** the problem/concern;
- **PROVIDE** research based interventions;
- **REVIEW/DISCUSS** academic, emotional, behavioral, medical or adjustment problems the student may experience;
- **DEVELOP** a written academic and/or behavior intervention plan;
- **DETERMINE** appropriateness of Section 504 accommodations;
- **ALLOW** parental & community involvement;
- **DETERMINE** the necessary intervention services;
- **OBSERVE** and document the success of the strategies and the student's performance;
- **DETERMINE** if changes in the student's academic and/or behavior intervention plan are necessary;
- **OBTAIN** appropriate resource assistance; and
- **FACILITATE SUCCESS!!!!**

Goals of the Student Support Team

The goal of the Student Support Team is to strengthen and support the individual student by developing and implementing an intervention using strategies that are school-based or community-based depending on the availability of resources most likely to enhance the student's success.

Most importantly, the interventions involve school personnel, families, and/or individuals from the community in the intervention plan. The SST then manages the fulfillment of those interventions identified in the joint decision-making 6 Step process and may make changes to the intervention plan as often as necessary depending on the progress of the student.

Which student should be referred for SST?

- Student candidates who have serious difficulties in academics and/or behavior;

- Student candidates for administrative placement or retention (must be referred no later than the second week of February);
- Students previously referred to Special Education but found ineligible for services; and
- Students from Special Education who no longer need or are ineligible for services.

Can students served through the Early Intervention Program be considered by SST?

- Students may be considered for difficulties that would normally warrant an SST study. *Placement in EIP should not be considered the basis for an automatic request for SST.*

Must parents be invited to all SST meetings held on their child?

- Yes, parents should be invited to all SST meetings held on their child (*an invitation must go home and a copy must be placed in the student's cumulative folder*).

What should be brought to the SST meeting?

- State Assessment Results;
- Permanent Record Folder;
- Current grades, Discipline report, Attendance report
- Analyzed Work Samples;
- Parent conference notes & contact information;
- Anecdotal records;
- Medical information including but not limited to vision & hearing test;
- Woodcock-Johnson Teacher's checklist
- Woodcock-Johnson Parent's checklist
- Parent Consent for SST Screening;
- Intervention tracking and progress monitoring data: graph with aim line and trend line showing – plotting over time (documented tier 2 interventions)

Who provides instructional support to the SST?

- Classroom Teacher(s) who works with the student;
- Subject Area Specialist;
- Special Education Teacher (case by case basis);
- Speech/Language Pathologist (case by case basis);
- School Psychologist (case by case basis);
- School Administrator;
- Building Level SST Coordinator (school counselor);
- Social Worker (case by case basis);
- ESOL Teacher (case by case basis);
- Intervention Paraprofessional
- Student, if appropriate;
- Central Office Personnel (case by case basis);
- Nurse (case by case basis);

- Parent/Legal Guardian; and
- Other appropriate personnel.

Can the SST ever be waived?

Yes, school personnel and parents/guardians may determine that there is a reasonable cause to bypass the SST process for an individual student. Documentation in the student's record shall clearly justify such action, including whether the parent or guardian agreed with such a decision. In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student. (b) It is not necessary for students who transfer into the local school system/state operated program with a current Individualized Education Program or Section 504 plan to go through the SST process. Authority O.C.G.A. § 20-2-152; 20-2-240.

What happens to SST case once it is closed?

- The SST plan will be sent with the permanent record; and
- For students found eligible for Special Education, the SST folder becomes the Special Education folder.

During the implementation of interventions, the student's progress is observed and documented. It is vital that all team members, especially the implementers, acknowledge the fact that remediation usually takes time to be effective. If possible, involve the student in monitoring his/her progress.

Before a recommendation for retention is made, a student must receive the benefit of the Student Support Team process. The Student Support Team should provide information to assist in the retention decision. A referral to the SST must be made no later than the second week of February for all students recommended for retention.

