

UPPER PERKIOMEN SCHOOL DISTRICT

2229 East Buck Road
Pennsburg PA 18073
Pupil Services Committee Meeting
MINUTES
November 19, 2019 7:30 PM

CHAIR: Judy Maginnis

MEMBERS:

Melanie Cunningham
Dr. Kerry Drake

Superintendent – Dr. Allyn Roche
Assistant Superintendent – Dr. Andrea Farina

In attendance: Dr. Andrea Farina, Carol Giblin, Allison Stephens, April Gaugler, Chad Rutherford, Angela Spinozzi, Vaune Klepac, Maureen Zavadel, Art Vigilante

Call to Order

The Pupil Services/Special Education Committee meeting was called to order by Judy Maginnis. Motion made by Dr. Kerry Drake, and seconded by Melanie Cunningham, to approve the October 28, 2019 Meeting Minutes. Motion passed.

Judy Maginnis announced that there is a support group for parents and caregivers of children with special needs that will meet monthly to discuss topics and offer resources.

Two different topics to be discussed and get a better handle on, MTSS and Special Education. What is the eligibility for Special Ed. and get a handle on MTSS.

Dr. Farina introduced two psychologists, Chad Rutherford and Angela Spinozzi, who do the work. Dr. Farina went on to say that there is a large misunderstanding between MTSS and Special Education. MTSS has nothing to do with Special Education. We all need to make sure that we're communicating that message. You need to actually have a disability that adversely affects their performance. You could have a disability that doesn't affect your performance and you are not eligible for special education.

Carol Giblin described that a child has to have a minimum of one identified disability that also impacts your educational performance. When we look at a student who is identified with a disability of autism and the umbrella that covers the disability, a large percentage of students may be autistic but they do not require special education. If they don't need added supports, they aren't necessarily going to qualify just on the simple fact that they have autism.

Dr. Farina explained that the confusion between MTSS and special education revolves around the concept of data. Data is compiled to conduct an evaluation. We are looking at what is the actual need and then are there any other evaluations out there. Is there any other information that the psychologists need to make that decision. Data includes performance in the classroom, what their local assessments look like and observations by the classroom teacher. Also, anything else that the family deems relevant. The parental input is a huge part of the evaluation process and/or any medical history. The psychologists are trying to get the big picture from those factors.

Question from Judy Maginnis, Student has to have a diagnosis and asked if the psychologists are capable of making that diagnosis or if it has to come from another source.

Chad Rutherford replied that when we get a referral whether it's a parent referral or a school-based referral, the first thing we always look to do is have a parent meeting. At this team meeting we will gather all the background information. We will look to see if there have been any evaluations for this child outside of our school district that we aren't aware of. There are parent input forms we use to collect information to create a foundation that helps us to determine what we will focus on during the evaluation.

Judy Maginnis asked if the psychologists if they are capable of making a diagnosis from the evaluation or if it has to come from a developmental pediatrician.

Chad Rutherford replied that any special education services that are required a school psychologist is certified to make those eligibility determinations.

Carol Giblin went on to explain that when a student gets into the middle and high school area, we may work with the parent to get a medical diagnosis. Using autism as an example, a medical diagnosis will help them during that transitional age when they are ready to exit school at age 21 to have supports in place. We will work with the parents to provide information for supports.

Dr. Farina went on to explain that psychologists look at the 13 disabilities and what the needs are around the student's performance. Also present levels and any developmental needs. There are a series of questions at the end of the evaluation that they need to ask if it's special education and if there is something that would provide the student with those level of supports. The psychologists are tasked to make recommendations if a child is eligible about any supports and modifications that would translate into the IEP so that they look at the profile of all those three factors and if a child is eligible they're going to make recommendations that a special education teacher then picks up and transforms into an IEP. The multidisciplinary team are those individuals who are responsible for making that transition. If they are eligible, what is the content and what would enable that child to be involved and progress in the general education curriculum. The role and goal of an IEP is to allow kids with disabilities the opportunity to access our core curriculum and our core programs.

Carol Giblin added that this is the process that qualifies them for services. The continuum of services is the most critical thing and that is something we are non-negotiable about. There is collaboration with parents and the team to provide that level of support and that full continuum while maintaining the Least Restrictive Environment.

Dr. Farina said our psychologists will have to rule out things that may be the reason a student is not progressing. A lack of instruction is a question that is asked and this is where those fine lines and you hear a little push on classroom teachers on interventions. The classroom teacher has to collect data to demonstrate that it's not the absence of instruction. We don't want to label a child is there is an intervention we could have put in place to help the child progress. It's the data that comes out of MTSS that helps inform the decision on eligibility and that's a critical nuance that we have to make sure we understand.

Carol Giblin added that there have been concerns that have developed over time with our students entering kindergarten. They may be struggling and we will see that they have never been to a school prior to entering kindergarten. They can come in as a blank slate and five months in they don't know a letter or a sound and they may be struggling behaviorally. Then you look at that student in the middle of first grade and all of a sudden you see that light. That's the piece we need to remember is that they need an opportunity to develop.

Dr. Farina added that it is often asked if kindergarten and first grade students can get MTSS. MTSS is afforded to all kids because it's a framework for regular education. Eligibility for kindergarten and first grade is a delicate conversation because they need the benefit of instruction and time and interventions to learn. You can have students in kindergarten and first grade be eligible for special education. It is difficult for psychologists to answer the question if they have had the benefit instruction. We want to make sure that we are intervening on the regular education side a whole lot before we pursue an evaluation for special education.

