



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Teaching and Learning

August 2024

School Year 2024-2025 Audiology Program Guidebook

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Section 1: Introduction5
Introduction6

Section 2: DCPS Employee Policies..... 12
Duties and Responsibilities.....13
Time and Attendance.....23
Absence/Leave Policies27
Absences/Leave.....29
Dress Expectations.....32
Performance Evaluations33
Communications.....34
Equipment/IT Support37
Random Moment Time Study (RMTS).....40

Section 3: Special Education Disability Classifications and Process41
Special Education Disability Classifications.....42

Section 4: MTSS, General Education Interventions & Special Education Referral Procedures.....43
Pre-Referral Interventions.....44
Multi-Tiered Support System (MTSS)@DCPS.....46
Special Education Referral Procedures.....53
Special Education Eligibility Process.....57
Early Childhood Child Find Process66
Hearing Screening Students Enrolled in DCPS Local Schools and Audiological Referral Process68

Auditory Processing Disorder (APD) Referral Protocol70

Assessments for Parentally Placed Students72

Charter Schools and Non-Public Schools73

Audiological Equipment or Technology Guidelines74

Section 5: Audiology Assessment Procedures75

Assessments and Related Services76

DCPS Comprehensive Audiological Screening and Assessment Reports78

Independent Educational Evaluations (IEE)91

Alternative Assessment Reports96

Assessment Closeout Procedures102

Requesting an Interpreter105

Provision of Documents to Parents Guidance107

Section 6: Audiology Eligibility and Dismissal Procedures109

Audiology Eligibility110

Guidelines for Dismissal of Audiology Services120

Section 7: Audiology Intervention122

Educational Model of Audiology123

Initiation of Services and Intervention Schedule124

Individualized Education Programs (IEPs)127

Audiology Services133

Documentation136

Additional Programs Involving Audiology Interventions145

Section 8: Training and Support 150

Training and Support..... 151

Appendices 154

Appendix I: Missed Related Services and Untimely Assessment Guidelines..... 155

I. Executive Summary..... 156

II. Missed Related Service Sessions Scenarios and Due Diligence Procedures 158

III. Documentation for Missed and Make-Up Sessions 165

IV. Untimely Assessments Scenarios and Due Diligence Procedures..... 168

Appendix II: DCPS Points of Contact..... 173

Appendix III: Employment Information Form 175

Appendix IV: RSP Intervention Schedule 177

Appendix V: Sample Introduction Parent Letter 179

Appendix VI: Make-Up Services Plan Individual Student..... 180

Appendix VII: Observation Form..... 182

Appendix VIII: Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation 184

Appendix IX: Statement of APD Evaluation Guidelines 187

Appendix X: Severity Ratings for Hearing Loss..... 188

Appendix XI: Completion of Services Form..... 190

Appendix XII: Independent Education Evaluation (IEE) Review Form 192

Appendix XIII: Clinical Supervision of Graduate Students 194

Appendix XIV: Bilingual Assessment Referral Guidelines 218

Section 1: Introduction

Introduction

Purpose and Structure of Guidebook

The purpose of this guidebook is to:

- Assist Educational Audiology service providers as they support the educational goals of eligible students with disabilities in the District of Columbia Public Schools (DCPS).
- Ensure that all Audiologists (AuDs) in the District of Columbia Public Schools (DCPS) operate with the same premises, utilize the same procedures and guidelines, and are uniform in presentation.

This guidebook is an internal document written specifically for providers of Speech-Language Pathology. The procedures and best practices in this guidebook are designed to provide optimal school-based interventions as part of a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE), following Individuals with Disabilities Education Act (IDEA) 2004 while simultaneously maximizing equal access to audiologists for all of the District of Columbia Public Schools students.

DCPS regulates the practice of Speech-Language Pathology services to the students in public schools of the District of Columbia while the Department of Health, Board of Audiology and Speech-Language Pathology regulates the practice of audiology. In this guidebook, providers will find guidelines, procedures, suggestions, and ideas that should be used daily to guide them in assuring a high level of professional services for all students and invested stakeholders. This guidebook replaces any guidebook introduced previously. Providers should expect to receive supplemental policy and procedure documents and/or trainings throughout the school year. Implicit within this document are the following core principles:

- The criteria for eligibility must include both the presence of a composite depressed score and documented impact on the student's access to the academic curriculum
- Services should not be instituted until accommodations have been implemented and given a chance to work
- The intensity and modalities of interventions should dwindle over time
- The default delivery service need not be 1:1, unless otherwise required and justified, as applicable, by the clinician

- Discharge from services should be stated at the first IEP meeting as a desirable and celebrated outcome and not a denial of services; discharge may, and should, occur at any time in the process.

DCPS Capital Commitment

In 2024, DCPS shared the DCPS Capital Commitment, a five-year strategic plan to guide progress across all 117 DCPS schools. Developed through a multi-phase design process that engaged thousands of students, families, educators, staff, and community members, this new plan centers equity and community while setting a path for how success will be measured through 2028.

I. Equity Imperative

- a. Informed by district-wide data, to meet the goals of our Capital Commitment 2023-2028, it is imperative that we provide intensive, targeted support based on need to eliminate barriers to academic and social success for the following student groups:
 - i. Black and Hispanic/Latino Students
 - ii. Students Receiving Special Education Services
 - iii. Multilingual Learners

II. Commitments

- a. In meeting these goals, DCPS commits to investing in our people by boosting professional development, supporting employee wellness, and establishing new pathways for support staff and community members to become educators in our schools.
- b. DCPS will meaningfully engage all stakeholders including families, DC Government agencies, local businesses, and community-based organizations to ensure our students have what they need to thrive in the classroom and beyond.

III. Strategic Priorities

- a. To guide our work with the more than 51,000 families who choose DCPS for their student, the DCPS Capital Commitment focuses on three priorities: ensuring scholars are succeeding academically, connected to school, and prepared for what's next.

- i. Succeeding Academically* means that students thrive across all subjects when they have strong foundations in math and literacy. Through enhanced hands-on learning experiences, real-world inquiry, and knowledge-building—as well as additional resources and supports for instructors—DCPS will ensure every scholar has what they need to excel in the classroom and beyond. We will be successful when:

 - 1. DCPS students are mathematically strong.
 - 2. DCPS students are reading and writing across all subjects.

- ii. Connected to School* means that students flourish when they feel valued and safe and have a sense of belonging. DCPS will continue strengthening relationships to ensure students’ experiences are culturally affirming and safe so they can focus on what matters most: joyful and rigorous learning. We will achieve this when:

 - 1. DCPS students are safe and have a sense of belonging.
 - 2. DCPS students have equitable access to opportunities.

- iii. Prepared for What's Next* means that every student has a bright future—they just need the right opportunities and resources to discover and pursue their path of choice. Through targeted supports, DCPS will ensure every learner is prepared for what’s next at each critical learning transition as well as in college, career, and life. We will celebrate success when:

 - 1. DCPS students graduate on time.
 - 2. DCPS graduates participate in a postsecondary pathway.

Visit [A Capital Commitment | dcps](#) to learn more.

Office of Teaching and Learning (OTL) Mission Statement

The Office of Teaching and Learning provides educators with **curricular resources, academic programs, and aligned professional development** to ensure **rigorous and joyful learning experiences** for **every student**.

DCPS Division of Specialized Instruction (DSI)

Our vision focuses on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. DSI's transition to OTL will increase collaboration and alignment with our partners within DCPS and throughout the district to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities.

DSI's core beliefs are:

- We believe that all children, regardless of background or circumstance, can achieve at the highest levels.
- We believe that achievement is a function of effort, not innate ability.
- We believe that we have the power and the responsibility to close the achievement gap.
- We believe that our schools must be caring and supportive environments.
- We believe that it is critical to engage our students' families and communities as valued partners.
- We believe that our decisions at all levels must be guided by data.

DSI Mission, Vision and Strategic Goals

DSI Mission Statement - DSI supports students with disabilities by providing schools and families with practical, evidence-based resources to make a high-quality education accessible to all learners.

DSI Vision Statement - DCPS students with disabilities become thriving, independent members of society who will contribute to their communities and fulfill their highest potential.

DSI Values

- A **growth mindset** for DSI staff, school staff, and students with disabilities. This means:
 - Everyone can improve.
 - We learn from our failures.

- **Servant leadership** in support of students with disabilities and schools. This means:
 - We serve students with disabilities, schools, and families and consider the needs of students first.
 - We help school leaders and staff develop and grow in service of students with disabilities.

- **Integrity** exemplified by transparency, honesty, equitable practices, and follow-through.

DSI Vision and Strategic Goals

In the spring of 2022, the District of Columbia Public Schools (DCPS) Division of Specialized Instruction (DSI) reinitiated the journey of a strategic planning process—a process that ensures we are making the best decisions for our students. DSI is committed to ensuring students receiving special education services and supports have a rigorous and responsive special education program.

Foremost to our strategic plan is our vision: to be the district of choice for students with disabilities. We will achieve this vision by focusing on building the capacity of our schools to ensure that they have the systems, supports, tools, and well-trained staff to address the needs of our students with disabilities, allowing them to access education in their neighborhood schools alongside their typically developing peers. We must also collaborate with our partners within DCPS and throughout the district to develop clear policies and processes for delivering high-quality instruction and supports to improve the academic achievement of our students with disabilities. Strategic Goals:

1. **Evidence-Based Practices:** Provide resources and implementation support aligned to evidence-based practices.
2. **Data-Driven Decisions:** Strengthen data-driven decision making to inform our special education programming and policies.
3. **Expectations and Support Systems:** Establish and communicate clear expectations and systems of support to facilitate the implementation of policies, procedures, and practices in special education.
4. **DSI Culture:** Create a culture that values time for reflection, collaboration, and professional growth.

Special Education in DCPS

DCPS is committed to ensuring that our schools provide a world-class education that prepares ALL of our students, regardless of background or circumstance, for success in college, career, and life. We believe that students who receive special education services are integral to this commitment. As such, our strategic goals for special education are designed to dramatically improve academic outcomes for students with IEPs. We believe we can achieve this vision by providing high-quality, common core aligned instruction in inclusive settings, meaningfully involving families and keeping students focused on their goals.

DCPS Related Services (RS) Vision

In thoughtful collaboration with schools and families, assistive technology and related services support students’ access to and participation in their classroom and community. We provide prevention, assessment, intervention, accommodations, and modifications tailored to the student’s individual strengths and needs. We utilize data to inform decisions regarding services to ensure students make progress on their educational goals.

Mission:

Related Services and Assistive Technology seeks to maximize students’ access to a nurturing and rigorous education by equipping schools with dynamic resources, supports, and/or services.

Audiology Mission

The mission for DCPS Audiologists is to identify and deliver intervention strategies and supports to students with hearing loss or auditory processing deficits to maximize student access to the education curriculum to achieve academic, functional and social success.

Discipline Contact Information for Audiology Department

Program Manager	Contact Number	Email
Jessica Sitcovsky, Ph.D., CCC-SLP	(202) 658-1566	Jessica.Sitcovsky@k12.dc.gov
Office Location Information		
Central Office	Speech-Language Pathology and Audiology Department Office	
Office of Teaching and Learning Division of Specialized Instruction 1200 First Street, NE 8 th Floor Washington, DC 20002	Emery Elementary School 1720 First Street NE Rooms 104 Washington, D.C. 20002 Speech.audiology@k12.dc.gov	

Section 2: DCPS Employee Policies

Duties and Responsibilities

Duties and Responsibilities of the Educational Audiologist

Each week, Audiologists are expected to complete activities such as attending meetings (including but not limited to Student Support Team (SST), Multidisciplinary Team (MDT), school-wide, staff, case conference, professional development, providing assessment and intervention services, completing student observations, consulting with others (including but not limited to staff, parents, other service providers, etc.), writing assessment reports, making phone calls to parents, completing duties within the OSSE's Special Education Data System, and various other activities that are necessary to perform as an Audiologist. (Please see DCPS DSI job descriptions on the subsequent pages for specific details.)

Roles and responsibilities of the Educational Audiologist

The below statements are intended to describe the general nature and scope of work being performed by this position. This is not a complete listing of all responsibilities, duties, and/or skills required. Other duties may be assigned.

Included in the role and responsibilities of the Educational Audiologist:

- Identification and assessment: screening/management of hearing screening programs;
- Audiological evaluations;
- Assessments of central auditory processing;
- Amplification hearing aid evaluation and analysis;
- Classroom amplification;
- Hearing loss management: medical/educational referral;
- Counseling and guidance of students/parents/ teachers/ other related service; providers;
- In-service training/consultation and interpretation for school personnel;
- Re-habilitation and instructional services;
- Participating in IEP meetings;
- Hearing conservation and consultation;
- Sound field amplification;
- Classroom acoustics;
- Program management, including training and supervision of support personnel;
- Management of coordinating calibration of audiological equipment;
- Record maintenance of all evaluation/assessments, (re) habilitation, instructional and educational services, program placement and attendance as appropriate;
- Program administration;

- Professional leadership/development community leadership/collaboration;
- Evaluation and research

Intervention and Instructional Services

Intervention and instructional services must be provided for all children identified by a multidisciplinary team as needing such services. These services are provided under one of the following educational support plans: An Individual and Family Service Plan (IFSP) for ages birth to 3 years, an Individualized Education Program (IEP) for ages 3 to 21 years, or a 504 plan for school-age students who have a hearing loss or APD but do not require special education services. Efforts must be made to compile and interpret information relative to communication skills, cognitive abilities, motor functioning, psychosocial development, adaptive behavior, health history, and academic status. Intervention and education services may be provided through a number of service-delivery options, including but not limited to:

- Direct/indirect intervention
- Consultation/collaboration
- Itinerant instruction
- Team teaching
- General curriculum class with support
- Self-contained special education classes
- Residential, non-public, parochial placement

When determining placements and intervention services, opportunities for educational and social interaction with other children both with and without hearing loss should be considered. In addition, educational programming should consider placement of the child with hearing loss in the general curriculum class to the maximum extent possible or in the least restrictive environment (LRE).

In determining a comprehensive provision of services for a student with hearing loss/ APD an interdisciplinary approach is fundamental to adequately address the academic, cognitive, communication, social/emotional, motor and other developmental needs of the student. An interdisciplinary approach demands qualified professionals who are committed to working with each other and the interests of the families. Team members who will provide primary or supportive services should be chosen based on the backgrounds and expertise as well as the abilities of the students and the determined mode of communication chosen by the family. The most common communication options for a student with hearing loss are as follows:

- Auditory Verbal Unisensory – This program emphasizes auditory skills and teaches a child to develop listening skills through one-on-one therapy that focuses attention on the use of

remaining hearing (with the aid of amplification) This method strives to make the most of the child's listening abilities, no manual communication is used the child's is discouraged from relying on visual cues.

- Auditory Oral – This program teaches a child to make maximum use of his/her remaining hearing through amplification. This program stresses speech reading to aid in communication. The use of manual communication is not encouraged although natural gestures may be supported
- Cued Speech – This is a visual communication system of eight hand shapes (cues) that represent different sounds of speech. These cues are used while talking to make the spoken language clear through vision.
- Total Communication – This system is based on the philosophy of using every and all means to communicate with a deaf child. The child is exposed to a formal sign language system, finger spelling, natural gestures, speech reading, body language, oral speech, and use of amplification. The idea is to communicate and teach vocabulary and language in any manner that works.
- American Sign Language (ASL) – This a manual language this is distinct from spoken English. Extensively used within and among the deaf community.

**The determination of a student's primary mode of communication and the intervention strategy to best implement this communication option is determined by the teacher of the deaf and members of the interdisciplinary team.

The intervention needs of children with hearing loss and/or APD encompass many broad and sometimes overlapping areas. Some of the needed services may be provided directly by audiologists ([ASHA, 2024](#)); others will be provided by other professionals, such as speech-language pathologists, teachers of the deaf and hard of hearing (TOD), psychologists, counselors, social workers, physical therapists, occupational therapists, nurses, or physicians. Some of the most important aspects of intervention are:

- Medical treatment, when indicated
- Selection, fitting, and dispensing of appropriate amplification and HATS at earliest possible age
- Ensuring hearing aid and HATS compatibility with other technology devices and systems in use (e.g., computers, augmentative/alternative communication [AAC] devices and systems, infrared systems)
- Auditory skill development training
- Training in the use of hearing aids, cochlear implants, and HATS with other types of technology and in various environments (e.g., computers, AAC devices and systems, noisy classrooms, social situations)

- Structuring a successful learning environment that includes teacher preparation, optimal room acoustics, accessibility to auditory and visual information, and peer and teacher orientation and training
- Development and remediation of communication in collaboration with speech-language pathologists
- Development of compensatory strategies such as the use of visual information to supplement auditory input
- Counseling and self-advocacy training
- Facilitation of, access to, participation in, and transition between programs, grade levels, agencies, vocational settings, and extracurricular activities

Children with hearing loss require a clear auditory signal if they are to understand oral instructions, class discussions, and other spoken communications. Even when properly functioning amplification devices are worn, the child still may have difficulty understanding spoken language. In addition, the high levels of noise and reverberation that exist in most classrooms often reduce the effective use of hearing aids, cochlear implants, and HATS (Anderson, 1989; Crandell, 1991; Crandell & Smaldino, 2000; Crum & Matkin, 1976; Finitzo-Hieber & Tillman, 1978; Leavitt, 1991). For this reason, noise sources must be eliminated or reduced.

To ensure that the child receives the best audible signal, HATS are often used to enhance signal-to-noise ratios in addition to, or instead of, personal hearing aids. The complex interactions among noise, distance from the speaker, acoustic characteristics of the room, and type of amplification make simple recommendations for preferential seating inadequate to ensure good use of hearing in the classroom (ASHA, 1995; Flexer, 1992; Flexer, Wray, & Ireland, 1989; Seep, Glosemeyer, Hulce, Linn, & Aytar, 2000). Although the use of hearing aids, cochlear implants, and HATS is often beneficial, sometimes room acoustics are so poor that acoustic modifications must be made or the child relocated to a room with more favorable acoustics. The audiologist should play a key role in determining the appropriateness of room acoustics and providing recommendations for various types of acoustic and/or instructional modifications.

Follow-up and Monitoring

Follow-up services need to be provided by Audiologists as an ongoing and underlying aspect of each component of the hearing identification, intervention, prevention, and educational services program. These services include, but are not limited to,

- Consultation/collaboration with parents/ guardians, speech-language pathologists, teachers, other professionals and administrators
- Parent/guardian, student, family counseling

- Monitoring of communication function
- Monitoring of academic performance
- Monitoring of psychosocial needs
- Monitoring the performance and effectiveness of hearing aids, cochlear implants, and HATS
- Periodic reassessment in accordance with best practices as mandated, requested, and/or recommended
- Monitoring of classroom acoustics and other listening/learning environments

EHDI Programs

Early hearing detection and intervention (EHDI) programs being implemented throughout the nation require states to identify agencies that will be responsible for EHDI program development, implementation, and follow-up. No matter which state agency is given ultimate responsibility for administration of EHDI programs, audiologists providing services in or for the schools and to pediatric populations in other facilities play an important role and should be an integral part of the identification and management process. In 1994, the Joint Committee of ASHA and the Council on Education of the Deaf (1994) identified essential EHDI program team members. They include families/guardians, audiologists, speech-language pathologists, physicians, educators, and other early intervention professionals. With expertise in identification, evaluation, and audiological habilitation, audiologists should be and are typically involved in every component of the EHDI process. With respect to hearing screening, audiologists provide program development, management, quality assurance, service coordination, and transition to evaluation, habilitation, and intervention services. As a part of the follow-up component, audiologists are uniquely qualified to provide comprehensive audiological assessment, evaluation to determine candidacy for amplification and other hearing assistive technology devices and systems, and referral for intervention services. The audiologist's role in early intervention includes fitting and/or monitoring of hearing aids, cochlear implants, and HATS; participating in the development of IFSPs and later IEPs; and providing education and counseling for families and other appropriate parties. Audiologists are also an integral part of direct audiological habilitation service delivery (JCIH, 2000; Pediatric Working Group of the Conference on Amplification for Children With Auditory Deficits, 1996).

Certification & Licensure

It is the professional responsibility of providers to maintain their required OSSE certification and DC DOH licensure. Should one's license lapse or not renewed it could impact their ability to provide services within DCPS.

The minimum requirements for certification/qualification as an Audiologist are:

- A current School Service Provider credential from the Office of the State Superintendent of Education
 - o Click [here](#) to apply
- A current Audiology license from the District of Columbia Department of Health (DOH) Board of Audiology & Speech-Language Pathology
 - o Click [here](#) to apply
- Doctor of Audiology or Master's degree (M.A./M.S.) in Audiology
- Eligibility for the American Speech Language Hearing Association (ASHA) Certificate of Clinical Competence (CCC) in Audiology

It is the providers' professional responsibility to maintain their OSSE certification and DC DOH licenses. Maintaining licensure and certification is a mandatory requirement as outlined in the job description for Audiologists. Providers who do not maintain their certification and licensure are subject to separation. Providers who let their certification and licensure lapse will receive penalty via IMPACT.

- **Renewal Periods**
 - DC DOH licenses are renewed every two (2) years with a deadline of the final day of the calendar year (December 31st). This year's renewal deadline is December 31, 2024. Licensure must be renewed by this date and the provider must be ready to provide proof of completed continuing education units (CEUs).
 - OSSE certifications are renewed every four (4) years and the provider must be ready to provide proof of completed continuing education units (CEUs).
 - **SY22-23 Licensure Compliance Update**
 - All instructional and administrative staff should be working towards securing an active OSSE license by September 1, 2022. Individuals who do not secure an active license by September 1, 2022, will be out of compliance with licensure requirements and the following will occur:
 - DCPS must publish a list of non-credentialed staff by name on the DCPS website; and
 - Based on Elementary and Secondary Education Act (ESEA) requirements, including the Parent Right to Know provision, DCPS must notify parents and guardians of each student at the applicable schools whether the student's teacher meets licensing criteria for the grade

levels and subject areas in which the staff member provides instruction.

NPI Requirement

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule on April 12, 2012 requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. To conduct Medicaid claiming, all providers rendering services on behalf of DCPS must obtain an NPI. Refer to the document "DSI Provider NPI Requirement for New Employees" in the appendix.

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). DCPS must have record of the NPI number by the first day of employment. Individuals are eligible to receive one NPI regardless of the number of specialties practiced. Please follow the steps below. If you already have an NPI then please skip section 1 and complete section 2.

There are two ways to apply for an NPI:

Web-based option

1. [Visit the National Plan & Provider Enumeration System website](#)
2. Click on *Create or Manage an Account*
3. **Select Entity type 1**, health care providers who are individuals. Complete sections 2A, 3, 4A, and 5. Completion of the application takes approximately 20 minutes.

Paper-based option

1. Obtain the NPI Application/Update form (CMS 10114)
2. Complete and mail application to the following address:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

*Once obtained, your NPI number should be submitted to your assigned program manager and entered into your POWERSCHOOL SPECIAL PROGRAMS PowerSchool Special Programs profile.

Section 2: Submit NPI to DCPS

If you have an NPI number on file, providers should provide the number to the department's hiring manager **and** bring that number with them to their initial Power School Special Programs Training for Related Services Providers.

ASHA Code of Ethics and Audiology Services

The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas:

Principle 1	• Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.
Principle 2	• Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
Principle 3	• Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.
Principle 4	• Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards

IDEA & Ethics

Relates Service Providers (RSPs) are bound by:

- State and federal laws (IDEA and OSSE)
- Professional codes of ethics
- Professional association guidelines
- State professional licensing boards (OSSE and DOH)
- Teacher organizations (WTU and CSO)

Please reference the link provided for the BEGA Ethics Manual: [Bega Ethics Manual](#)

Most Frequently Recurring Ethics Issues

- Cultural Competence
 - Discrimination in the provision of services and/or interactions with colleagues and students
 - Lack of competence in the selection, administration and/or interpretation of diagnostic and/or treatment materials or approaches

- Reimbursement for services
 - Misrepresenting services to obtain reimbursement
 - Billing for services provided by a clinician who is not certified and/or does not receive the necessary supervision
 - Intentionally misusing incorrect code numbers or diagnostic labels to qualify for payment
 - Billing for services not provided
 - Billing for unnecessary services
- Professional vs. Business Ethics
 - Solicitation of cases for private practice from your caseload
 - Acceptance of gifts or incentive from manufacturers or other individuals
 - Client abandonment and/or disruption of services
 - Failure to report unethical behavior
 - Misuse of professional credentials
- Clinical fellowship supervision

References

- Davis-McFarland, Elise (2010) Ethics for School Speech-Language Pathologists and Audiologists; ASHA Schools Conference, Las Vegas, NV
- Ethics and School Practice. <http://www.asha.org/slp/schools/prof-consult/ethicsschoolspractice.html>
- Ethics Q and A for School-based Speech Language Practice. <http://www.asha.org/slp/schools/prof-consult/ethicsFAQsforschools.htm>

Time and Attendance

Tour of Duty

Tour of duty is from 8:00 am until 4:30 pm for a 12-month timeline. An extended tour of duty may be inclusive of central office assignments, summer school assessments, compensatory education services, extended school year services, non-public assessment completions, HOD/SA specifications and extra duty cases which extend beyond the regular school day hours.

Time and Attendance Procedures

A memorandum from the Deputy Chancellor for Special Education stated that “it is vital that time and attendance is accurately reported by all personnel. The erroneous reporting of time is against DCPS policy and grounds for disciplinary action against the employee, their supervisor, or their timekeeper.”

“Effective immediately, all staff must sign-in and sign-out on a **daily basis**”. If an employee **does not** submit leave slips, sign-in/sign-out sheets or any other required documentation to verify time and attendance, then time and attendance **WILL NOT** be approved in PeopleSoft for that employee with **NO EXCEPTIONS**.

Signing In and Out

- a. Immediately upon arrival, each service provider shall record in the school business office of their immediate supervisor the time of their arrival, and they shall report to their classroom or place of duty at least thirty-five (35) minutes before the start of the official school day for students.
- b. Itinerant service providers shall immediately upon their arrival at each school assigned, record in the school business office their time of arrival.
- c. Service providers shall record in the school business office or in the office of their immediate supervisor the time of their departure at the end of the school day.
- d. Service providers shall not be required to use time clocks.

SCHOOL BASED & ITINERANT DSI STAFF:

- All sign-in/sign-out sheets must be signed by you on a daily basis.
- All leave slips must be submitted via PeopleSoft and approved by your Program Manager (annual, sick, compensatory time, overtime, administrative, etc.).

- All annual leave must be approved prior to the leave period.
- All administrative leave requests for seminars, conferences, and official travel must be accompanied by appropriate documentation (registration, receipt, etc.).
- All requests for leave for over two weeks must be approved by your Program Manager and the Director of Related Services.
- Staff should not plan to request leave during the two weeks prior to the start of the new school year. Emergencies will require APPROVAL by the Deputy Chief of Specialized Instruction.
- “Use or lose” leave must be exhausted prior to the use of annual leave.
- All compensatory time or overtime must be approved by the Deputy Chief of Specialized Instruction prior to the work being performed and provide a copy to your supervisor.
- 12-month employees may not take extended leave during Extended School Year (ESY) unless approved by the Leave of Absence (LOA) Office.
- If you have any questions or require additional clarification, please contact your Program Manager.

Entering Time in PeopleSoft

How do I enter my own time?

1. Log into the PeopleSoft online system.
 - Inside of DC Network: <https://pshcm.dc.gov>
 - Outside of DC Network: <https://ess.dc.gov>
 - Login: Your DCPS email address without @k12.dc.gov (generally firstname.lastname)
 - Use the “Forgot Your Password?” link if you do not know your password.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on “Report Time” under the Time Reporting heading.
4. Click on “Timesheet” under the Report Time heading.
5. Enter the appropriate number of hours for each day of the current week.
 - You may need to change the Date field if you are entering time late.
 - After changing the date, click “Refresh” to enter time for a previous time period.
6. Select a Time Reporting Code from the drop-down menu. The most frequently used codes are:
 - Regular Pay—REG
 - Annual Leave Taken—ALT
 - Sick Leave Taken—SLT
 - Holiday Pay—HOL
 - Administrative Closing Pay—ACP
 - Situational Telework- STTW (Only to be used as directed by DCHR)

While these are the most frequently used codes, it is important that providers pay attention to any correspondence from Time & Labor regarding time codes. There are circumstances where an alternative code may be utilized, e.g., Spring Break, Winter Break, Situational Telework, etc.

7. Click the “+” at the far right of the line if you will be entering more than one type of time.
 - Ex: 2 lines would be needed if you worked Monday-Thursday, but you were sick Friday.
 - Ex: 3 lines would be needed if the above were true except that Monday was a holiday.
8. Click “Submit.”
 - Submitted time can be changed (prior to the end of the pay period) if needed.
 - Saved time cannot be approved. Please do not use the “Save for Later” button.
 - Only enter time for the current week, except prior to winter and spring breaks.

Time-Keeping FAQs

When do I need to enter my time?

All Audiologists are required to enter time into PeopleSoft Weekly (Thursday). Each Audiologists must submit all supporting documents via fax, email, route mail, or hand delivery to their assigned Program Manager prior to taking leave.

How do I submit a leave request in PeopleSoft?

1. Log into the PeopleSoft online system.
2. Click on “Self Service” in the blue box on the left side of the page.
3. Click on the “Time Reporting” heading.
4. Click on “Absence Request” under the Report Time heading.
5. Populate all the fields on the page (leave may only be taken in 1-hour increments).
6. Click “Submit.” Do not use the “Save for Later” button.

**Please check your leave balances prior to submitting requests for leave. Leave balance information can be obtained by logging into PeopleSoft.*

- **In DCPS network:** <https://pshcm.dc.gov/>
- **Outside DCPS network:** <https://ess.dc.gov/>

You will receive an email once your leave is approved. Follow up with your manager directly if you do not receive this confirmation at least 48 hours prior to the start of your leave.

What if I need help?

Click <https://sites.google.com/a/dc.gov/octo-peoplesoft-support/information-for-managers/peoplesoft-training/mandatory-time-and-labor-training/etime-training> to view online tutorials on how to enter time and absence requests. For more information, refer to the Human Resources page at <https://dcps.dc.gov/page/dcps-human-resources> or call the PeopleSoft Helpdesk (202.727.8700).

Absence/Leave Policies

Absence/Leave Policies for ET-11

Refer to [Council for School Officers \(CSO\)](#) contract agreement for detailed information regarding the types of leave and policies available for officers.

Leave of Absence

The Leave of Absence Team supports employees as they pursue a leave of absence to handle issues that arise in one's personal life. If you have questions about leave, contact the Leave of Absence Team at dcps.loa@k12.dc.gov

To apply for a Leave of Absence, please visit the following link: <https://dcps.dc.gov/page/dcps-leave-absence>

Religious Accommodations Request

DCPS respects employees regardless of their religious affiliations. DCPS provides employees with religious accommodations if those accommodations do not cause an undue hardship for the agency. Examples of reasonable religious accommodations include, but are not limited to:

- Leave for religious observances;
- Flexible scheduling for religious observances;
- Voluntary shift substitutions or swaps;
- Permission to dress in appropriate religious clothing or practice certain grooming techniques; and
- Modifications to workplace policies or practices.

If a DCPS employed related service provider would like to receive a religious accommodation, they should contact their discipline program manager. Consultation with the program manager will include determining the type of accommodation needed, developing a makeup plan if needed and sending correspondence to the school principal and local education agency representative designee.

For additional information on religious accommodations, please refer to DCPS August 2017 Employee Rights and Responsibilities Policy.

<https://dcps.dc.gov/publication/employee-rights-and-responsibilities-policy>

Leave Notification for Planned or Unplanned Leave

For any planned or unplanned leave, it is the provider's responsibility to ensure the appropriate personnel is notified.

DCPS Employees:

- Must notify their immediate supervisor (Program Manager) of absence in accordance with their collective bargaining agreement.
- As a courtesy, it is recommended that Audiologists also notify their principal, LEA Representative Designee, and DCPS Medicaid (dcps.medicaid@k12.dc.gov). Notification to these individuals can help alleviate confusion at the school level.

For planned leave, submit leave requests in PeopleSoft in advance per your bargaining agreement:

- Set up your Outlook email out of office notification.

Absences/Leave

Departmental Off-Boarding Procedures—Providers Who are Going on Extended/Maternity Leave, Resigning, or Retiring

Below you will find a list of deliverables that are due to close-out your caseload prior to your transition and to assist with the continuity of services for your students upon your departure. These actions are required in order to leave DCPS and the Related Services department in “good-standing” and is part of your professional obligation (see Ethics section regarding abandonment). This is applicable to the following scenarios: 1) planned medical/family leave; 2.) maternity leave; 3.) retirement; and/or 4.) resignation during the school year. Please review the below information and discuss with your assigned PM prior to your leave/departure.

- Weekly documentation through the agreed upon date of leave must be submitted into PowerSchool Special Programs by COB (end of tour of duty).
- Submission of the Missed Session form to capture services missed between the beginning of school year through the date of your leave/departure.
- Completion of information in PowerSchool Special Program for upcoming Analyzing Existing Data (AED) meetings, IEP meetings (Present Levels of Academic Achievement and Functional Performance (PLAAFP), Goals, Service Duration/frequency), and upcoming progress monitoring documentation (i.e., progress reports) for students on your current caseload for up to four weeks post the date of your intended leave/departure.
- A letter must be sent home to the parents of the students that you service to notify them of your departure/upcoming leave.
- Return all assessment and intervention materials and laptop that were loaned during the time of your hire. Please make arrangements with your assigned PM regarding the delivery/drop-off of these materials (This only applies to providers who are resigning or retiring).
- Completion and uploading into PowerSchool Special Programs any open assessment reports for students (along with draft information of the PLAAF, speech and language goals, and recommendation for service amount)
- Completion of progress reports must be uploaded in PowerSchool within 1 month prior to resignation/off-boarding.

- Most current therapy schedule and caseload roster information
- Submit formal letter of resignation to be submitted via the Quickbase link for [resignation](#) or [retirement](#)
 - Submission of the formal resignation must be done at least two or more weeks prior to resignation/retirement date from DCPS

End of School Year Close out Procedures for Documentation

At the end of each school year, DCPS seeks to ensure all IEP meetings have been held timely and are properly closed out prior to summer break. The list below contains action items to be completed prior to the start of summer break.

Item	Person Responsible	Deadline
Complete IMPACT Caseload Confirmation. Confirmation link will be sent via email.	All RSPs	May
Case Managers must ensure all meetings for students on their caseloads with events expiring by October 2024 are held and finalized.	Case Managers and RSPs	May 31st
Ensure trial devices provided by the AT team based on assistive technology consultations are included on the Services and Supplemental Aides Section of the IEP.	Case Managers	May 31st
Submit all new referrals on or after June 1, for 3-through 5-year-olds to Early Stages via the Early Stages Web referral form: https://www.earlystagesdc.org/form/refer-a-child	LEA RD	Beginning Thursday, June 1; ongoing through Summer
Assessments with a parental consent date on or after June 1 for 6-through 22-year olds should be ordered within 48 hours of parent consent and assigned to summer team.	LEA RD/Case Manager	Beginning Thursday, June 1; ongoing through Summer
Providers submit a Data Summary Report for each assessment with a parental consent date on or after June 1, via email, to their Program Managers.	RSPs	Mid-June

Submit all assistive technology technical support and training requests.		Ongoing
Complete 4 th Quarter Progress Reports.	RSPs	Follow school guidance
Ensure Contact Logs and service logs are complete and accurate for all students on caseload.	All RSPs	Last day of school

Incident Weather Policy

Incident weather has the potential to impact our school schedule (delayed openings or school closings). As in the past, the decision made and announced will be one of the following:

Incident Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, television, and other news outlets to notify the community. During these situations, it is important that related service providers check DCPS’ operating status for the day. The DCPS operating status will be posted online at dcps.dc.gov, on [@dcpublicschools](https://twitter.com/dcpublicschools) social media accounts, and with local news outlets.

