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IDEA 2004: Current Special Education Practice

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IDEA 2004: *Current Special Education Practice*

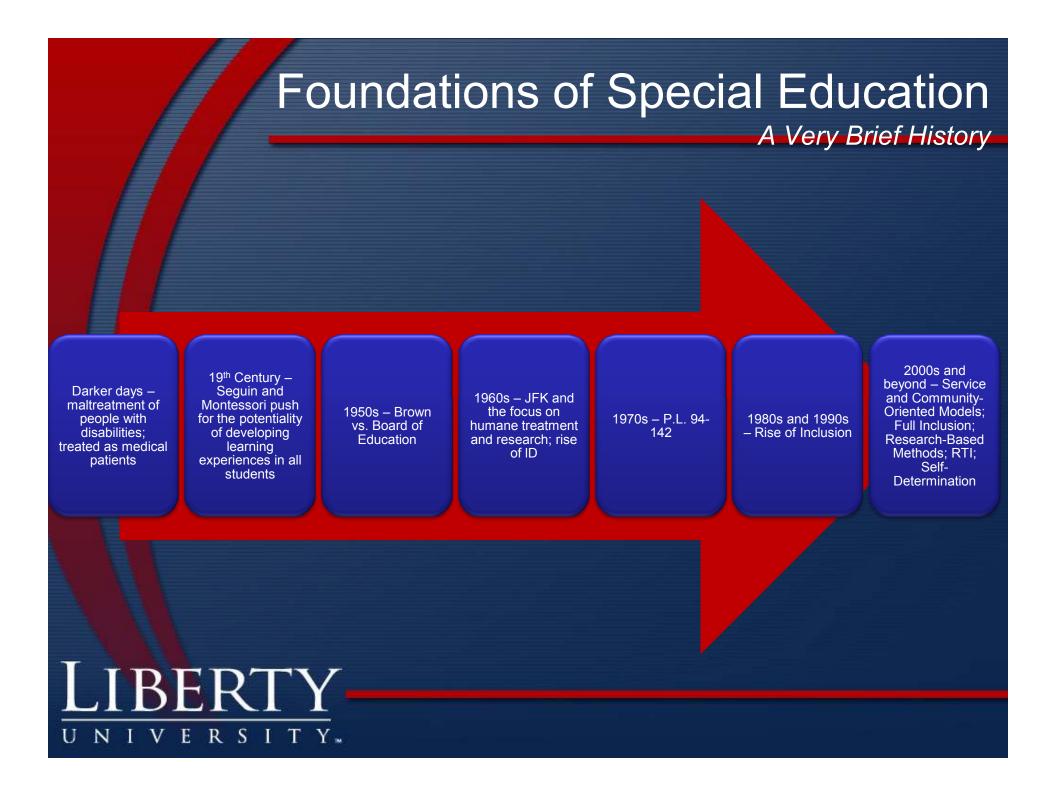
A Presentation Made to the Association of Christian Schools International (ACSI) Washington, DC Educator's Convention By Randall Dunn. November 20, 2007

Agenda of Discussions

Foundations of Special Education (A Very Brief History) Special Education Structure as Mandated

Resources

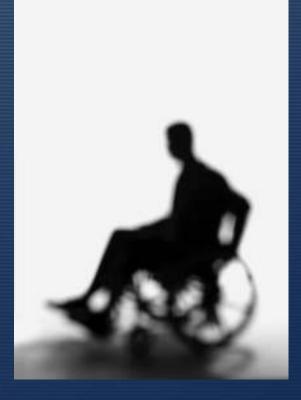




SPECIAL EDUCATION STRUCTURE AS MANDATED

DEA 2004: Current Special Education Practice

Person-First Language/ Mentality



Individual with Mental Retardation instead of Mentally Retarded Individual Goes to a state of mind and an approach Biblical principle – Psalm 139