Student Support Team Organizational Chart

	Building Level Supervisor (principal)	School Level Coordinator (counselor)	Subject Area Specialist	Parent	Referring Teacher	Others
Notify School Level Coordinator (counselor)				X	X	
Notify Building Level Supervisor (principal)		X		X		
Provide School Level Coordinator (counselor) with SST Forms	X					
Provide Teacher with SST Forms		X				
Initial Referral Checklist					X	
Notify & Schedule Initial & Follow Up Meetings					X	
Gather Work Samples					X	X Other teachers
Review Information (meeting)	X	X	X	X	X	
Develop Intervention Plan (meeting)	X	X	X	X	X	
Implement Intervention Plan					X	X Other teachers
Progress Monitoring Data & Graph			X		X	
Complete Behavior Checklist			X		X	X Other teachers
Monitor Implementation of Intervention	X	X	X	X	X	X Other teachers
Maintain & Monitor School Level SST Data	X	X				X Assistant Superintendent & SpEd Director
Obtain Parental Consent for Special Education Evaluation			X SpEd Lead Teacher			X Psychologist
Submit Referral Package to School Psychologist & SpEd Lead Teacher		X	X SpEd Lead Teacher			

SST Procedures

Referring a student

1. Referring Teacher or parent notifies building level SST Coordinator that a student is experiencing unresolved problems in school.
2. Building level SST Coordinator provides referring teacher with the following documents to complete:
 - SST Referral;
 - Woodcock Johnson Teacher's Checklist;
 - Woodcock Johnson Parent Checklist;
 - Consent for SST Screening
3. The referring teacher completes above forms prior to meeting.
4. The referring teacher discusses the case with the building level SST coordinator and submits all SST forms to the building level SST coordinator. Building level SST coordinator ensures referring teacher concerns have been communicated with parent(s) prior to referral.
5. If forms are complete, the building level SST coordinator establishes the SST file on the *student (if forms are not complete, the building level coordinator returns forms to the referring teacher for completion/correction)*;
6. Referring teacher sends SST meeting invitation home to parent(s). **Parent(s) should receive a 7 (calendar) day notice of meetings.** *A copy of notification should be placed in the child's SST file.*
7. The referring teacher sends school level invitation within *7 calendar days* (minimum 3 team members). This invite may be in the form of a calendar invite.
 - School level specialist may include:
 - Classroom Teacher(s) who work with the student;
 - Subject Area Specialist;
 - Special Education Teacher (case by case basis);
 - Speech/Language Pathologist (case by case basis);
 - School Psychologist (case by case basis);
 - School Administrator/Building level supervisor;
 - Building Level SST Coordinator (counselor)
 - Social Worker (case by case basis);
 - ESOL Teacher (case by case basis);
 - Student, if appropriate;
 - Central Office Personnel (case by case basis);
 - Nurse (case by case basis);
 - Parent/Legal Guardian; and

Waiving the SST Process

Exceptions may be made in circumstances where immediate evaluation and/or placement in special education is required due to a significant disability that precludes access to instruction. The exception noted should be an **infrequent and rare occurrence**. The circumstances evidencing the need for the school's use of the exception and whether the parent or guardian agree with such a decision must be **clearly documented** in the student's record and in the **special education eligibility**.

- a) In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student.
- b) It is not necessary for students who transfer into the local school system/state operated program with a current Individualized Education Program or Section 504 plan to go through the SST process.

Authority O.C.G.A. § 20-2-152; 20-2-240.

Initial SST meeting

1. The building level SST coordinator or designee serves as the recorder for all meetings. Refrain from making diagnoses or judgment statements in SST paperwork. The student's problems should be clearly defined in objective language.
2. Referring teacher reviews information from SST Referral Form:
3. Team develops SST Intervention Plan using research based interventions specifically related to student's problem (plan should be written at meeting).
4. If not previously returned, obtain Parental Consent for SST Screening sent to parent/guardian or request if parent/guardian is present.
5. A copy of students SST Intervention Plan must be provided to teacher(s) and parent(s).
6. Referring teacher should schedule date for follow up meeting (8-12 weeks).

Implementing the SST plan

1. Interventions implemented in the classroom immediately following the development of the SST Intervention Plan. 8-12 weeks per intervention; if not successful, at 4 weeks may change intervention but cycle starts over. Teacher(s) is responsible for intervention tracking and progress monitoring data: graph with aim line and trend line showing – plotting over time.
2. Referring teacher sends follow up meeting reminder letter to parent and all SST members. Copy of follow up invite is to be placed in student's SST file.