Dr. Drake asked how we identify the children that are in full day kindergarten.

Dr. Farina replied that we do a screening after registration and they are administered two screening mechanisms. We then rank order.....our neediest kids participate in full day and we cap that at 15 per section.

Maureen Zavadel added that sometimes there are students who come to kindergarten with related service needs, speech and language, physical therapy, occupational therapy, will be in full day due to being able to provide the instruction as well as the related services.

Dr. Drake asked if those students are in special education and Dr. Farina explained that speech therapy requires an IEP. Students who come in through early intervention may require school age services and have an IEP as well. School age and early intervention have different qualification criteria. We are responsible for evaluating students in early intervention.

Dr. Farina presented the 13 disability categories.

Judy Maginnis asked why a student with an orthopedic impairment doesn't just have a 504. Dr. Farina explained that sometimes they just have a 504 but it comes down to the question of if that disability adversely affects their education.

Dr. Drake asked if our kindergarten screening helps us lean in towards any disabilities. Dr. Farina stated that it doesn't.

Chad Rutherford said the screenings are a snapshot of skills.

Carol Giblin explained that the developmental delay disability is not a school age disability. It is an early intervention disability. Our job is to hold transition meetings with our early intervention students and parents and we will re-evaluate those students during the spring before entering kindergarten. If they qualify, we will have services put in place for kindergarten.

Angela Spinozzi explained that emotional disturbance is when behaviors are preventing a child from learning. There are 6 criteria and each of those criteria is something that has been observed for a market period of time and it has to be considered pervasive. The period of time could be for 6 months plus with us providing supports to mitigate that behavior or to help a child learn different behaviors.

Dr. Farina said that we have had students who have flipped desks or thrown staplers, which is inappropriate behavior. That child does not meet the criteria for emotionally disturbed because it has to be for an extended period of time so those are incidents that are inappropriate, but the threshold to be eligible as emotionally disturbed is higher. What have we tried to do to prevent those behaviors? Last year we didn't have a social emotional learning curriculum that we could implement as a tier 1 intervention. We added that this year. Kids are now being instructed and provided the language, and our counselors are available to provide the continuum of services around mental health and behavior. If students are continuing to struggle, we have student assistance counselors who will assist with individual counseling over time to see what can be done to support that child. If these services have not been provided over time, it is difficult for a school psychologist to determine if the student would meet that criteria for emotional disturbance.

Dr. Drake asked if we are missing any pieces. Dr. Farina replied that we now have a Tier 1 program so we can satisfy that instruction is being provided in that area.

Conversation continued with the history of our MTSS process, especially Tier 1. A program was implemented several years ago, but core curriculum "took over" due to the requirements of education and Tier 1 inadvertently fell into third place. We have ELA and math in a place where we have invested an incredible amount of time and resources, so now we are looking at the social emotional component of MTSS.

Maureen Zavadel discussed that the full day kindergarten program will allow us to provide the services to all students in kindergarten.

Dr. Farina continued to explain that if our psychologists find that all of the three factors that make a child eligible for special education, we need to remember that IDEA is not a place it's a service. This services should meet the child where they are and they should be with their peers and accessing core content. One of the challenges for emotional disturbance is that the child could have behaviors but could also be able to navigate the core curriculum and have high academic performance. That child is entitled to access that instruction with the emotional support services where they are. For kids not to participate in core, the state does not allow you to do that and that is not providing least restrictive environment. People have said let's have an ES classroom. Dr. Drake said what we need is supports.

Carol Giblin said the expectation of our students is an itinerant level of support. If a child is in crisis and needs more support, we provide it. At the elementary level, there is not an emotional support classroom with the door closed. They are the same as learning support, autistic support and in the core curriculum.

Dr. Farina continued to state that we need to support the entire population with services (trauma informed care and other supports), and not just talk about special education because that limits our decision making.

MTSS can support the community of kids in a better way and we have done a lot of work to provide those supports in personnel and programs. A special education evaluation isn't the answer because whether or not the child qualifies, they are still in the classroom with the issues that they are having.

Judy Maginnis asked if a parent requests a special education evaluation for their child, does the district have to do it. Dr. Farina answered that we don't. There is a parent meeting to talk about the real issue and what the concerns are and then look at the data that has informed that request. Often times the process of the evaluation and the criteria of eligibility isn't known by the parent, so it's really advisable to inform that request. The principal and the team provide that information. Regular education teachers don't always like the length of time it can take, but interventions need to be put in place to see if there is growth, progress. There will be timelines and follow up meetings to discuss interventions. If an evaluation will not be conducted, a NOREP is presented to the parent. If an evaluation will be conducted, a PTR will be presented.

Chad Rutherford said that at the high school, parents are not really sure what is available or what else to do. Many times parents are really knowledgeable on what other services are available. They see a concern and a problem and believe an evaluation would help. MTSS, SAP and other resources can address those concerns.

Dr. Farina explained that MTSS is a tiered framework and the purpose of the system is student achievement. Student needs exist on a continuum rather than in typological groupings. Tiers organize resources to make educational support available in direct proportion to student need.