

# **GEORGIA CASA**

## **SURROGATE PARENT TRAINING MANUAL**

**2015**

## **A. Role of the Surrogate Parent**

### **1. The responsibilities of the surrogate parent are to represent the interest of the student with disabilities in all matters listed below relating to the student. CFR § 300.515**

- Identification
- Evaluation
- Educational placement, and
- Provision of a free, appropriate public education (FAPE)

### **2. The surrogate parent is appointed when**

- No parent can be identified;
- The local education agency (LEA) or the state operated program (SOP), after reasonable efforts, cannot discover the whereabouts of a parent;
- The student is a ward of the state under the laws of the state.

### **3. The parent is defined as (Rule 160-4-7.01)**

- The natural or adoptive parent of a student;
- A guardian (not the state if the student is a ward of the state);
- A person acting in the place of a parent, such as a grandparent or stepparent with whom the student lives, or the person who is legally responsible for the student's welfare;
- A surrogate parent, who is appointed in accordance with Rule 160-4-7.06; or
- A foster parent, **"IF"**
  - a. The natural parents' authority to make educational decisions on the student's behalf have been extinguished under state law, and
  - b. The foster parent has an ongoing, long-term, parental relationship with the student; is willing to make the educational decisions required of parents under the Individuals with

Disabilities Education Act (IDEA); and has no interest that would conflict with the interests of the student.

#### **4. The surrogate parent is required to**

- Have no interest that conflicts with the interests of the student he/she represents;
- Have knowledge and skills that ensure adequate representation of the student;
- Receive in-service training in regard to provisions of a free, appropriate public education. A surrogate parent should become familiar with state and federal requirements, the procedures of the local education agency, and the nature of the student's disability;
- Recognize the confidentiality rights of the student.

#### **5. The surrogate parent**

- Represents the student with disabilities in those circumstances where a parent or guardian would usually be responsible for representing the student's educational interests;
- May not represent a student if he/she is employed by a state agency, local education agency (LEA); state operated program (SOP), or any other agency or entity that is involved in the education or care of the student.

#### **Exceptions to this rule [CFR § 300.515 (c)(3)(i)]**

- a. The LEA/SOP may select persons to serve as surrogates who are employed by a nonpublic agency that only provides non-educational care for the student and who meet the standards of this rule;
- b. A person who otherwise qualifies to be a surrogate parent under item 3 of this section is not an employee of the LEA/SOP solely because he or she is paid by the LEA/SOP to serve as a surrogate parent.
  - Monitors the student's educational placement and program;

- Does not financially support or care for the student with disabilities (unless also serves as the foster parent);
- May resign, or may be asked to resign, at any time after giving reasonable notice;
- Will be provided information on available free or low-cost legal assistance should it be needed. There will be no cost to the surrogate parent;
- Should work with no more than four children, unless the children are from the same family.

**6. An individual acts as a surrogate for the parents of a student by**

- Requesting, approving, or denying a request for an educational evaluation;
- Reviewing the educational records and keeping this information confidential, as mandated by law;
- Taking part in parent/school meetings, such as eligibility, IEP placement, reviews, and discipline;
- Agreeing, consenting, or objecting to educational placements;
- Representing the student in complaint or due process proceedings;
- Monitoring the student's educational development by identifying problem areas, requesting services, or making complaints about services or lack of services;
- Serving in an advisory capacity for students with disabilities who are 18 years of age or older.

There may be additional responsibilities involved in serving as a surrogate parent, depending on the individual student represented.

## **B. Surrogate Parent Issues Involving Students with Disabilities Who Are under the Protection of the Division of Family and Children Services**

For cases involving Division of Family and Children Services (“DFCS”) custody, information should be obtained about the parental rights status for educational planning of students with disabilities. The following steps should occur to ensure that student and parental rights are protected under the IDEA regulations:

When school personnel become aware that a child is under the custody of DFCS, caseworker should be contacted immediately to determine if the custody is temporary or permanent.

- **Temporary** custody usually occurs due to protective service issues, such as alleged neglect or abuse. Temporary custody is usually reviewed at specified periods through court action. In most cases involving temporary custody, parents retain all parental rights for special education purposes. A surrogate parent is not appointed unless documentation is available to support the need for a surrogate.