_egal Aspects > P.L. 94-142

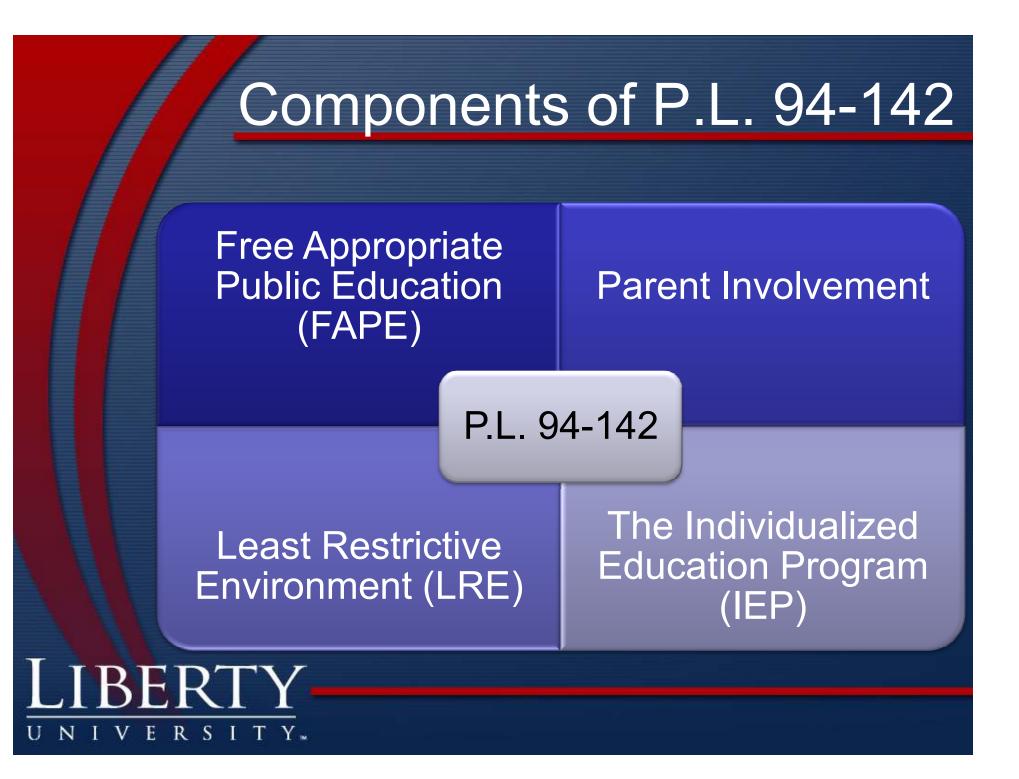
- "...insure that all handicapped children have a free and appropriate public education which includes special education and related services to meet their unique needs."
- "...insure that the rights of handicapped children and their parents are protected."



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Purposes of P.L. 94-142

States provide services for students to insure appropriate education for students with disabilities Students and parents have tools to protect rights States receive federal funding to support regulations' implementations



FAPE

Publicly funded; publicly supervised; free to participants
Meet educational and curricular standards of residing state
Includes appropriate pre-school, elementary or secondary school education
Meet IEP components/ unique for student's needs



Parent Involvement

Protects rights of parents/ child (accountability) Active participants Member of the "team" Responsible for implementing plans



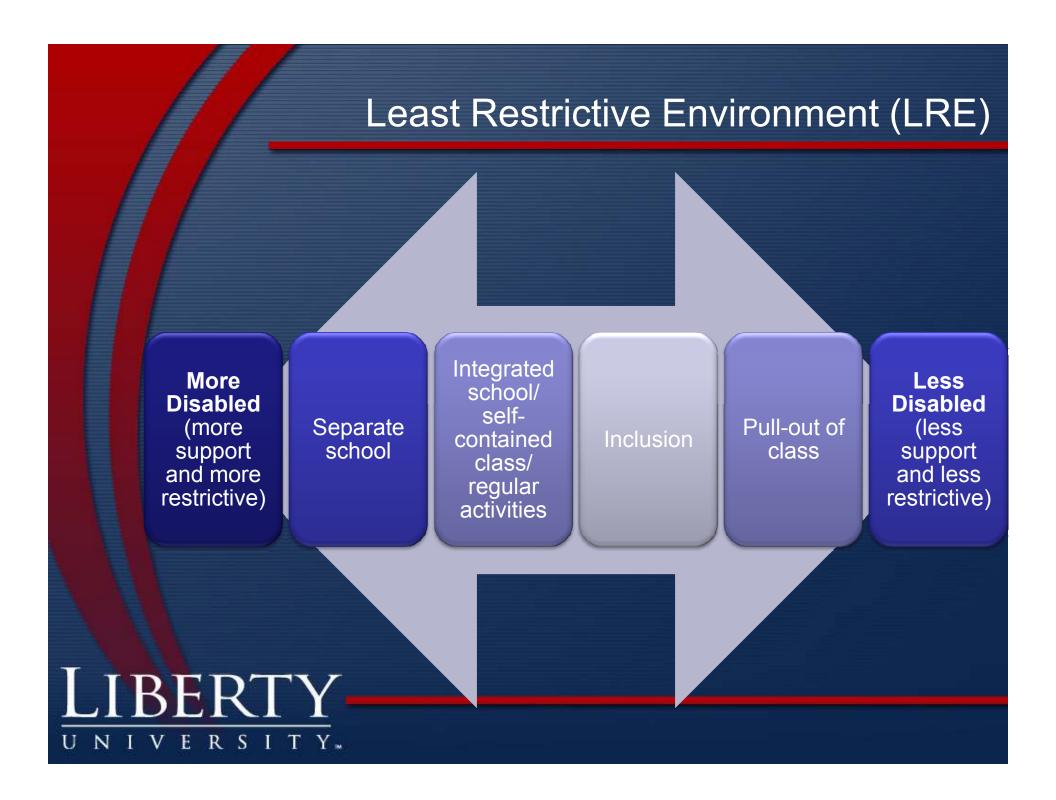
Least Restrictive Environment (LRE)



