

Inclusive Catholic Education Council

I. Mission

The mission of the Inclusive Catholic Education Council is to enable all students to participate in elementary and secondary Catholic school classrooms and include all students, to the extent possible, with the necessary services and support for success implementing research based strategies to provide equal access to the curriculum and extra-curricular activities regardless of their challenges while insuring high expectations are maintained for all students.

II. Vision

We envision meeting the unique learning needs of each student through a value centered, inclusive education, rooted in the Catholic faith that embraces the whole person, recognizes diversity, and collaborates with the communities that we serve.

III. Values

We value –

- Respect for our Catholic identity and individual differences.
- The individual development in spiritual, academic, leadership, social, emotional, and physical wellness.
- A rigorous curriculum that meets individual needs in order to maximize student's potential for success.
- Self-advocacy and leadership qualities.
- Communication, collaboration, and commitment of these qualities are integral to fulfill the mission.
- Partnerships with family and community in order to develop programs and services.
- An ongoing reflective approach that adapts to changes in circumstances and environment.

IV. Overview

We recognize today, more than ever before, that students come to our Catholic schools with a wide range of experiences and abilities. Many students make a smooth transition to school and continue to successfully meet or exceed grade level expectations. Other students, for a variety of reasons, come to school less prepared to learn. Still others come to school with diagnosed or undiagnosed disabilities or giftedness that can significantly impact their learning.

It is important for us to understand, however, that a student who has a disability does not always need Special Education. Many times, students with mild to moderate disabilities are very successful in regular education classrooms *when appropriate supports are in place.*

Many students are also impacted by trauma and may exhibit academic, social, emotional needs and, the adults in the school community need to be prepared to recognize and respond to those who have been impacted by traumatic stress. Those adults include administrators, teachers, staff, and parents. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. These guidelines will provide direction for documenting the students' needs and supports needed for success in school.

Teachers provide some level of academic support every day. Teachers respond to their students' learning needs spontaneously and most of the time these supports are temporary and intermittent. Most students, at some point in time, need basic interventions like these to master a skill or a concept. In these situations, the interventions utilized are temporary and therefore *do not* require documentation.

Sometimes, however, students need interventions or supports consistently in order to meet success. In these cases, interventions *do* require documentation to help teachers monitor the effectiveness of their interventions. In fact, a student's response to these interventions over time can ultimately determine whether further formal testing is needed. (Ex. Psycho-educational, psychological, medical, etc.)

When students come to school with identified disabilities, interventions can be made that are very specific to the student's disability. For example, arrangements can be made for a student with a reading disability to have a social studies test read, so he/she is not penalized in social studies for weaknesses in reading. Another teacher provides a separate setting when giving a test to the student with ADHD in an effort to minimize distractions for him/her. These interventions are on-going, specific to the student's disability, and necessary for the student's success. In these situations, such interventions should be documented so that the student can continue to receive these accommodations from one grade to the next.

When students come to school with identified giftedness, strategies can be implemented to meet their unique needs through acceleration, curriculum compaction, and enrichment that are very specific to the student's strengths and identified area of giftedness. For example, single-subject or whole-grade acceleration, dual enrollment, test out of units and excused from work if mastered, engagement in more advanced lessons, cluster grouping, independent study, field experiences, tiered assignments, honors classes, advanced placement, enrichment, post-secondary enrollment, and early entrance to college may address this need.

The Inclusive Catholic Education Council provides guidelines to design and support Academic Support Plans for teachers to use when documenting academic support. It enables the teachers to monitor the effectiveness of the interventions and can help ensure that the needed supports will continue from one school year to the next. When Academic Support Plans are developed and shared with parents, it not only makes the parents aware of the supports their child needs, but it also makes them an integral part of their child's support team.

In addition, the Academic Support Plan serves as documentation for continued support at the post-secondary level. Above all, Academic Support Plans help teachers to maximize the level of success for all students and the Inclusive Catholic Education Council supports this vision.

The Diocese of Allentown has moral and ethical responsibility and no legal obligation to provide special education services. These guidelines are not legally binding; they are recommendations for evidence based best practice in working with students identified with special needs.

V. Enrollment Guidelines – New Students

The Catholic Schools of the Diocese of Allentown strive to be as inclusive as possible for all elementary and secondary students for whom they can provide an appropriate program. Even though we would like to welcome all students to our schools, we are not legally mandated, and the reality is that because of limited resources, Catholic schools cannot always provide the level of support needed to meet all educational needs in all schools.

When prospective students are applying for admission to the school, the I.C.E. (Inclusive Catholic Education) team will determine whether the school is an appropriate placement for that student. If a student is transferring from another school, the I.C.E. team should:

- Meet with the parents and prospective student to establish a rapport.
- Conduct a complete review of records for the student if available. This includes academic, behavior, attendance, psychological and medical evaluations.
- Review the results of entrance exams or placement tests.

The record review may contain an Individualized Education Plan (IEP) or psychological report. The ICE team should consult with other knowledgeable persons to determine whether the school is an appropriate placement for the student. The following scenarios may provide some guidance when making a decision to enroll a student:

- The IEP states that the only area of exceptionality is speech/language; our schools should be able to implement the services needed if the school provides speech and language services.
- When psychological or medical reports indicate that a student has a defined need we may be able to provide appropriate accommodations for him/her through the development of an Academic Support Plan. When appropriate supports are in place, these students can be successful in the general education setting.

- The IEP states specially designed instruction, or supplementary aids and services, are required the school may or may not be able to provide the level of support needed. The ICE team can recommend a trial acceptance/placement to provide appropriate accommodations / modifications through the development of an Academic Support Plan. However, we cannot provide some services. In some cases, the student may be able to access Dual Enrollment from his/her school district of residence.
- The GIEP states the student is gifted in mathematics and recommends a single subject grade acceleration; our schools should be able to implement the GIEP.

VI. Eligibility – Current Students

Eligibility determination is the responsibility of the public school district of residence. To determine eligibility for students currently attending our Catholic schools, the ICE team will conference with the parent and student, as appropriate, consider faculty input, as well as review records, existing plans and services. As a result of this process, one of the following may be recommended:

a) In the student's school, the ICE team will collaborate to identify more specifically what the student's needs may be, as well as the methods and supports available at the building and classroom level that may be appropriate in addressing those needs. An updated Academic Support Plan will be written.

OR

b) Criteria for eligibility is met, and a referral for, or receipt of, an evaluation and an individualized plan for the classroom, curriculum, or grading on assignments and on the report card.

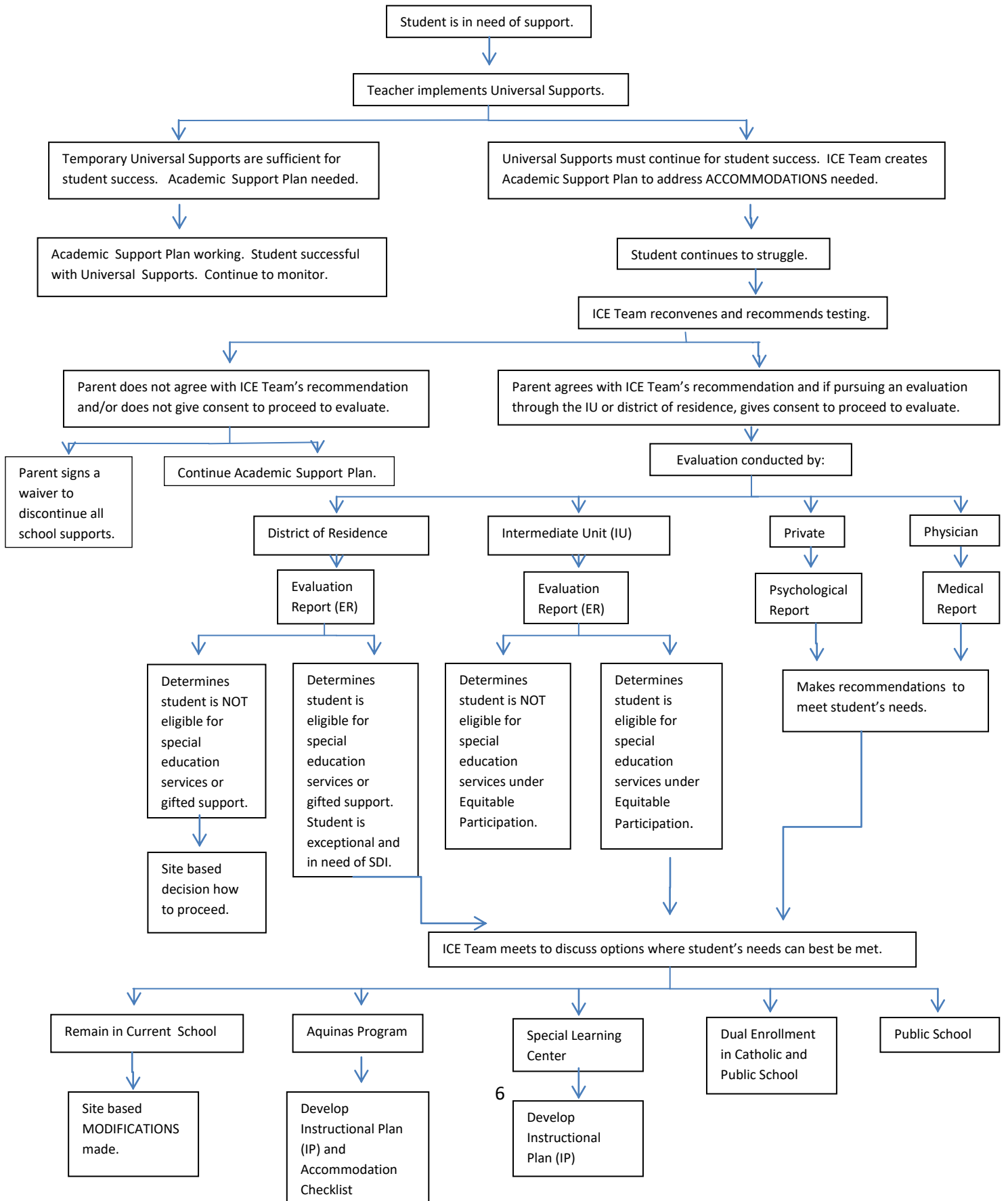
1. Referral or receipt of a recent (no more than three years) evaluation by a school psychologist or a physician which provides a determination of a disability in any of the 13 IDEIA categories or eligibility for service under Section 504 of A.D.A.
OR
2. Referral or receipt of a recent (no more than two years) examination by a physician which provides a diagnosis of a disability or health impairments.
OR
3. Referral or receipt of a recent (no more than three years) evaluation by a school psychologist or a physician which provides a diagnosis of gifted (an IQ of 130 or more) in addition to rate of acquisition/retention, demonstrated achievement (a year or more above grade level in one or more subjects), early skill development, and intervening factors.

