Riverside County Special Education Local Plan Area
Orthopedic Impairment Guidelines
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Identification and Assessment of Unique Educational Needs

This chapter begins with a definition of a severe orthopedic impairment, followed by suggestions for assessing such students. The chapter continues with information concerning assessment of specific disabilities and what to look for as the evaluator makes assessments in all areas of suspected disabilities.

Definition of a Severe Orthopedic Impairment

The term *orthopedic impairment* includes those impairments caused by congenital anomalies, diseases, and other conditions. Conditions resulting in severe orthopedic impairments include, but are not limited to, cerebral palsy, muscular dystrophy, spina bifida, spinal cord injuries, head traumas, juvenile rheumatoid arthritis, and tumors. These conditions may improve, remain stable, or deteriorate; and changes in characteristics may occur at varying rates. A severe orthopedic impairment is persistent and significantly restricts an individual's normal physical development, movement, and activities of daily living. As a result, this impairment may affect the student's educational performance. Accompanying sensory, intellectual, behavioral, learning, and medical problems often occur that may affect the student's school performance.

These guidelines were developed for persons and agencies serving students with severe orthopedic impairments who require specialized services to benefit from education. These students have the potential to pursue the district's regular, parallel, or adapted course of study. Persons who are planning educational programs can combine the concepts in these guidelines with those from other guidelines and procedures already in place. Appendix A includes a glossary of terms used in this document while Appendix B includes references to selected legal requirements.

Child Find

A child-find system for locating and identifying students who are severely orthopedically impaired should be established within the community. Each local educational agency (LEA), special education local plan area (SELPA), or county office of education (COE) is required to develop a continuous child-find system. The purpose of this system is to identify all individuals with exceptional needs, birth through twenty-one years of age, who reside within the system's geographical boundaries or who are under its jurisdiction. This activity includes identifying children not enrolled in public schools. Written procedures must be developed that address all aspects of implementing the child-find system. For more information, review Riverside County SELPA's "*Coordinated System for Referrals*" available at www.rcselpa.org/policies_procedures.

Infants (Birth to Age 3)

When identifying infants with severe orthopedic impairments, the educational child-find system's activities are often coordinated with Regional Center, California Children Services (CCS), and local medical agencies that often identify a child with significant needs immediately after birth. This is important because staff from these agencies often identifies infants with severe orthopedic problems before the educational agency becomes involved with the family. This approach encourages coordination among the agencies serving infants and eliminates needless duplication of assessments. Interagency planning, coordination, and cooperation are necessary for the infant and family to benefit from services provided by more than one public or private agency. Contacting the child's primary care physician to provide current medical information and to assist in determining the provision of specialized services to the infant or preschool child is advisable.

The infant or preschool specialist providing services to an infant or a preschooler with a severe orthopedic impairment must have a credential to teach this age group and may have a moderate-severe credential and/or added authorization for orthopedically impaired students. The teacher also needs a strong background in understanding the growth and development of young children and must be aware of how varying orthopedic impairments alter normal growth patterns. It is important that the teacher work closely with physical therapists, nurses, occupational therapists, and speech therapists when planning interventions for each infant or preschool student. The teacher also must maintain liaison contacts with medical, child care, and other community organizations and agencies providing services to the student and/or to the family. The teacher will need to:

1. Be creative in adapting materials found in the home to the child's needs.
2. Act as a role model for the parents in the home setting by helping them to become responsible case managers and effective teachers for their child.
3. Be skilled in observation, assessment, and recording of behavior.
4. Be able to plan in-service training that is responsive to the needs of the family.
5. Deliver services to the young child and family in coordination with other members of the transdisciplinary team.
6. Be skilled in coordinating services with multiple agencies.
7. Be sensitive to cultural, ethnic, and language differences.

Written parental permission must be obtained for assessment data from any of these agencies prior to sharing such with a school-based assessment team. When an infant is referred for educational services, prior written notice and an assessment plan are developed for a transdisciplinary evaluation. The purpose is to determine the infant's eligibility for special education services and to assist in educational planning. Review of existing evaluation data, observations of play, interviews, formal and informal assessments are all integral part of each childhood assessment. To increase the accuracy of

the results for the infant, the team should conduct the assessments during the optimum time of day for the child and in familiar surroundings. Many assessments are conducted in the infant's home. This method necessitates flexible scheduling for the staff. Members of the transdisciplinary assessment team should, if possible, assess the infant simultaneously rather than separately. The parent is an integral part of the assessment team.

Those assessing the infant should be familiar with both normal and atypical infant growth and development as well as with interpreting the results and recommending any special methods and/or equipment needed for working with a child who is orthopedically impaired. In addition to reporting developmental, psychosocial, and health information, those preparing the assessment report should indicate the time of day and length of contact with the infant, the kind of environment, the presence or absence of family members, the infant's familiarity with the evaluator, and the observed behavior of the infant. All of these factors will affect the child's responses.

Most children with severe orthopedic impairments are identified under the Individuals with Disabilities Education Act (IDEA) Part C early intervention services. An Individualized Family Service Plan (IFSP) is developed to coordinate support for the family and child from birth to age three. As the child approaches three years of age, the IFSP Coordinator makes a referral to the child's district of residence to begin planning for transition to IDEA Part B services under an individualized education program (IEP). To learn more about birth-three and preschool to kindergarten procedures, go to www.rcselpa.org/policies_procedures.

Referral of School Aged Students

Sometimes a child is not identified as needing special education services until school age attendance. Before a special education referral is initiated, most students with a specific suspected disability are referred to a student study team (SST). A function of regular education, the SST primarily develops interventions and modifications that can be applied to the regular program and monitors their effects. The membership of student study teams varies from school to school. The team typically includes parents and or guardians and appropriate staff members, such as an administrator/designee, school nurse, psychologist, teacher, specialist teacher and/or therapists. The team focuses on the child's strengths and attempts to build on the skills and potential identified for each student. Decisions for appropriate support services are based on information gathered from the parents and team members about the student's previous successes and difficulties, abilities, interests, aptitudes, and goals. Parents provide essential information for this process. If a student's referral for special education or related services is not recommended, the team members may monitor the progress of the student, and at any time, may refer him or her for an evaluation to determine the need for special education and related services.

When the parent or another person requests an assessment of their child or when the SST refers a student for an evaluation to determine eligibility for special education and/or related services, a Prior Written Notice (PWN) must be developed within 15 days. The PWN indicates a proposal or refusal to conduct such an evaluation. If individualized assessment is proposed, an Assessment Plan will also be provided to the parent/guardian.

The Assessment Team/Plan

The assessment team is composed of individuals qualified to assess the student in all areas of suspected disabilities. The assessments must be conducted by persons who not only are knowledgeable and trained to select, administer, and interpret assessments that accurately measure the abilities of the student, but they also are knowledgeable about the implications of the orthopedic condition of the student. When appropriate, assessment data can be obtained from the family physician as well as from professionals representing other public and private service agencies such as Regional Centers, California Children Services Branch of the State Department of Health Services,

hospitals, and rehabilitation centers. If the student has been receiving services from another state or local public agency, the records should be available to the team, providing that written parental permission to exchange information exists.

Parents are an excellent source for obtaining information about their child regarding coping mechanisms, side effects of medication, and communication methods used if their child is nonspeaking. The childcare provider, nursery school, elementary teachers, or secondary teachers can be a good source of information about the impact of the student's physical disability, levels of academic and physical functioning, and interactions with peers.

Selecting Appropriate Strategies/Methods

Determining the most effective methods and materials to be used for assessment requires communication among the assessment team members, parents, and when appropriate, the student. Many children with severe orthopedic impairments have accompanying impairments that further complicate the assessment process.

When preparing the assessment plan, the assessors must consider whether a child has sensory impairments, limited physical movements, severe speech impairments (e.g., a need for speech aid(s) or augmentative mode of communication), and whether the child's primary language is other than English. For example, if the child has an accompanying visual problem, the person knowledgeable about the visual impairments may need to assist in selecting the appropriate assessments. If the child has limited physical motion, the occupational therapist or physical therapist or both may be contacted to determine the extent of the child's capability for physical response, the most comfortable and appropriate position for the child to take the test, and the part of a test on which the child will be able to perform independently. Children themselves may be able to indicate their best position from which to take a test. They do not always have to take tests in the traditional seated position.

The assessor(s) must understand the student's modes of communication; that is, how does the student respond, what does the response indicate, and how much time is required for him or her to integrate the question and initiate the response? If a clear mode of response exists, it should be documented and evaluated for consistency before any new evaluation strategies are begun. If no clear mode of response is apparent, the assessor(s) should try to develop a consistent response before proceeding with the assessment.

Identifying Consistent Response Patterns for Nonspeaking Students

Many children with severe orthopedic problems are also nonspeaking. So that a student may be assessed in all areas of suspected disability, a form of communication must be developed between the assessor and the student. The assessor must determine whether a child has any sensory deficits that will affect the manner in which the child perceives and/or responds to any given stimuli.

Before assessing a child with a severe speech impairment, the assessor should observe the child in a variety of educational settings and at home, if possible. A child being tested will feel more relaxed if the test is given with a familiar person and in familiar surroundings. The assessor should discover which stimuli produce responses from the student: noise, music, speech, and or gestures. By observing the student in a variety of situations, the assessor can determine which physical movements the student can voluntarily and reliably control. Such observations assist in determining whether the child’s physical disability interferes with communication.

The assessor needs to determine which behaviors the child has learned for communicating with his or her family. The assessor can look for the child’s ability to point to a word or picture, nod in a specific direction, operate a switch, direct his or her eye gaze or blink for a response, or make other subtle forms of communication.

The child must be in a comfortable position to provide for optimum control of the movements used for communication and to minimize abnormal reflexes or other interfering movements. In making this determination, the assessor should note the child's range of motion, speed and control of movement, and ability to cross the midline of the body. The student's strength and endurance will greatly influence the length of each testing period.

After the student's methods of communication have been determined, the next step is to observe the student to discover whether a consistent yes or no response exists. If not, an alternative signal needs to be established. The signal needs to be taught and rehearsed so that the student clearly understands how and when to respond. If such a system cannot be devised, the evaluator must then state clearly on the assessment report how the assessment's conclusions were obtained. Other observed behavior that supports these conclusions should also be documented.

Maximizing Performance Results through Modifications

Once communication systems have been established, informal and diagnostic evaluations may begin. Tests may be modified in their presentation, required student responses, and/or conditions for administration. The modifications depend on the severity of the orthopedic impairment and on any accompanying impairments. Examples of modifications include:

1. Extending the time allowed for administering the total test
2. Separating the test and administering each section on a different day or in a different sequence
3. Extending the time for each section to allow for a student's slow response rate
4. Rephrasing test items for yes or no responses
5. Cutting test booklets apart and enlarging or separating the test items (test items may also be placed in pocket charts to reduce the assessor's chances of misunderstanding a student's choice).
6. Placing the test on a computer, if the student can operate one
7. Providing various methods for the child's responses, such as pointing to the preferred answer, typing the answer, tape-recording the answer, or dictating the answer to someone else.
8. Using only certain sub-tests of a standardized test in some instances

Results from any modified part of a standardized test do not produce normal scores, but these results do allow the student to demonstrate learned knowledge and skills. All adaptations of assessment tools must be documented in the written assessment reports, summarized in the student's IEP, and considered when recommendations for curriculum and placement are being made.

Assessment in All Areas of Suspected Disability

Education Code Section 56320(f) requires students to be "assessed in all areas related to the suspected disability". The areas of assessment examined in this section are health, speech, language, and communication, ability and achievement, social and emotional development, life skills, self-help skills, mobility, and physical education skills, career and vocational choices.

Assessment of Health

Initially, the primary concerns for the student may be the treatment of the medical problem and rehabilitation. As the medical problem and orthopedic impairment become manageable, the focus gradually changes to the educational and vocational components of the student's program. The following subsections generally constitute a comprehensive medical assessment of a student with a suspected or known orthopedic impairment. For most children the medical assessments are performed

by public agencies other than those from education, or the parents may use private medical sources. The content of each subsection will be discussed as it applies to the child.

Developmental History – The school nurse or a public health nurse completes a health and developmental history for every student entering special education. One or both parents or guardians generally are interviewed for information relative to the child's health and developmental progress. For the student with a severe orthopedic impairment, additional factors are important for the school staff to know beyond those of the usual developmental history.

General Health – After the school nurse has completed the child's health and developmental history, the parents are asked to give their written consent for the LEA to request the child's medical records. From these, the school nurse receives additional specific medical information concerning the child's impairment. The family's primary health care provider may recommend therapy, specific equipment, medication, or specialized physical health care services to be provided during the school day.

Physical Assessment

When a student's physician identifies a neuromuscular or musculoskeletal condition, which may require medically necessary occupational therapy (OT) or physical therapy (PT), a referral may be made to California Children Services (CCS). This agency screens for medical eligibility prior to determining whether a student is eligible for CCS medical services. Assessments are performed by the CCS' OT or PT or both under a physician's orders. If the family of a student with a severe orthopedic impairment does not have a primary health care provider, the general health assessment may be conducted by a nurse practitioner, paneled CCS pediatrician, or another medical doctor.

Typically assessments are conducted in the areas of orthopedic functions, fine motor functional skills, and gross motor functional skills, and the determination is made by the medical therapy conference team that medically necessary therapy is needed.

Orthopedic Assessment – Whenever a child has a presumed neuromuscular or musculoskeletal condition, the orthopedic assessment is usually performed by a paneled CCS' orthopedist, except when the parents prefer to use their private orthopedist. The orthopedist will assess the controlled and uncontrolled movements of the child's body to determine the functional potential of the individual. Special emphasis is given to attaining maximum mobility and functioning of the hands and arms. The orthopedist may recommend corrective surgery, braces, a wheelchair, occupational and/or physical therapy as alternatives that will improve the child's physical functioning. If needed, the orthopedist will suggest specific equipment required by the student, as verified by the assessment data from the Medical Therapy Conference Team.

Fine Motor Assessment – The fine motor assessment may be performed by a CCS' OT working with the orthopedist. If the child is not eligible for California Children Services, the LEA may utilize a LEA OT or contract with an OT skilled in pediatric therapy to conduct the assessment. A physician's prescription is not necessary for an evaluation or service from a therapist contracted through a LEA. The LEA may determine which discipline conducts the assessment.

Fine motor skills deserve particular attention because of the importance of developing the student's growth and independence in self-help skills. The current level of the student's functional skills is identified and matched with the student's potential abilities and projected lifelong needs. If the child's use of hands is limited, the therapist will determine whether an adaptive device or procedures can be developed to use with age-appropriate activities. The therapist will search for adaptations that may enable the student to use an augmented communication device or a computer. Based on assessment data and recommendations from the Medical Therapy Conference Team, or other assessors, environmental modifications, adaptive equipment, or various activities that minimize the effects of a disability and maximize the growth of functional skills may be recommended.