Must provide a "continuum of alternative placements...to meet the needs of handicapped children for special education and related services."

Must include at a minimum "instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions."

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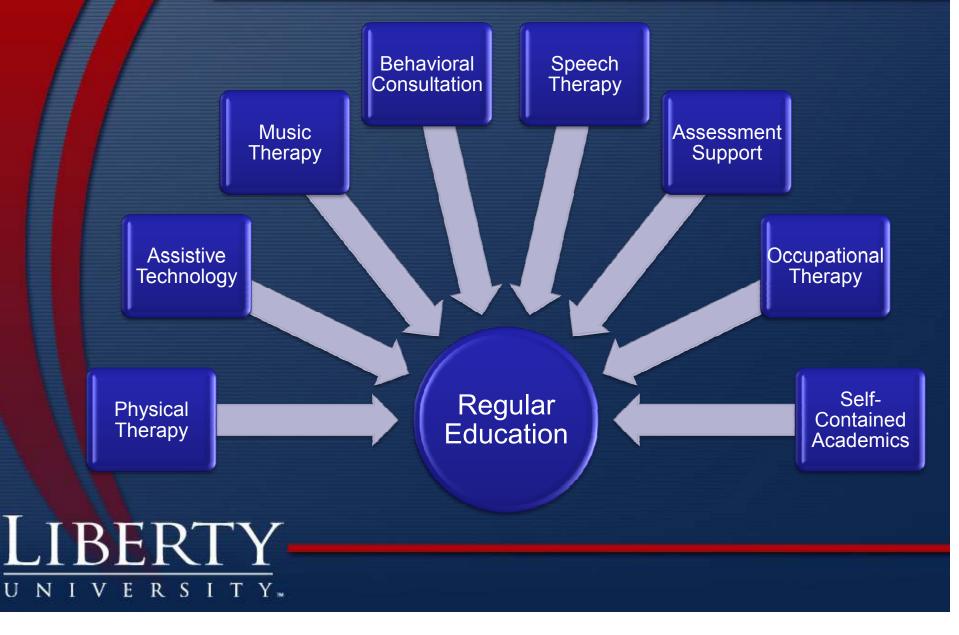


Inclusion vs. Self-Contained

Regular Education Initiative Mainstreaming Inclusion Full-Inclusion



LRE > Sample Inclusion Model



Individual Education Program (IEP)

developed from assessments conducted by a multidisciplinary evaluation team

designed to meet the individual needs of each student with a disability

to provide continuity in the delivery of educational services on a daily, as well as an annual basis.



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Individual Education Program (IEP)

Common elements:

- A child's present level of performance (PLP)
- Statement of annual goals
- Short-term instructional objectives
- Related services
- Percent of time in regular education
- Beginning and ending dates for special education services
- Transition considerations
- Accommodations/ Modifications (class and assessment)

Classifications/ Categorizations (13 +1)

autism, deaf-blindness, emotional disturbance, hearing impairment (including deafness), mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, or visual impairment (including blindness). AND developmental delay

