

# Special Education and Related Services

During the 2020-21  
School Year



OKLAHOMA  
Education



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## Introduction

During the 2020-21 school year, local education agencies (LEAs) must be flexible and employ a variety of service delivery options as they make reasonable efforts to provide quality services to students, including students with disabilities. Above all, districts should prioritize the health and safety of students, staff, and communities by consistently following Centers for Disease Control and Prevention (CDC) recommendations and state requirements. Districts are encouraged to follow all recommendations in the Oklahoma State Department of Education (OSDE) [Return to Learn Oklahoma Framework](#) as well as the [Oklahoma School Safety Guidelines](#).

**The requirements under the Individuals with Disabilities Education Act (IDEA) have NOT been waived by the Office of Special Education Programs (OSEP).** LEAs continue to be required to provide a free appropriate public education (FAPE) to students receiving special education and related services in the Least Restrictive Environment (LRE).

A “free appropriate public education” is a foundational principle of the IDEA. The IDEA defines FAPE as special education and related services that—

- Are provided at public expense, under public supervision and direction, and without charge;
- Meet the standards of the SEA, including the requirements of this part;
- Include an appropriate preschool, elementary school, or secondary school education in the State involved; and
- Are provided in conformity with an individualized education program (IEP) that meets the requirements of §§300.320 through 300.324.

FAPE is determined individually based on a complex intertwining of concepts, meaning that FAPE will look different for each student. Methods to meet FAPE requirements may vary depending on the instructional delivery model determined by LEAs. The substantive standard to determine the adequacy of a student’s IEP and provision of services thereunder requires the IEP to be “reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances. *Andrew F. v. Douglas County School District RE-1*, 137 S.Ct. 988 (2017).

Engaging families is essential to the successful implementation of the IDEA’s requirements.

**Partnerships with families are critical as we work together to ensure meaningful education for students with disabilities.** Encourage staff to frequently communicate with families to develop a strong partnership, a relationship built on trust, and an earnest effort to quickly find solutions to any potential setbacks.

LRE is determined by a student’s IEP team and the presumption that the general education environment with non-disabled peers is the first choice for educating all individuals with disabilities. The removal from the general education environment only occurs if the nature or severity of the disability is such that education in the general education classes (including the use of supplementary aides and services) cannot be achieved satisfactorily. During the period of Distance Learning, great emphasis was placed on a good faith effort to provide special education and related services to the greatest extent possible. Given the different circumstances in each local community, the models of delivering instruction at the start of the 2020-21 school year may look different. LEAs should explain to parents how decisions will be

made relative to health and safety issues as they come up during the 2020-21 school year. Parents need to know at the start of the school year that LEAs must take into account many factors in totality when making decisions about adjustments to health and safety guidelines. It is important to note that while the COVID-19 pandemic has not changed the individual student's right to LRE, it has changed, and may continue to change, how instruction is delivered. Any change in the instructional delivery model requires LEAs to determine how they will maintain each individual student's LRE. Generally, changes in instructional delivery models are not changes in placement.

Even if the rest of the school has entered into a hybrid or fully virtual model of instruction, LEAs must consider the full continuum of placement for students with disabilities, particularly those with complex and significant needs and preschool-aged students. IEP teams will continue to develop IEPs for each student based on their unique disability related needs. For example, if a school or district needs to implement a hybrid model of instruction for its students, teachers may be able to simultaneously maintain full-time or part-time in-person instruction for students in self-contained special education classes. As an additional example, in-person services may be provided in the home or in community-based settings where feasible for students with significant and complex needs, if it is not possible to provide services in the school setting. LEAs must make their best efforts to take all reasonable safety precautions when providing a FAPE in the LRE. This may include receiving services as in-person, whether full-time, part-time or in a student's home or community-based setting (if feasible) regardless of the LEA's operational model.

**This guidance details relevant considerations when determining services for students with disabilities during this unprecedented time.**

## **Promoting Inclusive Services and the Least Restrictive Environment (LRE)**

LEAs should carefully develop classroom assignments and service delivery schedules for students with disabilities so they receive services consistent with their IEPs in the least restrictive environment while also following current health and safety protocols. LEAs are encouraged to partner with parents to think creatively about how they can maintain opportunities for inclusion for students with disabilities. For example, students with disabilities often benefit from peer models, and providing inclusive groupings of students or using technology might help to support peer-to-peer connections while maintaining physical distancing requirements.