Individualized plans are reviewed for appropriateness annually.

OR

c) If the following disabilities are documented in the evaluation received, a diocesan level team will review the student's needs and determine whether the school is an appropriate placement for that child: intellectual disabilities (formerly called "mental retardation" for an individual with an IQ below 70), emotional/behavior disorders, orthopedic impairments, and long-term traumatic brain injury.

VII. Academic Support Flowchart



VIII. The Academic Support Plan

The Academic Support Plan is our tool for providing and documenting support. The Academic Support Plan is not a legally binding document. Students who have an Academic Support Plan fall into four categories.

1. Students who do not have a diagnosed disability but who need interventions to succeed.
2. Students who have a diagnosed disability, but their disability has not impacted their learning enough to qualify them for Special Education services in the public school or for Equitable Participation (EP) in our schools.
3. Students whose diagnosed disability has impacted their learning significantly enough to qualify them for Special Education services in the public school and for Equitable Participation (EP) in our school.
4. Students who are identified Gifted and need acceleration, compaction, and/or enrichment.

In completing the Academic Support Plan, it is extremely important that the information at the top be accurate and complete since appropriate supports are contingent on a student's diagnosis or lack of diagnosis.

If a student is in need of on-going support but does *not* have a diagnosed disability, the Inclusive Catholic Education Coordinator must indicate the *instructional need* on the appropriate line at the top of the Academic Support Plan. The instructional need identifies the reason for creating a plan for a student. Some examples of an instructional need are, behavioral support, organizational support, or learning support.

In order for the Academic Support Plan to be an *effective* tool, the Academic Support Plan *process* must be followed. This means that principals, inclusive catholic education coordinators, counselors, and teachers alike must assume their responsibilities with regard to creating, sharing, and filing Academic Support Plans each year as specified in these guidelines.

**If the student's needs are social/emotional/behavioral the above process should be followed and the plan can be referred to as a Behavioral Support Plan.*

IX. Providing Appropriate Supports

It is important for teachers to understand that students *do not* need a diagnosis to have an Academic Support Plan or Universal Supports. However, students *do* need a diagnosis before *modifications* can be made. Therefore, the following guidelines have been established.

Universal Supports

It is important that an Academic Support Plan be implemented for *any* student who is consistently struggling in school even if he/she has never been tested. For these students, the teachers can only use supports such as those listed under *Universal Supports*. Many of these supports would be helpful for any student. For some students, however, such interventions are necessary for their success in school. When this is the case, these supports must be documented on an Academic Support Plan.

Accommodations

Students *do not* need a diagnosis to receive the supports listed under *Accommodations* on the Academic Support Plan. These supports are called accommodations because they allow students with an identified need to complete the same assignment or test as other students but with a change in timing, formatting, setting, scheduling, response or presentation.

Accommodations *do not* alter the standard in any significant way, and more importantly *are specific to the student's disability*. These *accommodations* *do not* give identified students an unfair advantage but rather help to "level the playing field" for them. In doing so, these students are able to demonstrate what they have learned without being impeded by their disability.

It is important to emphasize the point that accommodations should *never* be made in an effort to simply "make things easier" for struggling students, especially when a student has never even been tested. *Every effort* should be made to provide some kind of support if a student is experiencing difficulty in school. However, when a student clearly improves with the accommodations and progress is achieved, the family will need to seek formal documentation for ongoing implementation of the accommodation. The student may not necessarily have a "disability" but the data is needed to support ongoing implementation of accommodations.

Modifications

Students *do* need a diagnosed learning disability or giftedness to receive supports listed under *Modifications/Enrichment* on the Academic Support Plan. These supports are called modifications/enrichment because they allow the expectations to be changed. They do alter the standard in a significant way, and are specific to the student's disability or giftedness. These do not give an unfair advantage but rather help to "level the playing field" for those identified with a disability and they "challenge" those identified as gifted.

X. Academic Support Plan Process

Step 1A: ICE Coordinator Develops Initial Academic Support Plan

When records show that a student has an identified disability, or is gifted, and in need of specially designed instruction, the ICE coordinator and/or guidance counselor develops an Academic Support Plan in collaboration with the parent and teachers, identifying the accommodations teachers should implement. If a psychological report is available, the ICE coordinator and/or guidance counselor should incorporate any recommendations made in the report. If the report is not included in the records, the ICE coordinator and/or guidance counselor should request a copy. While an Academic Support Plan should *always* be developed for students who have an identified disability, or is gifted, it is appropriate to develop an Academic Support Plan for *any* student who is in need of on-going support.

Step 1B: ICE Coordinator/Counselor and Teachers Develop an Academic Support Plan

If a student is obviously struggling during the first few weeks of school, he/she should be referred to the ICE team and/or guidance counselor. A meeting should be held with all the student's teachers and available support staff to identify strengths and weaknesses. An Academic Support Plan should be created.

*If the team feels that the student's problems are more than just adjustment, parents could be contacted and referral for further testing initiated. (Ex. Psycho-education, Psychological, Medical, etc.)

Step 2: ICE coordinator and/or guidance counselor Reviews Academic Support Plan with Parents or Guardians

The Academic Support Plan should be reviewed and modified if necessary *with input from the parents*. Parents may have important information to share about *outside* supports their child is receiving; such as, private tutoring, therapy, and/or medication. In addition, reviewing and completing the Academic Support Plan with the parents ensures that parents are aware when interventions and/or accommodations, or enrichment, are being implemented for their child.

If the Academic Support Plan is developed, a follow up meeting is recommended to take place with parents within 30-60 days. If the Academic Support Plan is developed after the first quarter/trimester, the ICE coordinator and/or guidance counselor should schedule a separate conference with the parents to review the Academic Support Plan. It is important to note that an Academic Support Plan can be developed anytime during the school year. If a student

transfers in during the school year, a provisional acceptance is recommended until all records have been received.

After reviewing the plan, the academic support coordinator and/or guidance counselor and parents sign and date the Academic Support Plan.

Step 3: ICE Coordinator and/or Guidance Counselor Shares Academic Support Plan with Teachers

While the ICE coordinator and/or guidance counselor is the "keeper" of the Academic Support Plan, all teachers involved in the education of the student are responsible for implementing the plan. The ICE coordinator and/or guidance counselor, therefore, discuss the Academic Support Plan with the teachers who then sign the file copy and retain a copy for their own use in a locked and confidential location.

Step 4: ICE Coordinator and/or Guidance Counselor Monitors Effectiveness of Academic Support Plan

The Academic Support Plan is a working document and should be revisited as needed throughout the school year. If any significant changes are made to the Academic Support Plan, it is the ICE coordinator and/or guidance counselor's responsibility to share that information with any teacher who is involved with the students.

