Counseling
as a Related Service

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Purpose

The purpose of this document is to provide technical assistance to administrators, teachers, parents, school psychologists, school counselors, and other Individual Educational Program (IEP) team members in Public Education Agencies (PEA's), including all public and charter schools. The document is intended to increase understanding of what is meant by "psychological services as a related service" and encourage PEA's to provide these services to students who need them, therefore complying with the requirement of the Individuals with Disabilities Education Act of 1997 (IDEA '97) and Arizona Revised Statutes. Keep in mind that this document was written for newcomers to special education as well as veterans. Therefore, certain discussions are basic and comprehensive and may supply more detail than is required by the experienced reader.

This document is designed to assist school districts and charter schools by helping them increase mental health services to special education students. More specifically, this document is intended to promote the inclusion of psychological counseling on Individual Educational Programs when needed. To accomplish this purpose, this document will:

- Provide an overview of the IDEA requirements addressing mental health and psychological counseling as a related service.
- Explain who is eligible for related services.
- Describe what psychological counseling means in the school setting.
- List the various types of school counseling services.
- Explain the difference between counseling and psychotherapy.
- Describe how to determine the need for psychological counseling as a related service.
- Demonstrate how to add psychological counseling on an IEP.
- List who can provide counseling services.
- Describe services that teachers can provide.
- Demonstrate how to write measurable annual goals, short-term objectives and benchmarks for psychological counseling services on an IEP.
- Provide specific IEP examples.

Why is counseling important?

Over the past decade, there has been an increased awareness throughout the educational community, as well as an increased national attentiveness, regarding mental health concerns in children and adolescents. A number of schoolyard tragedies have been linked to students with mental health problems. Students commonly resort to aggression and violence to resolve disagreements. Volatile students challenge authority, disrupt classrooms, defy school discipline policies, and perplex school and law enforcement officials with their problems. Substance abuse, suicide, and violence afflict every community. Clearly these circumstances have elevated mental health needs to one of the top priorities facing education.

When we see the results of a school-related tragedy or an act of student aggression on the television evening news, everyone is reminded of the problems that can occur when a child's mental health needs are neglected. Fortunately, these cases are extreme and infrequent.

What about the less obvious? Although there is less national concern, anyone who works within education knows that there are thousands of students who come to school each day feeling depressed, stressed, anxious, worried, frightened, hopeless, and insecure. Thirty years ago, there may have been two or three troubled students on each campus. Today, most teachers would agree that there are as many in each classroom. While most of these students won't make the evening news, their problems affect them deeply in many ways.

Why is counseling for special education students important?

Mental health issues are one of the most pervasive obstacles to learning since they interfere with academic performance, as well as personal and social development. This is true for all children, but it is especially important to recognize in students with disabilities. These students have the added challenge of looking a little different or acting a little unusual or learning more slowly. Many students with disabilities have lower self-esteem and less confidence in their abilities, which leads to poor motivation. Many have less trust in adults, which leads to a lack of self-trust and erodes their eagerness to try new things. Many have poor social skills, which result in more conflicts with peers and teachers and unstable relationships in later life. Some students with disabilities may have diminished functioning in communication and cognitive areas, and consequently may be unable to adequately express their emotional concerns verbally, substituting overt behaviors to make their feelings known. Unfortunately, without adequate counseling to clarify the underlying issues, these behaviors may not be viewed as emotionally based and may be addressed solely as disciplinary issues.

Yet, in spite of this increased awareness, many school districts across the United States, including some in Arizona, have been hesitant to provide counseling and other mental health services. This caution stems from several sources. The most openly acknowledged reason for not providing these services is the additional costs incurred either by employment of supplementary personnel or by contracting with agencies or individuals outside the school system as well as finding time and space in already overcrowded schedules and buildings. Another reason is the intangible – how will these services improve test scores? Schools hesitate to provide pull-out mental health services because of the negative impact on the student's academic achievement due to loss of classroom time. In addition, when some schools have attempted to initiate mental health services they were faced with resistance from the community. Some parents believe that such matters are private and should be kept at home, while others fear that their children will reveal family secrets or be told how to think and feel.

Current trends and policies are breaking through these barriers as well as rectifying the inaccurate beliefs associated with mental health problems. In 1999, the first White House Conference on Mental Health called for a national "antistigma" campaign, setting an optimistic tone for the future. Because of the positive regard given to mental

health issues by the media and many celebrities, parents are less likely to deny their children's mental health problems and are more willing to accept or even ask for help. Although academic excellence will always be its primary goal, it is time to overcome the obstacles and widen education's function to include mental health needs.

What the IDEA '97 says about mental health services and special education.

Several federal laws address the educational needs of students with disabilities. The first of these laws was passed in 1975, the Education of All Handicapped Children Act, known as EHA or Public Law (P.L.) 94-142. This law mandated that special education and related services be made available to all eligible students with disabilities. In 1990, as part of its reauthorization by Congress, the EHA was renamed the Individuals with Disabilities Education Act, or IDEA (P.L. 101-476). The law was again amended in June 1997 as P.L. 105-17. The 1997 law is called the Individuals with Disabilities Education Act, referred to as IDEA '97.

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97) mandates that "…all children with disabilities have available to them a free appropriate public education [FAPE] that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living." [Section 601(d)(1)(A)].

Although the IDEA '97 regulations strengthen the mandate for mental health services in schools, the requirements are not found in any single section of the regulations. However, references to mental health services such as "psychological services," "counseling services," "social work services," and "parent counseling" are located throughout.

> The term "mental health services" is not defined in the IDEA '97 Regulations; the term does not appear in regulations but is addressed in Related Services, §300.24. The terms "psychological services", "counseling services" and "social work services" are specifically defined, §300.24 (b). While it can be reasonably argued that the terms "psychological services" and "mental health services" are largely equivalent, IDEA '97 does not specifically support such an assertion. Key to the school's responsibility for the provision of mental health services are regulations which demand a process for "planning and managing a program of psychological services, including psychological counseling for children and parents" (§300.24(b)(9)(v)). How a "program of psychological services" would be similar to or different from a program of "mental health services" is not articulated. However, it would seem reasonable to assert that these two services would be similar, if not identical.

The final regulations for the IDEA ‘97 define the term *related services* 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)].

Who is eligible for psychological counseling as a related service?

Under the IDEA '97, a student must need special education to be considered eligible for related services (unless the related service needed by the child is considered special education rather than a related service under State standards) [Section 300.7(a)(2)(ii)]. A child must have a full and individual evaluation to determine:

- If he or she has a disability as defined under the IDEA '97, and
- If, because of that disability, he or she needs special education and related services

The law requires that a child be assessed in all areas related to his or her suspected disability. This includes, if appropriate, evaluating the child's health, vision, hearing, *social and emotional status*, general intelligence, academic performance, communicative status, and motor abilities. [Section 300.532(g); Emphasis added] Therefore, a full and individual evaluation must consider whether or not the child exhibits any social or emotional factors that may be interfering with his or her ability to learn or function properly in school.

Although a complete discussion of “full and individual evaluation” is beyond the scope of this document, another AZ-TAS document is available: Evaluation /Reevaluation: Guidelines for School-Based Practices in Arizona, Arizona Department of Education, Exceptional Student Services, 2000.

What is psychological counseling in schools?

Even though there is unanimous consensus that there is a need for increased mental health services in schools, there is not complete agreement over how it should be done or who should do it. Many educators still do not see mental health services as part of their role. Many mental health professionals do not agree with the idea that educators should be providing these services. Regardless of the debate, the IDEA mandates that schools address the mental health needs of learners with disabilities when those needs significantly impact the student’s intellectual, social or emotional development.

The National Information Center for Children and Youth with Disabilities (NICHCY), provided definitions and descriptions of counseling and other related services in their News Digest, (September, 2001):

Counseling Services

According to the American School Counselor Association, counseling services focus on the needs, interests, and issues related to various stages of student growth. School counselors may help students with personal and social concerns such as:

- Developing self-knowledge
- Making effective decisions
- Learning health choices
- Improving responsibility
- Helping students with future planning
- Setting and reaching academic goals
- Developing a positive attitude toward school
- Recognizing and utilizing academic strengths
- Parent counseling and training
- Rehabilitation counseling
- Career development and employment preparation

Counseling services are services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel [Section 300.24(b)(2)]. A school counselor is a certified professional who meets the State's certification standards.

Parent Counseling and Training

Parent counseling and training is an important related service that can help parents enhance the vital role they play in the lives of their children. When necessary to help an eligible student with a disability benefit from the educational program, parent counseling and training can include:

- Assisting parents in understanding the special needs of their child
- Providing parents with information about child development
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP (Individualized Family Service Plan) [Section 300.24(b)(7)]

Helping parents acquire necessary skills to support the implementation of their child's IEP or IFSP is new in the IDEA '97 and was added to:

> ...recognize the more active role acknowledged for parents...[as] very important participants in the education process for their children. Helping them gain the skills that will enable them to help their children meet the goals and objectives of their IEP or IFSP will be a positive change for parents, will assist in furthering the education of their children, and will aid the schools as it will create opportunities to build reinforcing relationships between each child's educational program and out-of-school learning.

Psychological Services

Psychological services are delivered as a related service when necessary to help eligible students with disabilities benefit from their special education. In some schools, a school psychologist provides these services, but other trained personnel, including school social workers and counselors, also appropriately provide some services. A complete description of what psychological services are included under the IDEA '97 regulations is listed in Appendix III of this document. Two services related to psychological counseling are included here:

- Planning and managing a program of psychological services, including psychological counseling for children and parents
- Assisting in developing positive behavioral intervention strategies

Psychologists and school social workers may be involved in assisting in developing these positive behavioral intervention strategies. However, as the U.S. Department of Education (1999a) notes: "[T]here are many other appropriate professionals in a school district who might also play a role...These examples of personnel who may assist in this activity are not intended to imply either that school psychologists and social workers are automatically qualified to perform these duties or to prohibit other qualified personnel from serving in this role, consistent with State requirements" (p. 12550).

Rehabilitation Counseling Services

Rehabilitation counseling services are "services provided by qualified personnel in group or individual sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community.... The term also includes vocational rehabilitation services provided to a student with disabilities by vocational rehabilitation programs funded under the "Rehabilitation Act of 1973…" [Section 300.24(b)(11)]. The role of the rehabilitation counselor, according to the Council on Rehabilitation Education (1996), is to provide students with disabilities:

- Assistance with their vocation, social, and personal functioning through the use of professionally recognized interaction skills and other appropriate services
- Assessment of a student's attitudes, abilities, and needs
- Vocational counseling and guidance
- Vocational training
- Identifying job placements in individual or group sessions

School Health Services

School health services under the IDEA '97 final regulations means "services provided by a qualified school nurse or other qualified person" [Section 300.24(b)(12)].

These services may be necessary because some children and youth with disabilities would otherwise be unable to attend a day of school without supportive health care. School health services may include:

- Interpretation, interventions, administration of health procedures
- The use of an assistive health device to compensate for the reduction or loss of a body function
- Case management
- Conducting and/or promoting education and skills training for all (including the student) who serve as caregivers in the school setting

Also, school health professionals may provide a valuable resource to special education students and parents in other areas, including:

- Hygiene
- Attendance
- Understanding medications
- Developmental issues
- Eating disorders
- The impact of general health and nutrition on learning

Social Work Services in Schools

Issues or problems at home or in the community can adversely affect a student's performance at school, as can a student's attitudes or behaviors in school. Social work services are sometimes necessary in order to help a student benefit from his or her educational program. A complete description of what social work services are included under the IDEA '97 regulations is listed in Appendix III of this document. Three services related to psychological counseling are included here.

- Group and individual counseling with the child and family
- Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school
- Assisting in developing positive behavioral intervention strategies

Counseling vs. Psychotherapy

The difference between these two terms has been the subject of considerable debate, philosophically, academically, and politically. There is no empirical or rational reason for differentiating between the two processes. Psychotherapy has been viewed as an intensive methodology requiring the provider to possess a high level of training. Psychotherapy has traditionally been reserved for clinical psychologists and psychiatrists, although in many states individuals holding certain qualified Masters degrees may practice as psychotherapists.

While psychotherapy is typically focused at healing or improving a pathological condition, counseling refers to a much broader range and type of service, and can be provided by qualified individuals other than psychotherapists. Counseling is typically focused on health-oriented or growth-oriented issues. Counseling in schools includes a variety of services. Like their non-disabled peers, students with disabilities could need and therefore be eligible for all of these services:

1) *Mental health or behavioral counseling*. This would typically include a form of direct service to a student by a qualified individual. The goal of the counseling would be to improve affective or emotional concerns, improve behavioral problems, or develop better relationship skills. Counseling could be individual or group based. Interventions could be short-term or ongoing.
2) *Guidance.* This would normally include educational approaches to prevention or early intervention, including classroom instruction and small groups. The goals of this counseling could include social skills, conflict resolution, anger management, communication, or career development. This could also include indirect consultation or assistance to teachers and staff.
3) *Academic advisement.* This type of student counseling is focused on course selection, career development, academic issues, higher education goals, transition and requirements for graduation from high school.
4) *Social service support.* This service refers to advocacy and referral to school-based or community-based resources for medical, therapeutic, financial, legal or other needs.

There are similarities and differences in the process between school personnel and clinical personnel. In a clinical setting, the child is usually seen as the "client" or "patient," although services may be provided to the parents and others in the family. In the school setting, the identified recipient is referred to as "child" or "student," although services can be provided to the parent, and in some cases, classmates, teachers, support staff or administrator.