## **Review Student Data to Determine Student Needs and Services**

Driven by health and safety needs, the continuity of instructional delivery models implemented in each LEA has and will continue to change for both general and special education during times of closure and reopening of physical school buildings. Given this, LEAs must continue to evaluate whether each student receiving special education and related services is provided a FAPE consistent with the health and safety needs of the student and the student's service providers. Due to the school closure in the spring and possible disruptions to school operations and/or instructional delivery models during the 2020-2021 school year, services and supports currently documented on IEPs may

need to be revised. Therefore, a review of student data will be necessary to determine if any changes to the current IEP are warranted. Data should include the following:

- grades, progress reports, progress towards IEP goals
- classwork
- formal/informal evaluation tools
- teacher/service provider observations
- parent/student feedback
- comparison to the progress of all students
- interdisciplinary consults

IEP team members must consider information from parents regarding their children's experiences during the time of school closure and distance learning, including primary areas of need, ability to access services, and other information critical to meet students' needs as schools re-open. Keep in mind that school closure can be traumatic, students may have regressed, and may have developed new disability-related areas of need, e.g. anxiety. Since most students will have spent several months in the full-time company of their family or caregivers, LEAs should take the opportunity to obtain as much data and information from parents and caregivers as possible. LEAs should use all available data to anticipate the student's present areas of need and levels of need during re-entry. In addition, it will help LEA personnel and families be prepared to quickly pivot should in-person services suddenly become unavailable.

Ongoing communication with the student, families, and service providers is critical in gathering the necessary data; however, the review of student data does not have to take place through an IEP team meeting.

## Compensatory Services

The term compensatory services is generally attached to the provision of additional special education and related services awarded to a student to remediate the negative impact experienced due to an LEA's failure to meet their legal obligation to provide a FAPE. However, in light of the school closures, distance learning requirements through the close of last school year, which were well beyond the control of the school district, this should not be the case. In addition to the traditional use of the term "compensatory education services" to describe services required to remedy a violation of IDEA that resulted in a denial of FAPE, this term is also used by the U.S. Department of Education (ED) to describe services that may be required to remedy the loss of skills/regression as a result of extended school closures and disruptions to in-person instruction, circumstances caused by the pandemic that are beyond the control of schools. [Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus 2019 Outbreak \(OSEP 3/2020\)](#). This guidance describes specific instances in which schools must make an individualized determination about whether and to what extent compensatory may be needed, albeit not the direct fault of the LEA, due to the student having regressed on the progress they were making prior COVID-19 school closures/disruptions. On a case by case basis, LEAs will need to make an individual determination, for each student, as to whether compensatory services are necessary due to the failure or the inability of the LEA to provide a FAPE.

The inability to communicate with families and/or refusal of services by families during the school closure/disruption does not negate the IEP team's obligation to review student data to determine if compensatory services may be necessary. Schools should regularly make and document attempts to provide services during periods of closure/disruption, including contact and communication with families and students. A family's refusal of services may excuse the school district from its obligation to provide compensatory services, depending on the individualized circumstances. **However, a student's inability to access the services offered would not be considered a refusal. Similarly, a student's failure to benefit from the services provided would not be considered a refusal.**

While a student is not guaranteed specific educational outcomes, the law requires that students receive an appropriate educational program. LEAs should review data to determine if the educational services provided to a student during the period of school closure or disruption and according to the IEP, were reasonable to allow the student to be involved in and make progress in the general education curriculum. The following factors should be considered relevant when determining whether a student requires compensatory services as a result of COVID-19 related school closures and/or disruptions to the provision of FAPE:

- Data on the student's rate of progress before and during the school disruption/closure for academic and/or behavioral progress in the general education curriculum and on the student's IEP goal(s). Data may take the form of grades, progress reports, classwork, informal/formal evaluation tools, teacher/service provider observation(s), parent/family feedback, comparison to the progress of all students, and interdisciplinary consults;
- Data on the difference between IEP progress monitoring immediately preceding closure/disruption and IEP progress monitoring data collected within a reasonable time after beginning the 2020-2021 school year;
- Data on the student's response to high-quality instruction and evidence-based interventions, and progress on IEP goals upon the return to school;
- Length of school closure and/or disruption (e.g., time without any instruction, time with virtual and/or distance learning)
- Difference between services identified on the IEP and services offered during closure/disruption, including amount, frequency, duration, type, and delivery model;
- Accessibility of services offered to the student during school closure or disruption;
- Changes in the general education curriculum, and type of instruction for all students during closure or disruption; and
- Input and information from parents concerning student performance during closure or disruption.

If compensatory services are determined necessary, they cannot interfere with services the student receives under the current IEP. Compensatory services must be provided in addition to the services implemented in a current IEP. Creativity in scheduling services will be necessary. It may include the scheduling and delivery of services through the regular school day. Examples of this include an extended school day, weekends, over school breaks, intensive and targeted individualized programs, or by outside service providers. If compensatory services are provided during the school day, the student's

least restrictive environment cannot be altered due to the provision of compensatory services. School districts must not create blanket rules with a set amount of compensatory services to all students, or subsets of students with disabilities when they return to school campuses.