Transferring Academic Support Plans

Step 1: Beginning of Year Transition Meetings

When supports, or enrichment, have been successful, and the evidence supports the continuation, for a student, the supports or enrichment, should continue into the next school year. Therefore, Academic Support Plans must be transferred from year to year at transition meetings. The meeting is recommended to be scheduled by the ICE coordinator, and/or guidance counselor, and held no later than the end of the second week of school.

At the transition meeting, the ICE coordinator and/or guidance counselor should review the Academic Support Plan with the new teachers so that needed supports will be in place for the upcoming school year. If supports are no longer necessary documentation for the discontinuation needs to be written into the final Academic Support Plan.

Step 2: ICE Coordinator and/or Guidance Counselor Shares Academic Support Plan with Parents or Guardians

After meeting with the teachers to review and/or revise the plan, the ICE coordinator and/or guidance counselor reviews the plan with parents and modifies it if necessary with the parents

input. Parents may have important information to share about the outside supports their child is receiving; such as private tutoring, therapy, and/or medication. In addition, parents may have feedback or suggestions regarding the interventions or enrichment that are already in place. After reviewing the plan, the ICE coordinator and/or guidance counselor and parents sign and date the Academic Support Plan.

Step 3: ICE Coordinator and/or Guidance Counselor shares Academic Support Plan with Teachers.

The ICE coordinator and/or guidance counselor discusses the finalized Academic Support Plan with the teachers who then sign the file copy and retain a copy for their own use.

Step 4: ICE Coordinator and/or Guidance Counselor Monitors Effectiveness of Academic Support Plan

If any significant changes are made to the Academic Support Plan throughout the year, it is the ICE coordinator/guidance counselor's responsibility to share that information with the teachers involved.

Filing Academic Support Plans

At the end of the school year, individual Academic Support Plans must be kept in the student's permanent record file. If a student with an Academic Support Plan transfers to another school, a copy of the current Academic Support Plan must be included with transfer records when sent to the new school.

Consent of Parent regarding Academic Support Plan
(School Letterhead Paper)

Name of Student: _____

Grade: _____

Academic Year: 20__ through 20 _____

Consent for Modified/Enriched Curriculum

I, the parent/guardian of _____ understand that my child is unable to engage effectively in the regular academic curriculum of this grade because of his/her (identified disability or identified giftedness).

I further understand that the school is willing to modify/enrich the grade curriculum and make accommodations and/or modifications in the classroom and curriculum to enable my child to participate. (He/She) will be graded according to progress and effort under these conditions.

I understand that this agreement is contingent upon the continued best effort of my child and my cooperation as parent and is NOT legally binding.

The school will review this status at least on a year-to-year basis. Curriculum modifications, accommodations or enhancements and necessary changes should be made at the annual review. Discussion of appropriate placement should occur at this time.

Signatures:

Parent(s)/Guardians(s) _____
Date

Teacher(s) _____
Date

Teacher(s) _____
Date

Principal _____
Date

Academic Support Plan

School _____ Date _____

Student _____ Grade _____

District of Residence _____

Diagnosis or Instructional Need _____

Date of Evaluation _____ District ___ I.U. ___ Agency ___ Private ___

Supports: ___ IU Reading ___ IU Math ___ IU Speech & Language ___ IHP (Ind. Health Plan)

Universal Supports (Check all that Apply)

- Provide appropriately identified seating.
- Provide frequent feedback.
- Have student paraphrase or repeat directions.
- Check frequently for understanding.
- Provide non-verbal cue to maintain focus.
- Demonstrate procedure for first problem or task.
- Provide extra practice opportunities outside of class, such as peer tutoring.
- Provide notes when lecturing.
- Provide skeletal outlines for note taking.
- Provide structured study guides for tests.
- Use graphic organizers.
- Provide added support with oral and written directions on tests and assignments.
- Provide organizational assistance, for example, a planner.
- Provide teacher check-ins when student works independently.
- Provide teacher check-in dates to monitor long term assignments or projects.
- Refer student to school's remedial/resource teacher for screening to receive extra help services.
- Classroom teacher contacts family through phone calls and emails

Accommodations

Because accommodations must be specific to a student's needs, they can only be made when appropriate documentation/evidence/data supports the need for them.

- ___ Adapt or shorten assignments.
- ___ Have the test read-aloud to student and/or allow oral responses.
- ___ Permit extended time for assignments and tests.
- ___ Provide audio version of the text.
- ___ Exempt from foreign language if appropriate to the student's need.
- ___ Classroom teacher meets with family to discuss and review progress, needs and plan.
- ___ Standardized testing accommodations: ___ extended time; ___ reader; ___ test in a separate setting.
- ___ Documentation for Educational Testing Service (ETS)/ Date received: _____

Other:

Modifications/Enrichment*

**Once a student has been identified by an evaluation through IU, School District of residence or privately.*

Subject to be modified/enriched:

Type of Work to be completed:

Quantity and/or quality of work:

Timelines for completion:

Copy to teacher(s)

Date: _____

Copy instudent's file

Date: _____

I am aware of the supports that are being implemented for my child. I understand that this is NOT a legally binding document, it is NOT an IEP or GIEP(Individualized Educational Program of Gifted Individualized Education Program).

Parent Signature/Date

Guidance Counselor Signature/Date

Inclusive Catholic Education Coordinator Signature/Date

I am aware of the recommendations made for _____ (Student Name) and I will implement them as needed.

TEACHER SIGNATURE

SUBJECT

DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am aware of the revisions made for this student and I will implement them as needed.

TEACHER SIGNATURE

SUBJECT

DATE of Revision

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

XI. Teaching Students with Diverse Needs

SPECIFIC LEARNING DISABILITY

Individuals with Disabilities Education Improvement Act (IDEIA) define a specific learning disability as a disorder in one or more of these areas:

- Expressive language, also called oral expression; or receptive language, also called listening comprehension;
- Basic writing mechanics or written expression;
- Basic reading, decoding, or reading comprehension;
- Basic math calculation skills or applied math and problem-solving.

Generally, students diagnosed with learning disabilities have average to above average intelligence. Learning disabilities may include several types of disorders. Dyslexia, for example, is considered a learning disability in reading. Dysgraphia is considered a learning disability in writing, and dyscalculia is a learning disability in math.

Possible Indicators of a Learning Disability:

- Spells incorrectly; frequently spells the same word differently in a single piece of writing
- Avoids reading and writing tasks
- Has trouble summarizing
- Has trouble with open-ended questions
- Exhibits weak memory skills
- Experiences difficulty adjusting to new settings
- Works slowly
- Experiences difficulty grasping abstract concepts
- Pays too little attention to details or focuses on them too much
- Misreads information

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with a Learning Disability (LD) in Reading

- Use multi-sensory approach; e.g., tracing an unknown word or writing the word with index finger on the desk.
- Use visualizing and verbalizing when comprehension skills are weak.
- Ask questions in a way that helps students gain confidence.
- Allow students to move their lips or whisper while reading.
- Allow sufficient wait time for students to respond.
- Exempt student from foreign language class.

General Strategies for Students with a Learning Disability (LD) in Math

- Encourage students to visualize math problems.
- Ask the students to read word problems aloud to use their auditory skills.
- Provide examples and try to relate math problems to real life situations.
- Provide students with graph paper to keep columns of numbers in line.
- Allow sufficient wait time for students to respond.
- Ask questions in a way that gain confidence.

General Strategies for Students with a Learning Disability (LD) in Writing

- Encourage students to talk aloud as they write or access speak-as-you-type software.
- Allow use of a keyboard or scribe.
- Reduce copying aspects of work.
- Allow student to write one key word or phrase for each paragraph and then go back to fill in details.

AUTISM SPECTRUM DISORDERS

The Diagnostic and Statistical Manual of Mental Disorders (DSM) groups all of the subcategories of autism into a single category known as Autism Spectrum Disorder (ASD). This change effectively eliminates previously separate diagnoses of autism, including Asperger's Disorder and pervasive development disorder "not otherwise specified" (PDD-NOS). This merging of categories creates a sliding scale for autism, meaning individuals will be diagnosed somewhere along the autism spectrum based on the severity of their symptoms. Students with autism can display a wide range of symptoms from mild to disabling. They also vary widely in their individual abilities, intelligence, and behavior.

