

**Columbia Heights Public Schools ISD 13
Total Special
Education System (TSES)**

This document serves as the Total Special Education System Plan for *Columbia Heights Public Schools ISD13* in accordance with Minnesota Rule 3525.1100. This plan also includes an assurance for compliance with the federal requirements pertaining to districts' special education responsibilities found in United States Code, title 20, chapter 33, sections 1400 et seq., and Code of Federal Regulations, title 34, part 300. This document is a companion to the Application for Special Education Funds – Statement of Assurances (ED-01350-29).

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I. Child Study Procedures

The district's identification system is developed according to the requirement of nondiscrimination as Columbia Heights School District ISD13 does not discriminate in education on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability.

A. Identification

Columbia Heights Public Schools ISD13 has developed systems designed to identify pupils with disabilities beginning at birth, pupils with disabilities attending public and nonpublic schools, and pupils with disabilities who are of school age and are not attending any school.

Infant and toddler intervention services under United States Code, title 20, chapter 33, section 1431 et seq., and Code of Federal Regulations, title 34, part 303, are available in the *Columbia Heights Public Schools ISD13* to children from birth through two years of age who meet the outlined criteria.

The team determines that a child from birth through the age of two years is eligible for infant and toddler intervention services if:

- A. the child meets the criteria of one of the disability categories in United States Code, title 20, chapter 33, sections 1400, et. seq., as defined in Minnesota Rules; or
- B. the child meets one of the criteria for developmental delay in subitem (1) or the criteria in subitem (2);
 - (1) the child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay; or
 - (2) the child is experiencing a developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:
 - (1) cognitive development;

- (2) physical development, including vision and hearing;
- (3) (c) communication development;
- (4) (d) social or emotional development; and
- (5) (e) adaptive development.

The team shall determine that a child from the age of three years through the age of six years is eligible for special education when:

- A. the child meets the criteria of one of the categorical disabilities in United States Code, title 20, chapter 33, sections 1400 et seq., as defined in Minnesota Rules; or
- B. the child meets one of the criteria for developmental delay in subitem (1) and the criteria in subitem (2). *Columbia Heights Public Schools ISD13 has elected the option of implementing these criteria for developmental delay.*

Columbia Heights Public Schools ISD13 uses the disability category developmental delay when teams are unsure if a student would qualify for one of the other disability categories because of the student's age, maturity level, recent onset of a condition, etc.

A. *The child:*

- (a) *has a diagnosed physical or mental condition or disorder that has a high probability or resulting in developmental delay; or*
- (b) *has a delay in each of two or more of the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, that is verified by an evaluation using one or more technically adequate, norm-referenced instruments. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean in each area.*

B. *The child's need for special education is supported by:*

- (a) *at least one documented, systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified;*
- (b) *a developmental history; and*
- (c) *at least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion references instruments, language samples, or curriculum-based measures.*

Columbia Heights Public Schools ISD13's identifies students with a Specific Learning Disability by implementing a discrepancy model and is consistent with Minnesota Rule 3525.1341. The district implements extensive pre-referral instructional interventions before determining that a student is in need of a special education evaluation. While the intervention process involves a continuous measurement of the student's progress, once the evaluation process has begun, a discrepancy model is used to make the determination of eligibility. Data collected during the pre-referral stage is highly informative to the eligibility determination.

Columbia Heights Public Schools plan for identifying a child with a specific learning disability is consistent with Minnesota Rule 3525.1341. The Columbia Heights Public Schools implements its interventions consistent with that plan. Columbia Heights Public Schools ISD13's plan for identifying a child with a specific learning disability is attached as Appendix A.

B. Evaluation

The evaluation used to determine whether a child is eligible for infant and toddler intervention services must be conducted within the timelines established in Code of Federal Regulations, title 34, part 303. It must be based on informed clinical opinion; and must be multidisciplinary in nature, involving two or more disciplines or professions; and must be conducted by personnel trained to utilize appropriate methods and procedures. The evaluation must include:

- A. A review of the child's current records related to health status and medical history;
- B. an evaluation of the child's levels of cognitive, physical, communication, social or emotional, and adaptive developmental functioning;
- C. an assessment of the unique needs of the child in terms of each of the developmental areas in item B; and
- D. at least one documented, systematic observation in the child's daily routine setting by an appropriate professional or, if observation in the child's daily setting is not possible, the alternative setting must be justified.