Follow up SST Meeting

1. The building level SST coordinator or designee serves as the recorder.
2. Review intervention tracking forms and discuss whether student is on track to reach goal. 8-12 weeks per intervention; if not successful, at 4 weeks may change intervention but cycle starts over. Teacher(s) is responsible for intervention tracking and progress monitoring data: graph with aim line and trend line showing – plotting over time.
3. Discuss results of hearing and vision screenings.
4. Review new information and work samples.
5. Use the Problem Solving Process (included in manual) to determine next step.
6. Referring teacher schedules follow up meeting (8-12 weeks).
7. Referring teacher provides copy of the SST Intervention Plan to appropriate individuals.

Dismissing Student from SST

1. SST Coordinator documents intervention goal has been met on SST academic and/or behavior intervention.
2. Teachers have no further academic or behavior concerns.
3. SST makes decision to stop SST for the student, document in plan.
4. SST folder is purged with student's permanent folder.

Supervision and Monitoring

- District leaders in collaboration with Principals will ensure that SST is using the data-driven problem solving process by providing ongoing professional development on the: organization of paperwork, clear definitions of roles and responsibilities, processes, procedures and legal aspects of SST.
- SST Coordinator will monitor the students being referred to SST by collaborating with the referring teacher upon consideration of referral using the referral checklist.
- Principals will complete quarterly SST compliance checks using the Checklist for Compliance form.
- District leaders will monitor SST procedure compliance by conducting two random audits per school each year of randomly selected SST files.
- Director of Special Education will monitor success of the SST process by monitoring placement rate for initial referrals to special education, i.e., high percentage of referrals to special education being found eligible.

Problem Solving Process Checklist

Source: St. Croix River Educational District

Standard	Completion Date	Person Responsible
Problem Identification – What is the problem?		
An initial performance concern was defined in observable measurable terms and was quantified. (list all concerns, prioritize one, collect data to determine an area of concern in expected performance)		
Documented Data from at least two sources converge to support the performance concern statement. (i.e., interview + observation, or assessment data + observation, student work samples). Assessment information to include formative and summative data.		
Student baseline data in the area of concern is collected using a measurement system with sufficient technical adequacy for ongoing frequent measurement, and includes a minimum of 3 data points with standardized procedures for assessment. Baseline data are graphed.		
Problem Analysis – Why is this happening?		
Data from a variety of sources and domains were collected to consider multiple hypotheses for the cause of the identified discrepancy. These data are documented.		
A single hypothesis for the cause of the discrepancy in expected performance was selected. At least two pieces of data converge to support this hypothesis. At least one of these is quantitative.		
Plan Development – What is our plan?		
A data-based goal was established that describes the learner, conditions (time and materials for responding), expected performance, and an expected goal attainment date. The goal and date are indicated on a graph.		
The intervention selected meets federal definition of scientifically research-based intervention. The selected intervention directly addresses the specific identified problem and the hypothesis for the cause of the performance concern.		
A written intervention plan was clearly defined that explicitly describes what will be done, where, when, how often, how long (per session), by whom, and with what resources		
A written description of the progress-monitoring plan was completed and includes who will collect data, data collection methods, conditions for data collections, and schedule.		
Benchmark criteria were set in advance to determine progress.		
A plan evaluation meeting was set for no more than 6-8 weeks after the plan was established.		
Implement the Plan		
A direct observation of the intervention to monitor fidelity was completed at least one time. Any discrepancies between the written plan and the intervention in action were noted and resolved. Observations continued until the intervention being delivered and the written intervention plan matched. Written documentation of each observation was made.		
Data were collected and graphed as stated in plan. The required number of data points were collected under the same intervention conditions after integrity was established		
Plan Evaluation – Did the plan work?		
Team documented agreement that the plan was carried out as intended.		
Team determined and documented whether the pre-intervention discrepancy in expected performance decreased, increased, or stayed the same during the plan implementation phase.		
Team decided to continue the plan unmodified, modify, fade, or terminate the plan. Team documented this decision.		

