

TEACHER'S HANDBOOK

STUDENT SERVICES



PITTSFIELD SCHOOL DISTRICT

SAU #51

Revised 07.10.10
Board approved 08.23.10

TABLE OF CONTENTS

INTRODUCTION	3
OVERVIEW OF THE NH SPECIAL EDUCATION PROCESS	4
PARENTS' PROCEDURAL SAFEGUARDS	9
WHEN TO REFER	10
DEFINITIONS OF EDUCATIONAL DISABILITIES	11
COMPONENTS OF AN INDIVIDUAL EDUCATION PROGRAM	13
LEAST RESTRICTIVE ENVIRONMENT	15
PARAPROFESSIONALS	16
SECTION 504	17
ACRONYMS	20

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA-2004) is a law ensuring services to children with disabilities throughout the nation. IDEA-2004 governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

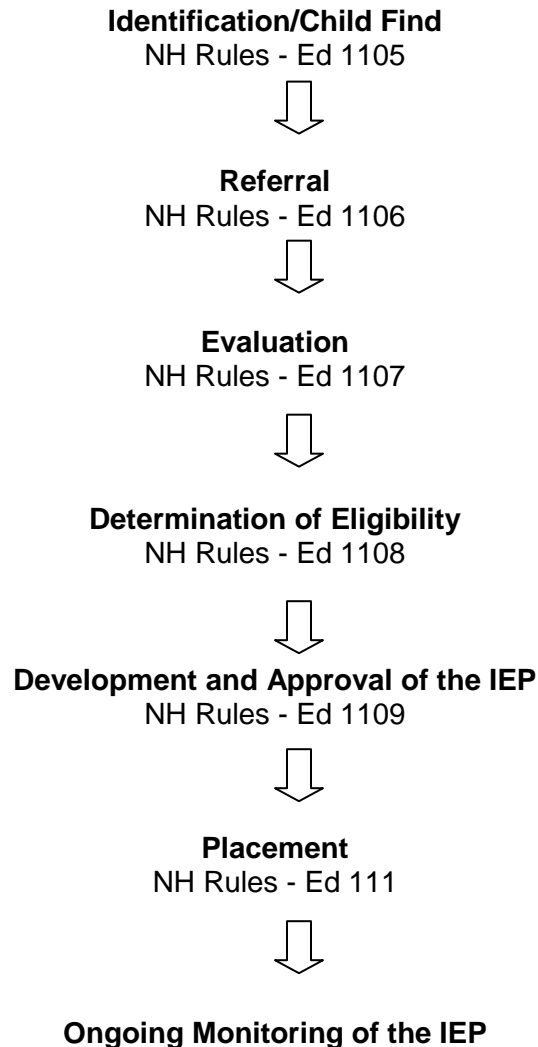
Section 504 of the Rehabilitation Act of 1973 is a law that prohibits discrimination against people with handicaps. The law requires identification, evaluation, provision of appropriate services and procedural safeguards in every public school.

This Student Services Teacher Handbook is available to the faculty and staff of the Pittsfield School District to provide basic information regarding the implementation of IDEA-2004 and Section 504. After reading the contents of this handbook, if you have questions or concerns, please contact the Director of Student Services.

OVERVIEW OF THE NH SPECIAL EDUCATION PROCESS

The intent of this section is to give you a concise overview of the special education process. The special education process includes specific steps, each with their own requirements.

The sequence of the special education process is:



The special education process includes an annual review of the IEP and placement, which is based on information about your child such as formal and informal evaluations, observations and progress on the current IEP goals and objectives.

Identification/Child Find

Anyone may refer a child if they suspect that he/she may have a disability and need special education. Additionally, all school districts using the special education

process, shall find, identify, and evaluate all children suspected to be children with disabilities who are 2.5 years of age or older, but less than 21 years of age, to ensure that eligible children are found, identified, and provided needed services.