Gross Motor Assessment – The gross motor assessment may be performed by a CCS' PT working with an orthopedist. If the student is not eligible for CCS, the LEA may utilize a LEA PT or Adapted Physical Education (APE) specialist, or contract with a PT skilled in pediatric therapy to conduct the assessment. The LEA may determine which discipline conducts the assessment. Assessments determine the development of gross motor skills in general and identify the order in which motor skills should be addressed in order to approximate the sequence of normal motor development. Based on assessment data and recommendations from the Medical Therapy Conference Team, or from other assessors, environmental modifications, adaptive equipment, or various activities that minimize the effects of the disability and maximize the student's physical growth are recommended.

Closely associated to these areas is the need to assess skills in relation to physical education (PE). PE involves the development of one's physical and motor fitness, fundamental motor skills and patterns, and skills in aquatics, dance, individual and group games and sports. Instruction in physical education is a vital plan of the student's total educational program. PE programs enable students to maintain or improve physical skills and develop socially as well as to pursue leisure skills and lifetime sports. Assessment includes gathering information from the classroom teacher, the student's cumulative folder and medical history, including assessment reports from OT, PT, and/or APE specialists. An important skill set to assess is the student's development of object performance – gross motor control with objects, such as throwing and catching a ball, kicking a ball, swinging a bat, tossing an item into or toward a target, etc. This type of assessment is typically completed by an APE teacher. Such assessment can help identify whether specialized physical education equipment will be needed for the student to participate in physical education activities.

Assessment of Speech, Language and Communication

The student's listening comprehension is a critical skill that should be assessed early. The assessor needs to determine the student's comprehension of words and scope of auditory vocabulary.

The student's orthopedic impairment often affects the physical movements used in eating and the coordination required for speaking. Sometimes the impairment restricts the student's ability to swallow or causes extensive drooling or both. Coordination of breathing and speaking often produces disorders in the student's intensity of speech and the vocal quality. Inability to direct the fine movements of the tongue often produces speech distortions. If the tongue and lip muscles are profoundly affected, the student is unable to speak.

Therefore, assessing the functions of the speech musculature should be a priority for the speech-language pathologist (SLP). Observations of the student during school will document times when the student does not drool, management of the lips and tongue during eating and speaking, and changes in speech patterns when the student becomes tense or excited. It is recommended that the SLP coordinate the findings of this assessment with those of the APE Teacher, occupational therapist (OT) and/or Physical Therapist (PT). These combined findings will assist in determining the student's ability to perform the desired movements, coordinate breathing with the production of speech, and control the intensity and tone of the speech. The therapists may be able to suggest positioning that will enhance the student's ability to eat and speak.

Language acquisition and comprehension should also be assessed, even if the student has badly distorted speech or does not speak. It is important to determine whether or not the student understands speech, responds to speech appropriately, has developed a means of communicating needs and desires to others, and has developed some understanding of the syntactic components of language. Based on the child's performance, the need to develop a functional augmentative communication system may also be considered by the IEP team members.

Assessment of Ability and Achievement

For educational planning the student's current measurable potential and achievement must be thoroughly assessed as well as the relationship of the handicapping conditions to both areas. The assessment information can be used to identify the student's strengths, needs, learning style, and learning rate that can be expected on the basis of current data. As a child ages, it is also possible to compare assessment data with previous assessment results and with the adequacy of the student's cognitive processes.

Any student, even one with a severe orthopedic impairment, who is identified as limited-English proficient (LEP) must be assessed in his or her primary language. Additionally, the *Larry P.* court order prohibits the use of an intelligence quotient assessment of African American students for any special education purpose. In fact, intellectual quotient scores alone provide little useful information to a teacher. More important to note is the student's level of attention, problem-solving skills, discrimination ability, association skills, and communication skills. Informal observations can be used to determine the student's learning style and strategies for solving problems.

The student's knowledge of the core curriculum at the appropriate grade level can be assessed. With curriculum-based assessments, results from regular daily lesson materials are used to indicate discrepancies between the performance of a student with an orthopedic impairment and that of the non-disabled peers working with the same curriculum. All modifications of the timing or order of the test items, mode of response level of difficulty, or materials used in the test situation should be delineated within the report. In addition, the evaluator should describe the effects of these modifications on the student's performance, the results of the assessments, and the validity of the results.

Assessment of Social and Emotional Development

A student with an orthopedic impairment may lack adequate opportunities to experience interactions with non-disabled -peers or to explore his or her environment. Observations of social skills and behaviors will indicate whether behavior is appropriate to the situation, whether the student initiates personal interactions in a socially acceptable manner, and whether the student can transfer learning from one social setting to another. Observations may also provide insights into how the student accepts corrections or directions from another, skills that are not only helpful in school but also a necessity for good work relations. Other methods of assessing a child's social and emotional skills include self-rating scales, family interviews, and various rating scales completed by educational staff familiar with the child.

Although a specific set of social and emotional characteristics cannot be linked to a severe orthopedic impairment, many issues influence the student's ability to accept the consequences of his or her impairment. Among these are feelings concerning the lack of choice or control in decisions affecting what is done in his or her body; anxiety about dating, marriage, and having children; worry about the death of parents; and, for the student whose orthopedic impairment is progressive, feelings about dying and death. It is also important to gain an understanding of the family's reaction and adjustment to the student's impairment.

Cultural factors that may affect a student and/or influence others' acceptance of the student might be considered with some students. These factors vary around the size of the community, ethnic mix, family and community traditions, and the effectiveness of schools and family members in helping the student become accepted. If the student fails or is limited in functioning within these cultural boundaries, his or her social acceptance and development of a good self–concept may be inhibited.

Assessment of Life Skills

Life skills are a combination of functional skills that influence the student's interaction with his or her environment and affect how and where the individual will live, work, and play. For the student with a severe orthopedic impairment, it is important to assess independent living skills beginning in preschool

and continuing through high school graduation or to age 22. These skills fall into the general categories of self-help and mobility.

Assessment data concerning fine and gross motor skills are needed before an evaluator can assess independent living skills. The focus of the evaluation is on the effect that the disability has on a child's educational functioning. The assessment of the child's motor abilities can best be conducted in the classroom and across a variety of settings that directly relate to the child's overall educational program. The assessments may include a child's mobility (the ability to travel from one place to another), transition skills needed for independent living, perception, and career and vocational planning. The assessments may be conducted in collaboration with a variety of staff members. The assessment data obtained by each professional who assesses the student's fine and gross motor skills must be summarized in the assessment report.

Assessment of Self-help Skills – Self-help skills enable the student to function as independently as possible within the community. These skills are used for dressing, toileting, eating, grooming, shopping, preparing food, taking care of the home, planning activities for leisure time, and completing homework. The assessment team needs to learn which skills the student can perform independently and whether they can be performed in various situations. Part of the assessment should determine whether the student is able to perform some tasks if adaptive techniques, aids, or a helper are used.

Assessment of Mobility – Independent mobility is a vital component for successful interaction within the community and transition into the workplace. A student with a severe orthopedic impairment may have experienced limitations in the ability to move from one place to another. Independent mobility must be assessed in a variety of situations: the classroom, playground, home, workspace, shopping mall, and other places within the student's environment.

Assessment of Ability to Give Directions – When the student cannot perform a skill, he or she should be able to ask for assistance and to communicate the basic steps in the skill in order to direct a helper. The less ambulatory the student, the more he or she needs sufficient spatial orientation to give clear and correct directions to any assistant or driver, including obtaining assistance to enter a vehicle.

Assessment of Career and Vocational Choices

To develop career or vocational plans for a student, the IEP team should consider the student's vocational interests, work-related behaviors, physical and academic capabilities, and ability to use specialized equipment in work situations.

Preparation for paid or unpaid employment begins early in a student's life. Assessments for a student in elementary school often focus on how well he or she performs activities that lead to future occupational practices, such as following directions, completing assignments or work tasks, responding to criticism or suggestions, interacting with peers and coworkers on group tasks or projects, following or planning a sequence of actions, assembling the necessary materials for the task and putting them away afterwards, and handling work tasks safely.

Assessments for a high-school age student usually cover his or her knowledge of various occupations and special vocational and occupational interests; for example, the student's knowledge of the requirements for a selected occupation, perception of being able to perform the work, and ability to advocate for his or her needs or opinions. Grade-level assessments typically change over time from career awareness, exploration, preparation, and participation. Reviewing a student's limitations on movement related to in-school workstations can help determine whether the student would need adaptations or a special piece of equipment. Informal observations of work-related classroom activities are a foundation for later formal vocational assessments. Various educational personnel and career counselors or rehabilitation staff are the best persons to conduct these formal and informal assessments.

Assessment Report

Each team member who assesses the student may write a report for each assessment or work together as a transdisciplinary team to create one report summarizing all of the assessment data. If the LEA elects to have one assessment report available to the IEP team, then one staff person should be responsible for compiling and summarizing all of the assessment information. The summary should not merely restate test scores, but clearly describe the student's capabilities and the effect of the orthopedic impairment on the student's education. A student's strengths and weaknesses should also be noted. If a specific area was not evaluated, this information should appear in the summary with an explanation of why the assessments were not conducted (e.g., the student is performing at an appropriate level and this is not an area of suspected disability).

When writing the assessment report, the evaluators should indicate any modifications made during the assessment process, such as allowance for the use of specialized equipment, alternative modes of students' responses, extended time, and any alterations made during the administration of the test. If no adaptations or modifications of the test were necessary, the assessor should note that the publisher's standard directions were followed. In reporting the findings of the assessments, the evaluator should list and discuss the implications of the modifications that were made, including a statement of how the student's disability conditions, such as limited physical movements or non-oral or dis-toned speech, affected the test results. In particular, the validity of the scores reported must be documented. Interpretation of test results, including observations of the student, should lead to recommendations about potential goals and objectives, instructional applications for the classroom, and implications for direct hands-on activities.

For more information about these areas, go to www.rcselpa.org/policies_procedures and review the core assessment, specialized assessment, early childhood, and/or instructional planning sections.

The Individualized Education Program

This section contains a discussion of the basic necessary for understanding the IEP process. For specific details on how to effectively plan for an IEP team meeting and complete the required forms, go to www.rcselpa.org/policies_procedures Section 7: *IEP Manual*. Specific recommendations for writing an IEP for a student with an orthopedic impairment are included herein.

According to federal and state laws and regulations, the IEP is a written statement of the instruction and services to be provided to the child with exceptional needs. The IEP is developed by an IEP team with information from assessments conducted in all areas of suspected disabilities. It sets forth a written commitment of resources necessary for the student to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE). The IEP does not guarantee the student's attainment of the goals and objectives listed, but the LEA is legally bound to provide all of the services listed. The IEP should be written in easily understood language. When the parents and other professionals leave the IEP team meeting, they should understand the content of the IEP and the extent of the services for each provider.

IEP Team Meeting Members

The IEP team meeting provides an opportunity for all of the professionals and the family to communicate about a particular child. The process provides for a common format for cooperative, coordinated planning of the student's educational program. The meeting provides direction to the professionals who are implementing the program and guides them in making instructional modifications when necessary.

The composition of the IEP team is extremely important because the members provide the foundation for a transdisciplinary system of providing instruction and services. The IEP team consists minimally of

administrator or designee, general education teacher, special education teacher, parents, and the student, as appropriate. Many teachers prepare the student for the IEP team meeting by explaining the procedure and the role of the team. The teacher may review the proposed goals and objectives with the student and parent prior to the meeting to minimize any concerns in this regard.

When appropriate, the team shall also include other individuals selected at the discretion of the parent or the agency conducting the meeting. If an initial assessment or reevaluation occurred, at least one of the professionals who conducted the assessment, or a substitute who is familiar with the results of the assessment and qualified to interpret the results or recommendations, should also be in attendance at the IEP team meeting. Examples of other participants are the school nurse; occupational therapist; physical therapist; language, speech, and hearing specialist; APE teacher; and vocational education teacher.

Present Levels of Performance

It is important that this part of the IEP discuss begin with a picture of the child's strengths, preferences and interests as well as the parents' concerns relevant to their child's progress. These two pieces help set the stage for a positive collaborative meeting. The results of prior statewide or local assessments, including vision and hearing, also provide baseline information about the child's performance in comparison to expectations for same age, non-disabled peers. The child's progress on each prior goal, including an explanation for discontinuing a goal, is especially important for annual review meetings.

The student with a severe orthopedic impairment faces challenges and progressive levels of awareness of his or her place in the family, at school, and among peer groups (disabled and nondisabled), and of his or her future role in society. Typically the student's present levels of performance are summarized to accurately describe the effect of the student's disability on performance. Information about developmental/academic/functional skills addresses reading, writing and math. This is also the place to address if the student is participating in core curriculum or an alternate functional skills curriculum. Students who are on an academic track may still have needs specific to their disabilities. Information about a student's communication and gross/fine motor development needs to reflect both present levels and the impact of the orthopedic impairment in these areas. Social and emotional development, health, prevocational and vocational as well as daily living skills may also be pertinent to the child's success in school and beyond. This section concludes with the identification of areas of need in relation to goals and objectives for the student to demonstrate educational benefit over time.

Transition Planning

The individual transition plan, which is written at sixteen years of age (fourteen, if appropriate), and annually thereafter, can address many of the individualized components needed for the teen to experience success as an adult. It is critical that the student be involved in the process by engaging in IEP team meeting conversations, interview, completing an inventory and/or a questionnaire. The description of the results of the age-appropriate transition assessments provides the basis for completing the next components: the student's post-secondary goals related to training or education, employment, independent living, community experiences and related services (as appropriate). The student's post-secondary goals are then linked to IEP goals, specific transition services (800 codes) and activities to support the transition services are identified.

Page two of the transition plan addresses course of study. Therefore, secondary teachers and service providers should know the graduation requirements that the LEA's governing board has adopted. The graduation requirements are part of the process of developing, reviewing, and revising a student's IEP. The IEP team may consider: (1) regular graduation requirements, and/or (2) different standards unique to the student functional life skills with reduced level of required competency (towards Certificate of Completion). As the student approaches graduation, the linkages among the elements of the program need to be strengthened and the various responsibilities clearly delineated.

Early experiences in career planning are vital for students with severe orthopedic impairments. The development of work-related attitudes and habits should start early to help overcome potential physical and/or attitudinal obstacles. District discussion and planning for employment should begin no later than when the student enters the seventh grade or reaches the comparable chronological age. The program may be incorporate any of the following options: (1) regular vocational program, (2) regional occupational program, (3) work experience, (4) specialized work experience education as a part of an individual transition plan, (5) special education vocational education, (6) part-time paid employment, (7) community-based instruction, and/or (8) supported or integrated employment.

The IEP team should recommend a student's enrollment in vocational education program as soon as such a program is appropriate to meet the students' needs. The IEP team must begin transitional planning when the student becomes 16 years of age or as early as 14 if appropriate. The IEP team should be flexible in scheduling the combined educational instruction and vocational experience in the setting that best meets the needs of the student, including community-based instruction, while the student is still in school. The goal of this planning and coordination of services is ultimately for students to be in a job placement most like peers when the student graduates or leaves school.