The team shall conduct an evaluation for special education purposes within a reasonable time not to exceed 30 school days from the date the district receives parental permission to conduct the evaluation or the expiration of the 14-calendar day parental response time in cases other than initial evaluation, unless a conciliation conference or hearing is requested.

Columbia Heights Public Schools ISD13 conducts full and individual initial evaluation before the initial provision of special education and related services to a pupil. The initial evaluation shall consist of procedures to determine whether a child is a pupil with a disability that adversely affects the child's educational performance as defined in Minnesota Statutes, section 125A.02, who by reason thereof needs special education and related services, and to determine the educational needs of the pupil. The district proposing to conduct an initial evaluation to determine if the child qualifies as a pupil with a disability shall obtain an informed consent from the parent of the child before the evaluation is conducted. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services. The District will not override the written refusal of a parent to consent to an initial evaluation or re-evaluation.

Evaluations and reevaluations shall be conducted according to the following procedures:

- A. Columbia Heights Public Schools ISD13 shall provide notice to the parents of the pupil, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, that describes any evaluation procedures the district proposes to conduct.
- B. In conducting the evaluation, Columbia Heights Public Schools ISD13 shall:
 - (1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in

determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and profess in the general curriculum, or for preschool pupils, to participate in appropriate activities;

- (2) not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and
- (3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

C. Columbia Heights Public Schools ISD13 ensures that:

- (1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;
- (2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;
- (3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;
- (4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;
- (6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;
- (7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;
- (8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and
- (9) in evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related service needs, whether or not commonly linked to the disability category in which the pupil has been classified.

- A. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section 125A.02, shall be made by a team of qualified professionals and the parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.

- B. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts 3525.1325 to 3525.1351.
- A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part 3525.3100, the IEP team and other qualified professionals, as appropriate, shall:
- (1) review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and
 - (2) on the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.
- B. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item A, subitem (2).
- C. Each district shall obtain informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the pupil's parent has failed to respond.
- D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.
- E. A district shall evaluate a pupil in accordance with this part before determining that the pupil is no longer a pupil with a disability.

When restrictive procedures are used twice in 30 days or when a pattern emerges and restrictive procedures are not included in a child's individualized education program or behavior intervention plan, the district must hold a meeting of the individualized education program team, conduct or review a functional behavioral analysis, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the individualized education program or behavior intervention plan as appropriate. At the meeting, the team must review any known medical or psychological limitations that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the individualized education program or behavior intervention plan.

Procedures for determining eligibility and placement.

- A. In interpreting the evaluation data for the purpose of determining if a child is a pupil with a disability under parts 3525.1325 to 3525.1351 and the educational needs of the child, the school district shall:

- (1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and
- (2) ensure that the information obtained from all of the sources is documented and carefully considered.

B. If a determination is made that a child is a pupil with a disability who needs special education and related services, an IEP must be developed for the pupil according to part 3525.2810.

An evaluation report must be completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

- A. summary of all evaluation results;
- B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
- C. the pupil's present levels of performance and educational needs that derive from the disability;
- D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and
- E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.
- F. the extent to which testing or procedures varied from standard conditions.

Columbia Heights Public Schools ISD13's plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies is attached as Appendix B.

II. Method of Providing the Special Education Services for the Identified Pupils

Columbia Heights Public Schools ISD13 provides a full range of educational service alternatives. All students with disabilities are provided the special instruction and services which are appropriate to their needs. The following is representative of Columbia Heights Public Schools ISD13's method of providing the special education services for the identified pupils, sites available at which service may occur, and instruction and related services available.

Appropriate program alternatives to meet the special education needs, goals, and objectives of a pupil are determined on an individual basis. Choice of specific program alternatives are based on the pupil's current levels of performance, pupil special education needs, goals, and objectives, and must be written in the IEP. Program alternatives are comprised of the type of services provided, the setting in which services occur, and the amount of time and frequency in which special education services occur. A pupil may receive special education services in more than one alternative based on the IEP or IFSP.