Referral and Disposition of Referral

When a parent, a teacher, or other person suspects a child may have a disability and need special education, a referral to the school district may be made. If the referral comes from someone other than the parent, including from the child's teacher, the parent is immediately notified, in writing, that a referral has been made. A disposition of referral meeting, to which the parent will be invited, must be held within 15 calendar days of receiving the referral. This meeting (like all IEP team meetings) must be held at a date, time, and place mutually agreeable to the parent and the school. The IEP Team may decide that there is no indication that your child has a disability and needs special education or special education and related services and that at this time the school can meet the child's needs through regular educational services. Otherwise, the team would determine that there is reason to suspect the child may have a disability and should be evaluated. If the IEP Team decides that additional testing is necessary, then a request for parental consent to conduct any individual evaluations needed to determine if the child is a child with a disability.

Evaluation

An evaluation is one component of determining if the child is eligible to receive special education. When the child is being considered for special education, a parent's written consent is required before testing may occur. The school district will arrange testing, at no cost to the parent, to be conducted by trained and knowledgeable, certified or licensed evaluators. After the school district has received written consent for the evaluations, testing must be completed within 45 calendar days (unless the parent and the school district have agreed to a one time extension of not more than 15 days). Once the testing is completed, you will be given a written summary. Upon a parent's written request, the school district must provide access to test results and other relevant educational records 5 days prior to the IEP Team meeting. If the parent disagrees with the evaluation conducted by the school district, s/he may request the school district provide an independent educational evaluation at no cost to the parent. Once the child begins receiving special education, the IEP Team will meet to discuss eligibility at least once every three years to ensure the IEP Team continues to have current information on which to base their decisions.

Determination of Eligibility and Disability Category

When the evaluations are complete, the IEP Team uses that information to determine whether or not the child is eligible for special education. To be eligible, the child must have a disability and require special education or special education and related services to benefit from education. The child will then be identified with one or more of specific disability classifications listed in the NH Rules Ed 1102.01(f).

Development of the Individualized Education Program (IEP)

Within 30 days after the child is found eligible for special education, the IEP Team meets to develop an Individualized Education Program (IEP) for the child. The initial IEP does not become effective until it is agreed upon and signed by the parent. The IEP includes specific required components listed in the NH Rules Ed 1109.01 and 1109.03. If the IEP Team determines that the child needs more than the traditional school day/year, the school district will provide your child with Extended School Year Services (ESY). Once the child has an IEP, it is reviewed/revise in an IEP team meeting at least annually. Each student must have an agreed upon IEP in place at the start of each school year.

Determination of Educational Placement

After the IEP has been developed, the IEP Team meets to determine placement in the least restrictive environment (LRE) in which the child can receive the special education and related services described in his/her IEP. The continuum of educational environments for preschool and school age children with disabilities are listed in NH Rules Ed 1103.

Implementation and Monitoring

The parent, the child's teachers, and others involved with the child's education monitor progress on an ongoing basis to ensure his/her educational needs are met. If concerns about a child's progress arise, a meeting of the IEP Team may be requested by a parent or a teacher.

Members of the Individualized Educational Program (IEP) Team – Ed 1103.01

The IEP Team is responsible for making all major decisions in the special education process. Members of the IEP Team:

- Parent, legal guardian or surrogate parent;
- The child, if he/she is an adult student, when transition services are being discussed or when otherwise appropriate;
- At least one of your child's regular education teachers; (for preschoolers, an individual qualified to teach a child of that child's age);
- At least one of your child's special education teachers or service providers;
- A representative of your school district who is qualified to provide or supervise specially designed instruction and is knowledgeable about the general curriculum and the availability of school district resources;
- Someone who can interpret the instructional implications of evaluation results;
- Other people who have knowledge or special expertise regarding your child, (invited by the parent or the school district);
- Someone knowledgeable about the vocational education being considered (when a vocational education component is being considered);
- Representatives from adult service agencies who may be either paying for or providing transition services but only with consent from you or the adult student.

When eligibility for special education is being determined, the IEP Team must also include:

- A teacher certified in each area of suspected disability, and
- Someone knowledgeable about your child from having had contact with your child in school, or for preschoolers, in an appropriate setting.

When the IEP Team is making the determination of eligibility for your child suspected of having a learning disability, additional membership must include:

- The child's regular teacher, or if the child does not have a regular teacher, a regular classroom teacher (for school age children) or individual (for preschoolers) qualified to teach a child of his/her age, and
- At least one person qualified to conduct individual diagnostic examinations of children (such as a school psychologist or reading specialist).