Possible Indicators of Autism Spectrum Disorder (ASD)

- Difficulty with verbal communication, including problems using and understanding language; e.g., uses/interprets language literally
- Difficulty with non-verbal communication, such as reading/understanding/interpreting gestures and facial expressions
- Difficulty with social interaction, including relating to people and surroundings
- Difficulty adjusting to changes in routine or familiar surroundings
- Repetitive body movements or patterns of behavior
- Unusual responses to sensory information or stimuli
- Sensitivity to sound
- Uncontrolled anger; outbursts
- Aggressive behavior
- Fearfulness or anxiety

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with Autism Spectrum Disorder

- Create an environment that is not over-stimulating.
- Create a structured environment with predictable routines.
- Give fewer choices. The more choices, the more confused a student will become.
- Limit physical contact.
- Allow student to stand instead of sit.
- Ask simple questions vs. open-ended ones. Avoid asking vague questions.
- Provide additional wait time for response to allow time to process.
- Promote one-on-one interactions with students and/or structure social interactions.
- Teach social skills in a one-on-one setting, if possible
- Structure transitions.
- Avoid using idioms, sarcasm, double meanings, etc.
- Respect involuntary, repetitious, or odd behavior
- Provide alternative location when needed to regroup
- Preview/Pre-teach schedule and skills

BEHAVIOR DISORDERS

Some students have behavior and anxiety disorders that can significantly impact their performance at school and their relationships with others. Behavior and anxiety disorders in students may be biological, environmental, or a combination of the two. Examples of biological factors are genetics, chemical imbalances in the body, and damage to the central nervous system, such as a head injury. Many environmental factors can also affect mental health, including exposure to violence, extreme stress, or the loss of an important person.

Families, schools, and other mental health professionals working together can help students with behavior and anxiety disorders. Behavior is a form of communication. A broad range of services are often necessary to meet the needs of these students and their families

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is the most commonly diagnosed behavioral disorder of childhood. This disorder does not affect only children. In many cases, problems continue through adolescence and adulthood.

Not all students have the same type of ADHD. Since the disorder varies among individuals, students with **ADHD** will have different problems. Some may be hyperactive. Others may be underactive. Some may have severe problems with attention. Others may be mildly inattentive but overly impulsive. Still others may have significant problems in all three areas (attention, hyperactivity and impulsivity). Thus, there are three sub- types of ADHD:

1. Predominantly Inattentive Type
2. Predominantly Hyperactive-Impulsive Type
3. Combined Type (inattention, hyperactivity-impulsivity)

Certainly, from time to time, almost every person can be somewhat absent-minded, restless, fidgety, or impulsive. Why are these same patterns of behavior considered acceptable for some people and symptoms of a disorder in others? It is in part a matter of degree. With ADHD, these behaviors occur much more frequently and to a greater degree.

Possible Indicators of Attention Deficit Hyperactivity Disorder (Inattentive Type)

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention in tasks
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish assignments or tasks-not due to oppositional behavior or failure to understand directions
- Has difficulty organizing tasks and activities
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort; e.g. schoolwork or homework

- Loses things necessary for tasks or activities
- Basically distracted
- Forgetful in daily activities

Possible Indicators of Attention Deficit Hyperactivity Disorder (Hyperactive-Impulsive Type)

- Fidget with hands or feet, squirms in seat
- Leaves seat in classroom when remaining seated is expected
- Has difficulty engaging in leisure activities quietly
- Always “on the go” or often acts as if “driven by a motor”
- Talks excessively
- Blurts out answers before questions have been completed
- Interrupts or intrudes on others

When developing an **Academic Support Plan**, teachers must consider the student's individual challenges and need for support. In addition to the supports, accommodations and modifications listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with ADHD

- Maintain eye contact with the student during verbal instructions.
- Be consistent with classroom expectations.
- Remember that these students are easily frustrated. Stress, pressure, and fatigue can break down the student's self-control and lead to poor behavior.
- Provide positive feedback when the student exhibits positive behaviors and work performance.
- Avoid ridicule and criticism. These students have difficulty staying in control.
- Make sure you are testing knowledge and not attention span by providing extended time and occasional breaks.

Oppositional Defiant Disorder (ODD)

Students with ODD are much more difficult to be with than others their own age. The causes of ODD are unknown, but biological and environmental factors may have a role. The quality of a student's family life in particular seems to be an important factor in the development of ODD. Some studies indicate that certain environmental factors in the family increase the risk of disruptive behavior disorders, including poor parenting skills, physical abuse, sexual abuse, neglect, poverty, and substance abuse by parents or caregivers. Some students develop ODD as a result of stress or frustration from divorce, death, or loss of a family member. ODD may be a way of dealing with depression or the result of inconsistent rules and standards.

The primary behavioral difficulty for a student diagnosed with ODD is the consistent pattern of refusing to follow the commands or requests by adults. Symptoms of ODD are usually seen in multiple settings but may be more noticeable at home or at school.

Students may display most of the following behaviors from time to time, and oppositional behavior is often a normal part of development. However, students diagnosed with ODD display these behaviors more frequently and over a long period of time (six months or more) and to the extent that these behaviors interfere with learning, school adjustment, and sometimes social relationships.

Possible Indicators of Oppositional Defiant Disorder

- Is easily annoyed and deliberately annoying to others
- Repeatedly loses temper
- Argues with adults
- Refuses to comply with rules and directions
- Blames others for mistakes
- Tests limits; stubborn
- Is often touchy, angry, and resentful
- Speaks harshly and unkindly when upset
- Seeks revenge
- Exhibits uncontrolled anger, outbursts
- Is often manipulative

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with ODD

- Provide consistency, structure, and clear consequences for the student's behavior.
- Establish a rapport with the student. If the student perceives you as reasonable and fair, you will be able to work more effectively with him/her.
- Avoid making comments or bringing up situations that may be a source of argument for them.
- Stay calm; do not raise your voice or argue with a student.
- Avoid getting into a "Yes, you will" contest. Silence is often a better response.
- Do not take the defiance personally. Remember, you are the outlet and not the cause for the defiance- unless you are shouting, arguing, or attempting to handle the student with sarcasm.
- Avoid power struggles with this student.
- Listen to the student. Don't interrupt until he/she finishes.
- Address student privately. This will help to avoid power struggles as well as

an audience for a potential power struggle.

- Be caring but honest when conferencing with the student. In this process, insist upon one rule -you both be respectful.
- Give two choices for options when decisions are needed; students are more likely to complete or perform tasks that they have chosen.
- Ask the student if a calming down period would help when you see the student getting angry or frustrated. Rather than sending the student to the office for this calming down period, establish an isolated calming down place.
- Minimize downtime, and structure transitions if needed.

ANXIETY DISORDERS

Students experience some anxiety. It is a normal part of growing into an adult. However, when worries and fears do not go away and interfere with an adolescent's usual activities, an anxiety disorder may be present. Children of parents with an anxiety disorder are more likely to have an anxiety disorder.

Generalized Anxiety Disorder (GAD)

GAD is defined as chronic, excessive worry and fear that seems to have no real cause. Students diagnosed with GAD often worry a lot about things, such as future events, past behaviors, social acceptance, family matters, personal abilities, and/or school performance.

Possible Indicators of any Anxiety Disorder

- Many worries about things before they happen
- Many worries about friends, school, or activities
- Constant thoughts and fears about safety of self and/or safety of parents
- Reluctance to go to school, frequent tardiness or absences
- Strong, tense reactions to common life events
- Frequent lack of peer interaction
- Frequent stomach aches, headaches, or other physical complaints
- Muscle aches or tension
- Sleep disturbance
- Excessive worry about sleeping away from home
- Difficulty with transitions
- Feeling as though there is a lump in the throat
- Fatigue
- Lack of concentration
- Being easily startled
- Irritability
- Inability to relax

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with any Anxiety Disorder

- Team with parents to develop effective strategies.
- Communicate with parents regularly about what you observe.
- Provide a well-structured, calm classroom with clear expectations.
- Be aware of any teasing, bullying, or problems with peer or social relationships.
- Allow the student to take a break; e.g., drink of water, if he/she seems overwhelmed
- Avoid blatant, harsh criticism as this will perpetuate fears of failure and feed into cycles of anxiety and avoidance.
- Obtain parent permission to communicate regularly with any mental health professional who is involved with the student to develop effective interventions. In turn you can provide beneficial insight into how the student acts in an academic setting, which can help the mental health professional treat the student.

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder is an anxiety disorder that causes repetitive, unpleasant thoughts (obsessions) or behaviors (compulsions) that are difficult to control. Symptoms may worsen when the student is stressed, ill, or sleep-deprived. These obsessions and compulsions may consume significant amounts of time, may interfere with a person's daily schedule, and may cause significant distress. Usually, a combination of medication and cognitive behavior therapy is considered the most effective treatment.

Obsessions are unwanted thoughts, ideas, and impulses that you have again and again. They will not go away. They get in the way of your normal thoughts and cause anxiety and fear. The thoughts may be violent or may make you worry about illness or infection.