A. Method of providing the special education services for the identified pupils:

Examples:

- (1) Small group working in a resource room or in a push-in model in a general education classroom

- (2) Co-taught classes either in a general education classroom or between service providers in a special education environment
- (3) Self-contained classrooms in a general education school environment
- (4) Reverse mainstreaming where general education students are pulled into the special education environment and education with those needing special education services
- (5) Special education educators pushing into the general education environment

B. Alternative sites available at which services may occur:

While a wide variety of sites are available in the Twin Cities, surrounding suburb areas, and throughout the state (examples: residential programs, day programs (mental health, chemical dependency, eating disorders), hospitals, correctional facilities (juvenile and adult detention centers, jails), shelter care facilities, alternative learning centers and programs, early childhood sites, (i.e. home, district early childhood special education classroom, and community-based programs) the common sites Columbia Heights Public Schools ISD13 uses are as follows:

- (1) NE Intermediate School District 916 Setting IV Placements 2540 County Rd F East White Bear Lake, Mn 55110
- (2) NETS Day Treatment Program 3490 Lexington Ave. N Shoreview, MN 55126
- (3) BRIDGES (Grades K-7) Setting IV placement 2408 Highway 10, Moundsvew, MN 55112
- (4) REACH Academy (Grades 8-12) Setting IV placement 3490 Lexington Ave N, Shoreview, MN 55126

C. Available instruction and related services:

- (1) Physical therapy
- (2) Occupational therapy
- (3) Speech language services
- (4) Developmental adaptive physical education (DAPE)
- (5) School counseling
- (6) School psychology
- (7) Behavior interventionist
- (8) Social Work Services
- (9) Others as needed

III. Administration and Management Plan.

Columbia Heights Public Schools ISD13 utilizes the following administration and management plan to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

- A. The following list illustrates the organization of administration and management to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

Student Services Secretary - Barb Ericson 763-528-4414

Educational Support Coordinator - Marcia Walker 763-528-4431

Early Childhood Special Education - Shannon Campbell - ECSE Lead 763-528-4448

Highland Elementary – Jenifer Birkhofer-Special Education Lead 763-528-4350

North Park Elementary – Barb Tacke – Special Education Lead Teacher 763-528-4285

Valley View Elementary – Annette Biederman – Special Education Lead Teacher 763-528-4263

Columbia Academy - Chloe Bluth – Special Education Lead Teacher 763-528-4743

Columbia Heights High School – Laura McLuen – Assistant Principal 763-528-4415

A Communication Meeting in collaboration with the Director of Student Services and department coordinators is held twice monthly. This meeting is used to implement the strategic plan for special education developed through the Minnesota Continuous Improvement System of special education and our strategic planning process we use.

Additional Information:

- B. Due Process assurances available to parents: Columbia Heights Public Schools ISD13 has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils, including alternative dispute resolution and due process hearings. *A description of these processes are as follows:*
- (1) Prior written notice to a) inform the parent that except for the initial placement of a child in special education, the school district will proceed with its proposal for the child's placement or for providing special education services unless the child's parent notifies the district of an objection within 14 days of when the district sends the prior written notice to the parent; and b) state that a parent who objects to a proposal or refusal in the prior written notice may request a conciliation conference or another alternative dispute resolution procedure.
 - (2) Columbia Heights Public Schools ISD13 will not proceed with the initial evaluation of a child, the initial placement of a child in a special education program, or the initial provision of special education services for a child without the prior written consent of the child's parent. A district may not override the written refusal of a parent to consent to an initial evaluation or reevaluation.
 - (3) A parent, after consulting with health care, education, or other professional providers, may agree or disagree to provide the parent's child with sympathomimetic medications unless medical, dental, mental and other health services are necessary, in the professional's judgment, that the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.
 - (4) Parties are encouraged to resolve disputes over the identification, evaluation, educational placement, manifestation determination, interim alternative educational placement, or the provision of a free appropriate public education to a child with a disability through conciliation, mediation, facilitated team meetings, or other alternative process. All dispute resolution options are voluntary on the part of the parent and must not be used to deny or delay the right to a due process hearing. All dispute resolution processes are provided at no cost to the parent.

