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# WORKING WITH SCHOOLS: THE NUTS AND BOLTS OF THE IEP, 504 PLANS, AND HOW TO PARTNER WITH THE EDUCATIONAL TEAM.

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# OUTLINE

- Overview of Special Education
- History Special Education
- Component Parts
  - Part C
  - Part B
- Special Education Process
- Resources for Special Education

# WHAT IS SPECIAL EDUCATION?

- Federal Law
  - IDEA or Public Law 94-142
- FAPE (Free and Appropriate Public Education)

# HISTORY OF LEGISLATION FOR SPECIAL ED

1776  
to  
1973  
[No SpEd  
Law]

Elementary  
and  
Secondary  
Education  
Act 1965

Rehabilitation  
Act of 1973

Education for  
All  
Handicapped  
Children Act  
(EHA) of 1975

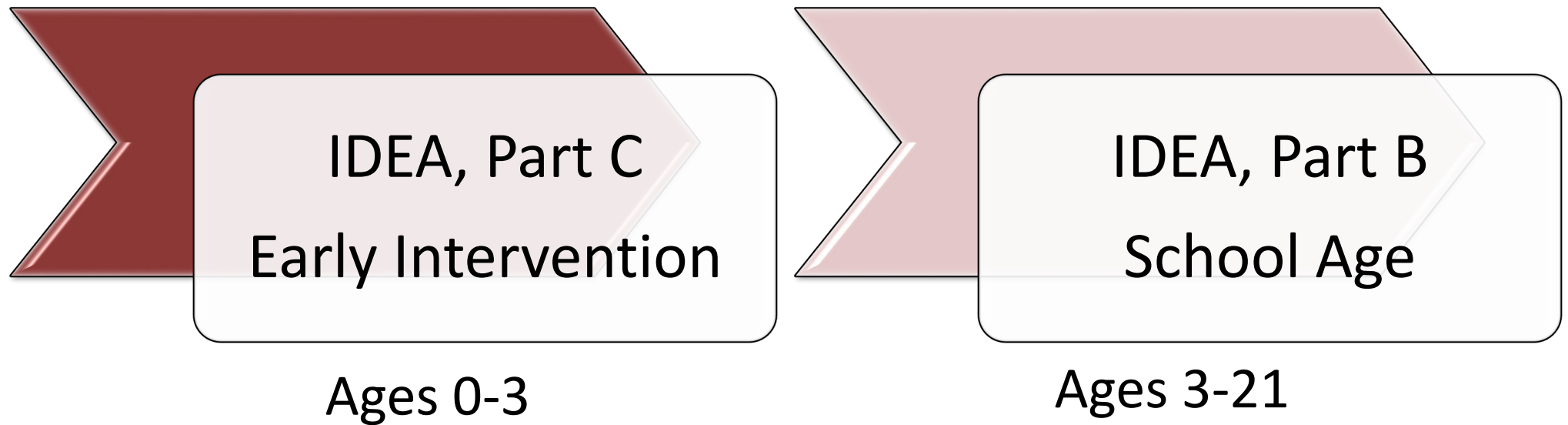
Individuals  
with  
Disabilities  
Education  
Act (IDEA) of  
1997

IDEA 2004

# HISTORICAL PERSPECTIVE

- Recent Markers, 1982
  - FAPE
- Board of Education of Hendrick Hudson Central School District v. Amy Rowley

# SPECIAL EDUCATION SERVICE BY AGE



# EARLY INTERVENTION

## IDEA, Part C Eligibility

- Developmental Delay ( $\leq$  7<sup>th</sup>ile)
- Physical or Medical Condition
- Considered “At Risk”

# SCHOOL AGE

## IDEA, PART B ELIGIBILITY

- **Autism Spectrum Disorder**
- Cognitive Disability
- Deaf-Blindness
- Developmental Delay
- Emotional Disability
- Hearing Impairment
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech-Language Impairment
- Traumatic Brain Injury
- Visual Impairment