If the DFCS caseworker reports that a child is in temporary custody, school personnel should ask if the parent retains the right to make educational decisions. Unless the court order specifically states that this right has been revoke from the parent, the parent should still have the opportunity to participate in educational planning for special education purposes as described under the IDEA. This is not required when there is evidence to substantiate that the parent is unavailable or that the parent cannot adequately represent the child’s interests in educational planning. If such documentation is provided, Special Education Administrative Services in the enrolling county should be contacted to determine if a surrogate parent should be appointed. If there is a need for a surrogate parent, an appropriate person will be trained and /or appointed to serve in this role for the student.

- **Permanent** custody results when parental rights have been voluntarily surrendered or terminated by court action. When parental rights are removed in this manner, the child becomes a ward of the state. When a child is a ward of the state, a surrogate parent should be appointed to

participate in educational planning. **DFCS caseworkers are not allowed to serve as surrogate parents for students under the care of their agency.** DFCS caseworkers do have the right to enroll children in general education and to make many other decisions, such as those involving medical care while a child is under their custody. However, their rights do not extend to the specific rights granted to the parent as defined under the IDEA when seeking special education services.

### **C. Liability Considerations**

Surrogate parents are protected from liability by law. Although there can be no guarantee that attempts will never be made to hold surrogate parents liable for their actions, it is highly unlikely that they could be held liable for any decisions about the student that were made in good faith. According to legal opinions that have been solicited, surrogate parents are likely to be held liable for only gross, willful, or wanton negligence. It is generally held that surrogate parent training programs that are designed and implemented in accordance with the requirements of IDEA would preclude, to a great degree, the issue of liability.

Interpretation of the law varies from state to state according to the individual state laws. A copy of the Georgia Law (Code 1981, § 20-1-5, enacted by GA. Law 1985, p. 477, § 1. ) follows:

#### **20-1-5. Liability of Surrogate Parents**

Any individual appointed to act as a surrogate parent for a student pursuant to federal law and federal regulations, as such law and regulations existed on January 1, 1985, shall not be liable for any civil damages for any action or actions done while performing duty as a surrogate parent, except for acts or omissions to act constituting gross, willful, or wanton negligence.

## **D. Steps in the Process of Obtaining Special Education Services for Students with Disabilities**

(\*Indicates the need for a Surrogate Parent involvement)

### **Step 1 Problem Identified**

A student is identified by school personnel and/or parents as having a learning or behavior problem that interferes with academic progress.

### **Step 2 Referral to Student Support Team (SST)/Parent Notified**

Referral is made to the student support team at the local school and the SST meeting is scheduled. The parent is given an opportunity to participate in the SST process. Parents must give signed permission before any screening or evaluation can take place.

### **Step 3 Educational Accommodations/Modifications Implemented**

The classroom teacher begins implementing and documenting interventions/strategies within curriculum, instruction, and assessment for the student using recommendations of SST. Hearing and vision screening is completed before formal testing is given to rule out any hearing or vision problems that may impact the student's educational difficulties.

### **Step 4 Progress Evaluated/Referral Made**

Student's progress is evaluated by SST and determination is made for future action. If progress is not adequate, SST may recommend a referral to special education in order to determine eligibility for services.

### **Step 5 Referral Made/Parents Notified\***

Referral is prepared and forwarded from the school or district to parents informing them of the referral and of their rights.



Step 6 Parents' Permission\*

Parents must give signed permission before any screening or evaluation can take place. Parents' rights are included with the Parent Permission for Evaluation form.

Step 7 Evaluation

A special education evaluation may include informal and formal assessments, achievement tests, intellectual tests, medical evaluations, adaptive behavior scales, checklists, and classroom observations. The evaluation is made up of some or all of the above, depending on what is appropriate. The school psychologist completes the psychological evaluation(s) and qualified evaluator(s) conduct the educational evaluations. All testing materials and procedures are selected and administered considering the cultural background of each child.

Step 8 Eligibility/Parents Notified\*

The state of Georgia requires that evaluation data be compiled in an Eligibility Report that determines if a student meets criteria for special education services. The parent is notified and is given an opportunity to participate in the eligibility determination. The Eligibility Report may include:

- Identifying data
- Summary of alternative strategies
- Multiple assessments
- Current testing information
- Documentation of performance/impact
- Classroom observations
- Consideration of state regulations and final eligibility determination

Step 9 Placement Meeting Held/Parents Notified\*

After the results of all tests are collected and eligibility is determined, a meeting is scheduled which may include teachers, principal, special education coordinator(s), school psychologists(s), the parents of the student, and the student, if appropriate. Parents receive an invitation to the meeting, and the invitation includes a copy of their rights.

