

Understanding the IEP Process for Parents of Children Who are Visually Impaired or Blind, Including Those with Combined Vision and Hearing Loss (Deaf/Blindness)



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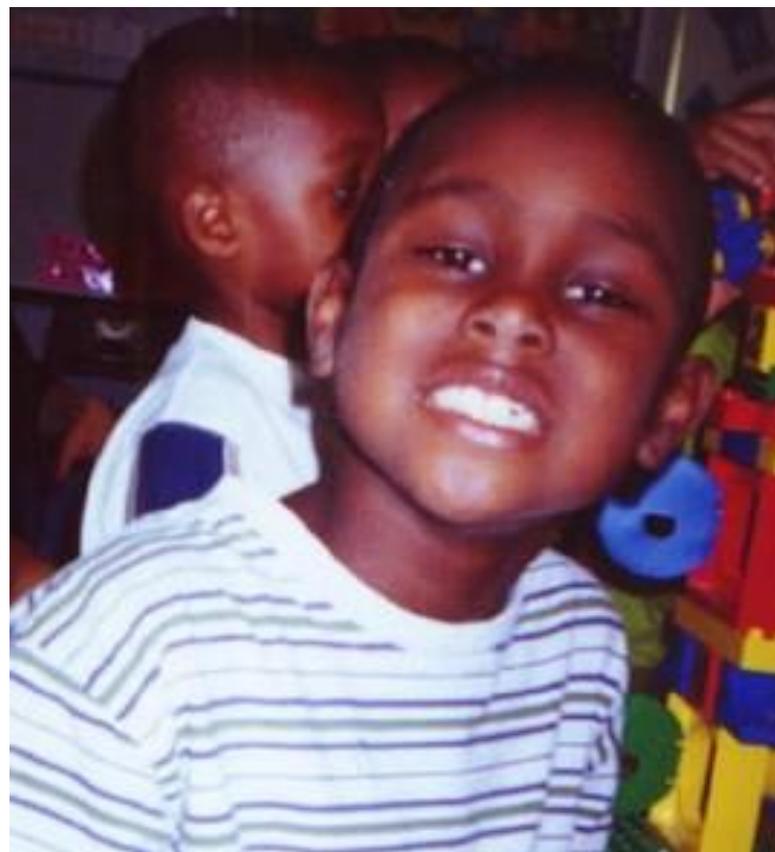
With input from Outreach Services

Missouri School for the Blind

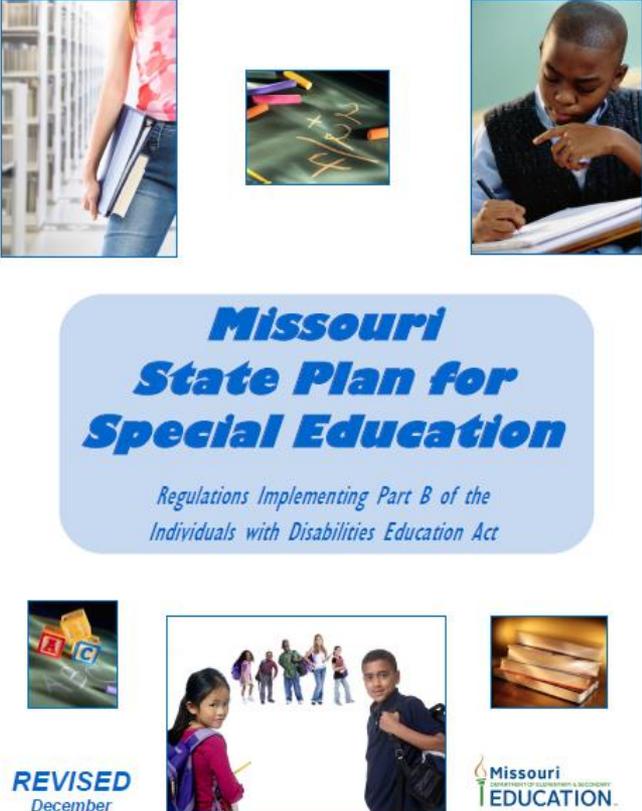
Individuals with Disabilities Education Act

IDEA Purpose:

To Provide a free and appropriate education (FAPE) to students with a disability in the least restrictive environment (LRE).