A Comparison of School Personnel and Clinical Personnel Process

	School Personnel	Clinical Personnel
Referral	Typically initiated by teacher or administrator, with parent permission	Typically referred by a parent with inconsistent contact or input from school personnel
Focus of the Evaluation	Assessment of the child	Assessment of the child and parents
Assessment Tools	Review of history and existing data Formal and informal tests Functional behavioral assessment Checklists, rating scales Observations, interviews	Interviews Review of history Some tests and rating scales as needed
Outcomes	Goals and objectives based Special education categories Individual Educational Program (IEP)	Goals and objectives based Diagnosis (DSM-IV) Treatment plans
Interventions	Counseling Remedial instruction, special education Positive behavior supports Behavior intervention plans Crisis intervention Consultation	Counseling, psychotherapy with child, parents and family Parenting skills Behavior plans Consultation
Record Keeping	Detailed evaluation report Quarterly progress report (report cards) Every contact is not typically recorded in detail Annual review, tri-annual reevaluation	Amount of detail in reports varies depending on requirements of setting Every contact documented Managed care may require periodic reports Discharge summaries
Privacy/ Confidentiality	Family Education Rights and Privacy Act (FERPA) requires parent permission to share information with agencies other than schools Ethical obligations	Arizona Revised Statute Chapter 32 provides privileged communication to any client of a board certified provider

Who determines the need for counseling as a related service?

The need for counseling as a related service is determined by the IEP team. This section will explain who needs to be on the IEP team when determining the need for counseling, explain when the IEP team needs to consider counseling and how to proceed through the process of determining the need for counseling services.

The IEP process

After a student has been evaluated in all areas of suspected disability and it has been decided that the student is eligible for special education and related services, members of the IEP team need to develop an Individualized Educational Program (IEP). Although a complete discussion of the IEP process is beyond the scope of this document, another AZ-TAS document is available: Individualized Educational Programs: Guidelines for School-based Practices in Arizona, Arizona Department of Education, Exceptional Student Services, 2000.

In brief, an IEP is a written statement for a child with a disability that is developed, reviewed, and revised in a meeting, by an IEP team, in accordance with certain requirements of law and regulations. The IEP team begins by examining the student's present level of educational performance. Next, the team develops measurable annual goals, including benchmarks or short-term objectives. The IEP must be designed to ensure that the student will:

- Advance appropriately toward attaining the annual goals
- Be involved and make progress in the general curriculum (the curriculum for non-disabled students)
- Participate in extracurricular and other nonacademic activities
- Be educated and participate with non-disabled students

The IEP team then determines what special education and related services are necessary to reach the goals and objectives, including the supplementary aides and services that will be provided to the student, as well as any program modifications, and any support for school personnel that may be necessary. Once these services are determined, the IEP team needs to specify who will deliver the services, how they will be delivered, and how progress toward the goals will be measured. The IEP team determines all related services, including counseling.

Who needs to be on the IEP team when determining the need for counseling?

The IDEA '97 requires certain individuals to be part of an IEP team. Required IEP team members include one or both parents, at least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); at least one special education teacher of the child or, if appropriate, at least one special education provider of the child; a representative of the public agency who is (a) qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, (b) knowledgeable about the general

curriculum, and (c) knowledgeable about the availability of resources of the public agency; an individual who can interpret the instructional implications of evaluation results (this person can be one of the team members mentioned above or below); other individuals, at the discretion of the agency or the parents, who have knowledge or special expertise regarding the child, including related services personnel, as appropriate; and the child, if appropriate [Section 300.344(a)(6)].

Although the law does not specifically require that the IEP team include related services personnel, if it is anticipated that counseling as a related service is going to be discussed in an IEP meeting, it would be appropriate for knowledgeable personnel to be included in developing the IEP. A knowledgeable person in this case would be a school psychologist, school counselor, school social worker, or other mental health professional.

If counseling as a related service is not anticipated and no appropriate knowledgeable person is present at the IEP meeting and the question of counseling arises, it would be prudent to complete all other components of the IEP and reconvene as soon as possible with an appropriate person attending the new meeting.

When does the IEP team determine the need for counseling as a related service?

Since the IEP team is responsible for deciding if counseling is provided as a related services, the team must makes a decision regarding counseling services:

- When the student is first found eligible to receive special education and related services (Initial placement and IEP)
- At IEP reviews (This can occur at the annual IEP review or any time during the student's participation in special education when service modifications appear to be needed and an IEP meeting is convened)

Methods of determining the need for counseling

When deciding whether the student needs counseling as a related service, the IEP team reviews the evaluation or reevaluation data, which includes both formal and informal assessments, reviews the student's progress, reviews other existing information, obtains information from the parents, examines information from the regular education teacher, and discusses how counseling would support the attainment of any of the four areas identified above. This process can occur whenever the IEP team convenes. The team determines the nature and extent of the counseling services based on the student's needs and is determined by examining information or data in one of these ways:

- The need for counseling may be determined from the results of a student's initial evaluation or any subsequent reevaluation
- The need for counseling may be generated from information discussed at any IEP review meeting
- The need for counseling may be determined from the results of a Functional Behavioral Assessment (FBA)
- The need for counseling may be considered as a result of any disciplinary process

- The need for counseling may be determined as part of a transition plan for students who need rehabilitation counseling

The need for counseling services may be determined from the results of testing or rating scales or from observational data. In other words, there may be results from instruments that suggest the student exhibits a need that may require counseling services - for example, a rating scale may indicate that the student exhibits depression. Or the need may come of a general consensus of the IEP team that the student exhibits a problem that requires counseling services - for example, everyone on the IEP team agrees that the student's academic performance has declined since his parents' divorce.

If the IEP team determines that counseling services are appropriate for a student, the IEP team must develop goals and objectives for counseling services. The team must also specify when the services will begin, how often they will be given, where they will be given and for how long. It is also necessary to align the goals with the Arizona Academic Standards whenever appropriate. Changes to any of these specific items can only be done by convening another IEP meeting.

Determining the need for counseling by review of student history and existing data

One way of determining the need for counseling services is to examine the student's history and other data. This is essential during a student's initial evaluation. A comprehensive developmental history collected from the parents or caregivers combined with a thorough review of a student's education history and records will reveal events and circumstances that might lead to social, emotional or behavioral problems for the student. If a student's initial evaluation does not include a complete history, it should be updated when the student is reevaluated. Likewise, if a Functional Behavior Assessment is being conducted on a student, it should include a comprehensive history.

The purpose of examining a student's history is to look for events that might trigger problems for the student. Certain events and circumstances often lead to social, emotional or behavior problems. Events to look for in a student's history would include but not be limited to:

- Medical problems such as prolonged illness, major surgery, seizure disorder, etc.
- Traumatic events such as witnessing violence, car accidents, or loss of a home through fire
- Death of a parent or family member, whether sudden or prolonged
- Divorce of parents
- Abandonment by parent(s)
- Parent(s) in prison
- Living with grandparents or other relatives
- Extended separation from parents or siblings, such as foster home placement
- Exposure to mental illness in the family, or a history of organic disorders in the family (even if the student is not afflicted)
- Chronic family dysfunction, such as abuse, gangs, drugs, or alcohol
- Moving to many different homes and/or schools

- Anti-social behavior in the student, other family members, or peers
- Reactions to puberty

Any of these and other similar events can cause symptoms such as stress, anxiety, withdrawal or depression that may interfere with normal social and emotional development and may create patterns of behavior problems. If any of these symptoms exist, they may impair the student's learning abilities. If the IEP team determines that these factors adversely impact the student's ability to benefit from his special education program, the student would be eligible for counseling as a related service.

Determining the need for counseling by asking questions at the IEP meeting

Another way of determining the need for counseling services is to ask questions at the IEP meeting. These questions are based on history but should also include an inquiry of how the student is currently performing socially, emotionally and behaviorally. Given the student's history, does he talk about past problems? For example, if a student was witness to an act of violence, does he talk about it, write about it, or draw pictures about it? Has he received any counseling for this in the past either at school or from a private agency?

If there are no significant indicators in the student's history, ask if the student exhibits or talks about current problems in his life. For example, during transition from middle school to high school, students with disabilities are often left out of social and athletic activities. Many students with disabilities become isolated and do not become part of a peer group, which may interfere with normal social and emotional development and may even affect behavior. Other sample questions that might be addressed at the IEP meeting include:

- Does this student exhibit any behavior that impedes his or her learning or that of others?
- How does the student behave in class, on the playground, etc.?
- Does this student exhibit any behaviors that are inappropriate for his age or that differ significantly from age mates?
- Does the student often become angry?
- Does the student appear exceedingly sad, withdrawn or depressed?
- How does this student get along with members of his family?
- How does this student get along with other students?
- Does this student have close friends?
- Does the student participate in any extracurricular activities?
- How do the student's needs impact the student's progress in the general curriculum?
- How does the student compensate for or cope with his or her disability?
- Is the student ready for transition from school to post-school activities?

After the IEP team discusses the answers to these or other questions, the team will need to determine if the student exhibits any social, emotional or behavioral problems and whether the problems are interfering with the student's ability to benefit from special education. If problems have been interfering in any way, the student would be eligible for counseling as a related service.

Thus, based on the evaluation results or other information, the IEP team discusses the student's needs and decides if the student requires counseling as a related service in order to benefit from special education.

How to add counseling to the IEP

Once the IEP team has determined that counseling is required, it is then written into the IEP. A statement about the student's social, emotional or behavioral concerns should be written into the section that describes Present Level of Educational Performance. The IEP team must also write a statement of measurable annual goals (including benchmarks or short-term objectives [Section 300.347(a)(2)], based on Arizona Academic Standards when appropriate. The IEP must also specify when the counseling service will begin, who will deliver the counseling, the anticipated frequency, location, and duration of the service [Section 300.347(a)(6)].

Important points to remember:

- The IEP team must consider counseling as a related service for all special education students, regardless of their disability. In other words, it is not restricted to students with emotional disabilities only.
- The availability of counseling cannot be restricted to any specific disability category or age group.
- It is permissible for third party providers to deliver counseling services and pay for counseling services. However, the IEP team cannot base its decisions about counseling on the availability of third party providers or payment from third party providers.
- The IEP team must determine the qualifications necessary for the provision of counseling services. In other words, what type of individual or occupation will provide the service.
- Once identified as a related service on the IEP, counseling services cannot be delayed because of staff shortages or cumbersome workloads. Staff shortages and overloads may not be used as a rational for not identifying counseling as an appropriate related service.
- Counseling can also be determined from the need for transition services or from consideration of special factors

Transition services

The IEP team is required to examine Transition Services, which is defined as a coordinated set of activities for a student with a disability that:

1) Is designed within an outcome-oriented process, that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

2) Is based on the individual student's needs, taking into account the student's preferences and interests; and

3) Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation.

Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education (Authority: 20 U.S.C. 1401(30) 34 CRF §300.29).

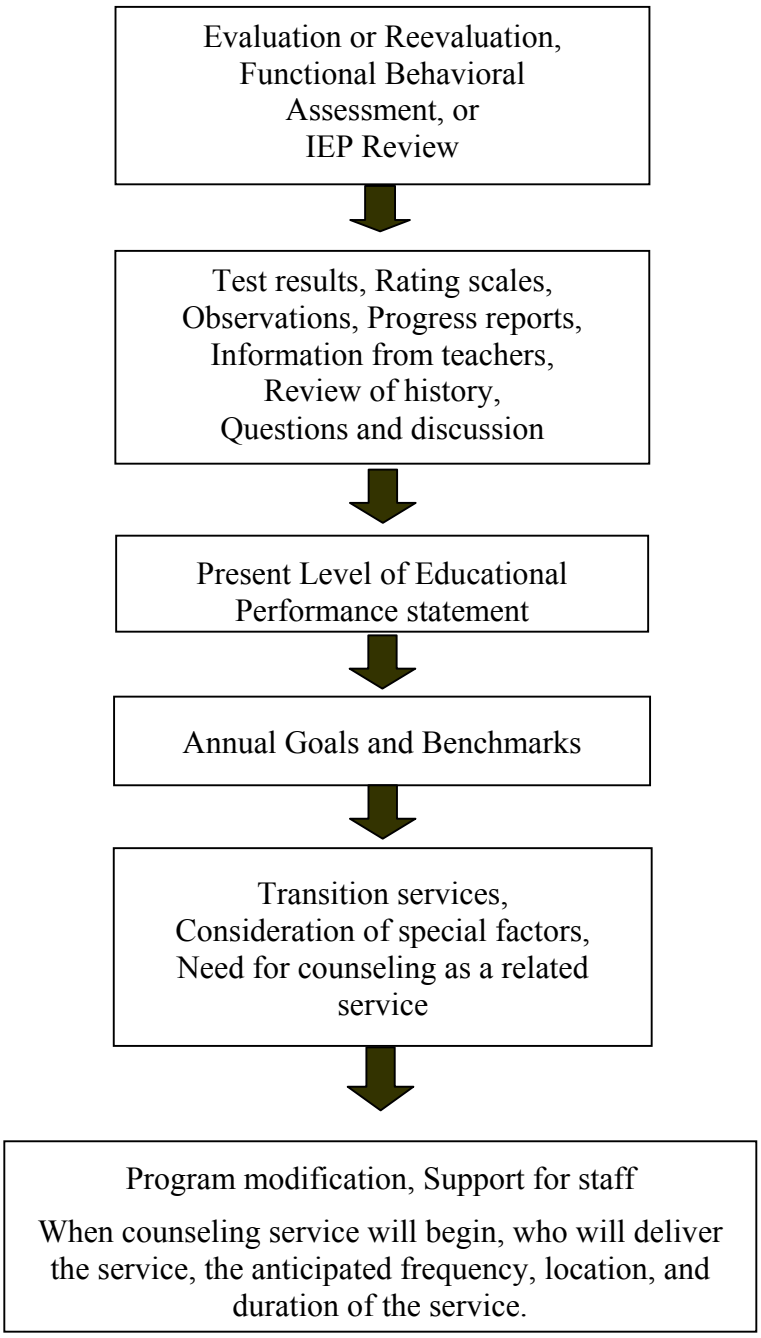
This requirement places an obligation on the IEP team to discuss each student's readiness to enter the world of work and independent living, which could generate goals for counseling to provide "assistance to their vocation, social, and personal functioning through the use of professionally recognized interaction skills and other appropriate services."

