

Parent/Staff Special Education Reference Manual



Moorestown Special Education Services
PreK-12
Child Study Team
350 Bridgeboro Road, Moorestown, New Jersey 08057

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS
MOORESTOWN, NEW JERSEY**

MISSION STATEMENT

**Excellence, Equity, & Engagement
Via Partnership**

BELIEFS

**All students will achieve the New Jersey Core
Content Curriculum Standards at all grade levels.**

This reference manual is intended to provide the reader with information regarding special education services in the Moorestown Township Public Schools, along with additional information to support students with disabilities.

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All the information contained within is accurate as of January 2012. The manual will be updated as changes occur in staffing, program offerings, and state requirements.

INTRODUCTION

As the parent of a special education student, you are a key part of the process that provides an appropriate and caring educational experience for your child. You are the advocate who remains a constant in your child's life as he or she progresses through the school system. This handbook is an effort to provide you with clear and accurate information that will help you work effectively with district personnel. It does not replace state laws and guidelines, which are detailed in separate handbooks that you will receive throughout your child's education. This book is a resource in tandem with your personal communication with district professionals.

Moorestown Township's Mission Statement applies to every child in our district. We welcome you in sharing the responsibility, and privilege, of educating your child.

ABOUT SPECIAL EDUCATION SERVICES

Evaluation and intervention services are provided to students by the Child Study Team, special education instructional staff, and related services specialists. A referral to the Child Study Team may be initiated by a parent/guardian, teacher, school nurse, school administrator, special services staff, medical specialist and other professionals or agencies concerned with the welfare of students when an educational disability may be suspected.

Public schools are required by law to develop a process for identifying potentially educationally disabled students. An educationally disabled student is one who may be experiencing difficulties of a physical, emotional, academic, intellectual, or social nature to the extent that the student is not able to function effectively in a regular education program. A Child Study Team evaluation is necessary to determine the basis of the difficulties and whether the student is eligible for special services. If the student is determined eligible for special education and related services an individualized educational program (IEP) is developed.

With federal passage of the Individuals with Disabilities Education Improvement Act (IDEIA) in December 2004, parents/guardians are an integral part of the IEP Team that plans an appropriate school program and an IEP for the educationally disabled child. Parents and school personnel work together throughout this process in developing an appropriate program to meet the unique student needs. The district provides the full continuum of programs options as outlined in the New Jersey Administrative code (NJAC 6A: 14). The complete rules and regulations pertaining to Child Study Team procedures and students with disabilities are contained in the New Jersey Administrative Code, Title 6A, Chapter 14, Special Education. Parents/Guardians may obtain this document by contacting the Child Study Team Office at 856-778-6610 or by accessing the website @ <http://www.state.nj.us/education/specialed/>

About Child Study Team

The Child Study Team is a multi-disciplinary educational team that is responsible to locate, identify, evaluate, determine eligibility, and develop an Individualized Education Program (IEP) for students suspected of having educational disabilities. This group of specialists is employed by the MTPS district to provide consultative, evaluative and prescriptive services to teachers and parents. The team provides diagnostic services to children from age 3 to 21 that have been identified as having a potential disabling condition. Counseling and consultative

services are available for any school-aged student experiencing difficulty in learning or behavior. The Child Study Team (CST) together with district's teachers, administrators, and I&RS committees make recommendations for programs and placements which will best address the needs of students who are experiencing school-related programs. The team consists of a school psychologist, learning disabilities teacher/consultant, and school social worker, and in some cases, a speech-language specialist.

Who is on the Child Study Team?

School Social Worker

The social worker's primary responsibility is as a member of the Child Study Team. As such, the social worker contributes to the CST evaluation process by conducting a "social history evaluation." The social history evaluation is an assessment of biopsychosocial factors (social, emotional, physical, behavioral and cultural) that may impact a child's adjustment to and performance in school. The school social worker also provides counseling, crisis intervention and consultation services, as well as helping families' access community services.

Learning Disabilities Teacher/Consultant (LDT/C)

The Learning Disabilities Teacher-Consultant is a master teacher who functions in the school environment as an educational diagnostician, instructional programmer, Child Study Team member, educational consultant and instructional leader. The LDT/C must have the professional preparation to make assessments, analyses, and classifications of students' learning differences; understand and implement special education law; plan and facilitate delivery of programs for children with learning differences; transfer specific and successful instructional techniques to classroom teachers through consultation, collaboration, and in-service education; and effectively communicate and consult with parents, counselors, teachers, and administrators. An educational assessment shall be the responsibility of a learning disabilities teacher/consultant employed by the district board of education. It shall include review of the student's educational history, conferences with the student's teacher(s), and an evaluation and analysis of the student's academic performance and learning characteristics.

School Psychologist

The school psychologist consults with the student's teachers and assesses the student's current cognitive (thinking and learning), social, adaptive, and emotional status. The activities involved in the evaluation vary at times from student to student but, in general, most children are given an intelligence test to determine a child's likelihood for success within the academic arena. For certain students the school psychologist provides counseling, crisis intervention or consultation services.

Case Manager

In addition to their respective roles, the social worker, school psychologist, and learning consultant also serve as case managers for students receiving special education services. Students are assigned a case manager at the time of the referral, however, periodically there are changes in assignments. The case manager coordinates the evaluation process and IEP development, as well as the monitoring and evaluation of the effectiveness of the IEP. The case manager facilitates communication between home and school, and coordinates the annual review and reevaluation process. The case manager is knowledgeable about the student's educational needs and program, as well as special education procedures and procedural safeguards, and is responsible for transition planning. A speech/ language specialist may also serve as a case manager.