Annual Goals and Objectives

A direct relationship must be established between the student's present levels of educational performance and the annual goals. The teacher, parent, and other service providers develop the annual goals from the assessment data or present levels of performance. An annual goal is defined as being what an individual with exceptional needs can reasonably be expected to accomplish within an academic year given special education support. Goal statements provide a focus and emphasis for instruction and are based on a learner's identified needs. Educational goals must include the following components: (1) baseline performance in area of need; (2) the date when the learned behavior/skill is to be demonstrated; (3) a description of the behavior/skill to be learned; (4) the conditions under which the demonstrated behavior/skill is to be evaluated; and (5) the criteria to be used to measure whether the behavior/skill has been learned. It is important to note if the goal is designed to:

- enable the student to be involved/progress in the general education curriculum;
- address other educational needs;
- be linguistically appropriate; and/or
- support the student through transition (education, training, employment, independent living).

Goals and objectives may need to be written on two levels. For example, after the student learns to operate the specialized equipment, he or she must be able to use it in a functional manner. The first, or operational level, is the ability to perform a specific action or set of actions or to use a piece of equipment. The second level is the ability to use the equipment interactively, initiate communication, or apply what has been mastered on the operational level in a different environment or community setting. Goal statements for a student with a severe orthopedic impairment might focus on being able to:

- Consistently travel between classrooms independently;
- Use the assistive aid to complete lessons in reading
- Learn to use an augmentative communication device to communicate needs, respond to questions, and access other requirements for lessons
- Achieve __% accuracy on arithmetic grade level competencies, using a calculator with a key guard and requiring no more than __% additional time than the regular class.

Goal statements become the basis for the short-term measurable objectives which are the foundation of the instruction. Short-term objectives are required only for students who are receiving alternate

curriculum, or when local policy dictates. Short term instructional objectives are measurable, intermediate steps between an individual's present levels of educational performance and the annual goals that are established for the child. The objectives are developed based on a logical breakdown of the major components of the annual goals, and identified dates serve as milestones for measuring progress toward meeting the goals. Examples of objectives for a student with a severe orthopedic impairment might be:

- In six weeks, Alicia will be able to locate the telephone number of the transportation agency for individuals with a disability and dial it correctly for three consecutive days, as measured by the teacher.
- By June of the current year, Bill will be able to type his name, the date, and simple yes or no answers with 90 percent accuracy, as measured during a 30 day period by the teacher.
- By June of the current year, during the allotted test time, Bill will be able to type simple yes or no answers to the rephrased questions corresponding to those which occur at the end of each chapter of his California history textbook.
- By April 19, John will be able to employ an augmented speech system (communication board, buzzer, or computerized speech) to answer yes or no to the teacher within a seven second time frame 90 percent of the time.

In addition, many students with severe orthopedic impairments need goals and objectives related to prevocational, vocational, career, or work experience throughout their education. Goals around self-advocacy can focus on when to seek assistance, how to develop maximum self-reliance, how to work independently, and how to solve problems rather than passively awaiting help. The goals of younger students might address becoming increasingly independent in taking care of their own needs, learning better work habits, mastering certain physical movements to enable them to use specific technological equipment, initiating interactive use of augmented communication, as well as being introduced to the world of work. For older students specific goals and objectives may address vocational, career, or work experience education; plans for transition to employment or post-secondary education; or any academic, physical, emotional, self-help, and vocational skills, as well as explore the student's specific interests to assist the student in planning for the transition from school to higher education, the workplace, and/or independent living.

The IEP should indicate which staff person, by role (e.g., teacher and/or related service provider), is responsible for implementing or monitoring the implementation of each short-term objective. Sometimes the student is identified as one of the responsible persons. At least as often as report cards are provided, the person(s) responsible for the goal is required to report on the level of proficiency that the student has attained on their goals and short-term objectives listed on the IEP. Such progress monitoring as well as ongoing informal assessments, including frequent and periodic feedback to the family, needs to be conducted to provide for changing needs. Ongoing monitoring of the objectives helps teachers, parents, and other professionals follow the student's progression toward the identified goals. If the student does not appear to be making progress, the teacher should request an IEP team meeting to determine whether the goals and objectives need revision. Sometimes a student's lack of progress may be caused by a change in medication, recent illness, change in the school environment, or crisis in the family. If the student achieves the goals and objectives before the date for evaluation, the IEP team should meet to develop new ones.

Special Factors

This part of the IEP considers the student's need for assistive technology (AT) devises and/or services as well as low incidence services, equipment, and/or materials to meet IEP goals. Students with severe orthopedic impairments are identified as being part of the low-incidence population. Supplemental funds are earmarked for specialized materials, equipment, and services needed to

implement the goals and objectives recorded on a student's IEP. These funds may also be used to purchase peripheral devices and software for existing computers, making them accessible to the student with an orthopedic impairment. Developments in educational technology and accessibility to this technology by students of all ages are another area to consider regularly. Skill development should address use of strategies and technologies which enable the student to participate with his or her peer group whenever possible and should be considered at each transitional stage of the educational continuum. There must be assessment data which serves as a basis for the goals and objectives and which necessitate the specialized materials, equipment, and /or services. Any reference to specialized materials or equipment should indicate the function of the needed equipment without indicating a preference for a certain commercial product or name brand.

The team must determine how the student will participate in physical education and any special transportation needs. For individuals whose primary language is other than English, linguistically appropriate goals, objectives, programs, and services must be addressed. Lack of proficiency in the English language may add another obstacle that the student with a severe orthopedic impairment must overcome. The goals and objectives for a student whose language is other than English should address teaching him or her to communicate in English either orally or with augmented communication devices. For some students, positive behavioral interventions may be addressed in IEP goals or a targeted individualized plan. How the student will participate in state and district-wide assessment programs must also be identified, including any accommodations and/or modifications needed to be provided.

Offer of FAPE

The IEP team's statements of present levels of performance, goals and short-term instructional objectives, and special factors help the team determine the kind of special education that the child needs. The team checks all options considered and then records supplementary aids and services to be provided to the student or on behalf of the student as well as program supports and services to be provided for school personnel. The nature and type of supports and services must be identified, such as specialized academic instruction and related services required by the student. In addition, the service grid must indicate projected start/end dates, provider, if instruction will be provided on an individual or group basis, frequency, duration and location. The services should begin as soon as possible following the IEP team meeting. Because the IEP must be reviewed or revised annually, the anticipated duration of services is typically indicated as one school year or less.

Least Restrictive Environment

California's commitment to the provision of services to individuals with exceptional needs in the least restrictive environment is clearly stated in legislative intent: Individuals with exceptional needs are offered special assistance programs which promote maximum interaction with the general school population, (*Education Code*, Part 30, Chapter 1, Article 1, Section 56001[g]). This commitment is further stressed in the mandate which requires that a student shall be referred for special educational instruction and services after the resources of the regular education program have been considered and where appropriate, utilized (*Education Code*, Part 30, Chapter 4, Article 1, Section 56303).

Policies for implementing this intent statewide are based on the principle that individuals with exceptional needs should receive their education in chronologically age-appropriate environments with peers without disabilities. This principle maintains that children with or without disabilities are most successfully educated in a shared environment where qualities of understanding, cooperation, and mutual respect are nurtured.

It is also the intent of federal and state statutes and regulations that individuals with exceptional needs attend the same public school as students without disabilities in their neighborhood unless the IEP team determines this placement to be inappropriate for a student's educational and social needs.

Therefore, placement in an educational environment other than in a regular class should be considered only when the IEP team determines that the regular environment, services, and/or curriculum cannot be modified effectively to meet the needs of the student as specified in his or her IEP.

In all instances, the IEP team determines the extent to which and individual with exceptional needs participates in regular education with students who do not have disabilities. The determination of appropriate program placement, related services needed, and curriculum options to be offered is made by the IEP team based on the unique needs of the student with the disability, rather than the label describing the disabling condition or the availability of programs.

Continuum of Options

For whatever time is determined appropriate by the IEP team, a student with a disability may receive special education supports in a regular education class, with or without related services, in a special class located on an age-appropriate integrated school site, or in a separate school setting. When a student is enrolled in a general education or a special class, the teachers collaborate with one another as well as with the related service providers. An itinerant teacher for students with severe orthopedic impairments may be assigned to various sites to serve students with orthopedic impairments. He or she is responsible for helping the students to develop the necessary skills to experience success in the general education classroom or in school activities. For example, the general teacher assumes responsibility for the content of the core curriculum while the OI specialist provides any needed specialized materials and equipment and any necessary adaptations due to the student's unique orthopedic needs.

In some cases, a student with a severe orthopedic impairment may remain in the special class for most of the school day and may participate in the general class for only a limited time in order to take part in specific class activities. Even when this is deemed FAPE, being on an integrated school site expedites opportunities for maximum association with nondisabled peers to meet social and educational needs. This approach also includes implementation of access strategies and technologies that ensure student participation in computer laboratories, elective classes, clubs and programs.

- One segment of the population with severe orthopedic impairments often placed in the special class is the young child who requires intensive multiple services and is in the early stages of learning to use communication devices and developing self-help skills. Part-time placement of the child in the special class facilitates coordination with other service providers and affords intensive skill training. Integration into regular preschool provides an opportunity for interaction with nondisabled peers who function as age-appropriate role models.
- Older students with multiple disabilities may also need the higher level of services available in the special class for most of the school day while still participating in some academic or school activities. Within a pull-out instructional setting such as a resource room or special class, students may be studying at different grade levels, with the class composition changing hourly. Each child's total school day must be carefully coordinated to ensure that the daily instructional plan is carried out and that the necessary curriculum is covered.

Classroom instructional aides may be needed to assist in preparing materials, providing individual instruction, and meeting the need for personal care. Some students with severe orthopedic impairments may require more extensive aide time to provide for their physical care, positioning, and other recommendations from therapy or to set up specialized learning equipment. The credentialed and/or licensed staff are responsible for training the aide to provide for the physical needs of the student while encouraging the student to be as independent as his or her disability, age, and maturation will allow.

Many students with severe orthopedic impairments have prolonged absences necessitated by recovery from surgery, respiratory problems, or recurrent infections. A student may need a lengthy stay in the

hospital, at home, or both. Because providing education in the home or hospital constitutes a substantial change of placement, the student's IEP must be revised to indicate the change in the placement and the program. A new IEP team meeting is not necessary if the need for intermittent home or hospital teaching was anticipated and written into the current IEP. There must be a physician's supporting statement that the severity of the medical condition prevents the student from attending school even for a reduced day. The statement from the physician should include an approximate calendar date for the student's return to school.

In addition, regulations require the teacher to:

1. Contract the school that the student attends to obtain the current IEP, books and materials to be used, and list of coursework to be covered during the student's absence.
2. Determine, when appropriate, who is responsible for issuing grades and promoting the student.
3. Confer with the school guidance counselor for students in grades seven through twelve to determine (a) the hours the student has earned toward semester course credit in each subject included in the IEP and the grade as of the last day of attendance, (b) the person responsible for issuing credits when the coursework has been completed, and (c) the person who will issue the diploma if the student is to graduate

Nonpublic school placement is another option for serving students when no appropriate public school program exists in which the IEP can be implemented. When the student attends a day nonpublic school, the SELPA must ensure that the related services identified on the student's IEP are provided either directly or through other contracts by appropriately trained and credentialed staff and that the implementation of the student's IEP is monitored appropriately.

Instances may occur when a student with severe orthopedic impairment needs to be in a 24-hour facility rather than at home. A student may be placed in a state development center through a regional center because of serious life-threatening medical problems or degenerative medical conditions. Sometimes elderly parents can no longer provide for their children and the facility becomes a temporary shelter while other plans are being implemented. Students with uncontrollable behavior that is destructive to themselves or others or both may be placed in a state hospital through a court order. These placements are not educational decisions.

The student who resides in a state hospital or state developmental center has a right to the same access to any of the educational placement options within the SELPA in which the hospital is located as does any other individual with exceptional needs in that community. Their teachers must follow the state education standards, and their classes are to be comparable with those provided within the SELPA. The law requires a county or district representative to participate in each IEP team meeting for students educated at the state hospital or state developmental center to ensure that these students have access to community programs when appropriate.

Provision of Related Services

Related services must be included when they are necessary for the student to benefit from special education. These services help the student attain the goals and objectives developed by the team. For example, many students with severe orthopedic impairments have speech difficulties. The speech language pathologist (SLP) may develop goals and objectives for speech, language, and/or communication. Because the student will need additional experiences in practical everyday situations as well as the sessions with the specialist, the teacher's lessons reinforce the goals written by the SLP. For example, to practice using speech or augmented communication and to learn how to communicate with others in multiple school and life settings needs to be addressed every day, often all day, including the support of the parents in the home environment.

Providers of related services indicate the frequency of the services and the duration of their services. The level of commitment of staff and resources should be clear to the parents and other team members. The start and end dates, determination of individual and/or group lessons, and listing of the frequency, duration and location of providing a service is required. If another agency is accountable for conducting the assessments and/or providing services (e.g., CCS, Regional Center), staff may participate in the IEP team meeting, with notes about their services included in the IEP Team Summary comments/continuation page. DO NOT WRITE OTHER AGENCY SERVICES ON THE IEP SERVICE PAGE.

The IEP team may consider extended school-year services for the student with a severe orthopedic impairment for a variety of reasons. The goals and objectives of such a program are to extend the regular school year program for students who demonstrate regression during extended breaks from school and/or experience significant struggles in recoupment of skills.

Educational Setting Page

By going through the processes already described, the team is now ready to address the following guaranteed rights and legal assurances provided to students enrolled in special education:

1. Be educated in the school that he/she would attend if not disabled.
2. Remain in the regular educational environment unless the nature or the severity of the disability is such that education in a regular class with the use of supplementary aids and services cannot be achieved satisfactorily.
3. Have available a full continuum of alternative educational settings in which students' needs can be addressed, including the regular classroom (with supplementary assistance and services) the resource room with itinerant instruction, special classes, special school, home instruction, and instruction in hospitals, and institutions.
4. Be taught by a trained teacher with a credential specific to the disabling condition. For example, the primary provider of services to the child shall have the credential for the orthopedically impaired or a moderate-severe credential with training appropriate to the child's low-incidence disability.

The LRE provision guarantees a student's right to be educated in the setting most like that for peers without disabilities in which the student can be successful with appropriate supports provided. The courts have consistently interpreted that the general education environment is always the first consideration. Only when the IEP team determines that a child cannot be successful, even with appropriate supports provided, should the team consider more restrictive settings. Determination of services and placement in an educational setting are predicated on the student's age, abilities, and individual educational needs. Decisions should be guided by awareness and understanding of each student's wide range of needs specific to his or her disability and the severity and prognosis of the impairment as well as any accompanying sensory or learning attributes. It is important to select the combination of placements and services that will successfully minimize the effects of the physical disability, maximize educational achievement, and provide a foundation for a successful transition to a productive adult life.