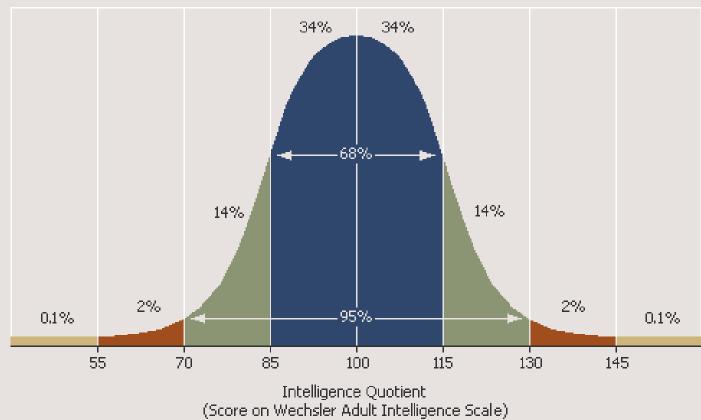
Mental Retardation

Often programs focus on basic academic skills, life skills, vocational skills BUT some students more mild can continue academics and function with peers (in standard curriculum)



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Bell Curve – IQ



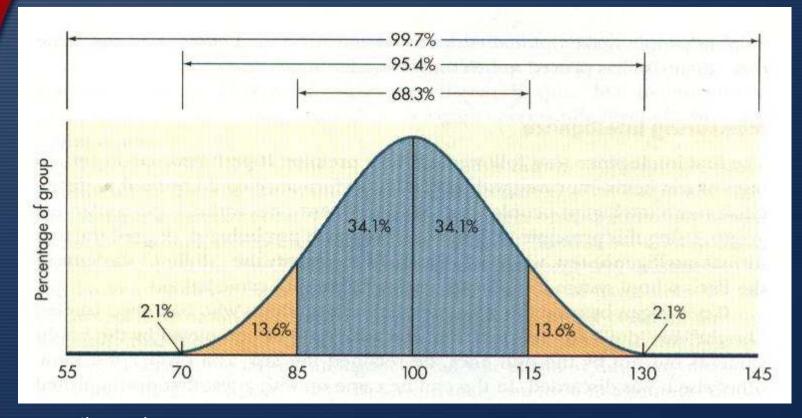
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Number of scores

Learning Disabilities

Varying issues affecting logical, verbal skills Disparity between various skills Goes to achievement – not IQ Was grouped with ADD until @30 years ago

Bell Curve – Standard Deviation



www.thesoni.com

Developmental Delay



•Often a label for children under 8 years old

•More general label for children with identified delays who could be later labeled MR, LD, or BD/ ED

•Model is often consultative

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Autism

"Autism Spectrum Disorder" - ASD
Pervasive Developmental Disorder
Often associated with communication issues
Usually results in social skills and adaptation skills
Can include lower cognitive function (MR/ID) or

higher cognitive function (Asperger's)



Behavior Disorder/ Emotional Disturbance

Might be related to social influences or bio/chemical
Often self-contained classroom but can be inclusionary
Sometimes consider medications in lieu of more "Naturalistic" approaches
Can be an accompanying identification with others (like MR or LD)



Other

Perceptive/ Receptive/ Expressive Disorders (sometimes grouped with LD) ADHD/ ADD Multiple Disabilities