Missouri Definition for Visual Impairment/Blindness



**Missouri
State Plan for
Special Education**

*Regulations Implementing Part B of the
Individuals with Disabilities Education Act*

REVISED
December
2013

Missouri
DEPARTMENT OF EDUCATION
EDUCATION
Dr. Chris L. Neastro
Commissioner of Education

Definition:

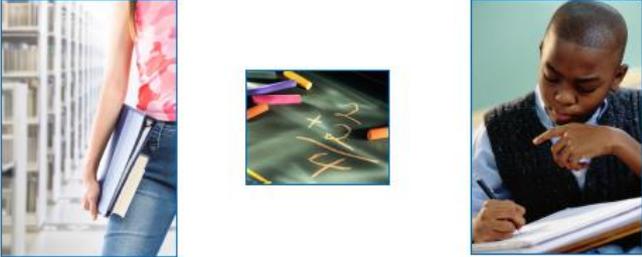
“Visual Impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.”

Missouri Eligibility Criteria for Visual Impairment/Blindness

Criteria for Initial Determination of Eligibility

“A child displays a Visual Impairment when:

- A. a visual impairment or a progressive vision loss has been diagnosed by an optometrist or ophthalmologist;
- B. visual acuity has been determined to be:
 - 1) for visual impairment of 20/70 to 20/200 in the better eye with best correction by glasses;
 - 2) for blindness of 20/200 or less in the better eye after best correction by glasses or a visual field measuring 20 degrees or less; and,
- C. the visual impairment adversely affects the child’s educational performance.”



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Missouri Eligibility Criteria can be found in the Missouri State Plan for Special Education, Regulation III- Identification and evaluation;

<http://dese.mo.gov/special-education/state-plan-special-education>

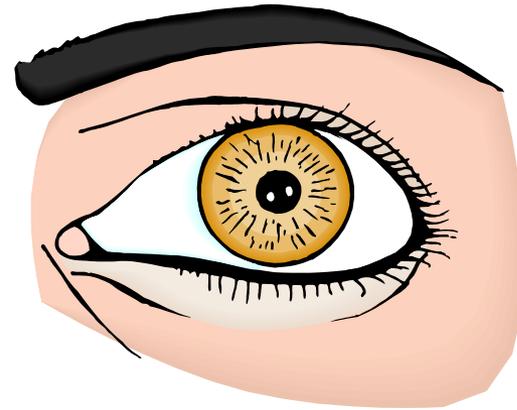
Causes of Visual Impairment/Blindness

Top three causes:

- Cortical Visual Impairment (CVI)
- Optic Nerve Hypoplasia (ONH)
- Retinopathy of Prematurity (ROP)

Other common causes:

- Achromotopsia
- Albinism
- Aniridia
- Anophthalmia/Microphthalmia
- Coloboma
- Cone/Rod Dystrophies
- Leber's Congenital Amaurosis
- Nystagmus
- Refractive Errors (nearsightedness, farsightedness, astigmatism)



The Human Eye

Implications of Visual Impairment on Development and Learning

- Motor development
- Delayed Self-Concept
- Cognitive Development
- Social Development
- Language Development