Common obsessions include:

- Fears of contamination, getting dirty, or disease
- Thinking something must be done a certain number of times
- Keeping items in certain positions
- Hoarding
- Fears associated with religion
- A fear of causing harm to yourself or a loved one
- A driving need to do things perfectly or correctly

Compulsions are behaviors that you repeat to try to control the obsessions. Some people have

behaviors that are rigid and structured while others have very complex behaviors that change.

Common compulsions include:

- Excessive washing and cleaning
- Counting, often while doing another compulsive action such as hand-washing
- Redoing or repeating things; e.g., opening and closing, erasing and rewriting
- Hoarding
- Checking and rechecking
- Praying (continuous and excessive)
- Symmetry; things need to match

Possible Indicators of Obsessive Compulsive Disorder (In addition to the behaviors previously listed)

- Difficulty concentrating
- Social isolation or withdrawal from interactions with peers
- Low self-esteem in social and academic activities
- Problem behaviors such as fights or arguments
- Learning and cognitive problems
- Other accompanying conditions such as ADHD

EMOTIONAL DISTURBANCE

Emotional disturbance is one of the areas of exceptionality under IDEIA which qualifies a student for Special Education. It is defined as "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

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

Many students who do not have emotional disturbances may display some of the behaviors listed below at various times during their development. However, when students have an emotional disturbance, these behaviors continue over periods of time. Their behavior thus signals that they are not coping with their environment or peers.

Possible Indicators of Emotional Disturbance

- Hyperactivity, short attention span, and/or impulsiveness

- Aggression/self-injurious behavior
- Withdrawal (failure to initiate interaction with others; retreat from exchanges of social interaction, excessive anxiety)
- Immaturity or poor coping skills
- Learning difficulties
- Distorted thinking, bizarre acts, and/or abnormal mood swings

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students with Emotional Disturbances

- Provide a structured environment with clear and consistent expectations.
- Use positive reinforcement when possible.
- Teach social skills explicitly and systemically in a one-on-one setting when staff is available.

SLOW LEARNERS

Slow learners are students with below average cognitive abilities who are not disabled but who struggle to cope with the traditional demands of the regular classroom. Their slower learning rate typically requires that teachers provide supports to ensure their success in school.

These students are generally not eligible for Special Education services. Comparatively, because they learn more slowly, they are challenged in the regular classroom to approximately the same degree as students with average abilities when competing with gifted students. Statistically, these children comprise about 15% of the general population and a far greater proportion of the enrollment in some schools.

Slow learners can be easily misidentified, so it is critical that teachers consider a variety of sources of information before they assume that poor school performance is due to a slower rate of learning rather than to a learning disability or situational factors. Results from group intelligence tests should never be used to confirm that a student has below average ability. Students who are significantly behind their classmates academically and who have not responded well to supports should be referred for a psychological evaluation to identify or rule out a disability. Poor motivation, lack of consistent instruction (due to frequent moves or absences), limited English proficiency, and a variety of health factors should also be ruled out as contributing to slow academic progress. While slow learners are not considered to have a disability, they are still very much in need of academic support.

Possible Indicators of Slow Learners

- Functions at ability level but significantly below grade level

- Prone to immature interpersonal relationships
- Has difficulty following multi-step directions
- Lives in the present and does not have long-range goals
- Has few internal strategies; e.g., organizational skills and generalizing information
- Scores consistently low on achievement tests
- Has a poor self-image
- Works on all tasks slowly

When developing an Academic Support Plan, teachers must consider the student's individual challenges and need for support. In addition to the universal supports listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for Students who are Slow Learners

- Emphasize strengths; utilize positive feedback frequently.
- Provide peer tutoring.
- Access any support staff available through the school or IU.
- Explicitly teach study skills.
- Strive to help the student develop a basic understanding of new concepts rather than require rote memorization of meaningless facts.
- Provide "advanced organizers" to help students to understand key concepts of the material that will follow.
- Encourage parents to be involved with their student's education; e.g., supporting homework, attending school functions, and communicating with teachers.

EXECUTIVE FUNCTIONING DISORDER (EFD)

Student's self-management functions are delayed. Students lack the ability to activate, organize, and manage other brain functions- including behavior. There are 8 executive core skills, 4 'cool' which provide the *what*, *where*, and *when* of a goal-direction action and 4 'hot' providing the *why* or basis for pursuing the goal and the motivation to get there.

COOL skills:

Planning/ Organizing- students have difficulty breaking tasks down into smaller steps, organizing thoughts and information, and difficulty creating mental files for new information gained.

- Allow use of homework planners or monthly/ weekly calendars
- Weekly students need to organize desks or lockers
- Students need to back-up all typed documents to email or google docs so they can be found

Working Memory- students have trouble holding onto multiple pieces of information to complete a single task. For example, retrieving long-term information, maintaining the thought, and

manipulating it to acquire new information. Also, visual and verbal working memory may not be equally developed.

- Students can jot down single words or phrases to remember information while processing new
- Giving cues like multiples of ten, or doubles (Math), mnemonic devices, song

Initiation- students seem to procrastinate.

- TIGERS: take initiative get everything ready for school
- Develop morning system that works for you

Task Monitoring- students have difficulty adjusting to the pace or content of work in order to keep up with the conditions or feedback.

- Weekly, not daily, grade checks; weekly check-in with teachers and parents (add these to monthly calendar for planning)

HOT skills:

Self-Monitoring- students miss social cues, like facial reactions so they can fluidly adjust their behavior; they also miss signs that show others are bothered by irritating/ inappropriate behavior.

- Provide students with the tools to communicate with peers and teachers

Inhibition- students often take action without thinking it through; impulsive/ unfocused

Emotional Control- students display strong, immediate, and poorly controlled reactions to situations.

- Allow students to take breaks, get a drink, walk the hall and return

Shifting- Students will have trouble making transitions from one activity to another; any changing pattern of one thought to another

PROCESSING DISORDERS – (Auditory, Central, Visual)

Auditory Processing Disorder (APD) - difficulty understanding/processing sounds, trouble listening or maintaining attention to oral directions or speech

Students have a difficulty understanding the meaning or usage of words.

They have trouble understanding spoken directions, provide them the multi-steps to apply to the task or give one direction at a time.

Following a conversation is challenging because they can be easily distracted by noise (maintain eye contact).

- Use of carrel/ individual work area; limited stimuli, pictures/objects
- Make eye contact, move hand into sight line
- Simple articulate instructions

Central Auditory Processing Disorder (CAPD) - physical hearing impairment, which does not show up as a hearing loss on routine screenings or an audiogram. This affects the hearing system beyond the ear, separates a meaningful message from non-essential background sound and delivers that information with good clarity to the intellectual centers of the brain (the central nervous system).

Students have difficulty hearing long elaborate verbal instructions, difficulty with auditory localization skills. Some ignore sounds because they are too hard to process, repeatedly asks for repetition (misunderstands what is said). Can become frightened or upset by loud noises.

- Students fatigue easily, not able to remember long or short term information; short attention span

Visual Processing Disorder/Visual Perceptual Disorder (VPD) - not a sight impairment, difficulty in understanding and using visual input; limited ability to make sense of information learned through their vision.

- Students may experience loss of place when reading, text moves, headaches, eyestrain
- Easily distracted and hard to stay focused
- Lack of visual control in the brain

NONVERBAL LEARNING DISABILITY (NVD)

Nonverbal Learning Disorder- affects right hemisphere functions of the brain, not recognized in early grades because deficits have not yet impacted schooling.

Characteristics follow acronym 'SAVME'

Social Competencies- students lack ability to comprehend nonverbal communication; deficiency in social judgment and interaction (may laugh when someone is crying)

- Overly reliant on rote, commonplace behaviors; new activities/ experiences cause anxiety (ex. change in class schedules)
- Difficulty with abstract concepts, figurative speech/ idioms/ analogies
- Difficulty with adapting to substitute/replacement teachers
- Takes everything said literally, perceived as slow processing

Academic Performance- difficulties in math, reading comprehension, and handwriting; as well as organization, problem-solving, higher reasoning; very strong in verbal and auditory attention and memory.

- Anything above 5th grade math can be challenging;
- Ability to tell the whole summary about a story but not the main idea;

- Handwriting is laborious, spelling is phonetic;
- Using abstract thinking and application are challenging (guide students to use verbal strengths when possible, give oral answers)

Visual-Spatial Abilities- poor visual recall, lack of image; difficulty understanding spacial perception and spacial relations are challenging.