If the team recommends a school other than the child's school of residence, they must document a rationale for why the student needs to attend another site to receive appropriate special education services. The team must also calculate the percentage of time the student is outside of the general education environment, extra-curricular and nonacademic activities – and then the reverse percentage. The team must list the student's nonacademic activities in relation to same aged peers as well as a rationale for removing the student from the general education environment and extra-curricular and nonacademic activities. The IEP team must document why the regular program could not be modified

or why the services could not be delivered at the site of the regular program. In selecting the LRE, it is critical to describe any potential harmful effects on the child or on the quality of services he or she will receive in the recommended setting. Decisions about placement and services must be reviewed each year to determine whether they are still appropriate and deemed to be the least restrictive of the available program options for implementing the student's IEP.

Based on review of existing evaluation data and/or progress toward goals, the IEP team may determine that additional assessment may be warranted in a particular area. The parent can advise the team as to other agencies working with their child (e.g., CCS, Regional Center). Similarly, the school personnel can advise the parent as to the type and frequency of progress reporting they will receive on their child as well as promotion criteria. Given the unique needs of each child, it is recommended that activities to support transition be written at various points during the student's career: infant to preschool, preschool to elementary, middle school to high school, and high school to post-secondary school or vocational training or competitive work. Graduation planning must occur from grade 7 and beyond.

Consent, Comments/Continuation Notes, and Prior Written Notice

Prior to having the parent initial particular statements and signing the IEP, it is important to have a member of the IEP team review the notes written on the comments/continuation page. In addition, the Prior Written Notice (PWN) must be completed and provided to the parent any time the IEP team proposes to initiate or change the identification, evaluation, educational placement, or offer of FAPE to their child. Similarly, a PWN must be completed if the LEA refuses a parental request to do the same. The PWN must include the following:

- Description of proposed or refused action;
- Reasons for proposed or refused action;
- Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse action;
- Description of other options considered and reasons for rejecting them;
- Any other factors relevant to the proposal or refusal; and,
- The name, position, phone number and email of the appropriate contact person.

Unique Program Needs

In addition to the specific IEP components already discussed, sometimes students with severe orthopedic impairments have other unique needs that need to be considered and, as appropriate, incorporated into the IEP. These include curriculum considerations, specialized materials and equipment, physical education, development of social skills, providing specialized health care services, providing transportation, implementing emergency procedures, mobility, leisure-time activities, independent living skills, career and vocational education, and transition from school to adult life.

Curriculum Considerations

The educational program for a student with severe orthopedic impairment contains not only the locally adopted core curriculum but also additional subjects or related services needed to assist the student in achieving IEP, including transition, goals. LRE principles promote supporting students in the general education environment, including access to regular education curriculum and instructional materials alongside peers without disabilities, to the maximum extent appropriate. Special classes, separate schooling, or other removal of children with disabilities from the regular education environment should occur only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

These core principles of the IDEA are important because repeatedly, research indicates that time in general education and access to core curriculum correlate with higher achievement. Many students with an orthopedic impairment are capable of meeting graduation requirements for a standard diploma and can pass the proficiency tests when given sufficient accommodations. For students working toward a high school diploma, the performance outcomes expected may be the same as those for non-disabled peers. However, because of disability related necessary absences or limited energy and vitality, some students may take longer than usual to complete graduation requirements.

Other students may require an adapted curriculum, one in which the course sequence and concepts taught are comparable to those for each grade level. Appendix C provides examples for modifying regular education programs in regards to classroom organization and environment, methods of presentation, classroom management, methods of practice, and methods of testing. Documentation of adapted courses of study should identify major similarities and differences from the core curriculum and/or instructional strategies. Typically a student's unique needs are described within the IEP, including supplementary aids and accommodations or modifications of the instructional delivery for the student to maximize opportunities to demonstrate what he or she knows and is able to do.

Some students who have severe orthopedic impairments have other accompanying disabilities or developmental delays. They may need a curriculum emphasizing basic academic skills, daily living skills, and community-based vocational training. Various instructional guides have been developed to guide teachers' instruction toward the critical standards needed within subject course content. The curriculum may be adapted and expanded as appropriate to meet each student's needs. Progress on IEP goals can be used as differential proficiency standards within and the course of study for each individual. Such alternate curriculum programs typically emphasize functional skills to prepare the students for entry into the world of work and to facilitate long-term employment as well as independent living status. While developing functional skills, actual experiences in the community using money to buy food, a theater thicket, or a bus fare is better than endless practice with printed materials.

Specialized Materials and Equipment

Whenever possible, the student should use the same materials as classmates without disabilities use. Specialized technological equipment and adaptive materials should be used only when regular classroom materials require an excessive amount of practice or study time or limit the student's exposure to information. If a student becomes physically fatigued or weak or lacks coordination, available materials and equipment may be adapted. Specialized equipment may be needed, especially if a student has limited hand use, is non-speaking, or is unable to use his or her limited speech to communicate. The student may need individualized or specialized training to use technological equipment and the best physical strategies to operate the assistive equipment.

For the young child, toys, games, and a computer may be modified with a switch or touch screen so that he or she can start and operate the device independently. Such a device requires minimum supervision and provides an infant or pre-school child with an interesting and challenging toy for independent play. Interacting with modified toys challenges the child to learn to follow simple directions. The child will begin to understand cause and effect relationships, increase his or her attention span, and develop visual tracking by following the toy with his or her eyes. Being able to play, even by remote control, leads the child to interact with and have control over the environment rather than remain an inactive onlooker unwilling or unable to reach out and explore the surroundings.

The lessons may need to be presented in a different modality if the student cannot learn easily in the usual manner. Students with severe physical limitations may be unable to turn a page of a book, hold a pencil, see the chalkboard, or hold the simplest of rhythm instruments. Simple adaptations and constructions allow students to use learning tools otherwise inaccessible to them. For example, audio options may replace printed materials as a source of information; a paper size may be increased and/or secured to the desk for the student's response.

Assistive devices can be designed that the student can operate with any voluntary repetitive movement or movements, for example, eye blink or nose twitch. For example, students without intelligible speech may need symbols related to their lessons and other displays of vocabulary with which to indicate what they want to communicate in the lessons. With regular or modified access to computer-assisted technology, the student will be able to read and go on to the next page, draw or write without holding a pencil, work on academic subjects, and learn to communicate thoughts and desires. Many age-appropriate software programs present computer assisted instruction in basic academic skills. Multiple formats of software programs are available to address specific skills, productivity, and cognitive retraining and to assist in the student's transition to the workplace.

Finding Resources for Equipment

The LEA is not required to purchase medical equipment for an individual child nor the equipment or supplies that the student must use for specialized physical health care. However, the program operator (e.g., CCS, COE, or LEA) is responsible for providing the regular and special equipment used for the OT or PT program as well as replacing and maintaining the equipment. A list of basic equipment needed for a medical therapy unit or medical therapy unit-satellite as agreed on by CCS and the Special Education Division of the California Department of Education is available. Under an interagency agreement, requests can include provision, maintenance, and replacement of program equipment used by the CCS staff in the medical therapy units. CCS purchases and maintains equipment for the sole use of a student (as prescribed by a physician) in accordance with California Children Services' program standards.

The California Department of Education's Clearinghouse for Specialized Media and Translations produces accessible versions of textbooks, workbooks and literature books adopted by the State Board of Education. It also produces and disseminates materials, including braille, large print, recordings, and American Sign Language video books. The Clearinghouse is also a resource center for information on technology for students with disabilities. Several databases have been implemented to assist teachers, software, hardware, organizations, vendors, and manufacturers of technologies that meet individual student's needs. Teachers whose students with severe orthopedic impairments can benefit from recorded books or large-print books are encouraged to contact the Clearinghouse by visiting http://cde.ca.gov/re/pn/sm.

Another resource for specialized materials and equipment needed to implement a student's goals and objectives is low-incidence funding. Use of this funding to purchase equipment for the medical therapy unit is prohibited. The equipment is the property of the SELPA, not of the LEA or the student. Use of these funds is limited to paying for specialized materials, equipment, and/or services to address the unique educational needs resulting from a student's low-incidence disability. The funds are to supplement, not to supplant existing resources. Specialized materials or equipment that are no longer being used can be reassigned, whenever needed, to another student within the LEA, another LEA within the SELPA, or, under certain conditions, to any other SELPA within the state.

Physical Education

A physically restricted student needs to have his or her position changed. A student must not be allowed to remain in a wheelchair or in one place all day rather than move about the environment. The teacher should consult with the specialist or doctor to plan ways to vary the student's position or even identify simple exercises that the student can safely perform. Students can be encouraged to take responsibility for their own participation in physical activities. It is important to encourage each student to develop motor skills within the limits of the orthopedic impairment. By combining the student's medical and educational information with the physical education staff's expertise, the IEP team can plan for the student's participation in the school's regular, specially designed, or APE program.

The program designed for the student should include development of fitness, large and small muscle coordination, sports skills, leisure skills, and the ability to win or lose gracefully. The recommendation of the student's physician or medical therapist must be considered if a concern exists that the activities or their modifications might affect the student's medical or physical condition. If physical participation is limited, staff can acquaint the student with a variety of sports, including knowledge of the basic rules of games. This knowledge may lead to satisfying experiences as a scorekeeper, game official, spectator, or participant and provide the opportunity to share these experiences with others.

At all levels, with an understanding of the student's interests and consultation from a specialist, age-appropriate games can be adapted or modified so that the student can interact with classmates. The rules of the game may be varied, or the necessary skill level may be modified to accommodate the student's physical limitations. For example, a ball may bounce once or twice before the student hits it, or the student may catch volleyball before hitting it across the net. Nets and hoops may be lowered. The grip on a bat, racket, or paddle may be modified to accommodate the student's ability to grasp a handle. Changing the color of balls may make them more visible. Sometimes all that is necessary to encourage participation is for the student to be selectively placed in an activity that matches his or her physical capabilities. The student may be allowed to take more time-outs or to have more substitutions. The time for playing the game may be shortened or broken into several short periods.

Access to the necessary equipment may be crucial in providing appropriate physical activities. Equipment may be donated, checked out, and/or purchased for a student. The IEP team benefits when someone is aware of appropriate community activities that may be of interest to the student. For example, the student may be able to participate in community activities such as aquatics, archery, track and field, golfing, bowling, ping-pong, wheelchair basketball, and other events designed for persons with disabilities sponsored by the local recreation department or other agency. The school team can then develop the program to raise the student's fitness levels and teach the skills that enhance the student's participation in such activities.

Development of Social Skills

Because students with severe orthopedic impairments may not have as many opportunities as non-disabled peers have for incidental learning of social skills, class activities or personalized goals may need to address improving student social behavior. The teaching of social skills can be integrated in all instructional areas as well as taught directly. Teaching social skills in an accepting environment is better than having a student experience a negative situation caused by a lack of appropriate social experience. The same kinds of social skills need to be taught to students who use augmented communication as are taught to persons whose speech can be understood.

The elementary student should learn social skills which will help in getting along with classmates, teachers, and older adults in the school environment. Learning to help, share, take turns, listen, and speak to others politely are important skills. It is equally important for the student to pay attention to his or her appearance. Posture, good grooming, table manners, and cleanliness should not be overlooked. These concepts can be integrated in health and science units as well as taught directly.

Acceptable social behaviors for a young student with a severe orthopedic impairment may not be evident as he or she grows older. This situation, to some degree, causes emotional stress for all students and may present particular problems for the student with a disability. Therefore, in middle school or junior high school, students may need to learn to handle different feelings and learn or relearn appropriate behaviors with peers and adults. New skills may need to be learned for interacting within a larger community (e.g., response to authority, the ability to win or lose gracefully). Goals may focus on developing skills such as making conversation with peers, behaving properly during school functions, apologizing for or excusing themselves, responding to teasing, and gracefully accepting or rejecting assistance.

During high school the student will have to understand and handle new feelings and social situations. The student with a severe orthopedic impairment may become concerned about the differences between his or her activities and those of non-disabled peers. The student will not be as free as his or her peers are to engage in physical activities important to most youth (e.g., meeting friends to go driving, skiing, surfing, skateboarding or to a movie may not be viable options). Therefore, the student may have to cope with feelings of isolation or dependency on others. The student may become angry toward the disability. Social skills related to dating, school, and transition into the community and workplace will need to be learned or refined.

Questions should be addressed in a positive problem-solving manner: Will I be able to drive? Will I get married? Will I be able to have children? Will my children be disabled? Will I be able to work? Will I ever be able to live alone? Will someone love me? Some students will encounter the fear of death or the fear of what will happen when their parents die. If the student is to contribute to society, these concerns cannot be ignored. He or she should have access to teachers, counselors, and support staff who can help them recognize what are typical teenage developmental issues as well as enhance their social and emotional skills to minimize their worries.

Providing Specialized Physical Health Care Services

A student with a severe orthopedic impairment may have specialized physical health care needs, such as catheterization, gavage feeding, suctioning, ostomy care, tracheostomy care, or other services which require special training to administer. If the specialized physical health care services are to be given during the school day, the student must have an active Individualized Health Care Plan with parental consent. Each health care plan must include written procedures from the student's primary health care provider specific to the student's needs and must be carefully followed. As with the administration of medications, a daily record must be kept to document the staff's provision of these services. All providers of specialized physical health care services must be appropriately trained and have a current cardiopulmonary resuscitation (CPR) certification of competence. Providers of specialized physical health care must be trained and supervised by a credentialed school nurse, a public health nurse, or a physician who meets the requirements of the Education Code. The parent is required to provide all medical equipment and supplies that will be needed at the school site. (See California Code of Regulations, Title 5, Education, Sections 3051.12. (bJ (3) (CJ)).

Appendix D includes procedures and guidelines for health care, including essential steps and key points/precautions for students with severe orthopedic impairments who may need a brace, cane, cast crutches, prosthesis, scooter, board, walker or wheelchair. It also includes guidelines for classroom cleanliness, diapering, handwashing, and gloving.

Providing Transportation for Students

The local educational agency or county office of education may be the agency responsible for providing necessary transportation for the student. Based upon IEP determinations, transportation may need to be provided to and from the home or pickup spot and the school and/or to related services such as OT or PT that occur during the school day. Bus routes should be scheduled so that the student spends a minimum amount of time on the bus. The length of the ride and temperature of the environment may cause a student discomfort and may further aggravate the student's medical and orthopedic conditions. The district or county office may use regular school buses, specifically equipped buses, or other forms of public transportation for conveying the student to school.

A student may be able to learn to walk or propel a wheelchair independently to school. Some students may be able to walk to the bus stop where other neighborhood students are picked up. Special assistive equipment needed on the school bus may include special seat belts, harnesses, wheelchair tie-downs, hydraulic lifts or ramps, and infant style restraints or car seats. Space inside the bus needs

to be available for storing and transporting walkers, canes, crutches, adapted chairs, and oxygen containers, including a locked storage for medication.