Dress Expectations

It is the provider's responsibility to find out the dress code requirements for their assigned school site and to wear the appropriate attire. Providers must be in compliance with the dress code for the school. Cleanliness and professionalism are the primary considerations. The following is a non-exhaustive list of expectations:

- All clothing should be clean, and neat. *Clothing should not contain any suggestive or offensive pictures or messages.*
- Tops should be of opaque fabric (not see-through), fit appropriately, not too low cut, tight or loose, and long enough to remain tucked in with movement, i.e., no bare midriffs. Showing cleavage is not appropriate. Tops should allow for rising of hands above head without exposing skin. T-shirts that convey a casual appearance are not to be worn. For men, collared shirts and ties may be appropriate in many settings.
- Pants should fit appropriately, loose enough to allow for mobility but not to present a safety hazard by getting caught in equipment.
- Skirts or skorts may be worn but should be no shorter than two inches above the knee and have no slits above the knee.
- Any piercings aside from earrings should not be visible while working with students. All tongue jewelry must be removed.

Performance Evaluations

Each Related Service Provider (RSP) is evaluated twice per school year using IMPACT: the DCPS Effectiveness Assessment System for School-Based Personnel or IMPACT. The primary purpose of IMPACT is to help the employee become more effective in their work. Our commitment to continuous learning applies not only to students but also to employees. IMPACT supports the employee's growth by:

- **Clarifying Expectations** - IMPACT outlines clear performance expectations for all school-based employees. Over the past year, we have worked to ensure that the performance metrics and supporting rubrics are clearer and more aligned to your specific responsibilities.
- **Providing Feedback** - Quality feedback is a key element of the improvement process. This is why, during each assessment cycle, you will have a conference to discuss your strengths as well as your growth areas. You can also view written comments about your performance by logging into your IMPACT account at <http://impactdcps.dc.gov>.
- **Facilitating Collaboration** - By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential, as we know that communication and teamwork create the foundation for student success.
- **Driving Professional Development** - The information provided by IMPACT helps DCPS make strategic decisions about how to use our resources to best support you. We can also use this information to differentiate our support programs by cluster, school, grade, job type, or any other category.
- **Retaining Great People** - Having highly effective teachers and staff members in our schools helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires us all. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

All school-based Audiologists are in Group 12. There are three IMPACT components for the members of Group 12. Those components are:

1. Related Service Provider Standards (RSP)
2. Assessment Timeliness (AT)
3. Core Professionalism (CP)

Please refer to your Group 12 IMPACT book for additional information. You may also contact the IMPACT office at 202-719-6553 or impact.dcps@k12.dc.gov.

Communications

DCPS Email

Each related service provider has a DC Government email address (@k12.dc.gov). This is our primary means of communication. Messages should be checked daily and returned promptly. Failure to receive notification of job-related information due to a lack of timely checking of one's email inbox is not an acceptable excuse for noncompliance to work responsibilities. Related service providers are required to use the @k12.dc.gov email address and no other email address should be used for work-related communications.

Program Managers, Special Education Coordinators, Principals, teachers, and parents often send email messages to related service providers. Please ensure the LEA has the correct email address to ensure proper communication.

Email communication is maintained by the District of Columbia's Office of the Chief of Technology Officer. The help desk number for email difficulties is (202) 442-5715.

Sample of Email Signature

Jane Smith, M.A., CCC-SLP
Speech-Language Pathologist
School Name
School Address
School Phone

District of Columbia Public Schools

E Jane.Smith@k12.dc.gov

T (202) 555-1111

F (202) 555-2222

Out of Office Messages

When the provider is out of the office and unable to respond to their dc.gov email for extended periods, the provider is required to set up an auto-reply message for incoming emails that notifies senders of your plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date, and point of contact information during your absence.

Follow these steps to set up your out of the office message:

- Go Office 365 and log in using your DCPS email address and password
- Select the “Outlook” application
- Click “Settings” (top right corner)
- Click “Automatic Replies”
- Select “Turn on Automatic Replies”
- Compose message in the text box for “Send automatic replies inside your organization” with the above components included. A sample text is outlined below:
 - *Thank you for your email. I am out of the office from [DAY, DATE] to [DAY, DATE] and unable to respond at this time. If you need immediate assistance, please contact (Name school level staff as alternate contact.). I look forward to responding to your email within 24 hours of my return. Thanks.*

Your Name and Title

School Name

School Address

T: Your telephone number

F: Your fax number

Email: Your k12.dc.gov email address

- Check the box “Send replies outside your organization”
- Copy and paste the message into the text box for “Send automatic replies outside your organization”
- Click on “Save”

Mailbox

Service providers are encouraged to check with school staff regarding correspondence. A DCPS mail service is available for sending documents to DCPS work locations. Envelopes may be available at your school’s main office. An area for all outgoing route mail is designated at each school and work location. Provide the recipient’s name and school address on the route mail envelope.

Provider Management Application (Frontline)

Frontline Education (formerly Frontline Accelify) is the provider management application where RSPs will be able to document MTSS/RTI interventions and 504 services for students on their assigned caseload. As an RSP, you will have access to student-level data in Frontline. Please refer to the DCPS

Data System User Security Pledge in the Appendix. Please see the DSI RSP Frontline documentation requirements. Frontline can be accessed by click [here](#).

Departmental Communications

Departmental communications will be shared via the DSI Related Services SharePoint Page (see below) and via email communication from speech.audiology@k12.dc.gov. It is important that providers read all email communication from the speech.audiology@k12.dc.gov email address.

Departmental Communications may also come directly from the assigned program manager. Any email communications from program managers should be reviewed by providers in a timely manner.

DSI Related Services Provider SharePoint Page

The DSI Related Services Provider SharePoint Page is an online platform that houses a variety of resources specific to DSI Related Service Providers. This page contains templates, resources, and guidance documents to support RSPs in their daily work. This page is only accessible to DSI related service providers utilizing their DCPS email address.

Audiology SharePoint Page

Within the DSI Related Services Provider SharePoint Page is a Speech-Language Pathology SharePoint Page. The SLP page will house policy and procedure documents, professional development training information, and therapy assessment resources. The SLP SharePoint page can be accessed using the following link: [Audiology \(sharepoint.com\)](#)

Canvas

Canvas is a DCPS platform that houses resources, as well as policies and procedures from teams across the network. RSPs can access Cornerstone Curriculum and Course Companions on Canvas.

Equipment/IT Support

Equipment

Assessment equipment is not assigned to individual Audiologists but rather shared among the audiology team and used on an as needed basis. It is important to return loaned items promptly since other Audiologists may be waiting for them. Additionally, Audiologists are asked to inform their program manager of any problems found with the equipment/test kits (e.g., missing or broken items).

Audiology SharePoint Page

Provision of adequate identification, evaluation, and audiologic management services to children with hearing loss requires access to the equipment and materials listed below. Equipment should be calibrated according to manufacturers' and current American National Standards Institute's (ANSI) standards ([ANSI, 2002](#)), and test and intervention materials should be developmentally, linguistically, and culturally appropriate. Such equipment and materials include at least the following:

- Sound-treated test booth
- Clinical audiometer with sound field capabilities
- Visual reinforcement audiometry equipment and other instruments necessary for assessing young children or difficult-to-test children
- High fidelity tape/CD player for use with recorded assessment materials
- Visual reinforcement audiometry equipment and other instruments necessary for assessing young children or difficult-to-test children
- Electrophysiological equipment (e.g., screening and/or clinical OAE/ABR equipment)
- Portable audiometer
- Clinical and portable acoustic immittance equipment
- Otoscope
- Electroacoustic testing equipment (e.g., hearing aid analyzer, real ear measurement system)
- Hearing aids and HATS to be used on a permanent or temporary basis for evaluation of and intervention for hearing loss and/or APD
- Earmold impression materials and modification equipment
- Sound-level meter with calibrator
- Test materials for screening speech and language and evaluating speech reading, functional listening, and auditory skills
- Materials necessary for providing direct and indirect intervention services

- Computer for administrative purposes (e.g., generating reports and tracking student data and outcomes)
- Sterilization/sanitation supplies necessary for practicing universal precautions

Hearing Equipment Distribution, Monitoring, and Collecting

For all students who have an IEP, 504 plan, or Audiologic Assistive Technology needs, that requires DCPS audiological equipment to access their academic environment, the assigned DCPS Audiologist will distribute the equipment at the beginning of the academic year. Monitoring of all equipment will follow the IEP or 504 service prescription. Students who have Audiologic AT needs without a prescribed hearing service will be monitored at the beginning of the school year and on an as-needed basis throughout the school year. At the end of the academic year, the DCPS assigned Audiologist will collect the equipment from the school for the summer.

Laptop Computer Support

Laptop computers and cell phones are assigned to all DCPS centrally funded service providers for the purpose of scoring tests, writing reports, and maintaining progress notes in the Special Education Data System (POWERSCHOOL SPECIAL PROGRAMS) and communicating with schools or families. Laptops and cell phones are the responsibility of each service provider and should be appropriately maintained and secured at all times. Upon separation from DCPS, laptops and cell phones must be returned in good condition. Failure to return DCPS property will result in garnishing of wages.

For providers who are issued Apple MacBook laptops, all repairs should be handled through your local Apple store. All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:

- Phone: 202-442-5715
- [Login - Employee Center \(service-now.com\)](#)

The DCPS IT support department will provide a ticket number for your technology request. Please retain a copy of this ticket number for your records. In the event your laptop or computer becomes inoperable, this information will be required from your manager and/or OTL.

Technology Replacement Process

Providers should follow the steps listed below to request replacement of their technology/computer:

1. Providers are to contact OCTO to report the issue by submitting a ticket at [OCTOHelps Self Service System](#) or by calling **202-442-5715**.

2. OCTO will follow up directly with a service call. Once that service call has concluded, OCTO will provide a Remedy email and Remedy Ticket number. If OCTO determines the computer is inoperable, and needs to be replaced, the Remedy ticket must reflect the following information: "Computer is 525 and needs replacement." The OCTO ticket must be closed by Remedy Force.
3. Providers should forward the Remedy email that contains the Remedy ticket number to their Program Manager.
4. The Program Manager will request the replacement technology/computer from Central Office.
5. When the replacement technology is available for pick up, providers will receive an email from the IT department with instructions for pick up at Central Office.

Stolen Computer/Laptop

In the event your laptop or computer is stolen, please inform your school security officer and the Metropolitan Police Department (MPDC). You are required to file a report with the MPDC. For centrally-funded staff, please submit the police report to your manager.

Random Moment Time Study (RMTS)

The Random Moment in Time Study is a mandatory study required by the Federal Centers for Medicare and Medicaid Services (CMS) to evaluate how school-based staff spend their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generates revenue for DCPS for products and services for special education programs. As a related service provider your participation in this study is crucial to securing these funds; if the response rate drops below 85% for all DCPS providers the federal government will deem the study invalid and penalize our district and DCPS' ability to claim for reimbursement. The terms RMTS and RMS are used interchangeably.

- Moment Timeline
- Each notification is sent in a separate e-mail and must be responded to individually
- Pre-notification 5 Business days before the moment
- Pre-notification 24 hours before the moment
- Notification 0-15 minutes before the moment
- If moment is not completed, reminders are sent 24 hours and 48 hours after the moment
- Moment expires 72 hours after the moment

If you have any questions about the Random Moment in Time Study, you can contact the Medicaid Office at dcps.medicaid@k12.dc.gov.

Section 3: Special Education Disability Classifications and Process

Special Education Disability Classifications

The Division of Specialized Instruction (DSI) Special Education Reference Guide contains IEP Process and related guidance on the implementation of the IEP Process as well as best practices for implementation of the IEP Process. This IEP Process Guide will help answer questions about referrals to special education, the eligibility process and IEP development and implementation processes. Additional policy guidance can be found contained within this guide that will help schools implement the regulatory requirements of IDEA and the DCMR.

The presence of a disability is not sufficient to establish eligibility for special education. The disability must result in an educational deficit that requires specially designed instruction (i.e., special education). In order to qualify for services a student, due to their disability, must require special education and related services.

Eligibility for special education and related services is determined by documenting the existence of one or more of the following disabilities and its adverse effect on educational performance. Refer to the [Office of the State Superintendent of Education's Chapter 30](#) policy for more detailed descriptions.

- Autism
- Traumatic Brain Injury
- Intellectual Disability
- Emotional Disturbance
- Specific Learning Disability
- Other Health Impairment
- Orthopedic Impairment
- Speech Language Impairment
- Hearing Impairments including Deaf / Hard of Hearing
- Visual Impairments including Blindness including Blind / Partially Signed
- Multiple Disability
- Developmental Delay

Section 4: MTSS, General Education Interventions & Special Education Referral Procedures

Pre-Referral Interventions

Before a student is referred for special education services, interventions in the general education setting may be implemented. This section describes the resources and tools used to provide these interventions and the processes to refer a student for special education services if further intervention is required.

Pre-Referral Process

The Pre-referral Team is a problem-solving team consisting of school-based personnel. Parents are encouraged to participate as an active member of the Team. The MTSS Coordinator organizes and facilitates regularly scheduled meetings to address the academic and/or behavioral needs of students.

The team:

- collects and analyzes student data
- identifies student need(s)
- Identifies interventions matched to student need(s)
- creates a student intervention plan with desired success targets
- establishes fidelity and monitoring systems
- agrees on a home-school communication system
- schedules the six-week progress update meeting
- provides support to the teacher for plan implementation

Prior to a special education referral being submitted the pre-referral team should meet on the student to determine what interventions have been implemented and what will be implemented to assist in meeting the individual needs of the student.

This process is a vital part of the student referral process. The MTSS team includes three to five members, including, but not limited to, an administrator, a counselor, a regular education teacher, a special education teacher, a school social worker, a parent, with specialists or other central office persons as appropriate. In many schools, the social worker may be asked to chair this team or lead the team regarding behavior concerns. The MTSS/RtI process should be implemented over approximately six weeks, to determine if the recommendations are successful. If the strategies are not successful, the team can meet again to modify the strategies. Students should be referred to Special Education if two important decision criteria are met:

- Reasonable classroom interventions of sufficient duration have been carefully attempted, without success.

- The cause of the problem is suspected to be a disability that cannot be resolved without special education services.

Exceptions to the process include those students for whom MTSS would delay obviously needed special education services. In these cases, the MTSS process may occur concurrently during the special education referral/assessment process.

As an Audiologist, you may be asked to consult on the MTSS Team for certain students. As a member of the team you should provide strategies to the teacher and parent to address the identified hearing concerns. If the process is not successful in addressing the audiological concerns, the student should be referred for a special education evaluation. For additional information regarding the role of the Audiologist in MTSS, please see the following memo: <http://www.edaud.org/advocacy/14-advocacy-06-12.pdf>.

Audiologists can be a valuable resource as schools design and implement a variety of MTSS models. The following functions are some of the ways in which Audiologists can make unique contributions:

- Explain the role that hearing and listening plays in curriculum, assessment, and instruction, as a basis for appropriate program design;
- Explain the interconnection between hearing skills with spoken and written language;
- Identify and analyze existing literature on scientifically based Auditory/CAPD assessment and intervention approaches;
- Assist in the selection of screening measures;
- Help identify systemic patterns of student need with respect to listening and hearing skills, and classroom environment;
- Assist in the selection of scientifically based aural rehabilitation interventions;
- Plan for and conduct professional development on the area of concern;
- Interpret a school's progress in meeting the intervention needs of its students.

RSPs will document all pre-referral interventions in Frontline (formally Accelify). Frontline is accessible through a web browser by accessing the following website: dc.acceliplan.com.

Multi-Tiered Support System (MTSS)@DCPS

Background and Overview

In previous years, DCPS has adopted a Response-to-Intervention (RTI) model that is often reactive and grounded in a deficit-based approach prior to beginning interventions. Beginning in school year 2021-2022, DCPS seeks to become a district that aligns to a whole child purpose. This entails DCPS operating as a district that is trauma-responsive and where educators are prepared and supported to meet the individual and holistic needs of each child. The targeted outcome of a whole child approach is improvement in teacher/student relationships and experiences leading to enhanced developmental skills, mindsets and academic mastery, in service of equitable whole-child thriving.

MTSS@DCPS is focused on rolling out a district-wide process that provides a coherent structure through which educators will be able to reflect on their improvement efforts related to whole-child core practice; interrogate schoolwide systems, structures and practices that often lead to inequitable outcomes for students; and reflect on student assets and needs to ensure that every student in the district gets the enhancements and supports needed to be successful. MTSS@DCPS is rooted in the science of how children learn and develop guided by these five core science principles:

1. **Development is Bi-Directional**
 - The ongoing, dynamic interaction between nature and nurture – our genes and our environment – drives all development.
 - This back-and-forth biological process highlights the malleability of our brains and bodies.
2. **Context Matters**
 - The malleable nature of development is both an opportunity and a vulnerability, based on the context.
 - In a positive developmental context, a safe and affirming environment, attuned and responsive relationships, and rich instructional experiences support healthy development and learning.
3. **Learning is Integrated**
 - Learning is not “academic” or “social and emotional” – students become increasingly capable of complex skills through the integration of their cognitive, social and emotional development.
 - No part of the brain develops in isolation – it is structurally and functionally integrated.

4. Pathways are Unique

- There is no such thing as an average student – each is on their own individual developmental trajectory.
- It is the challenge of educators to support the fullest expression of what a student can do by designing both shared and individualized experiences that support their holistic development.

5. Student Voice is Critical

- Creating better conditions for learning and development must build from the assets and interests of young people.
- When students are empowered, and we work to dismantle the long-standing barriers in their way, we can move towards more equitable opportunities and outcomes.

This new model for DCPS hopes for a successful tiered system of supports that recognizes all students have unique strengths and needs, which are best met with an integrated and holistic approach that requires collaboration between educators, clinicians, caregivers and communities. Research demonstrates that there are reasons behind the academic, social, emotional, and motivational challenges that students present.

Our goal as educators is that instead of asking why a student is not motivated or what is wrong with this student, we can ask:

- “What has happened to this student that contributes to their struggles?”
- “How can we create an equitable school environment that does not identify the student as the problem but rather honors individual context?”

Our response to these questions with a multi-tiered system of support works in service of holistic outcomes and in service of equity. DCPS’ focus is now on creating the conditions for student success and having holistic conversations about students and enduring that all students receive unique supports or accelerators to reach their potential.

MTSS@DCPS Tiers of Support

The following table provides a description of supports within a tiered system:

Tier 1 Universal Supports	Tier 2 Targeted Supports Individual or small group supports students receive when universal	Tier 3 Intensive Supports Personalized supports an individual student receives when they have more
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<p>Proactive supports that ALL students receive in order to be successful. Educators reflect on the quality of the relationships, environments, and experiences they create for students. Tier 1 supports is also grounded in strong and holistic instruction.</p>	<p>supports are not meeting their needs; these supports do not replace Tier 1 instruction and supports. Approximately 20-35% of students may need additional supports in order to be successful.</p>	<p>significant needs or when Tier 2 supports are not meeting their needs. Approximately 10% of students will benefit from intense supports.</p>
<p>Common across all three tiers:</p> <ul style="list-style-type: none"> • Adult collaboration and capacity-building • Educator capacity-building • Attention to bias and antiracist mindset • Equity focus • Context and conditions drive conversations and solutions • Student agency and voice 		

MTSS@DCPS and Special Populations

Specialized Instruction & Related Services

MTSS@DCPS is a model that promotes school improvement through engaging, evidence-based academic and behavioral practices. Multi-tiered systems of support are intended to meet the needs of all learners, including students with disabilities across the continuum. MTSS is a collaborative, concurrent and communicative process involving all school staff, general education and special education. There is an expectation that educators are effectively working and communicating with all stakeholders throughout the implementation. A Multi-Tiered System of Supports restructures the educational system by creating a culture in which there is a shared responsibility and collaboration between general education and special education for the purpose of ensuring that the educational needs of every student are met. General and special educators work closely together within collaborative learning groups to create instructional plans that are rigorous and purposeful.

Effective MTSS practices will provide all students access to high quality instruction, relationships and experiences. The model should lead to fewer students requiring a formal IEP with modifications and accommodations to their classroom environment. For students whose IEP only requires classroom modifications, MTSS interventions could keep those students from unnecessary labels, increase their amount of time in the general education setting versus special education setting and lead to an overall reduction in special education referrals. Academic, behavioral and social-emotional tiered supports will

also support in the reduction of the overidentification and over representation of black males with a special educational disability classification of Emotional Disturbance.

Universal Tier 1 supports are for all students, general education and special education. Tier 2 and Tier 3 supports are not intended to replace Tier 1 supports for students with learning challenges or students with IEPs. At different points, any student may need the supports in Tiers 2 and 3 and should have equitable access to each tier.

It is important to understand that Tier 3 is not synonymous with special education. In fact, students with disabilities may not need Tier 3 support while other students not identified as having a disability may require those supports. It is critical to understand that MTSS@DCPS does not function as a step ladder. A student may need intensive Tier 3 support without first accessing Tier 2 supports. For example, if a student suffers a traumatic event, individual counseling daily may be needed. We do not suggest they try to attend weekly group sessions to see if those work first if the student is in crisis. We must provide the student with the level of support required regardless of a defined disability or a predetermined sequence of scaled supports.

If a student is responding positively to interventions, the student is probably not a student that would need the specially designed instruction of special education. If supports and interventions are unsuccessful, the evidence-based interventions data will be useful for the special education team for the evaluation process and determining the level of support a student may need. Throughout the MTSS process, the school team must monitor student progress when a student is suspected of having a disability requiring specially designed instruction. A referral for evaluation under IDEA can occur at any point in the MTSS process and continue during and after the special education process is completed.

In the tiered support planning and discussions for students with IEPs, the MTSS team expands to include additional stakeholders across general education and special education, to ensure all experts are represented. The MTSS process is not a general education process or special education process, it is a collective process. Connecting MTSS with special education enables teams to blend the resources and expertise of both general and special education personnel to provide a unified system of supports that meets the needs of every student.

Tier 1 supports for students with IEPs may include co-teaching, inclusion instruction and co-planning with general education content teachers. Here are some Tier 2 or 3 examples for students with IEPs:

- Students who qualify for special education services in reading may need Tier 2 or 3 support in mathematics.

- Students who qualify for special education services in behavior, may need access to Tier 2 or 3 for academics.
- Students who qualify for special education services in speech therapy, may need access to Tier 2 or 3 for reading.

Students with disabilities should be able to access the level of support needed, regardless of whether the supports in question are provided in the general or special education setting. Schools need to be cognizant of making sure the level of support the student receives doesn't *decrease*, if the student qualifies for special education services. For students with IEPs, student progress should be included in the Special Education Data System (PowerSchool Special Programs) quarterly IEP progress report. Updates to the IEP may be warranted by the multi-disciplinary team based on student progress monitoring data from the tiered supports.

As educators and students return to school, it is important to align our expectations about student progress with the district's educational offerings and account for the time needed for recovery. We must be diligent about not labeling students according to their needs. Tiers are not placements or designations that follow students throughout their academic careers. MTSS@DCPS is iterative process that is fluid based on data from universal screening, on-going progress monitoring and the problem-solving model.

Key Concepts

- MTSS is NOT a process that automatically results in a referral or eligibility to special education.
- A student receiving interventions through the MTSS process should NOT delay a referral to special education.
- Students with disabilities are general education students first and should have access to the full system of supports available to all students.
- Accessing an appropriate educational program should be SEAMLESS; the MTSS framework should be flexible to meet the needs of EVERY student.
- MTSS@DCPS employs a systems approach, using data-driven problem-solving process.

For additional information regarding MTSS@DCPS including progress monitoring within the MTSS process, please visit the MTSS site at: [https://dck12.sharepoint.com/sites/DCPSWay/SitePages/Multi-Tiered-System-of-Supports-\(MTSS\).aspx](https://dck12.sharepoint.com/sites/DCPSWay/SitePages/Multi-Tiered-System-of-Supports-(MTSS).aspx)

Role of the RSP in the MTSS Process

Related Service Providers can play an important role in each tier of the MTSS process. As MTSS looks to be proactive, the RSP does not have to wait for another educator to bring up an area of concern.

Instead, starting with Tier 1, RSPs can provide critical and vital supports that is beneficial for all students in the classroom. Below are examples of how RSPs can be involved in each tier of the MTSS process:

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> •Co-teaching with classroom teacher so all students receive support from the RSP •Training for teachers on UDL strategies and supports related to the RSP's clinical expertise •Reviewing progress monitoring data with the MTSS team •Co-planning with teachers related to embedding strategies and supports beneficial for all students 	<ul style="list-style-type: none"> •Provision of small group or individual supports related to the clinician's area of expertise •Completing progress monitoring/data collection for students receiving Tier 2 supports •Collaborating with the classroom teacher regarding student progress and support •Meeting with the MTSS team to provide updates regarding student progress and updates 	<ul style="list-style-type: none"> •Individualized, personalized EBP supports related to the RSP's clinical expertise •Progress monitoring of the student's performance within Tier 3 supports •Collaborating with the classroom teacher regarding student progress and support needs •Meeting with the MTSS team to provide updates regarding student progress and updates

Documentation Requirements for RSPs

For SY 24-25, RSPs will continue documentation of MTSS supports in Frontline (formerly Accelify) in the RTI portal. The service line in Frontline should clearly define the tier of support and the related area of concern (e.g., receptive vocabulary, fine motor grasp, etc.). The comment for the note should contain the following elements:

- Identification of the intervention activity/activities
- Description of the student’s response to the intervention (quantitative and qualitative information)
 - Quantitative includes: accuracy percentage, number of trials/opportunities, etc.
 - Qualitative includes: level of prompting/dependence (i.e. moderate verbal prompts, tactile cues, maximum supports, etc.), behaviors impacting/contributing to progress, etc.
- Explanation of the relevance of the activity to the student’s MTSS plan or area of support

While RSPs will log their service lines for MTSS in Frontline, RSPs will need to share data/progress monitoring information with the MTSS team so that it can be included in the student's overall MTSS profile which will be located in Panorama.

For additional information on MTSS@DCPS, see [DCPS Way MTSS page](#).

Special Education Referral Procedures

Special Education Referral Process

Once strategies implemented through the MTSS process have proved unsuccessful and/or if a referral for evaluation for special education services is received, the Special Education Eligibility process will be initiated. Within the referral process, the areas of concern for the student will be identified. If communication is marked as an area of concern, the Audiologist will join the Multi-Disciplinary Team (MDT) team through the eligibility process. The next step after the referral is completion of the Analysis of Existing Data section within the Special Education Data System (POWERSCHOOL SPECIAL PROGRAMS).

Audiology Assessment Referral

When an Audiological, Hearing Screening or Auditory Processing assessment is necessary, a referral for assessment will be initiated. Prior to making a referral for an Audiological assessment, the teacher or MDT members should complete the appropriate referral form. This information can assist the Audiologist in completing the Analyzing Existing Data section in PowerSchool Special Programs. Per the DCPS guidelines, initial and reassessments must be completed within 45 days of parental consent.

Analysis of Existing Data (AED)

The Analysis of Existing Data is conducted by the school’s IEP team. All areas to consider must be indicated with the type of information reviewed, data used, analysis and the summary of the concern should be completed in PowerSchool Special Programs. For specific guidance regarding how data is collected and analyzed, please refer to the table below. If additional assistance is needed consult with the respective program manager.

Method	How to Gather the Data
Classroom-based assessment	Information from Teacher Interview can be obtained to determine student’s performance on classroom-based assessment (where applicable)
Input from parent	Phone call or video conference, email, or questionnaire
Results of Previous Interventions	Review and gather data from previous progress reports, service capture notes, previous assessment reports, etc. in PowerSchool Special Programs
State or Local Assessments	Consult with classroom teacher regarding student performance on BOY (beginning of year) and MOY (middle of year) assessments

	<p>If accessible, review information in ASPEN regarding student performance on State or Local Assessments</p> <p>Results of ASQ (Ages and Stages Questionnaire), Gold, classroom assessments</p>
Student Work Samples	Request discipline appropriate work samples, if applicable.
Observations	Classroom observations can be completed within the classroom and/or other school environments as appropriate (e.g. cafeteria, specials, playground, hallways)
Discipline Record	If accessible, review ASPEN for discipline record. If applicable, review discipline record from Psych, SW, or General Education Teacher
Formal Assessments	Review and gather data from previous OT, PT, Speech or AUD assessments in PowerSchool Special Programs
Current Progress Report	Review and gather data from the most recent progress report in PowerSchool Special Programs
Independent Educational Evaluations	Complete IEE (Independent Educational Evaluation) Review Form (located in Related Service Provider SharePoint Page)
Related Services Session Notes	<p>Review and gather data from 2-3 recent service trackers to demonstrate student progress over time.</p> <p>If it is an initial referral, review or MTSS (Multi-Tiered Systems of Support) notes for supports and intervention previously provided and student response</p>
Part C or other early childhood data	Review ASQ, Gold data, or classroom data gathered from Teacher
Other	<p>Teacher Interview</p> <p>Can interview teacher via phone, e-mail, video-call, or in-person regarding any discipline specific concerns observed that are impacting access and participation. There can also be a survey or questionnaire sent to the teacher.</p>

****Providers must utilize at least three data points. AEDs must include a classroom or school environment observation.***

After the AED information is entered into the data system, the team must decide if additional data is needed to make an eligibility determination. If the IEP team agrees there is enough data to determine eligibility, the team should move forward with the eligibility determination meeting and decision. This

meeting must be finalized in PowerSchool Special Programs within 72 hours of the meeting and determination.

If the team finds there is not enough data to determine eligibility, consent to conduct additional assessments must be obtained from the parent/guardian. See additional information on parent consent and evaluations [below](#).

The Analysis of Existing Data (AED) step of the evaluation process should be completed to determine if there is sufficient data and information to make an eligibility determination or if additional information is required through completion of formal assessments. The review of data must be conducted by a group of individuals that include required members of an IEP team. The Audiologist is a required member if “Hearing” is marked as an area of concern.

1. Review existing evaluation data
 - Information provided by parent
 - Classroom-based observations (please see sample form in APPENDIX section)
 - Student response to Tiered Supports provided in the General Education setting
 - Information provided by teachers
 - Formal and informal assessments

2. The IEP team should begin their review of the referral by analyzing as many of the following types of existing data as are available:
 - Attendance
 - Behavior or Incident reports
 - Classroom observations (please see required form in APPENDIX section)
 - Class work samples
 - Current grades
 - Discipline reports
 - Documentation of academic and behavior interventions
 - Evaluations and information provided by parents
 - Health records and medical reports
 - Report cards
 - Standardized test scores

3. Identify the data that is needed to be determined

- Category of disability
 - Present level of performance
 - Special education and related services
 - Modifications to allow child to meet IEP goals and participation in general education
 - The student's progress
4. Documentation of this review must include:
- The team conclusions/decisions
 - The date the conclusions/decisions are finalized
 - The names of individuals participating in the review
 - Conclusion if additional assessments are needed

Special Education Eligibility Process

Special Education Process

What is Eligibility?

Eligibility refers to the meeting of specific criteria for receiving special education and related services.- A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT. For a student to be considered eligible for special education and related services, there must be documentation that the student meets the requirements defined by IDEA.

Special Education Consent to Evaluate

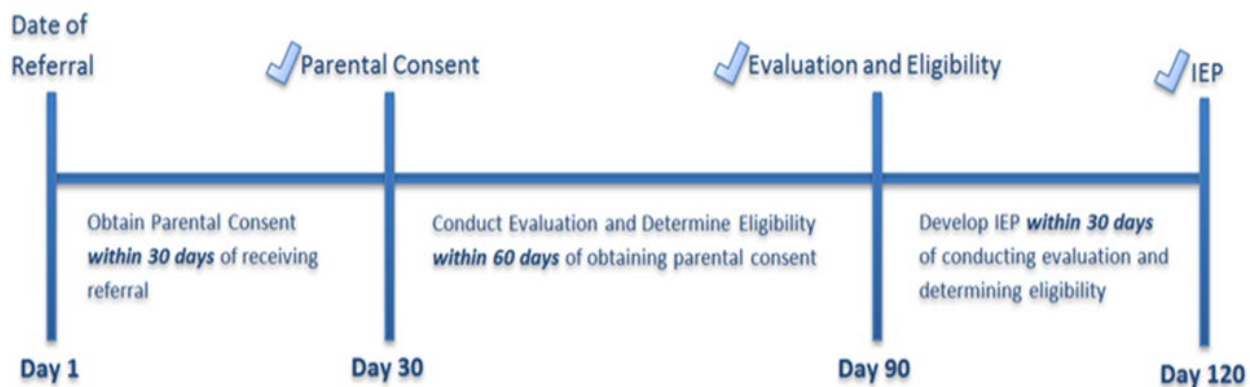
Before a student may be assessed, the LEA must notify the parents in writing. This notice must describe any assessment procedure that the District proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed. Once a meeting is held to determine if assessments should be ordered, parent consent is gained. Once consent is gained an assessment is ordered in PowerSchool Special Programs and the respective provider begins the assessment process

Per the DCPS guidelines, all evaluations must be completed within 45 days of parental consent.

Special Education Timeline

As a result of the Enhanced Special Education Services Amendment Act of 2014, beginning July 1, 2017, the *maximum amount of time allotted* for the evaluation and assessment period for students recommended for special education services will change (DC Code §38-2561.02 (a)).

- After receiving the student's referral for special education services, the LEA has 30 days to obtain parental consent for an evaluation.
- A referral may be oral or written. Oral referrals must be documented by the LEA within 3 business days of receipt (DCMR 5-E3004).
- The LEA must make reasonable efforts to obtain parental consent (DCMR 5-E3005). The LEA must make at least three attempts to communicate with a parent using three different modes of communication. Possible modes include correspondence by mail, by phone, or by conducting home visits. All communication attempts must be documented in the communications log in PowerSchool SPE PROGRAMS.
- After gaining parental consent, the LEA has 60 days (*adjusted from 120 days*) to conduct an evaluation and determine the student's eligibility.
- After conducting an evaluation and determining eligibility, the LEA has 30 days to develop the IEP (20 USC §1414(d); 34 CFR §300.320-326).



Note: If parental consent is gained on Day 5, conducting an evaluation and determining eligibility must be completed by Day 65. Since each phase has a specific amount of time allotted, the timetable for each phase begins immediately after the preceding phase is completed.

Note: IEP teams may elect to hold the evaluation/eligibility and IEP meeting on the same day.

Time Allotted By Best Practices		
Step	Best Practices	Required by Law
Review Referral and Send Procedural Safeguards Manual and Referral Acknowledgement Letter to parent	3 days	≤ 30 days
Collect Student Information and Send Referral Meeting Invitation to parent	3 days	
Analyze Student Information	4 days	
If Assessment is NOT Needed: Hold Referral Meeting, Obtain Parental Consent, and Schedule Eligibility Meeting	5 days	
If Assessment IS Needed: Hold Referral Meeting, Obtain Parental Consent, Schedule Eligibility Meeting, and Order Assessment, Assigning Assessment to the Provider <i>within 48 hours</i> of Obtaining Parental Consent	10 days	
If Assessment IS NOT Needed: Prepare for Eligibility Meeting and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	10 days	≤ 60 days
If Assessment IS Needed: Conduct Assessments, Prepare for Eligibility Meeting, and Send Eligibility materials for discussion to parent <i>at least 10 days in advance</i>	45 days	
Note: After the IEP Team orders an assessment, providers have 45 days to conduct it		
Hold Eligibility Meeting PWN: Send Eligibility Determination to parent Note: For initial IEPs, teams should be prepared to hold an IEP development meeting on the same day as the Eligibility meeting	10 days	
Develop IEP	30 days	≤ 30 days

If a student is found eligible for special education under IDEA, decisions about the need for related services are made by the IEP team taking into consideration the assessment information provided. When a student is suspected of having a disability and initially referred for a comprehensive evaluation,

the eligibility committee reviews the assessments and any pertinent information to determine if the child has a disability that requires special education. Once eligibility has been established, the IEP team determines if related services are needed to help the student benefit from his educational program or access the general curriculum. The IEP team makes this determination based on the current data in the child's education record, or by evaluating the child in accordance with applicable requirements.