Consideration of special factors

The IEP team is also required to provide consideration of special factors, for example … (i) In the case of a child whose behavior impedes his or her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior; … (Authority: 20 U.S.C. 1401(d)(3) and (4) 34 CRF §300.346).

This requirement places an obligation on the IEP team to discuss every special education student's behavior and the impact that behavior has on the student's learning (and the learning of others). Although a discussion of behavior is commonly done when the student's behavior is overt and obvious, it is seldom done when the behavior is internalized, as is often the case with childhood depression, which is a condition often associated with disabilities. Therefore, it is important to discuss all aspects of the student's social and emotional behavior. It is also important to note that when the IEP team does indicate that the student's behavior is a factor that impedes his or her learning or the learning of others, counseling goals would likely be appropriate.

Flowchart: Including counseling on the IEP



Who can provide counseling as a related service?

Typically, counseling services in schools are provided by professionals such as school counselors, school psychologists, school social workers, and school health professionals. Both regular education and special education teachers, as well as speech pathologists, occupational and physical therapists often provide consultation to students, other teachers and staff, and parents regarding issues and concerns related to student disabilities, compensation strategies and educational modifications. This type of consultation, especially when it is regular and ongoing, can be included in the broadest definition of counseling. This is not to imply that these personnel are qualified to provide mental health services.

It should be noted that some teachers, speech pathologists, OTs and PTs are more qualified and more willing to provide this type of consultation than others. Many take counseling courses as part of their graduate program. However, none of these personnel should ever be placed in a situation where they are providing services outside their area of expertise.

The IDEA requires that related services be provided by "qualified personnel." Since neither the law nor the regulations specify the levels of training that an individual needs in order to be considered "qualified," it is up to each state to establish what constitutes "suitable qualifications for personnel providing special education and related services" [Section 300.136(a)(1)(ii)]. The following classes of providers could be involved in providing counseling services in schools:

Arizona Department of Education	State of Arizona
School counselors School psychologists Other qualified personnel when appropriately trained and supervised (see note #1, page 54).	Board of Psychologist Examiners -Licensed psychologists Board of Behavioral Examiners -Certified Professional Counselors -Certified Marriage and Family Therapists -Certified Independent Social Workers -Certified Substance Abuse Counselors Board of Nursing -Specialty in school nursing

There are numerous services that are provided in schools that could be classified as counseling. What is considered counseling in one school may not be considered counseling elsewhere. Consequently, there are many professionals who could be providing some form of counseling as long as the person is qualified.

The IDEA also permits the use of paraprofessionals and assistants who are appropriately trained and supervised to assist in the provision of special education and related services. The use of paraprofessionals and assistants is contingent upon state law, regulations, or written policy giving states the option of determining whether

paraprofessionals and assistants can be used to assist in the provision of special education and related services, and, if so, to what extent their use would be permissible (U.S. Department of Education, 1999a, pp. 12561-12562).

Providers of counseling services do not have to be employees of the school system. It is permissible for the local education agency to contract for outside services, providing that the persons who provide these services are qualified.

What teachers can provide and how

Although teachers are not trained to provide individual psychological counseling in a clinical sense, they are qualified to provide many aspects of school counseling programs, with appropriate supervision. Many districts use teachers to provide small counseling groups where students can share their thoughts, feelings, and problems and focus on school related issues. These programs help students learn to solve their own problems, develop self-confidence, cultivate appropriate behavior, and build social skills. These groups are instructional and are usually supervised by school counselors or school psychologists. Typically, these groups focus on the following concepts, behaviors and lessons:

- Simple communication
- Sharing feelings, problems and family situations in a safe place
- Knowing that you are not alone, that many others share similar issues
- Accepting different feelings are okay
- Sharing sadness without judgment
- Understanding that feelings affect actions
- Redirecting behavior
- Problem solving options and consequences of choices
- Resolving problems so the results are not physical
- Peer problem solving
- Developing positive values
- Following rules
- Hygiene
- Accepting responsibility
- Being honest, telling the truth
- Considering "what's fair"
- Making friends
- Camaraderie, having fun and laughing
- Teamwork
- Reinforcing the importance of family
- Supporting the teacher-student relationship
- Reducing discipline referrals to the office

Each meeting has a planned activity and discussion that may be an interactive game, a topical story or an expressive art project. Sometimes the group may need to focus

on a current issue with one of the students. This type of program can work effectively toward the IEP goals of special education students, especially when the IEP goals address social skills.

Teaching social skills

Many special education students have coexisting issues associated with their disability, such as poor study habits, lack of organization, poor problem solving ability, and difficulty getting along with others. When asked which skills were critical to school success, teachers replied that students need to be able to listen attentively, have good conversational skills, demonstrate sharing and cooperation, be able to use time productively, and request assistance appropriately when needed. These are all social skills, not academic skills. Social skills can be defined as "…a repertoire of verbal and non-verbal behaviors by which students affect the responses of other individuals in the interpersonal context." Therefore, in most cases, the counseling goals found on an IEP should address social skills.

Social skills training teaches students to solve problems in a socially acceptable manner, making students aware of specific behaviors that are unacceptable, and teaching positive behaviors alternatives. Students who are socially skilled are better able to obtain desirable outcomes, avoid undesirable ones, and learn more effectively.

Social skills are taught to students in the same format that academics are taught. Concepts are introduced, the skill is modeled, students are given an opportunity to practice through role-playing, the students are given specific feedback, and finally, the skills are applied to new situations through generalization. This model of instruction is familiar to teachers, which enhances the likelihood that they will accept and implement a program.

Social skills programs can be taught to individual students, classrooms or can be implemented on a school-wide basis. By using a school-wide approach, the school can likely see a reduction in discipline referrals as well as an increase in higher level thinking skills, which are often reflected on test scores. Direct and systematic teaching of specific skills is often required in order to develop higher-level critical thinking skills.

Teaching self-determination in high school

When students reach the age of majority, which is 18 in Arizona, they are told that they now are more or less in charge of their education. Then, in most cases, parents and school staff treat them exactly as before. This mixed message creates resentment and confusion among many of these students, since they do not feel that they are taken seriously or listened to by staff or their parents, and they feel that they really have no rights at all. Rather than simply being told, students should be counseled to use self-determination skills, and begin the transition from adolescence to adulthood. High school students with disabilities need to be encouraged to make decisions about their future, set goals and timelines, develop plans, and eventually learn how to manage their lives. Self-determination includes:

- Making choices and decisions based on individual desires, needs and wishes
- Determining one's own fate through self-reflection, problem solving, decision-making, advocacy and outcome expectancy
- Constantly evolving, meaning that based upon personal interest, ability, and place in life, a person changes his or her perspective, awareness, goals, attitudes, needs, and choices

How is counseling as a related service delivered?

Since the school district is responsible for implementing all aspects of the IEP, including the amount of counseling specified, it is usually the school district that decides how the counseling services listed in the IEP will be delivered to the student. The district may provide the services through its own personnel, or it may contract with another public or private agency or individual. Contracted counseling providers must meet the same standards for certification (or licensing) as public education agency service providers.

Generally, schools provide two basic delivery methods for related services: direct service and indirect service. In many cases, a combination of direct and indirect service is provided. Since the exact service provided depends upon the individual needs of the student and the IEP goals, decisions about direct or indirect service delivery must be made on an individual basis. These delivery methods also apply to counseling strategies and interventions.

Direct counseling services

Direct counseling services refer to face-to-face interactions between the counseling provider and the student.

This would typically be an individual or group session provided in an office or meeting room, although these sessions can take place in a variety of settings, such as the classroom, health office, resource room, or playground. The counseling provider uses general and specific techniques to achieve the counseling goals of the IEP. The provider must also monitor the student's progress toward these goals and make any needed adjustments in the counseling approach. Most importantly, the provider of direct counseling service must communicate and consult with teachers and parents regularly, so that relevant strategies can be supported in the classroom and at home through other, indirect means.

This communication may extend to administrators and other support staff when appropriate and necessary to achieve the IEP goals, or when it is in the best interest of the student. For example, a counseling provider may be working on resolving an emotionally disabled student's anger related to parental abandonment issues. Although the specific details of the individual sessions may be confidential, all staff members should be made aware of the student's sensitivity to parental abandonment and should further be made aware and trained how to manage a situation should the subject arise in a class discussion or elsewhere.

Indirect counseling services

Indirect counseling services are designed by the counseling provider with input and suggestions from the IEP team. There are numerous ways to provide indirect counseling services.

> Indirect counseling services may involve teaching concepts such as social skills, conflict resolution or anger management to groups of students or entire classes.

For example, Eddy is a student who is learning disabled who has difficulty processing social cues and therefore has difficulty getting along with peers. He is not generally aggressive, but the other students think of him as a little "weird." Eddy's IEP has a goal that addresses his need to improve his social skills.

Goal: By the end of the year, Eddy will use appropriate communication statements and have positive interactions with peers 75% of the time as measured by teacher observation and records.

Objective: Eddy will list or recite two positive communication statements that can be used to begin conversations with fellow students each week for the next two months.

Objective: Eddy will demonstrate at least one positive interaction with peers each day for this semester.

Although Eddy receives direct counseling services that addresses this goal, it would also be very valuable to provide social skills instruction to his entire class so that the counseling provider, Eddy, the teacher and all fellow students have a similar, foundational understanding and a common vocabulary about how to get along with each other. Since it is well known that students tend to learn social skills by interacting, Eddy will likely acquire more practical skills from his classmates than he will from the direct counseling. Even though the indirect services are provided as part of Eddy's IEP, all students benefit.

> Indirect counseling services may also include consulting with teachers, administrators and support staff.

In Eddy's example, the counseling provider may also consult with special area teachers, such as art, music and physical education so that the techniques used in the classroom can be extended to all areas of Eddy's educational day.

> Indirect counseling services may also include working with a classroom of students to prepare them for the integration of a new special education student to their class.

For example, the successful integration of a child with autism often depends as much on the readiness and understanding of the receiving teacher and classmates than the actual functional level of the autistic child.

> Indirect counseling services may also mean supervising other personnel, including paraprofessionals so that they can carry out therapeutically appropriate activities.

For example, a counseling provider might train teachers, classroom assistants, playground aides, bus drivers and other educators on how to implement a program included in a student's IEP to decrease the student's problem behaviors. Similarly, a physical therapist may serve as a consultant to a parent and provide expertise to solve problems regarding a student's mobility at home.

How to write measurable annual goals, short-term objectives and benchmarks for counseling.

The purpose of a measurable annual goal is to describe what a student can realistically be expected to achieve within a year, given special education and related services. Annual goals are developed to meet educational needs that result from the student's disability.

Measurable goals describe what the student will do. Measurable goals and objectives allow members of the IEP team to evaluate a student's progress. Writing goals and objectives in measurable terms enables teachers and parents to know when skills are attained and, ultimately, when the goal is reached.

Measurable goals are derived from the student's Present Level of Educational Performance (PLEP). The PLEP must be written in a way that provides specific information about what the student can and cannot do. Avoid using general terms such as "low," "unmotivated," "oppositional," or "lacks understanding."

How does the student actually perform? Think about what the student does or what you can see or observe. Everyone knows that the student can be aggressive - but think in terms of data. The student was referred to the office for 7 acts of aggression toward peers last semester. Everyone knows the student is depressed. The student was unable to participate in classroom activities 2 out of 5 days for the last 6 weeks because of crying, lethargy, or sleeping.

Measurable counseling goals are also derived from the student's PLEP. Instead of academic data, the PLEP might include data from rating scales. For example, Susan's present level of educational performance includes scores on the Behavior Assessment System for Children (BASC). She received a T-score of 73 on the Depression scale and a T-score of 75 on the Withdrawal scale. A measurable annual goal might be:

> After receiving counseling for one year, Susan will receive T-score ratings on the Depression and Withdrawal scale of the BASC of 60 or less.

T-scores have a mean of 50 and standard deviation of 10. The average range of T-scores is between 40 and 60, i.e. +/-1 standard deviation. On the BASC, a higher score indicates problem areas. A T-score of 70 is two standard deviations above the mean, indicating a problem in the "clinical" range, while a T-score of 60 is at the high end of the average range. This would indicate an improvement.

However, not all counseling goals will be based on rating scales, since the focus of counseling is on social, emotional and behavioral outcomes. Therefore, the present level of educational performance may include observational data. For example, "The teacher's anecdotal records indicate that Thomas has an angry emotional outburst, tearing up his paper and pounding on his desk, during spelling instruction, three or four out of five days." The measurable annual goal might be:

> By the last quarter of the year, Thomas will no longer exhibit angry outbursts during spelling instruction.