- Students do not use pictures to recall information, hard to recognize faces; 'sees the tree not the forest'; trouble copying from the board onto paper;
- Difficulty understanding graphs or tables
- Challenging to some to divide a paper and then number vertically;
- Copying from board to paper, left-hand margin shifts to right side

Motor Coordination- lack of coordination, severe balance problems; difficulty with fine motor skills

- Experience gross and fine motor clumsiness; may have difficulty holding a pen or pencil (allow students to type or record assignments)
- Cursive handwriting is challenging because diagonals are perceived with more difficulty

Emotional Functioning- tantrums, easily overwhelmed; fears new places and changes in routines; prone to depression

- Students are overwhelmed easily and quickly frustrated and inflexible

PERVASIVE DEVELOPMENTAL DISORDER (PDD)

Pervasive Developmental Disorder- difficulty in areas of development, use of functional skills- like language, communication, social skills, and motor behaviors.

- Students need social skill training
- Some may need behavioral, occupational, and/or speech therapy
- Consistent reward/setting limits behavior charts
- Difficulty with social interaction, collaborating, sharing accomplishments
- Very creative in isolated area of interest, capable of originality

ENGLISH LANGUAGE LEARNER (ELL)

While it is possible for an ELL student to have a disability, ELL is not a disability category in and of itself.

An ELL student should not be considered "disabled". However, ELL students do present teachers with unique learning needs and usually require some degree of academic support. For this reason, teachers should develop an Academic Support Plan for their ELL students when support is needed and documentation is provided by the appropriate public school district.

When developing an Academic Support Plan, teachers must consider the student's individual challenges in and need for support. In addition to the supports and accommodations listed on the Academic Support Plan, teachers may find the following suggestions useful.

General Strategies for ELL Students

- Position yourself so that the ELL student can see your face when you are speaking.
- Assign a student mentor to your ELL student.
- Learn and use the student's name, practicing the correct pronunciation.
- Ask the student what he/she would like to be called; some parents intentionally change their child's name to an English name because they want their child to blend in with their American classmates.
- Be as visual as possible.
- Remember, comprehension precedes speech; ELL students understand more than they can express verbally.
- Keep in mind that speaking louder does not aid in comprehension.
- Create certain predictable routines in your class.
- Learn as much as you can about the countries represented in your class.
- Smile. Smiling is international; a smile from a teacher is worth far more than the time and energy it takes. Smiles help to alleviate fears and doubts.

GIFTED

Students who are exceptional under section 1371 of the School Code (24 P. S. § 13-1371) because they meet the definition of “mentally gifted” need specially designed instruction beyond that required in Chapter 4 (relating to academic standards and assessment). These students have outstanding intellectual and creative ability, and require the development of specially designed programs or support services, or both, not ordinarily provided in the regular education program.

Students may be identified as both gifted and learning disabled, sometimes called ‘Twice Exceptional’. The Academic Support Plan should outline both areas of need and specific supports to address both identified areas.

The Academic Support plan should provide opportunities to participate in acceleration or enrichment, or both, as appropriate for the student’s needs. These opportunities must go beyond the program that the student would receive as part of a general education. When developing an Academic Support Plan, teachers must consider the student's individual strengths.

Possible indicators of giftedness:

- Asks many questions and is very curious
- Possesses a large amount of information
- Has a good memory
- Learns new information quickly
- Retains information easily
- Masters reading skills earlier
- Demonstrates strong abilities in math
- Displays unusual academic achievement
- Finishes classwork quickly
- Is interested in many things
- Becomes involved in a variety of activities
- Is motivated to try new things
- Enjoys a challenge
- Thinks independently
- Expresses unique and original opinions
- Is self-motivated
- Uses higher level thinking skills (analysis, synthesis, evaluation)
- Makes connections other students do not see
- Considers unusual approaches to problem-solving
- Has a strong sense of justice

- Likes to debate current issues and real life problems
- Has a sophisticated sense of humor
- Understands subtle humor
- Enjoys plays on words and satire
- Demonstrates strong expressive skills
- Elaborates on ideas
- Shows skill in drama/art/music/language

General Strategies for Students who are Gifted:

- Independent projects
- Academic competition
- Plan “vertical enrichment” activities that go above and beyond what is covered in class. Don’t give “more of the same”.
- Identify a mentor.
- Enhanced learning center.
- Level assignments by requiring different outcomes.
- Provide opportunities for student to demonstrate skill through drama/art/music/language.

XII. Standardized Testing Accommodations

All students who have documented disabilities are entitled to accommodations when taking standardized tests. Examples of documentation would include a copy of an evaluation report or a medical diagnosis verifying the student's disability. The documentation should be kept in the student's permanent record file.

Once you have documentation of a disability, you must determine which accommodations are appropriate, since accommodations *must* be specific to the student's disability. For example, providing a separate setting for a student eligible for special education services and support under Other Health Impaired (OHI), or through Section 504, with ADHD *is* specific to the disability because it attempts to reduce distractions for someone who may be very challenged to stay focused. However, it would *not* be appropriate to read the content area tests aloud to a student with ADHD because that accommodation is not specific to the student's disability. On the other hand, reading tests in the content area to a student with a diagnosed reading disability *is* specific to that disability because it helps this student demonstrate what he/she has learned in content areas like science, without being penalized for weaknesses in reading. If you have a question about whether or not a student is entitled to testing accommodations, or which accommodations are appropriate; contact the Office of Education.

It is very important to understand that since formal evaluations do not always yield a diagnosis, simply being tested does *not* entitle a student to accommodations. The testing must state the student has a disability. Students who have been identified *through testing* as slow learners are *not* entitled to accommodations on standardized tests because this is not considered an area of exceptionality.

If you are not familiar with a student's history, it is very important to conduct a record review and/or to read an existing formal report(s) before standardized testing accommodations are made.

In summary, depending on a student's disability, generally one or all of the following testing accommodations can be made: extend time, test in a separate setting, or read content area tests aloud to a student. **It is *never* appropriate to read *reading* tests aloud.**

To review, students who have an Academic Support Plan fall into three categories:

1. Students who do not have a diagnosed disability but who need interventions to succeed.
2. Students who have a diagnosed disability, but their disability has not affected their academic achievement enough to qualify them for Special Education services in the public school or for Equitable Participation (EP) in our schools.
3. Students whose diagnosed disability has affected their achievement severely enough to qualify them for Special Education services in the public school or for Equitable Participation (EP) in our schools.

The first group may not receive testing accommodations on standardized tests.

The second and third groups, those with a diagnosed disability, should receive accommodations that are specific to their disability, if needed.

The students in both groups two and three are students who receive testing accommodations and must be listed on the Standardized Testing Accommodations Summary Form.

If you are not sure if a student has qualified for Equitable Participation (EP), please contact the Office of Education.

XIII. Roles and Responsibilities

PRINCIPAL

- Assign/recruit an Inclusive Catholic Education (ICE) Coordinator.
- Direct the ICE coordinator and/or guidance counselor to develop an Academic Support Plan, with input from teachers as needed, for any student who has been psychologically evaluated or for *any* student who is experiencing difficulty in school.
- Work with the ICE coordinator/guidance counselor to schedule transition meetings to facilitate the transfer of the Academic Support Plans each year.
- Request copies of the Academic Support Plans from the ICE coordinator and/or guidance counselor and maintain these copies in a confidential folder or binder for easy reference but in a secure location.
- Provide the opportunity for teachers to attend ICEC Professional Development in-services offered through the Diocese and time to share the information with the rest of the faculty.

INCLUSIVE CATHOLIC EDUCATION (ICE) COORDINATOR/GUIDANCE COUNSELOR RESPONSIBILITIES

- Oversee the development of an Academic Support Plan with input from teachers for any student who has an identified disability and for any student who is experiencing difficulty in school.
- Review and modify the Academic Support Plan with input from the parents and acquire the parents' signatures.
- Share the Academic Support Plan with the appropriate teachers and have them sign the file copy.
- Compile the Academic Support Plans in a folder or binder for the principal and keep a set for your use throughout the school year and for use at the transition meetings.
- Monitor the effectiveness of all Academic Support Plan.
- Collaborate with the principal to schedule the transition meetings and take the lead in facilitating the meetings.
- Obtain signatures for each new Academic Support Plan.
- File each student's signed Academic Support Plan.
- Collaborate with teachers regarding issues pertaining to Academic Support Plans.
- Collaborate with the principal, psychologist, or other student support staff.
- Work directly with students to provide intervention when possible.
- Collect all Academic Support Plans at the end of the year and keep them in the office where they will be accessible for the transition meetings at the beginning of the next school year.

TEACHER

Beginning of the Year

- Attend the transition meetings scheduled for students that you teach.
- Seek to understand the interventions and accommodations, or enrichment recommended. Add your input if possible.
- Begin to provide the interventions and accommodations, or enrichment suggested.
- Sign the file copy and make sure you have a copy

During the Year

- Monitor and adjust the plan in consultation with the ICE coordinator/guidance counselor, according to what helps the student to be successful in your classroom.
- Share strategies that work with the student's other teachers and the ICE coordinator/guidance counselor who will add them to the official copy of the student's academic support plan dating any revisions.