Special Education Process

Triennial Assessments/Re-evaluations

Students placed in special education must have their eligibility for special education services evaluated at minimum every three years. The purpose of the triennial assessment is to determine:

- If the student is still eligible for services under IDEA
- Determine the student's present levels of academic achievement and functional needs
- Whether any additions or modifications to the special education services in a student's IEP are needed, such as a change in disability category.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of PowerSchool Special Programs must be completed by the team members for all areas of concern as part of the re-evaluation process. Using this data, the team can determine if assessments are warranted.

Additional assessment is not always necessary. The need for a formal assessment should be reviewed and discussed by the IEP team. Examples when a formal assessment is not warranted for a triennial assessment, include:

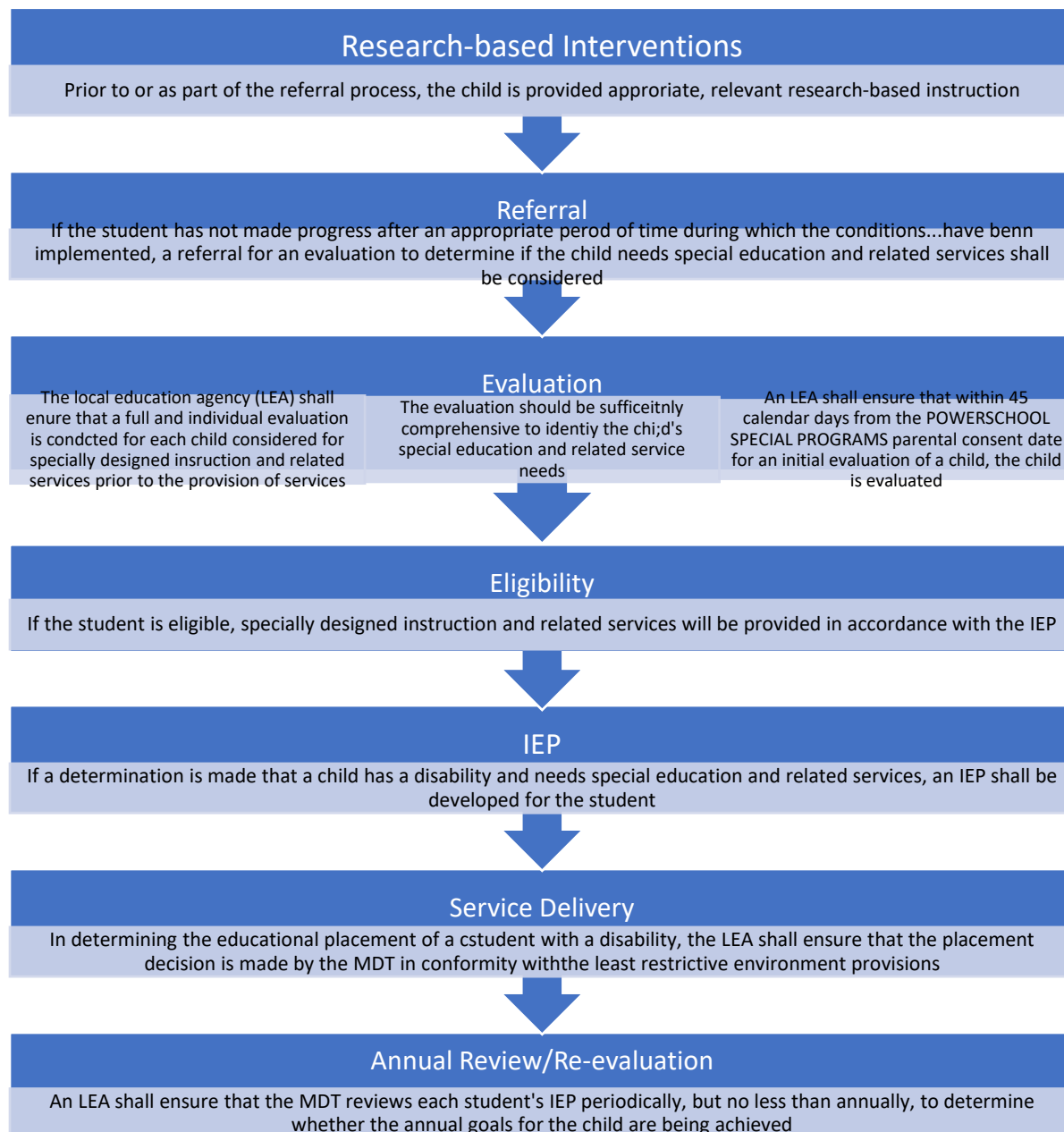
- Standardized testing would not provide any additional relevant information.
- The student has demonstrated minimal change in functional skills.
- There is sufficient anecdotal evidence and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyze Existing Data section.
- The team is not considering a change in eligibility or location of services.

If the decision is made to not conduct new assessments, the parents must be informed of the school decision, reasons for it, and their right to request an assessment.

- Informed parental consent should be sought with due diligence by the school before any new assessments take place.
 - In the event due diligence guidance has been followed (including documenting all communications within PowerSchool Special Programs contact log) and parent consent for re-assessment could **not** be obtained, the Related Service Provider may **not** proceed with completing formal assessments. The IEP team should reconvene to determine continued eligibility with current data available.
- A triennial assessment must include updated assessments should the parent request it.
- A triennial assessment should include updated assessments if:
 - Additional information is needed for continued placement and/or delivery of services
 - The IEP team is considering a change in placement, disability classification, or eligibility
 - The evaluator determine the previous assessment(s) is outdated, erroneous, or inconsistent

If the decision is to conduct new assessments, a comprehensive speech and language evaluation must be conducted using a language and vocabulary battery. If formal language and vocabulary batteries are not appropriate, informal measures, checklists, observational ratings, or inventories should be completed due to student's difficulties with completing formal batteries.

The Initial Eligibility Special Education Process



Special Education Law

Individuals with Disabilities Education Improvement Act (2004)

On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) was enacted into law as Public Law 108-446. The statutes, as passed by Congress and signed by the president, reauthorized and made significant changes to the Individuals with Disabilities Education Act of 1997 (IDEA 1997)

IDEA 2004 intended to hold children with disabilities achieve high standards – by promoting accountability for results enhancing parental involvement, using proven practices and materials, and providing more flexibility and reducing paperwork burdens for teachers, local school districts and states. Enactment of the law provided an opportunity to consider improvements in the current regulations to strengthen the federal effort to ensure every child with a disability has available a free and appropriate public education that is of high quality and designed to achieve the high standards reflected in the Elementary and Secondary Act of 1965, as amended by the No Child Left Behind Act of 2001 (NCLB) and its implementing regulations.

The purpose of IDEA 2004 was to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.

The Enhanced Special Education Service Act

The Enhanced Special Education Services Act of 2014 (DC Law 20-195; [DC Official Code § 38-2614](#) and [§ 38-2561.02](#)) made important updates to special education services in DC, including:

- **Secondary Transition:** Lowers the minimum age for the creation of secondary transition plans for students with disabilities from age 16 to 14, “beginning July 1, 2016, or upon funding, whichever occurs later.”
- **Initial Evaluation:** Requires LEAs to make reasonable efforts to obtain parental consent to evaluate the child within 30 days of referral, and then complete the evaluation and eligibility determination within 60 days of parental consent. This requirement of the law takes effect “beginning July 1, 2017, or upon funding, whichever occurs later.”

Eligibility Timelines and Reasonable Efforts

Reasonable efforts are the communication efforts of the LEA to keep the special education process moving forward. Reasonable efforts are an LEA obligation under the law. A reasonable effort is means:

- Contact is with the parent
- The reason for the contact is related to the evaluation process
- The result of the communication is documented
- The language used to document the effort is specific.

OSSE does not consider the following to be “reasonable efforts”:

- A 2nd or 3rd attempt to an inactive phone number/email
- A reminder call related to a currently scheduled appointment
- Log entries that do not make the reason for contact clear

Reasonable efforts can be made utilizing the following modalities:

- Phone call
- Text message
- Email
- U.S. mail
- In-person meeting.

Reasonable efforts are more effective if they are completed in multiple modalities (when possible) and during different days and different times during the day.

As the LEA, we must engage in reasonable efforts to contact the parent at each distinct step in the referral/eligibility process. This includes response to a referral, obtaining consent, scheduling an evaluation appointment, scheduling an eligibility meeting, and obtaining consent to develop and implement an IEP. Reasonable efforts must cross the minimum threshold of occurring on 3 different dates and made in 2 different modalities (also known as 3/2 contacts).

Reasonable efforts must be documented in the PowerSchool Special Programs Log entry to be recognized by OSSE. Any documents sent to the parent that are not also documented by a PowerSchool Special Programs log entry will not be considered reasonable efforts. The documentation in the Log entry must be specific to identify its purpose.

Related Service Provider Responsibility for Documenting Reasonable Efforts

Related Service Providers are critical members of the eligibility process. Therefore, they are also important in documenting reasonable efforts as it relates to the eligibility process. Specifically for all Related Service Providers, the reasonable efforts would primarily be related to scheduling an evaluation

appointment. Documentation includes communication with the parent regarding scheduling an evaluation appointment and communication from the parent indicating any barriers impacting timely action (e.g. only Fridays, only a few days within several weeks, death in the family, emergencies, hospitalizations, unexpected travel).

The following are examples of specific documentation language that meets OSSE’s expectations:

- “Called parent to schedule an initial evaluation appointment.”
- “Texted the parent to reschedule a missed evaluation appointment.”
- “Emailed parent regarding scheduling the evaluation at the following location for the following date _____ and time_____.”

The following examples do not meet OSSE’s expectations for specific documentation language:

- “Called parent to schedule a meeting.”
- “Texted pared to reschedule.”
- “Emailed parent about the evaluation process”
- “Sent letter to parent about the upcoming IEP meeting”

Related service providers must document all attempts (successful and unsuccessful) to schedule or assess a student in the Log entry of PowerSchool Special Programs following the Reasonable Efforts guidance.

Early Childhood Child Find Process

Early Childhood Assessments for non-DCPS Enrolled Students

Non-DCPS enrolled students between the ages of 3 and 5 years, 10 months who are referred for an initial special education evaluation are assessed by the Early Stages Center, not the special education team at the local school.

Students referred to the Early Stages Center receive a full assessment at the center located at Walker Jones Education Center or at the Ron Brown Location.

[Early Stages Contact Information: \(202\) 698-8037](tel:(202)698-8037)

www.earlystagesdc.org

Early Childhood assessments completed at Early Stages are a snapshot of the student's present level of performance during testing. This will impact the format and information incorporated in some of the assessment reports received from Early Stages. Assessments and progress monitoring for early childhood students should be ongoing after the assessment is completed.

Student's transitioning from IFSPs to IEPs

The Early Stages Center is responsible for students transitioning from IFSPs to IEPs. Student's transitioning from an IFSP (Part C) to IEP (Part B) may not be re-evaluated by Early Stages providers. This process takes into account Presumptive Eligibility since the student is currently receiving services as a Part C child with an IFSP. RSPs at Early Stages evaluate students by reviewing OSSE Strong Start documentation (assessment and intervention) and completing student observations, interviews, screenings and supplemental assessments. Students transitioning from IFSPs to IEPs remain a snapshot of the student's present level of performance during the evaluation. This may impact the format and information incorporated in the eligibility documentation received from Early Stages. Assessments and progress monitoring for Part C to Part B students should be ongoing after the assessment and IEP are completed.

Part C and Transition

Each discipline has its own perspective and definitions for the evaluation and assessment procedures used within their scope of practice. However, under Part C of IDEA 2004, the definitions of these procedures may differ from those used in other practice settings; therefore, providers must be well informed about the definitions under Part C.

Steps for a Smooth Transition

For all toddlers with an IFSP, the steps, at the time of the transition meeting, shall include provision of information; parent training and discussion of transition needs, as appropriate, regarding future placements; and plans for the transition to special education programs under Part B, to early education, or other appropriate services (34 CFR § 303.344(h); 17 CCR § 52112(c) and (d)). The transition IFSP must also include the procedures to prepare the toddler for changes in service delivery. Steps to help the toddler adjust to and function in a new setting, as well as a projected date are established for conducting a final review of the IFSP to document progress toward achieving early intervention outcomes by age three (17 CCR § 52112(c)(3)).

For toddlers who may be eligible for preschool services from the LEA under Part B (e.g., special education and related services), the transition must include the following steps:

- Obtain parental consent for exchange of information about the toddler with the LEA (e.g., progress reports, evaluation/assessments).
- Review IFSPs that have been developed and implemented and other relevant information.
- Identify the needed assessments to determine special education eligibility.
- A statement of the process necessary to ensure that the LEA receives the referral in a timely manner to ensure that assessments required are completed and that an IEP is implemented by the toddler's third birthday.
- Specialized instruction and services are delivered to the student by the child's third birthday.

This means that the referral must be received by the LEA no later than the time the toddler is two years nine months old, or before the LEA's break in school services if the toddler will become three years of age during a break in school services. DCPS has their own evaluation and assessment procedures to determine eligibility. The eligibility criteria reflect differences in the populations served, as well as the focus and purpose of the services that are needed, as a result of these evaluations and assessments. One of the key changes at the time of transition from early intervention services to Part B services is the shift in service delivery, primary focus, and purpose of services. Specifically, audiology services under Part C of IDEA, may be required or primary early intervention services if the team determines that they are needed and they are specified on the IFSP. However, once the child becomes eligible for special education services, audiology services may be identified as a related service, which means that audiology services may be determined to be necessary for the child to benefit from his/her special educational program as a related service.

Hearing Screening Students Enrolled in DCPS Local Schools and Audiological Referral Process

Hearing screenings for students are completed by the school nurse or other school qualified personnel. If the student does not pass the initial screening (receives “refer”), the school nurse or qualified school personnel will re-screen within 15 to 30 days. Parents will receive written notification from the school staff if a student does not pass a hearing screening twice with a recommendation to follow up with medical personnel or an Audiologist.

DCPS Audiologists should follow up with school nurses within 90 days of the first day of school, to determine if all “did not pass” students have been cleared. If the student has been cleared, no further action is required from the Audiologist. If there has been no parental follow up, the school nurse and Audiologist will determine if an Audiologist visit is necessary to complete an expanded hearing screening. In the event an Audiologist provides support to a school nurse for students who cannot participate in Hearing Screenings, the Audiologist should count this as a Tier 1 support and document the information and results in Frontline.

If a student is in the referral process for special education, the school team should determine if the student has “passed” their most recent hearing screening (within 1 year) based on student records. If a “referred” (failed) hearing screening is on file, the MDT should request a Hearing Screening in PowerSchool Special Programs. All Hearing screenings will be assigned to the school’s Audiologist in PowerSchool Special Programs and conducted at the school site. The Audiologist will conduct a comprehensive hearing screening and upload into PowerSchool Special Programs within 45 days of parental consent. All results will be reviewed at the MDT meeting. If a hearing screening is failed and appropriate measures to correct the problem have not been implemented, the eligibility process must still proceed. Refer to your discipline guidebook on the implementation of qualitative assessment procedures.

- Contact the Audiology department at (202) 698-8011

Audiological Referral Process

When an audiological assessment is necessary, a referral for the assessment will be initiated by the MDT. Prior to making a referral for an audiological assessment, the teacher or MTSS team members should indicate the reason for the referral and attach any previous audiological screening/evaluation results available. This information can assist the audiologist in completing the Analyzing Existing Data

section in Power Schools Special Programs. Per DCPS guidelines, initial assessments and re-evaluations must be completed within 45 days of parental consent.

Auditory Processing Disorder (APD) Referral Protocol

Students who are suspected of having an Auditory Processing Disorders (APD), or who are diagnosed with APD, should be considered for special education services through the same process as any student suspected of having a disability. To qualify for special education and related services, the disorder must interfere with the student's ability to obtain reasonable benefit from regular education. An Auditory Processing problem causes difficulty in understanding the meaning of incoming sounds. Sounds enter the auditory system but the brain is unable to interpret efficiently or at all the meaning of sounds. In an extreme case, meaningful sounds cannot be differentiated from non-meaningful sounds.

Referral Guidelines

The student must:

- Be at least seven (7) years or older.
- Have normal peripheral hearing acuity.
- Full Scale IQ score of 80 or above.
- Have a recent psycho-educational assessment (within the year).
- Have a recent speech and language assessment (within one year, which should include a language battery (e.g. CELF-5) and phonological processing skills assessment (e.g. CTOPP).
- Have intelligible speech and can follow directions.

The referral must:

1. Include the psychological and speech-language assessment.
2. State clearly and in detail why the student is being referred for an APD evaluation.
3. List any diagnoses including ADD/ADHD, Autism, SLI, ED, OHI.
4. Indicate whether the student is taking medication for ADD. A student who is taking medication for ADD but has not taken it in the morning of APD, testing will be rescheduled.
5. Indicate which special classes the student attends and for how much of the day.
6. Indicate what modifications are being made for the student at present.
7. Include the Justification for Consideration of APD Assessment Evaluation (see Appendix).

The DCPS Audiologist along with the student's MDT will determine if the APD assessment is warranted. All assessments will be completed at the DCPS Audiology Office at Payne Elementary School (where the equipment resides).

Criteria used to identify an educationally significant APD

The student must meet the following two criteria identify as having an educationally significant APD:

Scores that are below the age-corrected normal region (-2.0 standard deviations) on at least two different dimensions.

Evidence of difficulty in the academic setting based on observation, multidisciplinary assessment, and academic performance. Please see the following link for the APD Checklist/Criteria Form: [APD Checklist/Criteria Form](#)

Assessments for Parentally Placed Students

District of Columbia Public Schools' (DCPS), Centralized IEP Support Unit (CIEP), is responsible for locating, identifying, and evaluating all parentally-placed, self-funded private and religious school children ages 5 years 11 months to 22 years old who have a disability or suspected disability. Children who have been parentally placed, and self-funded in a private or religious school will be evaluated to determine whether they are eligible for special education. If eligible, they may be offered equitable services. Staff will be placed on the CIEP teams and will be responsible for several groups of students. These Teams are responsible for all students who are parentally placed and self-funded, private and religious schools. The school served could be a:

- Day Care Center
- Private school
- Parochial school
- Charter school
- Non-Public School (regardless of student's home address)
-

If it is determined that the student is eligible for special education equitable services, an Individual Service Plan (ISP) is developed. The parent has the option of remaining in the private/religious school or enrolling their child full time into a DCPS school.

In the event the parent elects to remain with the private school option, DCPS will provide the related services from the ISP during the school day at the student's educational location.

If a parent reports to your school with an IEP for their non-attending student, refer the parent to the Central IEP team. Please contact the child-find team at dcps.childfind@k12.dc.gov.

Charter Schools and Non-Public Schools

DCPS serves as the LEA for one dependent charter school. As of July 1, 2017, St. Coletta Special Education School is the only DCPS dependent charter school.

DCPS has several students attending Non-Public Educational programs. In these cases, the Non-Public Unit monitors the IEP services to ensure compliance. At times, an Audiologist is required to complete re-evaluations and APD assessments. Non-Public case assignments will be issued to the assigned DCPS Audiologist.

The website for Power Schools Special Programs for Charter Schools is:

<https://login.specialprograms.powerschool.com/>

Audiological Equipment or Technology Guidelines

After the completion of an audiological referral or assessment, the audiologist will make recommendations to the team on the Audiological Equipment or Technology needs for the student. The team will review and incorporate the recommendations into the “Hearing Considerations” section of the IEP. DCPS will secure the Audiological Equipment or Technology that is deemed necessary for the student to access to academic environment.

Section 5: Audiology Assessment Procedures

Assessments and Related Services

Role of Related Services

Related services is defined by the [United States Individuals with Disabilities Education Act \(IDEA\) 1997](#) as, "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education..."[section 300.24(a)]. Students who need [special education](#) and specially designed instruction are eligible for related serves under *IDEA*. During the evaluation process the student is evaluated to first find out if the student has a disability, and secondly to determine what types of related services the student requires.

Role of Related Service Providers for Assessments

In order to determine whether or not a student demonstrates a disability, his/her skills are assessed using formal and informal measures. Based on the results and with comparison to educational assessments, the information is utilized to determine if the student meets certain characteristics of the disability coding outlined by IDEA. Below you will find a list of the types of assessments completed by related service providers, which is used along with provided information from the educational team (teachers and special educators) to determine if a disability exists, the type of disability, and the overall educational impact of the disability within the academic setting as it relates to education, social-emotional, vocational, and transition.

Types of Assessments	Related Service Provider Responsible	Types of Information Gathered to Make Determinations Regarding Disabilities
Observation	Social Worker Psychologist Occupational Therapist Physical Therapist Speech-Language Pathologist	Observing behavior of a child in a natural setting is a required part of the evaluation process. A natural setting may include the classroom, playground, restroom, bus, or home. Observations should occur in places familiar to the child where her or she is comfortable and will have the opportunity to demonstrate typical behaviors. Observations add a critical dimension to the evaluation process, particularly when they are used in conjunction with objective tests, behavioral checklists, questionnaires, and interviews.
Language and Communication	Speech-Language Pathologist Audiologist	Measures the child’s understanding of language and expression of language, pragmatic language skills, speech production (including articulation/phonology, phonation/voice, and fluency), oral motor development, and feeding/swallowing skills.
Adaptive Behavior	Occupational Therapist Physical Therapist	The performance of developmentally appropriate daily activities required to meet personal needs and social responsibility. Areas of adaptive behavior assessed include, self-help skills, play skills, learning styles, communication skills, motor skills, and social interaction/behavioral skills.

Speech-Language
Pathologist
Psychologist
Audiologist

January 2003. Guide for Determining Eligibility and Special Education Programs and/or Services for Preschool Students with Disabilities. The New York State Education Department; Office of Vocational And Educational Services for Individuals with Disabilities. Albany, NY

DCPS Comprehensive Audiological Screening and Assessment Reports

What is a comprehensive hearing screening?

A comprehensive hearing screening is a preliminary step to determine if further evaluation is required. For DCPS, a comprehensive hearing screening consists of otoscope examination, pure tone audiometry OR otoacoustics emission test. A comprehensive hearing screening should also contain the following information:

- Reason for referral
- Background/Case History
- Classroom Observation
- Behavioral Observation
- Validity Statement
- Parent/Teacher Interview
- Assessment battery
- Qualitative Assessment Measures (Pure Tone Audiometry OR Otoacoustics Emission, Tympanometry)
- Summary of Findings (including educational impact)
- Recommendations for the classroom/family

What is a comprehensive audiological evaluation?

A comprehensive audiological evaluation consists of procedures and test materials that are developmentally and culturally appropriate and free from cultural bias. The assessment should be at least consistent with ASHA's preferred practice patterns ([ASHA, 1997a](#)) and include, but not be limited to:

- Administering, scoring, and interpreting comprehensive audiological assessment, which shall include the following, as appropriate:
 - Review referral and other available information
 - Case history
 - Classroom observation
 - Teacher/Parent Report
 - Behavioral Observation
 - Validity Statement
 - Qualitative Assessment Measures
 - Otoscopic examination
 - Acoustic immittance audiometry

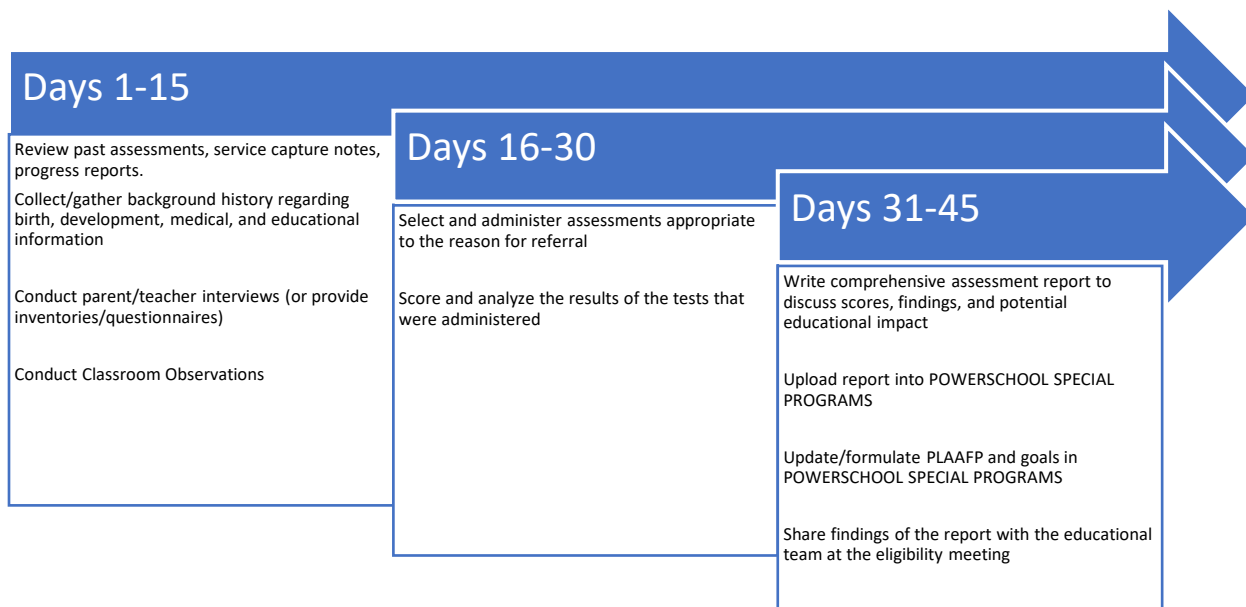
- Pure tone audiometry (air and bone conduction) with appropriate masking
- Speech recognition or awareness threshold with appropriate masking
- Word-recognition measures in quiet and/or in noise with appropriate masking
- Speech and word recognition in quiet and in noise with both auditory and visual inputs
- Most comfortable loudness level
- Uncomfortable loudness level
- Electrophysiological tests (e.g., ABR, OAE)
- Functional listening skills
- Audiologic rehabilitation assessment
- Summary of Findings
- Recommendations for classroom/family

This also applies when determining the continued eligibility of audiology services for a student (dismissal from services).

Suggested Assessment Timeline for Related Service Providers

The below table outlines a suggested timeline for completing tasks related to a comprehensive audiological evaluation.

***Assessments are due in Power School Special Programs within 45 calendar days of the signed parental consent date.**



Mandatory Comprehensive Audiological Report Elements

1. DCPS Letterhead, Page numbers
2. Title:
 - a. Initial Audiological Evaluation; Audiological Re-evaluation; Audiological Independent Assessment Review; Auditory Processing Disorder (APD) Evaluation; Auditory Processing Disorder Evaluation Review
3. Identifying Information
 - a. Student Name
 - b. Date of Birth
 - c. Student Identification Number
 - d. Chronological Age
 - e. Grade
 - f. School (Home/Attending)
 - g. Date of Evaluation
 - h. Date of Report
 - i. Examiner/Reviewer
 - j. Date of PowerSchool Special Programs Parental Consent

4. Reason for Referral
5. History/Background/Record Review
6. Classroom Observation
7. Assessment Protocol
8. Teacher and/or Parent Report
9. Behavioral Observations
10. Validity Statement
11. Audiometric Test Results
12. Assistive Technology
13. Summary/Impressions
14. Recommendations
15. Signature/Date
16. Title/Credentials
17. ASHA #

Description of Comprehensive Audiological Report Elements

Each section must include the mandatory elements with required information for each section. Each section must include a summary of the test results using quantitative and qualitative information/data. In addition, the report should describe the specific auditory skills the student demonstrates/lacks and the student's ability to access the curriculum /grade level material. As school based providers, the written report must discuss the student strengths and/or deficits for each test/subtest and its educational impact based on the test results, observations, teacher reports, etc. A report template can be found in the appendix.

Title and Heading

Each report should be accurately titled and include the following headings: Name, Date of Birth (DOB), Date of Evaluation (DOE), Date of Report (DOR), Student ID Number (USI), Grade, Chronological Age (CA), School, Examiner (Name and Credentials), Teacher

Reason for Referral

This section must state that the assessment was ordered by the IEP team, as well as the type of assessment (i.e., initial, re-evaluation, etc....) and purpose (i.e. difficulty formulating sentences during classroom activities, etc....). In the case of an initial assessment, this section may also include the person who is making the referral.

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Audiological Assessment results
- Progress on interventions (MTSS or Hearing IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance

Assessment Protocol

List of formal and informal assessment procedures used in completing the assessment

Teacher and/or Parent Interview

Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student’s current level of functioning and support possible educational impact.

Classroom Observations

Report information from observing the student engaged in a learning activity within the classroom setting. Indicate the type of class/setting student was observed in along with their participation, engagement, and auditory skills in the tasks. A description of the auditory environment can also be included for barriers that may have impacted the student’s performance during the observation. Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of auditory (hearing) and listening skills (or alignment to goals for students who are being re-evaluated).

Behavioral Observations

This section should include information regarding the student’s behavior during the testing session. It may include statements regarding activity level, distractibility, impulsivity, preservation, effort, cooperation, comprehension of test directions and separation from parent or classroom.

Validity Statement (can be placed after the Behavioral Observations section or before the Summary section of the assessment report)

Must answer the following three (3) questions:

- Was the assessment procedure valid for the intended purpose?
- Were the assessment procedures valid for the student to whom it was administered, and the results are a valid report of the student’s current functioning?
- Were procedural modifications made when assessing the student to increase the validity of the results?

Audiometric Test Results

Information about hearing function (otoscopic examination, type and degree of hearing loss, word recognition ability, and middle ear function).

Assistive Technology

- Brief statement describing hearing equipment (e.g., FM system) currently utilized by the student for communication skills.
- If there are no AT needs, please indicate that within this section.

Summary

- Summary of formal and informal assessment information.
- Information on the educational impact of the student's communication abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student's achievement in the general education setting
- Compare results with previous test results for re-evaluations

Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Strategies for teachers and parents to improve hearing/auditory function based on student needs
- Strategies for improving the auditory environment to assist students with accessing the educational environment
- Strategies or recommendations for auditory aids that can be provided to help student access the educational environment

Signature and Date

Each report should be signed (electronically or physically) and include credentials, title, date, and ASHA #/DOH #.

What is a Comprehensive Auditory Processing Disorder Assessment?

Conducting Auditory Processing Disorder Assessments

There is no universally accepted method of screening or evaluating auditory processing disorders. This protocol was developed by the DCPS Audiology Department. Our standards are parallel to ASHA's guidelines for Auditory Processing Assessment. An appropriate audiological assessment consists of

procedures and test materials that are developmentally and culturally appropriate and free from cultural bias. The assessment should be at least consistent with ASHA's preferred practice patterns ([ASHA, 1996](#)) and include, but not be limited to:

- Background History: A comprehensive background history should be included. The following areas can be included: speech language history, educational history, social development, social development, cultural and linguistic information.
- Audiological Test Procedures: OAE, pure tone thresholds, speech recognition, should be included to determine and examine auditory function.
- Behavioral Auditory Measures: Temporal processes, localization and lateralization, low-redundancy monaural speech, dichotic stimuli, binaural interaction procedures.
- Assistive Technology
- The following elements also need to be included in all Auditory Processing Assessments:
- Classroom Observation
- Parent and/or Teacher Interview
- Summary
- Recommendations

When referring for an Auditory Processing Disorder (APD) evaluation, the following DCPS APD Referral Guidelines must be met.

The student should:

1. Be at least 7 years old or older. Age criteria are important because it reflects the developmental component of the central auditory pathways and resulting developmental abilities of the child.
2. Have normal peripheral hearing acuity. Normal hearing must be documented by an audiologist prior to considering APD testing.
3. Have a recent psycho-educational assessment (within the year). The students Full Scale IQ must be 80 or higher (other cases will be considered on an individual basis). Performance on central auditory tasks is affected by cognitive ability; therefore, any child assessed must have cognitive ability within a normal range.
4. Have a recent speech and language assessment (within the year). Testing should look specifically at language and processing skills. (e.g.: CELF, CTOPP). A child should have normal language skills because the APD tasks are linguistically loaded. Children with poor language skills will generally have more difficulty on APD tasks, particularly those which require more sophisticated language processing.
5. Be emotionally appropriate. The child should not be diagnosed with a severe emotional/behavioral disorder. Diagnosis of APD is challenging because the heterogeneous population usually has coexisting disorders such as ADHD, language impairments, learning disability or cognitive impairments. For many

children and adults with disorders such as these, listening and comprehension difficulties often seen are due to the higher order, more global or all-encompassing disorder and not to any specific deficit in the neural processing of auditory stimuli per se. As such, it is not correct to apply the label APD to these individuals, even if many of their behaviors appear very similar to those associated with APD. In some cases, however, APD may co-exist with ADHD or other disorders. In those cases, only careful and accurate diagnosis can assist in disentangling the relative effects of each.

6. Have intelligible speech. Most tests require verbal responses.
7. Be able to follow directions. Child should be able to listen and execute the APD test instructions given.

The referral should also:

1. State clearly and in detail why the student is being referred for an APD evaluation.
2. List any diagnoses including ADHD.
3. Indicate whether the student is taking medication for such disorders. A student who is taking medication but has not taken it the morning of APD testing will be rescheduled.
4. Indicate which special classes the student attends and for how much of the day.
5. Indicate what modifications are being made for the student at present.

APD Evaluation Protocol

Student should meet the seven criteria before testing, however, consideration for testing is determined on a case-by-case basis (see DCPS APD Referral Guidelines). A multi-disciplinary approach is essential to the evaluation process. Information is gathered from the parent and student, the audiologist, classroom teacher, school psychologist, speech-language pathologist, and other team members.

Prior to the evaluation, the child's age, cognitive ability, classroom performance, and hearing sensitivity are carefully considered. A case history is obtained, examining both the medical history and auditory behaviors that may be present in the student or in the family. Based on the initial information gathered, the audiologist will choose an appropriate test battery. The audiologist administers several tests in a sound-treated room. There are several areas of assessment stated below.

Areas of an APD Assessment

Dichotic Listening: Information is presented to both ears simultaneously. Tests of integration require the student to repeat the information heard by both ears, while tests of separation require the student to identify what is heard in one ear while ignoring information presented to the opposite ear.

Monaural Low Redundancy: Spoken language is processed at multiple levels within the auditory system, allowing the listener to receive the message several ways. During low redundancy testing, each ear is

tested independently. The speech signal is degraded to reduce redundancy, making the listening task more difficult.

Temporal Processing: Tests of temporal processing examine the student’s ability to recognize tonal stimuli (e.g., pitch, duration, loudness) and to perceive auditory patterns.

Binaural Interaction: Complementary information is presented to each ear and the listener must integrate the information into a meaningful message.

Other Considerations in the Screening and Evaluation of APD

The student must meet the following two criteria to be identified as having an educationally significant APD:

- Scores that are below the age-corrected normal region (-2.0 standard deviations [SD]) on at least two different dimensions.
- Evidence of difficulty in the academic setting based on observation, multidisciplinary assessment, and academic performance.

Re-evaluation for a student identified with APD

For all students in a Special Education Program, re-evaluation is required every three years, and if the IEP team recommends it, an Auditory Processing reevaluation may be a part of that formal process. The audiological reevaluation procedure will include a peripheral audiological assessment, an APD reevaluation, and observation checklists. If the student is using a FM system, the reevaluation will include monitoring the use of the equipment.

Template of an Audiological Assessment Report with Required Information



TITLE OF REPORT

- | | |
|---------------------------------------|--|
| Name: Name of student | DOE: Date(s) of Assessment |
| DOB: Date of Birth | DOR: Date the report was completed and uploaded into POWERSCHOOL SPECIAL PROGRAMS |
| SID#: student id number | Grade: The grade that the student is in |
| CA: Chronological age | School: Name of Attending School |
| Examiner: Name and credentials | Teacher: Name of student’s teacher |

**POWERSCHOOL SPECIAL PROGRAMS Parental
Consent Date:** Date of signed parental consent

Reason for Referral

- This section must state that the assessment was ordered by the MDT team, as well as the type of assessment (i.e., initial, re-evaluation, etc...) and purpose (e.g., referral based on documented hearing loss, etc...).
- In the case of an initial assessment, this section may also include the person who is making the referral.