At this meeting (sometimes called a staffing) all the information about the student is considered. Program eligibility is discussed and educational plans are developed. If the student has a disability under the Individuals with Disabilities Education Act (IDEA) an Individualized Education Plan (IEP) is developed. Appropriate placement is determined, considering the student's least restrictive environment (LRE) (provision of services in the general education program as much as possible) and his/her educational needs.

Step 10 Instruction

The student's educational services are provided in accordance with what is stated on the student's Individual Education Plan (IEP). To the maximum extent appropriate, the content of the IEP should focus on the student's access to the general curriculum and extracurricular activities.

Step 11 Review/Parents Notified\*

At least once a year, a meeting is held to review the student's progress and placement to determine if the educational plans are still appropriate. At any time during the year, parents or school personnel may request a meeting to review/revise the IEP.

Step 12      Reevaluation/Parents Notified\*

At least every three years, reevaluation must be considered for each student in special education. Determining the need for a reevaluation will be discussed at a meeting that includes the parents and school personnel involved with the development of the IEP. A reevaluation is completed if:

- ✓ conditions warrant
- ✓ the parent, guardian, surrogate, or teacher(s) request.

## **E. A Closer Look at the IEP** (Individualized Education Plans)

### **1. What Is an IEP?**

- Individualized Education Plan
- Written plan for each student with a disability that is developed by school system personnel, the parents, and others as appropriate
- Description of the necessary special education and related services that the student needs to benefit from a Free, Appropriate Public Education (FAPE)
- Components as required by IDEA

### **2. IEP Team Members**

- Parents
- At least one regular education teacher (if the child is or may be participating in regular education)
- At least one special education teacher
- A representative of the local education agency (LEA) or State Operated Program (SOP) who is qualified to provide or supervise the provision of specially designed curriculum and is knowledgeable about the availability of resources
- An individual who can interpret evaluation results
- The child with a disability, whenever appropriate
- Other individuals at the discretion of the parent/LEA/SOP

### 3. IEP Team Considerations

- Strengths of the child
- Current levels of performance
- Concerns of the parent
- Evaluation results
- Learning strategies, interventions, and supports
- Behavior strategies, interventions, and supports (if the student's behavior impedes the learning of himself or others)
- Communication needs
- Assistive technology needs
- Related services needs

### 4. Components of the IEP

#### a. Present Levels of Performance (PLOP)

- Statements of the student's present levels of educational performance including how the disability affects his/her involvement and progress in the general curriculum
- A description of the student's strengths and weaknesses in all areas

#### b. Annual Goals

- A statement of measurable annual goals that describe what the student should be able to do at the time of the next review after receiving special education services
- *Specific* – target a specific area for improvement.
- *Measurable* – quantify or at least suggest an indicator of progress.
- *Assignable* – specify the staff responsible for monitoring
- *Realistic* – state what results can realistically be achieved, given available resources.
- *Time-related* – specify when the result(s) can be achieved

#### c. Short-Term Instructional Objectives

- Specific skills that the student needs to acquire in order to meet the annual goals

d. Criteria for Mastery

- Appropriate objective criteria and evaluation procedures and schedules for determining (at least annually) whether the short-term instructional objectives/benchmarks are being achieved
- Student's measured progress towards annual goals
- Parents' regular notification of the student's progress

e. Special Education Related Services and Supplemental Aids/Services

- **Related services:** statement about the specific related services that support the student in the educational program
- **Supplemental Aids and Services:** instructional adaptations to provide support(s) in the educational setting to enable the student with a nondisabled students to the maximum extent appropriate

f. Accessing General Curriculum

- Accommodations/Modifications of the curriculum necessary in order for the student to experience success
- Explanation of the extent to which the student will not participate in the regular class
- Any individual accommodations/modifications needed for the student to participate in state and district-wide assessments, and (if the student is not to participate) why the assessment is not appropriate
- A statement regarding the Georgia Alternate Assessment (GAA) which must be selected for all students who do not participate in state and district-wide assessments

g. Beginning and Ending of the Special Education Services

- The projected dates for initiation, frequency, and the anticipated duration of the services
- The location of services

## **5. Least Restrictive Environment (LRE)**

### **a. Definition**

Students with disabilities are educated to the maximum extent appropriate with students who are not disabled. Special classes, schooling, or other removal of students with disabilities from the regular education environment occurs only if the nature and severity of the disability are such that education in regular classes cannot be achieved satisfactorily [refer to 34 CFR 300.550(b)(1)-(2)]. The IEP committee must consider LRE when determining placement and delivery of services.