Since an angry outburst is an observable event, the teacher's records will most likely be the data used to evaluate the results of this goal, not a rating scale. Exactly how this goal will be achieved depends on what the IEP team believes will work best for Thomas. If the team believes these outbursts are due to academic frustration associated with his learning disability, then strategies for building tolerance for academic frustration would be helpful. So the team may determine that during the year, Thomas will attend two sessions per week where the counselor will provide strategies for managing academic frustration and anger, especially with regard to spelling instruction.

The law is clear - measurable goals must be annual. This is fine for most academic goals, such as reading or math. However, counseling goals are better suited for semesters or quarters. In the above example with Thomas, every effort should be made to reduce his emotional outbursts to zero as soon as possible. An annual goal is too long for most (but not all) social, emotional or behavioral problems.

Attitude goals

A challenge that occurs when developing measurable annual goals for counseling is the problem of attitudes. Every parent and teacher knows the difference between a "poor attitude," and a "positive attitude." But attitudes are not measurable. Attitudes exist inside a person's mind. How will you know when a student has a better, more positive attitude? The "attitude" must be translated into observable behaviors. What behaviors are associated with an improved, positive attitude? The data will be empirical or circumstantial. That is, you will not actually measure "attitude," you will be measuring behaviors associated with a better, more positive attitude.

Not Measurable	Measurable
Andy will have a better attitude toward school.	Andy will be on time for school 90% of the time this year.
	Andy will have fewer than 3 verbal outbursts each week during this semester.

Here is an example of how to make attitude goals measurable. Jordan's present level of educational performance indicates that she is withdrawn, shy and possibly depressed. She is unmotivated and has an "I don't care" attitude. Everyone on the IEP team would like to see Jordan be more cheerful and outgoing, so a counseling goal is written:

> By the end of the year, Jordan will exhibit a positive attitude about herself and school.

Everyone on the team agrees this is an admirable goal to work towards. The problem is how will you know when Jordan has "a positive attitude about herself and school"? As it is currently written, the goal is not measurable. Make it measurable with these three steps.

Step 1: Begin by making a list of the negative behaviors and concerns of the IEP team. For example:

> Jordan says negative things about herself in class.
> Jordan draws pictures that have depressing themes.
> Jordan is usually alone. She has no close friends and seldom talks to other students.
> Jordan never participates in social events or after school events.
> Jordan expresses loneliness in many of her written assignments.

Step 2: Next, create statements that are the opposite of these concerns For example:

> Jordan will say positive things about herself.
> Jordan will draw pictures that have pleasant themes.
> Jordan will talk to other students.
> Jordan will participate in social events or after school events.
> Jordan's written assignments will include pleasant themes.

Step 3: Finally, connect the attitude goal with the observable, positive behaviors to make the goal measurable:

> By the end of the year, Jordan will exhibit a positive attitude about herself and school, by:
>
> 1. Saying positive things about herself.
> 2. Drawing pictures that have pleasant themes.
> 3. Talking to other students.
> 4. Participating in social events.
> 5. Including pleasant themes in her written assignments.

This would be a very ambitious goal, especially if other factors, such as conflicts at home, perpetuate her withdrawn and depressed behavior. The counseling techniques used to achieve this goal might include role-playing strategies for starting conversations, writing lists of positive qualities, guided practice of written assignments with the counselor to promote pleasant themes, pairing Jordan with a mentor student to go to a social event, etc.

When developing counseling goals, think about what the student is doing now and what you want him to do in a year as the result of counseling. Typically, counseling goals are aimed at increasing positive behaviors and decreasing negative or counterproductive behaviors.

Short-term objectives and benchmarks

Short-term objectives and benchmarks are measurable, intermediate steps between the present levels of educational performance and the annual goals. Short-term objectives and benchmarks are derived from a step-by-step analysis of the major components of the annual goal. Short-term objectives divide the annual goals into a sequence of smaller, manageable pieces. You arrive at objectives by answering these questions:

> Where is the student performing now (present level of educational performance)?
>
> Where does the IEP team want the student to be performing in a year (measurable annual goal)?
>
> What are the steps (objectives) in between?

Continuing with Jordan's example, the short-term objectives might be:

> 1. a. Jordan will say positive things about herself in class at least once a week for the first semester.

b. Jordan will say positive things about herself in class at least three times a week for the second semester.

2. a. Jordan will draw pictures that have pleasant themes 25% of the time for the first two month.

   b. Jordan will draw pictures that have pleasant themes 50% of the time for the next two months.

   c. Jordan will draw pictures that have pleasant themes 80% of the time for the remainder of the school year.

3. a. Jordan will talk to other students in class, between classes or during lunch, at least once a week for the first month.

   b. Jordan will talk to other students in class, between classes or during lunch, at least twice a week for the next two months.

   c. Jordan will talk to other students in class, between classes or during lunch, at least four times a week for the remainder of the school year.

4. a. Jordan will participate in one or more social events each month during the first semester.

   b. Jordan will participate in one or more social events each week during the second semester.

5. a. Jordan will include pleasant themes in 25% of her written assignments for the first two months.

   b. Jordan will include pleasant themes in 50% of her written assignments for the next two months.

   c. Jordan will include pleasant themes in 75% of her written assignments for the remainder of the school year.

IEP Examples

The following IEP examples demonstrate how to write annual, measurable goals and objectives that are derived from the student's Present Level of Educational Performance. (PLEP).

Case 1: J.P. is a student with a learning disability who is easily irritated and often exhibits behavior problems. The IEP team determines that he would benefit from anger management counseling to help J.P. identify events that trigger his anger and supply him with alternative, positive strategies for working through his anger when it occurs.

Case 2: E.T. is a high school student who is motivated to succeed but is often frustrated and disappointed with her disability and herself. When this occurs, she becomes depressed and avoids coming to school. The IEP team believes that counseling would help E.T. cope with her academic frustrations, increase her understanding of herself, focus on personal strengths, and help her develop strategies to compensate for her limitations.

Case 3: R.J. has Asperger's Syndrome. He functions well academically but has significant difficulty socializing. The IEP team decides that R.J. would benefit from counseling where he would practice social situations, greetings and conversations, and identify positive methods of interacting with peers and staff. The IEP team also determines that all of R.J.'s teachers should receive consultation from the district specialist so that everyone uses consistent strategies with R.J.

Case 4: N.B. is a three-year-old preschool child who has severely delayed expressive communication skills. Because of this delay, N.B. uses inappropriate behaviors, such as screaming and having tantrums to communicate her needs. In the classroom, N.B. is beginning to use signs to communicate and these behaviors have improved. The parents would like to learn signing and other redirection strategies to improve her behavior at home. The IEP team determines that parent counseling and training in these areas would be appropriate.

Case 1:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) §300.347(a-c)

Student's Full Name J.P.	DOB 10/2/92	Grade 4	Student ID#	Date of IEP Meeting 9/12/02	
Address		City		State	Zip
Home Phone	Work Phone		Parent/Guardian		
Primary Language of Home	Limited English Proficient ☐ Yes ☐ No		Language of Instruction		
School of Residence			School of Attendance		
Address			Address		
City/State/Zip			City/State/Zip		

Documentation of Participation at IEP Meeting §300.344(a-c)		
Position/Relationship to Student	**Signature**	Month/Day/Year
Parent(s)		
Regular Education Teacher		
Special Education Teacher/Provider		
District/School Representative		
Individual to interpret instructional implications of evaluation results		
Other at discretion of parent or district/school		
Student whenever appropriate		
Other		

Statement of Transfer of Rights at the Age of Majority §300.347(c)
At least one year before reaching the age of majority (age 18 in Arizona), the student and his/her parents were informed of the transfer of rights under Part B of IDEA (except for a student with a disability whose rights remain with a court appointed guardian). Yes, Date: ____

STUDENT NAME: J.P. DOB: 10/2/92

Present Levels of Educational Performance (PLEP) §300.347(a)(1) Clearly specify the student's current levels of performance in academic, nonacademic, social, and emotional areas. Include a description of how the student's disability affects his/her involvement and progress in the general curriculum, including consideration of special factors. For preschool children, consider how the disability affects the student's participation in appropriate activities. Give consideration to school-to-adult life transition planning needs, including vocational training, employment, post school plans, and student preferences/interests. Provide a description in the PLEP of the student's current knowledge, skills, and abilities and experiences in relation to EACH of the post-school areas targeted (**14 year olds, course of study, and 16 year olds, inter-agency linkages).**
J.P. is a fourth grade student with a learning disability in math calculation. He has a history of problem behavior since preschool. He is impulsive, often saying things without thinking of the consequences for himself or others. He expresses his anger and frustration by acting out, having tantrums, turning over desks, or tearing up assignments 3-4 times per week. He earns an average of 73/100 classroom behavior points each day. J.P.'s writing and reading levels are at the essentials. His math skills are at the foundations level and he requires assistance in number sense and use of numbers and number relationships to acquire basic facts. He will require the use of a calculator and additional time with his math work. J.P.'s learning disability, coupled with his impulsivity and anger outbursts reflects his inability to progress in the general curriculum because he often becomes uncooperative with his teachers. When J.P. is able to remain calm, he is able to interact appropriately with peers and complete his assignments.

Consideration of Other Factors §300.346(a)(2)	
The need for assistive technology devices and services has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
The communication needs of the student have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student whose behavior impedes his/her learning, or that of others, positive behavioral interventions, strategies, and supports have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student with Limited English Proficiency, the effect of his/her language needs have been considered. (Is student LEP ? ☐ Y ☐ N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student who is blind or visually impaired, instruction in Braille, or the use of Braille has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications. (If Braille not needed attach an explanation)	❑ Not needed ❑ Needed
For a student who is deaf or hard of hearing, his/her need for communicating with peers and professional personnel in his/her mode of communication have been considered. (Is student HI? ☐ Y ☐N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed

Measurable Annual Goals, Short Term Objectives, or Benchmarks §300.347(a)(2)

Attach as many copies of this page as needed

Measurable Annual Goal (ESY? ☐ Y ☐ N)

By the end of one year, J.P. will demonstrate positive non-violent strategies for expressing his anger at the readiness level by using specifically designed phrases and strategies in 7 out of 8 episodes as measured by teachers' written observations and records.

Comprehensive health 5-9 Readiness Level

Benchmarks or short-term objectives

1. J.P. will express to teaching staff events that trigger his anger and be recorded in a daily log.
2. J.P. will express to teaching staff feelings of frustration and anger that trigger his anger and be recorded in a daily log.
3. J.P. will learn key phrases as presented and suggested by staff and strategies to express his anger.
4. J.P. will rehearse and role-play situations using appropriate phrases and strategies to express anger.
5. J.P. will use the key phrases and strategies with minimal cueing and redirection.
6. After an outburst, J.P. will discuss and evaluate his success using the appropriate phrases and strategies that were recorded in a log.
7. When J.P. becomes angry, he will use appropriate phrases and strategies to express his anger in two out of three episodes for the first two months as measured by teacher written observations and records.
8. When J.P. becomes angry, he will use appropriate phrases and strategies to express his anger in four out of five episodes for the next two months as measured by teacher written observations and records.
9. When J.P. becomes angry, he will use appropriate phrases and strategies to express his anger in 7 out of 8 episodes for the remainder of the year as measured by teacher written observations and records.

Measurable Annual Goal (ESY? ☐ Y ☐ N)

By the end of one year, J.P. will average earning 90/100 of his daily classroom points. J.P. earns points for completing assignments, turning in homework, following directions, treating students and adults respectfully with words and gestures, and demonstrating self-control when upset or agitated.

Benchmarks or short-term objectives

1. J.P. will average earning 75/100 of his daily classroom behavior points for the first month as recorded on his daily point chart.
2. J.P. will average earning 80/100 of his daily classroom behavior points for the second month as recorded on his daily point chart.
3. J.P. will average earning 85/100 of his daily classroom behavior points for the third month as recorded on his daily point chart
4. J.P. will average earning 90/100 of his daily classroom behavior points for the remainder of the year as recorded on his daily point chart.

STUDENT NAME: J.P. DOB: 10/2/92

Statement of Transition Service Needed §300.347(7)(B)(1)
Statement of transition service needed that focuses on the courses of study, developed by the age of 14 and updated annually
Statement of Needed Transition Services §300.347(7)(b)(2); §300.348(a-b) Beginning by age 16, or younger if appropriate, indicate which goals are related to each need area; or describe the plan for providing transition services in the appropriate areas including interagency responsibilities or any needed linkages.

Vocational Training	Independent Living	Integrated Living
Post Secondary Education	Community/Leisure	Other
Continuing and Adult Education	Integrated Employment	Other

Service	**Activity/Strategy**	**Agency Responsible**	**Start Date**	**End Date**
Education/Instruction				
Community Experience				
Employment				
Adult Living				
Daily Living Skills				
Functional Vocational Evaluation				
Related Services				
Other				

STUDENT NAME: J.P. DOB: 10/2/92

Special Education Services §300.347(a)(3)

Special Education Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position

Related Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position
Individual Counseling	9/13/02	1 session per week	45 min	Counselors office	School psychologist
Group Counseling	9/13/02	1 session per week	45 min	Counselors office	School counselor

Supplementary Aids and Services	Initiation Date	Frequency/Amount	Duration	Location

Program Modifications or Supports for School Personnel	Initiation Date	Frequency/Amount	Duration	Location
Weekly indirect support provided to teaching and support staff to reinforce classroom behavior and anger management strategies.	9/13/02	Once every other week	1 Hour	Resource room

Non-Participation in Regular Class Activities §300.347(a)(4)

Provide an explanation of the extent, if any, to which the student will **NOT** participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options. If necessary, attach an additional page. Include consideration for any potential harmful effects of the placement on the student or the quality of services.