For a child who previously received Early Support and Services, upon the parent's request, the program coordinator or other representatives must be invited to the initial IEP meeting.

Parent Participation in Individualized Educational Program (IEP) Meetings

A parent must be given an opportunity to participate in any meeting having to do with their child's referral, evaluation, determination of eligibility, and educational placement and the provision of a Free and Appropriate Public Education (FAPE) to the child. A parent must be given written notice of IEP meetings at least 10 days before the meeting is to be held, except for manifestation determination meetings (for students who are suspended or expelled), which only require 5 days written notice. If mutually agreed upon that it is necessary, you may agree to have an IEP meeting held sooner than 10 days. The parent must:

- Be provided with written notification which includes the time and place of the meeting, its purpose, and a list of participants who will be in attendance;
- Have the right to invite another person or persons who have special knowledge of or expertise regarding the child to the meeting;
- Have the IEP team meetings held at a mutually agreeable time and place;
- Have the IEP team meetings be rescheduled or held in a different location, if inconvenient;
- Have the opportunity to participate through other alternative means, such as through an individual or conference telephone call or video conferencing.

Excusal for IEP Team Meetings

The parent and the school district may jointly agree to excuse an IEP team member from all or part of an IEP meeting if:

- Both agree that the individual's attendance is not necessary because that person's area of expertise is not being discussed at the meeting; or

- The meeting does involve that person's area of expertise, but the parent and school district consent to the excusal and the member submits input into the development of the IEP in writing to the parent and the IEP Team prior to the meeting.

For a full explanation of a parent's procedural safeguards, refer to the New Hampshire Special Education Procedural Safeguards Handbook. Following is a summary of several points.

1. School districts must request parental consent, in writing, for special education and related services to be provided to a child with a disability, as well as for other activities that are part of the special education process, except in certain circumstances.
2. "Written Prior Notice" must be given to the in writing after a decision is made to recommend a change, but before actually making the change.
3. Independent evaluations must be provided at no cost to the parent, when there is disagreement on the conclusions of the evaluations completed by the school district.
4. Educational records about children for whom a district is responsible, must be kept confidential. This may include report cards, progress reports, attendance and health records, videotapes, discipline reports and electronic copies of documents.
5. Procedures for a parent to file a formal complaint against the school district must be in place.

WHEN TO REFER

All children have individual strengths and weaknesses when it comes to learning. Teachers must decide when these individual differences point to the potential of an identification of an educational disability.

The follow list of behavior should be helpful in deciding whether to refer a child to the Special Education Team, or not. .

Consider making a referral when:

- There is a marked difference in how a child is performing and how you intuitively feel s/he should be performing;
- There is a wide variation between performance in different subject areas;
- There is a lack of interest and motivation for purely academic tasks;
- There is evidence of:
 - Distractibility;
 - Short attention span;
 - Disorganization;
 - Difficulty in following oral directions;
 - Disruptive behaviors;
 - Impulsivity;
 - Social immaturity;
 - Expressive language difficulties;
 - Anxiety;
 - Withdrawal.

No one behavior, in itself, indicates a learning problem. However, coupled with poor academic performance, it may mean there is an educational disability present.

The initial referral is the beginning of a complex procedure which involves a great deal of time and resources. Before making a formal referral, most teachers find it beneficial to discuss the student with a district special education teacher or administrator. Often, suggestions can be made to make modifications and accommodations that will result in positive change. A referral form is available in the director of student services office when the decision has been made to make a referral.

DEFINITIONS OF EDUCATIONAL DISABILITIES

Children must meet two criteria in order to receive special education: (1) the child must have one or more of the disabilities listed below, and (2) he or she must require special education and related services. Not all children who have a disability require special education; many are able to and should attend school without any program modifications. Following are the disabilities included in the definition.

Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined below. Autism was added as a separate category of disability in 1990 under P.L. 101-476. This was not a change in the law so much as it is a clarification. Students with autism were covered by the law previously, but now the law identifies them as a separate and distinct class entitled to the law's benefits.