### **b. Possible Placement Options within the Continuum of the Least Restrictive Environment (LRE)**

- Regular classes with or without support
- Collaborative classes (special education and regular education teachers teaching a content course together)
- Regular class with pullout into a special education resource room
- Part-time or full-time special education classes
- Special day schools
- Home instruction
- Instruction in a hospital/institution with residential programs

## **6. Transition Services**

- Beginning at age 14, transition service needs that focus on the student's course of study shall be initiated. Transition must address employment or post-secondary education.
- Beginning no later than age 16, a statement of the needed transition services, if appropriate from high school to vocational or post-secondary options must be included.
- Beginning at least one year before the student reaches the age of majority (18); information regarding transferring the rights to the student must be given.

## **7. Extended School Year (ESY)**

- Extension of special education and related services beyond the normal 180-day school year
- Determination by the IEP committee on an individual basis
- Provision (if needed) to ensure a free, appropriate public education for a student with a disability
- Considerations of such factors as:
  - a. Age
  - b. Severity of the disability
  - c. Rate of progress in curriculum
  - d. Rate of regression which may limit the student's ability to achieve IEP goals and objectives
  - e. Delays or interruptions in service delivery during the school year
  - f. Other pertinent information such as emerging skills
  - g. Content of any applicable transition plans
  - h. The relative importance of the IEP goals at issue
  - i. Whether the related services are needed to enable progress towards IEP goals

## **8. Signatures**

Surrogate Parents and teachers involved in developing the IEP may sign their names on the IEP. The signatures represent documentation of involvement; however, signatures are not required for the school system to provide services. Division of Family and Children Services (DFCS) employees may not sign.



## F. IEP Checklist for Parents

### 1. As the IEP Meeting Date Approaches

- a. Review the letter from the student's school inviting you to the IEP meeting. Confirm the time, date, and location of the meeting. Return the written notification form indicating that you will attend or contact the school to re-schedule a more convenient time and date.
- b. Review the parents' special education rights and responsibilities.
- c. Review any information about the student that has been collected. Make a list of topics you would like to discuss at the meeting.

### 2. During the IEP Meeting

- a. Share information you have collected on the student's learning strengths and weakness.
- b. Listen to the observations and suggestions made by other team members.
- c. If you don't understand something, ask that it be explained.
- d. At the close of the meeting, ask for a summary (minutes) of all the important decisions that were made. Before you give your written permission for placement to begin the services in the IEP, be sure you understand the information and the decisions regarding:
  - the student's evaluation results, goals and objectives, and placement
  - how much time the student will spend in the special and/or general education classroom
  - curriculum accommodations/modifications
  - Functional Behavior Assessment (FBA);  
*best practice is to conduct a FBA prior to the development of a...*
  - Behavior Intervention Plan (BIP) *only if required*
  - Manifestation Determination (MD) *only if required*
  - types of additional services the student will receive
  - when the team will meet again to check the student's progress and review the IEP
  - Extended School Year (ESY) considerations

- e. Find out who will be your main contact person at school and how you will communicate.

### **3. After the IEP Meeting**

- a. Stay in touch with the school personnel involved with your child. Schedule ahead to visit your student's class. Use phone calls, notes, emails, and conferences to stay informed about your student's progress.
- b. Be supportive. Look for opportunities to say thank you to the school personnel. Consider volunteering in the classroom.
- c. Mark your calendar for follow-up school meetings that were scheduled during IEP meeting.