Referring Student for Special Education Evaluation

In most cases a SST recommendation for SST screening and/or psychological evaluation will not occur prior to the development, implementation and monitoring of research-based interventions to address the specific concerns presented about a student. However, it is important to remember that at any point, SST must proceed in a manner that addresses the presenting needs of the student in an educationally sound manner. All referrals must begin with the SST and be documented in the SST intervention plans. SST plans must be implemented until an initial Individual Education Plan is written.

1. SST will collaborate with the Special Education lead teacher when considering referral to special education.
2. SST Coordinator submits the SST folder with required documentation as outlined on the “Request for Psychological Assessment Form” (attached) to the Special Education lead teacher. This form must accompany the referral packet.
3. Special Education lead teacher will explain Parental Rights to parent or guardian. Procedural safeguards and parent rights can be found at:
<http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-services/Documents/Sp%20Ed%20Rules/Revised%20160-4-7-%2009%20FINAL.pdf>
4. Special Education lead teacher will add student to GoIEP.
5. Special Education lead teacher will obtain signatures on the Consent for Evaluation (GoIEP). Date that signed Consent for Evaluation is received by school personnel is the date that starts the timeline.
6. Special Education lead teacher will upload the SST plans to the doc tab in GoIEP. Title of attachment should be “SST”.
7. Special Education lead teacher will add the referring teacher, school psychologist and/or speech language pathologist (as appropriate) as a team member in GoIEP and will notify each via email regarding the request for an evaluation (administrators have access to all students in GoIEP).
8. Special Education lead teacher, school psychologist and/or the speech language pathologist are responsible for monitoring the timeline using the GoIEP day counter on the timeline page. Referring teacher (general education) should also monitor the timeline by checking GoIEP profile page.

Timeline: The initial evaluation must be completed within 60 calendar days from the date the parents sign permission for the evaluation. When permission is given for the initial evaluation and less than 30 days of school are left in the school year, the school still has 60 days to complete the evaluation. The 60 day count stops when the teachers finish for the school year and starts again when they return for the new school year. It is important to note that when school is closed for more than 5 days for holidays or other breaks, those days and the weekends before and after do not count in the 60 days allowed for the initial evaluation.

9. Building level administrators and the Director of Special Education will monitor timelines monthly using GoIEP reports as well as the administrative dashboard.
10. Speech and Language Pathologist, and School Psychologist will maintain a referral log in order to monitor compliance of timelines. The referral log is to be submitted to the Special Education Director on the 15th of each month. Referral log can be found on the staff intranet (accessible by LCSS employees).
11. Special Education lead teacher will be responsible for inputting SST information into the eligibility report in GoIEP.
12. School Psychologist will complete a psychological evaluation (if required) and will be responsible for interpreting and inputting the results into the eligibility report in GoIEP.
13. Speech Language Pathologist will conduct a speech evaluation (if required) for articulation, language and/or voice. The SLP will be responsible for interpreting and inputting the results in to the eligibility report in GoIEP.
14. Tier 3 interventions **must** continue until eligibility is determined.
15. Special Education lead teacher in coordination with the SLP, school psychologist, and parent/guardian will establish a data/time/location for the initial eligibility meeting. Meeting must take place **within** 60 days of school personnel obtaining the signed Parental Consent for Special Education Evaluation.
16. GaDOE eligibility requirements can be found at: <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/Implementation-Manual.aspx>

Re: Individuals with Disabilities Education Act (IDEA, 2004)