Moorestown Administrative Staff

David Tate, Director, Special Education
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The First Step in the Referral Process

The Intervention and Referral Service (I&RS) team serves as a resource for teachers and is an integral part of the pre-referral process. I&RS members typically include, but are not limited to, the school principal, nurse, counselor, CST members and teachers. I&RS may also include parents, special education super-visors, speech therapists, or reading specialists. The purpose of the I&RS is to address any possible concerns teachers may have regarding their students' academic, social, or emotional functioning. Based on meetings with teachers, the I&RS team develops case-specific strategies for use in regular education class-rooms. Teachers then implement these strategies according to I&RS recom-mendations. Parents are informed about the progress of their child through contact with the teacher. **If the strategies are not effective, they may be revised or, if it is suspected that the student is potentially educationally disabled, a referral will be made to the Child Study Team.**

Parents can request their child be brought before the I&RS team. They would do this by contacting the child's teacher or principal.

**Parents are always notified if their child is referred to I&RS.* Parents can always request a CST evaluation before, during, or after the I&RS process. Written requests for CST evaluations should be directed to the Director of Special Education.

Procedural Safeguards

Handbook on Parents' Rights

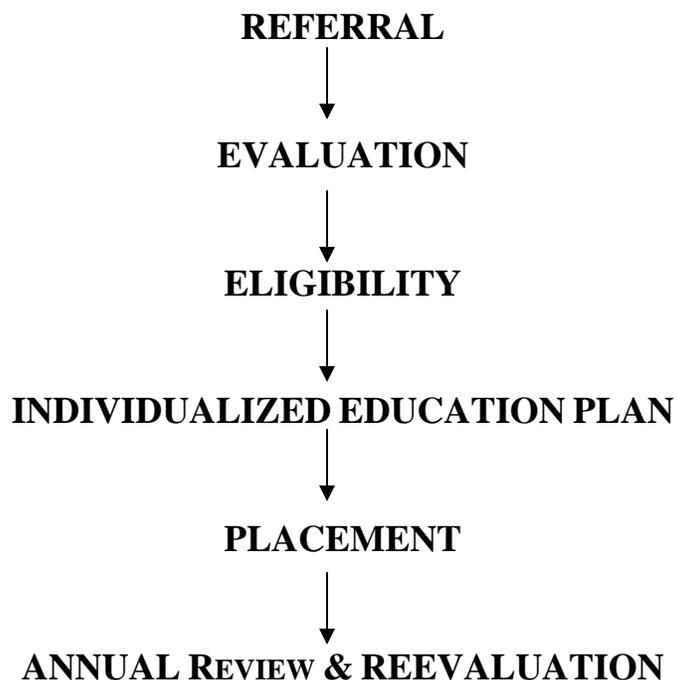
IDEA requires school districts to provide parents of a child with a suspected disability, a notice containing a full explanation of the procedural safeguards (legal rights) available under IDEA and other state and federal regulations. This hand-book is called, "Parental Rights in Special Education" (PRISE). Parents can obtain a copy of PRISE in any of the district's schools or in the Child Study Team office or by visiting <http://www.nj.gov/education/specialed/form/prise/prise.pdf>

When You will Receive the Procedural Safeguards

The procedural safeguards must be given to you one time each school year and at the following times:

- When your child is first referred for evaluation or when you request an evaluation;
- When you request a copy of the procedural safeguards;
- When your child is removed for disciplinary reasons and the removal results in a change in placement;
- Upon receipt of the first State complaint and/or the first due process petition in a school year, if you should file a State complaint or request a due process hearing; and
- Upon revision to the procedural safeguards.

THE EVALUATION PROCESS



The Identification and Placement Process: Description

Referral

A student is generally referred for evaluation by school personnel through the I&RS team or by the child's parent/guardian. The referral should be made in writing, addressing the specific presenting concerns and the child's current strengths and needs. The referral is presented to the Director of the Child Study Team who assigns the referral to a designated case manager. The assigned case manager has responsibility for managing the referral process. If parents make a referral for evaluation, it is important that they know who is designated to receive the referral, who will manage the referral process and who will be contacting the parent during the referral process. They can obtain this information by calling the child's school or the main number for the Child Study Team office, 856-778-6610, ext., 12102. For preschool age children, case management responsibility is typically assigned to a speech-language specialists.

Evaluation

Informed, signed, parental consent must be received in order for the school to proceed with the evaluation. It is important for the parent to understand the components of the evaluation and how the results of the evaluation will be used to determine eligibility for special education services. An initial evaluation shall consist of a multi-disciplinary assessment in all areas of suspected disability. Such evaluation shall include at least two assessments and shall be conducted by at least two members of the Child Study Team in those areas in which they have appropriate training or are qualified through their professional licensure or educational certification and other specialists in the area of disability as required or as determined necessary.

The specific kind of evaluations a child needs is decided on an individual basis and will include professionals trained to assess specific areas. Persons from varying disciplines including a school psychologist, speech-language therapist, physical therapist, audiologist and/or occupational therapist may conduct evaluations.

The common elements of a comprehensive assessment generally include the following:

- a) A psychological evaluation, which includes a standardized aptitude test that measures cognitive functioning, a clinical interview, observation, and as needed social-emotional and adaptive behavior rating scales;
- b) A social history, which includes developmental, medical, and educational histories, and parent, teacher, and student interviews;
- c) An educational evaluation, which includes achievement testing, learning style inventory, and a classroom observation; and
- d) A medical evaluation/health appraisal, which includes a physical examination and visual and auditory acuity testing.

Persons trained in the area of hearing or visual impairment may also provide assessment services, if needed. At this step of the process, parents should receive *Parental Rights in Special Education (PRISE)*. After parent consent for initial evaluation of a preschool age or school age student has been received, the evaluation, determination of eligibility for services under this chapter, and, if eligible, development and implementation of the IEP for the student shall be completed within 90 calendar days.

You, as a parent, can provide the school with information about your child that you want them to use in deciding if your child has a disability that requires special education and related services. In the event that a parent does not give permission for the school to evaluate the child and the school personnel believe that the child is in need of special education, the school system may, but is not required to, pursue the initial evaluation of the child by utilizing due process procedures.