Deafness: A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.

Deaf-Blindness: A combination of hearing and visual impairments causing such severe communication, developmental, and educational problems that the child cannot be accommodated in either a program specifically for the deaf or a program specifically for the blind.

Hearing impairment: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness as listed above.

Intellectual impairment: Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

Multiple disabilities: A combination of impairments (such as mental retardation-blindness, or mental retardation-physical disabilities) that causes such severe educational problems that the child cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic impairment: A severe orthopedic impairment that adversely affects educational performance. The term includes impairments such as amputation, absence of a limb, cerebral palsy, poliomyelitis, and bone tuberculosis.

Other health impairment: Having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, rheumatic fever, asthma, hemophilia, and leukemia, which adversely affect educational performance.

Serious Emotional Disturbance: A condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers or teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems.

This term includes schizophrenia, but does not include students who are socially maladjusted, unless they have a serious emotional disturbance. P.L. 105-17, the IDEA Amendments of 1997, changed "serious emotional disturbance" to "emotional disturbance." The change has no substantive or legal significance. It is intended strictly to eliminate any negative connotation of the term "serious."

Specific Learning Disability: A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural or economic disadvantage.

Speech or language impairment: A communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic brain injury: An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. As with autism, traumatic brain injury (TBI) was added as a separate category of disability in 1990 under P.L. 101-476.

COMPONENTS OF AN INDIVIDUAL EDUCATION PROGRAM

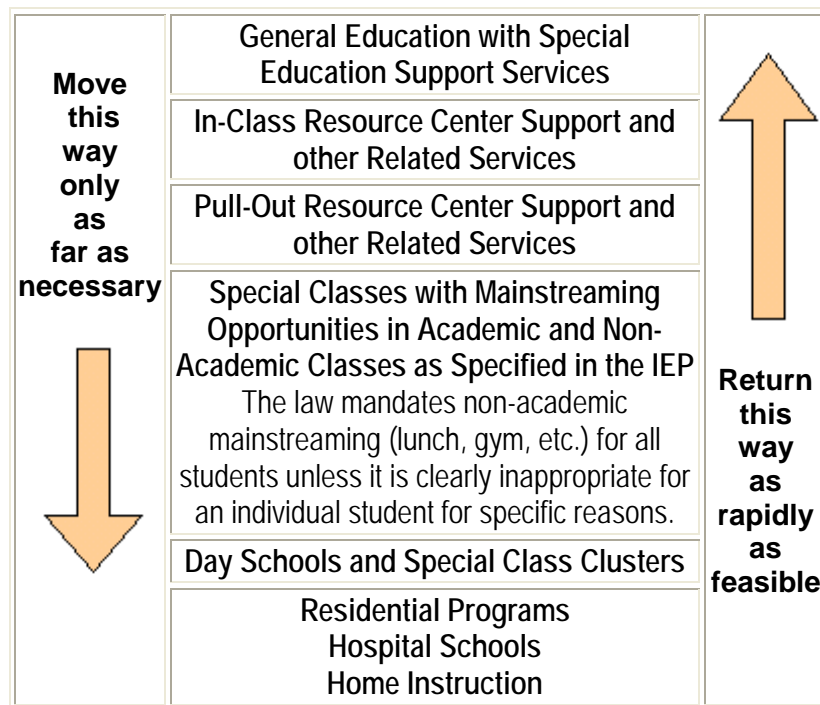
By law, the IEP must include certain information about the child and the educational program designed to meet his or her unique needs. In summary, this information is:

