

**District #547- Parkers Prairie Public Schools**  
**Total Special**  
**Education System (TSES)**

This document serves as the Total Special Education System Plan for Parkers Prairie Public Schools in accordance with Minnesota Rule 3525.1100. This plan also includes an assurance for compliance with the federal requirements pertaining to districts' special education responsibilities found in United States Code, title 20, chapter 33, sections 1400 et seq., and Code of Federal Regulations, title 34, part 300. This document is a companion to the Application for Special Education Funds - Statement of Assurances (ED-01350-29).

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**I. Child Study Procedures**

The district's identification system is developed according to the requirement of nondiscrimination as Parkers Prairie Public Schools does not discriminate in education on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability.

**A. Identification**

Parkers Prairie Public Schools has developed systems designed to identify pupils with disabilities beginning at birth, pupils with disabilities attending public and nonpublic schools, and pupils with disabilities who are of school age and are not attending any school.

Infant and toddler intervention services under United States Code, title 20, chapter 33, section 1431 et seq., and Code of Federal Regulations, title 34, part 303, are available in Parkers Prairie Public School District to children from birth through two years of age who meet the outlined criteria.

The team determines that a child from birth through the age of two years is eligible for infant and toddler intervention services if:

- A. The child meets the criteria of one of the disability categories in United States Code, title 20, chapter 33, sections 1400, et. seq., as defined in Minnesota Rules; or
- B. The child meets one of the criteria for developmental delay in subitem (1) or the criteria in subitem (2) or (3);
  - (1) The child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay; or

(2) The child is experiencing a developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:

- (a) Cognitive development;
- (b) Physical development, including vision and hearing;
- (c) Communication development;
- (d) Social or emotional development; and
- (e) Adaptive development.

(3) The child's eligibility is established through the application of informed clinical opinion. Informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments to establish eligibility.

The team shall determine that a child from the age of three years through the age of six years is eligible for special education when:

- A. The child meets the criteria of one of the categorical disabilities in United States Code, title 20, chapter 33, sections 1400 et seq., as defined in Minnesota Rules; or
- B. The child meets one of the criteria for developmental delay in subitem (1) and the criteria in subitem (2). Parkers Prairie Public Schools has elected the option of implementing these criteria for developmental delay.

1. The child:

- (a) Has a diagnosed physical or mental condition or disorder that has a high probability or resulting in developmental delay; or
- (b) Has a delay in each of two or more of the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, that is verified by an evaluation using one or more technically adequate, norm-referenced instruments. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean in each area.

(2) The child's need for special education is supported by:

- (a) At least one documented, systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified;
- (b) A developmental history; and

(c) At least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion referenced instruments, language samples, or curriculum-based measures.

Parkers Prairie Public School's plan for identifying a child with a specific learning disability is consistent with Minnesota Rule 3525.1341. Parkers Prairie Public School implements its interventions consistent with that plan.

**Appendix I. Eligibility Checklists. (Click on the link below)**

<http://education.state.mn.us/MDE/SchSup/ComplAssist/Monitoring/Checklists/index.html>

**B. Evaluation**

Evaluation of the child and assessment of the child and family will be conducted in a manner with Code of Federal Regulations, title 34, part 303. It must be based on informed clinical opinion; and must be multidisciplinary in nature, involving two or more disciplines or professions; and must be conducted by personnel trained to utilize appropriate methods and procedures. The evaluation must include:

**A. General.**

(1) The lead agency must ensure that, subject to obtaining parental consent in accordance with §303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—

(i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and

(ii) If the child is determined eligible as an infant or toddler with a disability as defined in §303.21--

(A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;

(B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

(2) As used in this part—

(i) Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infant or toddler with a disability in §303.21. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under this part;

(ii) Assessment means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under this part and includes the assessment of the child, consistent with paragraph (c)(1) of this section and the assessment of the child's family, consistent with paragraph (c)(2) of this section; and

(iii) Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

(3)

(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.

(ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.

(4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

(5) Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of native language in §303.25.

(6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in §303.25 B.

B. Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include -

- (1) Administering an evaluation instrument;
- (2) Taking the child's history (including interviewing the parent);
- (3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);
- (4) Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- (5) Reviewing medical, educational, or other records.

C. Procedures for assessment of the child and family.

(1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following -

- (i) A review of the results of the evaluation conducted by paragraph (b) of this section;
- (ii) Personal observations of the child; and
- (iii) The identification of the child's needs in each of the developmental areas in § 303.21(a)(1).

(2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must -

- (i) Be voluntary on the part of each family member participating in the assessment;
- (ii) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- (iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

The team conducts an evaluation for special education purposes within a reasonable time not to exceed 30 school days from the date the district receives parental permission to conduct the

evaluation or the expiration of the 14- calendar day parental response time in cases other than initial evaluation, unless a conciliation conference or hearing is requested.

Parkers Prairie Public School conducts full and individual initial evaluation before the initial provision of special education and related services to a pupil. The initial evaluation consists of procedures to determine whether a child is a pupil with a disability that adversely affects the child's educational performance as defined in Minnesota Statutes, section 125A.02, who by reason thereof needs special education and related services, and to determine the educational needs of the pupil. The district proposing to conduct an initial evaluation to determine if the child qualifies as a pupil with a disability obtains informed consent from the parent of the child before the evaluation is conducted. Parental consent for evaluation is not construed as consent for placement for receipt of special education and related services. The District will not override the written refusal of a parent to consent to an initial evaluation or reevaluation.

### **Evaluation Procedures**

Evaluations and reevaluations shall be conducted according to the following procedures:

A. Parkers Prairie Public Schools shall provide notice to the parents of the pupil, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, that describes any evaluation procedures the district proposes to conduct.

B. In conducting the evaluation, Parkers Prairie Public Schools shall:

(1) Use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and profess in the general curriculum, or for preschool pupils, to participate in appropriate activities;

(2) Not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and

(3) Use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

C. Parkers Prairie Public Schools ensures that:

(1) Tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) Materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent

to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;

(3) Any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;

(4) The child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) Evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;

(6) If an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;

(7) Tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;

(8) Tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and

(9) In evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related service needs, whether or not commonly linked to the disability category in which the pupil has been classified.

D. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section 125A.02, shall be made by a team of qualified professionals and the parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.

E. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts 3525.1325 to 3525.1351.

### **Additional requirements for evaluations and reevaluations**

A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part 3525.3100, the IEP team and other qualified professionals, as appropriate, shall:

(1) Review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and

(2) On the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.

B. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item A, subitem (2).

C. The district shall obtain informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the pupil's parent has failed to respond.

D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.

E. A district shall evaluate a pupil in accordance with this part before determining that the pupil is no longer a pupil with a disability.

### **Procedures for determining eligibility and placement**

A. In interpreting the evaluation data for the purpose of determining if a child is a pupil with a disability under parts 3525.1325 to 3525.1351 and the educational needs of the child, the school district shall:

(1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and

(2) ensure that the information obtained from all of the sources is documented and carefully considered.

B. If a determination is made that a child is a pupil with a disability who needs special education and related services, an IEP must be developed for the pupil according to part 3525.2810.

### **Evaluation report**

An evaluation report is completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

- A. a summary of all evaluation results;
- B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
- C. the pupil's present levels of performance and educational needs that derive from the disability;
- D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and
- E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.

### **C. Plan for Receiving Referrals**

I. Parkers Prairie Public School District's plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies is attached as

#### **Referral Process for Students Birth to Pre-K**

Local health, education, and social service agencies must refer children under age five who are known to need or suspected of needing special instruction and services to the school district. A full range of education programs and services will be provided for children with a disability.

Primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;
- Day Care programs;
- Local educational agencies;
- Public Health facilities;
- Other social service agencies; and
- Other health care providers.