Independent Evaluations

As described above, before receiving special education services, your child must receive an evaluation if a disability exists. If you disagree with the school's evaluation results, you can request an independent evaluation. This service is provided at the school system's expense and the testing is done by a licensed professional not employed by MTPS. The results of the independent evaluation must be considered by the IEP team.

Eligibility

After the required evaluations are completed and summary reports are written and shared with parents, the Individualized Education Program team (IEP Team) conference is held to determine if a child has a disability and needs special education and/or related services. The IEP Team includes the child's parents and professionals who are knowledgeable about the child's learning and behavior in the school environment. The team should discuss every area of physical, behavioral and academic functioning that affects the child's educational performance. The team must decide if the student (a) meets the eligibility criteria for a disability area as outlined in the New Jersey Special Education Administrative Code, Chapter 14, Title 6A; (b) if the disability adversely affects educational performance; and (c) is in need of specially-designed instruction and related services. All three criteria must be met in order for the student to be found eligible for special education.

According to IDEA 2004, students may not be deemed eligible for special education services if they do not meet the eligibility criteria of the law or if their eligibility is based on a lack of instruction in reading and math. A student may also be deemed not to be eligible if the disability does not adversely affect the child's educational performance.

Section 504 of the Rehabilitation Act

Section 504 is a civil rights law that protects against discrimination and grants equal access for all. It affects students who have a physical or mental impairment that substantially limits one or more life functions (e.g. learning). Under Section 504, if the student does not qualify for special education and related services, he or she may be eligible for reasonable accommodations in the general education classroom. Although there is no official list of reasonable accommodations the following academic adjustments are noted specifically in the law: a) modifications to the method of instruction, b) extended exam time. c) alternate testing formats, and d) increased time to complete a course. Also auxiliary aids such as calculator, tape recorders, word processors, may be considered reasonable accommodations. Although there is not legal requirement to do so, in some cases OT and PT are provided in a 504 Plan. (See page 17 for more details, re: Accommodations.)

The Individualized Education Plan (IEP)

Upon completion of the evaluation, an eligibility conference will be held to discuss whether the student meets the code criteria making them eligible for special education and/or related services. A copy of the collaborative Child Study Team finding report will be given to the parents. Subsequently, but usually immediately following this conference, and Individualized Education Plan (IEP) conference will be held.

At this meeting, the student's educational strengths and needs will be considered. Goals and objectives will be developed to address identified needs. The team will then determine the appropriate program for each individual student with consideration of the least restrictive environment as a priority. The evaluations, determination of eligibility for services, and (if eligible), the development and implementation of the IEP shall be completed within 90 calendar days of the district's receipt of parental permission to evaluate.

The implementation of a child's individual education program should occur 15 days after the IEP Team's completion of the plan, unless parents and school personnel mutually agree to an earlier implementation date. Times may vary, for example, if a child is assigned to another school for services and transportation must be arranged; if supplemental aids must be acquired and/or staff must receive specialized training in order to fully implement the IEP. The IEP document should identify the student's primary educational placement, the projected date for the beginning of the services and modifications described in the plan, and the frequency, location and duration for each service.

Required Elements of an IEP

For a comprehensive list of the required elements of an IEP, see Special Education NJ Administrative Code, Chapter 14:-3.7 (e) 1-17., pg. 62-68.

IEP Team Attendance

According to Individuals with Disabilities Education Act (IDEA), the Individualized Education Program team or IEP Team must include the following persons:

- The parents of the child;
- At least one regular education teacher of the child;
- At least one special education teacher or, where appropriate, at least one special education provider of the child;
- A representative of the local education agency (LEA) who
 - (a) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (b) is knowledgeable about general curriculum; and
 - (c) is knowledgeable about the availability of resources of the local educational agency;
- An individual who can interpret the instructional implications of evaluation results. This person may be the LEA representative described above;
- At the discretion of the parent or the school system, other individuals who have knowledge or special expertise regarding the child, including related services personnel, as appropriate; and
- The child, when appropriate.

Parents shall be given written notice of a meeting early enough to ensure that they will have an opportunity to attend.

Meetings shall be scheduled at a mutually agreed upon time and place. If a mutually agreeable time and place cannot be determined, the parent(s) shall be provided the opportunity to participate in the meeting through alternative means, such as videoconferencing and conference calls.

Resolving Disagreements

What happens if I disagree with the school district over the identification, evaluation, classification, educational placement or the provision of a free, appropriate public education?

There may be a time when you and the school district disagree. Many disagreements can be resolved by communication with your child's teacher, case manager, the school principal, or other school district personnel. There are also procedures established under state and federal law to address your concerns, such as complaint resolution, mediation or a due process hearing.

Refer to the PRISE booklet, page 15, for further details regarding dispute resolution.

Disabilities Covered Under the Act

The following defines each area of disability included in New Jersey Special Education Administrative Code, Chapter 14, Title 6A:

- **Auditorily Impaired:** means an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms. An audiological evaluation by a

specialist qualified in the field of audiology and a speech and language evaluation by a certified speech-language specialist are required.

- **Autistic** means a pervasive developmental disability, which significantly impacts verbal and nonverbal communication and social interaction that adversely affects a student's educational performance. Onset is generally evident before age three.
- **Cognitively impaired** means a disability that is characterized by significantly below average general cognitive functioning existing concurrently with deficits in adaptive behavior.
- **Communication Impaired** means a language disorder in the areas of morphology, syntax, semantics and/or pragmatics/discourse, which adversely affects a student's educational performance and is not due primarily to an auditory impairment.
- **Emotionally Disturbed** means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance due to:
 - i. An inability to learn that cannot be explained by intellectual, sensory or health factors;
 - ii. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - iii. Inappropriate types of behaviors or feelings under normal circumstances;
 - iv. A general pervasive mood of unhappiness or depression; or
 - v. A tendency to develop physical symptoms or fears associated with personal or school problems.
- **Multiply Disabled** means the presence of two or more disabling conditions, the combination of which causes such severe educational needs that they cannot be accommodated in a program designed solely to address one of the impairments.
- **Deaf/blindness** means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.
- **Orthopedically Impaired** means a disability characterized by a severe orthopedic impairment that adversely affects a student's educational performance.
- **Other Health Impaired** means a disability characterized by having limited strength, vitality or alertness, including a heightened alertness with respect to the educational environment, due to chronic or acute health problems.
- **Preschool Child With a Disability** means a child between the ages of three and five experiencing developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - i. Physical, including gross motor, fine motor and sensory (vision and hearing)
 - ii. Cognitive
 - iii. Communication
 - iv. Social and emotional
 - v. Adaptive
- **Social Maladjustment** means a consistent inability to conform to the standards for behavior established by the school. Such behavior is seriously disruptive to the education of the student or other students and is not due to emotional disturbance as defined above.
- **Specific Learning Disability** means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may

manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. A specific learning disability is determined when a severe discrepancy is found between the student's current achievement and intellectual ability in one or more of the following areas, and that discrepancy is not primarily the result of visual, hearing, or motor disabilities, general cognitive deficits, emotional disturbance or environmental, cultural or economic disadvantage:

- (1) Basic reading skills;
- (2) Reading comprehension;
- (3) Oral expression;
- (4) Listening comprehension;
- (5) Mathematical calculation;
- (6) Mathematical problem solving;
- (7) Written expression; and
- (8) Reading fluency.

- **Traumatic Brain Injury** means an acquired injury to the brain caused by an external physical force or insult to the brain, resulting in total or partial functional disability or psychosocial impairment, or both.
- **Visually Impaired** means an impairment in vision that, even with correction, adversely affects a student's educational performance.

Other Definitions Included in IDEA

- **Adapted Physical Education** is a diversified program of activities specially designed for an individual who meets eligibility criteria for special education and/or related services and is not able to participate safely and/or successfully in the regular physical education program.
- **Assistive Technology** is any service that directly assists a child with a disability in the selections, acquisition, or use of an assistive technology device.

Accommodations and Modifications in the Classroom and for Testing

The IEP team determines whether accommodations, modifications of curriculum or testing, or alternative testing are needed. When the decision is made it must be documented in the student's IEP. The decision regarding the need for special consideration is based on the student's evaluation results, current level of functioning, and unique learning characteristics.

Listed below are acceptable accommodations and modifications for standardized testing as per the New Jersey Department of Education.

ACCEPTABLE ACCOMMODATIONS AND MODIFICATIONS

A. Setting Accommodations

1. Administering the assessment:

- a. individually in a separate room
 - b. in a small group in a separate room
 - c. in the resource room
 - d. in a special education classroom
 - e. at home or in a hospital (this will depend on the nature of the assessment task)
2. Seating the student in the front of the room near the examiner or proctor
 3. Seating the student facing the examiner or proctor
 4. Providing special lighting
 5. Providing special furniture e.g., desks, trays, carrels

B. Scheduling Accommodations

1. Adding time as needed
2. Providing frequent breaks
3. Terminating a section of the test when a student has indicated that he/she has completed all the items he/she can. The examiner must ensure that the student has attempted all items in a section since items are not ordered by difficulty. When this accommodation is used, the test must be administered in a small group or individually to avoid distraction.

C. Test Materials Modifications

1. Administering the large-print version of the test
2. Administering the Braille version of the test

D. Test Procedure Modifications

1. Administration modifications
 - a. reading directions aloud
 - b. reading test items aloud (do not read aloud or sign the reading passages in Language Arts Literacy –the reading items may be read or signed); **ONLY** the teacher who must read the test items aloud or sign is permitted to have a test booklet assigned to him/her for this task
 - c. providing and ensuring that amplification (hearing aid and/or FM system) is in working order

- d. using a sign language or cued speech interpreter to sign or cue the directions or test items but NOT the reading passages
- e. masking a portion of the test booklet and/or answer folder to eliminate visual distractors or providing reading windows
- f. repeating, clarifying, or rewording directions ONLY
- g. providing written directions on a separate sheet or transparency
- h. using an examiner who is familiar with the student
- i. using an examiner who can communicate fluently in sign language (American Sign Language or a form of Manually Coded English)
- j. providing manipulatives for math items e.g., number line, counting chips, abacus (for NJ ASK 3-8 ONLY)
- k. using graph paper for HSPA Mathematics (all students are permitted graph paper for NJ ASK 3-8)
- l. using a Braille ruler and talking calculator or large-face calculator
- m. using tactile or visual cues for deaf or hard of hearing students to indicate time to begin, time remaining, and time to end a particular part of the test
- n. using calculators for NJ ASK 3-8 Mathematics (all students are permitted calculators for HSPA)

2. Response modifications

- a. having an examiner record the student's identification information on the test booklet and/or answer folder
- b. dictating oral responses to a scribe (examiner or proctor who writes from dictation)
- c. using a Braille writer to record responses
- d. signing responses to a sign language interpreter (student must indicate all punctuation and must spell all key words)
- e. recording responses on a word processor (all editorial functions MUST be disabled)

- f. providing an augmentative communication device
- g. using a larger diameter or modified special grip # 2 pencil
- h. circling answers in the test booklet (the examiner subsequently transfer the answers to the answer folder); for the NJ ASK 3-4, the examiner bubbles the student's answer choice in the scannable test booklet
- i. allowing separate additional continuation pages for writing tasks

Placement

The New Jersey Administrative Code for special education and the federal Individuals with Disabilities Education Act (IDEA) ensure that children with disabilities receive a free, appropriate, public education in the least restrictive environment.

As noted above, in accordance with the least restrictive environment, the first placement option considered is the regular education classroom with the necessary supplemental aids and supports to enable the student to meet his/her educational goals.