# SPECIAL EDUCATION PROCESS

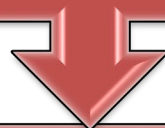
Identification



General Ed Support/Interventions



Referral

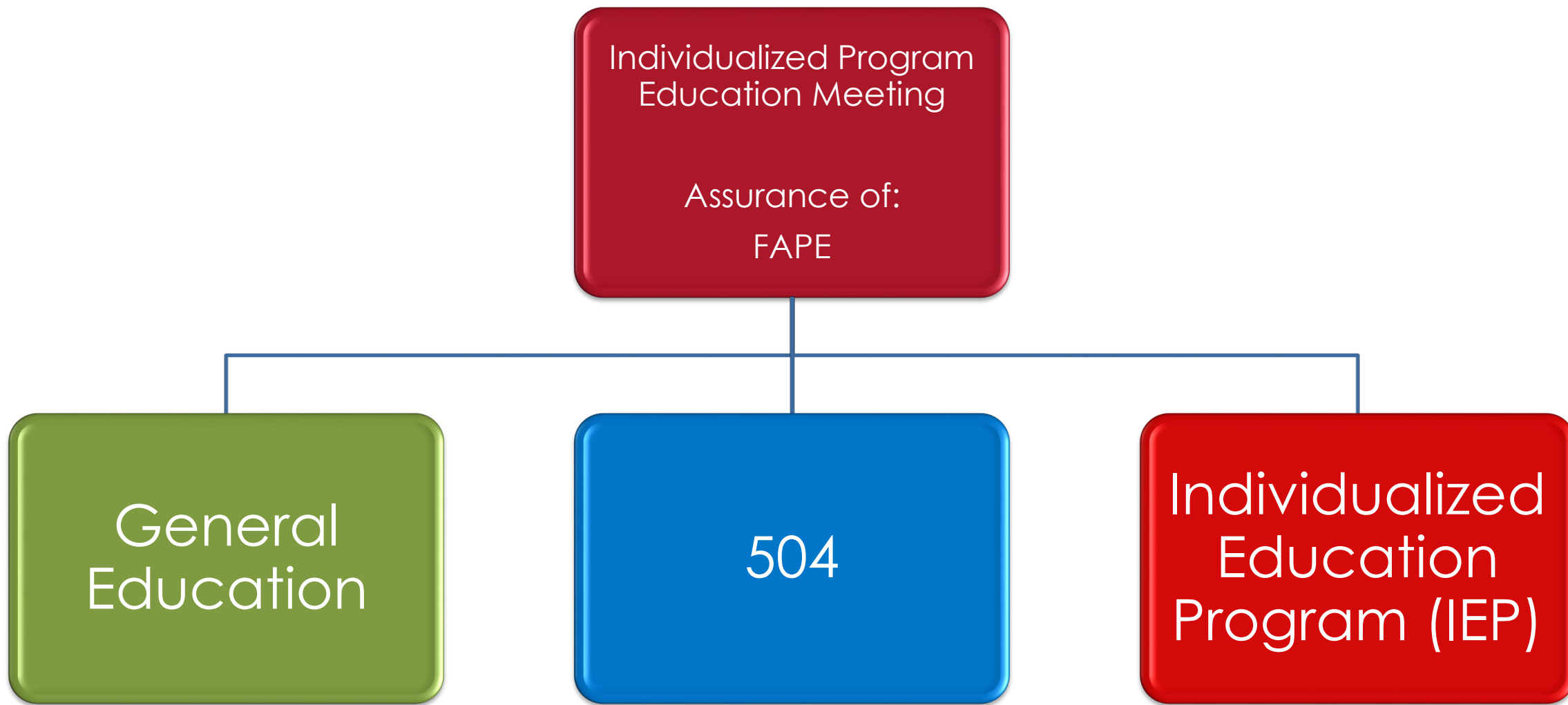


Individualized Education Program Meeting

# SOURCES FOR DECISION MAKING

- School Evaluations
- Outside Evaluations
- Outside Records
- Physician Records
  - Individualized Health Care Plan
  - Emergency Plan

# PROGRAMMING



# Physician's Order/Authorization for Special Health Care Services to Be Performed at School

Attach Health Care Plan If Applicable

Student

Birth Date

Parent(s) Name

## I. Describe Condition for which Procedure is Required

## II. Describe Procedure(s) to be Performed

## III. Time Schedule for Procedure

Procedure should be continued until (date) \_\_\_\_\_

## IV. Precautions/Possible Adverse Reactions/Interventions

## V. Special Equipment Required (If Any)

## VI. Physical Limitations (If Any)

### VII. Special Dietary Requirements

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### VIII. Medications

Medication(s) Prescribed	Dose	Expected Side Effects and Learning Efficiency

### IX. Parent Authorization Request for Special Health Care Procedures

I, \_\_\_\_\_, request the above health care procedures and/or medication treatment be administered to my child at school. I understand that qualified designated person(s) will be performing these health care services. I will notify the school immediately if my child's health status changes or there is a change or cancellation of the procedure/medication(s).

I understand that I am responsible for providing and bringing all medical equipment, supplies, medications (in labeled prescription bottle/container) and dietary supplements.

Parent/guardian signature	Date
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### X. Physician Authorization

As the physician for \_\_\_\_\_ (Student Name), I verify that the procedures and treatments, as described, are necessary to be performed during the school day.

- I approve the Individualized Health Care Plan and approve of it as written.
- I approve the Individualized Health Care Plan and approve of it as modified.
- I do not approve the Individualized Health Care Plan. I have attached a substitute plan.

Physician's Signature	Date
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#### TO WHOM IT MAY CONCERN:

I hereby give my permission to the following physician \_\_\_\_\_ and/or medical agencies \_\_\_\_\_ for exchange of confidential medical information contained in the record(s) of my child \_\_\_\_\_ date of birth \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

# TEAM MEMBERS

- **Parents**
- Regular Education Teacher
- Special Education Teacher
- LEA (agency representative)
- Necessary Related Service Providers
- Child (when applicable)
  
- Extra: Advocacy

IDEA (at §300.321)

# COMPONENTS

- Least Restrictive Environment
- Strategies for General Educational Setting
- Placement
- Modifications
- Related Services
- Care Plans
  - Medical
  - Behavioral (i.e., FuBA / BIP)

# WHAT'S COVERED?

- FAPE
  - Flexible
  - Individualized



# WHAT TO DO IF YOU THINK THE SCHOOL ISN'T MEETING YOUR CHILD'S NEEDS

- IDEA
  - Procedural Safeguards
- Parent Advocacy
  - Utah Parent Center
  - Family Voices
- Utah Disability Law Center



# END QUESTIONS?

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