## G. Key Federal Statutes Affecting the Education and Civil Rights of Children and Youth with Disabilities

<p><b>P.L. 89-10, The Elementary and Secondary Education Act of 1965.</b> This law provided a comprehensive plan for readdressing the inequality of educational opportunity for economically underprivileged children. It became the statutory basis upon which early special education legislation was drafted.</p> <p><b>P.L. 89-313, The Elementary and Secondary Education Act Amendments of 1965.</b> This law authorized grants to state institutions and states operated schools which are devoted to the education of children with disabilities. It was first federal grant program specifically targeted for children and youth with disabilities.</p> <p><b>P.L. 89-750, The Elementary and Secondary Education Amendments of 1966.</b> This law amended Title VI of P.L. 89-10 and established the first federal grant program, for the education of children and youth with disabilities at the local school level rather than at state operated schools or institutions. It established the Bureau of Education of the Handicapped (BEH) and the National Advisory Council (now called the National Council on Disability).</p> <p><b>P.L. 91-230, The Education of the Handicapped Act of 1970.</b> This law amended Title VI of P.L. 89-750 and established a core grant program for local educational agencies. This program is known as Part B. This law also authorized a number of discretionary programs.</p> <p><b>P.L. 93-112, The Rehabilitation Act of 1973.</b> This law provides a comprehensive plan for providing rehabilitation services to all individuals regardless of the severity of their disability. It also provided for civil rights enforcement as well as it provided that schools make their programs accessible to handicapped and non-handicapped persons alike under <b>Section 504</b>.</p>	<p><b>P.L. 93-380, The Education Amendments of 1974.</b> These amendments to the Elementary and Secondary Education Act contained two important laws. One is the Education of the Handicapped Act Amendments of 1974. This law was the first to mention the provision of an appropriate education for all children with disabilities. It also authorized the discretionary programs. The second important law, the Family Education Rights and Privacy Act, often called the Buckley Amendment, gives parents and students under the age of 18, and students age 18 and over, the right to examine records kept in the student's personal file.</p> <p><b>P.L. 94-142, The Education for All Handicapped Children Act of 1975.</b> This law mandates a free, appropriate public education (FAPE) for all children with disabilities, ensures due process rights, mandates education in the least restrictive environment, and mandates Individualized Education Programs (IEP), among other things. It provides the core of federal funding for special education.</p> <p><b>P.L. 98-199, The Education of the Handicapped Act Amendments of 1983.</b> This law reauthorized the discretionary programs, including the establishment of services to facilitate the transition from school to work for youths with disabilities through research and demonstration projects; the establishment of parent training and information centers; and funding for demonstration projects and research and demonstration projects and research in early intervention and early childhood special education.</p> <p><b>P.L. 98-524, The Carl D. Perkins Vocational Education Act of 1984.</b> This law authorized funds to support vocational education programs to include youths with disabilities. The law stated that individuals who are members of special populations must be provided with equal access to recruitment, enrollment, and placement activities in vocational education.</p>
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<p><b>P.L. 99-372, The Handicapped Children’s Protection Act of 1986.</b>  This law provides for reasonable attorney’s fees and costs to parents and guardians who prevail in administrative hearings or court when there is a dispute with a school system concerning their child’s right to a free, appropriate special education and related services.</p> <p><b>P.L. 99-457, The Education of the Handicapped Act Amendments of 1986.</b>  This law mandates services for preschoolers with disabilities and established the Part H program to assist states in the development of a comprehensive, multidisciplinary, and statewide system of early intervention services for infants and toddlers (birth to age 3). This law also reauthorized the discretionary programs and expanded transition programs.</p> <p><b>P.L. 100-407, The Technology-Related Assistance for Individuals with Disabilities Act 1988.</b>  The primary purpose of this law is to assist states in developing comprehensive, consumer-responsive programs of technology-related assistance and to extend the availability of technology to individuals with disabilities and their families. Assistive technology device is broadly defined in the law to give the states flexibility in the programs to be developed. Assistive technology services under this law include eight activities related to developing consumer-responsive services with federal funds.</p> <p><b>P.L. 101-127, The Children with Disabilities Temporary Care Reauthorization Act of 1989.</b>  This law is actually a part of a larger federal law, the Children’s Justice Act, P.L. 99-401. Title II of this law includes provisions to fund temporary child care (e.g., respite care) for children who have a disability or chronic illness and crisis nurseries for children at risk of abuse or neglect. In 1989, P.L. 101-127 extended and expanded this program for two years and included an increase in funding for these programs from \$5 million to 20 million in 1990 and 1991. By July, 1980, 87 grants were awarded to states to develop and establish respite care programs and crisis nurseries.</p> <p>*Partially adapted from DeStefano and Snarwaert(1989)</p>	<p><b>P.L. 101-336, The Americans with Disabilities Act of 1990.</b>  This law, based on the concept of the Rehabilitation Act of 1973, guarantees equal opportunity for individuals with disabilities in employment, public accommodation, transportation, state and local government services, and telecommunications. The ADA is the most significant federal law assuring the full civil rights of all individuals with disabilities.</p> <p><b>P.L.101-392, The Carl D. Perkins Vocational and Applied Technology Education Act of 1990.</b>  This law amended P.L. 98-524 for the purpose of making the United States more competitive in the world economy. This law is closely interwoven with the Education of the Handicapped Act (P.L. 94-142) toward guaranteeing full vocational education opportunity for youth with disabilities.</p> <p><b>P.L. 101-176, The Education of the Handicapped Act Amendments of 1990.</b>  This law changed the name of EHA to the Individuals with Disabilities Education Act (IDEA). The law reauthorized and expanded discretionary programs, mandated transition services to be included in a student’s IEP, and added autism and traumatic brain injury to the list of eligible categories for special education and related services.</p> <p><b>P.L. 101-496, The Developmental Disabilities Assistance and Bill of Rights Act of 1990.</b>  This law authorizes grants to support the planning, coordination, and delivery of specialized services to persons with developmental disabilities. In addition, the law provides funding for the operation of state protection and advocacy systems for persons with developmental disabilities. The original law was enacted in 1963 by P.L.88-164. In 1987, P.L. 100-146 significantly expanded the Act to include persons with mental retardation, autism, cerebral palsy, and epilepsy.</p> <p><b>P.L. 105-17, Individuals with Disabilities Education Act Amendments of 1997.</b>  This law reauthorizes FAPE and makes several significant changes including participation of students with disabilities in state and district-wide assessment programs, parent participation in eligibility and placement decisions, emphasis on students with disabilities participating in the general education classroom, transition planning, voluntary mediation to resolve parent-school controversies, and discipline of students with disabilities.</p>
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## H. Specific Disabilities