Supplementary Aids and Services

Supplementary aids and services are provided by paraprofessional aides, teachers, related service providers, or CST members in the general education classroom to enable students with disabilities to be educated as much as possible with nondisabled peers. Supplementary aides and services may include, but are not limited to the following:

1. Prompting, cueing and redirecting student participation;
2. Reinforcing of personal, social, behavioral and academic learning goals;
3. Organizing and managing materials and activities;
4. Implementation of teacher-designed follow-up and practice activities;
5. Consultation regarding
 - a. the development and demonstration of techniques and strategies;
 - b. data collection on the effectiveness of the techniques and strategies;
 - c. development of positive behavioral supports.
6. Adapted instructional materials;
7. Supports to address environmental needs (e.g. preferential seating, altered physical room arrangement);
8. Specialized equipment (e.g. wheelchair, computer, software, etc.);
9. Assignment modification;
10. Testing modifications (see prior list)

Supplementary Instruction

Supplementary instruction is provided to students with disabilities in addition to the primary instruction for the subject being taught. This instruction may be provided individually or in groups, and in either a general education class or a pull-out resource setting.

Resource Programs

Resource Programs provide specialized instruction by a special education teacher to students with disabilities, in the general education classroom (in-class resource program) or in a separate Resource Center (pull-out resource program). An individual student may receive either in-class or pull-out resource services, or both, depending on his or her individual needs.

- **In-class Resource programs (ICR)** may be provided up to the student's entire instructional day, and may provide support to enable the student to participate in the general education curriculum, or replacement instruction that modifies the general education curriculum and instructional strategies to meet the student's individual needs.
- **Pull-out Replacement resource classes (POR)** may be provided for up to three subject areas per day, at the elementary level. In grades one through eight, replacement instruction can be provided in reading, writing, and/or math. At the secondary level, replacement pull-out resource classes may be provided for the entire instructional day. As needed, Moorestown High School provides replacement instruction in core academic subjects required for high school graduation, including English, mathematics, science, and history.
- **Pull-out Support resource classes** provide students with instruction in study skills and assistance in organizing and/or understanding material that is being taught in the regular education classroom.

Special Education Classes

For students in need of more intensive and specialized instruction, placement in a special class program may be the least restrictive appropriate educational placement. Special class programs offer instruction in the core curriculum content standards, but the regular education curriculum and the instructional strategies may be modified based on the student's IEP. For some students, the IEP may specify a modified curriculum emphasizing functional life skills and/or prevocational/vocational skills. Students placed in a special education class typically remain in this class for a major portion of the day, but may also participate in general education classes and programs appropriate to their needs.

Extended School Year

An **ESY** program provides for the extension of special education and related services beyond the regular school year. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time.

Out of District Placements

Out of district placements include Special Services School District, State Approved Schools for the Disabled, State Operated Programs and Home Instruction. Home Instruction is considered the most restrictive and should only be utilized on a temporary basis.

Annual Review and Reevaluation

The IEP Team will meet once a year, or more if necessary, to review and revise the IEP. The Team will discuss strengths, weaknesses, and progress of the student and plan for the following year accordingly.

In addition to annual reviews, the Child Study Team must complete a reevaluation of the student once every three years. The IEP Team determines the scope of the reevaluation by reviewing existing data. Further assessments are not conducted if the IEP Team finds that continued eligibility could be determined from existing data. However, if a reevaluation is warranted, the IEP Team will determine the assessments needed and obtain parental consent. Once testing is complete (within 60 calendar days) the IEP Team meets to discuss findings and plan programming. As with initial evaluations, copies of the re-evaluation reports are provided to parents at least ten days in advance of that IEP Team meeting.

MOORESTOWN SPECIAL EDUCATION CLASSES 2011-2012

Baker School

Preschool-SMILE	Laura LaMarra
Preschool-SMILE	Janey Kang
Autistic	Claire Laveglia
Multiply Disabled	Fi Jazi
POR	Talia Custer
POR	Christine Maloney-Nolan

Roberts School

Multiply Disabled	Catherine McCarthy
ICR	Leslie Proctor
POR/ICR	Reva Budman
POR	Judi Myers
POR	Serena Jones

South Valley School

Integrated Preschool	Kari Cortright
Integrated Preschool	Colleen Beideman
ICR	Suzanne Montagano
POR	Ann Daskilewicz

Upper Elementary School

Multiply Disabled	Eileen Sweeney
Multiply Disabled	Matthew Stuart
ICR	Christina Hill
ICR	Heather Doherty
ICR	Jennifer Stevens
ICR	Carol Wiggans
ICR	Jessica Kutylowski
ICR	Robin Levin
POR	Jennifer Black
POR	Beth Field
POR	Linda Mandeville-Kerth
POR	Lauren McGlone
POR	Michelle Buckelew
POR	Kelly Harkins
POR	Cynthia Nary

William Allen Middle School

Multiply Disabled	Stacy Cole
Multiply Disabled	Keri Snedden
POR/ICR	Saundra Umstead-Capers
POR/ICR	Judy Mure
POR/ICR	Susan Balderstone
POR/ICR	Cyndie Honeyford
POR/ICR	Susan Howarth
POR/ICR	Rachael Banford
POR/ICR	Carrie Schaffer
POR/ICR	Katherine Parsons
POR/ICR	Lauren Scibel
POR/ICR	Pat Kyser
POR/ICR	Marielle Zibman
POR/ICR	Melissa Szawlewicz

Moorestown High School

Multiply Disabled	Kim Warren
Multiply Disabled	Shawn Daly
POR/ICR	Julianne Shawaryn
POR/ICR	Jodie Bakely
POR/ICR	John Beatrice
POR/ICR	Lauren Stewart
POR/ICR	Debbie Dickerson
POR/ICR	Mindy Goldberg
POR/ICR	Diane Howell
POR/ICR	Robert McGough
POR/ICR	George Snedden
POR/ICR	Kevin Stevens
POR/ICR	Michael Sullivan
POR/ICR	Baron Wallenhurst
POR/ICR	Trish Warne