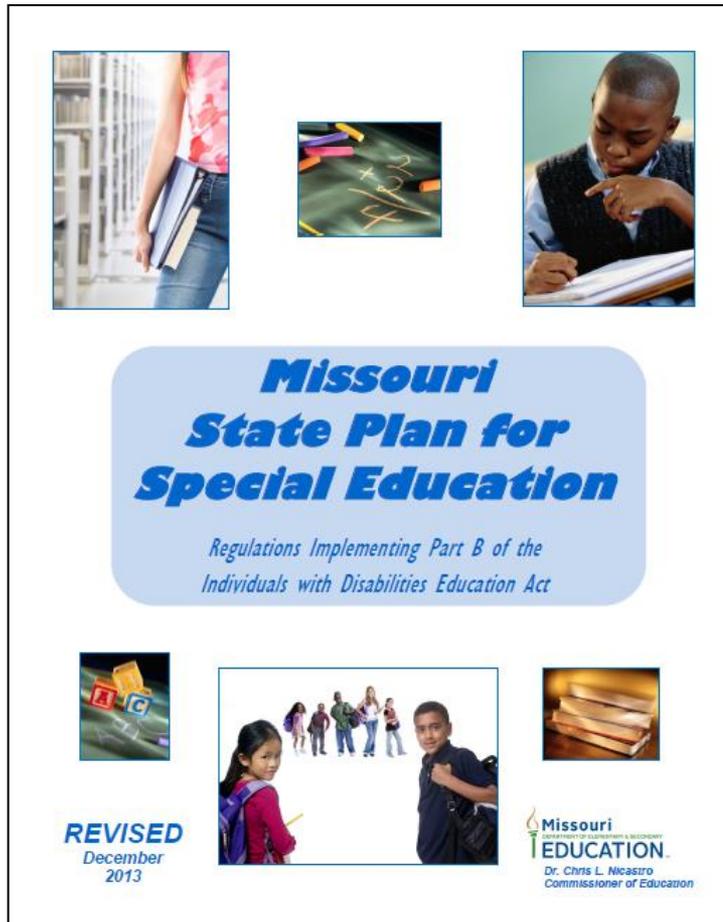
Missouri Eligibility Criteria for Deaf/Blind

“Deaf/Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Criteria for Initial Determination of Eligibility

A child is deaf/blind when:

- A. both visual and hearing impairments are present as described in the criteria for Hearing Impairment/Deafness and Visual Impairment/Blindness, and
- B. the impairments together cause severe communication, developmental, and educational needs.”



The image shows the cover of the Missouri State Plan for Special Education. It features a central blue rounded rectangle with the title "Missouri State Plan for Special Education" in bold blue text, and the subtitle "Regulations Implementing Part B of the Individuals with Disabilities Education Act" in smaller blue text. Surrounding this central text are several small images: a student with books, a chalkboard with math problems, a student writing, a stack of books, and a group of diverse students. At the bottom left, it says "REVISED December 2013". At the bottom right, it features the Missouri Department of Education logo and the name "Dr. Chris L. Neastro, Commissioner of Education".

Common Causes of Combined Vision and Hearing Loss

- Heredity
- Prematurity
- Prenatal Complication
- Postnatal Complications
- CHARGE Syndrome
- Microcephaly
- Cytomegalovirus
- Hydrocephaly
- Meningitis
- Usher Syndrome

Implications of Combined Vision and Hearing Loss on Development and Learning

Deaf/blindness creates a disability of access to visual and auditory information about the environment (people, things, events) that is necessary for overall development.



Tactile sign for "name"

Missouri Eligibility Criteria for Multiple Disabilities



The image shows the cover of the Missouri State Plan for Special Education. It features three small images at the top: a student with books, a chalkboard with math problems, and a student writing. The central text reads "Missouri State Plan for Special Education" in blue, with the subtitle "Regulations Implementing Part B of the Individuals with Disabilities Education Act" below it. At the bottom, there are three more images: a student with blocks, a group of students, and a stack of books. The text "REVISED December 2013" is on the bottom left, and the Missouri Department of Education logo with "Dr. Chris L. Neastro, Commissioner of Education" is on the bottom right.

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“Multiple Disabilities’ means concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf/blindness.

Criteria for Initial Determination of Eligibility

A child displays multiple disabilities when:

- A. concomitant impairments occur, and
- B. the impairments together cause severe educational needs.”

Key Personnel possibly needed for students with a **visual impairment**:

- Teacher Certificated in the Education of Students with Visual Impairment (TVI)
- Orientation and Mobility Specialist



Key Personnel possibly needed for students with **deaf/blindness**:

- Teacher Certificated in the Education of Students with Visual Impairment (TVI)
- Orientation and Mobility Specialist
- Teacher Certificated in the Education of Students who are Deaf/Hard of Hearing
- Audiologist
- Speech/Language Pathologist
- Interpreter
- Intervener (one-on-one paraprofessional)

For Students with Combined Vision and Hearing Loss: Who Is an Intervener?