XIV. Educational Testing

When educational testing is specified, parents can request a formal evaluation through their district of residence or through the Intermediate Unit. When testing is requested through the school district, parents must submit their request in writing. Below is a sample letter which the principal, ICE coordinator/guidance counselor can provide to parents to initiate the evaluation process.

Sample Letter for Parents to Requesting Educational

Testing Parent Address

Parent Phone Number

Principal's Name

Name of Child's School

School Address

Date

Dear School Official,

I am the parent of _____ who is in the _____ grade at _____ (school). I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether _____ is eligible for special education and/or related service either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973. **OR** I am requesting a comprehensive assessment in all areas to determine whether _____ is eligible for gifted services under PA Chapter 16.

I am requesting this assessment because _____ (be specific). The following interventions and accommodations have already been tried. (list interventions such as seating assignments, quiet area to take tests, etc.) However, my student continues to struggle in school with _____. If applicable add: _____ has been diagnosed with _____ by _____ (professional).

It is my understanding that I will hear back from you in writing within 10 days of this request.

I look forward to hearing from you and working with you and your staff.

Sincerely,

Your Name

Cc: include others who you think might need to know about your request.

Whether formal testing rules out or identifies a disability, or giftedness, important information can be gained to help a teacher support a student who is struggling in the classroom or benefits from enrichment. Information about learning styles, academic strengths and weaknesses, and current levels of achievement can all be very useful in developing an Academic Support Plan for a student who is in need of support.

If a disability is identified, the child *may or may not* qualify for Special Education services in a public school setting. In order to qualify for Special Education services, a student must meet two-pronged criteria.

First, the disability must be in an area of exceptionality under IDEA (Individuals with Disabilities Education Act). The thirteen disability categories are:

1. Autism
2. Deaf-Blindness
3. Deafness
4. Emotional Disturbance
5. Hearing Impairment
6. Mental Retardation
7. Multiple Disabilities
8. Orthopedic Impairment
9. Other Health Impairment e.g., ADHD
10. Specific Learning Disability
11. Speech or Language Impairment
12. Traumatic Brain Injury
13. Visual Impairment

Second, it must be demonstrated that the disability is significantly affecting the student's classroom performance, as evidenced by below average standardized test scores and/or report card grades. If the two-pronged criteria are met, as determined by the district or IU, a student will qualify for Special Education services in the public schools or Equitable Participation in our schools. It is important to note that not all students with a diagnosed disability will qualify for Special Education. Some students with mild to moderate disabilities perform satisfactorily in the classroom and on standardized tests, particularly when appropriate supports are in place. In this case, even though the student is diagnosed with a disability, he or she may *not* qualify for Special Education services.

Frequently Asked Questions About Student Evaluations:

Why is the school requesting that I have my child tested by my local school district?

- We have implemented various strategies, interventions and resource support, but still need more information in order for your child to consistently find success in his/her daily academic responsibilities.
- The Instructional Support Team (IST) and/or Inclusive Catholic Education Team (ICE) have determined that this is the next step in order for us to meet the specific needs of your child.
- The Intermediate Unit might not provide testing service to the school as part of their support of nonpublic schools.

How do I request testing from my local school district?

- Write and send a letter (sample included) addressed to the psychologist and send a copy to the principal of the school your child would be attending.
- Let them know you would like to sign the “Permission to Evaluate” form.
- The district is required to complete the evaluation, and give you a written report within 60 calendar days from the date they receive the “Permission to Evaluate.” Keep a copy of all papers you send or sign.

How does an evaluation typically proceed?

- Your request is made.
- The school district presents you with a written evaluation plan (“Permission to Evaluate”) listing all testing to be done on your child. This plan should focus on identifying your child’s strengths and weaknesses and pinpointing possible learning and other disabilities.
- You approve the evaluation plan (or ask that certain tests or evaluation tools be added and/or others eliminated). This information about specific tests was given to you in the IST/ICE meeting at your school.
- You meet with the evaluator to discuss areas where your child seems to be having problems, based on your personal observations, physician reports, and teacher assessments/observations. You can also discuss any concerns you have about the evaluation. Share copies of any information you received at the IST/ICE meeting regarding your child’s academic performance. This meeting isn’t required to take place, but it is recommended.
- The school psychologist evaluates your child.
- You receive a copy of the psychologist’s report.

What do I do once I receive the evaluation information?

- Please send a copy to the school for review.
- We will then schedule another meeting to interpret and discuss the results of the testing.
- Some districts offer to participate in this meeting. Please ask the psychologist who did the testing if he/she would be willing to review the evaluation with us. We can contact him/her with the date and time if it’s not already scheduled. Please invite him/her to the meeting if you already have the date and time.

What can I do to advocate for my child through this process?

- Keep open lines of communication with your child’s teacher and support personnel.
- You are the expert on your child – share what works for you at home, share what you’re observing as your child completes homework.
- Offer suggestions and be open to suggestions.

Education Law Center (2006). <http://www.elc-pa.org>
Siegel, Lawrence M. Esq., (2007). *Nolo’s IEP Guide, Learning Disabilities, 3rd Edition*. Berkley, CA.

XV. Equitable Participation (EP)

In 2004, IDEA was reauthorized and renamed IDEIA to include changes that now impact our Catholic schools. According to the law, students who qualify for Special Education services and attend a non-public school are now entitled to a proportionate amount of the Special Educational funding that the public school district receives. This is called Equitable Participation (EP). While EP funds are *not* an individual entitlement of services or money to students or their parents, it is an opportunity for the Diocese of Allentown to access funding to help support these students in our schools.

Therefore, when educational testing identifies a disability in an area of exceptionality under IDEA and when that disability impacts the child's ability to learn, as determined by the district or the IU, the student will qualify for Special Education in the public school district or Equitable Participation in our schools.

It is very important for principals, ICE coordinator, and guidance counselors to know which students in their school have qualified for Special Education services when the student was tested by their district of residence or the Intermediate Unit. *These* are the students who qualify for Equitable Participation (EP). Not only is this information needed for an accurate Child Find count each year but the information directly impacts funding.

All schools have access to the following services through EP funding. If you are not sure how to access these services, please call the Office of Education.

- Consultation with teachers and ICE coordinators/counselors regarding appropriate classroom accommodations.
- Consultation with teachers to utilize and implement classroom strategies.
- Classroom observations of students.
- In-service trainings on Special Education related topics.
- Record reviews to determine if the school is an appropriate placement.

XVI. Glossary

Academic/Individualized Support Plan

The form used in the Diocese of Allentown which documents the supports in place for students with diagnosed disabilities or students in need of academic support.

Accommodation

Supports that allow students with a diagnosed disability to complete the same task or assignment as other students but with a change in timing, formatting, setting, scheduling, response or presentation. Accommodations *do not* alter the standard in any significant way and are specific to the student's disability. Accommodations do not give identified students an unfair advantage but rather help to "level the playing field" for them.

Achievement Test

Test that measures competency in a particular area of knowledge or skill; measures mastery or acquisition of skills.

Adaptation

Supports that *do change* the standard and are only provided when psychological testing yields a diagnosis that indicates the need for a modified curriculum. At the high school level, adaptations are made through course changes.

Aptitude Test

IQ test; a standardized series of questions and/or tasks designed to measure abilities, i.e., how a person thinks, reasons, solves problems, remembers, learns new information.

Articulation

Refers to the production of speech sounds resulting from the movements of the lips, jaw, and tongue as they modify the flow of air.

Attention Deficit/Hyperactivity Disorder (ADHD)

Any of a range of behavioral disorders characterized by symptoms that include poor concentration, an inability to focus on tasks, difficulty in paying attention, and impulsivity. A person can be predominantly inattentive (often referred to as ADD), predominantly hyperactive-impulsive, or a combination of these two.

Attention Span

The length of time an individual can concentrate on a task without being distracted or losing interest.

Auditory Discrimination

Ability to attend to one sound against background sounds, i.e., hearing the teacher's voice against classroom noises.

Auditory Memory

Ability to retain information which has been presented orally.

Asperger's Syndrome

This is a term which will not be used after the 2013 publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Previously, Asperger's referred to a milder variant of Autism.

Autism/Autism Spectrum Disorders (ASD)

A complex developmental disability that typically appears during the first three years of life and affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills. Autism Spectrum Disorder affects each individual differently and at varying degrees.

Basic Skills

Skills in academic subjects like reading, writing, spelling, and mathematics.

Behavior Modification

A technique intended to change behavior by rewarding desirable actions and ignoring or "negatively rewarding" undesirable actions.

Cluster Grouping

Placing a group of 5-10 identified gifted students in a classroom with other students of mixed abilities.

Cognitive Ability

Intellectual ability; thinking and reasoning.

