

Memo

TO: Principals, Assistant Principals, School Intervention Team Coordinators
FROM: Jane Morrow, Lead School Psychologist
CC: Area Superintendents; Superintendent's Cabinet; Sonya Colvin, Rtl Coordinator; Jill Ashworth, Lead Special Education Coordinator; Julie Rodriguez, Speech Coordinator; School Psychologists
DATE: November 2, 2009
SUBJECT: Use of screening measures during the general education intervention process

With all the changes regarding the School Intervention Team (formerly SST) and special education evaluations, there have been several questions regarding use of screening measures and other information-gathering tools during the intervention process. This memo will provide clarification. **Please share this with all of your teachers.**

Attached you will find a copy of the S.C. Office of Exceptional Children "Policies and Procedures" document dated 4-6-09. Chapters two and three of this document address child find obligations, the intervention process, referrals, and evaluations. Below you will find two sections of this document that are especially relevant to this memo.

"Federal requirements indicate that the screening of a student to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services (34 C.F.R. § 300.302). Further explanation in the comments to the federal regulations indicates that screening refers to a process that a teacher or specialist uses to determine appropriate instructional strategies. The comments go on to describe screening as typically being a relatively simple and quick process that is used to determine strategies to more effectively teach children. This would include examples of such things as universal screening and progress monitoring tools that yield information teachers may use to more appropriately select interventions tailored to a student's area of academic need; observations of children in various environments from which analyses of behavior patterns may occur in order to direct staff to appropriate intervention selection; and diagnostic tools which assist LEA personnel in a deeper understanding of the student's presenting concern so that more effective interventions may be selected. It should be made very clear that the latitude given by this regulation is NOT to be interpreted as a way to circumvent other regulations pertaining to evaluation."

"The difference between screening and evaluation is the **intent** of the activities. If the intent of the activities is to determine instructional strategies, that constitutes screening. It is clear in the regulation and subsequent comments that the **ONLY** activities that may be considered screening are those activities which result directly in information to be used solely for the purpose of designing instructional strategies. At

any point that the intent changes to seek to determine if the student is a child with a disability or if the student is in need of special education services, this is evaluation and all due process protections come into play. At this point, parents must be contacted to seek consent for initial evaluation.”

During a training held in July, 2009, a representative of the Office of Exceptional Children stated that screening measures must be directly related to the development of interventions. When asked whether a brief intelligence measure such as the SFRIT would meet this criteria, the answer was negative.

Mass vision screenings and hearing screenings are conducted at certain grade levels. Also, a teacher or any other person may refer a child for vision or hearing screenings if a problem is suspected. Neither of these scenarios require permission to screen because the results are not being used to determine whether a child has a special education disability. If a problem is found, the parent is notified and asked to follow-up with a physician. It is logical to conduct screenings during the intervention process if vision and/or hearing problems are believed to be contributing to a child's academic problems. This would not require parental consent. If vision and hearing screenings are requested, and the sole reason is to assist in determining eligibility for special education services, then the screening becomes part of the comprehensive, formal “evaluation” and due process procedures must be followed (formal evaluation planning, procedural safeguards notice, prior written notice, and informed, written parental consent.)

In our district, mass screenings are not conducted for speech and language. Also, if a speech/language screening is conducted, the results will always be used to determine whether a comprehensive, formal evaluation for special education eligibility is necessary. Therefore, written permission to screen is required prior to a speech/language screening. The speech therapists have a form for this purpose, and are responsible for obtaining consent from the parent.

Physicians and parents often ask for teachers to complete rating scales in order to assist the physician in diagnosing attention problems. In the past, we have used the Conners' rating scales for this purpose. However, the Conners' does not meet the definition of screening as described above, and the results suggest a diagnosis. The Department of Special Programs has developed the attached informal “Attention Problems Checklist” to be used for this purpose. This is not a form measure, and there is no scoring. The wording of the items comes directly from the guidelines physicians and clinical psychologists use to make a diagnosis. It also includes some open-ended questions which should assist the physician or psychologist in making a differential diagnosis. Please note that there are multiple physical, psychiatric, and environmental conditions which can cause attention problems, hyperactivity, and/or inappropriate behavior. This form should not be sent to a physician unless this information has been solicited from the parent or the physician. If a teacher or other school personnel have concerns about attention problems, these can and should be discussed with the parent. However, school personnel should not suggest a diagnosis or medication. Please discontinue use of the Conners' rating scales and the Differential Test of Conduct and Emotional Problems and return the forms to the Office of Special Programs at Brookhaven, to the attention of Stephanie Harden.

In the past, form 216 “Demographic, Medical, Developmental, and Educational History” has been obtained by Student Support Teams and submitted with referral “packets.” If the child had an educationally-relevant medical diagnosis, form 222 “Medical Report” was also obtained. Unfortunately, these items were often obtained after the decision to refer was made. Therefore, this valuable information was not used during problem-solving and development of interventions. We encourage you to ask parents to complete forms 216 and 222 during the intervention process. Written parental consent is not required; if the parent does not wish to share the information with you, they can refuse to do so. However, if the sole purpose of obtaining this information is to complete a referral packet and/or to assist in determining eligibility for special education services, then the screening becomes part of the comprehensive, formal “evaluation” and due process procedures must be followed prior to obtaining them (formal evaluation planning, procedural safeguards notice, prior written notice, and informed, written parental consent.) Please, remind teachers and other school personnel that these documents contain confidential medical information and should only be available to those persons who have a need to know this information about the child.

So what measures would be appropriate to use for problem solving and developing and monitoring academic or behavioral interventions? Below is a list of measures and documentation which would provide useful information but would not require parental consent. This list is not comprehensive. Remember the key is that the assessment must yield information that can be used to identify and remediate a problem.

- Classroom observations
- Frequency counts
- Analysis of work samples
- Running records
- Dominic
- MAP
- Curriculum-based assessment and measurement
- Functional behavior assessment
- Teacher interviews
- Parent interviews
- Student interviews
- Academic Competence Evaluation Scales (ACES)
- Academic Intervention Monitoring System (AIMS)
- Standardized achievement measures administered by the school psychologist or teacher (when not administered as part of a comprehensive evaluation to determine special education eligibility)

If you have any questions, please contact a member of the District Intervention Team or a school psychologist.

Memo approved by Superintendent’s Cabinet on 1-5-10.