**Districts use the following referral process for students between birth to pre-kindergarten:**

Referral is the formal, ongoing process for reviewing information related to children who show signs of needing special education services. The referral process includes reviewing screening information and deciding whether or not to conduct an evaluation. A referral may be made by anyone who has a concern.

**The individual taking the referral:**

- a. Gathers as much information as possible from the referral source and completes the form entitled **ECSE Referral Form**.
- b. Arrangements for a home visit to be conducted by a representative from the local agency. This may be an ECSE teacher, a public health nurse, a social worker or a combination of personnel depending upon the known priorities of the child and family.

Reminder: **Birth-2:** Once the agency receives a referral and has determined the need for an evaluation, the team will complete the evaluation activities and hold an Individual Family Service Plan (IFSP) meeting within 45 calendar days. The 45 day "clock" begins when a phone call of referral is made to the public agency. **Ages 3-5:** Evaluations for children over age three must be completed within 30 school days.

**Activities for Initial Home Visit:**

- A. Complete the **ECSE Referral Form** and **Individual Releases for Exchange of Information**. Give a copy of each form to the parent along with the *Infant and Toddler Intervention Procedural Safeguards Notice (Part C)* and *Part B Notice of Procedural Safeguards*.
- B. Interview the parent(s)/guardian(s) to gather information needed to complete the correct form: **Family Questionnaire: birth - 6 months, Family Questionnaire: 6 months - 12 months, Family Questionnaire: 12 - 18 months, Family Questionnaire: 18-24 months, Family Questionnaire: 24-36 months, Preschool Family Questionnaire** and any other informational document desired by Alexandria Public School District.
- C. A Prior Written Notice is required to conduct a developmental screening **unless** the child was referred from a screening activity such as Early Childhood Screening, Child and Teen Checkup, or a Head Start screening.
- D. Summarize the results of the screening and discuss next steps with parent(s)/guardian(s):

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns, suggest local resources available to the family. Always leave a contact name and phone number.

**OR**

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns at this time but suggest that it would be beneficial for additional services, referrals to other agency programs should be made.

**OR**

If an educational evaluation is indicated, explain next steps to parent. Offer an opportunity for questions and, if possible, schedule a visit to plan the evaluation.

F. Identify an interagency service facilitator/coordinator.

### **Part C Service Coordination**

Once the public agency receives a referral, a service coordinator is appointed to carry out coordination activities on an interagency basis. Service coordination must promote a family's capacity and competency to identify, obtain, coordinate, monitor, and evaluate resources and services to meet the family's needs.

Service coordination activities include:

1. coordinating the performance of evaluations and assessments;
2. facilitating and participating in the development, review, and evaluation of individualized family service plans;
3. assisting families in identifying available service providers;
4. coordinating and monitoring the delivery of available services;
5. informing families of the availability of advocacy services;
6. coordinating with medical, health, and other service providers;
7. facilitating the development of a transition plan at least **90 days** (*child is 2 years 3 months - 2 years 9 months of age*) before the time the child is no longer eligible for early intervention services, if appropriate;
8. managing the early intervention record and submitting additional information to the local primary agency at the time of periodic review and annual evaluations; and
9. notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP.

### **Part B Referral Process for Public School Students Ages 5-21**

General Education Teachers can effectively meet some of the needs of students with learning and behavior problems within the general education classroom. Situations arise, however when a teacher needs a support system to help with students who present unique learning and adjustment problems. Student Support Teams (SST) may assist general educators in solving these problems by determining appropriate pre-referral interventions. Pre-referral interventions help determine if the student's learning problem is specific to the student or a result of the method of instruction or other classroom variables. A Student Support Team (SST) meeting is particularly important in creating a partnership between the school and family; it is an opportunity to collect information about the student.