A good practice is for the school bus that carries a student with a severe orthopedic impairment to be equipped with two-way communication, for bus drivers to carry emergency cards for each student, and to ensure that safety rules are enforced. The interaction between the bus driver and the student may affect the student's entire day. The trip to and from school and home may be pleasant, or it can be frustrating. When possible, personally select seatmates and/or activities for the student to interact with while on the bus. Older students may need to be trained to use the regional bus system and any other public or private transportation systems in the community, including taxis, as appropriate.

Implementing Emergency Procedures

The student with an orthopedic impairment should wear an identification bracelet containing necessary medical information. The school staff should prepare the student for any emergency that might occur, such as a fire, earthquake, bus evacuation, breakdown of the equipment on which the student's life depends or evacuation from the school building when the elevators cannot be used. The threat of these events may require keeping at least an extra day's supply of any life supporting medication at school. Teachers can keep a backpack supplied with the necessary information about each student, emergency procedures, snacks and drinks.

Staff, too must be prepared to handle any emergency that might occur with the student, including training in procedures specific to the students' needs as well as knowing how to contact the paramedic unit or how to get to the hospital located closest to the school or the student's bus route.

The Importance of Mobility

The importance of a student's mobility cannot be over-emphasized. The long-term goals are for the individual to be able to move independently about the home, community, and workplace. As soon as possible, goals and objectives to facilitate independent mobility should be included in the student's IEP. Even when individualized goals are not needed, throughout a student's school attendance, activities should be planned to facilitate mobility. Mobility relates to the student's being able to make choices within the environment, whether it is in the home, school, neighborhood, or community. Therefore, the student's preferences and abilities to assume responsibilities should be considered in choosing recreation, social activities, shopping, medical appointments, and work.

Students may use a variety of mobility aids such as braces, wheelchairs, walkers, and canes. The kind of mobility aid is prescribed by the physician on the basis of personal observation and on the recommendation of the parents and the student when appropriate. A physical therapist, occupational therapist, and various educational staff may also make recommendations. For mobility training to be effective, the educational and therapy staff should cooperatively plan ways to promote independent mobility in the most functional manner and examine ways to expand the student's participation in community-based activities.

Throughout the school day, practice in mobility skills can be integrated with activities in other subject areas. Examples of skills which support acquiring independent mobility can also be built into IEP goals focused on any of the following:

- understanding and following simple directions;
- observing safety rules and obeying traffic signs and signals;
- asking for assistance when needed;
- planning how to move from one point to another in the home, the neighborhood, and/or the community; and,

- strategies for finding safe alternative routes.

Actual practice in the community may include traveling on various types of exterior surfaces – such as gravel, sand, brick, cobblestone, and pavement – and knowing which ones to avoid. It is important for a student with an orthopedic impairment to have experience with elevators, curbs, steps, escalators, and lurching buses. Transitional goals may include training on access to and use of available public transportation such as buses, medi-van, dial-a-ride services, car services and airplanes, as appropriate. If the student is totally independent in mobility, instruction may focus on being able to give clear directions to another person. Even if the educational placement of a student is primarily in a regular class, his or her mobility skills should be maintained and continually updated as the student's environment expands to include leisure-time activities, living independently, and employment.

Leisure-Time Activities

A student with severe physical limitations does not have as many options for participating in recreational or leisure-time activities as peers without disabilities do, even though the student may have more leisure hours. Free hours can be boring and depressing, or they can be a source of pleasure, creativity, and fellowship. Age-appropriate leisure-time skills and activities can be an important component of school. Instructional goals focus on learning how to play a game, handle competition, win or lose gracefully, share and solve problems in new situations. Leisure-activity skills may include training in the use of community recreational activities, such as those offered through local parks and recreational agencies. Transition skills may include training in using the community transit systems to transport the student to leisure activities.

The student should be allowed to choose activities that interest him or her while at the same time encouraging a combination of solitary and shared activities. Some ideas to consider are developing an appreciation of music, playing cards or table games that do not require great physical skill or the ability to move quickly, engaging in hobbies such as baseball card or stamp collecting, bird watching, needle working, crocheting or knitting, art appreciation, reading for pleasure, including listening to recorded books, writing to pen pals, or participating in sports activities or spectator sports. Students can also be encouraged to participate in clubs on campus, 4-H clubs, Girl Scouts or Boy Scouts, Camp Fire, church activities, and/or boys' and girls' clubs.

Personal computers and specialized technologies have opened new horizons for creativity and independence. The use of various computers and software can increase a student's capacity for self-expression, increasing cognitive development and physical mobility. By using commercial software, adapted computers, and other available technological tools, students can travel electronically, building self-esteem while exploring and participating in the world of electronic communications.

Independent Living Skills

From the time the student enters school until the transition to adult living is underway, it is important for educators and parents together focus on developing the child's skills necessary for independent living. Various pieces of adaptive equipment may be used to help the student cook, make the bed, eat, and perform other self-care activities. Even when the severity of an orthopedic impairment provides challenges to independence, students should be urged to do the utmost for themselves. For example, when a student cannot do a task, he or she can learn the basic steps of the skill conceptually to be able to give instructions to a home helper or aide and to know when a job has been completed.

Simple skills learned in elementary school are the basis for those developed later. These skills, which every student is expected to learn, including dressing and eating independently, taking care of one's room, cooking and learning to count money and make change. Expectations increase as the student matures. Age-appropriate activities for middle, junior, and senior high school may include planning meals and shopping for food, learning functional and efficient ways to keep house, and planning leisure-time activities within the community. Personal appearance typically becomes important to

teenagers. Every student needs to develop an awareness of the appropriate type of clothing for the weather. Some may want to learn the colors and styles that look the best, especially if he or she must use braces or crutches or sit in a wheelchair.

As the student prepares for the transition to adult living and the working world, training in self-advocacy becomes more critical. The student must know how to request assistance. Therefore the student needs to develop skills in finding and obtaining help. The rights and procedural safeguards for persons with disabilities can be studied so the student will be able to identify when those rights have been violated, what steps should be taken, and whom to contact. When appropriate, a student's transition plan may include how to interview a home aide and should learn how to dismiss that person if he or she is not doing the job well. The student may need to learn how to evaluate the work of others to determine whether it is satisfactory. Instructions should be given on gaining access to services from public and private agencies and on being able to request help in emergencies.

Career and Vocational Education

Career and vocational education are an integral part of the curriculum for all students with severe orthopedic impairments. Preparation begins in elementary school with career awareness and the development of appropriate attitudes, work habits, and cooperative social behavior. In the middle grades students are introduced to the world of work, including exposure to specific occupations employing persons with similar disabilities. With opportunities for trial and error, the student has the chance to develop realistic self-appraisal of skills, abilities, and strengths. Incorporating the processes of awareness, self-appraisal and the development and acquisition of appropriate work-related attitudes should be a part of the curriculum for all youth. Developing these processes may take longer for students with severe orthopedic impairments than for their peers.

Exploring specific vocational skills is emphasized at the secondary level, but this process can begin as soon as students are ready and be provided as often as possible. The exploration can help identify careers that are realistic, available in the community, and compatible with the student's personal interests and abilities. Career exploration should also consider the family's expectations and resources in finances, time, energy, language, and cultural beliefs. Instruction can cover the skills necessary for employability such as socializing appropriately on the job; developing communication skills; managing finances, time, energy; coping with unemployment; finding and staying on a job. In addition, students may need to be able to arrange independently their own transportation to and from their work sites. Students would benefit from instruction on how to recognize potential barriers at work sites and assist employers in establishing accessible work environments, such as bathrooms, lunchrooms or cafeterias, and work stations.

When students become sixteen years of age, they should be referred to the rehabilitation counselor in the local office of the California State Department of Rehabilitation for assistance in site modification, vocational training, counseling, and job placement services. These supports may help a student access a wide variety of career-related or work-related opportunities, including regular vocational work experience courses, regional occupational programs, exploratory work experience education, WorkAbility programs, supported employment, or universities that can accommodate disabilities and provide educational experiences that will lead to an independent and satisfying adulthood.

Coordinating Services among Agencies

Students with severe orthopedic impairments have complex needs. Many state agencies are involved in carrying out federal mandates to provide appropriate services. All special education staff, especially the OI specialist, should be aware of the services that each state and local agency provides and the criteria necessary to access those services. Services may be based on the function of the agency, such as mental health services provided by mental health or diagnostic or support services provided by a Regional Center. Students may also access services on a categorical basis, such as visually

impaired, developmentally disabled, or hearing impaired. Agency eligibility criteria may be based on the student's age, medical need, family income, or severity of the disabling condition. Some agencies operate on the basis of "payer of last resort" terms which means that an agency can provide a service only if another agency does not.

A good practice is to set up a process for the exchange between agencies of relevant information about a student. A good network system is essential when services are being sought for students and when students are being taught to become advocates for them. California agencies that most often provide services to students with severe orthopedic impairments are described in the next paragraphs.

Department of Developmental Services (DDS)

Regional Centers (Funded by DDS) provide assessment, diagnosis, genetic counseling, advocacy, and case management. Regional Centers may have behavioral managers on their staff that can provide considerable assistance in eliminating socially unacceptable behavior and fostering desirable behaviors. The Department also provides treatment and education in state hospitals or developmental centers.

The California State Department of Health Services

The California Children Services Branch provides medically necessary services, such as PT or OT, medical case management, and purchase of durable medical equipment needed by individual students with specific medical conditions. Specific eligibility criteria exist for students receiving the free OT and PT programs that are provided by CCS.

The California State Department of Mental Health Programs

This department and local mental health agencies may provide a variety of mental health services after all less restrictive school services have been used. Medi-Cal status and/or special education eligibility may need to be established.

The California State Department of Vocational Rehabilitation

The state agency provides counseling, vocational training, employment placement, transportation, maintenance, telecommunication, sensory and technological aids and devices, occupational licenses, tools and equipment, post-employment services, and services to family members. In addition, the staff assists in transition planning, training, supportive workability or employment job coaching.

Medi-Cal

This agency authorizes payments for medically necessary services, including a home health aide to accompany the student to and from school and/or remain with the student during the day. The student must be eligible for Medi-Cal and be receiving services from a home health care provider before the student becomes eligible to receive these services at school.

Using Community Resources

A variety of community resources can help students, their parents, and the schools. Although each community differs, the available resources generally include service clubs, nonprofit organizations, private foundations, institutions of higher education, and interested individuals. Several community agencies have historically supported students with orthopedic impairments, Referral information can be found in the CAC Resource Guide for Parents available on the Riverside County SELPA website.

Transition from School to Adult Life

Early in the child's life, the educational staff and parents should start planning for the transition from school to adult life. The infant and preschool child begins to learn age-appropriate activities that form the foundation for all others. Such age-appropriate activities include learning to play cooperatively,

learning to eat in a socially accepted manner, taking care of one's toileting and hygiene, dressing oneself as much as the impairment will allow, learning cause and effect relationships, taking responsibility for one's actions, the use of unaided communication (e.g., facial expressions and gestures), and, when necessary, aided communication to augment speech.

Skills may need to be targeted in IEP goals and objectives. The elementary student may expand their ability to develop other age-appropriate self-help skills, basic survival skills, social skills, expressive language skills, and work skills. In the middle grades the student continues to develop age-appropriate daily living activities requiring increased levels of skill such as assuming responsibility for classroom jobs; caring for pets, grooming, and one's bedroom; being responsible for one's medication; shopping such as buying clothes; and learning to use money in a community setting. The activities may be coordinated with skills specific to a disability such as operating communicative aids and motorized wheelchairs, increasing mobility, and developing social and emotional and daily living skills. In addition, students will start their exploration of school and career options. Identifying adult role models for the students provides an excellent resource when such choices are being explored.

When the student reaches secondary-level classes, more emphasis should be placed on personal management, recreation and social activities, community service, and career-vocational preparation. It is important to discuss with students and their parents basic information concerning possible options after graduation or leaving school, as well as linkages with appropriate agencies. The IEP team works with the parents and student to develop an individual transition plan based on assessed needs and preferences. The team might consider many options that allow for the student's abilities, interests, and physical restrictions. These options may include working on the school campus, volunteer work opportunities, post-secondary education options, being placed in a community employment setting, participating in exploratory or a variety of vocational work experience, receiving vocational rehabilitation services, finding supported employment with job coaches, receiving continuous or periodic training services in job skills at the work site, and discovering many other creative opportunities.

This is the time to refer the student to the California State Department of Rehabilitation to determine his or her eligibility for services. If the student plans to attend college, an orientation at the campus should be planned with a higher education counselor for students with disabilities several months or even a year prior to graduation from high school. Issues of housing, transportation, curriculum, and available resources need to be addressed. Students will need assistance in developing a major, finding personal aide, obtaining financial aid, and identifying locations that are architecturally free of barriers. It may also be important to transition the student from an IEP to a Section 504 Accommodation Plan.

Staff Supporting Students with Orthopedic Impairments

A variety of professionals and paraprofessionals may be needed to provide educational programs inclusive of supportive, specialized or related services for students with severe orthopedic impairments. At least one teacher who provides special education instruction to students with a severe orthopedic impairment must have the appropriate credential authorizing him or her to do so. In general, this requirement is met by a Physically Handicapped Credential, Moderate-Severe Credential, and/or a Special Authorization in Orthopedic Impairment. Other specialists and general educators often also have key roles in the development and/or implementation of a student's IEP.

SELPA Local Plan Administrator

Although individuals with orthopedic impairments are all identified under one special education eligibility category, they are a very diverse group. The special education local plan area (SELPA) is responsible for developing a local plan and coordinating efforts to ensure that the range of program options is available equally to a student with a severe orthopedic impairment as to any other child with a disability. A student with a severe orthopedic impairment may have one district of residence yet receive services

from another local educational agency (e.g., another district or the county office of education). The agency offering the program is responsible for hiring, supervising, and evaluating the staff and program. Regional staff development may be offered to address the unique needs of the regular and special education staff serving students with orthopedic impairments and the needs of their parents.

Continuum of Program Options

Both federal and state regulations mandate the provision of a full continuum of program options, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in in other settings, and instruction in physical education, to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment (*Education Code*, Part 30, Chapter 1, Article 2, Section 56000 [c]). To ensure that a full continuum of program options is available, all educational agencies within a SELPA should review their current delivery systems to determine whether:

1. Program options in regular educational environments are available at local neighborhood schools.
2. Special education programs, to the maximum extent appropriate to students' needs, are housed on regular school campuses and dispersed throughout the district.
3. The physical location of the program facilitates continuing social interaction with students without disabilities.
4. Individuals with exceptional needs have equal access to all regular education activities, programs, and facilities on the regular school site and participate in those activities as appropriate to their needs.
5. Administrative policies and procedures encourage the close cooperation of all school personnel to facilitate opportunities for social interaction between individuals with exceptional needs and individuals without disabilities.
6. Administrative policies and procedures allow individuals with exceptional needs maximum access to appropriate general education academic programs, and school personnel are given necessary support to ensure the student's success.
7. Long-range plans and commitments for physical housing on regular school campuses are made in order to avoid frequent and disruptive program relocations.
8. Through long-range commitments for physical housing on regular school campuses, individuals with exceptional needs are afforded opportunities to develop and maintain continuing relationships with peers who do not have disabilities.