Decisions about compensatory services should be made as soon as reasonably possible based on the availability of data. Because valid data on student performance is necessary to make determinations regarding whether compensatory services are owed to a student, the timing of these determinations may vary. However, LEAs should not unreasonably delay serving students while gathering appropriate data to make thoughtful decisions about the provision of compensatory services. As with the provision of compensatory services for the loss of a FAPE under normal circumstances, an individualized decision must be made concerning the time in which the services will be provided. Minute-per-minute replacement of services are not required. That decision, like all decisions regarding a FAPE, should be based on the student's needs and not administrative convenience.

LEAs and IEP teams should use the same documentation processes they have traditionally employed to document determinations of compensatory services. If the IEP team cannot reach an agreement regarding compensatory services, the LEA or the parents may exercise any dispute resolution process under the IDEA. IDEA Part B funds, including Project 617 COVID-ASSIST funds, may be used for activities that directly relate to providing, and ensuring the continuity of, special education and related services to students with disabilities. In using Part B funds to ensure continuity, it will be essential that the LEA can evidence how these expenditures support special education students in accessing their IEP services.

## **Determine if an IEP meeting is Necessary Prior to the Annual Review**

Each student's IEP must be reviewed at least annually and must be in effect at the beginning of the school year. In general, in making changes to a student's IEP after the annual IEP meeting, the parent and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead may develop a written document to amend the student's current IEP. Upon parental request, a revised copy of the IEP with amendments will be provided. The annual review date remains the same and does not change with an IEP amendment.

However, if the parent believes that the student is not progressing satisfactorily or that there is a problem with the current IEP, the parent may request an IEP team meeting. The LEA must grant any reasonable request for such a meeting. If any other member of the IEP team feels that the student's placement or IEP services are not appropriate, that team member may request an IEP team meeting.

Changes in the instructional delivery model for the school, the period of distance learning, and reviews of student data may clearly indicate a need to amend or revise IEPs. Depending on those changes, an IEP meeting may be necessary. If any amendments or revisions are needed to ensure a FAPE, LEAs should act as soon as possible, prior to or at the beginning of the 20-21 school year, to make those changes and hold an IEP meeting if necessary.

## Scenarios requiring an IEP team meeting

*Although not an exhaustive list, these conditions may necessitate an IEP meeting:*

- The student is not progressing as expected;
- Additional or modified services and supports may be required due to a change in the model of instructional delivery; and/or
- Data show that compensatory services may be necessary for the student.

## Scenarios not requiring an IEP team meeting

These conditions do not necessitate an IEP meeting:

- No changes to the current IEP are necessary; or
- The parent and the LEA agree not to convene an IEP meeting for the purposes of making any changes, and instead decide to develop a written document to amend the student's current IEP;
  - For example, the model of instructional delivery is changing, but the services and supports documented in the current IEP are still appropriate and are able to be provided through that model. After discussing with the parents, the LEA can make the change to the delivery model on the current IEP through an IEP amendment. The LEA must provide a copy of the amended IEP and a Written Notice to parents that details the reason for the change of the service delivery model and an explanation of how FAPE will be maintained through these services. The Written Notice should be understandable and include any relevant information the LEA deems necessary.

## Determine Appropriate Services and Supports

LEAs and their school boards are authorized to make a local decision regarding their school calendar and instructional delivery options available to all families. Some LEAs have selected a hybrid model of service delivery for all students (i.e. Mondays, Wednesdays, Fridays – Virtual services, Tuesdays and Thursdays- Onsite services). IEP teams should consider these instructional delivery options to be the general education environment. Whichever model an LEA chooses to provide does not necessarily limit IEP team decisions. Any concerns with the selected model of service delivery need to be discussed and addressed by the IEP team (including the parents). Additional or modified supports or services may be necessary for the student and should be documented appropriately on the student's IEP.

The following questions should be considered when developing an IEP or amending an IEP to include virtual or other distance learning options.

- Is the student able to receive FAPE solely through virtual or distance learning? Consider providing certain special education or related services at the current school site, an alternative school site, or other location for students who require in-person services or instruction.
- Are there any health, safety, or medical concerns?
- What is the student's current ability to access virtual or distance learning? Do any barriers exist regarding the student's ability to access and/or use technology? Is internet available in the student's home?
- Are there specific types of virtual or distance learning strategies that would be more effective for the individual student?



- Are there accommodations specific to a virtual or distance learning environment the student will need?
- Is assistive technology needed that is specific to a virtual or distance learning environment?
  - Assistive technology (AT) is any device used to help students with disabilities do tasks they would otherwise be unable to do. It is also a service that assists students with disabilities in the selection, acquisition, and use of AT.
  - Students who may not typically utilize assistive technology in a physical setting may need AT to access virtual education opportunities.
- Are there any barriers regarding the frequency and length of time for this access?
- How should the frequency and length of services be modified?
- What services are needed to support access to instructional delivery model?
- What personnel will be needed to support access to educational services?
- Are parents able to provide, with support and consultation, any educational services?
- How will progress toward IEP goals and objectives be measured?
- How will transportation be provided, if necessary?
- Are any changes necessary for activities related to secondary transition?