The individual buildings within the district have each developed a child study procedure for their staff. The main function of the team is to provide an orderly and systematic procedure to identify and monitor students at risk of academic or behavioral difficulties by:

- Behaviorally clarifying the presenting problem
- Pulling together and considering existing information as it relates to the presenting problem
- Gathering additional information within the general education setting utilizing general education personnel and/or procedures
- Determining appropriate course of action attempting to resolve the presenting problem
- Recommending when special education assessment seems appropriate.

The Student Support Team (SST) is generally composed of regular education teachers, counselor or school social worker, building principal, and others as appropriate such as licensed special education personnel, speech clinician and/or school psychologist. Some buildings have combined the functions of the teams to include Early Intervention Services (EIS) and Section 504 referrals as well as referrals for special education.

**Individual buildings use the following referral process for students between the ages of 5 and 21:**

1. A concern is identified by a parent or teacher;
 

School districts are under an obligation to respond to either a verbal or written request for evaluation. The U.S. Office of Special Education and Rehabilitative Services (OSERS) clarifies this point:

A school professional may ask that a child be evaluated to see if he or she has a disability. Parents may also contact the child's teacher or other school professional to ask that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child may be evaluated. Evaluation needs to be completed within a 30 day time period after the parent gives consent.
  2. Information is gathered on the student using the Learner Performance Review Form; and
  3. At least 2 pre-referral interventions are conducted and results are documented.
- \*There are situations when a student's special education evaluation team may waive the pre-referral intervention requirements. This may include a student who enters the district with a documented history of blindness, deafness, cognitive delay, paraplegia, autism, traumatic brain injury, or a student whose disability is well documented or has had an IEP in the last 12 months. Parents may also request an evaluation. The district is obligated to conduct the evaluation whenever the district is unable to convince the parent(s) to consider other interventions before proceeding to evaluation.
4. If concerns persist and performance is discrepant from classmates/norms, teacher submits pre-referral information and interventions to the building's Student Support Team (SST) to initiate special education referral.
  5. The SST reviews pre-referral information and interventions and may contact parent, teacher(s) or others for additional information.
  6. A multidisciplinary team will discuss the referral. If the team determines the referral is appropriate, an evaluation plan will be written. The team will also complete a **Parent Consent/Objection Form** and **Prior Written Notice**. Documents will be sent to parents for review and written approval.

7. If it is determined that an evaluation is not appropriate, the multidisciplinary team will discuss options for action. A **Parent Consent/Objection Form** and **Prior Written Notice** will be provided to parents.

The team should consist of the following personnel whenever feasible:

- A. licensed special education staff in the area of the suspected disability;
- B. a person knowledgeable in evaluation for the specific disability;
- C. parent\*; and
- D. the referring person (when appropriate)

*\* Parents must be provided with the opportunity to participate in the decision-making when their child is being considered for special education evaluation. The parent must be notified of the intent to develop an evaluation plan. It is recommended that the parent and classroom teacher discuss concerns regarding the student prior to the referral which should be made to the building SAT/SST to implement and review the interventions already attempted, determine the need for evaluation, and assign a case manager. The district staff assigned will provide the parent with an opportunity to have any questions or concerns answered about the evaluation process and the instruments used.*

*If the parent wishes to be a part of the planning process but is unable to attend the meeting, the case manager should seek input and provide the parent with an opportunity to have questions answered. Attempts to include the parent in the meeting and/or opportunities for participation should be documented on the student's **Parent Contact Documentation**.*

### **Referral Process for Non-Public or Home School Students**

1. The parent, non-public school staff or others identify a concern regarding a student by contacting the principal at the student's neighboring school.
2. The building principal from the neighboring school will have the parent and/or private school staff complete the Student Support Team (SST) referral form.
3. The Student Support Team (SST) referral form is returned to the principal at the student's neighborhood school. Referrals must be responded to within 10 calendar days of receiving them.
4. The Student Support Team (SST) from the student's neighborhood school reviews the referral information and any previous teacher interventions.
5. If the referral is from a non-public school, the classroom teacher or representative is invited to the Student Support Team (SST) meeting at which the student will be discussed.
6. The Student Support Team (SST), which includes the classroom teacher, determines if additional interventions are appropriate or more data is needed. A "case manager" is assigned to oversee the option recommended by the team.
  - a) If pre-referral interventions are implemented the Student Support Team (SST) will monitor effectiveness of the interventions and systematically review the student's progress.

b) If the decision is for an evaluation for special education a special education teacher is assigned as case manager and an evaluation determination is made and additional evaluation team members identified.