Key

ICR = In-class Resource

POR = Pull-out Replacement (Resource Room)

Group Size

Group sizes for supplementary instruction and resource programs shall not exceed the limits listed below. Group size may be increased with the addition of an instructional aide, except where noted, according to the following:

Support Resource and Supplementary Instruction				
	Preschool / Elementary		Secondary	
	No Aide	Aide Required	No Aide	Aide Required
In class	8	--	10	--
Pull-out Support and Supplemental Instruction				
Single subject	6	7 to 9	9	10 to 12
Multiple subject	6	7 to 9	6	7 to 9
Replacement Resource				
Pull-out single subject	6	7 to 9	9	10 to 12

Instructional group sizes for preschool, elementary and secondary special class programs shall not exceed the limits listed below. The instructional group size may be increased with the addition of a classroom aide according to the numbers listed in Column III as set forth below. When determining whether a classroom aide is required, students with a personal aide shall not be included in the student count:

I Program	II Instructional Size: No Classroom Aide Required	III Instructional Size: Classroom Aide Required
Auditory impairments	8	9-12
Autism ¹	3	4 to 6 7-9 (Secondary only; two aides required)
Behavioral disabilities	9	10 to 12
Cognitive²		
Mild	12	13 to 16
Moderate	10	11 to 13
Severe	3	4 to 6 7 to 9 (two aides required)
Learning and/or language disabilities		
Mild to moderate	10	11 to 16
Severe	8	9 to 12
Multiple disabilities	8	9 to 12
Preschool disabilities ³	--	1 to 8 9 to 12 (two aides required)
Visual impairments	8	9 to 12

¹ A program for students with autism shall maintain a student to staff ratio of three to one. For a secondary program, two classroom aides are required when the class size exceeds six students.

² A program for students with severe to profound cognitive disabilities shall maintain a three to one student to staff ratio.

³ A classroom aide is required for a preschool classroom. Two aides are required when the class size exceeds eight students.

About Related Services

Related Services may be provided to students ages 3 through twelfth grade who are eligible for special education and related services. Related services in K-12 grade include speech/language, occupational and physical therapies, counseling, and special transportation, etc.

Occupational Therapy

What is occupational therapy? Occupational therapy services within a school setting are designed to adapt the classroom environment, assist in the development of performance components that are prerequisites for academic learning, and facilitate functional daily living skills within a child's current educational setting.

How are services provided? Current models of best practice suggest intervention be integrated into the naturally occurring events of the student's day, rather than in isolated settings or artificial situations. However, there may be situations when certain skills may warrant more direct therapeutic interventions. Collaborative efforts may be pursued with a combination of teachers, other related service providers, parents and others pertinent to the student's program to support classroom functioning.

Who receives occupational therapy services? Those students identified to require occupational therapy services in an IEP or 504 plan ***in order to access their education.*** Determining the need for occupational therapy intervention must include observing the student within the educational environment and assessing his or her ability to meet the demands of the current educational program. If environmental adaptations and modifications are in place and teaching staff are trained to meet the goals of the IEP, then services may not be required.

What skills do occupational therapists typically address?

- Fine motor skills: managing classroom tools and other manipulatives
- Visual perceptual skills: provide strategies for interpreting visual information
- Sensory processing skills; help to effectively process and organize information from all sense so that the student can effectively interact with the environment
- Self-care skills: dressing, grooming, hygiene, and feeding
- Pre-vocational skills: address prerequisite skills such as organization, sequencing, and time management

Occupational Therapy Staff

Becky Condodina

Roberts, SV, Baker

bcondodina@mtps.com

John Sharkey

UES, Baker

Jsharkey@mtps.com

Speech

The development of age-appropriate speech and language skills is essential to the learning process and to a student's social and emotional growth. Children must be able to comprehend the language, express their thoughts, request explanations from the teacher and produce speech that others can easily understand.

Speech disorders include the following problems:

- Articulation disorders, which include difficulties producing sounds in syllables or saying words incorrectly to the point that other people can't understand what's being said.
- Fluency disorders include problems such as stuttering, the condition in which the flow of speech is interrupted by abnormal stoppages, repetitions, or prolonging sounds and syllables.
- Resonance or voice disorders include problems with the pitch, volume, or quality of a child's voice that distracts listeners from what is being said. These types of disorders may also cause pain or discomfort for the child when speaking.

Language disorders can be either receptive or expressive. Receptive disorders refer to difficulties understanding or processing language. Expressive disorders include difficulty putting words together, limited vocabulary, or inability to use language in a socially appropriate way.

What is remediation? Speech-language therapy involves having a speech-language specialist work with a child on a one-to-one basis, in a small group or directly in a classroom, to overcome difficulties involved with a specific disorder. Speech-language therapy uses a variety of therapeutic strategies, including:

- Language intervention activities – involve having a speech-language specialist interact with a child by playing and talking. The therapist may use pictures, books, objectives, or ongoing events to stimulate language development. The therapist may also model correct pronunciation and use repetition exercises to build speech and language skills.
- Articulation therapy – articulation, or sound production, exercises involve having the therapist model correct sounds and syllables for a child, often during play activities. The level of play is age-appropriate and related to the child's specific needs. Articulation therapy involves physically showing a child how to make certain sounds, such as the "r" sound. A speech-language therapist may demonstrate how a child should move his tongue to produce specific sounds.

Referral for Speech Services

Among the many services available to students within our district, including students not eligible for special education, are those services provided by our speech therapists. Therapists are trained in techniques to identify, support and remediate a student's speech and language needs. There are two ways in which our district identifies which children may be eligible for speech and language services.

- A child can be referred for evaluation by the child's teacher.
- A child can also be referred by the child's parent who may send a letter to the Child Study Team.

Within 20 days of receipt of a referral a meeting will be convened to discuss with parents, teachers and speech therapist of evaluation for speech services is warranted. If an evaluation is agreed upon, once it is completed, parents, teachers, and speech therapist will reconvene another meeting with 90 days to discuss assessment results and, if necessary, subsequent therapy.