- **Current performance.** The IEP must state how the child is currently doing in school (known as present levels of educational performance). This information usually comes from the evaluation results such as classroom tests and assignments, individual tests given to decide eligibility for services or during reevaluation, and observations made by parents, teachers, related service providers, and other school staff. The statement about "current performance" includes how the child's disability affects his or her involvement and progress in the general curriculum.
- **Annual goals.** These are goals that the child can reasonably accomplish in a year. The goals are broken down into short-term objectives or benchmarks. Goals may be academic, address social or behavioral needs, relate to physical needs, or address other educational needs. The goals must be measurable-meaning that it must be possible to measure whether the student has achieved the goals.
- **Special education and related services.** The IEP must list the special education and related services to be provided to the child or on behalf of the child. This includes supplementary aids and services that the child needs. It also includes modifications (changes) to the program or supports for school personnel-such as training or professional development-that will be provided to assist the child.
- **Participation with nondisabled children.** The IEP must explain the extent (if any) to which the child will not participate with nondisabled children in the regular class and other school activities.
- **Participation in state and district-wide tests.** Most states and districts give achievement tests to children in certain grades or age groups. The IEP must state what modifications in the administration of these tests the child will need. If a test is not appropriate for the child, the IEP must state why the test is not appropriate and how the child will be tested instead.
- **Dates and places.** The IEP must state when services will begin, how often they will be provided, where they will be provided, and how long they will last.
- **Transition service needs.** Beginning when the child is age 14 (or younger, if appropriate), the IEP must address (within the applicable parts of the IEP) the courses he or she needs to take to reach his or her post-school goals. A statement of transition services needs must also be included in each of the child's subsequent IEPs.

- **Needed transition services.** Beginning when the child is age 16 (or younger, if appropriate), the IEP must state what transition services are needed to help the child prepare for leaving school.
- **Age of majority.** Beginning at least one year before the child reaches the age of majority, the IEP must include a statement that the student has been told of any rights that will transfer to him or her at the age of majority. (This statement would be needed only in states that transfer rights at the age of majority.)
- **Measuring progress.** The IEP must state how the child's progress will be measured and how parents will be informed of that progress.

LEAST RESTRICTIVE PLACEMENT IN THE CONTINUUM OF EDUCATIONAL SERVICES

Generally, a child with a disability should be served in the regular classroom with as much interaction with his or her non-handicapped classmates as possible. A child with a disability may only be removed from the regular classroom when the nature or severity of the disability is such that the education in regular classes cannot be achieved satisfactorily, even with the use of supplementary aids and services. However, for specific areas of intensive training, it is appropriate to remove a child from the regular classroom. For example, a child with a reading disability may appropriately be educated in most academic areas in the regular classroom with assistance in note taking and test taking, but it may be necessary to remove the child from the classroom to work in a small group or one-on-one specifically in the area of reading. The child's placement and the services he or she will receive depend on the child's individual needs, not on administrative convenience.



PARAPROFESSIONALS IN THE CLASSROOM

It is a possibility that a teacher may have a paraprofessional assigned to his/her classroom as a result of a requirement in a student or students' Individual Education Program. The paraprofessionals are supervised by a special education teacher, but will work collaboratively with the classroom teacher. At the time of the annual (semi-annual for newly hired) evaluations, teachers will be asked for their input.

The role of the paraprofessional is to:

- Support students to become a more independent and successful participant in the classroom;
- Promote and facilitate opportunities for social connections and friendships;
- Support students to become a participating member of the classroom;
- Support students in becoming actively involved in all aspects of the general education curriculum; and
- Work with the special education team to promote collaboration and ongoing support between family and school.

The responsibilities of the paraprofessional are to:

- Provide individual, small group, and classroom instructional support to meet the academic, physical, emotional, and behavioral needs of students, as directed by the supervising teacher;
- Maintain current knowledge of the students' programs (I.E.P., 504, Title I) and support achievement of program goals;
- Consult with supervising teacher and classroom teachers to promote a successful educational experience for all students;
- Provide student supervisory duties in compliance with school procedure, when assigned;
- Participate in team meetings, when assigned;
- Provide unbiased feedback regarding student performance, when requested;
- Perform record keeping functions, when requested;
- Maintain confidentiality of information regarding students and staff; and
- Provides classroom supervision, when assigned by the Substitute Coordinator.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act has been with us since 1973. For many years its main thrust has been in the area of employment for individuals with handicaps and for members of minorities. However, within the last several years, the Office of Civil Rights (OCR), charged with enforcement of Section 504, has become pro-active in the field of education of handicapped individuals. Advocacy organizations and the legal system likewise have increasingly focused on Section 504's requirements to insure the education system provides the full range of special accommodations and services necessary for student with special needs to participate in the benefit from public education programs and activities. The following information focuses upon the instruction issues of Section 504 (Subpart D), and not upon employment practices.