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous audiological result
- Progress on interventions (MTSS or hearing IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher and/or Parent Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in an activity, which requires accessing the auditory environment within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of auditory skills (or alignment to goals for students who are being re-evaluated).

Behavioral Observations

- This section should include information regarding the student's behavior during the testing session. It may include statements regarding: activity level, distractibility, impulsivity, preservation, effort, cooperation, comprehension of test directions and separation from parent or classroom.
- This section may also include the number of testing sessions provided, participation level, and other pertinent information.

Validity Statement (can be placed after the Behavioral Observations section or before the Summary section of the assessment report) This section must answer the following three (3) questions:

1. Was the assessment procedure valid for the intended purpose?

2. Were the assessment procedures valid for the student to whom it was administered and the results are a valid report of the student's current functioning?
3. Were procedural modifications made when assessing the student to increase the validity of the results?

Audiometric Test Results

Information about hearing function (otoscopic examination, type and degree of hearing loss, word recognition ability, and middle ear function).

**** All formal and informal assessments for hearing must include the following:**

- **Description of what the tests and subtests measured.**
- **Description of what the tasks was supposed to do to indicate the skill (e.g., raise hand when hears the sound).**
- **Report and the interpretation of the standard/scaled scores for each test and subtest**
- **All standardized tests must include standardized scores, unless the clinician is unable to establish a baseline/basal.**
 - **In those instances the provider must indicate that the test/subtest was attempted and describe (i.e., behaviors, etc...) that precluded the student from being able to complete the test tasks. Providers should not include raw scores in their reports.****
- **Qualitative description of the student's performance. Indicate the student's strengths and weaknesses as it pertains to the student's performance on the tests and subtests.**
- **Manifestation statements for each test and subtest regarding how the student's strength or weakness would manifest within the classroom setting.**

Assistive Technology

- Brief statement describing hearing equipment (e.g., FM system) currently utilized by the student for communication skills.
- If there are no AT needs, please indicate that within this section.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student's communication abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student's achievement in the general education setting
- If the results indicate that there are no hearing impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve hearing/auditory function based on student needs
- Strategies for improving the auditory environment to assist students with accessing the educational environment
- Strategies or recommendations for auditory aids that can be provided to help student access the educational environment

Name, Credentials (highest degree obtained and Certificate of Clinical Competence)
Title (Audiologist)
ASHA #/DOH#

Date

Explanation of Validity Statements

All audiology reports must include validity statements in the report. Below are some situations when caution needs to be taken when interpreting the result of an assessment, which may impact the validity:

- Special accommodations are provided, which are not permitted per the administration manual of the assessment
- Medications were or were not taken that may/may not have impacted attention, focus, and/or behaviors
- Assessment was attempted, however based on the student’s cognitive functioning and/or behaviors the assessment tool was not appropriate or did not accurately measure student’s performance
- Child is bi-lingual and needed an interpreter when the assessment was administered
- Special seating needed
- The communication output of the student varied (i.e., the use of a AAC device or picture icons)

Examples of Validity Statements

Example 1: The evaluation procedures included the use of (standardized measures, informal assessment, observation in a variety of settings, and interviews of student, teachers and/or parents). All tests were administered in the student’s primary language or through an interpreter and were administered by qualified personnel in accordance with the instructions provided by the test publishers.

Tests were selected to provide results that accurately reflect the student's aptitude, achievement, and which are not influenced by impaired sensory, manual, or communication skills. Except where otherwise noted, the results of this assessment are believed to be valid.

Example 2: The findings of this assessment should be reviewed with caution due to the student demonstrating non-compliance and work-refusal behaviors, therefore it may not be an accurate reflection of hearing abilities. Student required multiple redirections to tasks and additional repetition beyond that indicated in the assessment manual.

Example 3: The assessment procedures used throughout the testing sessions were valid for its intended purpose to assess the student's auditory skills. Based on performance and observation, the procedures were valid and accurately reflected the students current auditory functioning. However, a French interpreter was used to read and translate the student's responses to increase the student's ability to comprehend information and answer questions to increase the validity of the results.

Independent Educational Evaluations (IEE)

There are times when an outside assessment is submitted to the public schools for consideration for the eligibility of a student with a suspected disability for the purpose of seeking placement in education programs or accessing services. An IEE can also be requested by a parent if the parent disagrees with a DCPS evaluation. Other sources for IEEs include the following:

- Ordered by Hearing Officer Decision (HOD)
- Agreed to in a Settlement Agreement (SA)
- Ordered by a judge in a Child and Family Service Agency (CFSA) or juvenile proceeding.

A multidisciplinary (MDT) assessment team is required to review all relevant documentation and decide if data is sufficient and whether additional information is needed.

IEE Checklist

Once a RSP receives an IEE, they must first complete the [DCPS Review of Independent Assessment checklist form](#).

When completing the DCPS Review of Independent Assessment Checklist form, the provider must indicate if meets the requirements for a DCPS Comprehensive Assessment and will be accepted. The IEE Checklist must be uploaded into SEDS within **5 days** of receiving the IEE from the Case Manager/LEA RD.

IEE Report Elements

A DCPS Related Service Provider must review all independent related service assessments. In addition to the completion of the form, a typed review of the report must be attached to the IEE and uploaded into PowerSchool Special Programs (PSSP). The review report must include the following components:

- DCPS letterhead
- Title: Independent Assessment Review
- Student's demographic information
- Background information
- Teacher and/or parent interview
- Classroom Observation (required)
- Assessment Protocol
- Results
 - Informal and Formal assessment information for each area assessed

- Test findings and interpretation of scores
- Educational impact statements based on student’s performance (how should the student perform based on the results of the assessment?)
- Summary
 - Summary of formal and informal assessment information/findings
 - Information on the educational impact of the student’s overall communication abilities must be discussed
 - Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
 - If the results indicate that there are no impairments, then the provider must indicate that there is no potential negative educational impact
- DCPS’ recommendations
- Signature, Title, and Credentials (typed, italicized signatures are not accepted)

Independent assessments must meet DCPS’ criteria of a comprehensive assessment per the discipline guidebooks. There may be occasions where the administration of additional test batteries is required (i.e., vocabulary batteries, visual perceptual testing, etc.). In those instances where a provider needs to complete additional testing for the student to have a comprehensive assessment, the provider must use the IEE review and title it “Additional Testing Completed.”

IEE Timeline

When a school receives an IEE, it is the LEA RD/Case Manager’s responsibility to upload the IEE into PSSP **and** inform the provider via email (with the IEE attached) of the IEE. Once the provider receives the IEE, the RSP has **5 days** to complete the IEE Checklist form. If no additional test batteries are needed to make the IEE comprehensive, then the RSP has 20 days (from the date of receipt) to upload the IEE Review report.

For IEEs that require additional testing, the AED section will need to be completed by the Multi-Disciplinary Team. The AED meeting should be scheduled within two days of receiving the IEE Review Form. At the AED meeting, previous data is reviewed, and parental consent should be obtained by the LEA RD/Case Manager and the appropriate evaluation should be ordered in PSSP by the LEA RD or Case Manager within 2 days of signed parental consent. Once parental consent is obtained, the provider has 45 days to complete the additional testing, write the report and upload the written report into PSSP. The MDT reconvenes to review the additional assessment report(s).

Template of an Audiological Independent Assessment Review Report with Required Information



Audiological or Auditory Processing Disorder Independent Assessment Review

Name: Name of student

DOB: Date of Birth

SID#: student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending School

Teacher: Name of student's teacher

Parental Consent Date: Date of signed parental consent (if additional testing is required)

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Audiological Assessment results
- Progress on interventions (MTSS or Hearing IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Parent Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student's current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in a language-based activity within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.

- Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of auditory skills (or alignment to goals for students who are being re-evaluated).

Assessment Protocol

- List of formal and informal assessment procedures used in completing the assessment

IEE Results

- Include assessment result information from the IEE for each area of audiological or APD addressed. The information included should be informal and formal assessment information.
- This section should also include test findings and interpretation of the scores from the reviewing related service provider
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Additional Assessment Data

- In the event additional assessment data is required, this section will include formal/informal assessment information for the additional testing completed
- Descriptions of what the test/subtest measured
- Description of what the tasks were supposed to do to indicate the skill (i.e. point to pictures, formulate sentences using pictures, etc....).
- Results and the interpretation of the standard/scaled scores for each test and/or subtest given
- Qualitative description of the student's performance. Indicate the student's strengths and weaknesses as it pertains to the student's performance on the tests and subtests
- For each formal or informal assessment result, an educational impact statement must be included. The educational impact statement answers the question of how the student should perform based on the results of the assessment.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student's hearing abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student's achievement in the general education setting
- If the results indicate that there are no audiological or APD impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

DCPS' Recommendations

- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve communication based on student needs
- The strategies must align with areas of weaknesses identified in the report
- If there were no areas of weaknesses, then the strategies should align with the referral concerns.

Name, Credentials (highest degree obtained and Certificate of Clinical Competence)
Title (Audiologist)
ASHA #/DOH#

Date

Alternative Assessment Reports

An alternative assessment report is the report format when parental consent is received to conduct an assessment, and the student is not available to conduct portions or all of the evaluation process. The process for an **alternative assessment** should only be followed if **all** of the following conditions have been fulfilled:

- You have made at least 3 documented attempts to assess the student, and the student was uncooperative or absent each time.
- You have been in communication with the school staff (Case Manager, Special Education Coordinator, or Administrator) about the case, and they have not been able to assist in making the student available for testing.
- You have spoken to the parent/guardian about the case OR you have confirmed the phone number for the parent/guardian and name/contact information of this individual with school staff, and you have left at least three voice messages (one after 5pm) for the parent and they were not returned.

This process **should not** be followed if:

- You have not tested the student because you were unable to keep a scheduled appointment for any reason
- You have not successfully scheduled an appointment because you are waiting to hear back from school staff

An **alternative assessment report** should include the following:

- An explicit explanation of why a complete battery of testing measures was not conducted
- A chronological reference to each act of due diligence conducted by the provider. This includes information you sent or provided to the parent/guardian in any format, explaining the scope of the testing you intended to conduct and requesting parental assistance make the student available for testing and to be present on the day of the evaluation. Include dates of phone calls and/or letters sent to caregiver for this purpose.
- Explain your interaction with the LEA, case manager, and school staff. Include reference to any communication that the LEA or school staff has made to the parent regarding this matter.
- Title your report as **“Audiological Data Review Evaluation”**.

Alternative Assessment Report Format

In the absence of new test data, your report should emphasize a robust summary of existing data based on records review, interviews with all school staff who interact with the student who are available, and

parents/guardians. The Alternative Assessment Report should contain the same mandatory elements of a full audiological evaluation and follow the proper format. Within each area of communication, the following should be emphasized:

- Work samples or notes from the student’s classroom teacher
- Teacher’s concerns/observed difficulties as they pertain to academics affected by the areas of concern
- Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results.
- Information on the student’s cooperation towards the implementation of those accommodations and adaptations.
- Previous assessment reports
- Progress reports by related service providers (where relevant)
- Data from the Classroom observation (if completed)

In the recommendations section of the alternative assessment report, the RSP must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements is true:

1. The team (or parent) still believes there is not enough data available to make an eligibility determination;
2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated.

Template of an Audiological Alternative Assessment Report with Required Information



Audiological Data Review Evaluation

Name: Name of student

DOB: Date of Birth

SID#: student id number

CA: Chronological age

Examiner: Name and credentials

DOE: Date of Assessment

DOR: Date of Report/Review

Grade: The grade that the student is in

School: Name of Attending School

Teacher: Name of student’s teacher

POWERSCHOOL SPECIAL PROGRAMS Parental

Consent Date: Date of signed parental consent

Reason for Referral

- This section must state that the assessment was ordered by the MDT team, as well as the type of assessment (i.e., initial, re-evaluation, etc...) and purpose
- In the case of an initial assessment, this section may also include the person who is making the referral.

Reason for Data Review Evaluation

- This section must include an explicit explanation of why a complete battery of testing measures was not conducted

Due Diligence Timeline

- This section must include a chronological reference to each act of due diligence conducted by the provider.
- Information in this section includes the dates of contact in chronological order with specific details the provider sent or provided to the parent/guardian in any format, explaining the scope of testing that would be conducted and the request for parental assistance to make the student available for testing and to be present on the day of the evaluation.
- Information in this section also outlines in chronological order the interactions with the LEA RD, Case Manager, and School staff. Also, reference any communication that the LEA or school staff has made to the parent regarding this matter.

History/Background/Record Review

- Pertinent birth, medical, and academic history and information from student file
- Previous Audiological Assessment results
- Progress on interventions (MTSS or Hearing IEP goals)
- When conducting a re-evaluation, this section must include information regarding previous therapy goals and progress made/performance
- When referring to previous assessments, state the date of report/assessment, name and credentials of the examiner, findings and level of severity

Teacher and/or Parent Interview

- Report information from the teacher and/or parent that are gathered from interviews, rating scales, or questionnaires to describe student’s current level of functioning and support possible educational impact.

Classroom Observation

- Report information from observing the student engaged in a language-based activity within the classroom setting.
- Indicate the type of class/setting student was observed in along with their participation and engagement in the tasks.
- Be sure to address information as it pertains to attention, any observed generalization (or lack thereof) of auditory skills (or alignment to goals for students who are being re-evaluated).

Behavioral Observations

- This section should include information regarding the student's behavior during the testing session. It may include statements regarding: activity level, distractibility, impulsivity, preservation, effort, cooperation, comprehension of test directions and separation from parent or classroom.
- This section may also include the number of testing sessions provided, participation level, and other pertinent information.

Validity Statement (can be placed after the Behavioral Observations section or before the Summary section of the assessment report) This section must answer the following three (3) questions:

2. Was the assessment procedure valid for the intended purpose?
3. Were the assessment procedures valid for the student to whom it was administered and the results are a valid report of the student's current functioning?
4. Were procedural modifications made when assessing the student to increase the validity of the results?

Audiometric Test Results

Information about hearing function (otoscopic examination, type and degree of hearing loss, word recognition ability, and middle ear function).

**** The report should emphasize a robust summary of existing data based on records review, interviews with all school staff who interact with the student, and parents/guardians. In the absence of new test data, the following can be included for each area of communication outlined below:**

- **Work samples or notes from the student's classroom teacher**
- **Teachers' concerns/observed difficulties as they pertain to academics affected by the areas of concern**
- **Accommodations and adaptations the classroom teacher has made to mitigate/remediate deficits, and results**

- **Information on the student’s cooperation towards the implementation of those accommodations and adaptations**
- **Previous assessment report data/information**
- **Progress reports by related service providers (where relevant)**
- **Data from the classroom observation if completed**

Assistive Technology

- Brief statement describing hearing equipment (e.g., FM system) currently utilized by the student for communication skills.
- If there are no AT needs, please indicate that within this section.

Summary

- Summary of formal and informal assessment information/findings.
- Information on the educational impact of the student’s hearing abilities must be discussed.
- Impact statements must include a clear explanation including at least one specific example of how the disability impacts the student’s achievement in the general education setting
- If the results indicate that there are no hearing impairments, then the provider must indicate that there is no potential educational impact.
- For re-evaluation reports, there must be a comparison statement regarding the current findings of the assessment report with results/performance from previous assessment reports.

Recommendations

- In this section, the RSP must state that you or another DCPS provider may complete the full range of initially recommended testing if upon review of this report by the IEP team both of the following statements are true:
 1. The team (or parent) still believes there is not enough data available to make an eligibility determination; AND
 2. There is reason to think that the factors that previously inhibited you from completing the testing will be ameliorated
- Statements regarding eligibility and placement should defer to the MDT or IEP after all relevant data / assessments have been reviewed and discussed.
- Do not use any references to whether the student qualifies/does not qualify OR make reference to the continuation/discontinuance of services OR service amount/frequency
- Strategies for teachers and parents to improve hearing/auditory function based on student needs

- Strategies for improving the auditory environment to assist students with accessing the educational environment
- Strategies or recommendations for auditory aids that can be provided to help student access the educational environment

Name, Credentials (highest degree obtained and Certificate of Clinical Competence)
Title (Audiologist)
ASHA #/DOH#

Date

Assessment Closeout Procedures

Untimely Assessment Due Diligence

All reports that are late or are incomplete will be considered Untimely. In those cases, please adhere to the Missed Related Services and Untimely Assessment Guidelines developed in **April 2017**. Please see Appendix for the Missed Related Services and Untimely Assessment Guidelines.

Closing Out an Assessment in PowerSchool Special Programs

Upon completing an assessment, the report must be uploaded and closed out in PowerSchool Special Programs. The following steps should be completed to enter and submit assessment results.

Creating an Electronic Signature

- Using a Blank Sheet of paper – Sign your Signature to the sheet of paper
- Go to a copy/fax machine with scanning capabilities. Scan the document
- Enter the destination email (which should be your dc.gov email address)
- Once the scanned signature has been received in your email. Save it as a JPG or Picture file for later use (suggestion: save it as “ESignature” so you’re able to find it for future uses)

Adding Your Signature to Assessment Reports (prior to uploading report into PowerSchool Special Programs)

- Open your document or assessment in Microsoft Word
- Go to the signature line of the document
- Click Insert Picture
- Select the file containing your signature and Click Insert
- Saved the signed copy as a PDF

Entering Assessments Results

- Assessment results should be uploaded within 45 days from date of consent.

It is expected that all providers **upload** (only) their completed assessments into PowerSchool Special Programs 45 days from the date of consent. Timeliness will be determined from the initial upload date, which should correspond with the date entered. All reports that are late or are incomplete will be considered Untimely. Please be sure to document and contact your Program Manager if there are any barriers to completing assessments in a timely fashion.

Upload your assessment report

- From Your Caseload Page, select: **Student's Profile Icon** -> Go to Demographics Part B – > click on Drop Down Arrow and navigate to Assessments Part B.
- click on the assessment ordered to you and fill in the required boxes.
- Accept Changes.
- Next, navigate to the student's Documents page
- Scroll down until you see **Eligibility Part B**. Directly across at the right side you will see **a + sign. Click on the + It will take you to another page.** At the top you will “**New Documents**” click on the arrow down button and select the last option “**Evaluation Summary Report (Files Only)**” click on that option and it will allow you to upload the assessment.

PowerSchool Special Programs Assessment Errors**Canceling Assessments in PowerSchool Special Programs**

Scenario One: Staff orders assessments and the correct provider was not at the table to say assessment was warranted. If provider doesn't agree assessment is needed.

Response: The RSP should call LEA Rep or SEC to cancel the assessment. No need for deletion. *Follow Up*

Scenario Two: School refuses to cancel assessment.

Response: Contact your PM to reach out to the school's Manager of Accountability (MOA)

Deleting Assessment Reports Uploaded in PowerSchool Special Programs

Scenario One: Assessment was uploaded for the wrong student by the provider.

Response: The provider should upload new assessment report with correct student's name and inform the upload. Provider should escalate to spedoda.dcps@dc.gov, to confirm correct student was uploaded and deletes the erroneous report.

Scenario Two: Team reviewed assessment at table, but parent wants to amend report – e.g. correct wrong information. Report is uploaded into PowerSchool Special Programs.

Response: Help Desk will instruct the provider/user to upload new report and keeps the old one in there. The provider must title the report “Updated” and same name as other report.

Scenario Three: The provider states report was uploaded into PowerSchool Special Programs but all the pages are not showing.

Response: Won't delete original upload, but provider can upload the full completed report again.

Scenario Four: None of the above.

Response: Contact PowerSchool Special Programs Help Desk staff.

Please refer to your PowerSchool Special Programs Help section for additional information located at the following website:

Requesting an Interpreter

DSI Related Services Interpreter Request Process

The Division of Specialized Instruction (DSI) Related Services Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter/translation services. Interpreter/translation services may be requested to support RSPs while conducting student evaluations and assist parents participating in student meetings. All requests for interpreter/translation services require the RSP to submit an Interpreter Request Form. Requests can be made for the following services:

1. Interpretation/translation in the student's native language during evaluation
2. American Sign Language services
3. Translation of student assessments

All requests should be submitted within a minimum of four business days, prior to the date services are needed. Any incomplete request forms will not be processed. Interpreters for assessments can be requested at the link on the DCPS Related Service Provider SharePoint page.

The information below outlines the process to secure an interpreter for a bilingual assessment:

- LEA representative orders the assessment in PowerSchool Special Programs and assigns the assessment to the school's assigned provider
- RSP completes the Interpreter Request form using the link on the DCPS Related Service Provider SharePoint page.
- The DSI point of contact will identify a vendor to complete the interpreter services and provide confirmation of interpreter/translation services at least two days prior to the date of requested services

Tips When Utilizing an Interpreter

Prepare the interpreter by using the BID process:

Briefing

- Establish Seating Arrangement;
- Provide overview of assessment purpose, session and activities;
- Review student behaviors and characteristics that may impact; Discuss plans in case the child is not cooperative;
- Discuss issues of confidentiality and its boundaries;

- Provide protocols, interviews, language sample materials in advance so that the interpreter can become familiar with them;
- Discuss technical terms and vocabulary ahead of time so that the interpreter may ask questions to verify concepts;
- Review how to translate precisely-especially student errors and differences in sentence structure, style, grammar or imprecise vocabulary.
- Discuss cross-cultural perspectives. The interpreter may provide the Audiologist with pragmatic rules consistent with the student's background
- Explain that the interpreter will need to limit non-verbal cues, such as hand gestures or vocal variations that may impact assessment results
- Remind the interpreter to take notes on the student's responses
- Develop an agenda for the assessment session and review it with the interpreter interaction
- Welcome student, introduce participants and establish rapport
- Inform the student of the role of the interpreter and the role of the AUD
- Speak directly to the student avoiding darting eyes between the interpreter and student
- Speak in short, concise sentences and allow time for the interpreter to translate everything precisely Pause frequently to allow the interpreter to translate information
- Avoid oversimplification of important explanations
- Avoid use of idioms and slang

Debriefing

- Review student responses
- Discuss any difficulties in the testing and interpretation process
- Examine the language sample
- Discuss excerpts with transcription as necessary to illustrate critical elements of student's language usage

Provision of Documents to Parents Guidance

PROVIDING DOCUMENTS TO PARENTS BEFORE AND AFTER ELIGIBILITY/IEP MEETINGS

Changes to DCMR Special Education Legislation

- Providing documents to parents before and after Eligibility/IEP meetings
- Translation of post-meeting documents
-

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

Process for Providing Documents Before Meetings:

- At least ten (10) business days before scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents** by the LEA RD and/or the Case Manager.

Documents to Provide Before an Eligibility Meeting

Before Eligibility meetings, the following materials must be provided to parents:

- Analysis of Existing Data Report
- Copies/ results of any formal or informal assessments and/or evaluations (educational, FBA, speech, psychological, etc.)
- Any other additional relevant documents that will be discussed at the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.

Documents to Provide Before an IEP Meeting

Before IEP meetings, the following materials should be provided to parents:

- Draft IEP
- ESY Criteria Worksheet
- Post- secondary transition plans and any informal vocational assessments or surveys (for students 14 and older)
- LRE observation reports (if applicable)
- Transportation forms (if applicable)
- Dedicated aide observation reports (if applicable)
- Any data/documents related to possible change of service hours

- Any other documents that will be discussed in the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.

Process for Providing Documents After Meetings:

1. *Within 2 business days* after an Eligibility or an IEP meeting, the school must send the **finalized documents to parents.**
 - Finalized Eligibility or IEP
 - Signed Eligibility or IEP signature page
 - Eligibility or IEP PWN
2. *Communications log entry* must be completed after providing parents with documents.

Providing Documents to Parents-FAQs

What meetings are subject to these new requirements?

All Initial Eligibility, Initial IEP, Re-evaluation, and Annual IEP meetings

How should documents be sent to parents?

Documents must be mailed, sent home in backpack, or handed to parents.

Who is responsible for sending documents, uploading cover sheets and creating a communications log entries?

The case manager is responsible for sending documents, uploading cover sheet, and creating communications log entries.

Section 6: Audiology Eligibility and Dismissal Procedures

Audiology Eligibility

Who determines audiology eligibility?

A qualified audiologist with input from the members of the MDT determines if a student is eligible for Audiology services. The audiologist and the MDT decides if a student is eligible for Audiology Services using information collected from a multidisciplinary evaluation. This decision is made only after the provisions for pre-referral interventions, referral, and a multidisciplinary evaluation have been completed. An audiologist who can interpret educational implications of evaluations must be an MDT member when any audiological evaluations are discussed.

What is the process for determining eligibility for audiology services under IDEA?

After an audiological assessment has been completed, the MDT convenes a meeting to review all assessments and data and determine if the student is eligible for services as a special education student. The audiologist reviews and discusses each piece of data collected from the Audiological Assessment Report.

The Audiologist MUST utilize the underlying criteria to initiate Audiology Services. In conjunction with the IEP team, the audiologist must answer “yes” to the following questions to determine eligibility for audiology services:

1. Is there a disability condition (i.e., a hearing disorder)?
2. Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the disability condition?
3. If so, are specially designed instruction and/or related services and supports needed from the teacher and/or related service provider to help the student make progress in the general education curriculum?

What is educational impact?

Definition of Educational Impact

Adverse effect means the child’s progress is impeded by the disability to the extent that educational performance is significantly and consistently below the level of similar age peers. Adverse Effect must have been consistently present, across time and settings. Situational issues such as divorce or a death in the family – may cause temporary educational problems that should improve with time which means the educational problem is not due to a disability. The term “educational performance” includes academic areas and non-academic areas. Educational performance in non-academic areas can include reading,

math, communication, etc.; progress in meeting goals for the general curriculum; and performance on state-wide and local assessments. Non-academic areas include daily living activities, behavior, mobility, mental health, etc.

While consideration of a student's eligibility for special education and related services should not be limited to a student's academic achievement, evidence of psychological difficulties, considered in isolation, will not itself establish a student's eligibility for classification as a student with an emotional disturbance. Moreover, as noted by the U.S. Department of Education's Office of Special Education Programs, "the term 'educational performance' as used in the IDEA and its implementing regulations is not limited to academic performance" and whether an impairment adversely affects educational performance "must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas" (Letter to Clarke, 48 IDELR 77).

The IEP Team's determination of adverse effect is based on the results of assessments and/or data sources determined by the team to be necessary to validate the effect of the disability on educational performance. The following is a list of assessment(s) or data source(s) used to determine adverse effect:

1. Standard or percentile scores on nationally-normed, individually-administered achievement test(s); or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s)
2. Standard or percentile scores on nationally-normed, group-administered achievement test(s), including nationally-normed, curriculum-based measures.
3. Any report prepared by the SST or presented by the parent/guardian that reflects academic or functional performance
4. Performance on comprehensive assessments based on a learning results, such as Common Core, or measurements of indicators within GOLD
5. Criterion-references assessment(s) of academic or functional performance
6. Student work products, language samples, or portfolios
7. Disciplinary evidence or rating scales based on systemic observations in more than one setting by professionals or parents/guardians.
8. Attendance patterns
9. Social or emotional deficits as observed by professionals or parents/guardians in multiple settings, on clinical rating scales or in clinical interviews.

In order to determine educational impact, the IEP team must consider the following questions:

- Is there a disability condition (i.e., a communication disorder)?

- Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the disability condition?
- If so, are specially designed instruction and/or related services and supports needed from the teacher and/or related service provider to help the student make progress in the general education curriculum?

The following is a list of some areas of educational performance (academic, functional and/or developmental) that are impacted by a variety of disabilities:

- Academic performance
- Communication functioning
- Social functioning
- Pragmatic (social) language
- Organizational Skills
- Group work skills
- Problem solving skills
- Emotion regulation
- Hygiene
- Behavior
- Attention challenges
- Daily living skills/adaptive behavior

Definition of Eligibility

Eligibility refers to the meeting of specific criteria for receiving special education and related services. A student may not receive special education and related services as defined in IDEA unless they have been determined to be eligible by the MDT. For a student to be considered eligible for special education and related services there must be documentation that the student meets the two-part test defined by IDEA.

Eligibility Process

There are two reasons for the process to determine if a student is eligible for special education. First and foremost, the process is designed to ensure that students who need special education actually get it! When a student is determined eligible for special education, the District guarantees that the student will have what they need to learn and benefit from education. Federal and state funds are set aside to guarantee the student receives appropriate services. Explicit instructions are provided for teachers and service providers to help them know how to facilitate student learning.

The second reason that a strenuous process exists is to prevent students from being labeled as disabled for arbitrary reasons such as poor teaching, cultural differences, racial bias, or socioeconomic disadvantage. This process ensures that general education teachers and other educators do not use special education as a dumping ground for students who might not be “perfect learners.”

In addition, the process for eligibility for special education services should be just as strenuous to avoid over-identification of students, and to ensure that appropriate services are delivered to the students who need them.

Addressing Disproportionality

The Office of School Supports and Improvements and the Office of Teaching and Learning understand that implicit bias contributes to the significant and disproportionate identification of Black and Brown children with the Emotional Disturbance (ED) disability classification. For school year 2024-2025, we have added guidance to address this systemic concern. At the initial referral, AED, and eligibility determination stages the team will consider the following:

Implicit Bias Guiding Questions

1. Have members of this team completed the *ED Bias Prevention Training*? [Click here](#)
2. What assumptions have been made about the student?
3. What assumptions have been made about the family of the student?
4. Is the reviewing team racially and culturally diverse?

Whole Child Guiding Questions

1. What is the quality of the relationship between teacher and student? Student and peers?
2. Does the student feel physically and emotionally safe in the learning environment?
3. Does the student feel comfortable taking learning (Social, Emotional, and Academic) risks in the classroom?

Trauma Responsive Guiding Questions

1. Is the student from a family who has [immigrated](#) to the United States?
2. Is [attendance](#) a barrier?
3. Has there been a change in caregivers?
4. Does the learning environment provide equitable opportunities to incorporate student voice and choice?
5. Are you aware of any [Adverse Childhood Experiences \(ACEs\)](#)?

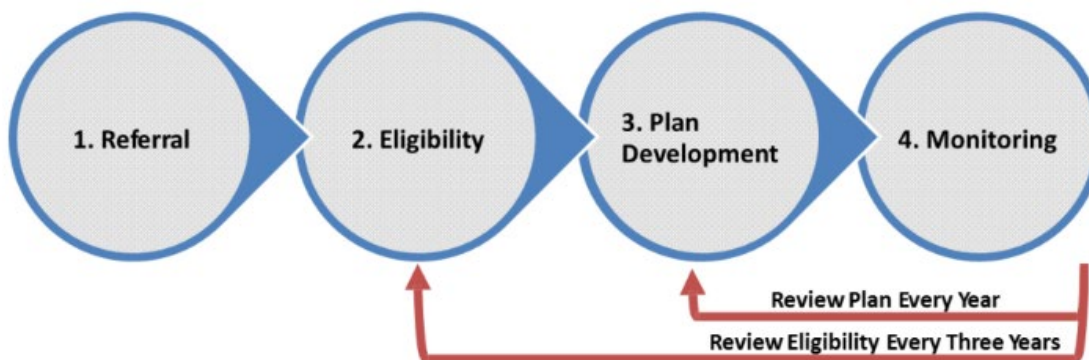
If flags result as an outcome of team discussion about implicit bias, whole child factors, or trauma exposure the team should:

- a. Determine whether MTSS is a next best step for the student; OR
- 2. If consent has already been obtained, the appropriate factors should be addressed in the eligibility meeting and reports.

504 Plan Services

It is the intent of the district to ensure that students who are disabled within the definition of Section 504 of the Rehabilitation Act of 1973 are identified, assessed, and provided with appropriate educational services. Under this policy, a student with a disability is one who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment. Students may be disabled under Section 504 even though they do not require services pursuant to the Individuals with Disabilities Education Act (IDEA). Due process rights of students with disabilities and their parents under Section 504 will be enforced.

The Section 504 Process in DCPS



504 Evaluation Process

This process should be followed when a school-based 504 team believes that a student in the 504 process (initial or ongoing) may require a related service (occupational therapy, physical therapy,

speech-language pathology, audiology, or behavior support services) and/or if a parent/guardian requests a related service assessment.

1. The 504 coordinator and the related service provider shall meet to discuss the referral and the current existing data. The determination of whether additional information is needed shall rely heavily on the expertise of the related service provider.
2. If the related service provider determines that additional information is needed in order to determine eligibility for the related service, the related service provider shall confirm the specific assessment type that will be completed and the 504 coordinator shall create a Related Service Evaluation event in the Frontline (formally Accelify) database. The 504 coordinator shall obtain written consent for the related service evaluation, upload the consent form in the Related Service Evaluation event, and notify the related service provider(s) that the event has been created and consent has been obtained. If the assessment is to be completed remotely, the 504 coordinator shall also obtain separate consent for a telehealth assessment using the Informed Consent for Telehealth – Assessments form.
3. The related service provider shall complete all necessary assessments in accordance with the DCPS eligibility timeline process. For behavioral support services, the social worker shall complete the Behavioral Support Services Checklist. For more information about the eligibility timelines process or related service assessments, please refer to the relevant related service discipline’s program guidebook. Once the assessment has been completed, the related service provider shall upload all relevant documentation from the assessment in the Related Service Evaluation and lock the event to finalize.
4. The 504 team (including the related service provider) shall reconvene to review the results on the assessment. If the student is eligible to receive related services, then the related service provider will:
 - Provide the duration, frequency, tentative start date, and goals of the service to include in the student’s 504 plan
 - Provide consultation, including recommendations for accommodations, to the classroom teacher, if applicable
 - Provide direct and/or consultative services
 - Conduct periodic monitoring of progress and/or concerns with the educational team to ensure accommodations are being implemented
 - Collect data regarding student progress toward completing their related service goals
 - Document communication with educational team and outside resources

- Participate in 504 meetings to provide relevant information and updates
- Document service delivery in the Accelify/Frontline database no later than the following Monday by close of business

Note: If the timeline for the completion of the assessment extends beyond the timeframe of the 504 eligibility determination process or the timeframe for writing the 504 plan, then the 504 team shall proceed to complete all other parts of the 504 eligibility determination and/or 504 plan without this information and reconvene to discuss the addition of the related service(s) when the assessment results are available.

For questions about the role of the 504 coordinator in this process, please DCPS.504@k12.dc.gov

Training Video: [How to Create a 504 Related Services](#)

Evaluation (<https://drive.google.com/file/d/1CIMwwsFU8KgeHFFyNsZGVGbl33cbgB7Z/view>)

What are the eligibility requirements for Section 504 accommodations?

For a student to be eligible for accommodations under Section 504, s/he must have a physical or mental impairment that “substantially limits one or more major life activities,” as determined by the “504 team.”

Important terms are defined as follows:

- *Physical or mental impairment* can be any physiological condition that affects a body system, such as the respiratory, musculoskeletal, or neurological systems; any mental or psychological disorders, such as emotional or mental illness and intellectual disabilities; or specific learning disabilities. The definition does not limit the impairments that can qualify a student for Section 504 services.
- *Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Again, this list does not limit what kind of activities can qualify a student as having a disability.
- *Substantially limits* means that the impairment results in considerable impairment with a permanent or long-term impact. A substantial impairment prevents or severely restricts a person from performing major life activities. Determining whether a child has a substantial impairment is based on a child's disability without any assistive measures other than ordinary eyeglasses or contact lenses. Eligibility will be reviewed at least annually.

Students who meet the eligibility guidelines will have a 504 Plan developed for use in school. The Plan specifies the nature of the impairment, the major life activity affected by the impairment, accommodations necessary to provide access based on the student's needs, and the person(s) responsible for implementing the accommodations. Parents are encouraged to participate in development of the plan.

A case manager will be assigned to notify teachers about the accommodations and monitor implementation.

- Accommodations should be specific to the individual student and should not include accommodations typically provided to general education students.
- Accommodations should be specific to the individual student's physical or mental impairment in terms of the substantial limitation to the major life activity.
- Accommodations must be documented in writing.