Interagency Agreements

It is also important for the SELPA, LEAs, and county office of education (COE) to join their efforts with those of other agencies serving the same or similar populations in the same geographic area (e.g., Regional Centers, California Children Services, County Mental Health, and local medical units). The SELPA-level interagency agreement designates the person who will become the liaison to develop the local agreements with other agencies that provide services to these students. For example, it is important to identify the process used to locate or relocate the sites of the medical therapy units (MTUs). The SELPA, LEA in which the MTU is located, and CCS staff should meet with the county schools representative when a new medical therapy unit is being planned or when an existing facility is being relocated or structurally remodeled. A field person from the School Facilities Planning Unit of the California Department of Education and/or State Allocation Board Division may also be included. When the location of a MTU and/or the selection of a classroom location serving students with severe orthopedic impairments is being planned, special consideration should be given to the following:

1. Accessibility of the program to the low-incidence population and extended transportation considerations;
2. Accessibility of the facility and specific classrooms to the student by other agencies;
3. The services that are provided to the student by other agencies;
4. The space and storage for specialized materials and equipment required by the student;
5. The use of regular school programs to provide the needed services , especially at the secondary level;
6. Any costs associated with locating or relocating the sites/classrooms and the manner in which they will be funded.

Caseload Considerations

The SELPA Local Plan may address caseloads even though state law makes no recommendations concerning the ratio of the number of students to the itinerant OI teacher. Consequently, caseloads may vary for each itinerant teacher, depending on such variables as the:

1. Balance of consultation time provided to teachers compared with the number of direct instruction students on the caseload
2. Geographical location of the students served
3. Academic needs of the students
4. Orthopedic needs of the students
5. Time needed to prepare specialized materials or adapt equipment
6. Amount of consultation and assistance needed by the teacher in whose classrooms the students are placed
7. Amount of time the student takes to make a response in class and do his/her homework
8. Type of instructional personnel service units used
9. Time needed for travel, given weather and traffic variations
10. Availability of instructional aides assigned to assist the teacher and/student

When an OI specialist provides specialized services at more than one school site, the special education program administrator should consider the following factors in determining the caseload:

1. Need for frequent consultation time and specialized assistance from other staff members
2. Need to secure and transport equipment
3. Severity of the student's orthopedic impairment and the length of the student's response time
4. Grade-level or achievement range of the students
5. Time to work with the site principal concerning opportunities for integration, monitoring the effectiveness of the program, and improving interaction among the students
6. Time needed to train and supervise an aide or a volunteer assisting in providing instruction, transportation, and medically related procedures
7. Time to work with the student requiring specialized equipment or supervising the aide providing the service
8. Time to travel to the schools when the students are located over a wide geographical area.

Similarly, since the needs of students vary within any one class, a definitive teacher-to-student ratio for special class teachers can also not be given. However, the administrator making such decisions can consider the following factors when determining the instructional adult-to student-ratio:

1. The range of abilities of the students within the class – *there may be a wider diversity of functional abilities than is indicated by the students' chronological ages*.
2. The range of grade levels within the class – *the teacher should be able to attend to all reading groups and grade-level coursework each day*.
3. The amount of daily living assistance or community-based instruction each student requires – *students may need assistance in setting up specialized equipment and materials and in working in the correct sitting or standing posture*.
4. The communicative response times of each student – *a student may be using communication devices that enable him or her to respond more rapidly than would be possible if they were not in use*. *A lag may exist between the time the question is asked and the student responds*. *The total number and variety of alternative communicative methods and means represented within the class should be considered when staff is being assigned*.
5. The goals and objectives in each student's IEP – *in addition to adapting or modifying the core curriculum for daily lessons, each goal and objective of every student in the class must be addressed*.
6. The number of related services activities necessary for each student – *the teacher must coordinate these activities/times with the OT, PT, or SLP and classroom aides*.
7. The special scheduling needs for the daily instructional program – *many students with severe orthopedic impairments require various related services, planning for which requires careful scheduling so that the student may participate in core instructional activities.*
8. The number of students with disruptive behavior – *students with disruptive behavior may require additional supervision and planning for techniques to modify behavior throughout the school day*.
9. The number of students who spend part of their day in general education classes – *while one or more students may be placed in a general education class some will still require assistance from the special education teacher*.
10. The amount of support needed by the regular education teacher or other special education teacher – *at first, the teacher who has not previously had a student with a severe orthopedic impairment in his or her classroom may need extra classroom support*.
11. The amount of time needed for the student to participate in campus activities – *when developing the instructional adult-to-student ratio, the administrator must consider the impact of the student's moving from one classroom to another or to other campus activities*.

In responding to the needs of students who are hospitalized or homebound, the special education program administrator has several staffing options to consider: a full-time hospital teacher, a full-time home teacher, a combination of hospital and home teacher, a combination of hospital and home teacher, part of the itinerant special class teacher's caseload, a part-time teacher working hourly, or distance instruction. The special education program administer should consider the following when determining the caseload for a teacher in this assignment:

1. Need for daily contact with the students;
2. Geographical spread of the teacher's assignment;
3. Number of grades or the diversity of learning levels to be served at any one time;

4. Possibility of grouping;
5. Time needed to prepare for each student's lessons;
6. Time needed for travel, given weather and traffic variations;
7. Schedules for medical treatment if a student is hospitalized;
8. Need for the teachers to employ isolation or sterile techniques for certain hospitalized students;
9. Adaptations and equipment needed for the student to use instructional materials; and,
10. Availability of an instructional aide to assist the teachers.

Program Specialists

Depending on the Local Plan, program specialists may be hired at the SELPA and/or local educational agency (LEA) level. Program specialists typically have extensive experience, training, and skills in providing educational programs to students with a variety of disabilities. The program specialist's role is to understand the educational implications of each enrolled student's impairment to provide support to teachers and to monitor the program's effectiveness and compliance. The program specialist works with school personnel and staff from other agencies to:

1. Find services appropriate to the student's unique needs.
2. Coordinate the delivery of services to the student.
3. Locate program options as the student becomes older and his or her needs change.
4. Ensure that the student is placed in the least restrictive environment.

The program specialist also provides technical assistance and in-service training to the staff and assists in curriculum and program planning. This person needs current knowledge of technological advances that enhance the student's learning capabilities and ability to adapt curriculum, activities, and equipment. Teachers, speech therapists, school nurses, bus drivers, and aides of students with severe orthopedic impairments require in-service training on topics related to successful instructional strategies and the latest technological equipment. Regular review with staff or procedural safeguards, such as the privacy rights of students relative to their medical and educational records, is necessary as well as annual training in universal precautions to control infection.

All staff, parents, and other personnel involved in the physical handling of the students must be trained in proper techniques for lifting and transferring so that they may accomplish their duties without injuring the students or themselves. In-service training for those who must lift others should include supervised practice of using one or two persons to lift a student, not simply photographs or handouts that illustrate or describe steps. Bus drivers must receive yearly in-service training and be updated, as appropriate, concerning the implications of the student's orthopedic impairment, the medical considerations, and emergency procedures to follow.

A separate training may also be needed to address individual needs of specific students and staff that serve them. Prior to the enrollment of a student with an orthopedic impairment, regular and special education teachers with credentials and expertise in other areas should have the opportunity to develop the knowledge, skills, and attitudes needed to effectively integrate each student in the least restricting environment. The in-service training can focus on teachers' concerns specific to the student's orthopedic impairment, level of abilities, learning style, instructional strategies, and equipment (e.g., opportunity to master the operation and adaptation of the specialized equipment used by or suggested for use by one or more students). Regularly scheduled support and follow-up trainings during the school year are recommended.

Specialists working with students with a severe orthopedic impairment may need to consistently update their knowledge in the use and adaptation of electronic communication devices by participating in local teacher-specialist training opportunities, watching webinars, attending conferences, visiting programs, participating in assessment centers in the greater geographical area, and/or by attending appropriate courses provided by institutions of higher learning. When looking for in-service trainers, consider local staff, staff from various state agencies, college or university faculty, special interest groups or organizations, insurance providers, professional organizations, community members with special skills, exemplary programs from other school districts, parents, and/or private consultants.

Parents may also need specialized training, particularly about participation in the education of their child, such as information about educational programs options, the services and responsibilities of other agencies, and transition issues. All non-English-proficient parents of students with severe orthopedic impairments should be provided training in their native language or an interpreter, who may make the in-service training more meaningful to the parent. Parents can also be referred to Riverside County SELPA (www.rcselpa.org) for information on the Community Advisory Committee (CAC) Parent Resource Guide and workshops available in both English and Spanish.

Site Administrators

Special education is an integral part of the total public education system and provides education in a manner that promotes maximum interaction between children or youth with disabilities and children or youth who are not disabled, in a manner that is appropriate to the needs of both (*Education Code*, Part 30, Chapter 1, Article 1, Section 56000 [b]). Site administrators make this a reality when they promote these beliefs into procedures and practices employed within a school setting. When a student with a severe orthopedic impairment is enrolled in a program on a regular school site, site administrators may have the following responsibilities:

1. Serving on the IEP team or appointing a designee to do so.
2. Promoting the concept of LRE and a positive, accepting attitude toward students with special educational needs.
3. Ensuring that prior to a student's enrollment, appropriate staff members have in-service training concerning the student's orthopedic impairment, instructional or physical needs and that there is sufficient staff support scheduled to meet the student's needs.
4. Overseeing and/or consulting with other departments about transportation arrangements for to and from school and scheduled field trips.
5. Coordinating services with other agencies as needed.
6. Supervising and evaluating the staff, if these responsibilities are designated to this position.
7. Involving special education parents in school activities, committees, and projects.
8. Ensuring that all students have a cohesive course of study.

Making School Facilities Accessible

Site administrators need to assume responsibility for their campus and work collaboratively with district Facility, Maintenance and Operations Departments to ensure accessibility and safety for all. Students with severe orthopedic impairments should have access to the same facilities as any other student does. Therefore, entry ways should be accessible to wheelchairs. The direction in which the doors open is important not only to the wheelchair user but also to a student who uses crutches and must try to open the door while maintaining balance. Access for wheelchairs must exist from the street level as well as from the sidewalk. Every room or office on the school site will not need to be accessible to a student with an orthopedic impairment. The special classroom should be located within the central

system of the school plant, not at the far end of the campus or isolated from other classrooms. Sometimes relocating a specific class is easier than making expensive structural modifications. If classroom modifications are needed, staff members from the California Department of Education's School Facilities Planning Unit and Special Education Division are available to help school staff in planning for the necessary changes. The School Facilities Planning Unit is knowledgeable about which state and local building codes must be observed.

Reasonable accommodations should be made for the student's physical needs. Bathrooms should be easily accessible from the classroom. Both the hallway and the bathroom should be able to accommodate students using wheelchairs and walking aids. Some students with an orthopedic impairment may need extra space around the bathroom fixtures or vertical or horizontal bars to aid in becoming independent in their self-care. An enlarged stall can usually accommodate any required equipment as well as provide privacy. Occasionally, a changing table and a storage area for extra clothing or specialized equipment may be needed.

The health room may be modified, especially if this room is used to isolate an ill student who may use a wheelchair. Special storage may be needed for cauterization trays, oxygen, and sterile supplies. A locked cabinet must be available to store medication safely for students who take medication while at school. Modification of the school's computers and computer laboratory should not be overlooked. Often, slightly adapted equipment enables students to gain access to curricula and special software that the student's non-disabled peer group uses.

The physical arrangement of the room must be conducive to each student's independence in getting to the desk, study area, and instructional areas. The student in the wheelchair cannot maneuver in small spaces or even reach areas that the mobile student can. These concerns are also valid when one student is placed in a regular education class, a class serving students with other disabilities, or a resource specialist's room.

Whenever a classroom is being considered for use by multiple students with severe orthopedic impairments, special needs specific to a student's disability must be identified. Extra space may be needed to accommodate the use and safe storage of many large pieces of specialized equipment needed by students (e.g., standing tables, keyboards, computers, slant boards, electric wheelchairs, and various types of communication aids). The special class teacher may need adequate storage for multi-grade level classroom supplies and equipment. Additional storage space may be needed for adapted outdoor play equipment so it can be readily available adjacent to the outdoor play area. Having a telephone in the classroom is especially useful in an emergency to quickly communicate to the school office, parent, or an appropriate community agency.

Dogs trained as companions for the student with a severe orthopedic impairment may be provided by private agencies or foundations. These dogs retrieve dropped items, open doors, carry books and supplies, and occasionally help propel the student's wheelchair. Dogs fully certified as working animals may be allowed in schools. The law prohibits the exclusion of canine companions as stated in the *California Civil Code* sections 51, 54.1, and 54.2. For more information, review the Riverside County SELPA *Service Animals in Schools* document under www.rcselpa.org/policies_procedures.

Monitoring Medications for Students

Many students with severe orthopedic impairments require prescribed medication for muscle relaxation, control of seizures, urinary tract infections, bowel and bladder control, and skin care; analgesics for pain; anti-inflammatory agents; antipyretics for reducing fever, and anti-infectious agents for continuing health care. The name of the medication, dosage, and the prescribing physician's name should be entered on the student's health card. Staff awareness of the possible effects of the medication on the student's physical, intellectual, and social behavior as well as of possible behavioral signs and symptoms of adverse side effects caused by omission or overdose of the drug is beneficial.

If the student's physician requires that medication be taken during the school day, the parents must provide a written request for staff assistance or monitoring, with verification by the prescribing physician. The parents must provide the medication to the school in an original pharmacy container clearly marked with the (1) Name of the student; (2) Name of the prescribing physician; (3) Identification number or name of the medication; (4) Name of the pharmacy that dispensed the medication; and (5) Amount of medication to be taken at a specific time and/or the specific situation during which medication is to be taken

Staff must comply with the LEA's administering medication policy and procedures at all times. Either the school nurse or the designated staff person will store and administer the medication or supervise the student during self-administration times. The medication should be stored in a locked cabinet. A daily record must be kept showing when the medication was given, who gave it or monitored its administration, and any unusual reactions experienced by the student. Whenever possible, students will be trained to be responsible for taking their own medication in collaboration with medical professionals and parents.

Specialized Orthopedically Impaired (OI) Teachers

Teachers trained as specialists for students with orthopedic impairments must hold a Physically Handicapped Credential, a Moderate-Severe Credential, and/or an Added Authorization for Orthopedic Impairment. They can then provide services as a special class teacher or as an itinerant OI teacher. Regardless of assignment, teachers of students with severe orthopedic impairments are expected to have the teaching ability and competency to plan and execute the details of the quality education program and be able to:

1. Recognize the educational, emotional, and medical implications of orthopedic impairments and the effects on the student's learning, development, and participation in age-appropriate life activities.
2. Select, adapt, and administrator formal and informal assessments in a manner that allows a student to demonstrate learning.
3. Use assessment data and information about the student to assist in developing an IEP that meets the student's assessed needs.
4. Modify or adapt age-appropriate curriculum and/or of course of study to enable students to meet the proficiency standards for graduation or appropriate differential standards noted on the IEP.
5. Support other teachers and the student to facilitate positive learning experiences in assigned classes.
6. Coordinate the delivery of supportive or related services to ensure that each student's IEP is being implemented.
7. Provide instruction specific to the disability, such as mobility, independent living skills, and career and vocational experience, including community-based instruction, when no other specialized staff members have been assigned to do so.
8. Counsel the parents about their child's problems related to education.