Accommodations and Modifications for Instruction and Assessment §300.347(a)(5)

Accommodations Provisions made in how the student accesses/demonstrates learning.	Modifications Changes in what the student is expected to learn or demonstrate.

- ❑ Yes, the student will participate in assessment ***without*** accommodations or modifications.
- ❑ Yes, the student will participate in assessment with accommodations or modifications as listed above ****.

Assessment	** Instructional Level	*** Testing Level:	Out of Level
***AIMS or AIMS-A** *For graduation, specify the level student must achieve for graduation from high school (i.e. approaches, meets, exceeds standards)	Writing_____ Reading_____ Math _____	Writing_____ Approaches or Meets Standard Reading_____ Approaches or Meets Standard Math_____ Approaches or Meets Standard	**Y N** **Y N** **Y N**
STANFORD-9	Language_____ Reading_____ Math_____	Language_____ Reading_____ Math_____	**Y N** **Y N** **Y N**
SCHOOL–WIDE ASSESSMENT	Content Area_____ Content Area_____ Content Area_____	Content Are_____ Content Area_____ Content Area_____	**Y N** **Y N** **Y N**

** AIMS Instructional levels: Functional, Readiness (Kindergarten), Foundations (grades 1-3), Essentials (grades 4-8), Proficiency (grades 9-12) and Distinction (honors)

*** AIMS and AIMS-A tests given at grades 3, 5, 8, and 10 or ages 9, 11, 14 and 16

Statement of Progress Toward Goals §300.347(a)(7)

How will the parents be regularly informed of their child's progress toward annual goals and the extent to which that progress is sufficient to enable the child to achieve goals by the end of the year?

For Students in a Private Residential Facility §300.302 and ARS 15-765

- ❑ The Exit Criteria have been developed and are attached.
- ❑ Not applicable, the student is not placed in a private residential facility

Extended School Year Services §300.309 and §ARS 15-881

Eligibility Criteria for ESY	Decision	ESY Services to be Provided
❑ Eligibility and a statement of services for ESY have been determined and are attached		

Case 2:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) §300.347(a-c)

Student's Full Name E.T.	DOB 12/1/85	Grade 11	Student ID#	Date of IEP Meeting 9/14/02	
Address		City		State	Zip
Home Phone	Work Phone		Parent/Guardian		
Primary Language of Home	Limited English Proficient ☐ Yes ☐ No		Language of Instruction		
School of Residence			School of Attendance		
Address			Address		
City/State/Zip			City/State/Zip		

Documentation of Participation at IEP Meeting §300.344(a-c)

Position/Relationship to Student	**Signature**	Month/Day/Year
Parent(s)		
Regular Education Teacher		
Special Education Teacher/Provider		
District/School Representative		
Individual to interpret instructional implications of evaluation results		
Other at discretion of parent or district/school		
Student whenever appropriate		
Other		

Statement of Transfer of Rights at the Age of Majority §300.347(c)

At least one year before reaching the age of majority (age 18 in Arizona), the student and his/her parents were informed of the transfer of rights under Part B of IDEA (except for a student with a disability whose rights remain with a court appointed guardian). Yes, Date: __

STUDENT NAME: E.T. DOB: 12/01/85

Present Levels of Educational Performance (PLEP) §300.347(a)(1) Clearly specify the student's current levels of performance in academic, nonacademic, social, and emotional areas. Include a description of how the student's disability affects his/her involvement and progress in the general curriculum, including consideration of special factors. For preschool children, consider how the disability affects the student's participation in appropriate activities. Give consideration to school-to-adult life transition planning needs, including vocational training, employment, post school plans, and student preferences/interests. Provide a description in the PLEP of the student's current knowledge, skills, and abilities and experiences in relation to EACH of the post-school areas targeted. (**14 year olds, course of study, and 16 year olds, inter-agency linkages).**
E.T. is a junior in high school who has a learning disability with attention deficit disorder. She is functioning at the essential level in math, reading and language. She is motivated to do her best, but is often frustrated and disappointed with herself at which time she becomes sullen and depressed. When this occurs, E.T. stops coming to school, claiming she is ill. She missed 17 days last semester. E.T. needs to learn the connection between school attendance and a positive work ethic. E.T. has a strong desire to work with people. She loves animals and has had experience caring for pets at home and in her neighborhood. She would like to be a veterinarian but has never had paid employment except babysitting.

Consideration of Other Factors §300.346(a)(2)	
The need for assistive technology devices and services has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
The communication needs of the student have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student whose behavior impedes his/her learning, or that of others, positive behavioral interventions, strategies, and supports have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student with Limited English Proficiency, the effect of his/her language needs have been considered. (Is student LEP ? ☐ Y ☐ N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student who is blind or visually impaired, instruction in Braille, or the use of Braille has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications. (If braille not needed attach an explanation)	❑ Not needed ❑ Needed
For a student who is deaf or hard of hearing, his/her need for communicating with peers and professional personnel in his/her mode of communication have been considered. (Is student HI? ☐ Y ☐N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed

Measurable Annual Goals, Short Term Objectives, or Benchmarks §300.347(a)(2) Attach as many copies of this page as needed
Measurable Annual Goal (ESY? ☐ Y ☐ N)
By the end of one year, E.T. will demonstrate appropriate ways of expressing her frustrations with her schoolwork and reduce her absentee rate by 75%. Workplace Skills 5-2 Essentials Level
Benchmarks or short-term objectives
1. E.T. will learn how to identify her feelings of frustration and discuss appropriate ways of expressing them each week for the remainder of the semester as recorded in her weekly journal. 2. When E.T. becomes frustrated, she will use positive strategies for seeking help, as explained in her counseling sessions, before she becomes overwhelmed with feelings of depression, in 8 out of 10 events. 3. After every absence, E.T. will discuss, evaluate and record in her journal, her reasons for being absent, determine if it was related to feelings of frustration, and demonstrate positive, alternative choices that she can make next time. 4. E.T. will have less than one absence each month for the next three months.
Measurable Annual Goal (ESY? ☐ Y ☐ N)
By the end of one year, E.T. will increase her knowledge and understanding of her learning disability, identify personal strengths, identify suitable career paths, and identify ways to compensate for her limitations by writing statements in her journal at least two times a week. Workplace Skills 5-3 Essentials Level
Benchmarks or short-term objectives
1. E.T. will explain or list characteristics of her learning disability that interfere with her learning in a journal at least two times a week. 2. E.T. will identify personal strengths by listing them in a journal at least two times a week. 3. E.T. will identify career choices that are compatible with her learning style and strengths and create a notebook of career possibilities. 3. E.T. will identify strategies that help her overcome learning problems that she encounters by keeping a record in her journal at least two times a week.
Measurable Annual Goal (ESY? ☐ Y ☐ N)
Benchmarks or short-term objectives

STUDENT NAME: E.T. DOB: 12/01/85

Statement of Transition Service Needed §300.347(7)(B)(1)
Statement of transition service needed that focuses on the courses of study, developed by the age of 14 and updated annually

Statement of Needed Transition Services §300.347(7)(b)(2); §300.348(a-b)

Beginning by age 16, or younger if appropriate, indicate which goals are related to each need area; or describe the plan for providing transition services in the appropriate areas including interagency responsibilities or any needed linkages.

With the help of her guidance counselor, E.T. will research the requirements to become a veterinarian. E.T. will also research schools that provide opportunities for veterinarian technicians or assistants. E.T. will also telephone or visit local veterinarian offices and animal shelters to look for opportunities to volunteer.

☒ Vocational Training	Independent Living	Integrated Living
☒ Post Secondary Education	Community/Leisure	Other
Continuing and Adult Education	Integrated Employment	Other

Service	Activity/Strategy	Agency Responsible	Start Date	End Date
Education/Instruction				
Community Experience				
Employment				
Adult Living				
Daily Living Skills				
Functional Vocational Evaluation				
Related Services				
Other				

STUDENT NAME: E.T. DOB: 12/01/85

Special Education Services §300.347(a)(3)

Special Education Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position

Related Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position
Individual Counseling	9/14/02	1 per week	45 min.	Counselor's office	School psych
Group Counseling	9/14/02	1 per week	45 min.	Counselor's office	Special Ed teacher

Supplementary Aids and Services	Initiation Date	Frequency/Amount	Duration	Location

Program Modifications or Supports for School Personnel	Initiation Date	Frequency/Amount	Duration	Location
Special ed teacher confers with all teachers regarding attendance	9/14/02	2 times a month	All year	Counselor's office

Non-Participation in Regular Class Activities §300.347(a)(4)

Provide an explanation of the extent, if any, to which the student will **NOT** participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options. If necessary, attach an additional page. Include consideration for any potential harmful effects of the placement on the student or the quality of services.

Accommodations and Modifications for Instruction and Assessment §300.347(a)(5)

Accommodations Provisions made in how the student accesses/demonstrates learning.	Modifications Changes in what the student is expected to learn or demonstrate.

❑ Yes, the student will participate in assessment ***without*** accommodations or modifications.			
❑ Yes, the student will participate in assessment with accommodations or modifications as listed above ****.			
Assessment	**** Instructional Level**	***** Testing Level:**	**Out of Level**
***AIMS or AIMS-A** *For graduation, specify the level student must achieve for graduation from high school (i.e. approaches, meets, exceeds standards)	Writing_____ Reading_____ Math _____	Writing_____ Approaches or Meets Standard Reading_____ Approaches or Meets Standard Math_____ Approaches or Meets Standard	**Y N** **Y N** **Y N**
STANFORD-9	Language_____ Reading_____ Math_____	Language_____ Reading_____ Math_____	**Y N** **Y N** **Y N**
SCHOOL–WIDE ASSESSMENT	Content Area_____ Content Area_____ Content Area_____	Content Are_____ Content Area_____ Content Area_____	**Y N** **Y N** **Y N**
** AIMS Instructional levels: Functional, Readiness (Kindergarten), Foundations (grades 1-3), Essentials (grades 4-8), Proficiency (grades 9-12) and Distinction (honors)			
*** AIMS and AIMS-A tests given at grades 3, 5, 8, and 10 or ages 9, 11, 14 and 16			

Statement of Progress Toward Goals §300.347(a)(7)

How will the parents be regularly informed of their child's progress toward annual goals and the extent to which that progress is sufficient to enable the child to achieve goals by the end of the year?

For Students in a Private Residential Facility §300.302 and ARS 15-765

❑ The Exit Criteria have been developed and are attached.

❑ Not applicable, the student is not placed in a private residential facility

Extended School Year Services §300.309 and §ARS 15-881

Eligibility Criteria for ESY	Decision	ESY Services to be Provided
❑ Eligibility and a statement of services for ESY have been determined and are attached		

Case 3:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) §300.347(a-c)

Student's Full Name R.J.	DOB 3/15/90	Grade 8	Student ID#	Date of IEP Meeting 9/17/02	
Address		City		State	Zip
Home Phone	Work Phone		Parent/Guardian		
Primary Language of Home	Limited English Proficient ☐ Yes ☐ No		Language of Instruction		
School of Residence			School of Attendance		
Address			Address		
City/State/Zip			City/State/Zip		

Documentation of Participation at IEP Meeting §300.344(a-c)		
Position/Relationship to Student	Signature	Month/Day/Year
Parent(s)		
Regular Education Teacher		
Special Education Teacher/Provider		
District/School Representative		
Individual to interpret instructional implications of evaluation results		
Other at discretion of parent or district/school		
Student whenever appropriate		
Other		

Statement of Transfer of Rights at the Age of Majority §300.347(c)

At least one year before reaching the age of majority (age 18 in Arizona), the student and his/her parents were informed of the transfer of rights under Part B of IDEA (except for a student with a disability whose rights remain with a court appointed guardian).
Yes, Date: _____

STUDENT NAME: R.J. _____ DOB: 3/15/91

Present Levels of Educational Performance (PLEP) §300.347(a)(1) Clearly specify the student's current levels of performance in academic, nonacademic, social, and emotional areas. Include a description of how the student's disability affects his/her involvement and progress in the general curriculum, including consideration of special factors. For preschool children, consider how the disability affects the student's participation in appropriate activities. Give consideration to school-to-adult life transition planning needs, including vocational training, employment, post school plans, and student preferences/interests. Provide a description in the PLEP of the student's current knowledge, skills, and abilities and experiences in relation to EACH of the post-school areas targeted. (**14 year olds, course of study, and 16 year olds, inter-agency linkages).**	
R.J. is an Eighth Grade student diagnosed with Asperger's Syndrome. Cognitive ability was assessed to fall within the average to high average range. Academic achievement in reading and math is at the low essential level. R.J. is easily frustrated in social situations and often fails to understand the perspective of peers and teachers. This results in misinterpretation of social situations, comments that others regard as rude and difficulty maintaining positive peer relationships. Teacher records indicate that 50% of R.J.'s interactions with teachers and peers are inappropriate. R.J. wants to make new friends and can be very amicable but must be cued to use appropriate social comments. R.J.'s frustrations over these issues, along with his low academic skills, reflect in his inability to progress in the general curriculum.	
Consideration of Other Factors §300.346(a)(2)	
The need for assistive technology devices and services has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
The communication needs of the student have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student whose behavior impedes his/her learning, or that of others, positive behavioral interventions, strategies, and supports have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student with Limited English Proficiency, the effect of his/her language needs have been considered. (Is student LEP ? ☐ Y ☐ N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student who is blind or visually impaired, instruction in Braille, or the use of Braille has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications. (If Braille not needed attach an explanation)	❑ Not needed ❑ Needed
For a student who is deaf or hard of hearing, his/her need for communicating with peers and professional personnel in his/her mode of communication have been considered. (Is student HI? ☐ Y ☐N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed

Measurable Annual Goals, Short Term Objectives, or Benchmarks §300.347(a)(2)
Attach as many copies of this page as needed

Measurable Annual Goal (ESY? ☐ Y ☐ N)

R.J. will exhibit appropriate social behavior at the foundations level (5-3) in using appropriate language and behaviors to communicate in social situations and at school when interacting with peers and teachers 3 out of 4 opportunities per week, for the next six months.