IDEA is the federal legislation which governs special education and related services, particularly funding and eligibility. Although the Student Support Team process is not mandated by IDEA, SST members must have some general knowledge about the requirements of the law in order to make informed decisions when considering referrals to special education. However, Response to Intervention is referenced as one option in the eligibility determination process for students with specific learning disabilities. In addition, the regulation outlines several exclusionary factors that must be considered before determining that a child has a disability: 1) Lack of appropriate instruction in reading, including the essential components of reading instruction as defined in section 1208(3) of ESEA); 2) Lack of appropriate instruction in mathematics; and/or 3) Limited English proficiency. RTI and SST practices help ensure that children suspected of having a disability have indeed had access to appropriate instruction. It is important to note that it is not up to SST members to judge whether a student would or would not qualify for a category as a factor in their decision to refer. That is for the IDEA eligibility team to answer after a comprehensive, individualized evaluation by a multidisciplinary evaluation team. The role of the SST is to answer a basic question regarding a student with learning or behavior difficulties. That is, can this difficulty be resolved in a reasonable time with proven interventions in the regular classroom? Federal regulations for IDEA require that, in order to be referred for a special education evaluation, not only must 1) a disability be suspected as the source of the student's problem, but also 2) the student's identified difficulties must be judged to be unable to be resolved without a special education program.

For additional information, please refer to the Georgia Department of Education website:

http://gadoe.org/ci_exceptional.aspx

Overview of Section 504 of the Rehabilitation Act of 1973

Congress prohibited discrimination against persons with disabilities in the Rehabilitation Act of 1973, in a segment most often referred to simply as "Section 504." This is a broadly worded prohibition that covers both children and adults. The principles enumerated in this section were later expanded and served as the basis for the 1990 Americans with Disabilities Act (ADA). Additionally, the ADA Amendments Act of 2008 also amended some definitions of Section 504. Section 504 of the Rehabilitation Act is a federal civil rights law and prohibits discrimination by school districts receiving federal financial assistance against persons with disabilities. Included in the U.S. Department of Education regulations for Section 504 is the requirement that students with disabilities be provided with a free appropriate public education (FAPE). These regulations require identification, evaluation, provision of appropriate services, and procedural safeguards in every public school in the U.S.

Section 504 prohibits discrimination against individuals whose physical or mental impairment substantially limits one or more major life activities, including:

- Caring for one's self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Working
- Learning

"Physical or mental impairment" was defined to mean:

(A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculo-skeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitourinary; hemic and lymphatic; skin; and endocrine; or

(B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." (34CFR 104, p336-337)

Further, the ADA Amendments Act of 2008 clarified that:

An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as-

(I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;

(11) use of assistive technology;
(111) reasonable accommodations or auxiliary aids or services; or
(IV) learned behavioral or adaptive neurological modifications.
(ii) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.
(iii) As used in this subparagraph-
(I) the term 'ordinary eyeglasses or contact lenses' means lenses that are intended to fully correct visual acuity or eliminate refractive error; and
11) the term 'low-vision devices' means devices that magnify, enhance, or otherwise augment a visual image.

ADA Amendments Act Sec. 4

Examples of impairments which may entitle an individual to 504 protection include:

- diseases such as AIDS, tuberculosis, or hepatitis B;
- medical conditions such as chronic asthma, diabetes, heart disease, juvenile arthritis, or seizure disorder; physical disabilities such as cerebral palsy or muscular dystrophy;
- Attention deficit disorder with or without hyperactivity;
- alcohol/drug addicted students (does not protect individuals who are currently using drugs or alcohol);
- students with temporary disabilities; and
- students with pregnancy related complications.

It is important to remember that the presence of one of these conditions in itself does not qualify an individual for 504 protection. The impairment must also cause a substantial limitation of a major life activity.

Importantly, the federal regulations for Section 504 went further by prohibiting discrimination against any person who "**has a record of such an impairment**" or who "**is regarded as having such an impairment.**" In so many words, this refers to persons who are treated as if they have the impairment, even if they no longer do, or never did. These phrases were defined in the same regulations as follows:

Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities." (emphasis added)

Is regarded as having an impairment means (A) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a [funding] recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or (C) has none of the impairments defined in.. this section but is treated by a [funding] recipient as having such an impairment." (emphasis added)

It is important to note that the second and third prongs of Section 504 (has a record of or is regarded as having an impairment) **do not guarantee accommodations to the individual. These prongs simply afford the individual with protection from discrimination.**

Eligibility and Evaluation

IDEA is an education law that offers supplemental funding for services to students with very specific educational disabilities. IDEA defines as eligible only those students who have specified types of educational disabilities and who, because of one or more of those conditions, need special education and related services. Section 504, however, protects all qualified students with disabilities, defined as those persons having a physical or mental impairment which substantially limits one or more major life activities. Section 504 covers all students who meet this definition, even if they do not fall with the IDEA categories and even if they do not need specially designed instruction.