7. If the student is evaluated for special education and found eligible for services an IEP is developed and services initiated. If the student is found ineligible for special education services, the team considers other options or recommendations.

8. If the team determines not to conduct a special education evaluation, a summary form indicating recommendations is completed and kept on file with the building principal. A "case manager" should be assigned to follow up on any recommendations made by the team. Some possible recommendations or options include:

- Continue with further EIS interventions;
- Consider a 504 Plan;
- Consider referral to outside agencies;
- No further action, concern resolved.

The student's parent must be provided an opportunity to participate in this review. Best practice would suggest that the parent be contacted by phone prior to sending a *Notice of a Team Meeting* in order to schedule a convenient date.

For children birth to age seven suspected of having a hearing or vision disability, the team must include a licensed teacher in each area of suspected sensory impairment.

## **Appendix II District Referral Forms and Flow Charts**

### **II. Method of Providing the Special Education Services for the Identified Pupils**

Parkers Prairie Public Schools provides a full range of educational service alternatives. All students with disabilities are provided the special instruction and services which are appropriate to their needs. The following is representative of Parkers Prairie Public School's method of providing the special education services for the identified pupils, sites available at which service may occur, and instruction and related services are available.

Appropriate program alternatives to meet the special education needs, goals, and objectives of a pupil are determined on an individual basis. Choice of specific program alternatives are based on the pupil's current levels of performance, pupil special education needs, goals, and objectives, and must be written in the IEP. Program alternatives are comprised of the type of services provided, the setting in which services occur, and the amount of time and frequency in which special education services occur. A pupil may receive special education services in more than one alternative based on the IEP or IFSP.

#### **A. Method of providing the special education services for the identified pupils:**

1. Monitoring in the mainstream classroom
2. Academic support provided in mainstream setting
3. Co-Teaching (Regular Education Teacher and Special Education Teacher)
4. Resource support in addition to mainstream classroom
5. Small group instruction in Resource Room

6. One on one services
7. Self-contained academic setting
8. Homebound Instruction
9. Community Based Instruction

B. Services are provided in the following schools:

1. Parkers Prairie High School, 411 South Otter Avenue, P.O. Box 46, Parkers Prairie, MN 56361
2. Parkers Prairie Elementary School (pre/K-6), 518 South McCornell Avenue, P.O. Box 46, Parkers Prairie, MN 56361
3. Collaborative Programs
  - A. Runestone Regional Learning Center, 700 Northside Dr. NE, Alexandria, MN 56308
  - B. Grades 6-8 SOAR Program, 1204 34th Avenue West, Alexandria, MN 56308
  - C. Minnewaska Day Treatment, 500 John Street, Starbuck, MN 56381
  - D. 18-21 Transition Tech, 1204 34th Avenue West, Alexandria, MN 56308
  - E. The Village Family Services, 4133 Iowa St., Suite 105, Alexandria, MN 56308

C. Available instruction and related services:

1. Articulation
2. Academic
3. Academic-Functional
4. Academic- Math
5. Academic- Reading
6. Academic-Written Language
7. Autism
8. Behavioral/Social/Emotional
9. Deaf/Hard of Hearing (DHH)
10. Early Childhood Special Education (ECSE)
11. ECSE Program Support Assistance
12. ECSE Service Coordination
13. ECSE Academic
14. Extended School Year
15. Fluency
16. Functional
17. Interpreting
18. Language
19. Language-pragmatics
20. Developmentally Adaptive Physical Education
  21. Motor-Fine Motor
  22. Nursing
  23. Other Health
  24. Occupational Therapy
  25. Physical Impairment
  26. Sensory
  27. Social Work
  28. Special Transportation