Role of the Audiologist within the 504 Process

The Audiologist will participate as a member of the 504 Team, if there are expressed concerns in the initial referral related to hearing loss or auditory processing disorder. The Audiologist plays an integral role as it relates to determining the educational impact of one of the aforementioned domains within the classroom setting, social interaction with peers and staff and future access to developing vocational skills. The attendance of the Audiologist is important to discuss and interpret assessment finding conducted within or outside of DCPS. If the student is found eligible, then the Audiologist will assist with developing 504 plan accommodations as it relates to the student's communication skills.

Methodologies Used to Determine if Student Qualifies for a 504 Plan

- Review of existing data and referral concerns
- Complete Screening
- Conducting classroom observation(s)
- Parent/Teacher Interview
- Formal Assessment of Hearing ability (if testing is ordered)
- Gathering other supporting data to support/dismiss the need for a 504 Plan
 - Report Cards
 - Performance on classroom-based and/or state-wide testing
 - Work Samples
 - Data Collection (if student has been receiving MTSS)

Audiologist Responsibilities for students receiving services under a 504 Plan

- Provide accommodations/modifications to the classroom and/or special education teacher
- Provide direct, indirect and/or consultative services
- Conduct ongoing periodic monitoring of progress and/or concerns with the educational team to ensure accommodations/modifications are being implemented
- Collect data regarding performance given strategies
- Document communication with educational team and outside resources
- Participate in the 504 meetings to provide relevant information and updates

- Students with hearing services on a 504 plan will receive consultative services from the DSI Audiologist.

If you have any questions regarding the 504 Process, you may contact the identified 504 Coordinator at your school or email the DCPS 504 team at DCPS.504@k12.dc.gov. For additional information related to 504, please visit: [Section 504](#)

Triennial/Re-evaluation Assessments

Students placed in special education must have their individualized educational programs re-evaluated every three years. The purpose of the triennial assessment is to determine:

- If the student is still eligible for services under IDEA
- Determine the student's present levels of academic achievement and functional needs
- Whether any additions or modifications to the special education services in a student's IEP are needed, such as a change in disability category.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the above bulleted questions. The Analyzing Existing Data section of PowerSchool Special Programs must be completed by the team members for all areas of concern as part of the re-evaluation process. Using this data, the team can determine if assessments are warranted.

Audiology evaluations are not always necessary for re-assessments. The need for a formal assessment should be reviewed and discussed by the IEP team. Examples when a formal audiological assessment is not warranted for a triennial assessment, include:

- Standardized testing would not provide any additional relevant information.
- The student has demonstrated little change in functional skills.
- There is sufficient anecdotal and informal assessment information to provide an accurate assessment of a student's needs and current levels of performance as documented in the Analyzing Existing Data section and under the Information Reviewed fax cover sheet.
- There is no change in eligibility or location of services.

If the decision is not to conduct new assessments, the parents must be informed of school decision, reasons for it, and their right to request new assessment.

- Informed parental consent should be sought with due diligence by the school before any new assessments take place. The school division may proceed with new assessment if the school can show that it has taken

reasonable measures to obtain this consent and the parents have failed to respond. These attempts must be documented in SEDS.

- A triennial assessment must include new assessments if the parent requests it.
- A triennial assessment should include new assessments, if:
 - Additional information is needed for continued placement and/or delivery of services.
 - The IEP committee is considering a change of placement, disability, or eligibility.
 - The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

If the decision is to conduct new assessments, a comprehensive audiological evaluation must be conducted.

Guidelines for Dismissal of Audiology Services

The Audiologist should use the following as part of the clinical decision making process to terminate/discontinue audiological services:

Re-evaluation of a student is required by IDEA Improvement Act of 2004 (C.F.R. 34 § 300.305) to determine that a child no longer has a disability. Re-evaluation must include current performance data and IEP progress data. Dismissal decisions must be individualized, based on developmental norms, progress data collected, assessment information and the current best practices. **In order to dismiss from audiological services, the provider must complete a comprehensive assessment.**

Possible Factors for Dismissal

- The student no longer has a hearing related or APD deficit; OR
- Although the student has a hearing related or APD deficit, it no longer affects his/her academic performance, and accommodations and/or modifications can be provided to address hearing/auditory processing needs; OR
- The student demonstrates a documented lack of measurable progress, triennial to triennial, with consistent services; OR
- The student has a documented history of refusal of services; OR
- The student's parent/guardian requests dismissal

When students are not making progress as deemed by the audiologist, the MDT/IEP team **must**, according to IDEA Improvement Act of 2004 (C.F.R. 34 § 300.324 (c)), review the child's IEP to determine whether the annual goals for the child are appropriate. The IEP should be revised, as appropriate, to address any lack of progress toward the annual goal prior to consideration for dismissal. When a student demonstrates a documented lack of measurable progress, triennial to triennial, with consistent services, the provider must provide evidence to the MDT of supporting documentation (types of interventions provided, work samples, teacher interview, data collection, etc...) to support that the child has maximized the benefit of the services which may indicate dismissal.

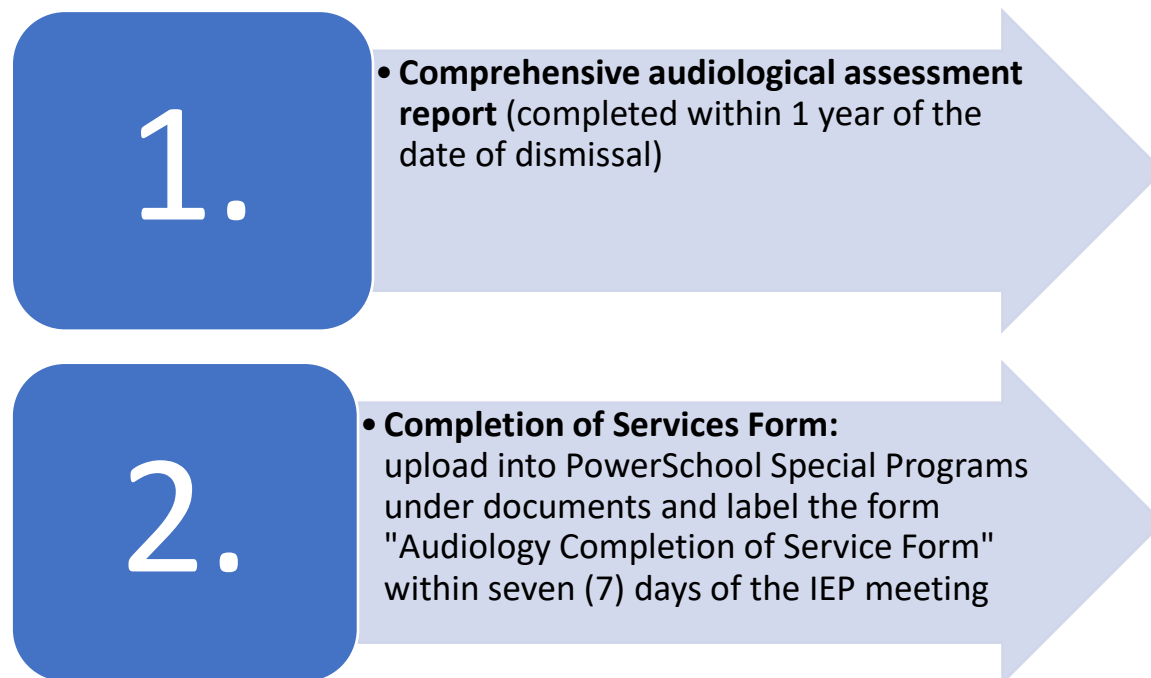
Upon dismissal from services, the provider must upload the "Completion of Service" form into PowerSchool Special Programs and label the document as "Audiology Completion of Service Form". The "Completion of Service" form requires the signature of the student's parent or the student if age of majority has been reached and the transfer of rights has been officially documented. A copy of this form is in the Appendix section of this guidebook.

Please note that all service capture logs for services provided to the student prior to the meeting must be entered and finalized in PowerSchool Special Programs prior to the service being removed from the student’s IEP.

Dismissal Through Eligibility/Triennial Evaluations

- Complete “Analyzing Existing Data” section in PowerSchool Special Program by including comprehensive information about student’s performance and abilities
- Determine if formal assessments are warranted
 - If **YES**: complete assessments and make final determination based upon findings
 - If **NO**: include the supporting data used to determine why assessment is not warranted to determine continued eligibility in the AED
- Confirm with LEA and Case Manager that “Hearing” is NOT selected for the “Eligibility Determination” portion (unless the student continues to receive support from a TODHH).
- “Completion of Service” form is completed, parent signature has been obtained and faxed into PowerSchool Special Programs along with the signature page (from IEP meeting)

Information that MUST be uploaded into POWERSCHOOL SPECIAL PROGRAMS upon dismissal from Services



Section 7: Audiology Intervention

Educational Model of Audiology

What is an Educational Model of Audiology?

The educational model of audiology ensures that all students have adequate access to auditory information in their educational settings. The Educational audiologist is uniquely qualified to facilitate support for students with hearing difficulties in the educational system and has the knowledge and skills regarding the impact of hearing loss on learning, relevant educational goals and benchmarks, and experience with strategies and technology for support within the classroom for both the student and the teacher. Recommendations for frequency and duration of services should align with the District's eligibility criteria and the mandate to support the student's educational program within the *least restrictive environment*. When making recommendations for eligibility, frequency, and duration of Audiology services, audiologists should take into consideration the whole range of resources that are available within the educational setting. Many programs (early childhood, autism, hearing impaired, etc.) provide instruction in a language-rich environment using personnel that are trained in being primary facilitators of oral language within their classrooms. Our ultimate goal should be that the student generalizes oral communication and listening skills in their least restrictive educational environment. Often, this is the classroom setting.

When determining frequency and duration of services, the Audiologist must consider the nature and severity of the disability, prognosis for improvement, and other available educational resources.

What is the purpose of Audiology services in schools?

The purpose of Audiology services is to ensure that all students have adequate access to auditory information in their educational settings. The Educational audiologist is uniquely qualified to facilitate support for students with hearing difficulties in the educational system and has the knowledge and skills regarding the impact of hearing loss on learning, relevant educational goals and benchmarks, and experience with strategies and technology for support within the classroom for both the student and the teacher.

Initiation of Services and Intervention Schedule

Identification of Students Receiving Related Services

By the first day of school, the Local Education Agency (LEA) must identify all students who require related services as per their IEP. The identification process includes:

- Type of service, the RSP assigned to the student
- Beginning date of service
- Intensity of service (e.g. one 60-minute session/week)

During the first two weeks of school, Related Service Providers must:

- Check with the LEA at each of their assigned schools to ensure they have all of the students on their caseload assigned to them in POWERSCHOOL SPECIAL PROGRAMS.
- If RSPs have difficulty engaging their LEA in this process, they should contact their program manager.
- Identify any students the RSP does not have the capacity to serve.
- Supply this information to their Program Manager immediately to ensure the Program Manager is aware of the capacity issue at that school.

Initiation of Intervention Services

At the beginning of the school year, intervention services start on the 1st day of school for students. If services are not rendered during the first week of school, providers are required to make-up missed services for that week prior to the end of the 1st reporting period.

Throughout the school year, students who are receiving an initial IEP, recently enrolling or recently transferred must have their speech language services initiated and delivered within 14 calendar days of enrollment. To ensure that providers are aware of new students who may be enrolling in their schools who require services, the RSP should check with their LEA Representative assigned to their school(s). Providers should document all attempts to provide and initiate speech and language services within PowerSchool Special Programs.

Intervention Schedule

Each service provider must complete and submit a copy of their schedule within one week after starting at the assigned school(s). For each school year, the schedule must be electronically provided to each

school LEA and principal by the second Friday of the school year for staff. Intervention services must start on the first day of instruction for students.

If there are any changes to the schedule (i.e., addition of student, removal of students, changes in service times or locations) an updated schedule **must be electronically re-submitted to the school LEA/SEC and Principal**. An updated copy must also be provided to the PM electronically.

If a related service provider varies their work location from what is recorded on the schedule, the principal and Program Manager must be notified.

Mandatory Elements of an Intervention Schedule

The intervention schedule is the first line of defense in assisting providers with workload and caseload management. The below elements are helpful in the event the provider has an unplanned leave of absence or if additional assistance is provided to help manage the caseload. If you ever need assistance with formulating your intervention schedule, please contact your Program Manager. Intervention schedules must contain the following information:

- All students listed on our caseload must appear on your schedule, including indirect/consultation services
 - First and Last Name
 - Type of Hearing related disorder
 - Hearing Impairment
 - Deafness
 - APD
- Name of Clinician
- Name of School
- Contact telephone number for the school
- Include time for the following:
 - Time for IEP meetings
 - Time for assessments
 - Time for Case Management
 - Indirect/Consultative services
 - Time for collaboration and planning
 - Time for make-up sessions
 - Time for lunch
 - Time for documentation of delivered/missed services

- Room # or location of where the service is provided (you may also indicate if you are providing classroom-based services by indicating teacher's name and classroom number).
 - Example: James Doe (L)
 - Jane Blank (L)
 - Ms. Nelson's Class (Rm. 202)

For schools that do not have any Audiology services indicated at the beginning of the school year, the assigned DCPS Audiologist should still send an Introductory email to the school. The email should be sent to the Principal and the School Accountability Manager should be copied. The following elements should be included in the introductory email:

- Name, role, and contact information
- Supports of an Educational Audiologists
- When the Educational Audiologist should be contacted
- General dates support can be offered to the school (i.e. 2nd Monday of the month)

Refer to Appendix for a copy of the Audiologist Monthly Building Intervention/Assessment Schedule.

Introductory Communication to Parents/Guardians from RSPs

Each Related Service Provider is required to send an introductory letter to each parent / guardian of the students on their caseload no later than the Friday of the second week of employment. The correspondence should contain the following information:

- Your name
- Days assigned to School
- Day/time student is scheduled for services
- Your contact information (ex. Email or school phone number and extension)

Please refer to appendices for a template. The SLP must then document this action in the log entry of each student in PowerSchool Special Programs.

During the school year, students are added to the RSP caseload. Once a new student is added to an RSP's caseload, the RSP is required to send an introductory letter to the parent of the new student within two weeks.

Individualized Education Programs (IEPs)

Hearing Considerations and AT for Hearing

Hearing Considerations

The Hearing Considerations portion of the IEP should be filled out by all students receiving indirect or direct Audiology services. The considerations should include the degree of hearing loss, the student's mode of communication, or the severity of the auditory processing disability. The considerations should also include any equipment supports the student needs to access their educational environment. Accommodations and strategies to support the student in their academic environment should also be included in this section.

AT for Hearing

The AT for Hearing section of the IEP is located in the Supplemental Aids section of the IEP. This section should align with the "Hearing Considerations" portion of the IEP. In this section, the type of Audiological equipment the student requires should be listed. A reminder to keep the listed equipment general and not specific to a brand or vendor.

Audiologic AT summaries

Audiologic Assistive technology summaries should be completed for students who did not qualify for hearing services under an IEP or 504 plan, however they have equipment needs. During the annual IEP meeting, the team should consider the need for any audiological equipment. In the IEP, under the Hearing Considerations and AT for Hearing section, the audiologist should document the equipment needs of the student. It is then the role of the audiologist to monitor the students' equipment a minimum of once per year (hearing aid check, FM check, teachers/parents' concerns). Any follow up/monitoring of equipment is documented in Power Schools Special Programs via a "Other – File-based document" and should be entitled Audiologic Assistive Technology Summary. If any equipment requires additional support throughout the academic year (i.e. lost, broken, etc.) the school team should immediately contact the assigned DCPS Audiologist.

Present Levels of Academic Achievement and Functional Performance (PLAAFP)

The first main element of an IEP is a statement of the student's present levels of academic achievement and functional performance (PLAAFP). The purpose of the PLAAFP is to describe the problems that interfere with the student's progress in the general education classroom and with the general education curriculum. The PLAAFP is the foundation to develop the student's IEP and measure the student's short-term and long-term success. From the PLAAFP, the IEP team develops an IEP that identifies the student's

appropriate goals, related services, supplementary aids and supports, accommodations, and placement. The IEP team should include goals as well as any necessary accommodations and/or modifications, related service, or supplementary aids and supports to address any identified area of weakness. Other educational needs of the student, not directly related to the academic curriculum, must also be addressed by the team, the SLP may need to address characteristics such as dysphasia where feeding and swallowing disorders impact the student’s ability to participate in lunch time activities (CEC, 2000).

Academic Achievement	Functional Performance
<ul style="list-style-type: none"> ▪ Reading ▪ Written Language ▪ Mathematics 	<ul style="list-style-type: none"> ▪ Physical, Health, Sensory Status ▪ Emotional/Social/Behavioral ▪ Communication difficulties ▪ Vocational skills (ages 15 and older) ▪ Daily life activities

Anyone who reads a student’s PLAAFP should have a comprehensive understanding of the student’s strengths and weaknesses. The PLAAFP should contain information on both the student’s academic achievement and functional performance.

Data Sources

In order to draft a student’s PLAAFP, the IEP team should consider data from a variety of sources. Data sources for the PLAAFP include:

- Most recent special education evaluation
- Student performance on DC-CAS/DC-CAS Alt
- Teacher reports
- Classroom observations
- Parental input
- Cumulative records: grades, attendance, retentions
- Discipline records

Three Components in Writing a PLAAFP Statement

<p>Component 1 Present Levels of Academic Achievement and Functional Performance:</p>	<p>A description of the student’s strengths and weaknesses using multiple sources of current data.</p>
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<p>Component 2 Description of how the student’s disability affects the student’s access to the general education curriculum</p>	<p>Focus on the skill sets the student requires <u>to access the general education curriculum</u>, as well as functional performance, that impacts the student’s ability to receive instruction in the general education setting.</p>
<p>Component 3 Description of how the student’s disability affects the student’s progress in the general education curriculum</p>	<p>Describe how the disability <u>affects the student’s progress</u> in the general curriculum. Identify the previous rate of academic/developmental growth and progress towards meeting grade- level standards/milestones. Convey the unique challenges or barriers that exist for the student as a result of the disability</p>

PowerSchool is structured such that there is a PLAAPF for each goal. Each PLAAPF in PowerSchool should include the mandatory elements for each goal (See above chart for mandatory elements).

Examples of Present Levels of Academic Achievement and Functional Performance

Example 1:

Alexandria presents with a mild to moderately-severe sensorineural hearing loss in the right ear and a mild to severe mixed hearing loss in the left ear. Due to her hearing impairment, she misses sounds in many words, which makes hearing and understanding speech difficult if it is not loud enough. She is a consistent binaural hearing aid user which improves her auditory access and overall achievement and performance across all environments. Without amplification, Alexandria may miss 50-100% of speech information. Her degree of difficulty will depend upon how faint the speaker's voice is, noise levels in the classroom, her distance from the teacher, and whether the speaker is in her line of vision. Due to the configuration of her hearing loss, she misses more consonants sounds (specifically /s/, “sh”, /k/, and “th”) which makes understanding speech difficult. With amplification, she has a mild hearing loss in both ears. Binaural amplification coupled to an assistive listening device maximizes her auditory access to the general education curriculum. Due to Alexandria’s bilateral hearing loss, she misses the redundancy in language which impacts how she hears and understands speech and overall influences her performance and progress in the general education curriculum.

IEP Goals

Correlation between PLAAFP and IEP Goals

PLAAFP are inherently linked to the development of annual goals because they serve as baseline data that describe how the student is currently performing academically and functionally. Therefore, PLAAFP should be used as the starting point in developing goals. For each area of weakness identified in the student’s PLAAFP, the IEP team must develop appropriate goals.

The present levels section provides insight into the relative strengths and needs of the student. Anyone who reads this section of the IEP should get a quick, yet comprehensive understanding of where the student is struggling and how to capitalize on the student’s strengths. When writing the present levels section, teachers should have access to formal assessment results, and the classroom data – both quantitative and qualitative – that has been collected over the course of a year.

COMMON CORE STATE STANDARDS (CCSS)

When formulating goals, providers should consider and incorporate standards from common core. This is important because it links the goals that are being addressed in therapy sessions to work students are doing in their classrooms within their academic curriculum. CCSS is organized by grade level across different academic content and context (i.e., speaking and listening, reading comprehension, written expression, etc...). The incorporation of CCSS in your goals and interventions will increase the generalization of speech and language skills and increase student’s independence to make gains in the classroom.

Below are some links to assist providers with linking their goals to CCSS:

- CCSS DCPS Link
 - Elementary - <http://dcps.dc.gov/page/elementary-school-academic-standards>
 - Middle - <http://dcps.dc.gov/page/middle-school-academic-standards>
 - High - <http://dcps.dc.gov/page/high-school-academic-standards>
- Goal book Link
 - The sign in page is https://goalbookapp.com/accounts/users/sign_in
 - Here's a link to a recorded webinar for related service providers: <https://goo.gl/3AiYUX>

SMART IEP Goals

DCPS requires goals written in a S.M.A.R.T. format.

S	Specific
M	Measurable
A	Use Action Words

R	Realistic and relevant
T	Time-limited

Specific goals and objectives "target areas of academic achievement and functional performance. They include clear descriptions of the knowledge and skills that will be taught and how the child's progress will be measured".

- Non specific example: Joey will improve articulation skills.
- Specific example: Joey will correctly produce /s/ phoneme in initial position 40 out of 50 words.

Measurable means that the goal can be measured by counting occurrences or by observation.

"Measurable goals allow parents and teachers to know how much progress the child has made since the performance was last measured. With measurable goals, you will know when the child reaches the goal".

- Non-measurable example: Jack will increase his fluency in class.
- Measurable Example: Jack will utilize easy onset with prompting in a structured classroom activity in increments of 10 minutes.

Action words - "IEP goals include three components that must be stated in measurable terms: direction of behavior (increase, decrease, maintain, etc.), area of need (i.e. reading, writing, social skills, transition, communication, etc.), and level of attainment (i.e. to age level, without assistance, etc.)"

- No use of action words example: Luke will give eye contact during conversational speech.
- Use of action words example: Luke will maintain eye contact with prompting during conversational speech in increments of 5 minutes

Realistic and Relevant goals and objectives "address the child's unique needs that result from the disability. SMART IEP goals are not based on district curricula, state or district tests, or other external standards".

- Unrealistic Realistic example: Evan will increase performance when following directions in class.
- Realistic and relevant example: Evan will follow three step unrelated directives in order without prompting, 8 out of 10 trials.

"Time-limited goals enable you to monitor progress at regular intervals"

- Not time-limited example: Rachel will improve her communication skills demonstrated by mastery of goals.
- Time-limited example: Rachel will increase her expressive vocabulary demonstrated by orally identifying 50 pictures from flashcards in 30 minutes then decreasing the time in 5 minutes intervals.

*Annual goals and objectives are required for students that are taking an alternative assessment.

Consult-Only Audiology Goals

****Goals are required for students receiving consultation services on their IEPs. This is necessary to indicate how the skills will be monitored and/or generalized across the academic setting to increase the student's overall independence.**

****When writing goals to differentiate between the teachers of the deaf goals and audiology goals please note at the beginning of each goal "Au.D.".**

Audiology Services

Consultation (Indirect Services)

Consultation is a service provided indirectly to the student consisting of regular review of student progress, student observation, accommodations and modifications or core material, developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent and/or related service provider. Consultation is not the provision of direct speech and language services to a student. The focus of consultation is to ensure the generalization of the addressed speech and language goals are generalized across the academic setting and to assist the student with being independent of the skill outside of the therapy setting.

Examples of Consultation Goals

Ex. 1: Prior to a typical classroom session, Leonard will advocate for his own communication needs (i.e., ask for repetition when critical information is missed, request class notes or visual supplements, independently use hearing aids/FM, select appropriate seating) demonstrating knowledge of what is needed for him to communicate and participate effectively in 8 out of 10 classes as measured by teacher feedback and audiologist observation.

Ex. 2: (Au.D.) To ensure consistent amplification use is being maintained, implementation of Susie's hearing aid use plan will be monitored by observing her independent and teacher-assisted use of the equipment 5 out of 5 days a week.

Ex. 3: (Au.D.) Communication strategies for DHOH children will be shared and reviewed with Joe's education team to increase his auditory access within the classroom setting at least once per quarter.

Ex. 4: (Au.D.) Compensatory strategies and techniques will be shared and/or reviewed with Debbie's parents and/or outside treating therapist via email/phone/handouts to increase her ability to hear and understand speech auditory speech in the home and community at least 1 time per month.

When documenting indirect services in PowerSchool Special Programs, consultations should never be listed as a direct service in the service capture notes, nor should the activity indicated in the note reflect that a direct service was delivered to the student.

Direct Audiological Services

Examples of Direct Service Goals

Ex. 1 (Au.D.): To increase speaking and listening skills, Jonathan will be able to repeat the LING 6 sounds from 6 feet away with 80% accuracy.

Ex. 2 (Au.D.): To improve comprehension and/or collaboration, Sally will participate in collaborative conversations with diverse peers in small and large groups.

Ex. 3 (Au.D.): To improve self-advocacy skills during listening tasks, Amy will make specific requests when information is not heard or not understood (Slow down please, Can you say that louder, I need to hear that again, I don't understand) given verbal prompts only with 80% accuracy.

Per a student's IEP, speech therapy services can be provided weekly, monthly or quarterly. Those mandated services must be provided in / out of the general education setting based on the setting designated on the IEP.

- Benefits of monthly services:
 - Flexibility in providing services
 - Accommodating student and classroom needs
 - Increased opportunities to integrate services in the classroom or during school events
 - Allows rescheduling of sessions to accommodate provider unavailability
 - Scheduling options that can change to meet the student's needs
 - Increased opportunities to make up missed sessions

**** Service delivery implemented must match the frequency, duration and setting (inside general education setting or outside the general education setting) on the current IEP ****

Service Delivery Requirements

The IEP is a legally mandated document that includes the goals, specialized instruction, services and frequency / duration of the required for a student needed to access the curriculum. RSPs should deliver IEP services in alignment with the IEP frequency and duration listed on each individual student's IEP. Provider's intervention schedules should include flexibility to accommodate the total prescription of services (i.e. weekly or monthly) on students' IEPs. Providers are encouraged to adapt service delivery models to ensure students receive their prescribed services.

For additional information on service delivery requirements, please refer to policies outlined by Office of State Superintendent of Education

- <https://osse.dc.gov/sites/default/files/dc/sites/osse/documents/Qlik%20Related%20Services%20Management%20Report%20Webinar%20Slides.pdf>.

Documentation

Progress Notes/Medicaid

Each intervention or consultation service listed on the IEP that is provided to a student must be documented in the PowerSchool Special Programs. This includes services to students with in the local schools, services private religious students, missed services, and home-hospital instruction program (HHIP).

Per OSSE guidelines, RSPs should not document services that are not included on the IEP. This includes consultation with parent or teacher, teacher or parent training, or information reported during an IEP meeting. For example, if a student's IEP includes direct audiological services, the audiologist should document all delivered and attempted services in a service capture log. Since there is no IEP prescription for audiology consult services, the provider should document delivered and attempted consultations in the PowerSchool Special Programs log entry. **Time spent conducting Assessments should never be listed as a direct service in the service tracker notes.**

Mandatory Elements for Monthly Service Capture Log Notes

Each service tracker note must include the following information:

1. Identification of the intervention activity / activities
2. Description of the student's response to the intervention (quantitative and qualitative information)
 - a. Quantitative includes – accuracy percentage, number of trials/opportunities, etc.
 - b. Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc.
 - c. Descriptions aligned and relevant to the current OT or PT IEP goals
3. Explanation of the relevance of the activity to the IEP goal

Mandatory Elements for Service Capture Logs

Consultation notes should be comprehensive and provide a detailed picture of the tasks or skills consulted on within the session. **Consultation sessions should be tied to the consultation goal on the IEP** and should consist of observations or discussions of how the student is generalizing the skill(s) outlined on the IEP to their educational environment.

Each consultation service is required to include the following elements:

- Who was consulted with (e.g. special education teacher, general education ELA teacher)

- Identification of the activities/tasks/skills consulted on
- Description of the student’s skill level during the task(s)/activity
- Quantitative includes – accuracy percentage, number of trials/opportunities, etc...
- Qualitative includes – level of prompting/dependence (i.e., moderate verbal prompts, tactile cues, hand-over-hand etc...), behaviors impacting/contributing to progress, etc....
- Descriptions aligned and relevant to the current IEP goals
- Explanation of the relevance of the activity to the IEP goal

Documenting Missed and Make Up Services

Related Service Providers are expected to follow the DCPS Missed Services and Untimely Assessment Guidelines, dated April 2017. This document is located in the Appendix section of this guidebook and outlines the mandatory documentation requirements for Missed and Make-Up Services.

Missed session notes should always reflect the time that would have spent with the student. For example, if the student was supposed to be seen 30 minutes and was absent from school, the provider should enter a “student absent” note for 30 minutes.

A reminder that zero (0) minutes should never be entered for minutes or group size in a service capture log.

Service Capture Notes on Non-Instructional Days

Historically, providers have consulted with teachers on non-instructional days (e.g. parent-teacher conference day, records day, etc.).

It should be noted that PowerSchool Special Programs does not always allow for services to be logged on non-instructional days, and therefore services provided on non-instructional days may not be shown in monthly documentation and delivery data reports. Due to PowerSchool constraints, please conduct consults on instructional days, until further notice. Additional information regarding documentation for Holidays/School Closures is located in the April 2017 Due Diligence policies located in the appendix section of this guidebook.

Service Capture Note Deliverables

DCPS, the Centers for Medicare and Medicaid (CMS), and the Office of the State Superintendent for Education (OSSE) have established a best practice service delivery documentation system. Related Service Providers should document the services they provide or attempt to provide pursuant to the IEP within the same school day those services were scheduled to occur.

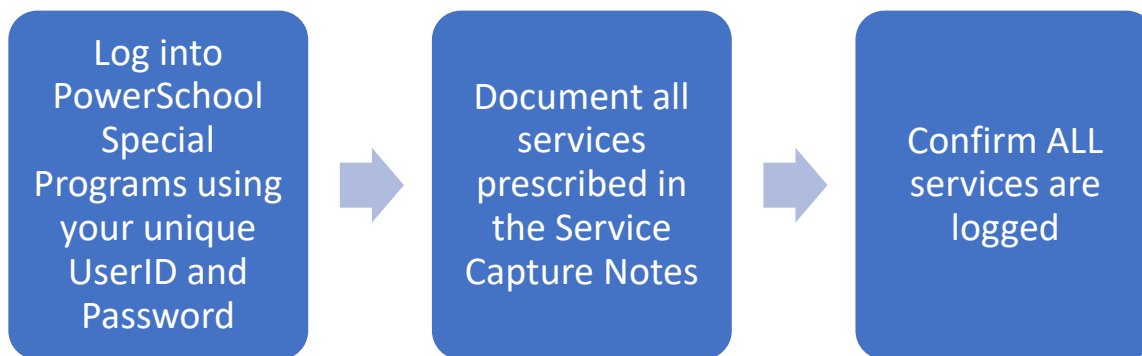
Definitive Due Date for Documenting Services Logs: All services provided in a school week **must** be documented by the end of the provider’s tour of duty **on the Monday of the following school week**. If school is closed on Monday, then documentation is due by the end of the provider’s tour of duty of the next school day. For example, 60 minutes of speech/language services provided on Friday from 2 to 3 p.m. should be documented by the end of the provider’s tour of duty (3:30 pm or 4:30).

Email your program manager if barriers exist for daily documentation of services. We recognize there may be challenges (e.g. incorporating time to collaborate with teachers and parents) that could prevent you from providing daily documentation 100% of the time. Therefore, DCPS has established a definitive due date for documenting services provided during a school week.

There is a definitive due date for documenting monthly services. Service capture logs for the previous week must be generated or **finalized no later than the the close of business on the following Monday**. For example, September 9, 2024 notes must be generated or finalized by September 16, 2024. If the following Monday falls on a holiday, the deadline moves to the next workday.

DCPS obtains Medicaid reimbursement for direct related services provided to students. By logging into PowerSchool Special Programs, the provider understands and accepts that his electronic signature will be created with a unique combination of his/her network login username and secure password. The unique combination is necessary to ensure that only the provider has completed all documentation submitted into PowerSchool Special Programs under this unique combination.

To document services per DSI guidelines, please adhere to the following steps:



Documenting 504 Interventions

Documentation for students receiving direct or indirect services via a 504 Plan is entered into the provider management application at DPCS (Frontline). 504 service notes are due Frontline by Monday at the end of the provider’s tour of duty the week following the delivery of services.

Documentation on 504 Plan interventions follows DCPS guidelines for content and timelines:

- Identify the activity completed or recommended during session;
- Report Student's response (example: \sim 70%, two out of six trials, moderate assistance). This information should be measurable and aligned to the 504 plan's goals and objectives
- Special Factors observed or reported (e.g. cooperative, refuses, missing glasses, etc.)

Documentation for Parentally Placed Students

If a student is found eligible for receiving equitable services, documentation will be entered into PowerSchool Special Programs. All providers must complete the required equitable services documentation and upload into PowerSchool Special Programs by relabeling a miscellaneous cover sheet. See forms for equitable services in Appendix.

Quarterly IEP Progress Reports

Quarterly IEP progress reports must be completed in PowerSchool Special Programs for each student on the related service provider's caseload. This IEP quarterly progress report must be printed and provided to the parent at the end of each advisory period. **Please refer to the school calendar to obtain DCPS' IEP Progress Reports due dates; and consult your school's LEA RD to know the specific due dates for you to complete these reports.**

Each IEP Progress Report must include the following information:

- *The following progress report for {insert Discipline} has been completed by {insert Name and Credentials}:*
- Baseline data from the previous reporting period or the beginning of the current reporting period on all IEP goals
- Current performance on all IEP goals, in measurable terms (Quantitative and Qualitative data). *Please see the table below for definitions for each drop-down menu option.*
- Information on **each** goal must be noted on the IEP quarterly progress report. Since goals are written to be measurable, the update of progress toward the goal should be reflected in the current level of performance of what was being measured
- Special factors important to treatment/instruction sessions that supported or interfered with IEP progress (Examples: cooperative, student often refuses to participate and requires significant encouragement from teacher and therapist to attend therapy sessions, successful strategies, etc.)

- If an IEP goal was not addressed during the quarter, state that the goal was not addressed during the reporting period, indicate why that was the case, and when the goal is anticipated to be targeted.

Information that must be Included if the student is on a Missed Services Plan

- Services missed during the quarter secondary to provider gap
- Status of make-up services secondary to provider gap (e.g., number of minutes made up during the term)
- Plan for make-up services secondary to provider gap

Additional Information that can be included, but not mandatory, in Progress Reports

- General therapeutic/instructional interventions used in therapy sessions
- Feedback gathered from the student’s classroom teacher on progress the student has demonstrated towards achieving their goals.
- Feedback gathered from the student’s caregiver on progress the student has demonstrated towards achieving their goals
- Suggestions for parents to address/practice goals/skills for carryover in the home environment

Progress Report definitions for drop-down menu options:

Not introduced	Goal was never introduced to the student during <i>this or previous</i> IEP progress reporting periods
Just introduced	Goal was introduced within the current IEP progress reporting period
No progress	Goal was introduced to the student and has been targeted, but student has not shown any progress since introduction or since previous progress reporting period
Progressing	Goal was targeted and student is demonstrating measurable progress
Regressing	Goal was targeted and student’s performance has declined as compared with previous progress reporting period
Mastered	Goal was targeted and student achieved the goal. Indicate plan to update/remove goal or skill area at next annual IEP. Next Steps: <ul style="list-style-type: none"> • Reach out to case manager if an IEP amendment is required prior to the next IEP meeting to update goals or service frequency

	<ul style="list-style-type: none"> • Consider whether further assessment is needed to determine continued eligibility for services • Reach out to your assigned program manager if you experience any barriers to convening an IEP team meeting or starting the eligibility process
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Quarterly Assistive Technology for Hearing

Audiologic Assistive technology summaries should be completed for students who did not qualify for hearing services; however they have equipment needs. In the IEP, under the AT section, the audiologist should document the equipment needs of the student. It is then the role of the audiologist to monitor the students’ equipment quarterly (hearing aid check, FM check, teachers/parents’ concerns). This quarterly follow up is documented in Power Schools Special Programs under “Other-File based document” and should be entitled Audiologic Assistive Technology Summary. All communication with the teacher or school-based team regarding the student’s Audiologic Assistive technology needs should also be reflected in the SEDS Communication log.