One-on-one paraprofessional that:

- Facilitates access to the environmental information that is usually gained through vision and hearing, but which is unavailable or incomplete to the student who is deaf/blind.
- Facilitates the development and/or use of the student's receptive and expressive communication skills.
- Develops and maintains a trusting, interactive relationship with the student who is deafblind that promotes social and emotional development and well-being.

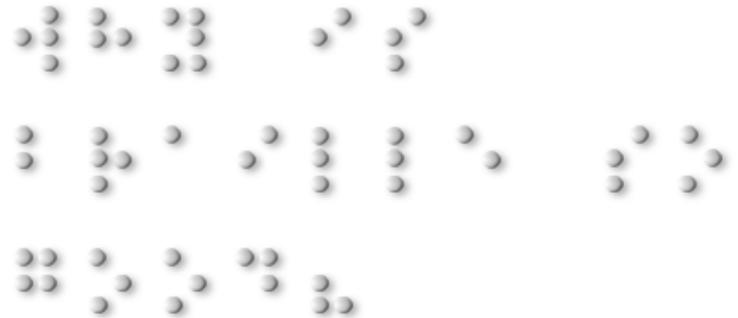
Core Curriculum

- Educators define "core curriculum" as the knowledge and skills expected to be learned by a student by high school graduation.
 - * Language Arts
 - * Health
 - * Science
 - * Economics
 - * Business Education
 - * Mathematics
 - * Social Studies/History
 - * Physical Education
 - * Fine Arts
 - * Vocational Education

Expanded Core Curriculum (ECC) Areas

The following are the areas unique to students who are visually impaired/blind and are taught to enable students to study the basic educational curriculum along with their classmates with unimpaired vision:

- compensatory or functional academic skills, including communication modes
- orientation and mobility
- social interaction skills
- independent living skills
- recreation and leisure skills
- career education
- use of assistive technology
- sensory efficiency skills
- self-determination



Assessment and Evaluation

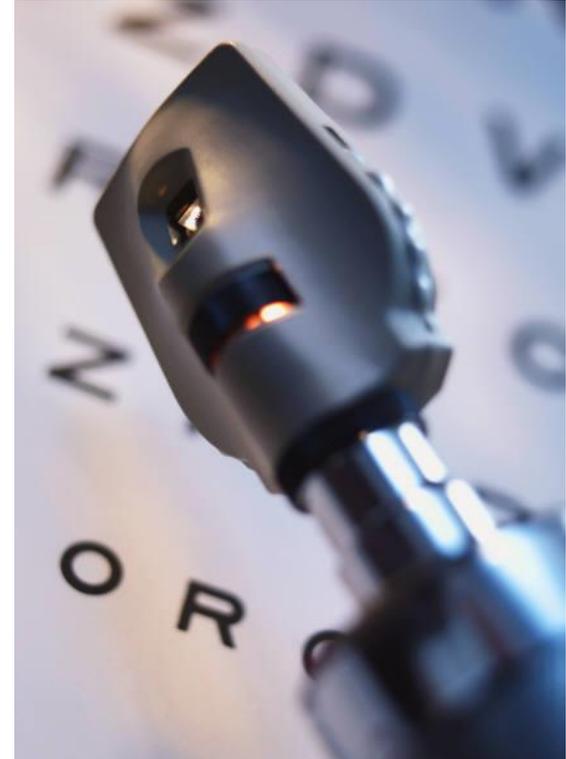
- Assessment is the use of formal and informal tests or instruments to measure performance or progress in an area of need.
- Evaluation is the process of reviewing all relevant existing information to determine whether a child has a disability and the nature and extent of the special dedication and related services the child needs.