## Related Services

Related services are those services that accompany special education that allow a student with a disability to benefit from special education such as therapy services, specialized transportation, and interpreter services. The IDEA requires each IEP to include a statement of the special education and related services and supplementary aids and services to be provided to the student, or on behalf of the student, and address program modifications or supports for school personnel that will be provided to enable the student:

- To advance appropriately toward attaining annual IEP goals;
- To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
- To be educated and participate with other students with disabilities and nondisabled students.

The IEP team must consider the adaptation of content, methodology, or delivery of instruction needed to address the unique needs of the student that result from the student’s disability—ensuring access to the general curriculum. An IEP must identify the amount and type of services the student will receive based upon the student’s individual needs.

Depending on an LEA’s instructional delivery model, service delivery of occupational, physical, and therapy services will be different. Service delivery is dependent on the needs of the student and the accessibility of technology. One option for service delivery of OT, PT, and SLP services is through telehealth services. Telehealth services could be provided through any platform.

Prior to implementing telehealth services, it is recommended that LEAs consider the following:

- Make sure all providers meet the state requirements to practice in the school.
- Make certain that all providers have training, knowledge, and skills in the use of telehealth.

- Use assessments and interventions that are appropriate to the technology being used and that take into consideration student and disorder variables.
- Be sensitive to cultural and linguistic variables that affect the identification, assessment, treatment, and management of communication disorders/differences in individuals receiving services via telehealth.
- Inform parents that they have the right to decline telehealth services for their child.
- Maintain appropriate documentation, including informed consent for use of telehealth as determined by the LEA and documentation of the telehealth encounter.
- Develop procedures that help ensure protection of student record privacy during the services and procedures regarding the documentation of services offered and provided.
- LEAs may wish to include instructions for students participating in the distance learning classrooms regarding not sharing or recording any personal identifiable information that may be disclosed in the virtual setting.
- Virtual learning/telehealth services may be provided for groups of students while following FERPA guidelines concerning student records.
- Consider what the student's IEP goals are and if they can be addressed in the telehealth setting.

Interventions via telehealth will be categorized the same as they are according to the IEP: direct, monitoring, and/or collaboration. Below are examples of how interventions via telehealth might look in the schools for related service providers.

- Direct – Live meeting with student over the computer with audio and/or video. Student participation is facilitated by caregiver.
- Monitoring – Sending packets (e.g. supplemental videos, worksheets, hand out example of therapeutic activities, assistive tools) to family via mail or email. Follow-up with caregiver and/or teacher regarding the use of the packets with distant learning.
- Collaboration – Working with teacher and/or caregiver via telecommunications to put in place strategies and/or modifications in place to support distant learning.

Because therapy services are based on the unique needs of each individual client, telehealth may not be appropriate in all circumstances or for all students. Consider the student's culture, education level, age, other relevant characteristics, and the benefits and challenges of other service delivery models before initiating telehealth services.

Consider the potential impact of the following factors on the student's ability to benefit from telehealth:

- Physical and sensory characteristics, including
  - hearing ability;
  - visual ability (e.g., ability to see material on a computer monitor);
  - manual dexterity (e.g., ability to operate a keyboard if needed); and
  - physical endurance (e.g., sitting tolerance).
- Cognitive, behavioral, and/or motivational characteristics, including
  - level of cognitive functioning;
  - ability to maintain attention (e.g., to a video monitor);

- ability to sit in front of a camera and minimize extraneous movements to avoid compromising the image resolution; and
- willingness of the student and family/caregiver (as appropriate) to receive services via telehealth.
- Communication characteristics, including
  - auditory comprehension;
  - literacy;
  - speech intelligibility;
  - cultural/linguistic variables; and
  - availability of an interpreter.
- Student's support resources, including
  - availability of technology;
  - access to and availability of resources (e.g., computer, adequate bandwidth, facilitator);
  - appropriate environment for telehealth (e.g., quiet room with minimal distractions); and
  - ability of the student, caregiver, and/or facilitator to follow directions to operate and troubleshoot telehealth technology and transmission.

Therapists who deliver telehealth services must possess specialized knowledge and skills in selecting assessments and interventions that are appropriate to the technology and that take into consideration student and disorder variables. Assessment and therapy procedures and materials may need to be modified or adapted to accommodate the lack of physical contact with the student. These modifications should be reflected in the interpretation and documentation of the service.