<http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/Autism.aspx>

A student from ages three (3) through twenty-one (21) years is considered to have a disability under the Individuals with Disabilities Education Act (IDEA) if he/she meets the eligibility criteria in any of the following areas:

### 1. Autism (AU)

- Developmental disability
- Usually evident before the age of three
- Adversely affects a student's educational performance
- Adversely affects developmental rates and sequences
- Adversely affects verbal and non-verbal communication
- Adversely affects social interaction and participation.
- Unusual responses to sensory experiences, engagement in repetitive activities and stereotypical movements and resistance to environmental change or change in daily routines
- Students with autism vary widely in their abilities and behavior

### 2. Deaf/Blind (D/B)

- Combined hearing and visual impairments which cause such severe communication and other developmental and educational needs that the student cannot be accommodated in only a vision impaired or hard of hearing program;
- Requires a current optometric exam and an audiological evaluation as well as a description of the classroom accommodations/modifications needed by the student.

### 3. Deaf/Hard of Hearing(D/HH)

- Includes a hearing loss (permanent or fluctuating) that interferes with the normal development of speech, language, and academic achievement;
- Requires an audiological and otological evaluation and an educational assessment.

#### **4. Emotional and Behavioral Disorder (EBD)**

- Inability to have satisfactory interpersonal relationships;
- Inability to learn that cannot be explained;
- Inappropriate behavior or feelings under normal conditions;
- Pervasive unhappiness or depression; and/or
- Tendency to develop physical symptoms, pains, or fears along with personal or school problems.

#### **5. Intellectual Disabilities (ID)**

- More than one formal measure of intelligence; more than one source of information;
- At least two measures of adaptive behavior: one from the school personnel and one from someone outside the school;

Adaptive behavior measures how well the child gets along in his/her environment, self-help skills, sensory-motor integration, communication, socialization, and vocational skills, as well as the ability to apply academic skills in daily life activities.

Adaptive behavior can be assessed through observations, interviews, and norm and criterion-referenced tests.

- Educational assessment bases on test results and work samples;
- Mild(MID) 70-55 IQ; Moderate(MOID) 55-40 IQ;  
Severe (SID) 40-25 IQ; Profound (PID) 25 and below IQ

#### **6. Orthopedic Impairment (OI)**

- Students whose orthopedic impairments are so severe that they affect the students' educational performance are eligible for OI services.

- Orthopedic impairments may be caused by congenital anomalies, diseases (such as polio and cerebral palsy), amputations, as well as fractures.