Assessments for Students with Visual Impairment/ Blindness or Combined Vision and Hearing Loss (Deaf/Blindness)

- Ocular Health Examination
- Functional Vision Assessment (FVA)
- Learning Media Assessment (LMA)
- Clinical Low Vision Examination
- Orientation and Mobility Assessment
- Assistive Technology Assessment
- All areas of the Expanded Core Curriculum (ECC)

Ocular Health Exam

- External Exam
- Cycloplegic Exam
- Applanation Tonometer
- Binocular Vision Tests
- Visual Acuity Tests
- Electrodiagnostic Tests



Purpose of the Functional Vision Assessment (FVA)

A FVA is an evaluation of the day-to-day visual skills of an individual who is visually impaired. A FVA is a legally required document that is conducted by a teacher certificated in the education of students with a visual impairment (TVI).



ToAD Kit: Tools for Assessment and Development
of Visual Skills from APH

Learning Media Assessment (LMA)...

is an assessment for selecting the appropriate literacy media for students with visual impairments.

“Literacy media” ...

- refers to the way in which students access the general education curriculum and includes braille, print, auditory strategies, objects, and pictures.
- offers teachers and educational teams a framework or decision-making process for the selection of literacy media.
- provides a decision and monitoring tool for both conventional and functional literacy for students with visual impairments.
- involves a team process and the collation of medical, educational, family and student-supplied data to make informed decisions.



Clinical Low Vision Examination

A clinical evaluation is to determine whether a person with low vision can benefit from optical devices such as magnifiers or telescopes to enhance visual function.



Monocular



Dome Magnifier

Orientation and Mobility (O&M) Assessment

Orientation and Mobility (O&M) is a related service area for students with visual impairments as it is essential for the student to learn to move safely and efficiently and as independently as possible through all environments.

The O&M Specialist will customize the evaluation to the student's age, ability level, and amount of remaining/usable vision. O&M assessments are conducted for students with visual impairments of all ages and ability levels, including students who are not yet walking, those in wheelchairs, and those who may never travel unassisted.

Student may be assessed in areas such as body awareness, movement concepts, human guide techniques, sensory efficiency, trailing techniques, search patterns, self protection, safety, use of vision for travel and orientation, cane use, transportation, fire evacuation, and independent travel in a variety of environments.

IEP goals and instruction by the O&M Specialist is then based on data from the O&M assessment.



ENT/Audiology/Functional Hearing

Children with combined vision and hearing loss may need:

- Physical Examination
- Audiologic Examination
- Functional Hearing Assessment



What is an Individualized Education Program?

- Written plan designed to meet child's unique needs
- Sets reasonable goals
- States services the school will provide for child
- Developed at IEP Team Meeting
- Reviewed and revised each year or when new information and/or concerns are noted



IEP Components – Services Summary

Must include;

- Amount of service
- Frequency of service
- Location that service will occur
- Beginning and end date of services
- Will service occur with regular education peers?

Communication Considerations

(for children with combined vision and hearing loss)

- Oral Communication
- American Sign Language
- Written Words
- Pictures
- Tangible Symbols
- Body Language
- Facial Expressions
- Touch Cues
- Object Cues



IEP Components - Special Considerations (for children with combined vision and hearing loss)



- Language and Communication
- Direct instruction
- Acoustical modifications
- Preferential Seating
- Captioning of visual teaching materials
- Any additional technology

IEP Components – Services Summary

Types of Services;



- Special Education Services
- Related Services
- Supplementary Aids and Services
- Program Modifications and Accommodations
- Supports for School Personnel

IEP Team Members



- Parent(s)
- Student
- LEA Representative
- Special Education Teacher
- General Education Teacher
- Someone to interpret instructional implications of evaluation results
- Others with knowledge or expertise

Excusing IEP Team Members

A team member may be excused from attending an IEP when the meeting involves modification to or discussion of the members area of curriculum or related service when:

- Parent *gives prior written consent*
- Member submits input in writing, prior to IEP meeting
- Member is not the LEA Representative



How to Plan/Prepare for the IEP Team Meeting



- Know who will attend the meeting and who you will bring
- Review school evaluation/info
- Prioritize Concerns
- Gather outside info to share
- Keep journal of behaviors at home / school
- Write down questions
- Remember Functional and Academic concerns