Some publishers of standardized assessments have developed guidance for the administration of tests via telehealth or validated assessments for administration via telehealth. Other researchers have compared the validity of in-person and remote assessment protocols (Sutherland et al., 2016; Taylor, Armfield, Dodrill, & Smith, 2014).

Please refer to previous [Guidance for Related Service Providers](#) for additional information.

## Secondary Transition

### Review, amend, and develop an appropriate transition plan

[Transition services](#) are required for students prior to the beginning of the ninth grade or upon turning sixteen years of age, whichever occurs first. The transition process should be student-centered and include the student and the family. As IEP teams are reviewing, amending, and developing IEPs to ensure FAPE, include the required components of the transition plan, including transition services, as a crucial part of the process. Preparing our students for life after high school has never been more critical.

### Plan and provide transition services via traditional (in-person), distance learning, or hybrid

COVID-19 has created an environment that requires LEAs and other service providers to explore new methods to deliver transition services to students with disabilities, including remotely when necessary.

- Make individualized determinations as you plan and provide transition services in-person, hybrid, or virtual.
  - What transition services/coordinated activities can only be provided in-person?
  - What transition services/coordinating activities can be provided through virtual or distance learning?
  - Consider [No-Tech to High-Tech Options](#)
  - Contingency plans may be used to describe the provision of transition services during a school closure or health/medical emergency.
- Plan ahead to be prepared.
  - If your district begins the 2020-2021 school in-person, consider administering transition assessments and keeping the results on a spreadsheet that can be accessed to develop the transition plan when needed. Include students that may begin the year participating virtually or through distance learning.
- Collaborate with school counselors to ensure that students with disabilities are included in the College and Career Planning opportunities, including the Individual Career Academic Planning (ICAP).
- Follow the guidance in the Work-Based Learning & Industry Engagement section of the [Return to Learn Oklahoma Framework](#).
- Collaborate with your [Vocational Rehabilitation \(VR\) Counselor/Services for the Blind and Visually Impaired \(SBVI\) Counselor](#), Pre-Employment Transition Services (Pre-ETS) Specialist, and other Community Service Providers about School Work Study, Work Adjustment Training (WAT), Pre-ETS, and other transition services.

Refer to the Secondary Transition Modules in Pepper or review the [Secondary Transition Indicator 13 Compliance](#) (located in the Document section under the State tab in EdPlan) for more training in Secondary Transition Planning.

Visit the [OK Edge](#) and/or the Distance Learning Guidance document for transition resources.

Visit the [OK Edge](#) for more information on ICAP and [ICAP Resources for Students with Disabilities](#).

For questions or more information about Secondary Transition services provided under the IDEA, email Lori Chesnut at [lori.chesnut@sde.ok.gov](mailto:lori.chesnut@sde.ok.gov).

For questions or more information about School Work Study and other transition services provided by the [Oklahoma Department of Rehabilitation Services \(DRS\)](#), email Renee Sansom at [rsansom@okdrs.gov](mailto:rsansom@okdrs.gov).

For questions or more information about Pre-ETS, email Judi Goldston at [jgoldston@ou.edu](mailto:jgoldston@ou.edu).

## Transportation

It is recommended that information is provided to all parents of students with disabilities to notify them of the how LEA plans for the 20-21 school may impact their students as bus riders. The information provided to parents should include any expectations for social distancing, the use of masks/face coverings, and sanitizing products to allow families time to prepare the student and to discuss any concerns with the LEA.

IEP teams need to consider each student's individual needs and determine if or how these needs will be met or adjusted (e.g., allergy to sanitizing products, wearing a mask, social distancing, loading and unloading procedures, bus ventilation). The LEA should consider the needs of all students with disabilities who are provided transportation regardless if transportation is a related service, to determine individual student needs in relation to the LEA's transportation safety requirements. In the event of a school closure or during distance learning, students with disabilities that require in person instruction/services may need to be provided transportation to ensure FAPE.

LEAs should consider providing an opportunity to practice new bus procedures before the start of school following social distancing guidelines. Travel training may need to be considered for some students to help ensure safe transportation based on disability, student age, cognitive functioning and required physical interventions on the regular bus. This may reduce the need for a more restrictive transportation placement (e.g., moving a student from a regular bus to a special needs bus).

It is imperative that special education and transportation staff work together to determine the most appropriate transportation for each student with a disability. It is recommended that a taskforce of qualified personnel communicate weekly to address unique special needs and circumstances.

## Early Childhood

### Child Find, Part C to B Transitions

Although COVID-19 has overwhelmingly affected Child Find and the way in which early childhood programs provide services to our youngest learners, early identification and service delivery remains crucial for our youngest learners to improve their outcomes. LEAs are expected to move forward with initial evaluations under the IDEA Part B as outlined and specified in the [Oklahoma Special Education Handbook](#). LEAs must also make reasonable efforts to coordinate transition events with SoonerStart, families, and members of the evaluation team so that timeline requirements are met.

