

Ask it Basket



Thank you for asking your questions!

2/22/2018

Q: Focused assessment – Should we be doing this? Not testing in all areas when the student is only struggling in one area, or getting intervention in one area.

- Remember, an FIE covers all areas; however, in some cases it is okay to use existing data or informal information to address areas that are not part of the concern.
 - EX: Student evaluation for ED. You have benchmark data, grades, and universal screening data that indicates the student is performing on grade level. Simple report these facts in your eval – you do not have to go through the whole WJ-ACH if it is not needed.

Q: SST—Can assessment staff sit out of SST especially when the school is referring the students they want to refer and are not considering the data?

- At this time, it is still expected that assessment staff attend SST meetings when the campus is referring a student.
- It is possible for the assessment staff member to contribute to the SST decisions by also meeting with the relevant campus staff members prior to or after the SST meeting, if that is agreeable to everyone. This scenario may be relevant when the assessment staff member is not able to be in the SST at a given time due to schedule conflicts.
- It is best to always coordinate SST participation through a continuous cycle of collaborative conversations and follow up communications with the campus Admin and Counselor.

Q: Dyslexia – when the score profile resembles Dyslexia, can we recommend the student receive BLS? If so, can the campus dyslexia teacher refuse to service that student?

- Based on assessment results, you should absolutely make appropriate recommendations. Be in contact with the Dyslexia teacher and work collaboratively on recommendations.
- The Dyslexia teacher should also be invited to the ARD and be a part of making recommendations for the IEP.

Q: Can assessment staff get a copy of discussions or notes from DC meetings? They are sometimes told things we are not, which leads to confusion when completing and ARD the right way?

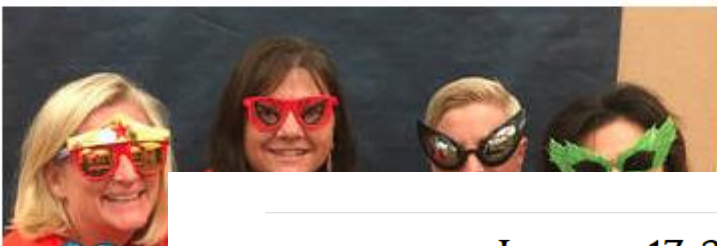
	Special Services Documents Speech Therapy Documents Referral Documents Behavioral RtI Documents SST and RtI Forms
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January 17, 2018 - Ice Day



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Q: Do counselors and administrators have the ability to turn down a referral at SST if the referral is inappropriate? They may need some training on this topic.

- SST referrals are based on committee decisions – not just one person
- The counselor is a committee member and serves as the meeting facilitator.
- The new expanded Section 1 form should help guide the committee to make an appropriate, data driven, determination.
- The assessment staff can help the committee interpret the available data in light of their questions about whether it might be an appropriate referral for a given disability condition.
- The SST agenda, including which students are presented/not presented, is in the hands of the campus administrators.

Q: Many LSSPs and Diags are getting requests from related service personnel to request consent and write an RFA when the related service provider wants another related service provider to consult and/or evaluate a student on their caseload. (This is in cases where a REED is not needed.)

We remember discussing at a previous JAM Meeting that whoever requests the assessment should get consent and write the RFA. Is this correct, or should we complete these forms? Our concern is we will not likely have enough information to complete these forms and have to spend additional time tracking this information down and going in between service providers and parents.

- It is expected that the person needing consent is the person who should obtain consent and complete any necessary RFAs
- We will talk to Pam about reiterating these expectations at the next JAM



HOT TOPICS

ADHD cases presented as LD only cases

ADHD cases with no interventions

Q: Could we develop some guidelines for considering ADHD as part of a referral? Should Tier 2/3 or 504 be tried first? Sometimes they DNQ for LD and then ADHD is suddenly brought up. Sometimes they refer because there's an ADHD dx but no interventions have been done.

- Sticky situation, for sure!
- If the section 2 or classroom observation form shows concerns with behavior or if you see behavior concerns during testing, don't ignore it! Contact the LSSP *as soon as possible* to help.
- Remember, if we suspect a disability, it is our job to evaluate.
- We can try behavioral interventions while we are in the process of an evaluation.

Q: I had received 3 recent referrals that started as LD and during the process, someone wants to look at OHI for ADHD. What procedure should we follow in these cases? Often there is no data, no interventions and no diagnosis for a physician. Within the initial referral timeline, which has already started by the time it gets to this point, it is difficult to attempt an intervention, collect data, complete the assessment portion and arrange to get the student to a doctor to have them review the information and complete an OHI form.

- Refer to the “answer” for the previous question above.
- Also remember: if the child has the cognitive, functional behavior impairments, and developmental background consistent with the ADHD diagnosis, then it is appropriate to indicate that in the behavioral summary section, even if there is no OHI form signed. In this situation it may be appropriate to indicate that “at the time the OHI form is signed, this additional disability condition related to ADHD can then be considered by the ARD committee.”

- Concerning interventions for behavior
 - It is still best practice for the teacher to first reach out for behavior support from the counselor.
 - The Behavior SST should determine the level of support needed for the student (Tier 2, Tier 3, 504, referral).
 - Intervention is required; however, you can do this during the referral process.