- 29. Transition
- 30. Traumatic Brain Injury
- 31. Vision/Mobility
- 32. Physical Therapy

**III. Administration and Management Plan**

Parkers Prairie Public Schools utilizes the following administration and management plan to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

A. The following table illustrates the organization of administration and management to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

<b>Staff Name and Title</b>	<b>Contact Information (phone/email/ mailing address/office location)</b>	<b>Brief Description of Staff Responsibilities relating to child study procedures and method of providing special education services</b>
<b>Carla Ptacek, Director of Special Education</b>	1204 34th Ave W, Alexandria, MN 56308  Phone: 320-763-5559  cptacek@alexandria.k12.mn.us	The Director is responsible for the overall operation of Special Education in alignment with the District Mission, Core Values, and Strategic Directions. The Director is an educational leader of the District and a member of the District Leadership team. The Director facilitates the Lead Teacher team meetings ensuring that all current special education requirements are understood and being implemented. In addition, the Director, conducts training of all teaching and administrative staff persons in the complexities of special education laws, statutes, and requirements.
<b>Lead Teacher(s) Lizz Peterson</b>	Parkers Prairie Schools, 411 South Otter Avenue, P.O. Box 46, Parkers Prairie, MN 56361  218-338-4079  lpeterson@pp.k12.mn.us	The Lead Teachers will collaborate with the Director of Special Education to ensure that district policies and special education due process are followed, district and state standards are achieved, and the educational needs of all students are met.  The Lead Teachers attend Lead Teacher meetings ensuring that all current special education <u>requirements are understood and</u>

		<p><u>being implemented.</u></p> <p><u>In addition, the Lead Teachers answer initial internal questions about complexities of special education laws, statutes, and requirements. If they are unable to answer the inquiries they consult with Carla Ptacek, Director of Special Education.</u></p>
<p><b>Michelle Steele,</b> Coordinator of Early Childhood Special Education Services</p>	<p>Early Childhood Education Center 1410 South McKay Ave., Ste. 102, Alexandria, MN 56308</p> <p>Phone: 320-762-2141</p> <p>msteele@alexandria.k12.mn.us</p>	<p>Coordinates early childhood special education programming and advises director regarding needs of the program. In addition, the Director or Coordinator train all teaching staff and administrative staff persons in the complexities of special education laws, statutes, and requirements.</p>

B. Due Process assurances available to parents: Parkers Prairie Public School District has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils, including alternative dispute resolution and due process hearings. A description of these processes are as follows:

(1) Prior written notice to a) inform the parent that except for the initial placement of a child in special education, the school district will proceed with its proposal for the child's placement or for providing special education services unless the child's parent notifies the district of an objection within 14 days of when the district sends the prior written notice to the parent; and b) state that a parent who objects to a proposal or refusal in the prior written notice may request a conciliation conference or another alternative dispute resolution procedure.

(2) Parkers Prairie Public School District will not proceed with the initial evaluation of a child, the initial placement of a child in a special education program, or the initial provision of special education services for a child without the prior written consent of the child's parent. A district may not override the written refusal of a parent to consent to an initial evaluation or reevaluation.

(3) A parent, after consulting with health care, education, or other professional providers, may agree or disagree to provide the parent's child with sympathomimetic medications unless medical, dental, mental and other health services are necessary, in the professional's judgment, that the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

(4) Parties are encouraged to resolve disputes over the identification, evaluation, educational placement, manifestation determination, interim alternative educational

placement, or the provision of a free appropriate public education to a child with a disability through conciliation, mediation, facilitated team meetings, or other alternative process. All dispute resolution options are voluntary on the part of the parent and must not be used to deny or delay the right to a due process hearing. All dispute resolution processes are provided at no cost to the parent.