Speech-Language Therapy Staff

Arlene Lewis	South Valley School	alewis@mtps.com
Elizabeth Baldt	Upper Elementary School	ebaldt@mtps.com
Deborah Kitley	George C. Baker School	dkitley@mtps.com
Deborah Parise	Upper Elementary School	dparise@mtps.com
Elizabeth Matarese	South Valley School	ematarese@mtps.com
Nancy Shubach	George C. Baker School	nshubach@mtps.com
Patricia Ulrich	Mary E. Roberts School	pulrich@mtps.com
Tracy Roberts	WAMS / MHS	troberts@mtps.com

Physical Therapy Staff

Kris Pozega	All schools	kpozega@mtps.com
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Paraprofessionals

As the IEP team plans, they may decide that a student needs a para-professional to support the classroom teacher and/or students. The overarching needs that the paraprofessional is to address are identified by the IEP team. However, on a daily basis, paraprofessionals work as support personnel under the supervision of certified school professionals. A paraprofessional serving in a special education position assists teachers in a variety of responsibilities and performs a multitude of tasks that are both instructional and/or non-instructional.

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS

SUPERINTENDENT: John Bach

DIRECTOR OF SPECIAL EDUCATION: David Tate
Moorestown High School

ADDRESS: 350 Bridgeboro Road
Moorestown, NJ 08057

TELEPHONE: (856) 778-6610, Extension 12101

FAX: (856) 793-1138

E-MAIL: pmichael@mtps.com

SUPERVISORS OF SPECIAL EDUCATION: Gerry G. Durisin, Grades PreK – 6
Cynthia Moskalow, Grades 7 – 12

LEARNING DISABILITIES TEACHER/CONSULTANTS: Sandra Foulks, Regina Gauss, Marie Patterson, Gary Ross

PSYCHOLOGISTS: Tahira Aziz, Dr. Jill Carey-Melton, Anne LaMont, Ashley Prim, Frank Sein

SCHOOL SOCIAL WORKERS: Breanne Swedler, Florence Klein, Valerie Shopp

NURSES:

Moorestown High School:	Lisa Walko
William Allen Middle School	Cynthia Battel
Upper Elementary School	Virginia Cavalier
George C. Baker School	Elizabeth Phillips
Mary E. Roberts School	Irene Mosesson
South Valley School	Debra Kahn

**NEW JERSEY
DEPARTMENT OF EDUCATION**

COMMISSIONER OF EDUCATION

Lucille Davy
225 West State Street
Trenton, NJ 08625-0500

GENERAL INFORMATION

609-292-4469

**BURLINGTON COUNTY
EXECUTIVE SUPERINTENDENT OF SCHOOLS**

Lester W. Richens, Ed.D.

New Jersey Department of Education
P.O. Box 6000
2 Academy Drive
Westampton, NJ 08060
609-265-5060

FAX 609-265-5922

FAX 609-265-5932

PROFESSIONAL STAFF

Deborah Magee
Joan Lake
Eloi Richardson
Sandra Strothers, Ph.D.

OFFICE OF SPECIAL EDUCATION PROGRAMS

Roberta Whole, Director

609-292-0147

**EDUCATIONAL SERVICES UNIT OF THE BURLINGTON COUNTY
SPECIAL SERVICES SCHOOL DISTRICT**

SUPERINTENDENT:	Dr. Donald P. Lucas
ASSISTANT SUPERINTENDENT:	Dr. Pamela L. Woodington
DIRECTOR:	Vacancy
E-MAIL:	jbocci@bcsssd.k12.nj.us
SECRETARY:	Patricia Yeckley
MAILING ADDRESS:	Educational Services Unit 795 Woodlane Road, Suite 10 Westampton, NJ 08060
TELEPHONE:	609-702-0500
FAX	609-702-9033
SUPERVISOR OF PROGRAM ADMINISTRATION:	Josephine Mercantini-Bocci
SECRETARY:	Caroline Weiss
NON-PUBLIC SUPERVISORS OF EDUCATION:	Nancy Armbruster
SECRETARIES:	Matthew Carey, Claudia Scarpati, Peg Stinger
RELATED SERVICES SUPERVISORS:	Denise Lick (PT/Speech) Corey McCook (OT)
RELATED SERVICES SECRETARIES:	Dawn Bayley Dawn Scholz Corey McCook
SUPERVISORS OF AUTISM SERVICES:	Adell Valasek Mary Jean Kneringer Rose McGill
SECRETARIES:	Nia York Erin Terreri
INTEGRATED PRE-SCHOOL PROGRAM / ASSIST. TECHNOLOGY / ALTERNATIVE AUGMENTATIVE COMMUNICATION SUPVR.:	Nicole Margiotta
IPP / AT / AAC SECRETARY:	Marsha Langish
PUBLIC CST / JUV. DETENTION CTR. SUPRV.:	Patricia Gallagher Patricia Yeckley (Public CST)
SECRETARIES:	Alyce Finocchio (JDC)
INTERIM ASST. BUSINESS ADMIN.:	Ken Hill
SECRETARY:	Maureen Jones
TRANSPORTATION COORD.:	Sean Daly
SECRETARY / TRANSPORTATION / BILLING:	Jennifer Robinson
BILLING / ACCOUNTS RECEIVABLE:	Debra Zubiria
BOOKKEEPER / ACCOUNTS PAYABLE:	Dawn Watson

BURLINGTON COUNTY APPROVED CLINICS & AGENCIES

The following clinics and agencies are approved by the Department of Education to provide the services listed. These agencies are located in Burlington County. If you would like a more complete list of statewide services, please contact the Burlington County Superintendent of Schools' Office.