Missed Services Versus Compensatory Education

On occasions, related service providers are unavailable due to absences, MDT meetings, etc.. When the missed sessions are a significant disruption of audiology services and not attributable to the student or student’s parents, it must be made up. Missed services are made up in school during the student’s school day by the audiologist.

If missed service hours have caused educational harm and the school-based audiologist is unable to make-up the service during the school day, compensatory education hours may be awarded. Compensatory Education hours are provided after the student’s school day at a mutually agreed upon location and time between the service provider and parent. Compensatory Education services are awarded to parents by the LEA and provided by outside providers.

General Reminders

- If a specific provider is assigned by the department to cover meetings at a school:
 - The program manager should still be informed of any meetings that come up outside of the original list provided, to ensure the provider can complete the documentation and participate in the meeting.
 - School teams must not contact RSP outside of tour-of-duty (8am to 3:30pm)

- The provider will need at least 1-week notice to attend meetings that were not on the original calendar, as they will need time to review documents, re-arrange schedule at their assigned schools, and come to observe the student if needed. **Please note that even if the 1-week notice is given, it’s not guaranteed that the provider will be able to re-arrange their schedule and participate**
- For under-covered schools (schools where there may be one provider assigned at least part-time, but the caseload need is higher than the provider’s availability at the school):
 - The provider currently at the school may or may not have the capacity to assist with meeting coverage; this is at the discretion of the program manager
 - School teams should still follow the process above
 -
- **For meetings that arise at the last minute (program managers are notified less than 10 days before the meeting), the department may not have coverage available.**
- Program Managers require at least 3 weeks' notice prior to an AED draft needing completion. This allows for time for the provider to complete the AED thoroughly, including all data points required by the department.
- If meetings cannot be covered due to late notice or provider unavailability, they will either need to be rescheduled, or an excusal form for that specific discipline will need to be generated by the school team.

Related Services Department Points of Contact

	Role	E-mail
GaBriana Dennis	Senior Director, Related Services and Assistive Technology	GaBriana.Dennis@k12.dc.gov
Darla Kimbrough	Program Manager, Speech Language Pathology and Audiology	Darla.Kimbrough@k12.dc.gov
Giancarlo D’Elia	Program Manager, Speech Language Pathology and Audiology	Giancarlo.DElia@k12.dc.gov
Dr. Jessica Sitcovsky	Program Manager, Speech Language Pathology and Audiology	Jessica.Sitcovsky@k12.dc.gov

Kiyah Tyler	Program Manager, Speech Language Pathology and Audiology	Kiyah.Tyler@k12.dc.gov
Cassie Garcia	Program Manager, Occupational and Physical Therapy	Cassandra.Garcia@k12.dc.gov
Vaishi Tallury	Program Manager, Occupational and Physical Therapy	Vaishnavi.Tallury@k12.dc.gov

Close out Procedures for Documentation

At the end of each school year, DCPS seeks to ensure all IEP meetings have been held timely and are properly closed out prior to summer break. The list below contains action items to be completed prior to the start of summer break.

Item	Person Responsible	Deadline
Complete IMPACT Caseload Confirmation. Confirmation link will be sent via email.	All RSPs	May
Case Managers must ensure all meetings for students on their caseloads with events expiring by October 2024 are held and finalized.	Case Managers and RSPs	May 31st
Ensure trial devices provided by the AT team based on assistive technology consultations are included on the Services and Supplemental Aides Section of the IEP.	Case Managers	May 31st
Submit all new referrals on or after June 1, for 3-through 5-year-olds to Early Stages via the Early Stages Web referral form: https://www.earlystagesdc.org/form/refer-a-child	LEA RD	Beginning Thursday, June 1; ongoing through Summer
Assessments with a parental consent date on or after June 1 for 6-through 22-year olds should be ordered within 48 hours of parent consent and assigned to summer team.	LEA RD/Case Manager	Beginning Thursday, June 1; ongoing through Summer

Providers submit a Data Summary Report for each assessment with a parental consent date on or after June 1, via email, to their Program Managers.	RSPs	Mid-June
Submit all assistive technology technical support and training requests.		Ongoing
Complete 4 th Quarter Progress Reports.	RSPs	Follow school guidance
Ensure Contact Logs and service logs are complete and accurate for all students on caseload.	All RSPs	Last day of school

Additional Programs Involving Audiology Interventions

Audiology Services Through Home and Hospital Instruction Program (HHIP)

Students who are unable to attend school secondary to medical issues, continue to receive instruction and related services through the home-hospital instruction program. Parents must enroll and submit supporting medical documentation for acceptance into HHIP. If a student is accepted into the HHIP program, the designated HHIP related service provider will need to collaborate with the HHIP case manager to determine the student's schedule and if any IEP adjustments are necessary for the student while they remain in HHIP services.

HHIP students can fall into two categories.

- Category 1: The student has consult services for your discipline on their IEP. Students in this category will **remain assigned to the home-school related service provider**. In these cases, the RSP will consult with the HHIP teacher and document these services in POWERSCHOOL SPECIAL PROGRAMS/Frontline.
- Category 2: The student has direct services on their IEP for your discipline. Students in this category will **be assigned to the designated HHIP OT, PT, or SLP**. HHIP services will be documented by the HHIP RSP in POWERSCHOOL SPECIAL PROGRAMS/Frontline.

HHIP Notification Process

- RSPs should be notified by the LEA-RD or Case Manager when a student goes on HHIP services. If a student has been absent for >2 weeks, the RSP should reach out to the LEA-RD and/or Case Manager to determine whether the student is on HHIP services.
- RSPs will be notified by the HHIP team when a student is slated to return from HHIP services. RSPs should continue services as usual when the student returns.

Students Returning from HHIP

- When a student returns from HHIP, the RSP should determine if there is any medical documentation noting change in status or contraindications to therapy. A team meeting should be called, should the IEP need to be updated to reflect a change in medical status or tolerance.

If there are questions related to a student's status surrounding HHIP, please email the HHIP team at hip.dcps@k12.dc.gov and copy your program manager.

Extended School Year (ESY) Guidance and Criteria

ESY Services

ESY services are specialized instruction and/or related services provided to a student with a disability beyond the regular school year.

ESY services refer to IDEA Part B special education and/or related services that are provided to a student with a disability beyond the regularly scheduled school year. IDEA requires school districts to provide ESY services if a student needs these services to receive a Free and Appropriate Education (FAPE). Students with disabilities may lose skills which can impact their academic progress, as it may take significant time to relearn these skills. ESY is provided by districts to ensure that interruptions in the school schedule (i.e., summer or prolonged school breaks) does not result in children with disabilities losing many basic skills.

Eligibility for ESY

ESY eligibility is considered at least annually. To be considered eligible for ESY, a student must qualify under the following three criteria:

- The IEP team identifies a critical skill or skills that will be at risk if a break in the student's services occurs. A critical skill is something essential to a student's progress.
- Once the critical skill(s) are identified, the team determines if the student will experience unusual levels of regression, or a loss in skill proficiency, if a break in services occurs.
- If the IEP team is concerned about the level of regression of a critical skill, they then determine if the student will take an unusual amount of time to re-learn, or recoup, that skill to his or her previous level of mastery.

Features of ESY

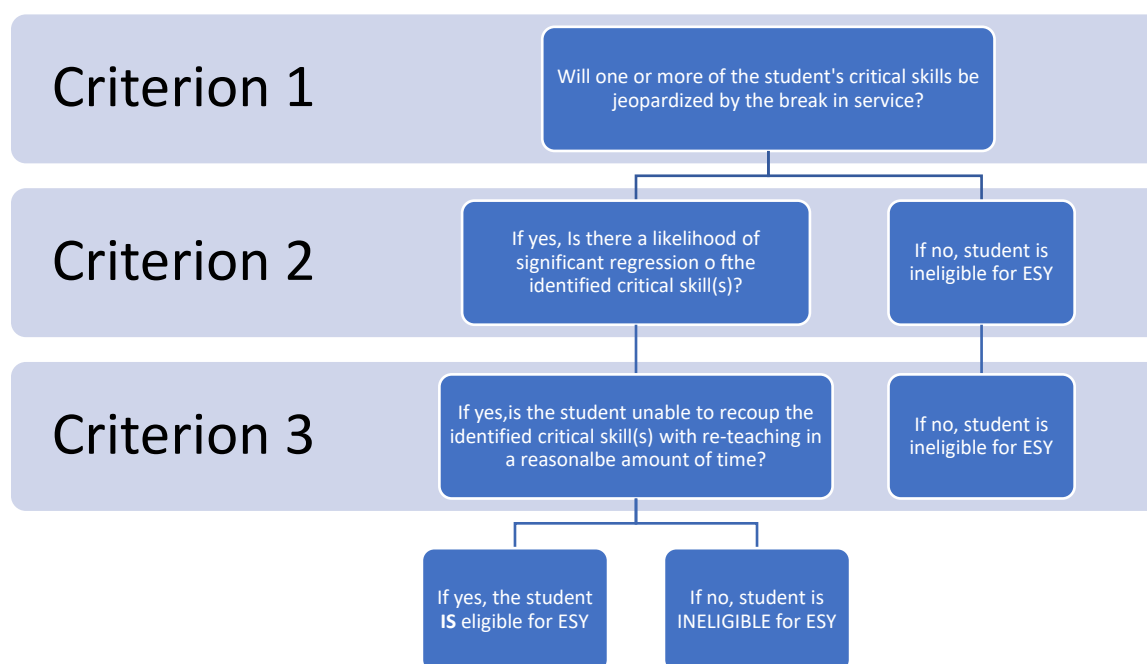
- Ensures students with disabilities can access FAPE
- Provided in accordance with student's IEP
- Provided at no cost to parents
- Must be individualized to the unique needs of each student
- Provided in accordance with OSSE standards

ESY Determination Timeline

- All ESY decisions must be made between DECEMBER 1st and APRIL 1st.

- If a student has an IEP date *after* April 1st and you think the student may be a candidate for ESY, please plan accordingly and hold the annual meeting early to fall within this timeframe.
- If an ESY eligibility decision needs to be reconsidered due to new data, you should hold an amendment meeting between DECEMBER 1st and APRIL 1st to amend the IEP.

The following eligibility criteria must be reviewed and determined in accordance with the guidelines established by the Office of the State Superintendent of Education (OSSE):



For additional information regarding ESY guidelines and criteria, please visit the CANVAS site at: <https://dcps.instructure.com/courses/2025/pages/extended-school-year-esy-program>

Crisis Intervention Procedures

Crisis intervention is offered through a partnership between the District of Columbia Public Schools and the Department of Mental Health to respond in times of emergency at local schools. Responding to crises requires an “all hands on deck” approach by utilizing local school counseling staff as first responders,

and provides additional support through Office of Specialized Instruction's social workers and school psychologists.

At times, speech language pathologists assigned to the building may be requested to assist the school crisis team, school administration, staff and / or students during a crisis. Please refer to the DCPS Crisis Management Materials.

Responding to School Crisis

The focus of crisis response is to address distress in students and in the school community.

The three (3) categories of crises are:

1. ***Safety***

- The student has been victimized by abuse or neglect (self report, injury, abandonment at school)
- A student absconds from the school

2. ***Behavioral Health***

- The student exhibits symptoms of emotional disturbance relative to his/her mental health status (suicidal ideation, homicidal ideation, psychosis)
- Death of a current or former student or staff member
 - Critical threat or event

3. ***Criminal Acts***

- The student exhibits behavior that is not mental health related such as assault, theft or willful destruction of property.

Crisis Protocols

All crisis response protocols are under the direction of the School Principal.

Safety

- CFSA (202-671-7233) must be contacted. All school personnel are mandated reporters.
- Abscondence requires that the school contact the parent(s), Office of School Security and MPD.

Behavioral Health

- School based mental health providers assess, de-escalate and develop a crisis plan.
- For school-wide crises, the Principal should consult with the School Crisis Team in addition to the Central Crisis Team Coordinator and the Central Office Security Coordinator.
- If the initial interventions are insufficient due to the severity of the symptoms a call is placed to:
 - ChAMPS (202-481-1450) for students ages 3 to 18
 - DBH Access Helpline (1-888-793-4397) for students ages 19 and older

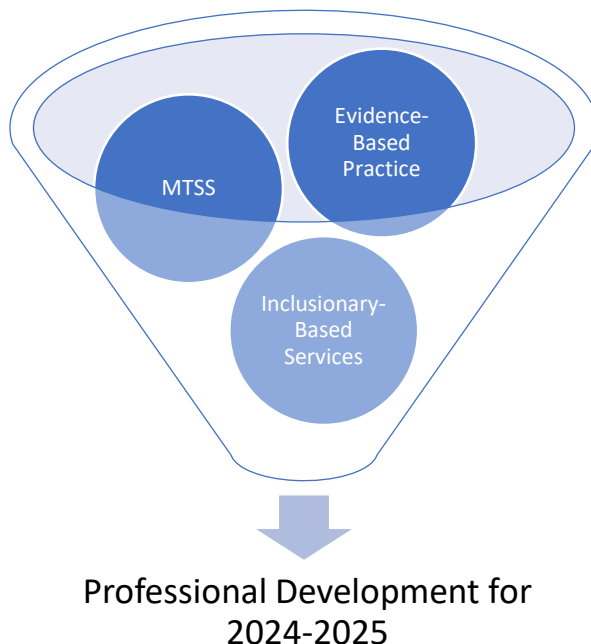
Criminal Acts

When schools determine that actions meet criteria for criminal behavior, the school administration contacts the Office of School Security and MPD.

Please refer to the Emergency Response Plan and Management Guide located in each school's administrative office, for comprehensive instruction. Contact the Central Crisis Team at crisis.cct@k12.dc.gov

Section 8: Training and Support

Training and Support



Related Service Provider Training Goal

- The RSD will implement trainings that promote high standards and “best practices” according to processes and procedures that support continuous quality improvement efforts and ensure compliance with court mandates, federal, local and discipline specific national organizations. As illustrated in IMPACT and the discipline specific procedural reference guides, which is allied to enhanced performance, increased collaboration and improved educational outcomes for students.
- The RSD will develop training programs that are evidenced-based, empirically driven and results-focused. These initiatives will be implemented through strategic planning aimed to identify effective strategies for improving the performance of related service provider in ways that enhance the quality of service delivery, mastery of student’s goals for exiting services, quality assessments, appropriate educational planning, academic achievement, secondary transition

outcomes as well as functional skills that improve educational outcomes of students with disabilities.

Audiology Training Goals

- To utilize best practice in assessment and intervention for low incidence population to improve student performance and carryover into the classroom and home setting.
- To increase collaboration with teachers, parents and other related service providers to improve student performance in the school and home settings.
- To increase the utilization of various service delivery models to meet the needs of the student for academic success.

Mandatory Professional Development and Meetings

Professional Development trainings are provided to Related Services Providers to assist with augmenting their assessment and intervention skills, clinical decision-making, and utilization of best practices to improve the provision of quality services in their schools. Therefore, attendance to Professional Development trainings is MANDATORY. Providers are notified regarding the dates for the upcoming trainings for the school year in August during Pre-service week.

Program Managers reserve the right to request a doctor’s note when calling out and able to document as unexcused. If you have a conflict or pre-arranged obligation, you must notify your Program Manager two months in advance of the mandatory training date.

SY 24-25 Mandatory Training Dates

Mandatory professional development (PD) training dates as outlined in the DCPS SY 24-25 calendar. Whole-day PD sessions will be held 8:00-3:30 pm with lunch and 15-minute breaks embedded. ½ Day PD sessions will be 2.5-3 hour sessions that will be held either 8:00 am-11:00 am or 1:00 pm-3:30 pm.

Date	Duration
Friday, October 11, 2024	Full day
Monday, November 4, 2024	½ day
Friday, January 17, 2025	Full day
Monday, January 27, 2025	½ day
Friday, February 14, 2025	Full day

Monday, April 7, 2025	½ day
Wednesday, June 18, 2025	½ day

Optional Trainings

DCPS and the Audiology Department may offer several free Professional Learning Unit (PLU) trainings after the workday. These trainings include cohort meetings, workshops, webinars, case conferences, peer reviews, and lecture sessions. The Audiology department offerings will be sent via email. All interested employees and contractors must register using the current professional development registration systems.

University Partnerships

The SLP/Audiology Department has established clinical externships with several universities in the DC Metropolitan Area and beyond. The department is continuously seeking ASHA Certified Audiologists to serve as extern clinical supervisors for fall, spring and fall semesters for SLP graduate students. If you are interested in serving as a clinical supervisor for a semester, please inform your assigned Program Manager.

In addition, undergraduate audiology students in the area are looking for observation hours in the school based setting. The observation hours are required for their undergraduate coursework and towards ASHA certification. The department is seeking volunteers to allow undergraduate audiology students to observe assessment and intervention sessions. If you are willing to allow a student to observe your sessions, please inform your assigned Program Manager.

Mentoring

The mentoring program is established to assist those persons new to the District of Columbia Public School System, the Audiology profession, and/or those who are new to the school setting. The purpose of the program is to pair new Audiologists with experienced Audiologist to provide support. The experienced AUD will serve as a resource and reference for the new employee and will provide helpful hints and pertinent information about their assigned school and the AUD department. The mentoring pairs will be established no later than the first 2 weeks of school. The mentoring pair will then schedule meeting dates to cover specific agenda items that meet the needs of the new employee.

Appendices

Appendix I: Missed Related Services and Untimely Assessment Guidelines

April 2017

Missed Related Services and Untimely Assessment Guidelines

I. Executive Summary

A. Introduction

The District of Columbia Public Schools (DCPS) provides related services as illustrated in student's Individualized Education Plan (IEP) in accordance with federal and local law. DCPS seeks to provide consistent service delivery to meet the needs of its students and legal obligations. For this reason, **related service providers** (RSPs) must provide consistent service delivery to help students function with greater independence. Related service providers are also responsible for creating supporting documentation and acting to ensure student access to needed services. When delivery of a service is impeded, the RSP is responsible for documenting due diligence consistent with these guidelines. This document delivers the procedures necessary when a student or provider misses service session. It also deliver the guidance for the procedures to follow for untimely assessments. Bolded terms will be defined in the glossary at the end of the document. For further information regarding these guidelines, please direct your question to Division of Specialized Instruction (dcps.relatedservices@dc.gov).

B. Purpose

The purpose of this document is to provide guidance to related service providers (RSPs) regarding required actions for missed service sessions and untimely assessment. DCPS is required to ensure all students with disabilities receive free appropriate public education (FAPE) consistent with their individualized education program (IEP).¹ These guidelines clarify the roles and obligations of RSPs, identify when and by when missed related service sessions must be made up, and explain how to document missed, make-up, and attempted make-up service sessions.

Truancy is an agency-wide problem in DC Public Schools. **Truancy** is the unexcused absence from school by a minor (5-17 years of age), either with or without parental knowledge, approval, or consent. Since regular school attendance is critical to academic success, chronic truancy must be addressed². Absences impact the number of instructional hours that a student receives and may result in failing grades, disengagement from the school environment, and ultimately, increase the likelihood of students dropping out of school. Since truant students often miss related service sessions, RSPs are uniquely situated to assist in increasing attendance and reducing truancy for special education students.

¹ See OSEP Response Letter Guidance (Mar.8 2016) available at <http://www.asha.org/uploadedFiles/advocacy/federal/idea/OSERPResponseLetterGuidance.pdf> (*interpreting* 34 CFR §300.101).

² 61 DCR 222

These guidelines address due diligence for service delivery to truant students and instruct RSPs on how to support truancy prevention. This document also provide necessary information for monitoring student engagement through service delivery, engaging parents in problem solving, and adhering to district reporting requirements for student attendance. RSP providers in every discipline should adhere to these guidelines and all other specialized instruction policies.

II. Missed Related Service Sessions Scenarios and Due Diligence Procedures

A. Provider Unavailable

1. Provider not available for schedule service session(s) (e.g., sick leave, annual leave, attending an IEP meeting, professional development)

When a service session(s) is missed because the provider is unavailable to deliver the service, DCPS has the following two options:

- a) The RSP will schedule a make-up service session for the missed service session(s) during the quarter in which the missed service session(s) occurred. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter. This policy ensures that all relevant information will be provided in the quarterly progress report. In most cases, this is the option that should be utilized. If the RSP cannot make up the session(s) by the following quarter, he/she must notify the program manager.
- b) When the RSP absolutely cannot make up the session(s), and notifies the program manager, the program manager must assign a substitute provider to make up the missed service session(s) during the quarter in which the missed service session(s) occurred or develop an alternative option with the RSP and LEA. If the missed service session(s) occurred during the last week of the quarter, it must be made up within the first week of the following quarter.

B. Student Unavailable

1. Student in school, but not able to attend session

a) Student Attendance at School-Related Activities (e.g., field trip, assemblies): If a service session is missed because of student attendance at a school-related activity the RSP must:

- Consider the impact of the missed service session on the child's progress and performance and determine next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to the student's unavailability has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to the student's unavailability has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.

- Document this determination in the **Service capture notes** in POWERSCHOOL SPECIAL PROGRAMS for that missed service session due to student unavailability and state the reason for the student's unavailability.

b) Student Refuses to Participate or Attend (e.g., verbal refusal, student is unable to be located)

When a student misses 3 service sessions because the **student refuses to participate or attend**:

- The RSP must
 - Document each missed service session;
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;
 - Document contacts, attempted contacts, and outcomes in the PowerSchool Special Programs log entry;
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
 - Notify the LEA representative or case manager via email within 24 hours of the last missed service session. This notification prompts an **IEP meeting**. The LEA representative or case manager must convene the IEP meeting within 15 school days of the 3rd missed service session to consider the impact of the missed session on the student's progress and performance and determine how to ensure the continued provision of a **free and appropriate public education (FAPE)**. Student attendance records should be reviewed at the meeting when making the determination.
- The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written, phone, email, and visit). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the PowerSchool Special Programs log entry.

The parent/guardian can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services. In this case an *IEP Team Member Excusal Form* must be completed in PowerSchool Special Programs. **However, the RSP for the service sessions in question must be in attendance and cannot be excused from this meeting.** If the parent/guardian cannot physically attend the IEP meeting an alternative means of participation may be used (e.g., individual or conference telephone calls).

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

The parent's/guardian's signature must be obtained on the IEP and/or the Prior Written Notice (PWN) before the delivery of services can be modified. The LEA representative or case manager is responsible for obtaining the parent's/guardian's signature on the amended IEP within 5 days of a telephone conference.

While there is no requirement to make up missed service sessions due to student absence or refusal to participate, DCPS seeks to ensure that related services are delivered despite the reason for missed service sessions. Therefore, the IEP team should consider alternative service delivery options or a change in services when a student's absence or refusal is significantly impacting service implementation as outlined above. Examples of alternative service delivery options include: service delivery in the classroom, a consultation delivery model, or transition out of the current service type and replacement with different services (e.g., exit from speech/language services and increase research-based reading intervention). Appropriate alternative service delivery does not include inclusionary delivery of services (e.g., RSP attends assembly with student as part of his/her service session).

C. Multiple Student Absences/Truancy and Suspension

1. Student absent from school and scheduled service sessions

a) Truancy with or without approval, parental knowledge, or consent) The District of Columbia Compulsory School Attendance Law 8-247³ and DC Municipal Regulations Title V Ch. 21⁴ govern mandatory school attendance and the ways schools must respond when students are truant. The Compulsory School Attendance Law states that parents/guardians who fail to have their children attend school are subject to the following:

- Truancy charges may be filed against the parent or student;
- Neglect charges may be filed against the parent;
- The parents may be fined or jailed;
- School-aged students may be picked up by law enforcement officers during school hours for suspected truancy;
- Students may be referred to Court Diversion and other community based interventions; and
- Parents and students may be assigned community service and placed under court supervision/probation.

³ D.C. Law 8-247, § 2(a), 38 DCR 376, D.C. Law 20-17, § 303(a), 60 DCR 9839

⁴ 5-A DCMR § 2103

2. When a student misses a related services session because of an excused or unexcused student absence the RSP must:

- a) Speak with the teacher and Attendance Counselor / Attendance Designee to determine reason for the student's absence;
- b) Check ASPEN to provide information regarding the student's absence;
- c) Contact the student's parent, make a home phone call (*if the absence is excused, there is no need to contact the student's parent*);
- d) Document the contact with the student's guardian in PowerSchool;
- e) Document each missed session in an entry the Service Log in PowerSchool Special Programs (see examples below);
 - "Attempted to provide (state related service), however (name of student) is absent per report of classroom teacher (name teacher). Per PowerSchool the student's absence is excused/unexcused."
 - You may also add information received following phone call with parent/guardian. For example "Per telephone conversation with parent (name the parent/guardian), (student's name) is absent from local school because (state the provided excuse)"; and
- f) Notify the LEA representative or case manager via email within 24 hours of the missed service session.

3. When a student misses five (5) related service sessions because of unexcused student absences the RSP must:

- a) Contact the student's parent or guardian by making a home phone call;
- b) Inform the teacher, Attendance Counselor / Attendance Designee to determine what staff has already done to address attendance concerns;
- c) Inform the LEA representative /Case Manager of the absences and attempts to contact the student's parent or guardian; and
- d) Document the attempts to service the student and contact the student's guardian in Powerschool

4. Per DCPS' Attendance Intervention Protocol, after five (5) unexcused absences:

- a) The Attendance Counselor / Attendance Designee will mail an Unexcused Absences ASPEN letter to the student's home requesting an attendance conference;
- b) Student is referred to the Student Support Team (SST);

- c) Student, parent or guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps;
- d) Follow up within 10-days to track student's progress on next steps identified in attendance conference. The SST Team will follow up with programs/resources identified for support during attendance conference to determine if student/family is participating; and
- e) A home visit must be conducted by the SST Team if parent is not responsive to meeting request.

The Attendance Counselor / Attendance Designee or SST chair will request RSP attendance in the SST meeting. RSPs should be prepared to contribute to the development of the Student Attendance Support Plan. A decision to reduce or remove a related service from a student's IEP due to truancy should not be made without consideration from the MDT to determine whether the student's non-attendance of service sessions is a manifestation of his/her disability. Refer to the *DCPS Attendance Intervention Protocol* provided below for the detailed protocol.

E. Student Suspension from School

1. Suspensions lasting ten (10) days or less

IDEA allows school administrators to apply short-term disciplinary removals of students with disabilities and students suspected of having disabilities for up to ten consecutive school days or ten accumulated school days throughout the course of the school year.

If a service session is missed due to a short-term disciplinary removal from school the RSP must:

- a) Consider impact of the missed service session(s) on the child's progress and performance and determine next steps to ensure the provision of FAPE. Determine whether missed session must be made up according to the following criteria:
 - If the missed service session due to short-term suspension has caused a negative impact on the student's progress or performance, the missed session must be made up.
 - If the missed service session due to short-term suspension has not caused a negative impact on the student's progress or performance, the missed session does not need to be made up.
- b) Document this consideration in the Service Log for the missed service session(s).

2. Suspensions beyond ten (10) consecutive or accumulated school days

Any additional removal beyond ten consecutive school days or ten accumulated school days constitutes a change in placement for the student. Under these circumstances, the IEP team must meet to determine:

- a) The setting for the Individual Alternative Educational Setting (IAES);
- b) The services that will be provided to the student at the IAES in order for the student to meet the student's IEP goals;
- c) If additional services are necessary to ensure the misbehavior does not continue into the IAES; and
- d) How the student will continue to participate in the general education curriculum.

On the 11th day of a student's removal from school, educational services must begin at the IAES. The IDEA's procedural safeguards require that all students with disabilities who have been suspended or expelled from school still must receive a free and appropriate education, which includes services provided to the student at the IAES in order for the student to meet his or her IEP goals. RSPs must provide services in the IAES regardless of whether the incident leading to suspension was a manifestation of the student's disability.

E. Administrative Circumstances

1. Student Withdrawn from ASPEN but showing in PowerSchool Special Programs

If the school registrar has completed the steps to withdraw a student from ASPEN but the student is still showing in PowerSchool Special Programs, the RSP must:

- a) Document the missed service session (see *Procedures for Documentation*); and
- b) Document as "student unavailable".
 - The Service Log entry must include:
 - Date student was withdrawn in ASPEN;
 - Reason for withdrawal (noted in ASPEN); and
 - Attending school if known.
- c) Continue to document the missed services until the student is no longer showing in PowerSchool Special Programs.

F. School Closure: School closed for holiday or emergency.

1. Planned School Closure

- a. When school is not in session due to a scheduled closures providers **are required** to make up the missed service session(s) for the following types of planned closures: holidays (i.e., Labor Day, Veterans Day, etc...), breaks (Winter Break, Spring Break, etc...) parent-teacher conferences, record day, professional development, etc...
- b. Providers do not document planned school closures in POWERSCHOOL SPECIAL PROGRAMS. Interventions should not scheduled on planned school closure days.

- c. Provider's intervention schedules should include flexibility to accommodate the total prescription of monthly services on students' IEPs. Providers are encouraged to adapt service delivery models to ensure students receive their prescribed services. Please refer to the Guidebook.

2. Unplanned School Closure

- a. When school is not in session due to an unscheduled closure, such as a delayed opening, or complete closure due to poor weather there is no requirement to make up the missed service session(s).
- b. Providers should document unplanned school closures in POWERSCHOOL SPECIAL PROGRAMS (I.e., "Unplanned School Closure secondary to inclement weather.")

III. Documentation for Missed and Make-Up Sessions

A. Missed Service Sessions

1. PowerSchool Special Programs Service Capture Notes Procedures

For all missed service sessions, the RSP must complete the PowerSchool Special Programs Service Capture notes as follows:

- a) Include detailed information to identify the missed service section and the student's progress:
 - Date of missed service session;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Duration of service scheduled (service duration must be documented even if a student is absent; if the student receives only partial service, document the altered duration.);
 - Group size; and
 - "Progress Report" (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- b) Complete the "Comments" box in the PowerSchool Special Programs Service Capture Notes:
 - Document why the service session was missed (e.g., student unavailable, student absent, provider unavailable, school closure); and
 - List action taken to ensure service delivery (e.g., contacted the parent/guardian, talked with the teacher, contacted the student).

2. Documenting Missed Services if Student is Unavailable

As mentioned above, in certain cases of "student unavailable," consider and document the impact of the missed session on the child's progress and performance. If the missed session has impacted the student's progress or performance, indicate that services will be made up and include the make-up plan dates. If the missed session has not impacted the student's progress or performance, please indicate and provide supporting data.

B. Make-Up Service Sessions

1. PowerSchool Special Programs Service Capture Notes

- a) The RSP must log all delivered or attempted make-up service sessions in the PowerSchool Special Programs Service Capture notes as follows:
 - Include detailed information to identify the missed service section and the student's progress:

- Date and time of make-up service provided;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Duration of the service provided (if the student receives only partial service, document the altered duration);
 - Group size;
 - “Progress Report” (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- b) Complete the “Comments” box in the PowerSchool Special Programs Service Capture Notes:
- Describe the session (i.e. “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”;
 - Record progress note standards for service sessions delivered; and
 - List action taken to ensure service delivery (e.g., notified the parent/guardian of the make-up service session dates(s)).

C. Make-Up Service Session Attempts

1. PowerSchool Special Programs Procedures for Session Attempts

The RSP is required to attempt to make up a service session three times. All attempts at make-up service sessions should be documented in PowerSchool Special Programs as follows:

- a) Any failed attempt prior to the third scheduled make-up session should be logged in the PowerSchool Special Programs Service Capture Notes, including:
- Attempted date and time of service session; and
 - Which attempt it was (e.g., first, second, third, etc.).
- b) Upon the third failed attempt the scheduled missed make-up service session should be logged in the PowerSchool Special Programs Service Capture Notes indicating:
- Attempted date and time of service session;
 - Service type (e.g., student absent, student unavailable, provider unavailable, school closure);
 - Which attempt it was (e.g., first, second, third);
 - Duration of service attempted (number of minutes or zero minutes);
 - Group size; and
 - “Progress Report” (e.g., just introduced, mastered, no progress, not introduced, progressing, regressing).
- c) When documenting the third failed attempt, complete the “Comments” box in the PowerSchool Service Capture Notes:

- Describe the session (i.e. “MAKE UP SERVICE SESSION for Missed Session on XX/XX/XXXX”); and
 - List action taken to ensure service delivery (e.g., contacted parent/guardian, talked with the teacher, contacted the student.
- d) After three attempts have been made and documented in an effort to make up the missed service session(s) and DCPS has exercised due diligence, attempts to implement a make-up session for the missed session(s) can be discontinued.

IV. Untimely Assessments Scenarios and Due Diligence Procedures

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

A. Student Unavailable

1. Parent/Guardian Consent is Granted but the Student is Frequently Absent, Truant, and/or Refuses to Participate or Attend

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

- a) The Related Service Provider (RSP) assigned to complete the assessment must:
 - Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;
 - Document the reason for the student's absence for each time a scheduled assessment is missed;
 - Reschedule the assessment with the parent/guardian and document the agreed upon session in the PowerSchool Special Programs log entries; and
 - Document contacts, attempted contacts, and outcomes in the PowerSchool Special Programs log entries;
 - Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.
- b) The SEC must:
 - Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt;
 - Notify the related service provider via email when the attempts to contact the parent are made; and
 - Document contacts with parent/guardian, attempted contacts, and outcomes in the POWERSCHOOL SPECIAL PROGRAMS log entry.

- c) The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:
- Review the student’s attendance history since consent was obtained;
 - Consider the reason(s) for the student’s absence, truancy, and/or refusal to participate or attend; and
 - Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member’s area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Skype.

The SEC will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.


2. No Parent/Guardian Consent for Initial Evaluation

If the parent/guardian fails to respond to the *Parent/Guardian Consent to Initial Evaluation/Reevaluation* within 15 school days the SEC must:

- a) Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone, email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the log entry after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt;
- b) Document contacts, attempted contacts, and outcomes in the PowerSchool Special Programs log entry;
- c) Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, DCPS is no longer obligated to pursue consent or conduct assessments; and
- d) Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. DCPS may elect to proceed to mediation and/or a due process hearing to override the lack of consent for assessment.