### **7. Other Health Impairment (OHI)**

- Students have limited strength, vitality and/or alertness that limits the benefits of the educational environment.
- Impairments can be due to asthma, ADD, ADHD, diabetes, epilepsy, heart condition, hemophilia, sickle cell anemia, lead poisoning, leukemia, rheumatic fever, or other diagnosed health impairments that adversely affect the student's educational performance.

### **8. Significant Developmental Delay (SDD)**

- Significant delay in adaptive behavior, cognition, communication, motor and/or social development that may adversely affect the student's educational performance and age-appropriate activities.
- Problem cannot be due to environment, cultural, or economic disadvantage or lack of experience.

### **9. Specific Learning Disabilities (SLD)**

- Students who, despite a pattern of strengths and weaknesses, exhibit a disorder in one or more of the following psychological processes: ability to listen, think, speak, read, write, spell, or do mathematical calculations.
- The eligibility team is made up of a special education teacher, general education teacher, parents, diagnostician, and others.

### **10. Speech-Language Impairment (SI)**

- A communication skill that disrupts communication and /or affects emotional, social, intellectual, or educational growth;
- An articulation problem, or a language, fluency or voice impairment.

## 11. Traumatic Brain Injury (TBI)

- TBI is an acquired injury to the brain caused by an external physical force resulting in functional and/or psychosocial impairment that adversely affects educational performance.
- Eligibility requires a summary of student's pre-injury functioning status, medical report, and a psychological examination, indicating how the TBI adversely affects the student's current educational performance.

## 12. Visual Impairment (VI)

- Vision deficits that interfere with functioning in a regular school program can be caused by congenital defects, eye diseases, or injuries. Visual impairment is determined on the bases of a current examination by an ophthalmologist or optometrist.
- Functionally blind: legally blind and unable to read print.
- Legally blind: 20/200 or less in the better eye with best correction.
- Partially sighted: 20/70 to 20/200 in the better eye with best correction.

### I. Related Services for Students with Disabilities

The term, *related services*, means transportation and such developmental, corrective, and supportive services as are needed to assist a student with a disability to benefit from special education. Here are some of the most commonly provided related services.

**Assistive Technology Devices and Services**-Any item, piece of equipment, product system, or service that is used to increase, maintain, or improve functional capabilities of students with disabilities. Educational need must be demonstrated.

**Audiology Services**-Evaluative, consultative, and/or direct services provided by and audiologist, including but not limited to identifying students with a hearing



loss, and provision of habilitative activities, and creation and administration of programs for prevention of hearing loss.

**Counseling Services**-Services provided by qualified social workers, psychologists, guidance counselors, etc.

**Early Identification and Assessment**-A formal plan for identifying a disability as early as possible in a student's life.

**Educational Interpreter**-Person who facilitates manual and oral receptive and expressive communication and instruction between a person who is deaf or hard of hearing and those who are hearing.

**Medical Services** (for evaluation purposes)-Services provided by a licensed physician to determine a student's medically related disability that results in a student's need for special education and related services.

**Occupational Therapy (OT)**-Services such as improving tasks necessary for independent functioning, treating small muscle control, or restoring fine motor functions, provided by a qualified occupational therapist. Students who receive OT must require this service in order to meet their educational goals and objectives.

**Orientation and Mobility**-Services provided to students who are blind or visually impaired by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community.

**Parent Counseling and Training**-Services which assist parents in understanding the special needs of their students, provide parents with information about student development, and help parents to acquire the necessary skills that will allow them to support the implementation of the IEP.

**Physical Therapy (PT)**-Services, such as improving gait training and body awareness, increasing muscle strength, and restoring general gross motor skills, provided by a qualified physical therapist. Students who receive PT must require this service in order to meet their educational goals and objectives.

**Psychological Services**-Administering and interpreting psychological and educational tests; planning and managing a program of psychological services for students and parents.

**Rehabilitation Counseling Services**-Services that focus on career development, employment preparation, achieving independence, and integration into the workplace/community. The term also includes vocational rehabilitation services.

**School Health Services**-Service provided by a qualified school nurse or other qualified person.

**Social Work Services**-In-school services which include preparing a social or developmental history on a student with a disability and group/individual counseling with the student and family.

**Speech/Language Pathology**-A service which identifies and serves students with speech or language impairments.

**Recreation**-Assessment of leisure function, therapeutic recreation services, leisure education, and supporting recreational programs in schools and community agencies.