Cognitive Style

A person's typical approach to learning activities and problem-solving.

Curriculum Compacting

Standard curriculum is compressed into a shorter period of time, allowing the gifted students to study related material while classmates master standard content.

Decoding

The opposite of encoding; the method or strategy a person uses to "figure out" the pronunciation of a word; symbol to sound.

Disability

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, i.e., seeing, hearing, learning, reading, concentrating, thinking, and communicating.

Discrimination

Process of detecting differences between and/or among stimuli.

Distractibility

The shifting of attention from the task at hand to sounds, sights, and other stimuli that normally occur in the environment.

Dyscalculia

A specific learning disability involving severe difficulty with numbers and mathematical concepts.

Dysfunction

Any disturbance or impairment in normal functioning.

Dysgraphia

A specific learning disability that affects a person's mechanical ability to write. The child has a difficult time with the physical task of forming letters and words and therefore has a hard time producing legible writing.

Dyslexia

A specific learning disability which severely affects a child's ability to read and spell.

Early Intervention Program

A program especially designed to assist developmentally delayed infants and pre-school children.

Educational Testing

(See Psychological Evaluation)

Emotionally Disturbed

Used to describe students who display one or more of these characteristics over a long period of time: inability to learn which cannot be explained by ability, health, vision or hearing deficits, problems in relating to other children and/or adults, inappropriate behaviors or feelings, severe depression or unhappiness, tendency to develop physical symptoms or fears about personal or school problems.

Encoding

Spelling; the reverse process of decoding; sound to symbol.

Enrichment

Curriculum is modified to provide greater depth and breadth than generally provided.

Equitable Participation (EP)

According to IDEIA, students who qualify for Special Educational services and attend a non-public school are entitled *to* a proportionate amount of the Special Educational funding that the public school district receives. It is not an individual entitlement to money or services but rather is a source of funding for non-public schools

Free Appropriate Public Education (FAPE)

By federal law, every disabled child is entitled to an education which meets his/her individual needs, whether in a public school setting or in a private school at public school expense, if a public school program is not available or appropriate.

Fine Motor

The use of small muscles for precision tasks such as writing, tying bows, zipping a zipper, typing, doing puzzles.

Gifted

A student who has an IQ of 130 or higher or when multiple criteria as set forth in PA Chapter 16 indicate gifted ability. Determination of gifted ability will not be based on IQ score along...The determination shall include an assessment by a certified school psychologist. (see Mentally Gifted)

Gross Motor

The use of large muscles for activities requiring strength and balance such as walking, running, and jumping.

Hyperactivity

Disorganized and disruptive behavior characterized by constant and excessive movement.

Individual Educational Program (IEP)

In a *public* school, a document developed by a multidisciplinary team to improve the educational results for children accessing Special Education services.

Individuals with Disabilities Education Improvement Act (IDEIA)

The nation's Special Education law which provides federal funding to help states and local communities provide Special Educational opportunities for students with varying disabilities.

Impulsivity

Reacting to a situation without considering the consequences.

Intervention/Universal Supports

Supports that are appropriate for *any* child to be successful in school.

Tactile-Kinesthetic Learners

Making up about 5% of the population, tactile and kinesthetic learners absorb information best by doing, experiencing, touching, moving or being active in some way.

Learning Disability (LD)

(See Specific Learning Disability)

Learning Style

The channels through which a person best understands and retains learning. All individuals learn best through one or more channels, auditory, visual, tactile-kinesthetic or a combination of these.

Mentally Gifted

Outstanding intellectual and creative ability, the development of which requires specially designed programs or support services, or both, not ordinarily provided in the general education program.

Modality

(See Learning Style)

Modification

(See Adaptation)

Multidisciplinary Evaluation (MDE)

A team of educators who determine if a student is eligible for Special Education in a public school district.

Norms

Statistics that provide a frame of reference by which meaning may be given to test scores. Norms are based upon the actual performance of pupils of various grades or ages in the standardization group for the test. Since they represent average or typical performance, they should not be regarded as standards or universally desirable levels of attainment. The most common types of norms are standard scores such as stanines, percentile rank, grade, or age equivalents.

Occupational Therapy (OT)

Therapy which usually focuses upon the development of a student's fine motor skills and/or identification of adapted ways of accomplishing activities of daily living.

Obsessive Compulsive Disorder (OCD)

A disorder that causes repetitive, unpleasant thoughts (obsessions) or behaviors (compulsions) that are difficult to control.

Oppositional Defiant Disorder (ODD)

A disorder characterized by severe behaviors such as frequent temper tantrums, arguments with adults, blaming others for their own mistakes or behaviors, low frustration tolerance in completing assignments, purposeful defiance of rules or requests which occur more often than expected and are usually seen before the child reaches eight years of age.

Other Health Impairment (OHI)

An umbrella term, “other health impairment” (OHI) encompasses a range of conditions. The Individuals with Disabilities Education Act (IDEA) names several such disorders in OHI’s official definition: “having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that— (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis [a kidney disorder], rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child’s educational performance.”

Pervasive Developmental Disorder (PDD)

The term PDD is widely used by professionals to refer to children with autism and related disorders.

Perseverate

The repeating of words, motions, or tasks. A child who perseverates often has difficulty shifting to a new task and continues working on an old task long after classmates have stopped.

Psychological Evaluation

Educational testing which generally consists of a battery of tests or classroom observation and analysis of class work designed to determine the current levels of achievement in areas such as reading, math, spelling, etc. Cognitive abilities (IQ), executive functions, and learning styles may also be evaluated.

Reasoning Ability

Specific meaning of this term varies depending upon the manner in which a given test measures this ability and generally refers to nonverbal, deductive, inductive, analytical thinking.

Receptive Language

Language that is spoken or written by others and received by the individual. The receptive language skills are listening and reading.

Referral

A written request for testing services to help a student who has not responded to regular educational interventions and may need specific academic support.

Remediation

Process by which an individual receives instruction and practice in skills that are weak or nonexistent in an effort to develop/strengthen these skills.

Response to Intervention (RtI) or Response to Intervention and Instruction (RiI)

RTI seeks to prevent academic failure through early intervention, frequent progress monitoring and increasingly intensive researched-based instructional interventions for children who continue to have difficulty. Students who do not respond to effective interventions are likely to have biologically based learning disabilities and to be in need of Special Education.

School Psychologist

A licensed professional who specializes in problems manifested in and associated with educational systems, conducts formal educational evaluations recommends programs and strategies to improve learning for students.

Section 504 Service Agreement

A student that does not qualify for special education services under IDEA (an educational law) still may qualify for services under Section 504 (a civil rights law) if the disability is shown to substantially limit his or her educational performance.

A child with a disability is one who has a physical or mental impairment that substantially limits major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Accommodations often refer to

building accessibility, classroom adjustments and curriculum modifications and may be updated or revised as the need changes.

34 CFR § 104.3 (j)Opens In A New Window defines a handicapped person with rights under the Rehabilitation Act as any person who:

- Has a physical or mental impairment which substantially limits one or more major life activities,
- Has a record of such an impairment, or
- Is regarded as having such an impairment.

Examples of disabilities under Section 504 include:

- Student breaks their arm in 5 places and cannot write; the district provides someone to take notes or write the homework
- Student is deaf and plays sports. The district provides an interpreter for the classroom and any school sports activities they are involved in
- Student has cancer, diabetes, epilepsy, migraines, allergies or asthma; the student is allowed to obtain treatment or medication, as needed
- Student uses a wheelchair; student is permitted to leave classes early to avoid hall traffic
- Student is under a doctor's care for depression or anxiety, frequent behavioral problems, ADHD; the student is given additional time for completing assignments and allowed to sit in the front of the classroom

(www.education.pa.gov)

Sensorimotor

The relationship between sensation and movement; sometimes spelled sensory-motor.

Social Perceptions

The ability to interpret stimuli in the social environment and appropriately relate such interpretations to social situations.

Specific Learning Disability (SLD)

Includes disorders that affect the ability to understand or use spoken or written language; may manifest in difficulties with listening, thinking, speaking, reading, writing, spelling, and mathematical calculations.

Speech or Language Impairment

Includes communication disorders, language impairments or voice impairments that may or may not adversely affect educational performance.

Transition

The ability of a student to move from one task to another or from one class to another.

Universal Supports/Intervention

Supports that are appropriate for *any* child to be successful in school.

Visual Discrimination

The ability to detect similarities and/or differences in materials which are presented visually, i.e., ability to discriminate the letter h from the letter n, the letter o from the letter c, the letter b from the letter d, etc.

Visual Memory

The ability to retain information which is presented visually.

Visual Perception

The ability to correctly interpret what is seen. This is different from visual acuity

Additional Resources are available on
www.ADEducators.org

Inclusive Catholic Education Council

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2019-2022

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