- (5) Conciliation Conference: a parent has the opportunity to meet with appropriate district staff in at least one conciliation conference if the parent objects to any proposal of which the parent receives prior written notice. The Columbia Heights School District holds a conciliation conference within ten calendar days from the date the district receives a parent's objection to a proposal or refusal in the prior written notice. All discussions held during a conciliation conference are confidential and are not admissible in a due process hearing. Within five school days after the final conciliation conference, the district must prepare and provide to the parent a conciliation conference memorandum that describes the district's final proposed offer of service. This memorandum is admissible in evidence in any subsequent proceeding.
- (6) In addition to offering at least one conciliation conference, the Columbia Heights School District informs parents of other dispute resolution processes, including at least mediation and facilitated team meetings. The fact that an alternative dispute resolution process was used is admissible in evidence at any subsequent proceeding. State-provided mediators and team meeting facilitators shall not be subpoenaed to testify at a due process hearing or civil action under special education law nor are any records of mediators or state-provided team meeting facilitators accessible to the parties.
- (7) Descriptions of the mediation process, facilitated team meetings, state complaint, and impartial due process hearings may be found in the Columbia Heights School District's Procedure Safeguard Notice, attached as Appendix C.

IV. Operating Procedures of Interagency Committees

A. Community Transition Interagency Committee:

- (1) Columbia Heights Public Schools ISD13 Community Transition Interagency Committee is established in cooperation with other districts and in cooperation with Anoka County Service providers for youth with disabilities, beginning at grade 9 or age equivalent, and their families.
- (2) *Columbia Heights Public Schools ISD13's* Community Transition Interagency Committee consists of the following individuals:
 - a) Kim Anderson
(District 13 – special education/transition teacher)
 - b) Tricia Kallumki & Becky Johnson
(DEED Vocational Education)
 - c) Kathryn Ferguson
(District 11 Vocational Coordinator)
 - d) Chad Erichsrud
(District 831 Special Education Coordinator)
 - e) Linnea Janas
(Anoka Ramsey Community College/Anoka Technical College)
 - f) Cheryl Strand
(Anoka County Children's Mental Health Transition Social Worker)
 - g) Shanna Ostrowski
(Anoka County Vocational Rehabilitation Services)
 - h) Nancy Buckholtz and Dave Loher

(Anoka County Developmental Disabilities Unit Supervisors)

- (3) The chairs of the Community Transition Interagency Committee are Nancy Buckholtz and Dave Loher.
- (4) The Community Transition Interagency Committee meets on the third Thursday of each month.
- (5) The Community Transition Interagency Committee's operating procedures include the following:
 - a) identification of current services, programs, and funding sources provided within the community for secondary and postsecondary aged youth with disabilities and their families;
 - b) facilitation of the development of multiagency teams to address present and future transition needs of individual students on their individualized education programs;
 - c) development of a community plan to include mission, goals, and objectives, and an implementation plan to assure that transition needs of individuals with disabilities are met;
 - d) recommendations of changes or improvements in the community system of transition services;
 - e) exchange of agency information such as appropriate data, effectiveness students, special projects, exemplary programs, and creative funding of programs; and
 - f) preparation of a yearly summary assessing the progress of transition services in the community including follow-up of individuals with disabilities who were provided transition services to determine post-school outcomes.

B. Interagency Early Intervention Committee

- (1) Columbia Heights Public Schools District's Interagency Early Intervention Committee is [individually established/or established in cooperation with other districts/special education cooperative in cooperation with the health and human service agencies located in the county or counties in which the district or cooperative is located, for children with disabilities under age five and their families.
- (2) Columbia Heights Public Schools District's Interagency Early Intervention Committee consists of the following individuals listed in Appendix D.
- (3) The Early Intervention Committee meets four times per year – once each season.
- (4) The Early Intervention Committee's operating procedures are attached as Appendix E, and include the following:
 - a) development of public awareness systems designed to inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services;
 - b) reduction of families' need for future services, and especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities, including a child under the age of three who: (i) is involved in a substantiated case of abuse or neglect or (ii) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure;