Comprehensive Health (5-3) Foundations level.

Benchmarks or short-term objectives

1. When in a group of peers, R.J. will learn to understand social expectations by being able to identify social cues and the perspective and feelings of others.
2. R.J. will role-play reciprocal conversations as demonstrated and documented in social skills group.
3. R.J. will use appropriate greetings and end conversations appropriately 3 out of 4 times a week as recorded in a weekly journal.
4. When R.J. does not behave in a socially acceptable manner, R.J. will explain what he might do differently the next time as recorded in a weekly journal.
5. R.J. will use appropriate social behavior in 6 out of 10 interactions with peers and teachers for the first month as recorded in his weekly journal.
6. R.J. will use appropriate social behavior in 7 out of 10 interactions with peers and teachers for the next two months as recorded in his weekly journal.
7. R.J. will use appropriate social behavior in 3 out of 4 interactions with peers and teachers for the remaining three months as recorded in his weekly journal.

Measurable Annual Goal (ESY? ☐ Y ☐ N)

Benchmarks or short-term objectives

Measurable Annual Goal (ESY? ☐ Y ☐ N)

Benchmarks or short-term objectives

STUDENT NAME: R.J. DOB: 3/15/90

Statement of Transition Service Needed §300.347(7)(B)(1)
Statement of transition service needed that focuses on the courses of study, developed by the age of 14 and updated annually

Statement of Needed Transition Services §300.347(7)(b)(2); §300.348(a-b)

Beginning by age 16, or younger if appropriate, indicate which goals are related to each need area; or describe the plan for providing transition services in the appropriate areas including interagency responsibilities or any needed linkages.

Vocational Training	Independent Living	Integrated Living
Post Secondary Education	Community/Leisure	Other
Continuing and Adult Education	Integrated Employment	Other

Service	Activity/Strategy	Agency Responsible	Start Date	End Date
Education/Instruction				
Community Experience				
Employment				
Adult Living				
Daily Living Skills				
Functional Vocational Evaluation				
Related Services				
Other				

STUDENT NAME: R.J. DOB: 3/15/90

Special Education Services §300.347(a)(3)

Special Education Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position

Related Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position
Counseling – Social Skills Group	9/18/02	2 times per week	30 min.	Classroom	Counselor and special ed teacher

Supplementary Aids and Services	Initiation Date	Frequency/Amount	Duration	Location

Program Modifications or Supports for School Personnel	Initiation Date	Frequency/Amount	Duration	Location
Teachers consultation with specialist	9/18/02	1 per month	45 min.	Conference Room

Non-Participation in Regular Class Activities §300.347(a)(4)

Provide an explanation of the extent, if any, to which the student will **NOT** participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options. If necessary, attach an additional page. Include consideration for any potential harmful effects of the placement on the student or the quality of services.

Accommodations and Modifications for Instruction and Assessment §300.347(a)(5)

Accommodations Provisions made in how the student accesses/demonstrates learning.	Modifications Changes in what the student is expected to learn or demonstrate.

❑ Yes, the student will participate in assessment ***without*** accommodations or modifications.			
❑ Yes, the student will participate in assessment with accommodations or modifications as listed above ****.			
Assessment	**** Instructional Level**	***** Testing Level:**	**Out of Level**
***AIMS or AIMS-A** *For graduation, specify the level student must achieve for graduation from high school (i.e. approaches, meets, exceeds standards)	Writing_____ Reading_____ Math _____	Writing_____ Approaches or Meets Standard Reading_____ Approaches or Meets Standard Math_____ Approaches or Meets Standard	**Y N** **Y N** **Y N**
STANFORD-9	Language_____ Reading_____ Math_____	Language_____ Reading_____ Math_____	**Y N** **Y N** **Y N**
SCHOOL–WIDE ASSESSMENT	Content Area_____ Content Area_____ Content Area_____	Content Are_____ Content Area_____ Content Area_____	**Y N** **Y N** **Y N**
** AIMS Instructional levels: Functional, Readiness (Kindergarten), Foundations (grades 1-3), Essentials (grades 4-8), Proficiency (grades 9-12) and Distinction (honors)			
*** AIMS and AIMS-A tests given at grades 3, 5, 8, and 10 or ages 9, 11, 14 and 16			

Statement of Progress Toward Goals §300.347(a)(7)

How will the parents be regularly informed of their child's progress toward annual goals and the extent to which that progress is sufficient to enable the child to achieve goals by the end of the year?

For Students in a Private Residential Facility §300.302 and ARS 15-765

❑ The Exit Criteria have been developed and are attached.

❑ Not applicable, the student is not placed in a private residential facility

Extended School Year Services §300.309 and §ARS 15-881

Eligibility Criteria for ESY	Decision	ESY Services to be Provided
❑ Eligibility and a statement of services for ESY have been determined and are attached		

Case 4:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) §300.347(a-c)

Student's Full Name N.B.	DOB 7/16/99	Grade Preschool	Student ID#	Date of IEP Meeting 11/12/02	
Address		City		State	Zip
Home Phone	Work Phone		Parent/Guardian		
Primary Language of Home	Limited English Proficient ☐ Yes ☐ No		Language of Instruction		
School of Residence			School of Attendance		
Address			Address		
City/State/Zip			City/State/Zip		
Documentation of Participation at IEP Meeting §300.344(a-c)					

Position/Relationship to Student	Signature	Month/Day/Year
Parent(s)		
Regular Education Teacher		
Special Education Teacher/Provider		
District/School Representative		
Individual to interpret instructional implications of evaluation results		
Other at discretion of parent or district/school		
Student whenever appropriate		
Other		
Statement of Transfer of Rights at the Age of Majority §300.347(c)		

STUDENT NAME: N.B. DOB: 7/16/99

Present Levels of Educational Performance (PLEP) §300.347(a)(1) Clearly specify the student's current levels of performance in academic, nonacademic, social, and emotional areas. Include a description of how the student's disability affects his/her involvement and progress in the general curriculum, including consideration of special factors. For preschool children, consider how the disability affects the student's participation in appropriate activities. Give consideration to school-to-adult life transition planning needs, including vocational training, employment, post school plans, and student preferences/interests. Provide a description in the PLEP of the student's current knowledge, skills, and abilities and experiences in relation to EACH of the post-school areas targeted. (**14 year olds, course of study, and 16 year olds, inter-agency linkages).**	
N.B. is a three-year-old preschool child who has severely delayed expressive communication skills. She will cry, scream or have a tantrum to have her wants and needs met within the home environment. Within the classroom setting, she is starting to use basic signs to indicate more, help, eat, toilet, play and please. N.B.'s parents would like to learn how to use sign language and redirection strategies in the home.	
Consideration of Other Factors §300.346(a)(2)	
The need for assistive technology devices and services has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
The communication needs of the student have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student whose behavior impedes his/her learning, or that of others, positive behavioral interventions, strategies, and supports have been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student with Limited English Proficiency, the effect of his/her language needs have been considered. (Is student LEP ? ☐ Y ☐ N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed
For a student who is blind or visually impaired, instruction in Braille, or the use of Braille has been considered. If needed refer to PLEP, goals, services, supports, or accommodations and modifications. (If braille not needed attach an explanation)	❑ Not needed ❑ Needed
For a student who is deaf or hard of hearing, his/her need for communicating with peers and professional personnel in his/her mode of communication have been considered. (Is student HI? ☐ Y ☐N) If needed refer to PLEP, goals, services, supports, or accommodations and modifications.	❑ Not Needed ❑ Needed

Measurable Annual Goals, Short Term Objectives, or Benchmarks §300.347(a)(2) Attach as many copies of this page as needed
Measurable Annual Goal (ESY? ☐ Y ☐ N)
By the end of the year, N.B. will use words, signs or other appropriate forms of communication to express her needs and wants at home. Foundation – Listening and Speaking 4
Benchmarks or short-term objectives
N.B.'s parents will observe the techniques used within the classroom and learn the basic signs that N.B. is learning at school. N.B.'s parents will meet with the speech therapist and early childhood special education teacher on a monthly basis to identify areas of concern within the home setting and discuss strategies that they can implement at home. N.B.'s parents will participate in a home visit at least quarterly to help support consistency between the school and home environments.
Measurable Annual Goal (ESY? ☐ Y ☐ N)
Benchmarks or short-term objectives
Measurable Annual Goal (ESY? ☐ Y ☐ N)
Benchmarks or short-term objectives

STUDENT NAME: N.B. DOB: 7/16/99

Statement of Transition Service Needed §300.347(7)(B)(1)
Statement of transition service needed that focuses on the courses of study, developed by the age of 14 and updated annually
Statement of Needed Transition Services §300.347(7)(b)(2); §300.348(a-b) Beginning by age 16, or younger if appropriate, indicate which goals are related to each need area; or describe the plan for providing transition services in the appropriate areas including interagency responsibilities or any needed linkages.

Vocational Training	Independent Living	Integrated Living
Post Secondary Education	Community/Leisure	Other
Continuing and Adult Education	Integrated Employment	Other

Service	Activity/Strategy	Agency Responsible	Start Date	End Date
Education/Instruction				
Community Experience				
Employment				
Adult Living				
Daily Living Skills				
Functional Vocational Evaluation				
Related Services				
Other				

STUDENT NAME: N.B. DOB 7/16/99

Special Education Services §300.347(a)(3)

Special Education Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position

Related Services	Initiation Date	Frequency/Amount	Duration	Location	Provider's Position
Parent Training	11/13/02	Monthly	50 min.	School Psychologist Office	School psychologist. Speech therapist and teachers
Home visits to support parents	11/13/02	Quarterly	45 min.	Home	School psychologist. Speech therapist and teachers

Supplementary Aids and Services	Initiation Date	Frequency/Amount	Duration	Location

Program Modifications or Supports for School Personnel	Initiation Date	Frequency/Amount	Duration	Location

Non-Participation in Regular Class Activities §300.347(a)(4)

Provide an explanation of the extent, if any, to which the student will **NOT** participate with non-disabled students in the general curriculum, extracurricular and nonacademic activities, and program options. If necessary, attach an additional page. Include consideration for any potential harmful effects of the placement on the student or the quality of services.

Accommodations and Modifications for Instruction and Assessment §300.347(a)(5)

Accommodations Provisions made in how the student accesses/demonstrates learning.	Modifications Changes in what the student is expected to learn or demonstrate.

❑ Yes, the student will participate in assessment ***without*** accommodations or modifications.			
❑ Yes, the student will participate in assessment with accommodations or modifications as listed above ****.			
Assessment	**** Instructional Level**	***** Testing Level:**	**Out of Level**
***AIMS or AIMS-A** *For graduation, specify the level student must achieve for graduation from high school (i.e. approaches, meets, exceeds standards)	Writing_____ Reading_____ Math _____	Writing_____ Approaches or Meets Standard Reading_____ Approaches or Meets Standard Math_____ Approaches or Meets Standard	**Y N** **Y N** **Y N**
STANFORD-9	Language_____ Reading_____ Math_____	Language_____ Reading_____ Math_____	**Y N** **Y N** **Y N**
SCHOOL–WIDE ASSESSMENT	Content Area_____ Content Area_____ Content Area_____	Content Are_____ Content Area_____ Content Area_____	**Y N** **Y N** **Y N**
** AIMS Instructional levels: Functional, Readiness (Kindergarten), Foundations (grades 1-3), Essentials (grades 4-8), Proficiency (grades 9-12) and Distinction (honors)			
*** AIMS and AIMS-A tests given at grades 3, 5, 8, and 10 or ages 9, 11, 14 and 16			

Statement of Progress Toward Goals §300.347(a)(7)

How will the parents be regularly informed of their child's progress toward annual goals and the extent to which that progress is sufficient to enable the child to achieve goals by the end of the year?

For Students in a Private Residential Facility §300.302 and ARS 15-765

❑ The Exit Criteria have been developed and are attached.

❑ Not applicable, the student is not placed in a private residential facility

Extended School Year Services §300.309 and §ARS 15-881

Eligibility Criteria for ESY	Decision	ESY Services to be Provided

Note #1: (from page 19)

§300.136 Personnel standards. (a) Definitions. As used in this part- (1) Appropriate professional requirements in the State means entry level requirements that- (i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing special education or related services; and (ii) Establish suitable qualifications for personnel providing special education and related services under Part B of the Act to children with disabilities who are served by State, local, and private agencies (see §300.2);(2) Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State-approved or -recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline;…[and]…(f) Use of paraprofessionals and assistants. A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services to children with disabilities under Part B of the Act.

Appendix I: Rationale for counseling and mental health services in schools

The vision to widen education's function to include mental health needs was clearly elaborated in *Mental Health: A Report of the Surgeon General*, a landmark document, in which David Satcher, M.D., Ph.D. compiled a comprehensive analysis of mental health in the United States. This was the first time a Surgeon General addressed this issue. In the introduction of the *Report*, which has been referred to as a "wake-up call for America," Dr. Satcher briefly addresses some of the past barriers and future challenges:

> Promoting mental health for all Americans will require scientific know-how but, even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budgets; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fear, and misunderstanding that remain as barriers before us.