Parent Checklist

- Document
- Organize
- Be an Expert
- Know your rights
- Advocate for your child
- Strive for Low Level Resolution



Developing the IEP

THE INDIVIDUALIZED EDUCATION PROGRAM FOR:			
Name: First		Middle	Last
STUDENT DEMOGRAPHIC INFORMATION (Optional):			
Current Address:		Phone:	
Birth date: / / Age:		Student ID # MOISIS:	
Present Grade Level:		Resident District Home School:	
If the child is <u>not</u> receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.			
District/Agency Name:			
School Name:			
Address:			
Phone:			
Primary Language or Communication Mode(s): English Spanish sign language other (specify): _____			
Educational Decision Maker is: Parent Legal Guardian Educational Surrogate Foster Parent Child [aged 18+] other: _____			
Name:			
Address:			
Phone:			
Email:			
Fax:			
IEP Case Manager:			
Case Manager phone number:			
IEP Type: Initial Annual			
Date of most recent evaluation/reevaluation: / /			
Date of Previous IEP Review: / /			
Projected date for next triennial evaluation:			
IEP CONTENT (Required):			
Date of IEP Meeting: / /		Initiation Date of IEP: / /	
Projected Date of Annual IEP Review: / /			
Parent(s) Legal Guardian(s) provided copy of this IEP: / /			
PARTICIPANTS IN IEP MEETING AND ROLES			
The names and roles of individuals participating in developing the IEP meeting must be documented.			
Name of Person and Role		Method of Attendance/Participation	
Signatures are not required. If a signature is used it only indicates attendance, not agreement.			
Parent Guardian		in person _____ did not participate _____ in writing (if applicable) by phone other: _____	
Parent Guardian		in person _____ did not participate _____ in writing (if applicable) by phone other: _____	
Student		in person _____ did not participate <i>if waived</i> _____ in writing (if applicable) by phone other: _____	
LEA Representative		in person _____ excused _____ in writing (if applicable) by phone other: _____	
Special Education Teacher		in person _____ excused _____ in writing (if applicable) by phone other: _____	
Regular Classroom Teacher		in person _____ excused _____ in writing (if applicable) by phone other: _____	
Individual Interpreting Instructional Implications of Evaluation Results		in person _____ excused _____ in writing (if applicable) by phone other: _____	
Part C Representative (if applicable)			
Representative of an agency which may provide postsecondary transition services (if applicable)			
Other:			

The IEP must include:

- The child's present levels of academic and functional performance (PLAAFP)
- Annual measurable goals including academic and functional performance
- Special education and related services for the child
- The degree the child will be with non-disabled students
- Timing of the special service implementation
- Means for accessing the child's progress
- Transitions services
- Accommodations or Modifications
- Extended School Year

Related Services

- Audiology
- Speech and Language pathology
- Transportation
- Recreation
- Occupational Therapy
- Physical therapy
- Psychological services
- Interpreting services
- Rehabilitation Services
- Rehabilitative Counseling
- Parent Counseling and training
- Orientation & Mobility Services
- Social Work Services in Schools
- Medical and school services

Related Services



The following are not related services and are explicitly excluded;

- Medical devices that are surgically implanted
- Mapping of a cochlear implant
- The maintenance or replacement of implants

These exclusions do not limit the rights of the child with surgically implanted devices to receive related services that are determined necessary for the child to receive FAPE.

IEP Components - Special Considerations

Federal and State Requirements

- Visually impaired or blind?
- Deaf or hearing impaired?
- Need for Braille instruction?
- Exhibit behaviors that impede learning?
- Limited English proficiency?
- Communication needs?
- Require Assistive Technology?
- Extended School Year?

Assistive Technology



Device: Item, equipment, or product system to increase, maintain, or improve functional capabilities of a child

Service: a service that directly assists with selecting, acquiring, or using an assistive technology device. The term includes:

- Evaluation
- Providing Equipment
- Maintenance/ Replacement
- Coordinating therapies with AT
- Training / Technical Assistance

IEP Components - Special Considerations

Federal and State Requirements

Form C: Post-Secondary Transition Plan

This plan was developed considering the individual student's needs, preferences and interests. This plan must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually.