**Transportation**-Travel to and from school and between schools; travel in and around school buildings; and/or specialized equipment, such as special or adapted buses, lifts, and ramps which could be required to provide special transportation for a student with a disability.

## J. Agencies/Professional Organizations

Alexander Graham Bell Association  
For the Deaf  
2000 M Street, N.W. Suite 740  
Washington, DC 20036  
202-337-5220  
[www.agbell.org](http://www.agbell.org)

American Association of Adapted Sports  
Programs (AAASP)  
404-294-0070  
[www.aaasp.org](http://www.aaasp.org)

American Association on Intellectual and  
Developmental Disabilities  
202-387-1968 phone  
202-387-2198 fax  
<http://www.aamr.org/>

American Foundation for the Blind  
100 Peachtree Street, Suite 620  
Atlanta, GA 30303  
404-526-2303 [www.afb.org/afb](http://www.afb.org/afb)

American Speech Language Hearing  
Association (ASHA)  
10801 Rockville Pike  
Rockville, MD 20852  
800-638-8255 [www.asha.org](http://www.asha.org)

Association for Children with Down Syndrome  
4 Farm Place  
Plainview, NY 11803  
516-933-4700 [www.acds.org](http://www.acds.org)

Atlanta Alliance on Developmental  
Disabilities (AADD)  
828 W. Peachtree Street, N.W. Suite 304  
Atlanta, GA 30308  
404-881-9777  
[www.aadd.org](http://www.aadd.org)

Atlanta Area School for the Deaf  
890 North Indian Creek Drive  
Clarkston, GA 30021  
404-296-7101  
[www.doe.k12.ga.us/aasd/](http://www.doe.k12.ga.us/aasd/)

Autism Research Institute  
4182 Adams Avenue  
San Diego, CA 92116  
<http://www.autism.com/ari/>

Autism Society of America  
Greater Georgia Chapter  
2971 Flowers Road, South Suite 140  
Atlanta, GA 30341  
770-451-0954 [www.asaga.com](http://www.asaga.com)  
[www.autism-society.org](http://www.autism-society.org)

Babies Can't Wait/Early Intervention  
770-451-5484, 912-438-5600  
800-229-2038, 404-657-2721  
[www.ph.dhr.state.ga.us/programs/bcw](http://www.ph.dhr.state.ga.us/programs/bcw)

Brain Injury Association of Georgia  
1447 Peachtree Street, N.E. Suite 810  
Atlanta, GA 30309  
404-817-7577  
[www.braininjuryga.org](http://www.braininjuryga.org)

Children & Adults with Attention  
Deficit Disorder (CHADD)  
800-233-4050, 770-381-8687  
[www.chadd.org](http://www.chadd.org)

Council for Exceptional  
Children (CEC)  
800-328-0272 [www.cec.sped.org](http://www.cec.sped.org)

Council for Learning Disabilities  
913-492-8755  
[www.cldinternational.org](http://www.cldinternational.org)

## **K. Legal and Mediation Services**

American Civil Liberties Union of Georgia  
142 Mitchell Street, S.W.  
Suite 301  
Atlanta, GA 30303  
404-523-5398

Atlanta Volunteer Lawyers' Foundation  
225 Peachtree Street  
Suite 1105, South Tower  
Atlanta, GA 30303  
404-521-0790

Disabilities Rights Law Center  
100 Peachtree Street, N.W.  
Suite 2100  
Atlanta, GA 30303  
404-892-4200

Georgia Legal Services Program  
1100 Spring Street, N.W.  
Suites A & B  
Atlanta, GA 30309  
404-206-5175, 404-892-7707

Lawyer Referral Service of the Atlanta Bar Association  
229 Peachtree Street  
Atlanta, GA 30303  
404-521-0777

Atlanta Legal Aid Society  
151 Spring Street, N.W.  
Atlanta, GA 30303  
404-524-5811

Georgia Court Appointed Special  
Advocates, Inc. (CASA)  
100 Edgewood Ave. NE  
Suite 1540  
Atlanta, GA 30303  
404-874-2888  
[www.gacasa.org](http://www.gacasa.org)

Georgia Advocacy Office  
100 Crescent Center Parkway  
Suite 520  
Tucker, GA 30084  
404-885-1234, 800-537-2329

Justice Center of Atlanta, Inc.  
976 Edgewood Avenue, N.E.  
Atlanta, GA 30307  
404-523-8236