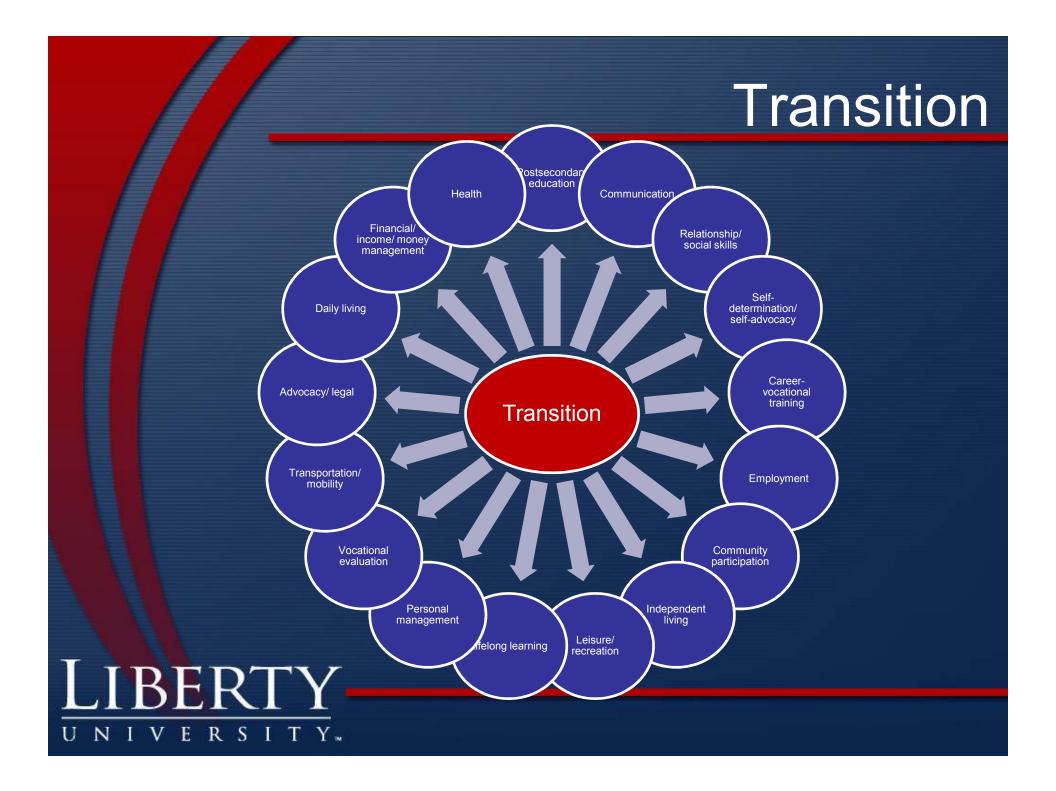
BIPs and FBAs

Functional Behavior Analysis/ Behavior Intervention Plans
Purely in the "Behaviorist" school of thought
Look for how the behavior is manifested (from disability or elsewhere)
Target specific behaviors
Plan for "program" implementation
Evaluate results



Transition

Planning for child's future (Age 25 **Projection**) Develop courses of study for all aspects of education and preparation Required for full implementation by Age 16 Requires collaboration and communitybased service models



Impact on Regular Educators

Cooperative Approach to Education (Regular Ed and Special Ed together) Accommodations, accommodations, accommodations Behavioral differences (BIP) Differentiation of instruction IEP involvement



Private Schools and IDEA 2004

- Centralized LEA and Private School Coordination
- Child Find responsibilities
- Are Private Schools responsible according to IDEA 2004?



DEA 2004: Current Special Education Practice

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R S I T Y ...

REMINDERS AND LESSONS FOR CHRISTIAN EDUCATION

Individualized Learning

Socio-Economic Considerations Learning Skills/ Mete-

Learning

Cultural

Background

Gender Influences The Student

Learning Preferences

Personality Differences

> Social Needs and Preferences

Special Conditions

Psalm 139

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Individualized Planning

Present Levels of Performance / Narrative Approach Connections to Goals and Objectives/ Measurability Checkpoints/ Benchmarks for Instruction



Differentiation

What kinds of supports/ scaffolding can I develop to help (child X) with learning in my classroom?What kinds of strategies are best employed for the purposes outlined in my instructional planning?Social learning? Direct instruction? Repetitive practice?



Discipline

Standards never change, procedures might.
Analyzing behavioral issues in a classroom is a worthwhile activity (trying to determine causation, triggers, reinforcement, deeper issues, baggage).

Response to Intervention

http://www.doe.virginia.gov/VDOE/suptsmemos/2007/in f239.html

"RtI is the practice of providing high-quality instruction/intervention matched to all student needs and using the learning rate and level of performance over time to make important educational decisions. RtI practices are proactive, incorporating both prevention and intervention and are effective at all levels from early childhood through high school."

Diagnostic-Based Planning

The emphasis on assessment and its connection to fulfilling the school's mission
Pre-Testing/ Diagnostics use . . .
Planning for Gaps
Catering Instruction to Needs

Sample Diagnostic/ Formative

Thursday.	Student	Can Work With Cardinal Directions	Can Create Map	Can Compare/ Contrast Topographical and Political Maps	TOTALS	
	Johan				3	
	Bob				5	
ļ	Susie Q				4	
\$	Sven				2	
ľ	Brumhilda				2	
	TOTALS	7	7	2		

Resources

Wrightlaw (Peter Wright) – <u>www.wrightslaw.com</u>
Federal Government IDEA Website - <u>idea.ed.gov</u>
Education Law Resource Center - <u>www.edlawrc.com</u>
National Dissemination Center for Children with
Disabilities - <u>www.nichcy.org/idea.htm</u>