An example of a student who may be protected under Section 504, but who may not be eligible under IDEA, is one who has juvenile arthritis (or any other crippling joint disease) but who does not require special education in order to receive FAPE. This student may be disabled because of a health impairment that substantially limits a major life activity (lack of physical strength). This student may have limited strength, and may not be able to carry a heavy backpack full of books home each night. In order to fully access the regular education program, the district may determine that it is necessary to provide an extra set of books for the student to keep at home during the school year. This would constitute a 504 accommodation.

If a school district has reason to believe a student may have a disability as defined under Section 504 and may require special accommodations in the general education setting, the district must evaluate the student. If the student is determined to be eligible under Section 504, the district must develop and implement a plan for the delivery of all services. For example, in the case of the student with juvenile arthritis, the evaluation might consist of medical documentation of the diagnosed disability and a statement of the impact of the disability on physical strength, with observations of functioning in the school setting.

Services

The determination of the services needed must be made in accordance with evaluation data by a group of persons knowledgeable about the student. The team should review the nature and presence of the disability, how it affects the student's access to the educational process, whether accommodations are needed to prevent discrimination, and they must make decisions about the provision of those accommodations. The decisions about 504 eligibility and services must be documented in the student's file and, if services are provided, eligibility and the plan for services should be reviewed periodically (as determined by the team).

For a student with juvenile arthritis who has difficulty writing, Section 504 services might be the provision of a typing course and the use of a typewriter/word processor to improve writing speed and legibility, or to provide a less painful means of writing. For a student with sickle cell anemia, perhaps a modified class schedule is needed to accommodate the student's stamina. Other

examples of 504 accommodations might be administration and monitoring of medication, assistance in agency referrals, use of a student journal of assignments, increased parent communication, or an increase in number of excused absences for health reasons.

Parent Notice

It should be noted, under Section 504, that the parent or guardian must be provided with notice of actions affecting the identification, evaluation and placement of the student. While there is no requirement that the parent has the right to participate in making these decisions, most districts do invite the parent/guardian to meetings where these decisions are being made. Parents are entitled to an impartial due process hearing if they disagree with district decisions in these areas.

Summary

It is important to remember that some students who have physical or mental impairments which substantially limit their ability to participate in the educational program are entitled to rights under Section 504/ADA, even though they may not fall into IDEA categories and are not eligible for services under the law.

Section 504 is not an aspect of special education. Rather, it is a civil rights law and therefore is the responsibility of the comprehensive general education system. As such, superintendents and building administrators are responsible for its administration within districts. Funds from IDEA may not be used for the express purpose of meeting only the Section 504 requirements.

Information copied from The Georgia Department of Education website.

SST RESOURCES

Readings on strategies and techniques:

<http://www.ldonline.org/index.php>

EFFECTIVE PRACTICES

Intervention Central

<http://www.interventioncentral.org/>

National Mental Health and Education Center for Children and Families, National Association of School Psychologists (NASP) - publications and resources:

<http://www.naspcenter.org/>

You Can Handle Them All- discipline model for behavior challenges:

[www.disciplinehelp](http://www.disciplinehelp.com)

The Iris Center: Evidence based practice:

http://iris.peabody.vanderbilt.edu/ebp_summaries/

ATTENTION DEFICIT- HYPERACTIVITY DISORDER (ADHD)

Children and Adults with Attention-Deficit/Hyperactivity Disorder:

<http://www.chadd.org/>

National Institute of Mental Health- on ADHD:

<https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

DISABILITIES-RELATED INFORMATION

National Information Center for Children and Youth with Disabilities:

<http://www.parentcenterhub.org/nichcy-gone/>

Foreign Language Teachers Guide to LD:

<http://germanstories.vcu.edu/ld/ld.html>

As with nearly all Internet sites, the content of these cannot be verified or controlled, so they are provided for information only.

Note: Some of the material in this SST manual have been taken from the Resource Manual from the Georgia Department of Education.