EMPLOYMENT (REQUIRED)	
MEASURABLE POST-SECONDARY GOAL(S)	(What work the student will do after graduation from high school.) After high school, I, _____ (student name) WILL. . .
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	
EDUCATION/TRAINING (REQUIRED)	
MEASURABLE POST-SECONDARY GOAL(S)	(What education/training the student will complete after graduation from high school.) After high school, I, _____ (student name) WILL. . .
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	
INDEPENDENT LIVING (IF APPROPRIATE - Refer to Independent Living Goal Worksheet)	
MEASURABLE POST-SECONDARY GOAL(S)	(How the student will live after graduation from high school.) After high school, I, _____ (student name) WILL. . .
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.)
Responsible Agency/Person	List Transition Services
School	
Student	
Parent	
Outside Agency* (specify agency)	
* If appropriate, MUST be invited to IEP meeting with proper consent	

- Transfer of Rights
- State Assessments
- District-wide Assessments
- Post-secondary Transition Services

Additional IEP Components

Form A – Blind and Visually Impaired

Form B – Extended School Year

Form C – Post-Secondary Transition Plan

Form D: Part 1 – State Assessments

Form D: Part 2 – MAP Accommodations

Form D: Part 3 – ACT® Accommodations

Form D: Part 4 – Alternate Assessment (MAP-A)

Form D: Part 5 – State Accommodations for
ACCESS FOR ELLS

IEP Component – Form A

Student Name: _____ Date of IEP: _____

Form A: Blind and Visually Impaired

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

No. The student does not need Braille/Braille instruction. If no, complete the following.

The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

Yes, the student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:

Date on which Braille instruction will begin: ___ / ___ / ___ and duration of each session _____.

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

A referral to Rehabilitation Services for the blind has been discussed with the parent.

The parent: agreed to refused the referral. Referral previously made.

For Children Who are Blind or Visually Impaired

For Children Who are Blind or Visually Impaired

- A. the specific goals and objectives which specify the competencies in reading and writing Braille to be taught during the school year;
- B. means by which Braille will be implemented through integration with normal classroom activities;
- C. the date on which Braille instruction will commence;
- D. the level of competency in Braille reading and writing expected to be achieved by the end of the period covered in the IEP;
- E. the duration of each session;
- F. if the IEP Team determines that Braille instruction is not appropriate for a child with blindness or visual impairments, the basis for that determination shall be documented on the IEP; and,
- G. that a referral to Rehabilitation Services for the Blind has been discussed and the decision of the parent regarding the referral.

Additional IEP Components



Form E – District-Wide Assessments

Alternate Form F – Accommodations and modifications to be used in general and/or special education

IEP Components-

Measuring and Reporting Progress



- Specific
- Measurable
- Action words are used
- Realistic and Relevant
- Time limited (can be achieved in one year)
- Relate to PLAAFP

IEP Components – Services Summary



Must include;

- Amount of service
- Frequency of service
- Location that service will occur
- Beginning and End date of services
- Will service occur with regular education peers?

IEP Components – Regular Education Participation



- Extent of Participation in Regular Education
- Participation in Physical Education
- Participation in Program Options, Nonacademic and Extracurricular Activities