- c) establishment and evaluation of the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements;
- d) assurances of the development of individualized family service plans for all eligible infants and toddlers with disabilities from birth through age two, and their families, and individualized education programs and individual service plans when necessary to appropriately serve children with disabilities, age three and older, and their families and recommend assignment of financial responsibilities to the appropriate agencies;
- e) implementation of a process for assuring that services involve cooperating agencies at all steps leading to individualized programs;
- f) facilitation of the development of a transitional plan if a service provider is not recommended to continue to provide services;
- g) identification of the current services and funding being provided within the community for children with disabilities under age five and their families;
- h) development of a plan for the allocation and expenditure of additional state and federal early intervention funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446) and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313)
- i) development of a policy that is consistent with section 13.05, subdivision 9, and federal law to enable a member of an interagency early intervention committee to allow another member access to data classified as not public
- j) identification and assistance in removing state and federal barriers to local coordination of services provided to children with disabilities;
- k) identification of adequate, equitable, and flexible use of funding by local agencies for these services;
- l) implementation of policies that ensure a comprehensive and coordinated system of all state and local agency services, including multidisciplinary assessment practices, for children with disabilities ages three to 21;
- m) use of a standardized written plan for providing services to a child with disabilities developed under section 125A.023;
- n) access the coordinated dispute resolution system and incorporate the guidelines for coordinating services at the local level, consistent with section 125A.023;
- o) use the evaluation process to measure the success of the local interagency effort in improving the quality and coordination of services to children with disabilities ages three to 21 consistent with section 125A.023;
- p) development of a transitional plan for children moving from the interagency early childhood intervention system under sections 125A.259 to 125A.48 into the interagency intervention service system under this section;
- q) coordination of services and facilitation of payment for services from public and private institutions, agencies, and health plan companies; and
- r) share needed information consistent with state and federal data practices requirements.

- (5) The Early Intervention Committee participates in needs assessment and program planning activities conducted by local social service, health and education agencies for young children with disabilities and their families.
- (6) The Early Intervention Committee reviews and comments on the early intervention service of this Total Special Education System Plan for Columbia Heights Public Schools ISD13, the county social service plan, the section(s) of the community health services plan that addresses needs of and service activities targeted to children with special health care needs, the section on children with special needs in the county child care fund plan, sections in Head Start plans on coordinated planning and services for children with special needs, any relevant portions of early childhood education plans, such as early childhood family education or school readiness, or other applicable coordinated school and community plans for early childhood programs and services, and the section of the maternal and child health special project grants that address needs of and service activities targeted to children with chronic illness and disabilities.

V. Interagency Agreements the District has Entered.

Columbia Heights Public Schools ISD13 has entered in the following interagency agreements or joint powers board agreements for eligible children, ages 3 to 21, to establish agency responsibility that assures that coordinated interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources:

Anoka/Washington County Head Start Program 9574 Foley Blvd. Coon Rapids, MN 55433
763-783-4333

Renewal date is at the discretion of the parties involved. Any member can get out of the agreement at any time.

VI. Special Education Advisory Council.

In order to increase the involvement of parents of children with disabilities in district policy making and decision making, Columbia Heights School District has a special education advisory council.

- A. Columbia Heights School District’s Special Education Advisory Council is individually established by the district and meets at least once per year through invitation of all parents of students that need special education services.
- B. Columbia Heights School District’s Special Education Advisory Council *is not* a subgroup of an *existing board committee*.
- C. Columbia Heights School District’s Special Education Advisory Council consists of the following individuals:
 - (1) Nicole Halabi
(Director of Student Services)
 - (2) Marcia Walker
(Columbia Heights Educational Support Coordinator)
 - (3) Rebecca Dickson
(parent of student with disability)

VII. Assurances

Code of Federal Regulations, section 300.201: Consistency with State policies. Columbia Heights School District, in providing for the education of children with disabilities within its jurisdiction, has in effect policies, procedures, and programs that are consistent with the State policies and procedures established under sections 300.101 through 300.163, and sections 300.165 through 300.174. (Authority: 20 U.S.C. § 1413(a)(1)).

Appendix A: Columbia Heights School District's plan for determining a Specific Learning Disability.

The Columbia Heights School District supports all students within the mainstream through a rigorously implemented instructional model that differentiates instruction in order to meet student's needs. Progress is monitored regularly by using MAP testing and Curriculum Based Measurements. Students who are not making expected progress in the general education curriculum after instructional interventions have been provided may be referred for a Special Educational evaluation.