The teacher of students with severe orthopedic impairments should become aware of the latest technological advances, specialized equipment, and special materials that aid the learning process of students. Often, the teacher is asked for suggestions for adapting materials or equipment to accommodate a student's orthopedic impairment. The teacher must be able to:

1. Recommend appropriate materials and equipment.

2. Collaborate with coworkers, therapists, or rehabilitation specialists in designing ways for the student to use technological equipment more effectively.
3. Model instructional techniques that facilitate a student's use of his or her assistive technology, enabling the student to participate as independently and efficiently as possible in classroom and extra-curricular activities.
4. Demonstrate the proper use of the student's equipment and be able to make minor repairs.
5. Teach basis cognitive strategies and motor skills prerequisite to a student's use of technological aids.
6. Teach teachers and classmates safe and appropriate use, maintenance, and care of supportive or rehabilitative equipment, such as wheelchairs.
7. Teach safe practices for lifting students, helping them move, and promoting independent movements.

The teacher should understand the medical implications of a student's orthopedic impairment that apply to learning. Therefore, the teacher should be able to:

1. Integrate the recommendations of other professionals, including therapists and nurses, with the student's daily educational programs.
2. Be able to perform in an emergency any necessary specialized physical health care service for the student, even though another staff person may have been assigned to provide the service.
3. Explain implications of the orthopedic impairment to the school staff and the student's classmates.
4. Monitor the student's physical or medical status and know when to notify the school nurse or parent that a potential problem exists.
5. Understand and know the limitation of the teacher's role and respect the roles of collaborating professionals.

As a teacher of record, an OI teacher works with the general education teacher(s) to set up systematic methods for monitoring and documenting each student's progress. This may include scheduled visitation and observation by the itinerant teacher, checklist reports by the classroom teacher, or regular telephone / email contact. These activities should be in addition to any direct service the specialist gives to the student. A student with a severe orthopedic impairment receives a report card just as his or her classmates do. In addition, each special education service provider is responsible for completing progress toward goals reports at the same time report cards are given to parents.

OI Special Class Teachers

Working with parents and students in activities are closely related to home and community life is part of the special class teacher's responsibilities. The teacher should be prepared to:

1. Assist parents in managing their child's adolescence, any existing terminal condition, vocational options, and lifelong planning.
2. Facilitate the acquisition of independent skills by students so as to enable them to assume responsibility for their self-care, transportation, leisure time, and vocational options.
3. Keep the parents and the student informed about services provided within the community by public or private agencies.
4. Understand and use techniques for grief counseling with parents and students with terminal illnesses or following traumatic accidents.

Because many students with severe orthopedic impairments also have severe communication problems, some students may receive special support services from a Speech Language Pathologist (SLP). As the special education teacher provides the daily practice of communication skills, he or she can be expected to:

1. Work closely with the SLP to provide maximum classroom reinforcement of communication goals and objectives.
2. Facilitate language acquisition and build each student's vocabulary and comprehension.
3. Provide training in receptive vocabulary building, sentence structure, understanding of tenses, and other aspects of receptive and expressive language for students who cannot readily produce speech.
4. Incorporate augmented communication aids and techniques in curricular and extra-curricular activities.

Itinerant OI Teachers

Integrated class enrollment provides for full-time placement of a student in a regular class with special assistance from the appropriately credentialed teacher and/or related services specialist needed by the student. In this situation, the itinerant OI teacher must be prepared to expand his or her knowledge of the specific disability and training for students with severe orthopedic impairments to support the regular teacher, the students, and their parents in the following roles.

Collaborator and Consultant – The *collaborative consultation* that the itinerant teacher provides to the regular education staff is one of the most important means for enabling students with severe orthopedic impairments to be placed in the regular classroom as the least restrictive environment. The itinerant teacher provides specific information on the disability and collaboratively consults with the regular education teacher and any other teacher(s) with whom the student interacts. Prior to the student's first day of attendance, it is important to find time to discuss specific topics such as the nature of the child's disability condition, emergency measures, specific information on the disability that relates to the student's learning patterns, equipment the student uses, duties of an aide working with the student, and preparation of lessons.

Consultation is important whether or not a teacher has previously had a student with severe orthopedic impairments. Not all students with severe orthopedic impairments are alike or have similar learning patterns. For example, the itinerant teacher may need to explain the differences between students who have spastic cerebral palsy and students who have athetoid cerebral palsy or the educational concerns of a student with spina bifida and those of a student with muscular dystrophy. Communication, positioning, nutrition administration, toileting, and other issues need to be understood by all concerned. The amount of other relevant information to be discussed depends partly on whether the regular education or other special education teacher:

1. Has had any previous experience with students with severe orthopedic impairments;
2. Attended the IEP meeting;
3. Has reviewed the assessment data;
4. Understands the implications for educational strategies of the student's orthopedic condition and assessment data; and,
5. Has interacted with the parent or staff regarding the student's other specific needs for the disability.

The itinerant OI teacher provides collaborative consultation services to regular education and special education staff, as noted on the student's IEP. Intermittent consultation may be needed from other

disciplines and/or other sources of consultation such as CCS, assessment centers for students who are non-speaking, and/or institutions of higher learning specializing in training teachers for students with severe orthopedic impairments.

Instructor – The regular class teacher is responsible for planning and implementing the student's overall academic program. The itinerant OI teacher may provide *direct instruction to the student* to address the student's unique needs while the regular teacher continues the lessons with the rest of the class. An aide trained by the itinerant teacher may also work with the student. Direct instruction may be on strategies that the student can use to participate more fully in the kinds of academic activities that are taking place. The direct instruction typically occurs in the classroom and focuses on what the class is doing at the time of instruction. For example, if the student is having trouble understanding the science lesson or needs more practice using augmented speech in a social setting, the itinerant special class teacher may stay in the class to assist the student in using special equipment in order to participate in class discussions.

If the student encounters special problems in learning related to his or her physical impairment, the itinerant OI teacher may be responsible for providing direct specialized instruction to the student. Instruction may be directed toward teaching the student to use the necessary technological equipment. Another option is to assign the student, for a period of time, to a specialized academic instructor (SAI) program or a special class in which a credentialed teacher for students with severe orthopedic impairments stresses working on specific instruction that will enable the student to better function in the regular education classroom.

Demonstrator – The itinerant OI teacher will be a *model* or *demonstration teacher* showing other teachers how to integrate the student's use of equipment or method of communication in the daily classroom activities. The itinerant teacher may model for any class, showing how the student with a severe orthopedic impairment can be included in the activities. This model should be described within the school site plan.

Innovator – The itinerant OI teacher can also become a *developer or innovator*. Special assistance may be needed to devise academic adaptations and develop new ways to use student's specialized equipment. In addition, the itinerant teacher may be part of the team searching for the most efficient method or position for the student to use when he or she operates the equipment.

Technician – Not all students with severe orthopedic impairments and learning problems will need to use technological equipment. When needed, the itinerant teacher needs *technical* knowledge about equipment to be able to teach the student, aide, and regular and special education teachers how the equipment operates. The itinerant teacher must know how to deal with problems concerning the equipment and facilitate repairs in such a manner that does not invalidate a warranty on the equipment.

Counselor – The itinerant OI teacher will need counseling skills to help the student make a transition to new situations or new teachers. For example, in new educational placements, teachers' expectations may be different, higher, or more exacting. The student may need more individual instruction or more support services. Part of the itinerant teacher's job may be assisting the student and his or her parents understand these changes. In addition, the itinerant teacher may need to provide counseling to the regular education staff members in dealing with their emotions, educational standards, and reasonable expectations regarding a student with a severe orthopedic impairment.

Staff Developer – Because of the rapid advancements in technological development for the orthopedically impaired, staff members may continually need to update their skills and knowledge regarding technology, augmentation of communication, travel and mobility, and curriculum. The itinerant OI teacher may be asked to provide in-service training to other staff and families. Such programs may involve training the teacher or the aide to work with the student on the use of technological equipment. Prior to enrollment, the regular education staff and student body may need

information concerning a particular student's orthopedic impairment. This is the time for asking questions and allaying any fears that staff or other students might have.

Time Manager – The itinerant OI teacher must be skilled in *time management* and arranging students' programs. Care must be taken that student needs for support services do not require time away from critical instructional periods. For example, the practice of mobility skills should not be scheduled during reading instruction. Efforts should be made to arrange student schedules so that the student does not miss the same period every day or every week. It may also be necessary to coordinate the therapies provided by other agencies, such as CCS.

Curriculum Advisor – The itinerant OI teacher may be asked to guide other teachers or health paraprofessionals / aides in determining which material is critical for the student to complete when he/she physically cannot keep pace with the class. Assignments may need to be shortened or condensed. If a health paraprofessional or aide is assigned to the class, the itinerant teacher may indicate the type of materials to be prepared before each lesson so that the student can participate with the class. In addition, special transportation or extra assistance may need to be arranged to enable the student to participate in class field trips.

Case Manager – The itinerant teacher may be asked to assume a role similar to that of a case manager: developing and reviewing the student's IEP and monitoring to ensure that the student is actually receiving the services listed and making progress on IEP goals/objectives.

Transition Coordinator – The itinerant OI teacher should be aware of available educational and community services and develop the network system to facilitate the delivery of necessary services. The itinerant OI teacher should have planning skills to assist team members in the development of each student's transition planning. This may occur as the student changes classroom placements such as moving from infant and preschool to elementary school and on to junior high school and high school. By age 16, individual transition plans must also be developed for the student's transition from school to postsecondary education and/or employment. The student will become increasingly involved in community-based education to prepare for these events. The itinerant teacher will be needed to assess community work areas, assist the student in assuming responsibility for his/her actions, and assist in supervising the student in the community. The student should be referred to the California State Department of Rehabilitation before graduation so that the transition services for the student include job coaching and supported employment with the option of ongoing postemployment support services.

Other Duties – The itinerant teacher may also assist with "carry-over activities", such as changing the student's position during the school day or using the behavioral management techniques developed by the mental health staff for assisting the student in developing socially acceptable behavior. When the student is placed in a general education class without personal support of a RSIA, an increased need may occur for physical management to support the student in nonacademic settings; that is lifting, toileting, providing nutrition via g-tube or other means, and moving the student from class to class in a junior high school or high school.

Regular Classroom Teachers

A regular education teacher who has a student with a severe orthopedic impairment should have consultation or in-service training or both prior to a student's placement in the classroom. The regular teacher may need continued assistance throughout the school year as he or she is responsible to:

1. Set a positive accepting attitude for the class to model.
2. Select and rotate peer partners to provide minimal assistance to the student.
3. Minimize spatial barriers in the classroom to facilitate independent mobility.

4. Observe and report to the school nurse or itinerant teacher, as appropriate, the student's reactions to medications, therapy, or modifications in equipment.
5. Plan class participation and assignments to accommodate a student's fatigue or slow response.
6. Allow students to use different modes for receiving information and/or responding.
7. Require the same behavioral standards for all students in the class, including the student with a severe orthopedic impairment.
8. Provide instruction in the core curriculum.

Specialized Academic Instruction (SAI) Teachers

Given that students with severe orthopedic impairments are a diverse subgroup of all students with disabilities, each child's program is individualized to meet his or her unique needs. As such, a student may be supported by a resource specialist, SAI teacher, and/or special day class. In whatever assignment, the specialist must be skilled in consulting with the school staff and professionals from other agencies providing services to the student. Often this specialized academic instructor will investigate a student's problem and devise a solution. The SAI teacher may be responsible for providing direct instruction to students for material that they find difficult, in other areas that are specific to the child's disabilities, and/or for demonstrating these techniques to other teachers within the co-teaching or collaborative teaching models. It is valuable when the SAI teachers are skilled in the use of adaptive technology and specialized equipment for the severely orthopedic impaired in the absence of the itinerant OI teacher.

Related Services Staff

Because a student with a severe orthopedic impairment may have other disabilities, the IEP team may determine that a combination of special education related service providers may be appropriate for meeting the student's assessed needs.

Adapted Physical Education (APE) Specialist

The credentialed teacher of APE incorporates in the physical education program the physical activities and adaptive equipment recommended by the student's primary health care provider or other specialists working with the student. The APE teacher may conduct an APE class, provide direct service to students during their regular physical education period, or serve as a consultant to teachers of students with orthopedic impairments. The APE specialist demonstrates special methods of performing the usual physical activities, modifying rules, adapting equipment, or using specialized equipment for students with orthopedic impairments to users, classmates and classroom teachers. Assistance may be provided for students who plan to participate in special events.

Career/Vocational Specialist

A variety of people may fulfill the role of career/vocational specialist: the special education teacher, WorkAbility staff, regional occupational program staff, a job coach, or others. The career/vocational specialist must know the vocational and physical implications of each student's orthopedic impairment and plan for each student's vocational development. The career/vocational specialist must:

1. Be aware of the unique physical and intellectual talents and deficits of each student.
2. Conduct ecological inventories to see what kinds of jobs are in the student's community.
3. Help develop and implement an individualized transition plan for each student.
4. Collaborate with general and special teachers to develop specific skills the student needs for successful employment.

5. Conduct analyses of the discrepancy between a student's skills and those needed for the jobs available in the community.
6. Act as a liaison between the local school, the community work programs, and the business community.
7. Inform potential and actual employers of a student's possible use of assistive devices and techniques and assist employers with restructuring and redesigning jobs so that a student with a severe orthopedic impairment can do the work.
8. Address problems of providing transportation, going to the bathroom, eating, and providing specialized physical health care to, from and/or within the work environment.
9. Evaluate work sites for their architectural accessibility and assist in adapting them and any necessary equipment.
10. Coordinate with the vocational rehabilitation counselor for continuing service after the student's graduation or aging out of a program, including job coaching if appropriate.

Speech Language Pathologist (SLP)

The SLP serving students with severe orthopedic impairments needs a strong background in understanding the interrelationships between impaired neuromuscular systems and the production of speech and how the resulting problems differ from the usual disorders (e.g., stuttering, voice problems, and articulation). A student's problems may range from a complete lack of speech to inadequate use of the speech musculature. The specialist should be prepared to:

1. Facilitate the student's ability to perform basic life functions, such as breathing, sucking, swallowing, and chewing.
2. Facilitate the development of language.
3. Develop functional augmented communication for the nonspeaking student.
4. Train and collaborate with teachers regarding functional augmented communication.
5. Consult with teachers concerning the carryover of activities for speech and language development during the school day.
6. Consult with parents to encourage the carryover of activities in the home, and when appropriate, coordinate the use of augmented communication devices.
7. Work with the student during class activities to promote the student's use of augmented communication device.
8. Assist in the specialized feeding program as needed.
9. Work with the multidisciplinary team to adapt the specialized materials and equipment to the student's needs.
10. Provide appropriate speech and language therapy.