LEAs may utilize alternative means for conducting virtual assessments and IEP team meetings to support our youngest learners and their families during the evaluation process. School districts must determine whether additional assessments are needed and how to administer additional assessments (if needed) for children transitioning from SoonerStart and for young children identified through the regular Child Find process in an individualized manner. The process will not look the same for every student, family, or IEP team as safety and health for our youngest learners and families remains paramount.

To help young learners, their families, and LEA staff, districts should take the following steps:

- Establish clear expectations of the evaluation process with the family.
- Clearly define the roles of both the Individuals with Disabilities Education Act (IDEA) Part C and B partners.
- Make reasonable efforts to meet transition timelines and Child Find duties.
- Document all required communications with the child's family and other team members in OK EdPlan.
- Discuss timelines regarding when the evaluation, IEP, and service delivery will or may take place.

In short, LEAs are expected to make reasonable efforts to complete as comprehensive an initial evaluation as possible, in a timely manner, with the understanding that once school facilities reopen, the team may consider additional assessment of a child's current needs.

## **Childhood Outcome Summary (COS) Entrance and Exit Ratings**

IEP teams are expected to use assessments, observations, and referral information to give a student a COS entrance and exit rating in all three developmental categories. If it is not possible to give a child an assessment, document what materials, information, and data were used to determine the child's COS rating on the Childhood Outcome Summary Form (COSF) in EdPlan. Some examples of sources of information that can be used to determine ratings are student work, observation, assessments completed prior to school facility closure, parent/caregiver interviews, and/or formative assessments administered virtually.

*Questions to consider when determining an exit/entry COS rating:*

- Outcome 1: Child has positive social relationships.
  - How does the child relate to his/her caregiver(s)?
  - Do these interactions with people differ depending on the setting the child is in?
- Outcome 2: Child acquires and uses knowledge and skills.
  - How does the child use the words and skills she/he has in everyday settings (e.g., at home, at the park, at childcare)?
  - What concepts does the child understand? Does she/he incorporate these skills into strategies to accomplish something meaningful? How?
- Outcome 3: Child takes appropriate action to meet his/her needs.
  - What does the child do when she can't get or doesn't have something she wants?
  - What does the child do when he is upset or needs to be comforted?
  - What does the child do when she is hungry?

## **Transition to Kindergarten**

The process for students transitioning to kindergarten will follow the same procedures as documented within the IEP prior to COVID-19. When preparing students with disabilities for the transition to kindergarten, it is important to consider how access to nondisabled peers will be provided to the maximum extent appropriate, as well as the continuum of alternative placement options that will be made available to meet the special education and related services of each student. As the student is preparing to transition to kindergarten, the educational placement shall be determined by the IEP team, including parents, who are knowledgeable of the child's present level of performance, current evaluation data, and familiar with the continuum of placement options.

## **Consider Developing Contingency Plans**

In the event of school closure or health/medical emergency resulting in a disruption of services, LEAs must ensure students with disabilities maintain continuity and access to services that are provided to all students participating in the general education setting. LEAs may use a temporary contingency plan to clearly articulate the provision of special education and related services in light of these circumstances. The OSDE has integrated aspects of a contingency plan in the IEP that is optional for

the IEP team. The contingency plan may be put into effect in the event of health/medical issues or site/district building closure and/or can be initiated by the IEP team (including the parents). The LEA must provide a written notice to parents at that time, noting the specific dates the contingency plan will be in effect.

## Progress Monitoring

LEAs must determine what specific data needs to be collected and analyzed to measure student progress toward his or her annual goals. Progress toward IEP goals must be *reported* to parents at least annually (or more frequently as determined by the IEP team). However, reporting progress to parents and monitoring progress are different requirements. Progress monitoring allows the team to assess a students' academic progress toward goals and evaluate the effectiveness of the specially designed instruction being provided to the student. Any lack of progress or necessary change in specially designed instruction should be addressed as quickly as possible by the IEP team. Accurate data needed to analyze student progress and to report to parents depends on effective progress monitoring protocols. Effective progress monitoring should:

- Measure the skill or behavior outlined in the goal
- Use an equivalent measure each time
- Include regular and frequent data collection
- Be easy to implement
- Take only a short amount of time from instruction
- Allow for analysis of performance over time

The review of progress monitoring data does not have to take place through an IEP team meeting. Ongoing communication with the student, family, and service providers is critical in gathering the necessary data. Through this review, if the student is not progressing as expected or any other concern is identified, an IEP meeting should be held to document any necessary changes to the specially designed instruction provided to the student.