The impact of mental health on each individual's lifespan is emphasized in the Surgeon General's definition:

> *Mental health* is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health until problems surface. **Yet from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.** These are the ingredients of each individual's successful contribution to community and society. Americans are inundated with messages about *success*—in school, in a profession, in parenting, in relationships—without appreciating that successful performance rests on a foundation of mental health. (Emphasis added)

This definition clearly confirms the bond between mental health, learning, productive citizenship and success in life; and it sends a strong message to educators, particularly special educators. Since mental health has a profound impact on the learning process, it is imperative that mental health barriers be considered, especially for students with disabilities.

Anyone who works in education should become familiar with the entire report, especially *Chapter 3: Children and Mental Health*. The *Report* suggests that children are at greatest risk of mental health problems due to many factors, including… "physical problems; intellectual disabilities, low birth weight; family history of mental and

addictive disorders; multigenerational poverty; and caregiver separation or abuse and neglect." Teachers see the effects of these factors daily.

Chapter 3 of the report states that one in five children and adolescents experience symptoms of a mental health disorder during the course of a year, or six in each classroom of thirty students. Nearly five percent experience "extreme functional impairment," averaging at least one in each classroom, or fifty youngsters in a school with 1,000 students. And as we already know, "…schools are major settings for the potential recognition of mental disorders in children and adolescents, yet trained staff are limited, as are options for referral to specialty care." Furthermore, the *Report* indicates that although the services are insufficient, the largest provider of mental health services to children and adolescents is the education system, and for most of these students, it is the only mental health service they receive. This finding creates enormous responsibility for the entire educational community.

Table 3-1. (*from the Report*) Children and adolescents age 9–17 with mental or addictive disorders, combined MECA[1] sample, 6-month (current) prevalence.* (%).

Anxiety Disorders	3.0
Mood Disorders	6.2
Disruptive Disorders	10.3
Substance Use Disorders	2.0
Any Disorder	20.9

* Disorders include diagnosis-specific impairment and Child Global Assessment Scale ≤70 (mild global impairment)
Source: Shaffer et al., 1996a

Although the *Report* does not specify how many of the students who comprise the twenty percent with mental problems are in special education, it is reasonable to conclude that some, perhaps many of these students are receiving some type of special education service, either because of an identified emotional disability or due to an associated learning disability. (It is not safe to assume that all of these students receive special education services.)

It would seem reasonable that students with mental health problems who are in special education would have their mental health needs addressed through special education and related services. Unfortunately, this is seldom true. Typically, minimal counseling or social work services are provided to students who are identified as

[1] Shaffer, D., Fisher, P., Dulcan, M. K., Davies, M., Piacentini, J., Schwab-Stone, M. E., Lahey, B. B., Bourdon, K., Jensen, P. S., Bird, H. R., Canino, G., & Regier, D. A. (1996a). The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, acceptability, prevalence rates, and performance in the MECA Study. Methods for the Epidemiology of Child and Adolescent Mental Disorders Study. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 865–877.

emotionally disabled and little or no services are provided to students with other types of disabilities.

It would also seem reasonable that if a student who was experiencing a mental health problem was receiving special education, then the mental health needs would be reflected in the student's Individual Educational Program (IEP), since a mental health problem would likely be a barrier to learning and social-emotional adjustment. Once again, this is seldom true. In 1998, federal monitoring found 16 of 17 states out of compliance in providing for mental health services to special education students, specifically, the … "provisions for psychological counseling, as a related service, (were) inadequate."

Early intervention with children who may have a behavioral/mental health need is essential to ensure success in the classroom. In order to help school districts improve and increase services to disabled students, both federal and state education departments are encouraging the development of mental health programs within school settings as well as collaboration between schools and community mental health. The IDEA, advocates "developing and implementing interagency financing strategies for the provision of education, health, mental health, and social services, including transition services and related services under this Act"; and encourages agencies to "promote service integration, and the coordination of State and local education, social, health, mental health, and other services, in addressing the full range of student needs, particularly the needs of children with disabilities who require significant levels of support to maximize their participation and learning in school and the community." School Districts should collaborate with Department of Health Services/Behavioral Health Services and Regional Behavioral Health Agencies so that behavioral/mental health services provided to students are coordinated with IEP goals.

Appendix II: Arizona's IDEA Improvement Plan

The IDEA requires that public agencies provide to students any related service that they may need to benefit from special education. The monitoring results of 1998 revealed that Arizona schools have not provided appropriate psychological services in the areas of "provision of counseling services as indicated on an IEP," and "identification of counseling services on an IEP when clearly needed."

In response to the federal monitoring, the Exceptional Student Services office of the Arizona Department of Education developed an *IDEA Improvement Plan* to address the issue of non-compliance: "provision of psychological counseling as a related service was inadequate." The goal of this plan was to assure that counseling services are identified on IEPs and that counseling services are provided when needed. Evidence that this goal is being achieved will occur as more special education students begin receiving appropriate counseling services.

One of the primary strategies incorporated into this plan was a capacity building grant for counseling services, announced on March 2, 2001. The purpose of this grant was to provide public agencies with funds to "improve opportunities for counseling services for students and their families." Over $581,000 was awarded to 24 school districts and charter schools during the first year of the two-year grant. Of that amount,

$469,000, or 81%, was expended on providing direct services to students and families by employing additional counseling staff, or in a few cases, contracting with additional counseling staff. Nearly $59,000 (10%) was spent on in-service training of teachers and support staff, and $42,000 (7.3%) was spent on supplies and materials. (The remainder of the balance was spent on miscellaneous expenses such as travel and indirect costs.)

It is noteworthy that when given the opportunity, agencies spent 81% of their funds on personnel. This is consistent with the most common reason for not providing counseling services: the additional costs incurred by employment of personnel. So given the personnel, what services will be provided? Every grant recipient agreed to provide more direct counseling services to special education students. In total, over 1,650 students would benefit from these grant-sponsored programs. Typical outcomes of these additional services were:

Increased positive behaviors of students
Reduced number of discipline referrals
Reduced the frequency of violent behavior
Increased attendance
Provided anger management programs
Provided social skills programs
Provided grief counseling
Provided divorce counseling

Four recipients planned to provide indirect services to students by increasing the competencies of the staff through in-service training. Over 9,000 students would benefit indirectly from these grant-sponsored programs. Typical outcomes of these additional services were:

Developing a counseling core curriculum
Increased positive behaviors of students
Reduced number of discipline referrals
Reduced the frequency of violent behavior
Increased attendance
Increased graduation rates of special education students

Many grant recipients also included direct services to families, as well as classes for parents, and consultation with classroom teachers. Most agencies allocated time to building interagency partnerships.

In addition to the grant project, a number of other strategies were included in the *IDEA Improvement Plan*. The publication and dissemination of this AZ-TAS document is one improvement strategy that is part of the plan, as are new policies and procedures, increased training at statewide conferences, classes that focus on counseling skills, and distribution of information regarding counseling requirements to school boards, superintendents and directors of special education.

Appendix III: Where does the requirement for counseling as a related service appear in the law?

The requirement appears several times in various definitions of related services.

§300.24 Related services. (Definition)
(a) General. As used in this part, the term related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training. (Underline added)

b) Individual terms defined. The terms used in this definition are defined as follows:

(1) Audiology includes-
(i) Identification of children with hearing loss;
(ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
(iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
(iv) Creation and administration of programs for prevention of hearing loss;
(v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and
(vi) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

(2) Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(3) Early identification and assessment of disabilities in children
(4) Medical services
(5) Occupational therapy
(6) Orientation and mobility services

(Items 3-6, 8, 10, and 15 have been abbreviated but listed to provide continuity)

(7) Parent counseling and training means-
(i) Assisting parents in understanding the special needs of their child;
(ii) Providing parents with information about child development; and

(iii) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

(8) Physical therapy (abbreviated)

(9) Psychological services includes-
(i) Administering psychological and educational tests, and other assessment procedures;
(ii) Interpreting assessment results;
(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
(iv) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations;
(v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and
(vi) Assisting in developing positive behavioral intervention strategies.

(10) Recreation (abbreviated)

(11) Rehabilitation counseling services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with disabilities by vocational rehabilitation programs funded under the Rehabilitation Act of 1973.

(12) School health services means services provided by a qualified school nurse or other qualified person. (N.B. Although the IDEA'97 does not describe how health services could include counseling, school health professionals may provide valuable support to special education students in many areas, including but not limited to hygiene, attendance, understanding medications and compliance, developmental issues such as sexuality and sexual behavior, especially in adolescents, eating disorders, and the impact of general health and nutrition on learning.)

(13) Social work services in schools includes-
(i) Preparing a social or developmental history on a child with a disability;
(ii) Group and individual counseling with the child and family;
(iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
(iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
(v) Assisting in developing positive behavioral intervention strategies.

(14) Speech-language pathology services includes-

(i) Identification of children with speech or language impairments;
(ii) Diagnosis and appraisal of specific speech or language impairments;
(iii) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
(iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and
(v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

(15) Transportation (abbreviated)

Appendix IV: Using rating scales to develop and measure annual goals

A rating scale is an instrument whereby a person (the rater) responds to statements that describe certain behaviors in a child or adolescent. Raters are usually one or both parents, and teachers who know the student well. Whenever possible, it is best to obtain a rating from at least one parent and one teacher in order to provide a picture of the student's performance at home and school. With some instruments, the student also completes a rating scale, which typically allows for some personal insights into the student's self-perceptions of strengths and weaknesses. Rating scales are intended for use as one component of a multidisciplinary evaluation, which should also include teacher reports, standardized tests, and direct assessment and observation of the child.

Since most rating scales express results in standard scores, they can be used to assess progress or improvements in behavior. In other words, rating scales can be used to develop goals and then measure progress toward those goals. This can be accomplished by using rating scale results to develop annual IEP goals. After providing intervention or treatment in the form of special education and related services, including counseling, readminister the rating scale and compare these results with the initial results. A brief review of some of the more commonly used ratings scales follows.

The Behavior Evaluation Scale-2 (BES-2)
Stephen B. McCarney and James E. Leigh
Educational Services
P.O. Box 1835
Columbia, Missouri 65205

The BES-2 was developed as an instrument to help school personnel reach and document decisions regarding diagnosis, placement and programming for children and adolescents who exhibit social, emotional or behavior problems. The BES-2 is a general behavior rating scale that can be used with disabled and non-disabled students in all grades (K-12). The scale includes seventy-six clearly stated items that describe specific, observable, measurable behavior. Each item requires the rater to select from a Likert response format, ranging from 1 – "Never or not observed", to 7 – "Continuously throughout the day." The scale can be completed in less than 30 minutes by the student's teacher(s) or other staff members who have the opportunity to observe the student.

National norms were developed from a sample of 2,272 students. (A complete description is provided in the manual.) Scoring is done by hand and can be performed by any qualified diagnostic personnel, including school psychologists, special education teachers, or others trained in the use of psychoeducational instruments. The results are expressed in standard scores (M=10; SD=3) in five subscales:

1. Learning problems
2. Interpersonal difficulties
3. Inappropriate behavior
4. Unhappiness/Depression
5. Physical symptoms/Fears

The BES-2 provides information that will enable an IEP team to determine a student's strengths and weaknesses. The results can be translated into annual goals and objectives. After counseling or other interventions have occurred, the BES-2 can be administered as a follow-up assessment and the results can be used to measure progress.

The Conners' Rating Scales-Revised (CRS-R)
C. Keith Conners, Ph.D.
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025-1251

The Conners' Rating Scales-Revised are actually a set of several rating scales that can be used in combinations to assess a broad range of difficulties, such as conduct problems, cognitive problems, anxiety problems, family problems, social problems, anger control problems, and emotional problems. The CRS-R is widely used in educational and clinical settings, especially for the diagnosis and treatment of Attention Deficit Hyperactivity Disorder. Scales have been developed for use with teachers and parents of children between the ages of 3 and 17. A self-report scale is also available for students between the ages of 12 and 17. The scales can be completed in less than 30 minutes. (Short forms are available that can be completed in less time but also provide less information.) Norms were developed from a sample of 8,000 children in the U.S. and Canada and are discussed extensively in the manual. Scoring can be done by hand, but computer scoring is preferred. Scoring can be performed by any qualified diagnostic personnel, including school psychologists, special education teachers, or others trained in the use of psychoeducational instruments. Each of the instruments contains derived subscales that relate directly to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Results are expressed in T-Scores (M=50; SD=10). Although subscales vary with each rating scale, the Parent Rating Scale will generate scores in these areas:

A. Oppositional
B. Cognitive problems/Inattention
C. Hyperactivity
D. Anxious/Shy
E. Perfectionism
F. Social problems
G. Psychosomatic

The Conners' Rating Scales-Revised can be used to provide information that will enable an IEP team to determine a student's strengths and weaknesses in a variety of areas. The results can be used to develop annual goals and objectives. After counseling or other interventions have occurred, the Conners' Rating Scales-Revised can be administered as a follow-up assessment and the results can be used to measure progress.