At every school there is a Child Study Team which is responsible for reviewing all referrals from teachers, parents, and outside agencies. The CST meets regularly to review student pre-referral interventions and the progress or lack of progress that has been made. From the information the team determines whether or not an evaluation is warranted based on the information available.

For students who are suspected of having a Specific Learning Disability, the Columbia Heights School District uses the discrepancy model for identifying students with a Specific Learning Disability. The procedures for the identification are as follows:

1. Documentation of Inadequate Achievement

The child does not achieve adequately in one or more of the following areas: Oral Expression, Listening Comprehension, Written Expression, Basic Reading Skills, Reading Comprehension, Reading Fluency, Mathematical Calculation, and Mathematical Problem Solving.

AND

The child exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state approved grade level standards, or intellectual development, that is determined by the group to be relevant to the identification of SLD.

AND

Documentation to support this finding must be both representative of the student's curriculum and useful for developing instructional goals and objectives. Documentation includes evidence of low achievement from the following sources: cumulative record reviews, class work samples, anecdotal teacher's records, statewide and district assessments, formal, diagnostic and informal tests, results from targeted support programs in general education, and curriculum based evaluation results.

2. Information Processing

The child has a disorder in one or more of the following psychological processes which includes an information processing condition that is manifested in a variety of settings by behaviors such as inadequate: Acquisition of information, Organization, Planning and Sequencing, Working Memory- including verbal, visual or spatial, Transfer of information, Visual and auditory processing, Speed of processing, Verbal and non-verbal expression, or Motor control for written tasks.

3. Severe Discrepancy

The child demonstrates a severe discrepancy between general intellectual ability and achievement in at least one of the identified areas of achievement. The demonstration of a severe discrepancy is not based solely on the use of standardized tests. The instruments used to assess the child's general intellectual ability and achievement are individually administered and interpreted by appropriate licensed persons using standardized procedures. For initial placement, the severe discrepancy

is equal to or greater than 1.75 standard deviations below the mean on a distribution of regressions scores for the general population at the student's chronological age.

In addition, it must document in the written report that:

- An observation of the areas of concern/s was completed in the child's learning environment/s.
- That the child has a specific learning disability.
- The basis for making the determination that the child has a disorder across multiple settings that impacts one or more of the basic psychological processes, and is documented by information from a variety of sources. (testing, parent input, teacher recommendations, or any other relevant information).
- That the basis for making the determination including that the child's underachievement is not primarily the result of visual, hearing, or motor impairment; developmental cognitive disabilities; emotional or behavior disorders; environmental, cultural or economic influences; limited English proficiency; or lack of appropriate instruction in reading or math.
- There is/is not any relevant medical information.
- The child does not achieve adequately for the child's age or state approved grade level standards.
- The child does not make sufficient progress to meet age or state approved grade level standards.
- The child exhibits strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development.
- The child has a disorder in one or more of the psychological processes which include an information processing condition that manifested in a variety of settings.
- The child demonstrates a severe discrepancy between general intellectual ability and achievement in one or more areas.
- All members of the team are in agreement as demonstrated by their signature. Any member who does not agree must submit in writing their reasons for their disagreement and their conclusions.

Appendix B: Columbia Heights School District plan for receiving referrals

Finding students with disabilities, ages birth to 21, who reside in or attend school in your school district is mandated by IDEA. This means that the Columbia Heights School District is responsible for identifying all students with disabilities who attend not only our public schools, but also students who attend non-public schools, including students who are home schooled. This does not include charter schools that may be located in the district. Charter schools are public schools.

Responsibility for finding students with disabilities begins at birth. All children who are suspected of having conditions with a high probability of requiring special education services, disabilities or developmental delays from birth to age 5 must be referred for special education as soon as a disability is suspected.

For some children, this action begins at birth. Physicians and health care providers are required to report babies born with disabilities within the first 48 hours after birth. After that, parents or service providers are given information about how to refer a child for an evaluation if a disability is suspected.

School Districts provide pre-school screening to three and five year old children that live in the district. The purpose of the screenings is to identify students who may need special education prior to beginning kindergarten. Parents of pre-school children are contacted by mail and requested to bring their children to the screening. The screenings are also advertised in local papers in order to find all of the children. These are examples of child find. Children who are evaluated and meet criteria for special education begin to receive special services as indicated through the evaluation and IEP process.