## Paraprofessionals

Special Education Paraprofessionals are an integral part of the overall supports provided to special education students. Below are some supports paraprofessionals could provide to teachers and families during a time of virtual/distance learning or the closure of school buildings. **All supports should be initiated and guided by a certified teacher of record, especially contact with students and families.**

### Accessibility:

- Help provide additional instructions for students and/or parents who need additional help with reading or understanding assignments
- Help the teacher of record break down assignments to meet the needs of specific students
- Provide real-time support during Zoom sessions to help the teacher of record facilitate the session and facilitate questions in the chat box

## Collaboration:

- Maintain regular communication with teachers and related service providers
- Check-in with students as determined by classroom teacher
- Follow up with parents on assignments, IEPs, etc.
- Document progress monitoring

## Materials:

- Support classroom teachers with preparing assignments, content, and paper-pencil activities
- Research websites, videos, and links for accessible activities that teachers can incorporate into lessons

## Student/Family Support:

- Support families and students in accessing and participating in distance learning
- Provide review and practice for students
- Provide additional instructions or expansion when necessary
- Provide 1:1 supports as students work on assignments

## Participating in Training:

- Participate in scheduled school-based professional development regarding online learning

## Safety/Health Concerns

Please refer to the Public Health Protocols and Environmental & Mitigation Strategies sections of the [Return to Learn Oklahoma Framework](#) as well as the [Oklahoma School Safety Guidelines](#).

### Instructional Services for Medically Fragile Students

Parents/guardians of students with high risk medical conditions should be encouraged to consult their child's healthcare provider to discuss the appropriateness of attending in-person instruction. This includes students who depend on mechanical ventilation and students with tracheostomies. School health professionals should work with primary healthcare providers to identify alternatives to nebulizer treatments in the school setting and to inform decision-making relative to how the student can safely access instruction.

### Personal Protective Equipment (PPE)

Please consult the [Oklahoma School Safety Guidelines](#) and [Guidance for K-12 School Administrators on the Use of Face Cloth Coverings in Schools](#) from the Centers for Disease Control and Prevention (CDC). Dependent on the alert level within the Oklahoma School Safety Guidelines, **LEAs are strongly recommended to require the use of face masks or protective face shields in special education classrooms. In addition, LEAs are strongly recommended to require the use of gloves and gowns when providing services for medically vulnerable students.**

In adopting a policy on the use of PPE, LEAs should include reasonable accommodations and exemptions to those who cannot wear face coverings for medical reasons so they can still participate safely in educational activities. Exemptions must be allowed for adults and students who are physically



unable to wear face coverings. Some students with disabilities will require unique supports that may make it challenging to practice social distancing.

- Students with autism or tactile sensitivities may not be able to tolerate the feeling of cloth against their faces.
- Students with asthma or other respiratory conditions may have difficulty breathing while wearing a cloth face covering. Individuals with respiratory disabilities such as asthma, chronic obstructive pulmonary disease (COPD), or cystic fibrosis may not be able to wear a face covering because of difficulty in or impaired breathing. The CDC also states that anyone who has trouble breathing should not wear a face covering.
- Students with severe disabilities who are unable to remove or reposition their face coverings without assistance may be at greater risk for suffocation. Facial coverings, such as masks, are not recommended for individuals who are unable to remove the face covering independently. A face shield may be a better option.
- A person who uses mouth control devices such as a sip and puff to operate a wheelchair or assistive technology, or uses their mouth or tongue to use assistive ventilators will be unable to wear a mask.
- Students who communicate by reading lips will not have the same access to information as do their nondisabled peers when speakers' faces are covered. If face coverings are required, the LEA may need to provide auxiliary aids and services to ensure that students with hearing impairments have equal access to information.

Students who are unable to consistently wear PPE or maintain physical distance due to sensory, behavioral or other disabilities must not be disciplined or summarily denied access to educational services as a result. LEAs may need to consider alternatives regarding the instructional delivery model. Positive behavior interventions, explicit instruction in safety compliance, and consultation with families are among the tools available for meeting FAPE obligations during COVID-19.

It is recommended that LEAs follow the guidelines that the CDC describes for “[direct service providers](#).” Direct service providers include personal care attendants, direct support professionals, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must come into close contact with students with disabilities.

In order to support students safely, please consider the following recommendations:

- Educators, related service providers, paraprofessionals and other staff members are prepared with any additional protective equipment that may be needed as unexpected situations arise, such as disposable gowns, face shields, etc.;
- When assessing the amount of protective equipment needed, considerations should be made for itinerant staff who interact with multiple groups of students in multiple locations, staff who perform tasks routinely that require close proximity and/or physical contact with students, and those who go out into the community to provide services and supports to students;

- All staff members using additional protective equipment are [properly trained](#) to accommodate children’s needs (See [BU SHIELD COVID-19 training resources](#) for videos, posters and other training materials); and
- Families are consulted as partners to ensure the health and safety of students.