IEP Components – Placement Considerations for K - 12

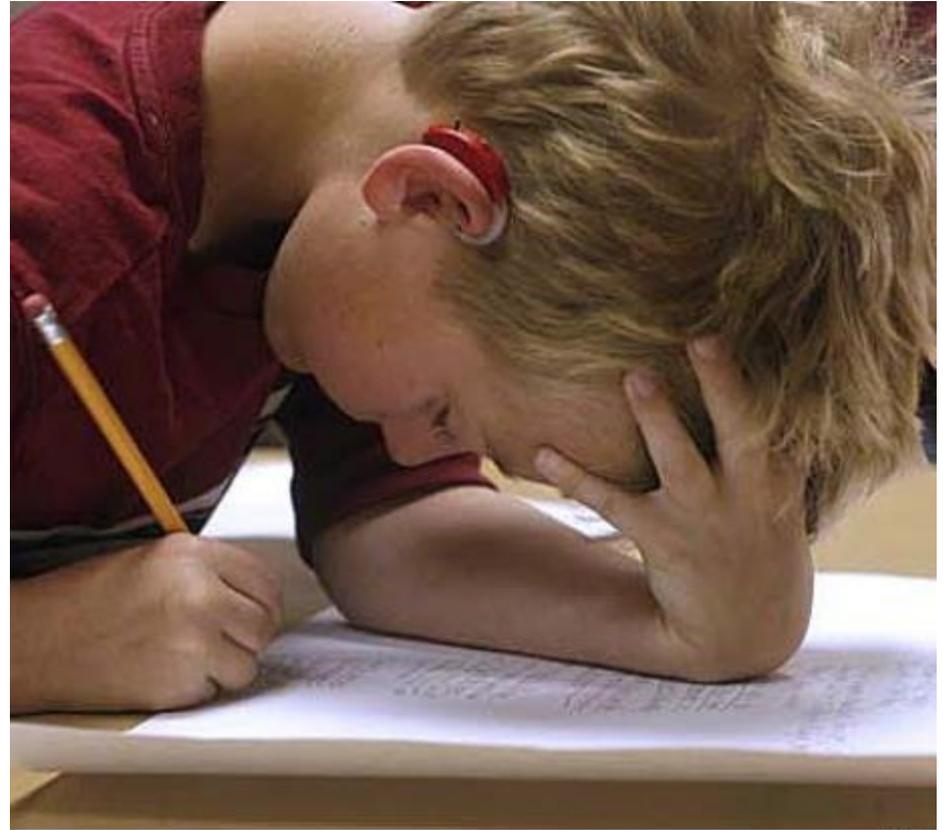


- Inside Regular Classroom;
- 80% or more of the day
 - 40%-79% of the day
 - Less than 40% of the day

IEP Components- PLAAFP

(Present Level of Academic Achievement and Functional Performance)

- Most important part of the IEP
- Identifies how disability affects involvement and progress in general education curriculum
- Everything else should tie back to the PLAAFP



Chro

Things to Consider...



- Implementation
- Accessibility of IEP
- Amendments
- Annual Review
- Reevaluation
- Independent Education Evaluations

**Outreach Services
Missouri School for the Blind**

**Outreach Services
Missouri School for the Blind**

3815 Magnolia Avenue

St. Louis, MO 63110

Phone: 314-776-4320

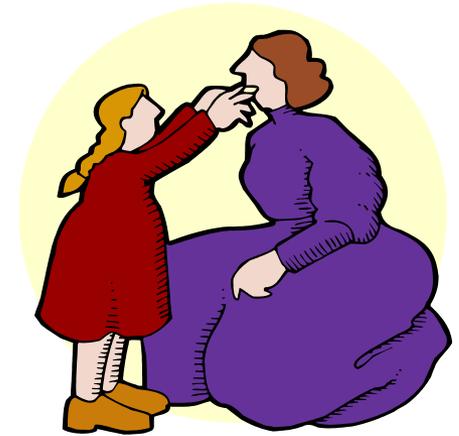
Fax: 314-773-3762

<http://msb.dese.mo.gov/Outreach/services.htm>

Missouri Deafblind Technical Assistance Project

- Contact:

- Project Coordinator
- Missouri School for the Blind
- 3810 Magnolia
- St. Louis, Missouri 63110
- 314-776-4320
- www.msb.dese.mo.gov/deafblind.htm



THANK YOU!!

Please take time to fill out our workshop evaluation form.

Also, please feel free to fill out one of our online surveys at: <http://ptimpact.org/Surveys.aspx>

Who do I call for Assistance?

For any other questions, comments or concerns email us at info@ptimpact.org or call us toll free at **1-800-743-7634**.