Once a student begins kindergarten, each school (each teacher) is responsible for documenting the progress of each student. If a student is not making progress, parents are notified, interventions are put in place to assist the student in making progress toward state benchmarks. If the student continues to show a lack of progress, he/she may be referred for an evaluation for special education.

Public schools special education staff is responsible for identifying students with disabilities in the non-public schools. This is accomplished by designating public school staff responsible, working with the non-public school to establish a team who will help to determine which students are not making progress, and training non-public staff with regard to providing interventions for students in their classrooms. Once a student is suspected of having a disability, a referral for a special education evaluation is made to the public school staff.

Parents of students who are home schooled are encouraged to call their neighborhood school if they suspect their child has a disability. Parents receive this information along with other information pertinent to home schooling.

The following information outlines the pre-referral process including classroom teacher responsibilities and intervention strategies in more areas and describes the referral process.

Intervention and Referral Process

The student intervention process is present at each of our five school sites. The following process has primarily been used by the elementary schools, however, both the middle school and high school have developed pre-referral procedures that embody the same basic principles. Referrals from parents and teachers are processed through this system. Referrals from other sources such as physicians and mental health providers, etc. primarily come through the parents and enter the following system unless there is good reason to forego the intervention process.

Student Assistance Teams (SAT): Consist at a minimum of one special education teacher, a school psychologist, general education teacher, and others that individual buildings think might be beneficial for the process.

Process:

- 1) Teacher(s) must contact the student's parents/guardians about their education concerns before any intervention process is begun. A record of contact and parent's response will be kept.
- 2) Refer student to the SAT team by contacting the building SAT team representative. The representative will provide building documentation (SAT form) and will schedule a time for discussing the child at a SAT meeting. The SAT building representative is responsible for scheduling and creating, along with distributing the agenda to all relevant SAT professionals.
- 3) At the SAT meeting, the team will:
 - a. review student's file and identify strengths and needs by reviewing the information provided by the general education staff
 - b. choose one specific target behavior (academic, speech, social, etc.)
 - c. brainstorm possible intervention ideas to address specific concern
 - d. determine a first intervention based on ideas, including a goal statement, intervention strategy, measurement criteria, and a review date
 - e. general education teacher(s) will implement the intervention data and collect specified data
 - f. on the review date, the team will meet to review intervention data collected by the general education teacher(s). If the intervention was successful, continue. If the undesired behavior is continuing, repeat steps b – f.

NOTE: Two specific interventions may be done simultaneously if they are targeting different issues.

- 4) If the interventions are not successful as defined by the SAT members, and the data suggests that the child may have a disabling condition, then complete the Home/Family Questionnaire and the accompanying checklist.

NOTE:

Before a pupil is referred for a special education evaluation, the district must conduct and document at least two instructional strategies, alternatives, or interventions using a system of scientific, research-based instruction and intervention in academics or behavior, based on the pupil's needs, while the pupil is in the regular classroom. The pupil's teacher must document the results. A special education

evaluation team may waive this requirement when it determines the pupil's need for the evaluation is urgent. This section may not be used to deny a pupil's right to a special education evaluation. (Minn.Stat.125A.56(b).)

5) Student is then referred to the Child Study Team

Members of the child study team consist of the child study team lead, special education teachers, school psychologist, and specialists (occupational therapist, speech language clinician, etc.). Members of the child study team review the information provided by the SAT team and will determine what steps should be taken. If the Child Study Team determines that a special education evaluation is appropriate, a special education teacher will be assigned as the contact person who is responsible for setting up the evaluation planning meeting.

6) An evaluation planning consists of:

- a. Parents, classroom teacher, and special education staff will meet to discuss the evaluation plan. Parents must give permission to go forward with an initial special education evaluation.
- b. When permission is given, there are 30 school days to evaluate the student, report the results, and determine eligibility. The special education teacher will schedule a meeting to share the results of the evaluation.
- c. If the student is found to have a disability, is eligible for special education, and is in need of special education services, then the team will develop an Individual Education Plan.
- d. The parents have 14 calendar days to decide whether to accept proposed special education services. Parents must give written permission prior to starting special education services.

Appendix C: Procedural Safeguards, Part B and Part C

<http://education.state.mn.us/MDE/SchSup/ComplAssist/ProcSafe/>