Section 504 prohibits discrimination against handicapped persons, including both students and staff members by school districts receiving federal financial assistance. This includes all programs or activities of the school district receiving federal funds, regardless of whether the specific program or activity involved is a direct recipient of federal funds. Included in the U.S. Department of Education regulations of Section 504 is the requirement that handicapped students be provided with a free appropriate public education (FAPE). These regulations require identification, evaluation, provision of appropriate services, and procedural safeguards in every public school in the United States. The Americans with Disability Acts (ADA) applies to employers who have over 14 employees regardless of federal financial assistance.

All individuals who are disabled under the Individuals with Disabilities Education Act (IDEA) are also considered to be handicapped and therefore protected, under Section 504. However, all individuals who have been determined to be handicapped under Section 504 may not be disabled under IDEA. These children require a response from the regular education staff and curriculum. With respect to most handicapped students, many aspects of the Section 504 regulation concerning FAPE parallel with requirements of the Individuals with Disabilities Education Act) formerly the Education of the Handicapped Act) and state law. In those areas, by fulfilling responsibilities under the IDEA and state law, a district is also meeting the standards of the Section 504 regulations.

However, in some other respects the requirements of the laws are different. There are some students who are not eligible for IDEA services but who, nevertheless, are deemed handicapped under Section 504, and to whom a district may therefore have responsibilities. For the purpose of clarification in this paper, the term "disabled" is reserved for students who are eligible for services under IDEA.

The IDEA defines as eligible only students who have certain specified types of disabilities and who, because of one of those conditions, need special education (specially designed instruction). Section 504, on the other hand, protects all handicapped students, defines as those having any physical or mental impairment that substantially limits one or more major life activities (including learning). Section 504 covers all students who meet this definition, even if they do not fall within the IDEA

enumerated categories and even if they do not need to be in a special education program.

An example of a student who is protected by Section 504, but who may not be covered by the IDEA, is one who has juvenile arthritis, but who is not eligible for special education and related services through IDEA. Such a student has a health impairment but may not be covered by IDEA if he/she is not eligible to receive specially designed instruction (special education). However, the student is handicapped for purposes of Section 504. A similar example might be a student with acquired immune deficiency syndrome (AIDS), students with attention deficit disorder (ADD), or emotional/behavior difficulties provide some examples. Such students may not meet the criteria for IDEA categories such as: learning disabled, other health impaired, or emotionally disturbed. However, if their disorders or conditions substantially limit their ability to function at school, they are handicapped within the meaning of Section 504 and must be provided with the accommodations and special services necessary to benefit from FAPE.

If a district has reason to believe that, because of a handicap as defined under Section 504, a student needs either special accommodations or related services in the regular setting in order to participate in the school program, the district must evaluate the student; if the student is determined to be handicapped under Section 504, the district must develop and implement a plan for the delivery of all needs services. Again, these steps must be taken even though the student is not covered by the IDEA special education provisions and procedures.

What is required for the Section 504 evaluation and placement process is determined by the type of handicap believed to be present and the type of services the student may need. The evaluation must be sufficient to accurately and completely assess the nature and extent of the handicap, and the recommended services. Evaluations more limited than a full special education evaluation may be adequate in some circumstances. For example, the case of the student with juvenile arthritis, the evaluation might consist of the school nurse meeting with the parent and reviewing the student's current medical records. In the cases of the student with ADD, current psycho-educational evaluations may be used in combination with appropriate medical information if such evaluation assessed the ADD issue. In other cases, additional testing may be necessary.

The determination of what services are needed must be made by a group of persons knowledgeable about the student. The group should review the nature of the handicap, how it affects the student's education, whether specialize services are needed, and if so, what those services are. The decisions about Section 504 eligibility and services must be documented in the student's file and reviewed periodically.

It should also be noted that, under Section 504, the parent or guardian must be provided with notice of actions affecting the identification, evaluation, or placement of the student and are entitled to an impartial hearing if they disagree with district decisions in these areas. For handicaps covered by only Section 504 and not the IDEA, a Section 504 hearing will have to be made available.