Appendix A: DC Public Schools Attendance Intervention

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
1 & 2 (Total)	a. Teacher calls home <ul style="list-style-type: none"> ➢ Teachers should inform Attendance Counselor (AC)/ Designee (AD) of any contact attempted/made with parent and on non-working phone numbers. 	a. **Connect-Ed calls to absent students (occurs daily)**	
3 (Unexcused)	a. AC/AD mails 3-Day Unexcused Absences Attendance Notice STARS letter and mails to student's home (elementary and middle school and educational center students only).	a. Connect-Ed call from Chancellor	
5 (Total)	a. AC/AD mails 5-Day Total Absences Attendance Notice STARS letter and mails to student's home. <ul style="list-style-type: none"> ➢ AC/AD submits 5-day letter to nurse to: <ul style="list-style-type: none"> ✓ Check for the Universal Health Form ✓ Contact family ✓ Develop Individual Health Plan for students (i.e. Asthma Action Plan) 		
5 (Unexcused) & MPD Pick-ups	a. AC/AD mails 5-Day Unexcused Absences STARS letter to the student's home requesting an attendance conference b. Student is referred to the Student Support Team (SST) c. Determine and document root cause of absences and intervention in STARS <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials develop Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps **Follow up within 10-days to track student's progress on next steps identified in attendance conference. Follow up with programs/resources identified for support during attendance conference to determine if student/family is participating** d. Home visit must be conducted, if parent is not responsive to meeting request	a. OYE will monitor 5-day meeting compliance rate b. OYE will review root causes to identify common themes in need of system wide action.	
7 (Unexcused)	a. AC/AD mails MPD warning letter		
10 (Total)	a. AC/AD mails 10-Day Total Absences STARS letter to the student's home arranging an attendance conference; <ul style="list-style-type: none"> ➢ Student, parent/guardian and appropriate school officials meet to develop or modify Student Attendance Support Plan to connect the family to in-school or community resources and city agencies, and to make recommendations for next steps b. If parent is non-responsive to meeting request, student is referred to SST		

Protocol

****Connect-Ed calls to absent students occurs daily ONLY when absence is recorded the same day as absence****

# OF ABSENCES	SCHOOL ACTION	DISTRICT ACTION	LEGAL ACTION
10 (Unexcused) Student becomes "chronically truant"	<p><i>Elementary and middle schools and educational centers (ages 5 – 13):</i></p> <p>a. If attendance interventions have been executed and documented in STARS; ➤ AC/AD will complete CFSA educational neglect referral form and email to CFSA.EdNeglect@dc.gov and include Attendance Specialist on email</p> <p>b. Document referral in STARS adhoc field</p> <p><i>High school students (ages 14 and up):</i></p> <p>c. AC/AD refers student to SST for follow-up. SST meets to review student's progress and revise the Student Attendance Support Plan</p> <p>d. SST will notify administrators of all students reaching 10 unexcused absences</p>	<p>a. OYE will monitor CFSA referral compliance rate</p> <p>b. OYE will notify MPD & OSSE of all students with 10+ unexcused absences</p>	
15 (Unexcused)	<p>a. If all interventions have been executed and documented in DC STARS, AC/AD, in conjunction with their attendance specialist, will refer student/family to court in conjunction with Attendance Specialist (students ages 5-17 only)</p> <p>b. Document submission to OYE in STARS adhoc field</p>	<p>a. OYE will approve and send court referral to OAG/CSS</p> <p>b. OYE will monitor court referral compliance rate</p>	
16+ (Unexcused)	<p>a. Continue to monitor student's progress and modify Student Support Plan</p>		
20* (Unexcused Consecutive)	<p>b. AC/AD mails letter to student's home to notify parent/guardian that the student is eligible to be withdrawn from school ➤ School must have executed all the above interventions before withdrawal</p>	<p>a. Attendance Specialists will review list of students that have been withdrawn and will refer dropped students to Student Placement Team</p>	

Additional Instructions for MPD Drop-offs

1. Student goes to designated office to sign in
2. AC/AD documents time of entry in adhoc MPD field in STARS
3. AC/AD contacts student's parent/guardian to inform them of MPD pick up
 - a. Print and send STARS MPD Pick Up letter requesting a meeting within 5 days of pick up
4. AC/AD convenes **Attendance Conference** with parent/guardian to develop Student Support Plan

Appendix B: Glossary

Communication Log

Tab in in POWER SCHOOLS SPECIAL PROGRAMS where all communications with parents should be documented in detail. Log entries should include date, mode of outreach (i.e., phone call, email), summary of communication, and parent response.

FAPE (Free Appropriate Public Education)

Public education special education and related services that a) are provided at public expense, under public supervision and direction, and without charge; b) meet the standards of the SEA, including the requirements of this part; c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and d) are provided in conformity with an individualized education program (IEP)” (34 CFR 300.17).

IEP Meeting

A written statement for each child with a disability that is developed, reviewed, and revised in a meeting that includes a) a statement of the child’s present level of academic achievement and functional performance; b) a statement of measurable annual goals, including academic and functional goals; c) a description of how the child’s progress toward meeting the annual goals will be measured; d) a statement of the special education and related services and supplementary aids and services to be provided to the child and a statement of the program modifications or supports or school personnel that will be provided to the child; e) a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on assessments; and f) the projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications.

Related Service Providers (RSPs)

Related Service Providers (RSPs) provide wrap-around services for students. These positions include speech-language pathologists, social workers, school psychologists, and school counselors, etc.

Service Log

Tool in POWER SCHOOLS SPECIAL PROGRAMS where all services (including those provided, missed, attempted, and made-up) should be documented in detail. Log entries should include date, duration of session, and summary of session.

Appendix II: DCPS Points of Contact

Below is a list of DCPS Points of Contact for frequent questions and concerns that may arise. This is not an all-encompassing list. More information on DCPS Departments and Points of Contact for DCPS Employees can be found here: <https://dcps.dc.gov/page/dcps-human-resources>

DCPS Team	Reasons for Contacting	Point of Contact
OCTO	<ul style="list-style-type: none"> Technology-related issues with DCPS-issued devices, DCPS websites, or Microsoft Applications Laptop replacements: providers must contact OCTO for a ticket and follow the laptop replacement procedures outlined on the monthly announcements/SharePoint page 	Phone: (202) 442-5715 Self-Service: https://octohelps.dc.gov/
Payroll	<ul style="list-style-type: none"> Timesheet issues Paycheck issues Questions about timesheet codes <p>DCPS Employee Paper Timesheets</p>	Website: https://dcps.dc.gov/page/dcps-payroll Phone: (202) 442-5300 E-mail: dcps.timeandlabor@k12.dc.gov
Benefits	<ul style="list-style-type: none"> Leave of Absence (LOA) Family-Medical Leave Health Insurance/Benefits Sick leave <p>To request a leave of absence, employees can visit QuickBase Leave of Absence Request</p>	Website: https://dcps.dc.gov/page/employee-benefits-00 Benefits E-mail: dcps.benefits@k12.dc.gov LOA E-mail: dcps.loa@k12.dc.gov
Labor Management and Employee Relations (LMER)	<ul style="list-style-type: none"> Concerns regarding workplace problems with other staff or supervisors 	E-mail: dcps.lmer@k12.dc.gov
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> Free and confidential counseling, assistance with other life circumstances 	Phone: 1(800) 346-0110 E-mail: dcps.lmer@k12.dc.gov

		Website: https://dcps.dc.gov/page/employee-assistance-program-00
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Appendix III: Employment Information Form



SCHOOL YEAR _____

EMPLOYMENT INFORMATION FORM
(Please type or print information)

Name (LAST, FIRST, MI)

Address (Include City, State and Zip Code)

Home Telephone

Cellular Telephone

Date of Birth (Month and day)

Email Address

DCPS Employee

Contract Staff

Name of Contract Company _____

Do you understand that if you are a DCPS employee and have a disability for which you would like to request accommodations, you should reach out to the EEO Team at dcps.eeo-ada@k12.dc.gov? If you are a contractor, you should reach out to your organization's Human Resources office to understand the process for requesting a reasonable accommodation. (It is helpful, but not required, that you alert your PM if you are in need of accommodations so they can appropriately support you).

yes, I understand the above statement.

In case of emergency, please contact: _____

Name

Relationship _____

Contact Number (work)

Contact Number (cell)

Appendix IV: RSP Intervention Schedule

Related Service Provider Weekly Building Intervention/Assessment Schedule (*Should be Typed*)

School Year:	Discipline:			Employee:	
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
School Name:					
8:00 AM					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 PM					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					

3:30					
4:00					

***PRINCIPAL SIGNATURE (One signature per school)** _____

Appendix V: Sample Introduction Parent Letter



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

SAMPLE INTRODUCTION PARENT LETTER

Dear Parent,

Welcome to School Year _____! I am excited about the opportunity to work with your child as their Audiologist.

My goal in Hearing/Audiology Therapy is to improve your child’s auditory skills so he / she can be successful in the educational environment. Therapy is provided using a combination of direct therapy with the child and collaboration with the teacher.

As the parent, you also serve as a crucial partner in the success of the child. At times, I will send home strategies or listening activities through your child. Please implement the strategies at home and complete the homework. If you should have any questions about any of the activities sent home, please don’t hesitate to contact me.

I am assigned to _____ School on _____, _____, and _____. You can reach me by phone at the school on my assigned days or via email at _____.

Once again, welcome to a new School Year. Let’s work together to make this a productive school year for your child.

Sincerely,

Name, Credentials
DCPS
Audiologist

Appendix VI: Make-Up Services Plan Individual Student



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

MAKE-UP MISSED SERVICES PLAN

Student		Student ID Number	
Date of Birth		School	
Discipline		Provider Name	
Date		Signature	

Instructions:

1. Follow DCPS guidelines regarding Due Diligence Missed Related Service Guidelines
2. Notify the student's parent and teacher of missed sessions and make-up plan and document in Communications Log in SEDS
3. Work with teachers to determine best times for providing make-up services
4. Submit a copy of this form to assigned Program Manager by the end of the quarter

Reason for Missed Service	Options for Making-Up Services
<p>Select:</p> <p>T1 – Provider unavailable due to student/district/building meetings</p> <p>T2 – Provider – illness; personal; professional development</p> <p>T3 – No provider to cover school</p>	<p>Select:</p> <p>1. Add time before or after the student's scheduled session</p> <p>2. Add a session another day</p> <p>3. Incorporate the student into other students' sessions</p> <p>4. Integrate service into classroom activities</p> <p>5. Schedule before/after school if permissible by the district</p>

Dates of missed sessions	Amount of time missed (in minutes)	Reason	Option selected for make-up services	Dates services will be made up	Estimated completion date	Make up plan confirmed with teacher and parent	Date make-up was completed and documented

Appendix VII: Observation Form

Observation Form

Name: _____ School: _____
 Student ID: _____ D.O.B. _____ Age: _____ Grade: _____

The purpose of this observation is to provide information regarding this student’s performance in the school setting and behaviors in the area(s) of concern. Observe the student, complete this form and email to the Early Stages requestor. Attach additional sheet if necessary.

Date of Observation:	Start Time of Observation:	End time of Observation:
Setting of Observation:		
Describe the lesson/activities occurring during the observation session (e.g., lesson, discussion, independent seatwork, small group work) and the observed student level of participation and engagement. Include any special supports or conditions during this observation (e.g., student seated away from group, uses interpreter, etc.):		
Identify any instructional strategies and/or behavior supports used during the activity/instruction: <input type="checkbox"/> wait time <input type="checkbox"/> repetition <input type="checkbox"/> visual supports <input type="checkbox"/> graphic organizers <input type="checkbox"/> rephrasing <input type="checkbox"/> manipulatives <input type="checkbox"/> positive reinforcement <input type="checkbox"/> re-direction <input type="checkbox"/> teacher <input type="checkbox"/> other _____		
Describe the student’s reaction to instructional strategy(ies) and/or the behavior supports provided:		
Describe the student’s behavior during the observation session:		
Describe the student’s academic, social, emotional and/or behavioral functioning during the observation session:		

Summary of additional comments or concerns:

Print Name and Signature of
Person Completing Observation

Job Title

Appendix VIII: Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation



AUDIOLOGY DEPARTMENT
202-698-8011

Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation
Page 1 of 2

Send this completed form to the Audiologist assigned to your school (See list of “Schools by Audiologist” and “Audiologist Contact Information Sheet”) Please submit all the following information by typing the information in via computer. Do NOT hand-write.

Student information

Student’s name	
DOB	
ID#	
Teacher	
Teacher contact information (phone/e-mail)	
Parent/Guardian	
Parent/Guardian contact information (phone/e-mail)	
Parent/Guardian Address	
Name of person making referral	
Referral contact information (phone/e-mail)	
Submission date	

Please submit the following information. A full statement of guidelines is found on page 3 of this document:

Please type an X in the box via computer. Do NOT hand-write.

<input type="checkbox"/>	Student is 7 years of age or older
<input type="checkbox"/>	Verification that the student is a proficient English Speaker
<input type="checkbox"/>	Verification that the student has normal hearing. Requires audiological evaluation within the past year. This may be done by an outside audiologist or may be requested of a DCPS audiologist.
<input type="checkbox"/>	Submission of Psychological Evaluation within last year documenting Full Scale IQ of 80 or better. Submit review of report by DCPS Educational Psychologist if evaluation done by an outside source.

	Submission of Speech Language Evaluation within the last year documenting language proficiency, processing status, and speech intelligibility. Submit review of report by DCPS Speech-Language Pathologist if the evaluation was done by an outside source.
	Include front page of IEP, hours of service and accommodations if applicable
	Attach a brief statement of reason for referral
	Attach a list of any additional diagnoses including ADD/ADHD, ASD, LD, ED, etc..
	Date received by DCPS Audiology Department



**Justification for Consideration of Auditory Processing Disorder (APD) Assessment Evaluation
Page 2 of 2**

Student's name	
DOB	
ID#	

Typical Behaviors of Children at Risk for Auditory Processing Disorder

Reference: Scale of Auditory Behaviors (SAB) (Conlin, 2003; Schow et al., 2006; Shiffman, 1999; Simpson, 1981; Summers, 2003).

Please rate the following behaviors by placing the appropriate number in the box in via computer. Do NOT hand-write.

- 1- Frequent
- 2- Often
- 3- Sometimes
- 4- Seldom
- 5- Never

	Difficulty hearing or understanding in background noise
	Misunderstands, especially with rapid or muffled speech
	Difficulty following oral instructions
	Difficulty in discriminating and identifying speech sounds

	Inconsistent responses to auditory information
	Poor listening skills
	Asks for things to be repeated
	Easily distracted
	Learning or academic difficulties
	Short attention span
	Daydreams, inattentive
	Disorganized

Appendix IX: Statement of APD Evaluation Guidelines



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Statement of APD evaluation Guidelines

When referring for an APD Evaluation, the following guidelines must be met:

1. Be at least 7 years of age or older. An age criterion is important because it reflects the developmental component of the higher auditory pathways and resulting developmental abilities of the child. It is also important to meet the age requirement due to the need to match the child to appropriately age-normed tests.
2. List any diagnoses including ADD/ADHD, LD, and Autism Spectrum Disorder (ASD). Indicate whether or not the student is taking medication for ADD. A student who is taking medication for ADD but has not taken it the morning of APD testing will be re-scheduled.
3. Indicate which special classes the student attends and for how much of the day. Indicate what modifications are currently being made for the student.
4. Have normal peripheral hearing acuity (Note: Normal hearing must be documented by an Audiologist prior to considering APD testing). Testing in the presence of a hearing loss is generally inappropriate when attempting to diagnose an Auditory Processing Disorder. In the case of a hearing loss, APD testing will need to be considered on an individual basis
5. Be able to cooperate with the APD test protocol. Testing requires extended period of attention.
6. The student is English proficient. APD assessments are normed on native English speakers.
7. Have a recent psychological evaluation (within a year). Performance is affected by cognitive ability. All APD tests are normed on individuals with average (normal) intelligence. Any child assessed must have normal cognitive function so results can be compared to age mates. The student's Full-Scale IQ must be 80 or higher (Note: Individual subtest scores are not an adequate criterion). Exceptions will be considered on an individual basis.
8. Have a recent speech and language assessment (within a year), specifically looking at processing skills. (CELF or equivalent evaluation of language; CTOPP or equivalent evaluation of phonological processing). In addition, the student must have intelligible speech.

Other Considerations

For all students in a special education program, re-evaluation is required every three years. If the student has a diagnosed APD, a re-evaluation may be a part of that formal process. The re-evaluation process will be identical to the procedure used in the initial evaluation. If the student is using a FM system, the re-evaluation will include assessing the benefit of the equipment.

Appendix X: Severity Ratings for Hearing Loss

Severity Ratings for Hearing Loss

These are general guidelines for severity ratings assigned to students with hearing loss. It is broadly divided into "Normal", "Slight", "Mild", "Moderate", "Severe", and "Profound" degrees of impairment. For norm-referenced measures related to Auditory Processing Disorder, consider age equivalency, standard scores, and percentiles. The following serves as a guide for possible effects of hearing loss on understanding of language, speech, potential educational needs, and programs. Please note that all children with hearing loss require periodic audiologic evaluation, rigorous monitoring of amplification, and regular monitoring of communication skills. All children with hearing loss (especially conductive) need appropriate medical attention with educational programming.

Normal Hearing (0-15dB HL)

In general, indicates the child is able to detect the complete speech signal at soft levels. Good hearing, however, does not guarantee good ability to discriminate speech in the presence of background noise.

Slight Hearing Loss (16-25dB HL)

In general, indicates a child may have difficulty hearing faint or distant speech. Can miss up to 10% of the speech signal. Degree of difficulty may vary depending on noise, distance, and reverberation. Child may miss portions of fast-paced peer interactions. May benefit from amplification. Favorable seating recommended. May need attention to vocabulary or speech. Teacher in-service warranted on impact of hearing loss on language development and learning.

Mild Hearing Loss (26-40dB HL)

In general, indicates a child may miss 25-50% of the speech signal. Degree of difficulty will depend upon noise level in the room, distance from sound source, volume of speaker, and configuration of the hearing loss. Child is more fatigued than classmates due to listening effort. Will benefit from favorable seating and lighting. Needs auditory skill building. Referral for language evaluation and educational follow-up is warranted. May need attention to vocabulary and language development, articulation or speech reading and/or special support in reading. Teacher in-service warranted on impact of hearing loss on language development and learning.

Moderate Hearing Loss (41-70dB HL)

In general, indicates a child may miss 50-100% of the speech signal. Child may understand face-to-face conversational speech from 3-5 feet (controlled structure/vocabulary). Child has marked difficulty in school situations requiring verbal communication. Child likely to have limited vocabulary, defective syntax, imperfect speech, and atonal voice quality. Communication significantly affected and socialization with normal hearing peers becomes increasingly difficult. Referral for language evaluation and educational follow-up is warranted. Amplification essential. Auditory skill development and speech therapy usually needed. Teacher in-service warranted on impact of hearing loss on language development and learning.

Severe Hearing Loss (71-90dB HL)

In general, suggests that a child may hear loud voices about one foot from the ear. When amplified optimally, children with hearing ability of 90dB or better should be able to identify environmental sounds and detect all the sounds of speech. If hearing loss is prelingual onset, oral language and speech may not develop spontaneously or will be severely delayed. Child may prefer other children with hearing impairments as friends and playmates. This may further isolate them from the mainstream. Child may need full-time special aural/oral program which emphasis on all auditory language skills, speech reading, concept development, and speech. Child may benefit from a Total Communication approach. Amplification is essential. The effectiveness of chosen communication modality should be monitored. Participation in regular classes is beneficial. In-service of mainstream teachers is essential.

Profound Hearing Loss (91+ dB HL): In general, indicates a child has awareness of vibrations more than tonal patterns. May rely on vision rather than hearing as primary mode of communication and learning. Detection of speech sounds is dependent upon configuration of the loss and use of amplification. Speech and language will not develop spontaneously and are likely to deteriorate rapidly if hearing loss is of recent onset. Depending on auditory/oral competence, child may or may not increasingly prefer association with Deaf culture. Child may need special program for deaf children with emphasis on all language skills and academic areas. Program needs specialized supervision and comprehensive support services (i.e., Teacher of the Deaf, SLP, AUD). Child may be a cochlear implant candidate. Continual appraisal of needs in regard to communication and learning mode are required. Participation in regular classes may be beneficial to student.

Developed by Karen L. Anderson, Ed.S & Noel D. Matkin, Ph.D. (1991)

Adapted from: Bernero, R. J. & Bothwell, H. (1966) Relationship of Hearing Impairment to Educational Needs. Illinois Department of Public Health & Office of Superintendent of Public Instruction.

Appendix XI: Completion of Services Form



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

COMPLETION OF SERVICES FORM

STUDENT: _____ **DATE:** _____

STUDENT ADDRESS: _____

Street Address, Apartment #,

City, State, Zip Code

SCHOOL: _____ **TELEPHONE:** _____

ID#: _____ **DOB:** _____ **GRADE:** _____

A multidisciplinary team meeting is required in order to determine whether a student has completed special education and related services identified on the IEP, including the consideration of information from the evaluation (for which you provided consent) in the area(s) to be considered. Complete the sections below identifying the services.

COMPLETION OF SERVICES(S) (Check all service that are being considered)

SERVICE	Goals/ Obj. Completed	Results of Evaluation	Date
<input type="checkbox"/> Speech-Language Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Counseling	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Adaptive PE	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Audiology	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Specialized Instruction	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		

REASON FOR COMPLETION OF SERVICES:

Graduated Completed Services Aged Out Transferred Out of District Dropped Out

Other: _____

I agree with the proposed termination of the special education and related service(s) identified above.

I have been provided with my procedural safeguards and questions answered. I understand that my consent is voluntary, and that I have the right to appeal the decision of the multidisciplinary team (MDT).

Signature: _____ Date: _____

Parent/Eligible Student

(Student if age of majority has been reached and the transfer of rights has been officially documented)

Appendix XII: Independent Education Evaluation (IEE) Review Form



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

INDEPENDENT EDUCATION EVALUATION REVIEW

Student's Name _____ Student ID Number _____

School _____ Grade _____ Date of Birth ___/___/___ Age _____

Date of Assessment ___/___/___ Date of Review ___/___/___

Type of Independent Assessment (Check One)

Adapted PE _____ Audiological _____ Clinical _____ Educational _____

Neuropsychological _____

Occupational Therapy _____ Physical Therapy _____ Psychiatric _____

Psychological _____

Speech/Language _____ Other _____

Part II: Review, Considerations, and Conclusions

Name and title of DCPS qualified personnel reviewing assessment: _____

Name and title of person who completed the independent assessment/and name and title of supervisor (if applicable)

If the person who completed the assessment is an audiologist, occupational therapist, physical therapist, psychologist, physician, or speech-language therapist, is the person licensed? _____ Yes _____ No

The report is written, dated, and signed by the individual examiner who conducted the assessment or appropriate designee and appears on agency/company letterhead? _____ Yes _____ No

Testing and assessment materials and procedures used to assess the student's need for special education and related services are:

- Valid and reliable? _____ Yes _____ No
- Current version of assessment (newer version that is more than 2 years old does not exist)?
 _____ Yes _____ No
- Provided and administered in the student's native language, unless it is clearly not feasible to do so?
 _____ Yes _____ No
- Valid for the specific purpose for which they are used? _____ Yes _____ No

Part I: Review by Qualified Personnel

The report includes the following:

- A review of relevant background information (including observation, teacher/parent interview)? _____ Yes _____ No
- A description of the student's performance on the assessment? _____ Yes _____ No
- A description of the student's performance in the current school environment (including educational impact)?
 _____ Yes _____ No
- A variety of assessment tools and strategies to directly assist in determining if the student has an educational handicapping condition as defined by IDEA and Chapter 30? _____ Yes _____ No

Are there additional data available to the school, which suggests that there are other factors, which significantly impact the student, such as health, attendance, social, or other issues?
 _____ Yes _____ No

If yes, please specify _____

Are conclusions supported by the data provided? _____ Yes _____ No

Is additional information needed? _____ Yes _____ No

If yes, please specify _____

Reviewer has had direct contact with student? _____ Yes _____ No

The MDT concludes that a DCPS assessment is waived. _____ Yes _____ No _____ Yes, with reservations (attach note)

Appendix XIII: Clinical Supervision of Graduate Students



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

July 2012

Clinical Supervision of Graduate Students Guidelines

Version 1.0

Purpose 3

ASHA Position Statement.....4

Reasons to Supervise 5

Guidance7

Supervisory Requirements10

Supervision Styles11

Supervisor Tips14

Frequently Asked Questions16

Professional Agreement18

Education Schedule19

Feedback About Your Supervisor20

Purpose

This guidebook for clinical supervision of a graduate student is a comprehensive guide and reference point for providing career guidance through clinical supervision for speech-language graduate student clinicians. As a graduate student supervisor, the role of mentoring should be approached as a continual effort that encompasses a critical set of clinical skills and interpersonal attributes that enable an ability to develop and instill specific attitudes, values and practice habits in mentees in administering clinical support services. During clinical supervision, it is the responsibility of the supervisor to practice clinical teaching in adherence to the highest standards of integrity in establishing a mentoring relationship conducive to influencing clinical practices in developing and strengthening core competencies of graduate student clinicians.

In reviewing the contents of this guidebook, this document seeks to incorporate the fundamental standards observed by ASHA for SLP supervisors in administering clinical supervision over graduate student clinicians. In observing these standards, this document reviews core competencies, considerations and challenges that should be acknowledged by the supervisor in facilitating a gainful clinical supervisory relationship with the supervisee that provides mentoring guidance and enrichment through practical clinical experiences.

ASHA Position Statement

The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This current position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a

collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

Reasons to Supervise

There are several reasons for a speech-language provider to serve as a mentor in fostering the professional development of a graduate student. As the mentoring experience should encompass a mutually beneficial learning experience for both the supervisor and supervisee, the mentor plays an integral role in influencing graduate students through observation and evaluation of clinical practices and offering relevant feedback and guidance to improve performance.

Through the reinforcement of best practices, the supervisor is a vital resource for providing guidance and ongoing dialogue that contributes towards improving confidence for independent decision-making and critical thinking for complex client management issues. As shown below, there are 10 compelling reasons to supervise a graduate student:

1. Develop and recruit future employees.
2. Stay current—learn what students are learning.
3. Share your expertise with future SLPs.
4. Establish a relationship with university programs.
5. Teach future SLPs to advocate for SLP services.
6. Introduce students to interdisciplinary teaming.
7. Feel good about giving back to the profession.
8. Develop your mentoring and supervisory skills.
9. Enhance your clinical skills by teaching someone else.
10. Leave a legacy.

As summarized above, these are diverse and substantive reasons on the value gained from a supervisory experience that entails clinical teaching and guidance. The role of a mentor is to gently guide the new clinician by offering knowledge, insight, perspective, or wisdom (Shea, 1997). Through continual

interaction with the supervisee, a collaborative process emerges with a shared responsibility between the clinical supervisor and the supervisee. In turn, the undertaking of a supervisory role entails a committed effort to participate in the development of the supervisee as it pertains to improving areas of knowledge gaps and meeting clinical expectations in fulfilling core competencies.

Benefits for Graduate Students

The benefit gained from graduate students through mentorship includes a solid foundation for practical experience in administering clinical practices, treatment strategies and diagnostic procedures under the guidance of a seasoned professional. This role enables the supervisee guidance in developing an understanding of the profession through a supervisory relationship that is conducive to fostering critical-thinking skills in evaluating and assisting clinical services. In addition, the supervisory relationship entails an active engagement of ideas in developing clinical skills through a variety of cases involving implementation of services and client management skills. The below reasons illustrate the benefit gained by graduate students from mentoring:

1. Access to a support system during critical stages of college and career development.
2. Clear understanding and enhancement of academic and career development plans.
3. Ability to develop mentoring relationships in industries where mentoring is not readily available.
4. Enhanced understanding of the importance of mentors.
5. Exposure to diverse perspectives and experiences.
6. Direct access to power resources within the professions of audiology; speech-language pathology; and speech, language, and hearing science.
7. Identification of skill gaps before leaving school.
8. Greater knowledge of career success factors.
9. A lasting career network.
10. Insider perspective on navigating their chosen career.

As a mentor, there are several reasons to participate in the supervisory process in facilitating the development of a graduate student in acquiring the core skills and competencies needed to be successful in the field. As a supervisor, the development of a collegueship with a supervisee

contributes toward the advancement of the profession in enhancing the quality of clinicians performing SLP services. The supervisor can impart knowledge on past experiences, which serves to expose the supervisee to diverse clinical cases, therapeutic treatment strategies and diagnostic procedures to enhance the supervisee's content knowledge and understanding of clinical practices.

Guidance

ASHA-certified individuals who supervise students should possess or seek training in supervisory practice and provide supervision only in practice areas for which they possess the appropriate knowledge and skills. The supervisor must oversee the clinical activities and make or approve all clinical decisions to ensure that the welfare of the client is protected. The supervisor should inform the client or the client's family about the supervisory relationship and the qualifications of the student supervisee.

The supervisor must provide no less than the level of supervision that is outlined in the current certification standards and increase supervision if needed based on the student's knowledge, experience, and competence. The supervisor should document the amount of direct and indirect supervision provided, and design and implement procedures that will protect client confidentiality for services provided by students under supervision.

ASHA members and certificate holders engaged in the preparation, placement, and supervision of student clinicians must make reasonable efforts to ensure that direct practicum supervision is provided by professionals holding the appropriate CCC. They must inform students who engage in student practica for teacher licensing, or other clinical practica under a non-ASHA-certified supervisor that these experiences cannot be applied to ASHA certification. ASHA-certified personnel cannot sign for clinical practicum experiences that were supervised by non-ASHA-certified individuals. It is unethical for certificate holders to approve or sign for clinical hours for which they did not provide supervision.

Essential skills and core competencies

There are essential skills and core competencies that are expected of clinical supervisors in having the capacity and ability to properly facilitate the clinical supervisory process. Mentors should recognize that they lead by example and will be responsible for various aspects

of the student’s clinical experience. In turn, mentors will address all accountability, including documentation; reimbursement; confidentiality; licensure and certification requirements; local, state, and national standards and regulations; and preferred practice patterns.

As role models, mentors should be conscientious of their daily presentation, including attire and hygiene. As a professional, it should be implicitly and explicitly communicated through professionalism and daily work habits that the supervisor takes the mentorship role seriously. Although friendly interaction should be encouraged as a means to develop rapport with the supervisee, it is important that boundaries are set and a level of mutual respect is established in commanding authority from the supervisee. In communicating with the supervisee, it is imperative that the supervisor follows established protocol regarding clinical practices and doesn’t deviate from standards to ensure consistency regarding expectations.

A mentor must not rely solely on his superior clinical knowledge and expertise in this process, but also must understand the role that one's individual and unique personality plays in mentoring. Mentors need to have knowledge of strategies that foster self-evaluation while recognizing and accommodating various personality types and learning styles. In turn, mentors should have skills that assist the supervisee in describing and measuring his/her own progress (ASHA, 2008b). As a supervisor, the opportunity arises for self-reflection and an in-depth examination of one’s own teaching style and practice habits, including one’s own individual strength’s and weaknesses. Effective clinical teaching should include self-analysis, self-evaluation, and problem-solving skills (ASHA, 1985). This self-acknowledgement plays an integral part in the supervisor’s awareness of how supervision is administered and how to enhance the supervisory experience to benefit the supervisee.

Code of Ethics

ASHA-certified individuals who supervise students cannot delegate the responsibility for clinical decision-making and management to the student. The legal and ethical responsibility for persons served remains with the certified individual. However, the student can, as part of the educational process, make client management recommendations and decisions pending review and approval by the supervisor. Further, the supervisor must inform the client or client's family of the qualifications and credentials of the student supervisee involved in the provision of clinical services.

All supervised clinical activities provided by the student must fall within the scope of practice for the specific profession to count toward the student's certification. The supervisor must achieve and maintain competency in supervisory practice as well as in the disability areas for which supervision is provided. The amount of supervision provided by the ASHA-certified supervisor must be commensurate with the student's knowledge, experience, and competence to ensure that the welfare of the client is protected. The supervisor must also ensure that the student supervisee maintains confidentiality of client information and documents client records in an accurate and timely manner.

Discrepancies may exist among state requirements for supervision required for teacher certification in speech-language pathology and audiology, state licensure in the professions of speech-language pathology and/or audiology, and ASHA certification standards. In states where credential requirements or state licensure requirements differ from ASHA certification standards, supervised clinical experiences (including student practica for teacher licensing) will count toward or may be applied toward ASHA certification (CCC) requirements only if those practicum hours have been supervised by ASHA-certified personnel.

ASHA's 13 tasks of supervision

The below tasks illustrate the directives encompassed within a supervisory relationship in maintaining an effective relationship that will contribute towards the development of the supervisee in attaining and refining skills needed to administer SLP services. As a mentor, it is paramount that these tasks are fulfilled and reinforced throughout the duration of the supervisory process to establish expectations for the supervisee and to facilitate the professional development of the supervisee in promoting independent decision-making. The 13 tasks of supervision are as follows:

1. Establishing and maintaining an effective working relationship with the supervisee
2. Assisting the supervisee in developing clinical goals and objectives
3. Assisting the supervisee in developing and refining assessment skills
4. Assisting the supervisee in developing and refining clinical management skills
5. Demonstrating for and participating with the supervisee in the clinical process
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions.

7. Assisting the supervisee in the development and maintenance of clinical supervisory records.
8. Interacting with the supervisee in planning, executing and analyzing supervisor conferences.
9. Assisting the supervisee in evaluation of clinical performance
10. Assisting the supervisee in developing skills of verbal reporting, writing and editing.
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice.
12. Modeling and facilitating professional conduct.
13. Demonstrating research skills in the clinical or supervisory process.

In completing the tasks, the supervisor should be fully engaged in the clinical process in monitoring and evaluating the clinical performance of the graduate student during their development. Under such supervision, this would include an acute involvement in the supervisee's development, guiding the ethical, regulatory, legal and clinical aspects of treatment in managing supervisee conduct. It is important for the supervisor to convey interest in the supervisory process, monitoring performance in recognizing the supervisee's clinical strengths and weaknesses. In turn, the supervisor should disclose feedback and constructive criticism as appropriate to enhance the supervisee's professional growth.

All certified SLPs have received supervision during their student practicum and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA now requires that supervisors of graduate students and clinical fellows have a minimum of one course in supervision equating to 2 hours of continuing education. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

Supervisory Requirements

The below requirements are expectations held to all supervisors in managing professional and clinical expectations of graduate students participating in externships with DCPS Related Services Speech-Language program. The following requirements enable the supervisor to understand the scope of the role and responsibilities in managing the student, as well as guidance in facilitating a relationship conducive to supporting the student in fulfilling core requirements in meeting clinical competency expectations:

- 1.) Site supervisors will inform the student of any pre-requisite site requirements such as background check and/or immunizations. The supervisor will familiarize the student with the facility's physical layout, orient the student to the institution's policies, make staff introductions as appropriate, and provide verbal and/or written expectations regarding student's time on site and performance requirements.
- 2.) Site supervisors will help to ensure that the student acquires needed direct client contact hours and will sign off clinical clock hour logs and on-site hour logs on a regular basis.
- 3.) Site supervisor will provide an appropriate amount of supervision to meet the student's level of knowledge, experience, and competence and will be on-site for the entire session.
- 4.) Site supervisor will provide supervision sufficient to ensure the welfare of the client or pupil.
- 5.) Site supervisor will provide direct supervision defined, according to ASHA Standards, as real time supervision that must never be less than 25% of the student's total contact with each patient, client or pupil in therapy and 50% of each diagnostic evaluation. This direct contact must take place throughout the practicum. Direct supervision is defined as on-site observation or closed circuit TV monitoring of the student clinician. In addition to the required direct supervision, supervisors may use a variety of other techniques to obtain knowledge of the student's clinical work, such as conferences, audio-and videotape recordings, written reports, staffing and discussions with other persons who have participated in the student's clinical training.
- 6.) Supervisor will provide written and verbal feedback on therapy and diagnostic sessions, lesson plans, data, and reports submitted by the student clinicians. The supervisor is

responsible for conveying clinical requirements to the student and conveying information on the student's specific areas of strength and weakness in a constructive manner. The student will appreciate and benefit from feedback regarding performance and goal-setting.

Supervision Styles

Supervisors who maintain a “direct-active” style of supervision as described by [J. L. Anderson](#) are less likely to address the mentoring aspect of supervision. The “direct-active” style focuses mainly on growth in performance rather than on the personal growth of the supervisee. “Collaborative” or “consultative” styles, as described by [J. L. Anderson](#), better facilitate the ability to address the mentoring aspect of supervision.

In this regard, mentoring includes supervision that empowers the student by monitoring professional development in a manner that includes a focus on the personal growth of the supervisee. This would entail 1) in-depth collaboration around reinforcing best practices, 2) providing clarity in areas of ambiguity or uncertainty regarding decision-making, 3) promoting the graduate student to think critically in administering treatment strategies in managing nuanced issues; 4) continually providing input & feedback regarding client assessments and course of treatment for intervention, and 5) assisting in the development of time management and planning skills for patient/client management. In facilitating a mentoring relationship with the supervisee, a dual relationship should emerge in which the supervisee can seek guidance, counseling and advice in a manner that maintains the professional integrity of the supervisor-supervisee relationship, however, yields to enable interpersonal communication that seeks to foster the personal development of the supervisee.