## Child Find

Due to the period of school closure and distance learning in Spring 2020, requests for initial special education evaluations may increase. It is important to remember that LEAs have the responsibility of Child Find and should respond appropriately to requests for an initial evaluation.

The increase in referrals will likely come from families concerned due to the disruption in educational services for their children or due to anxiety concerns for their children that may result from the current situation. LEAs must respond to these requests appropriately by following the required procedures for Child Find under the IDEA, including reviewing existing data to determine if an evaluation for special education and related services is warranted. A Written Notice must be provided to the parents documenting the LEA’s decision and the reasons for the decision.

## Homebased Service Requests

Homebased services are one option among the continuum of services within the Least Restrictive Environment (LRE) the IEP team can consider. The goal of the team is to ensure the student is able to access his/her general education environment to the maximum extent possible. When a parent requests home-based services for safety or health concerns, the decision for the location of special education services should be:

- Determined and documented within an IEP meeting
- Considered for appropriateness of placement within the options for all students within the district’s options for learning.

**Homebased services** represent services in the **most** restrictive environment due to the nature or severity of the disability (i.e., health conditions such as medically fragile or due to behavior to harm self or others). Homebased services are a responsibility of the LEA if determined to be the LRE by the IEP team and differ from a parent’s option for homeschool. Due to the variety of instructional models now available to LEAs, it is recommended that IEP teams reconsider the necessity of homebased services for some students. Homebased services, like shortened days, should not be used as a disciplinary measure.

**Homeschool** means services provided by the parent outside the scope of enrollment at the LEA. Parents bear the responsibility of education, supports, and intervention.

## Family Engagement

LEAs should encourage regular communication between LEA staff and parents. Ongoing engagement will help educators, related service providers, and parents develop a comprehensive plan for students to receive individualized instruction and related services. It will also promote and sustain important connections between students and their teachers, a source of vital support and stability for students.

Engagement between teachers and parents can occur through scheduled phone conversations, “office hours” when parents know they can reach teachers via phone or email, webinars for parents, etc.

The frequency and type of communication will vary depending on the student’s individual needs, language and technology access, and any barriers families may face supporting their children with remote learning and the preferred mode of communication. LEA personnel should document communication with parents as necessary. All written and oral communication must be provided in the primary language of the home and in language that is understandable to the general public. This includes translating district-wide and special education notifications sent to families; translating special education documents, schedules, instructions, learning plans, IEPs, and progress reports; and using interpreters at IEP Team meetings.

## Positive Behavior Supports and Safe Learning Environments

LEAs should continue to create safe and supportive learning environments and provide proactive support to prevent behavior that impedes student learning or the learning of others in any instructional model. Proactive direct instruction for school- and class-wide routines, social skills instruction, individualized social stories, and other preventative measures will be necessary, particularly following the disruption to normal school routines. LEAs may also need to provide additional supports for promoting positive behavior and reducing challenging behavior as schools reopen. Students will reacclimate to learning and school life at different rates. Additional considerations regarding how anxiety and/or trauma may impact the reintegration into normal school life should be considered, including providing Tier 1, Tier 2, and Tier 3 supports available to students under a [multi-tiered system of support](#).

Under the present circumstances, LEAs should utilize disciplinary action as a last resort for students with disabilities exhibiting behavioral challenges. Wearing of masks, maintaining social distance, adapting to new routines and protocols, and other nuances related to changes in the learning and the school environment may be challenging or frightening for some students with disabilities. Retraining and development of strategies that directly address student concerns regarding the pandemic itself and/or other current events should be integrated into lessons and/or classroom routines.

Before administering discipline, it is critical that special educators and school administrators determine if behaviors deemed inappropriate are a result of situations brought about by the pandemic, or if such behaviors are caused by time away from in-person learning. Appropriate planning for newly-identified concerns should be part of reentry planning. In addition, restorative practices and other diversionary strategies should be considered in place of punitive measures to help focus on correcting any concerning behavior. Additional de-escalation training and/or training on trauma-sensitive practices for staff including school resource officers may be needed to support the transition back to full-time in-person learning in an environment altered by public health and safety needs, and the potential of increased behavioral concerns.

A BIP may need to be reviewed or revised as needed to support a student in a new learning environment. This does not require an IEP team meeting or amendment, unless the IEP team specifies a review of the BIP at certain intervals. A student's BIP is context specific and is normally written to address behavior(s) occurring in the brick and mortar setting. The same behaviors may no longer be impeding the student's learning in the distance learning environment. When new behaviors emerge, which impede the student's learning in the distance learning environment, a new behavior plan may be needed. The district is encouraged to consult with and provide coaching to parents/caregivers on the use of effective strategies. [34 CFR § 300.34(8)].



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