(5) *Conciliation Conference*: a parent has the opportunity to meet with appropriate district staff in at least one conciliation conference if the parent objects to any proposal of which the parent receives prior written notice. Parkers Prairie Public School District holds a conciliation conference within ten calendar days from the date the district receives a parent's objection to a proposal or refusal in the prior written notice. All discussions held during a conciliation conference are confidential and are not admissible in a due process hearing. Within five school days after the final conciliation conference, the district must prepare and provide to the parent a conciliation conference memorandum that describes the district's final proposed offer of service. This memorandum is admissible in evidence in any subsequent proceeding.

(6) In addition to offering at least one conciliation conference, Parkers Prairie Public School District informs parents of other dispute resolution processes, including at least medication and facilitated team meetings. The fact that an alternative dispute resolution process was used is admissible in evidence at any subsequent proceeding. State-provided mediators and team meeting facilitators shall not be subpoenaed to testify at a due process hearing or civil action under special education law nor are any records of mediators or state-provided team meeting facilitators accessible to the parties.

(7) Descriptions of the mediation process, facilitated team meetings, state complaint, and impartial due process hearings may be found in Parkers Prairie Public School District Procedural Safeguard Notice, attached as **Appendix III Part C and Part B Procedural Safeguard Notices (click on the link below)**  
<http://education.state.mn.us/MDE/SchSup/ComplAssist/ProcSafe/>

**IV. Interagency Agreements the District has Entered**

Parkers Prairie Public Schools has entered in the following interagency agreements or joint powers board agreements for eligible children, ages 3 to 21, to establish agency responsibility that assures that coordinated interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources:

Name of Agency	Terms of Agreement	Agreement Termination/ Renewal Date	Comments
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Runestone Area CTIC	<b>Appendix IV</b>	Ongoing	Established in 2012
West Central Minnesota Communities Action, INC.- Head Start	<b>Appendix V</b>	October 1, 2015- October 1, 2016	Yearly renewal
Region 4- Interagency Early Intervention Committee	<a href="http://www.lcsc.org/cms/lib6/MN01001004/Centricity/Domain/106/operating%20procedures-12-18-12.pdf">http://www.lcsc.org/cms/lib6/MN01001004/Centricity/Domain/106/operating%20procedures-12-18-12.pdf</a>	Ongoing	Established in 2011
Douglas County Mental Health Collaborative	<b>Appendix VI</b>	Ongoing	Collaborative began in 1999

#### V. Special Education Advisory Council

In order to increase the involvement of parents and children with disabilities in district policy making and decision making, Parkers Prairie Schools has a special education advisory council.

- A. Parkers Prairie Public School's Special Education Advisory Council is individually established.
- B. Parkers Prairie Public Schools Special Education Advisory Council is not a subgroup of another existing board/council or committee.
- C. At least half of Parkers Prairie Public School District's parent advisory councils' members are parents of students with a disability.

The District has a nonpublic school located in its boundaries and the parent advisory council includes at least one member who is a parent of nonpublic school student with a disability, or an employee of a nonpublic school if no parent of a nonpublic school student with a disability is available to serve.

Each local council meets no less than once each year.

D. Parkers Prairie Public Schools Special Education Advisory Council meets three times per year, once between September and November, once between December and February and once between March and June.

E. The operational procedures of the Parkers Prairie Public School District's Special Education Advisory Council are attached as

**Appendix VII.**

## **VI. Assurances**

Code of Federal Regulations, section 300.201: Consistency with State policies. Parkers Prairie Public Schools, in providing for the education of children with disabilities within its jurisdiction, has in effect policies, procedures, and programs that are consistent with the State policies and procedures established under sections 300.101 through 300.163, and sections 300.165 through 300.174. (Authority: 20 U.S.C. § 1413(a)(1)).

Yes: Assurance given