A variety of strategies have proven effective in explicitly defining supervisor expectations for performance and criteria for evaluation, and for enhancing objectivity. These include: a contract-based system, competency-based goal setting and evaluation, and interactive and joint involvement in the analysis and assessment of clinical performance.

Communication that is open, candid and respectful between the supervisor and student is crucial. Supervisors must provide maximum support for the student, which often means allowing the student to initially observe the supervisor providing services, moving to co-assessment or co-treatment, and continuing to delegate more responsibility only when the student has demonstrated the necessary competencies. New clinical experiences offer new challenges and require more intense supervision/direction by the supervisor.

The supervisor and supervisee should share in the planning, observation, and objective analysis of data from the observation as it relates to understanding the clinical and supervisory learning processes. This partnership reportedly leads to a more analytical, problem-solving and ultimately self-supervising supervisee. In turn, there is a mutual responsibility that is shared for the professional growth and development of the supervisee.

Jean Anderson's Model of Continuum Supervision

Jean Anderson's continuum of supervision serves as an example model platform for graduate student supervisors to utilize in planning stages of clinical supervision. Widely recognized and distinguished as a primary model for clinical supervision, each stage describes a gradual decrease in the amount and type of involvement by the supervisor with a corresponding increase in amount and type of involvement on the part of the supervisee (Anderson, 1988). This model promotes professional growth for supervisor, as each stage of supervision allows adjustment to the knowledge, needs and skills of the supervisee.

1. Evaluation-feedback stage:

- The supervisor is dominant and directive in working with the supervisee.
- The supervisee benefits (and appreciates) specific input and feedback for each client assigned for intervention or diagnosis.
- The supervisor serves as "the lead" in planning for the needs of the clients with whom the supervisee is working.
- The supervisory feedback is considered to be "direct-active" in that the supervisor controls and the supervisee follows direction.
- The marginal student, the student who evidences difficulty in planning, critical thinking, time management, and/or other areas of the therapy process may remain in the evaluation-feedback stage for an extended period of time.
- Typically, this is a more comfortable start for the supervisee; however it is the hope that the student will move through this stage of development relatively quickly. Be aware that for many supervisees, the direct-active supervisor is the easiest to work with for most, movement on the continuum to the transitional stage is anticipated.

2. The **transitional stage**: Some of the responsibility for case and client management shifts to the supervisee.

- This process is seamless and allows the supervisee the opportunity to begin participating in the planning, implementing, and analyzing the course of treatment for patients/clients. The transition to independence can create anxiety for the supervisee and the supervisor.
 - The supervisee is anxious relative to the increased responsibility and planning required for the patient/client.
 - The supervisor may feel anxious relative to "giving up control" for the patient and family. In addition to the new clinical student, a supervisee who is working with a new clinical population will generally begin in the evaluation-feedback stage. The supervisor needs to be sensitive to any signs of unusual stress exhibited by the supervisee.
 - In this transition stage, the supervisor provides input and feedback; however the tone of the supervisory relationship becomes more of a joint project between the supervisor and the supervisee.
 - The supervisee may be able to become more independent when working with clients having some disorder types sooner than with other disorder types (e.g., the supervisee may work effectively in setting short and long term goals with children with phonological disorders but may have difficulty establishing reasonable goals for children with autism). The desired outcome of the transitional stage is that the supervisee begins to demonstrate clinical and professional skills with some degree of independence.
 - It is expected that the supervisee will become more participatory in all aspects of client management and will begin to self-analyze clinical behavior. It is possible that with certain skills (i.e. session planning) the supervisee may require little direction from the supervisor. However, the same supervisee may consistently evidence difficulty at communicating at an appropriate language level with clients/patients. In this case, the supervisor can provide collegial mentoring providing additional ideas or reinforcement as the graduate student establishes short-term goals for sessions, selects materials, etc.
 - The supervisor may need to be directive in supervisory style when working with the same student in "scripting" information to be provided for the family emphasizing appropriate vocabulary choices, definition of professional terminology, etc.
3. The **self-supervision stage**: It is the goal for each supervisee to move to the self-supervision stage. When the student reaches this stage of the continuum, the supervisor serves in a consultative role with the supervisee.
- The supervisee grows in clinical independence.
 - The supervisee is better able to plan and implement therapy with less direct supervisory input.

- The supervisor begins to serve in a more collaborative role and feedback at this stage mirrors the change in the supervisory role. The supervisor listens and supports the supervisee in problem solving.
- The supervisee is responsible for the primary management of the caseload.

Significantly, Anderson notes that the continuum is not time-bound. This means that there is no set period of time that a supervisee should achieve a particular skill. The continuum is designed to support the supervisee in the development and self-recognition of clinical and professional strengths as well as the development and self-recognition of those areas requiring additional development of skill.

Supervisor Tips

The below tips are helpful in planning a supervisory mentoring experience that is transparent and supportive of the supervisee in seeking to meet successful clinical outcomes. As each supervisee is unique in learning style, level of competency, personality and understanding of relevant content knowledge, the supervisor plays an integral part in guiding the student's initial clinical experiences in the profession, as well as upholding morale in dealing with the varying cases and challenges encompassed in performing clinical services. In turn, the tips shown below are helpful in outlining the framework of ideas in planning your mentorship experience:

- Complete any necessary paperwork attesting to your professional credentials (ASHA certification, state licensure, and/or state teacher certification) as this may be necessary for the graduate student to document their supervised clinical experiences when they make application for their own professional credentials.
- Clarify expectations about the amount of time the student will spend at your site (e.g, 3 or 5 days a week, number of hours, number of weeks).
- Contact the university placement coordinator to ask questions about communication between you and the university program once the graduate student is placed, including:
 - Type and frequency of contact;
 - Number of site visits by university coordinator;
 - Systems for addressing any problems;
 - Benchmarks and assessment for student progress

Educational considerations prior to graduate student placement:

- Find out what types of clinical experiences the graduate student has acquired.
- Determine the type of evaluation of the graduate student's performance that the university requires (frequency and format).
- Consider how you plan to assess and teach clinical skills.

- Determine how you will assign cases and manage your caseload accordingly.
- Determine graduate student assessment measures.

Educational considerations after graduate student placement:

When working with the graduate student, consider the following:

- Set up regular times for conferences.
- Encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for the placement, which take into consideration the student's level of experience and the nature of the clinical opportunities available at the site.
- Clearly state your expectations for the graduate student over the course of the practicum-hours, responsibilities (clients, assigned projects or readings), and facility policies -- and how the student will be evaluated.
- Be cognizant of the graduate student's learning style and how they respond to feedback.
- Avoid attempting to expose the graduate student to every type of patient and disorder. Periodically revisit the goals for placement and student learning objectives.
- Maintain communication with the university regarding the student's progress.

As a first-time supervisor, appropriate planning is integral in ensuring an effective supervisory experience in shaping the attitudes, behaviors and performance of the supervisee. In turn, much attention should be particularly focused on the supervisee's learning style and their level of competency to determine effective strategies to aid in the student's development. It is imperative from the onset of the mentorship that clear expectations and goals are established, as the supervisor should look to define the path in which the student's experiences and gradual development enable for expectations to be met.

Tips for Clinical Remediation

Occasionally as student or supervisor will encounter and/or perceive a problem in the supervisory relationship. If such matters are left unresolved, this may adverse impact the integrity of the relationship and undermine the supervisory experience. If a supervisor and/or graduate student perceives a problem that exists, a sequence of procedures should be followed to attempt to resolve the problem:

- Discuss the problem together. Usually simple misunderstandings can be resolved by discussion. The university coordinator should be informed regarding any issues, as this person can play a key role in seeking to resolve the problem.

- If the graduate student is having difficulties in clinic practicum, s/he may require a Remediation Plan. The remediation plan is a written document that captures the difficulties being experienced, the objectives that need to be met, and the supports available for the student to meet goals and clinical expectations. The plan may focus on one or multiple aspects of work, and may also address a broad area of concerns. It can include professional expectations, clinical competencies, self-evaluation skills, interpersonal communication difficulties, etc.
- If the student is unsuccessful in completing the requirements of the remediation plan, the student will be withdrawn from the practicum experience. If the student is successful in completion of the remediation plan, decisions regarding upcoming placement should be made by the University Coordinator.

Frequently Asked Questions

Are there requirements to supervise student clinicians?

Yes. Supervisors should have established competency in any area of practice in which the supervisor or student may engage (e.g., supervisors without experience and competency working with pediatric populations should not supervise a student who is working with a child). The Issues in Ethics Statement on Supervision of Student Clinicians includes further discussion of this issue.

To meet ASHA's Standards for the Certificate of Clinical Competence (CCC), student clinicians must be supervised by an individual who holds the CCC in the appropriate area of practice (see Standard IV-E of speech-language pathology standards). University programs also may require the supervisor to hold the necessary state credential to practice in their setting, i.e. license and/or teacher certification.

Is there a requirement about the number of years one needs to be ASHA-certified before supervising a graduate student?

No. However, the supervisor should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education. Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged.

Is there special "training" you need?

As with any area of practice, SLPs who are clinical educators should have established competency in supervision. There are a number of ways one can establish and maintain competency in this area. ASHA's [position statement](#) on clinical supervision outlines the competencies needed and training options.

How do I find an academic program that will send me student clinicians to supervise?

A list of graduate programs in speech-language pathology is available on ASHA's Web site. You can speak with the department chair, graduate program director, or clinic director for further information.

How much of the practicum has to be directly supervised?

According to Standard IV-E of the SLP Certification Handbook:

"Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants."

The implementation language further states that "The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient."

Also see the ASHA document, [Quality Indicators for Professional Service Programs in Audiology and Speech-Language Pathology](#), which includes information about supervision.

In addition, facilities, payers, and other regulatory agencies may have requirements regarding supervising student clinicians that may impact the amount of supervision provided.

Can I supervise more than one student at a time?

Yes. Supervisors often find that they are called upon to supervise more than one student at a time. There is no language within the standards that specifies the number of students that can be supervised by one person.

Do I have to be on-site when the student is on-site? Is it okay to have other SLPs on-site?

As noted in the question above, the amount of direct supervision provided must be appropriate to the student's needs and ensure the welfare of the client. If the primary supervisor cannot be on site, another clinician may supervise the student, if needed. It is important to note that all persons who take on supervisory responsibilities must hold the appropriate CCC in the professional area in which the clinical hours are being obtained in order for the graduate student clinician to apply those supervised clinical hours towards their own CCC application.

To learn more about payer requirements for reimbursement of services provided by student clinicians and how this may influence the issue of on-site supervision in health care settings, see the first question in the Health care section below.

Am I liable for the treatment provided by the student under my supervision?

As a supervisor, you are responsible for any actions taken by the student while under your supervision. You should ensure that the amount of supervision provided is appropriate to the needs of the client/patient and for the graduate student's experience and skill.

Do I have to co-sign all notes, such as treatment plans and IEPs, written by the student? Can anyone else sign the student's notes?

The supervisor of record for the case would be expected to sign all treatment documentation, in accordance with the facility's policies.

How many minutes are in a clinical practicum hour?

The Council For Clinical Certification defines one (1) clinical practicum hour as equal to 60 minutes.

What other supervision resources are available?

ASHA has a number of resources for supervisors and those interested in clinical education. These resources include:

Student supervision Web resources Teaching tools
ASHA Certification Handbook in Speech-Language Pathology



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Professionalism Agreement

During my field experiences, I am a guest at the school site or other educational or community setting.

1. I understand that my task is to learn so that I can become a more effective educational professional.
2. I agree to abide by the specific institutional values and policies as well as highest standards of professionalism at all times.
3. I agree to maintain professional, legal, and ethical conduct at all times. I will respect the privacy of children, families, and school personnel and protect the confidentiality of confidential academic or personal information that I encounter.
4. I agree to be on site when and where I am expected. In the event that I cannot attend or will be late, I will follow proper notification procedures to let the appropriate individuals know in advance.
5. I agree to maintain a professional demeanor and appearance, in accordance with the standards of the site where I am placed.
6. I agree to complete my assigned tasks, duties, and responsibilities on time.
7. I agree to interact and communicate in a positive and professional manner with students, peers, school and university personnel, and others. I will avoid bias, prejudice, or lack of fairness toward individuals or groups of people.
8. I agree to act in a safe and responsible manner, avoiding any action that might put students at physical and emotional risk.
9. I agree to remain committed to student learning at all times. I will not make offensive or demeaning comments about students/participants or their abilities to learn or about teachers or their abilities to teach.
10. I agree to remain committed to improving my own instructional practices and teaching activities. I will remain flexible and open to feedback from others.

11. I agree to demonstrate commitment to my field of study and to the teaching profession. I understand that failure to comply with this agreement may result in the execution of a disposition assessment form (Form D-2) and/or placement termination. (The accumulation of three disposition assessment forms will result in a disciplinary review that may result in removal from the teacher education program.)

Graduate Student Print Name

Graduate Student Signature

Date



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Special Education

Education Schedule Semester _____

STUDENT INFORMATION:

Name _____
Address- _____
Cell Phone – _____
Email Address _____

SUPERVISING SLP INFORMATION:

Name: _____
Email: _____
ASHA certification number _____
School Corporation/COOP (*NOT INDIVIDUAL SCHOOLS- LIST THOSE BELOW*) _____

School Assignments and telephone number:

1. _____

2. _____

Weekly Schedule -- list school name and hours in building(s):

Monday AM PM _____

Tuesday AM PM _____

Wednesday AM PM _____

Thursday AM PM _____

Friday AM PM _____

School Breaks Dates (Christmas, Spring): _____



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Special Education

Extern Supervisor Evaluation Form

Graduate Clinician:	
Supervisor:	
Externship Dates:	
University:	
University Supervisor:	
Date:	

Please use the following scale to rate the supervisor on the items below:

5	Strongly Agree
----------	-----------------------

4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree

This evaluation form will be confidential and used to identify the skill sets of the Clinical Supervisor when making assignments.

This form is to be completed at the end of Graduate School Assignments and faxed to Kenyetta Singleton @ 202-654-6099.

Feedback About **Your Supervisor**

My Supervisor:	5	4	3	2	1
1. Is dependable (prompt, available for consultation, etc.)					
2. Values supervision and expresses interest in the process					
3. Respects personal, individual differences between supervisor-supervisee					
4. Provides ongoing monitoring and feedback					
5. Works at hearing and understanding supervisee’s concerns					
6. Focuses on increasing supervisee awareness of how/when to improve skill					
7. Is self-disclosing, shares own strengths and weaknesses, and makes referrals when necessary					
8. Collaborates with the supervisee to plan and suggest possible alternatives for lessons					
9. Works on establishing a climate of trust					

10. Constructively works toward conflict resolution between self and supervisee					
11. Serves as a consultant in areas where supervisee has less experience					
12. Provides guidance on ideas initiated by supervisee					
13. Recognizes supervisee’s clinical strengths					
14. Recognizes supervisee’s clinical weaknesses and provides recommendations for growth					
15. Gives continuous and relevant feedback					
16. Uses constructive criticism to enhance supervisee’s professional growth					
17. Recognizes and is sensitive to the power differential between the supervisor and supervisee					
18. Provides a balance of relationship with mutual respect and support					
19. Demonstrates awareness of supervisee’s professional level					
20. Explores personal background and history, including socio-cultural factors, which may affect the supervisee’s work with clients					
My Supervisor:	5	4	3	2	1
21. Monitors and provides guidance regarding ethical and legal issues					
22. Advances supervisee’s sensitivity and ability to work effectively with diverse clients					
23. Uses appropriate references, including scholarly materials					
24. Models and encourages a commitment to ongoing professional development					
25. Advances supervisee’s ability to work effectively as a member of a professional team					

26. Advances supervisee’s ability to develop and utilize therapeutic relationships					
27. Facilitates skill development of conceptualizing clients and treatment planning					
28. Facilitates skill development of effective intervention					
29. Assists supervisee in accurately and clearly articulating his or her approach to clinical practice					
30. Fostered a satisfactory level of clinical independence					

Global Evaluation:

Specific Strengths:

Specific Weaknesses:

Recommendations:

Appendix XIV: Bilingual Assessment Referral Guidelines



Bilingual Assessment Referral Guidelines

SY 2024-25

Due to the continued shortage of school psychologists and speech-language pathologist for the 2024-25 school year, the bilingual team will attend AEDs and complete assessments for the following:

Psychology

- *Spanish-English bilingual cases at vacant schools*
- *All cases involving Spanish-speaking newcomers (please reference the Newcomer Guide for guidance)*
- *Spanish-English bilingual students who are aging out of DD and there is a new suspected disability*

Speech-Language Pathology

- *Spanish-English bilingual cases at vacant schools*
- *Initial Spanish-English bilingual cases for all age ranges and grade levels*
- *All cases involving Spanish-speaking newcomers (please reference the Newcomer Guide for guidance)*
- *Re-evaluations will be completed by the assigned school-based provider with the support of an interpreter*

Please ensure that all MTSS data is entered into Panorama at least one week prior the scheduled AED meeting. If the student has been chronically absent (having missed 10% or more of days from the start of the school year) or has a history of chronic truancy (having ten or more

unexcused absences in any school year), documentation of attendance intervention must be included.

*This team's responsibility is **ONLY for Spanish-English Bilingual Students!** Please reference page 11 for instruction on how to request an in-person interpreter if you need to complete a bilingual assessment for a student who speaks a language other than Spanish.*

Introduction

The Individuals with Disabilities Education Act (IDEA) regulations require assessments and other evaluation materials to be provided and administered in the student’s native language or other mode of communication.

This set of guidelines is intended to help the Local Education Agency (LEAs) and case managers meet these requirements and provide appropriate assessments to inform the evaluation of students who are not native speakers of English.

Table of Contents

Definitions	3
What is the ACCESS for ELLs test?	4
Assessment of bilingual students	5-6
Assigning bilingual assessments	7
Special considerations for students new to the country (newcomers)	8
Requesting an interpreter for meetings	9
Requesting an interpreter for assessments	10
Frequently asked questions	11-12
Points of contact	13-14

Definitions

English as a Second Language (ESL) - A model of instruction for students whose native language is other than English

English Language Learner (ELL) - linguistically and culturally diverse student who has an overall English Language Proficiency level of 1-4 on the ACCESS for ELLs test

ACCESS for ELLs - An assessment anchored in the WIDA English Language Proficiency Standards to help educators, parents and students better understand a student's development of English language proficiency on an annual basis (see page 4 of this guidebook)

Bilingual Assessment Team - The Student Support Division: Office of Improvement and Supports and The Office of Teaching and Learning: Department of Specialized Instruction maintains a team of fully itinerant bilingual related service providers in different disciplines (Psychology, Social Work and Speech-Language Pathology) to conduct assessments of ELLs in DCPS local schools, public charter schools for whom DCPS is LEA, and DCPS tuition-grant students in non-public schools. These providers present the results of their reports at MDT meetings and assist the IEP team in developing or modifying IEPs for the students they assess

Language Acquisition Division (LAD) - Division, formerly known as the Office of Bilingual Education, that provides translation and interpretation services to central offices and local schools to enable parents of other language backgrounds to fully participate in the education of their children

Local Education Agency (LEA) Representative - The point of contact for all special education matters at a DCPS school. LEAs and IEP case managers are responsible for identifying children who may have a disability and for organizing all meetings related to special education. At some DCPS schools, a child's teacher serves as his or her IEP case manager

Multidisciplinary Disciplinary Team (MDT) - A group of persons whose responsibility it is to evaluate the abilities and needs, based on presenting data, of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria

Multi-Tiered System of Supports (MTSS) – An integrated, prevention-based model of educating students that uses data and problem-solving to connect and integrate all the academic, behavior and social emotional instruction

Newcomer – A student who has lived in the United States for two years or less

Student Support Division: Office of Improvement and Supports - Works with schools to ensure that students with disabilities have the services and support needed to achieve success

What is the ACCESS for ELLs test?

The Assessing Comprehension and Communication in English State to State (ACCESS for ELLs) test places students in English language proficiency levels 1 to 5.

DCPS provides services to students scoring levels 1 to 4 and exits students from support programs when they reach level 4.5.

If a student's **oral language** ACCESS score is less than 4.5 (i.e. 4.4 or below), they should receive a bilingual assessment. The LEA may follow the process outlined in this document to proceed with a bilingual referral.

See the chart below for an explanation of the five scoring levels. It is expected that at level 4.5 students are ready to meet state academic standards with minimal language support services. ACCESS for ELLs measures language across the four domains: listening, speaking, reading and writing. It also measures across the following content areas: social studies; social and instructional English; math; science and language arts.

Level	Category	Description
1	Entering	Knows and uses minimal social English and minimal academic language with visual and graphic support
2	Beginning	Knows and uses some social English and generic academic language with visual and graphic support
3	Developing	Knows and uses social English and some specific academic language with visual and graphic support
4	Expanding	Knows and uses social English and some technical and academic language
5	Bridging	Knows and uses social English and academic language working with modified grade level material

For additional information, visit <http://www.wida.us/assessment/access/>

Assessment of bilingual students

If the school/parent or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student's educational performance, the MTSS team can refer the student for further investigation.

As with any student, the MTSS team must review all existing data (e.g. school-based assessments, interventions and length of supports documenting limited growth) before determining that additional assessments are necessary to make an eligibility determination. It is important to make sure that at least one intervention was attempted to address each of area of concern. Intervention goals should be based on the expected rates of growth for the program and the unique needs of bilingual students. Please include documentation showing that the student participated in interventions for the prescribed length of time and session duration of the program.

The MTSS team is responsible for establishing that hearing and vision screenings are current (within 1 calendar year). It is important to remember that hearing or vision problems, lack of exposure to appropriate instruction because of absenteeism, etc. are exclusionary factors and therefore, the absence of this information could impact the eligibility for special education services.

Once the intervention process for the student has been completed and if it has been determined that an AED meeting is needed, one of two processes will be followed. For Spanish-English students whose oral language ACCESS score is 4.4 or less, complete this SharePoint form to request that a bilingual provider attend the AED meeting:

For Psychology utilize the below link:

<https://forms.office.com/Pages/ShareFormPage.aspx?id=7kagKk6zM0qSt5md8rwKMuWR9Jhy0b9GpSrETJxUHWtUNTdXM0UwVEhLSThaNEJTQzhIRk83TUhRTi4u&sharetoken=Sy9Qd6JxVtiB7LXyasod>. This does not apply to students with medical/health impairments, **other than ADHD**. These assessments are conducted by the school-based provider.

For Speech-Language Pathology notify the bilingual provider assigned to your school. The provider can be located using the following link: [SY 24-25 DSI Point of Contact](#)

For bilingual students who speak languages other than English, if the AED meeting results in a referral for assessment, refer to the Requesting an Interpreter section on page 11 of this manual.

As the student's holder of educational rights, it is vital that the parent participate in an AED meeting. Therefore, the team should not move forward with an AED meeting until the parent can attend.

The current DCPS Bilingual Providers consist of Spanish speaking Social Workers, School Psychologists, and Speech Pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer.”

When determining if a student is to be assessed in English or another language, consideration of the number of years of academic instruction in English and the native language of the student are important. Students who have lived in the United States for 7 years or fewer and are Spanish speakers should be considered for bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

NOTE: The bilingual team does not include Audiologists, Occupational Therapists, or Physical Therapists. If there is an assessment need for one of these areas, the assessment should be assigned to the school-based provider and the provider should request an interpreter to complete the assessments. Refer to the section below labeled “requesting an interpreter for assessments.”

If you have questions, please contact the discipline program managers listed in the points of contact section at the end of this document.

Assigning bilingual assessments

If the AED meeting was held as **initially scheduled** and consent is signed at the meeting, the provider who attended will complete the assessment. If consent is obtained after the meeting or the meeting had to be rescheduled for any reason, please email a copy of the signed consent to Dr. Ramonia Rich (ramonia.rich@k12.dc.gov) for school psychology & Ms. Darla Kimbrough (darla.kimbrough@k12.dc.gov) and the case will be assigned based on provider capacity.

Please note the following:

- If the bilingual team is at capacity, the case will be reassigned to the school-based provider and the evaluation will be conducted with an interpreter.
- Cases requested more than 48 hours after the parent consent may impact the timeliness of the assessment.
- Providers has 45 days to complete the assessment from the day it is assigned to them.

Special considerations for students new to the country (newcomers)

Students who have been in the United States for two years or less are considered newcomers. These students undergo a period of cultural and social adjustment within the school community and country. In addition, they may face challenges such as minimal formal education, interrupted schooling and limited English. If a team suspects that a student new to the country has a disability and therefore would need to be referred for evaluation, they must consult with their cluster-assigned member of the bilingual team prior to scheduling an AED meeting.

Please refer to the New Comers Guide for additional information.

Newcomer Consultation Cluster Assignments

Name	Clusters Assigned	Email	Phone
Patricia Porro	Early Childhood Psych Consult	patricia.porro@k12.dc.gov	
Susanne Leslie	Clusters I-III Psych Consult	susanne.leslie@k12.dc.gov	(202) 607-4694
Isora Cruz-Cardona	Clusters IV-VI Psych Consult	isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Sonia Pilot	Clusters VII-VIII Psych Consult	sonia.pilot@k12.dc.gov	(202) 281-0183
Lorna Sanchez	Clusters IX-X Psych Consult	lorna.sanchez@k12.dc.gov	(202) 480-7742
Amaris Anglero	All Speech Consult	amaris.anglero@k12.dc.gov	(202) 590-6697
Reinaldo Rodriguez		reinaldo.rodriguez@k12.dc.gov	(202) 409-0155
Maura Garibay	All Social History Consult	maura.garibay@k12.dc.gov	(202) 534-2740

Working with newcomers through the MTSS is also different than with other students. Please refer to the Newcomers Guide for more details about this process.

Requesting an interpreter for meetings

****Please note, this is a separate process from ordering a bilingual assessment****

An interpreter may be necessary to facilitate the bilingual assessment of ELL students. An interpreter may also be necessary to facilitate review meetings or other MDT meetings with non-English speaking parents. **Scheduling an interpreter for testing or meeting is the responsibility of the LEA Representative.**

There are two options to consider regarding interpreting **for meetings**:

<i>Option 1</i>	<i>Option 2</i>
A bilingual teacher (i.e. an ESL teacher) at the school who is fluent in the student’s native language may serve as an interpreter.	<ul style="list-style-type: none"> ■ Call the Language Line at 1-800-367-9559 ■ Agency Client ID <u>511049</u> ■ Access Code <u>701001</u> ■ Language Line App (available for download – for questions, email language.access@k12.dc.gov or call (202) 868-6508)

Note: Meetings may be interpreted using the Language Line provided by the District of Columbia Office of Human Rights. However, this line **may not** be used for assessments.

NOTE: The bilingual service provider(s) are not interpreters.

Requesting an interpreter for assessments

In-Person Interpreter Request Process for RSP Assessments

The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team or the bilingual team does not have capacity. All requests for translation and interpretation services require the RSP to request through the Special Education Translation Department. The request links can be found on the [DSI Related Services Providers SharePoint Page](#).

- All requests should be submitted within a minimum of five business days prior to the date services are needed. Any incomplete request forms will not be processed.
- The following languages are currently under contract. Note: Requests for other languages will take longer.
 - Spanish
 - Vietnamese
 - Chinese
 - Amharic
 - French
- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two (2) days prior to the date of services to the school-based RSP.
- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.
- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, spedtranslations.dcps@k12.dc.gov.
- If interpretation services are no longer needed, the RSP must notify spedtranslations.dcps@k12.dc.gov via email 48 hours in advance. If the services are not cancelled in advance, DCPS is still fiscally responsible for vendor payment.

Frequently asked questions

Who should receive a **bilingual educational assessment?**

For initial Spanish bilingual assessments, the psychologist, from the Bilingual Assessment Team assigned to each case will be completing all pertinent testing (e.g. cognitive, adaptive) including the educational. For re-evaluations, a bilingual educational assessment is only required if the student is enrolled in a dual language program, and it is suspected that there is a discrepancy between academic skills in both languages. If there is a special education teacher at the school who are also fluent in the student's native language, and the school has bilingual educational assessment materials, the special education teacher should complete the assessments. This course of action should be noted on the Bilingual Assessment Justification Form.

Should the bilingual provider present his/her report at the review meeting?

Yes, this is best practice. It is imperative that you include the bilingual assessor when scheduling the review MDT meeting.

Will the bilingual provider deliver general language interpretation at the review meeting?

No, the LEA representative should use the language line or a qualified interpreter.

What school-based staff may interpret during assessments or at IEP meetings?

The MDT meeting may utilize teachers fluent in the student's native language to interpret. Any school-based staff the team decides to use to interpret for an assessment or at a meeting should be individuals who could otherwise have access to the student's file and be considered members of the MDT.

School support staff, such as secretaries, custodians, and cafeteria support should not be used as interpreters.

Community members or family members may interpret if the parent agrees to consider them as a consultative member of the IEP team. Remember, information discussed at MDT meetings or in the process of special education assessments is private.

What if the student is enrolled in a private/religious school?

The student's case manager should follow the same process as any other case manager to refer the student for a bilingual assessment.

What if the student is between 3 years (3.0) and 5 years 10 months (5.10) of age?

If the evaluation is an initial evaluation, then the student will be evaluated by the Dr. Patricia Porro for Psychology. For Speech Language Pathology referrals, the assigned bilingual provider will assume the case. Reevaluations are to be completed in the school where the student is enrolled by the school-based provider.

Does this process apply for deaf or hearing-impaired students fluent in American Sign

Language?

If an assessment is needed for a student with a primary language of ASL,(insert link) should be completed by the related service provider.

How can I request a sign-language interpreter for a parent?

If the team requires a sign-language interpreter for a parent of a hearing-impaired student at a meeting, the LEA representative should fax the Request for Sign Language Interpreter Form to the DC Office of Disability Rights. Please note that requests should be received by ODR at least 5 business days for processing contact this number (202)724-5055.

How long should the team wait before referring a student new to the country (newcomer) to be assessed for Special Education eligibility?

Cases involving students new to the country can be complex. If an assessment is being considered for a student who has been in the country for less than two years, the team must consult with your cluster-assigned member of the bilingual assessment team **prior to** initiating the referral process.

Points of contact

Related Service Provider: Program Managers

Name	Discipline	Email	Phone	Fax
Darla Kimbrough, Program Manager	Speech-Language Pathology	darla.kimbrough@k12.dc.gov	(202) 281-8516	(202) 442-4368
Dr. Ramonia Rich, Program Manager	Psychology	Ramonia.rich@k12.dc.gov	(202) 369-2886	(202) 654-6150
Tamara Dukes, Program Manager	Social Work	Tamara.dukes@k12.dc.gov	(202) 907-8056	(202) 654-6153

Bilingual Consultation Contacts

Please contact a member of the city-wide bilingual assessment team for specific questions about bilingual cases. **DO NOT** assign assessments directly to the psychologists; *please follow the Bilingual Referral process found in this guidebook.*

City-Wide Team

Name	Role	Email	Phone
Isora Cruz-Cardona	Psychologist	isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Maura Garibay	Social Worker	maura.garibay@k12.dc.gov	(202) 534-2740
Sonia Pilot	Psychologist	sonia.pilot@k12.dc.gov	(202) 281-0183
Susanne Leslie	Psychologist	susanne.leslie@k12.dc.gov	(202) 607-4694
Patricia Porro	Psychologist/ECAT	patricia.porro@k12.dc.gov	(202) 422-5410
Amaris Anglero	SLP	amaris.anglero@k12.dc.gov	(202) 590-6697
Reinaldo Rodriguez	SLP	reinaldo.rodriguez@k12.dc.gov	

School Based Bilingual Providers

Name	Role	School	Email
Andres Nunez	Psychologist	Adams Bilingual EC	andres.nunez@k12.dc.gov
	Psychologist	Bancroft ES	
Ana Frontera	SLP	Bancroft ES	ana.frontera@k12.dc.gov
Mariela Mercado	SLP	Bancroft ES	mariela.mercado@k12.dc.gov
Guillermo Cintron	Social Worker	Bancroft ES	guillermo.cintron@k12.dc.gov
Elizabeth Castillo	Social Worker	Brightwood ES	elizabeth.castillo@k12.dc.gov
Kairo Vivas	Social Worker	Brightwood ES	kairo.vivas@k12.dc.gov
Paola Perez	SLP	Brightwood ES	paola.perez@k12.dc.gov
Diana Mata	Social Worker	Bruce Monroe ES	diana.mata@k12.dc.gov
Karina Rivas	Psychologist	Bruce Monroe ES	karina.rivas@k12.dc.gov
Mary Trumbore	Social Worker	Cardozo International Academy	maryanne.trumbore@k12dc.gov
Jennifer Vargas	Social Worker	Cardozo International Academy	jennifer.vargas@k12.dc.gov
	Psychologist	CHEC	
Paula Crivelli-Diamond	Social Worker	CHEC	paula.crivelli-diamond@k12.dc.gov
Reinaldo Rodriguez	SLP	CHEC	reinaldo.rodriguez@k12.dc.gov

Robert Goldstein	Psychologist	Dorothy Heights ES	robert.goldstein@k12.dc.gov
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Points of contact (cont'd)

Name	Role	School	Email
Carmen Suazo	Social Worker	Dorothy Height ES	carmen.suazo@k12.dc.gov
Letecia Manoel	Social Worker	Marie-Reed ES	letecia.manoel@k12.dc.gov
Rachel Friedlander	Social Worker	MacFarland MS	rachel.friedlander@k12.dc.gov
Jennifer Cardenas	Psychologist	Oyster Bilingual EC	jennifer.cardenas@k12.dc.gov
Molly Hepner	SLP	Oyster Adams Bilingual EC	molly.hepner@k12.dc.gov
Melissa Shaw	Social Worker	Oyster Adams Bilingual EC	melissa.shaw@k12.dc.gov
Gisele Perez Hanson	Social Worker	Oyster Adams Bilingual EC	gisele.hanson@k12.dc.gov
Maria Martinez	Psychologist	Takoma ES	maria.martinez@k12.dc.gov
Lucia Zamudio-Suarez	SLP	Tubman ES	Lucia.zumdio-suarez@k12.dc.gov
Jason Kling	Social Worker	Truesdell EC	jason.kling@k12.dc.gov
Margaret DeAngelis	Social Worker	Webb-Wheatley EC	margaret.deangelis@k12.dc.gov

Language Acquisition Division (LAD)

Name	Questions about	Email	Phone/Fax
Main Office	General Inquiries	LAD Coordinator	(202) 671-0750/2667
Claudette Monroy	Interpreter	claudette.monroy@k12.dc.gov	(202) 671-0755
Veronica Gonzalez	Data/Records	veronica.gonzalez7@k12.dc.gov	(202) 671-0750
Rosanna DeMammos	Director	rosanna.demammos@k12.dc.gov	(202) 671-0750
Raquel Ortiz	Welcome Center Lead	raquel.ortiz@k12.dc.gov	(202) 671-0750
Anna Acevedo	Document Translation	anna.acevedo@k12.dc.gov	(202) 868-6504

Newcomer Consultation Cluster Assignments

Name	Clusters Assigned	Email	Phone
Patricia Porro	Early Childhood Psych Consult	patricia.porro@k12.dc.gov	
Susanne Leslie	Clusters I-III Psych Consult	susanne.leslie@k12.dc.gov	(202) 607-4694
Isora Cruz-Cardona	Clusters IV-VI Psych Consult	isora.cruz-cardona@k12.dc.gov	(202) 276-9802
Sonia Pilot	Clusters VII-VIII Psych Consult	sonia.pilot@k12.dc.gov	(202) 281-0183
Lorna Sanchez	Clusters IX-X Psych Consult	lorna.sanchez@k12.dc.gov	(202) 480-7742
Amaris Anglero	Clusters I-VI and VI	amaris.anglero@k12.dc.gov	(202) 590-6697
Reinaldo Rodriguez	Clusters V, VII-VIII	reinaldo.rodriguez@k12.dc.gov	(202) 409-0155
Maura Garibay	All Social History Consult	maura.garibay@k12.dc.gov	(202) 534-2740