The Behavior Assessment System for Children (BASC)
Cecil R. Reynolds, Ph.D. and Randy W. Kamphaus, Ph.D.
American Guidance Services
4201 Woodland Road
Circle Pines, Minnesota 55014-1796

The Behavior Assessment System for Children (BASC) is as its name implies, a system of several rating scales that are used to provide a multidimensional approach to evaluating the behavior and self-perceptions of children between ages 4 and 18. There are five components to the system, which can be used individually or in any combination. The five components include a self-report scale, a parent scale, a teacher scale, a structured developmental history, and a form that is used for direct classroom behavior. Each item requires the rater to select from a Likert response format, ranging from 1 – "Never," to 4 – "Almost always." The self-report responses are True or False. Norms were developed from a sample of 15,000 children located in 111 different sites or school districts in the U.S. and Canada and are discussed extensively in the manual. Scoring can be done by hand, but computer scoring is preferred. Administration and scoring can be performed by any qualified diagnostic personnel, including school psychologists, special education teachers, or others trained in the use of psychoeducational instruments. However, it should be noted that interpreting the BASC is somewhat technical and requires a comprehensive understanding of testing. As an example, the subscales of the self-report rating include the following:

Clinical maladjustment
- Anxiety
- Atypicality
- Locus of Control
- Social Stress
- Somatization

School Maladjustment

Attitude to School
Attitude to Teachers
Sensation Seeking
Other Problems
Depression
Sense of Inadequacy
Personal Adjustment
Relations with Parents
Interpersonal Relations
Self-Esteem
Self-Reliance

The BASC can be used to provide information that will enable an IEP team to determine a student's strengths and weaknesses. The results can be used to develop annual goals and objectives. After counseling or other interventions have occurred, the BASC can be administered as a follow-up assessment and the results can be used to measure progress.

The Child Behavior Checklist/4-18 (CBCL/4-18)
Thomas M. Achenbach
Department of Psychiatry
University of Vermont
Burlington, VT 05401

The Child Behavior Checklist/4-18 (CBCL/4-18) is one rating scale in a family of rating scales often referred to as the Achenbach scales. The other scales include an early childhood version, The Child Behavior Checklist/2-4 (CBCL/2-4). Both of these CBCL's are completed by parents. The remaining rating scales are the Teachers Report Form, which is completed by teachers, and the Youth Self-Report, completed by the student when appropriate. The Child Behavior Checklist for Ages 4-18 is designed to record in a standardized format, children's competencies and problems as reported by their parents. It can be self-administered or administered by an interviewer. In the first section, the competence items ask parents to report the amount and quality of their child's participation in sports, hobbies, games, activities, jobs and chores, and friendships; how well the child gets along with others and plays and works alone; and school functioning. In the next section, parents respond to each of the 118 specific problem items and two open-ended problem items with a 3-step response scale (0=Not true, 1= Somewhat or sometimes true, 2 = Very true or often true). Norms were developed from a sample of 2,368 children located in the 48 contiguous states and are discussed extensively in the manual. Scoring can be done by hand, but computer scoring is preferred. Administration and scoring can be performed by any qualified diagnostic personnel, including school psychologists, special education teachers, or others trained in the use of psychoeducational instruments. However, it should be noted that interpreting the

Achenbach scales is somewhat technical and requires a comprehensive understanding of testing. Subscales include:

I. Withdrawn
II. Somatic Complaints
III. Anxious/Depressed
IV. Social Problems
V. Thought Problems
VI. Attention Problems
VII. Delinquent Behavior
VIII. Aggressive Behavior

The Achenbach scales can be used to provide information that will enable an IEP team to determine a student's strengths and weaknesses. The results can be used to develop annual goals and objectives. After counseling or other interventions have occurred, the Achenbach scales can be administered as a follow-up assessment and the results can be used to measure progress.

Appendix V: Helpful agencies and organizations

If you work for a school district or charter school that does not have access to expertise in all areas of special education and disabilities, it is often helpful to consult with experts before evaluating students. It is also wise to seek expert advice when writing the IEP. This is especially true when writing the present level of educational performance and measurable annual goals and objectives as they pertain to the student's social, emotional and behavioral development. There are often special issues and consideration that accompany certain disabilities that may go undetected. What follows is a list of agencies and organizations within the States, and nationally, that offer assistance.

State Department of Education: Special Education
Exceptional Student Services
Arizona Department of Education
1535 W. Jefferson, Bin 24
Phoenix, AZ 85007
(602) 542-4013
Web: www.ade.az.gov

Programs for Infants and Toddlers with Disabilities: Ages Birth through 2
Executive Director, Arizona Early Intervention Program (AzEIP)
Arizona Department of Economic Security, 801A-6
3839 N. 3rd Street, Suite 304
Phoenix, AZ 85012
(602) 532-9960
Web: www.de.state.az.us/azeip

Programs for Children with Disabilities: Ages 3 through 5
Preschool Coordinator
Exceptional Student Services
Arizona Department of Education
1535 W. Jefferson, Bin 24
Phoenix, AZ 85007
(602) 364-4011
Web: www.ade.az.gov

State Vocational Rehabilitation Agency
Administrator
Rehabilitation Services Bureau 930A
Arizona Department of Economic Security
1789 W. Jefferson 2NW
Phoenix, AZ 85007
(602) 542-3332
E-mail: azrsa@rehabnetwork.org
Web: www.azrsa.org

State Mental Health Representative for Children and Youth
Deputy Director
Division of Behavioral Health Services
Arizona Department of Health Services
2122 E. Highland Avenue, Suite 100
Phoenix, AZ 85016
(602) 381-8999
E-mail: lschwal@hs.state.az.us
Web: www.hs.state.az.us/bhs/index.htm

Governor's Council on Disabilities
Assistant Director
Department of Economic Security
Arizona Division of Developmental Disabilities
P.O. Box 6123, Site Code (791A)
Phoenix, AZ 85005
(602) 542-6853
Web: www.de.state.az.us/ddd

State Developmental Disabilities Planning Council
Executive Director
Governor's Council on Developmental Disabilities
1717 W. Jefferson Street
Site Code (074Z)
Phoenix, AZ 85007
(602) 542-4049

Protection and Advocacy Agency
Executive Director
Arizona Center for Disability Law
100 N. Stone Avenue, Suite 305
Tucson, AZ 85701
(520) 327-9547 (V/TTY)
Web: http://acdl.com

Director
Native American Protection and Advocacy Project
P.O. Box 392
Shiprock, NM 87420
(505) 368-3216; (800) 862-7271
E-mail: cjohn@dnalegalservices.org

Native American Protection and Advocacy Project
P.O. Box 3539
Tuba City, AZ 86045
(928) 283-3208; (877) 283-3208
E-mail: flobato@dnalegalservices.org

Programs for Children with Special Health Care Needs
Office for Children with Special Health Care Needs
Arizona Department of Health
2927 N. 35th Avenue, Suite 200
Phoenix, AZ 85017
(602) 542-1860

Programs for Children Who Are Deaf or Hard of Hearing
Executive Director
Arizona Commission for the Deaf and the Hard of Hearing
1400 W. Washington Street, Room 126
Phoenix, AZ 85007
(602) 542-3323 (V/TTY); (800) 352-8161 (V/TTY)
Web: www.acdhh.state.az.us

Superintendent
Arizona State Schools for the Deaf and the Blind
P.O. Box 88510
Tucson, AZ 85754
(520) 770-3718
Web: www.asdb.org

Programs for Children and Youth who are Blind or Visually Impaired
See entry for Arizona State Schools for the Deaf and the Blind, directly above.

University Centers for Excellence in Developmental Disabilities
(formerly University Affiliated Programs)
Institute for Human Development
Northern Arizona University
P.O. Box 5630
Flagstaff, AZ 86011
(520) 523-4791
E-mail: ihd.uap@nau.edu
Web: www.nau.edu/ihd

Technology-Related Assistance
Arizona Technology Access Program (AZTAP)
4105 N. 20th Street, Suite 260
Phoenix, AZ 85016
(602) 728-9534; (602) 728-9536 (TTY)
(800) 477-9921 (toll-free)
Web: www.nau.edu/ihd/aztap/

State Mediation System
Arizona Department of Education
Exceptional Student Services
400 W. Congress, Suite 241
Tucson, AZ 85701
(520) 628-6616
Web: www.ade.az.gov

Appendix VI: Disability-specific organizations

Attention Deficit Disorder
To identify an ADD group in your state or locality, contact either:
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201
Landover, MD 20785
(301) 306-7070
(800) 233-4050 (Voice mail to request information packet)
E-mail: national@chadd.org
Web: www.chadd.org

National Attention Deficit Disorder Association (ADDA)
1788 Second Street, Suite 200
Highland Park, IL 60035
(847) 432-2332
E-mail: mail@add.org
Web: www.add.org

Autism
Southwest Autism Research Center
1002 E. McDowell, Suite A
Phoenix, AZ 85006
(602) 340-8717
Web: www.autismcenter.org

Brain Injury
Brain Injury Association of Arizona
P.O. Box 44791
Phoenix, AZ 85064
(602) 323-9165; (888) 305-0073
Web: www.biaaz.org

Cerebral Palsy
United Cerebral Palsy of Central Arizona
321 W. Hatcher, Suite 102
Phoenix, AZ 85021
(602) 943-5472
E-mail: ucpofaz@aol.com

Epilepsy
Epilepsy Foundation of Arizona
P.O. Box 25084
Phoenix, AZ 85002-5084
(602) 406-3581; (888) 768-2670
E-mail: mmaclei@chw.edu

Learning Disabilities
Learning Disabilities Association of Arizona
P.O. Box 30606
Phoenix, AZ 85046-0606
(602) 246-6615
E-mail: ldaaz@earthlink.net

Mental Health
Mental Health Association of Arizona
6411 E. Thomas Road
Scottsdale, AZ 85251
(480) 994-4407
E-mail: mhaaz@qwest.net
Web: www.mhaaz.com

Arizona Alliance for the Mentally Ill
NAMI Arizona
2210 North 7th Street
Phoenix, AZ 85006
(602) 244-8166; (800) 656-5022
E-mail: azami@aol.com
Web: http://az.nami.org

Mental Retardation
The Arc of Arizona, Inc.
5610 S. Central Avenue
Phoenix, AZ 85040
(602) 243-1787; (800) 252-9054
E-mail: arcofariz@aol.com
Web: www.arcarizona.org

Sharing Down Syndrome Arizona, Inc.
745 N. Gilbert Road, Suite 124, PMB 273
Gilbert, AZ 85234
(480) 926-6500
Web: www.sharingds.org

Speech and Hearing
Arizona Speech-Language-Hearing Association
7622 N. 48th Drive
Glendale, AZ 85301
(623) 939-6103; (800) 705-7510
E-mail: arshoffice@yahoo.com
Web: www.healthcaresource.com/arsha

Spina Bifida
Arizona Spina Bifida Association Inc.
1001 E. Fairmont Avenue
Phoenix, AZ 85014-4806
(602) 274-3323
E-mail: office@arizonasba.org
Web: http://arizonasba.org

Visual Impairments
Foundation for Blind Children
1235 E. Harmont Drive
Phoenix, AZ 85020
(602) 331-1470
Web: www.the-fbc.org

Gil Johnson, Director
American Foundation for the Blind-West
111 Pine Street, Suite 725
San Francisco, CA 94111
(415) 392-4845
E-mail: sanfran@afb.net
Web: www.afb.org

Appendix VII: Organizations for parents

Parent Training and Information Center (PTI)
RAISING Special Kids
4750 N. Black Canyon Highway, Suite 101
Phoenix, AZ 85017-3621
(602) 242-4366; (800) 237-3007 (in AZ only)
E-mail: info@raisingspecialkids.org
Web: www.raisingspecialkids.org

Pilot Parents of Southern Arizona
2600 N. Wyatt Drive
Tucson, AZ 85712
(520) 324-3150; (877) 365-7220
E-mail: ppsa@pilotparents.org
Web: www.pilotparents.org

Parent-to-Parent
Contact Parent Training and Information Center listed above
Partners in Policymaking
Pilot Parents of Southern Arizona
2600 N. Wyatt Drive
Tucson, AZ 85712
(520) 324-3150; (877) 356-7220
E-mail: ppsa@pilotparents.org
Web: www.pilotparents.org

Parent Teacher Association (PTA)
Arizona Congress of Parents and Teachers, Inc.
2721 N. 7th Avenue
Phoenix, AZ 85007-1102
(602) 279-1811
E-mail: az_office@pta.org
Web: www.azpta.org

Other Disability Organizations

Easter Seals Arizona
903 N. Second Street
Phoenix, AZ 85004
(602) 252-6061; (800) 626-6061
(602) 254-3026 (TTY)
E-mail: bmpseals@inficad.com

Community Information and Referral Services
1515 E. Osborn Road
Phoenix, AZ 85014
(602) 263-8856; (800) 352-3792 (In AZ)
E-mail: cirs@cirs.org
Web: www.cirs.org

VSA arts of Arizona
3321 N. Chapel Avenue
Tucson, AZ 85716
(520) 795-6502
E-mail: vsaa@mindspring.com
Web: www.vsarts.org

Appendix VIII: Online resources

The National Information Center for Children and Youth with Disabilities
http://www.nichcy.org/index.html

IDEA Practices
http://www.ideapractices.org/resources/index.php

Utah Special Educator
http://www.ulrc.org/specialeducator/

Solution Focused Therapy for Child Welfare
http://trochim.human.cornell.edu/gallery/rymar/rymar.htm

The University of Chicago Student Counseling and Resource Services: Virtual Pamphlet Collection
http://counseling.uchicago.edu/vpc/virtulets.html

Education World Counseling Center
http://www.education-world.com/counseling/

Writing IEP Goals
http://www.cesa7.k12.wi.us/sped/issues-IEPissues/writingiep/writingindex.htm

Tulsa Public Schools: Writing IEP Goals and Objectives
http://www.tulsaschools.org/tps_depts/specialed/writing_goals_and_objectives.htm

Writing Better Goals and Short- Term Objectives or Benchmarks
http://journals.cec.sped.org/EC/Archive_Articles/VOL.34NO.1SEPTOCT2001_TEC_lignugaris.pdf