Name and Address	Contact Person	Services Provided
Eastern Rehabilitation Associates, Inc. 640 S. White Horse Pike Hammonton, NJ 08037	Susan P. Pettijohn, President Phone (609) 704-7504 FAX (609) 704-7509	<i>Speech and language</i> services for public and non-public school students
Hampton Behavioral Health Center / Universal Health Services 650 Rancocas Road Rancocas, NJ 08073	Dr. Charles Trigiani, D.O. Phone (609) 267-7000 Fax (609) 518-2193 or 2190	<i>Home Instruction</i> for public and non-public school students
Garfield Park Academy 24 Glenolden Lane Willingboro, NJ 08046	Dr. Gladys Morse, Executive Director Phone (609) 877-4111, ext. 206 Fax (609) 877-5551	<i>Child Study Team services</i> for public and non-public school students; <i>Homebound Instruction</i> for non-public school students
Virtua Speech & Hearing/ Pediatric Rehabilitation Virtua-Memorial Hospital of Burlington County Community Health Center 1636 Route 38 & Eayrestown Road Mt. Holly, NJ 08060	Kathleen Lee, Director Phone (609) 261-7040 Fax (609) 914-8486	
Early Intervention Program Virtua-Memorial Hospital of Burlington County 175 Madison Ave Mt. Holly, NJ 08060	Jenny Boyce, Manager Phone (609) 914-8080 Fax (609) 702-7944	
Functionally Able Rehabilitation 120 Grassy Lake Road Shamong, NJ 08088	Patricia Angermeier Phone (609) 268-1986 Fax (609) 268-7625	<i>Child Study Team evaluations</i> for public school students

S.G.E. Testing Service
5 Bon Air Drive
Marlton, NJ 08053

Lynda Glading
Phone (609) 828-6914
Fax (856) 547-3354

Child Study Team
evaluations for public school
students

COMMUNITY RESOURCES

ADVOCACY

Special Education Advocacy Council (SpEAC)	www.mtps.com/speac
NJ Protection and Advocacy, Inc.	800-922-7233
Parent Education Network	800-522-5827
Statewide Parent Advocacy Network, Inc. (SPAN)	800-654-SPAN (7726)
NJ Center for Outreach and Services for Autism Community, Inc. (COSAC)	800-4-AUTISM (800-428-8476)
NJ Coalition for Inclusive Education	732-613-0400
National Center for Learning Disabilities	212-545-7510
National Federation of the Blind	410-659-9314
NJ Education Law Center	973-624-1815
Autism Speaks	856-858-5400

EDUCATION

Department of Education, Office of Special Education Programs	609-633-6833
Education Law Center, Inc.	201-624-1815
Education Resource Information Center (ERIC)	800-328-0272
Learning Resource Center – South	856-582-7000

ASSISTIVE TECHNOLOGY

NJ Technology Assistive Resource Program (TARP)	800-DIAL-TEC (800-342-5832)
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GOVERNMENT AGENCIES AND COMMITTEES

Burlington County Office of Education	609-265-5060
Division of Developmental Disabilities	800-832-9173
	856-770-5900
Division of Vocational Rehabilitation	856-757-2775
Library for the Blind and Handicapped	800-792-8322
NJ Commission for the Blind and Visually Impaired	732-255-0720
	856-482-3700
NJ Developmental Disabilities Council	609-792-7114
Early Intervention Project Child (ages 0-3 yrs)	609-588-8515
EI Special Child Health Services	609-267-1950
Division of Youth and Family Services (East)	856-802-0181
BCCAP – Head Start Program	609-261-2323

ORGANIZATIONS AND SUPPORT GROUPS

Children and Adults with Attention Deficit Disorder (CHADD)	800-233-4050
National Association for Gifted Children	202-785-4268

National Information Center for Children and Youth with Disabilities (NICHCY)	800-695-0285
Parents of Blind Children – NJ POBC-NJ	973-377-0976
United Cerebral Palsy Association of NJ (UCP)	888-322-1918
Variety Club, The Children’s Charity	215-735-0803

DIVISION OF BEHAVIORAL HEALTH SERVICES

Partners for Kids and Families (CMO)	609-518-6800
Family Support Organization (FSO)	609-265-8838
Youth Case Management (YCM)	609-847-1753
Perform Care Mobile Response	877-652-7624

EXPLANATION OF COMMON ACRONYMS

ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AI	Auditory Impairment
AT	Assistive Technology
AU	Autism
BD	Behavioral Disabilities
BIP	Behavior Intervention Plan
CI	Communication Impaired
COTA	Certified Occupational Therapist Assistant
CST	Child Study Team
DB	Deaf-Blindness
DDD	Division of Developmental Disabilities
DOE	Department of Education
DYFS	Division of Youth and Family Services
ED	Emotionally Disturbed
ESERS	Eligible for Special Education and Related Services
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavior Assessment
HI	Hearing Impaired
ICR	In-Class Resource (w/Special Education Teacher)
ID	Mildly Cognitively Impaired
ID	Moderately Cognitively Impaired
ID	Severely Cognitively Impaired
IDEA	Individual with disabilities Education Act
IEP	Individual Education Program
INTPS	Integrated Preschool
LD	Learning and/or Language Disabilities
LDTC	Learning Disabilities Teacher / Consultant
LEA	Local Education Agency (School District)
LPT	Licensed Physical Therapist
LRE	Least Restrictive Environment
MCI	Moderately Cognitively Impaired
MD	Multiple Disabilities
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OHI	Other Health Impaired
OI	Orthopedically Impaired

OT	Occupational Therapist
OTR	Occupational Therapist Registered
POR	Pull-Out Replacement (Special Education Teacher)
POS	Pull-Out Support (Special Ed. Teacher)
PSD	Pre-school Disabled
PT	Physical Therapist
PT	Physical Therapy
RTI	Response to Intervention
SC	Self-contained
SCI	Severely Cognitively Impaired
SI	Supplemental Instruction (taught by Regular Ed. Teacher)
SLD	Specific Learning Disabilities
SM	Socially Maladjusted
TBI	Traumatic Brain Injured
TTM	Team Teaching Model
VI	Visual Impairment