In summary, it is important to keep in mind that some students who have physical or mental conditions that limit their ability to access and participate in the education

program are entitled to rights (protection) under Section 504 even though they may not fall into IDEA categories and may not be covered by that law.

It is also important to realize that Section 504 is not an aspect of “special education”. Rather, it is a responsibility of the comprehensive general public education system. As such, building administrators and superintendents of schools are responsible for its implementation within districts. Special education administrators are participants but are not ultimately the responsible LEA administrators.

For further information, contact the Director of Student Services.

ACRONYMS

The following is a list of common acronyms used in relation to the special education process and special education laws/rights. This is not meant to be a complete list, but rather a tool to assist you in better understanding special education materials.

Acronym Topic

ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
ADD/ADHD	Attention Deficit Disorder/ Hyperactivity Disorder
APE	Adapted Physical Education
ASL	American Sign Language
AT(S)	Assistive Technology (Services)
CAPD	Central Auditory Processing Disorder
CASA	Court Appointed Special Advocate
CEC	Council for Exceptional Children
CF	Cystic Fibrosis
CFR	Code of Federal Regulations
CHINS	Children in Need of Services
CMHC	Community Mental Health Centers
CP	Cerebral Palsy
DD	Developmental Delay (birth through 9)/ Developmental Disabilities
DDC	Developmental Disabilities Council
DHHS	Department of Health and Human Services
DOE	Department of Education
DRC	Disabilities Rights Center
DCYF	Division of Children, Youth and Families
DS	Down syndrome
DP	Due Process
ED	Emotional Disturbance
EI	Early Intervention
EIN	Early Intervention Network
ELL	English Language Learner
ESL	English as a Second Language
ESY/EYP	Extended School Year/ Extended Year Program
FAPE	Free and Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FBA	Functional Behavior Analysis or Functional Behavioral Assessment
FCESS	Family Centered Early Supports and Services
FERPA	Family Educational Rights and Privacy Act
HI	Hearing Impairment
IDEA 2004	Individuals with Disabilities Education Act 2004
IEE	Independent Educational Evaluation
IEP	Individualized Education Program
IFSP	Individualized Family Support Plan
ISP	Individualized Service Plan
IQ	Intelligence Quotient
LD	Learning Disability

LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
MA	Mental Age
MD	Muscular Dystrophy
MICE	Multi-sensory Intervention through Consultation and Education
MR	Mental Retardation
NCLB	No Child Left Behind
NF	Neuro Fibrosis
NHSEIS	New Hampshire Special Education Information System
NVLD/NLD	Nonverbal Learning Disability
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OHI	Other Health Impairment
OSEP	Office of Special Education Programs
OT	Occupational Therapy
PBIS	Positive Behavioral Interventions and Supports
PDD	Pervasive Developmental Disorder
PDD/NOS	Pervasive Developmental Disorder, not Otherwise Specified
PIC	Parent Information Center
PTI	Parent Training and Information Center
PL	Public Law
PT	Physical Therapy
PTAN	Pre School Technical Assistance Network
PTSD	Post-Traumatic Stress Disorder
RAD	Reactive Attachment Disorder
RSA	Revised Statues Annotated
SEA	State Education Agency
SAC	State Advisory Committee
SAIF	Specialist in the Assessment of Intellectual Functioning
SAU	School Administrative Unit
SI	Sensory Integration
SIS	Shaken Infant Syndrome
SLD	Specific Learning Disability
SLP	Speech and Language Pathologist
SLS	Speech and Language Specialist
SPP	Surrogate Parent Program
SS	Scaled Score
SS	Standard Score
SSI	Supplemental Security Income
SSDI	Social Security Disability Income
TBI	Traumatic Brain Injury
TTD/TTY	Tele-typewriting device
VA	Volunteer Advocate (Trained & certified by PIC)
VR	Vocational Rehabilitation
WAIS	Wechsler Adult Intelligence Scale
WISC	Wechsler Intelligence Scale for Children

WPN
WPPSI
YDC
YSDU

Written Prior Notice
Wechsler Pre School and Primary Scale of Intelligence
Youth Development Center
Youth Services Detention Unit