Mental Health Staff

For some students the members of the mental health team provide counseling and other services related to mental health. The provider must understand the implications of the orthopedic impairment and work with the multidisciplinary team to provide a coordinated program for the student. The related-service plan is a part of the student's IEP. The mental health therapist will consult with the teacher concerning any carry-over activities that should be incorporated during the school day.

Occupational Therapist and Physical Therapist

In addition to providing to providing therapy for individual students in the school setting, the OT and PT consult with the teacher concerning the continuation of activities for therapy during the school day, proper positioning of the student, adapting materials and equipment to the student's needs (including those adaptations necessary for safe positioning during transportation and feeding), and making recommendations to the IEP team. The therapists' plans for treatment, which include goals and objectives, are a part of the student's IEP. Generally, the therapists also develop a home program for the parents to follow.

School Nurse

The school nurse assigned to support students with severe orthopedic impairments obtains medical information specific to each student's impairment in addition to completing the student's developmental history. When an infant is enrolled in the program, the nurse is often the initial contact and assists in assessing the infant's developmental level, daily living pattern physical and nutritional status, and the family's life-style. As the child ages, the nurse assists the IEP team in interpreting the student's medical reports from private practitioners or educational implications of this information. The school nurse may conduct ongoing assessments of the student's health status.

Since students with severe orthopedic impairments often have complex health problems, the school nurse may provide required specialized physical health care procedures, train others to do so, and supervise those providing the services. In addition, the school nurse is a resource person for teachers, parents, and other program staff, as well as a liaison with the medical, nursing, and other service providers in the community. The nurse can also be a resource for helping the family to obtain equipment that their child needs.

The nurse may be expected to give in-service training sessions to selected school staff concerning a student's medical status and the signs or symptoms of the student's medical problems. If a staff member other than the school nurse provides specialized physical health care to the student, the nurse is responsible for ensuring that the care provider is well trained, provides supervision, and schedules a return demonstration of specialized physical health care services in accordance with the state's guidelines. The school nurse may also be asked to develop lesson plans for students to use when they're learning to care for their own physical needs. Other class curriculum that the school nurse may develop or assist the staff in developing includes social concerns, sex education, and substance abuse. The nurse may develop emergency procedures for the student to follow in case of life-threatening situations such as earthquake, fire, and severe storms causing power outages. The procedures should be written and posted for immediate access in case an emergency should occur.

School Psychologist

Any credentialed school psychologist working with a student with a severe orthopedic impairment should be familiar with (1) the effects of the severe orthopedic impairment on a student's total development; (2) the various methods of establishing a functional form of communication with the student; (3) ways of adapting the test-taking procedures; (4) methods of assessing nonspeaking students; and (5) the influence of modified tests or testing procedures on interpretation and implications of the data. The school psychologist must then be prepared to interpret the assessment data and other information furnished by the staff so that the teacher may plan educational interventions.

In addition, a school psychologist assists the teacher in planning group discussions about identified social/emotional concerns of the students and/or provide individualized counseling to a student in need. The psychologist may work with the parents and staff regarding a student's concerns. Together they may develop constructive solutions and strategies to resolve the student's concerns or problems.

Other Support Services Personnel

Many times instructional aides and bus drivers develop a unique relationship with students who are severely orthopedically impaired. Individual services and long hours on the bus provide an opportunity to develop positive attitudes and set the emotional climate for the total school day.

Aides

The most important responsibility of aides is to enable students to do things independently. Aides should be able to work in varied settings and under the direction of multiple supervisors. Aides should defer parental questions to their supervisor or the appropriate credentialed staff member. Aides may be itinerant and serve several sites in one day; rotate among students on one site; or be assigned to one class or student. All aides must be competent in the fundamentals of reading, mathematics, spelling, and composition. The type and intensity of the assistance needed from an aide varies widely among students with severe orthopedic impairments. The student's diagnosis, level of self-help skills, and motivation for independence determine what help the student will need to benefit from educational instruction and activities.

An individualized assessment to determine the need for a related service independent assistance (RSIA) is needed to determine what type and what times during the day the specialized assistance is needed. Based upon the assessment results, an aide is then assigned to the student in whatever instructional setting is most appropriate to meet the student's needs. After working with the primary provider, an aide can prepare vocabulary for augmented communication aids prior to lessons or community-based activities, prepare lesson materials ahead of time on a computer and in other media, serve as an interpreter for students with unclear speech, and help students to develop and practice independent skills (e.g., work with a student on coping with minor architectural barriers).

After specialized training, toileting, feeding, positioning, and other personal care; assisting students to and from the bus; preparing specialized equipment for their use, and carrying out activities assigned and instructed by a therapist or a credentialed teacher. Aides should be trained in physically managing a student without injuring the student or themselves (e.g., techniques for using one or two people to lift a student, transferring a person, and so forth). Aides may also be trained to provide the student's specialized physical health care services. They must have had cardiopulmonary resuscitation (CPR) training to qualify to perform these services.

School Bus Drivers

School bus drivers are required to know how to operate certain pieces of equipment on which some students with orthopedic impairments depend. For example, California Vehicle Code Section 12522 requires every person who operates a school bus to have passed the first-aid practices examination given by the California Highway Patrol. In addition most bus drivers have training relating to seizures, choking, allergic reactions, bleeding, shock, and many other medical emergencies. Many drivers can perform basic CPR. In addition bus drivers should be able to:

1. Identify the shortest route to any emergency rooms or stations from any location on the bus route.
2. Evacuate the bus in an orderly and timely fashion, including directing and controlling the student's after they have evacuated the bus.
3. Communicate their expectations for students who are riding on the bus.
4. Handle student's medication and specialized health care equipment in the manner approved by the local educational agency or county office of education.

While on the school bus, the students are under the supervision of the school bus driver, even when an aide or attendant is on the bus. The driver is responsible for the orderly conduct of the students as well

as for their safety. While waiting for assistance to arrive during an emergency, the bus driver can initiate only those emergency procedures normally given by a school employee. Bus drivers should pass on any parental concerns to their supervisor or designated staff member.

Parent and Student Support

Parents and students are members of the IEP team. Parents have a key role in the following areas:

1. Provide background information concerning the effects of their child's orthopedic impairment on his or her development and interaction within the family and community.
2. Counsel the staff regarding any specialized equipment used by their child.
3. Perform carry-over activities for therapy at home.
4. Promote regular school attendance by maintaining their child's daily health and hygiene.
5. Help their child to have a good emotional attitude about his or her impairment and enable the school staff and others to do the same.
6. Maintain ongoing school and home communication, especially regarding changes in their child's health status or behavior and for nonverbal students.
7. Support their child's educational and vocational efforts.
8. Furnish any medical equipment and supplies necessary to provide the specialized physical health care services needed by the student.

The student should make recommendations during the IEP team meeting. This action is especially important at the junior and senior high school levels when transition planning takes place. Teachers can help a student plan his or her recommendations before the conference with the IEP team or the medical therapy personnel. A student may want to prepare written statements for the team, especially one using augmented communication systems. It is important to prepare the student to:

1. Become involved in the decision-making process; for example, discuss reasons for trying alternative means of mobility, another communication system, or learning approach.
2. Make commitments affective of their school program; for example, audit a general education class, take a different subject, or enroll in an easier or more difficult class.
3. Accept responsibility for their actions; for example, complete assignments, seek new friends and activities or be on time for activities.
4. Suggest ways that problems can be handled; for example, how to cope with architectural barriers or how to adapt materials and equipment.
5. Ask for and give instructions to others when assistance is needed.
6. Make long-range decisions affecting their lives; for example, set goals for themselves, learn a different vocation, or try an on-the-job experience.
7. Become involved in plans for meeting regular or differential graduation standards.

Evaluating and Improving the Program

Every program serving students with severe orthopedic impairments should implement a process to improve the effectiveness of the program in meeting the needs of this diverse group of students. One of the most effective ways is to review the program each year noting the following:

1. Continuum of options for services available to the students;
2. Availability of identified courses of study appropriate to the student's needs;

3. Availability of necessary specialized materials and equipment;
4. Availability of the appropriate credentialed staff to serve the students;
5. Ability of the program to meet the unique needs of all students with severe orthopedic impairments enrolled in the program; and,
6. Opportunities for students to have access to the least restrictive environment.

By using the key questions delineated in the “Program Evaluation Checklist” in Appendix E, the review process will cover all areas addressed in this document. When the self-review is being conducted, the checklist questions can be used as open-ended questions for interviewing administrators, special and regular education staff, and parents. The process also has components that can be utilized for reviewing student IEPs and other educational documents. This approach will also clarify who is responsible for the elements of the program. Questions beginning with how, what, who, and when will provide valuable information for determining the effectiveness of the program and targeting areas for improvement. Appendix F provides addition resources for technical assistance.

Appendix A: Glossary

The purpose of this glossary is to define terminology used by those working with students with severe orthopedic impairments. These terms apply to the areas of special treatment, medication, and services for these students as well as to the nature of certain disabilities.

Abnormal gait: A manner of walking that deviates from the norm for a particular developmental age.

Adapted physical education: A diversified program of developmental activities, physical fitness games, sports, or rhythms suited to the needs, interests, capacities, and limitations of students who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

Adaptive behavior: A combination of the coping skills, appropriate or inappropriate, that the student has developed to function within his or her environment.

Apgar score: A scoring system of five factors (heart rate, respiration, muscle tone, reflex irritability, and color) to evaluate an infant's condition and to identify infants who are at special risk at one minute and at five minutes after birth.

Augmented communication system: The use of an alternative communication system by any student who is unable to use oral speech.

Catheterization: The procedure for draining urine from the bladder by the insertion of a tube through the urethra (the opening through which urine exits).

Cerebral palsy: A condition manifested by a muscular incoordination and speech disturbances as a result of damage to the brain. This condition is non-progressive and occurs in infancy and childhood.

Colostomy: A temporary or permanent opening of the colon through the abdominal wall; the surgical creation of a new opening of the colon on the surface of the body.

Congenital anomalies: Defects or abnormalities existing at birth.

Convulsion: Involuntary muscular contractions and relaxation; a seizure is a sudden attack (used synonymously).

Cutaneous: Pertaining to the skin.

Dysfunction: Abnormal or incomplete function.

Functional ability: The ability to carry out daily living skills, such as feeding, dressing, transferring, mobility, and so forth.

Gavage feeding: A means of providing food (feeding) via a tube passed through the nose or mouth past the pharynx, down the esophagus, and into the stomach.

Head trauma: Any injury to the head that results in a significant disturbance of the body's functions.

Indirect assessment: Unobtrusive measurement.

Kinesthesia: The sense of movement, position sense, muscle-joint-tendon sense, or sense of perception of movement.

Mobility: The ability to move from one place to another.

Muscle tone: The resistance of a muscle to stretch. In a physically disabled student, the tone may decrease or increase when the muscle is at rest.

Muscular dystrophy: A genetic degenerative disease marked by progressive shrinking and wasting of the skeletal muscles.

Non-episodic condition: A chronic, ongoing condition.

Occupational therapy: The evaluation, diagnosis, and treatment of problems interfering with the functional performance of persons impaired by physical disability enabling them to achieve their optimum functioning.

Ostomy: A surgically formed artificial opening that serves as an exit site for waste products from the bowel or intestine to the outside of the body.

Ostomy care: The procedure for changing and/or emptying an open-ended ostomy pouch. A change of pouch at school should be necessary only occasionally to control leakage.

Paneled California Children Services (CCS) Pediatrician Panel: A process of certifying a person who is considered an expert in his or her field to deliver specific services to children whom staff members from the California Children Services identify as medically eligible. To be paneled by CCS, the pediatrician must be licensed in California, be on the staff of a CCS approved hospital, limit practice to the specialty, and be certified or determined eligible by the American Board of Pediatrics. A listing in the current *Directory of Medical Specialists* is evidence that the pediatrician has fulfilled legal requirements for panel membership.

Paneled California Children Services (CCS) Orthopedist: To be paneled by CCS, the orthopedist must be licensed in California, be on the staff of a CCS approved hospital, have special training in children's orthopedics, as outlined in the requirements by the American Board of Orthopedics, and be certified or determined eligible by the American Board of Orthopedists. A listing in the current *Directory of Medical Specialists* is evidence that the orthopedist has fulfilled legal requirements for panel membership.

Percussion: A procedure that stimulates coughing, performed by cupping the hand and clapping and vibrating the chest wall to assist students who have difficulty raising sputum, e.g., those who have cystic fibrosis (used with postural drainage).

Physical therapy: The provision of physical or corrective treatment by a physical therapist under the supervision of a physician to students with motor disabilities through the use of physical, chemical, and other properties of heat, light, water, electricity, massage, and active, passive, and resistive exercise.

Postural drainage: The positioning of a student in various ways so that gravity will assist in the movement of secretions from the smaller airways to the main bronchus and trachea from which they can be removed by coughing or suctioning.

Program evaluation: A process for obtaining information to assist in making decisions about program improvement, expansion, and maintenance, or about the termination of a program or program component.

Progressive deterioration: The progressive impairment of mental or physical functions.

Range of motion: The degree to which a joint can be moved through the full range in all appropriate planes.

Receptive communication: Understanding of the verbal, written, or signed communication of others.

Resuscitation: Instituting measures to provide ventilation and circulation when the respiration and heart have ceased to function.

Rheumatoid arthritis: A chronic disease characterized by inflammation of the joints and wasting away of the bones.

Self-help skills: Skills that a person uses in everyday life that enable him or her to live independently, e.g., dressing, grooming, housekeeping, food preparation and so forth.

Severe orthopedic impairment: A severe orthopedic impairment is persistent and significantly restricts one's normal physical development, movement, and activities of daily living and, in turn, affects the student's educational performance.

Spatial orientation of extremities: Knowing where one's arms and legs are in relationship to the environment.

Spina bifida: A birth defect in which the spinal cord protrudes through a defect in the spinal column.

Spinal cord injuries: Any injury that results in significant disturbance of the spinal cord.

Stoma: That part of the colon (an opening) that is brought through the abdominal wall to the outside of the body for elimination of wastes.

Suctioning: A method for removing excessive secretions from an airway, usually by a tube attached to either an electric or manually operated suction apparatus. This device may be applied to oral, nasopharyngeal, or tracheal passages.

Tracheotomy: The surgical creation of an opening into the trachea through the neck for insertion of a tube to provide and maintain an open airway.

Tumors: A mass of new tissue that persists and grows independently of its surrounding structures and that has no physiologic use.

Vocational skills: Skills that a person needs to become employable, e.g., good attitudes, promptness, task completion, ability to get and keep a job, work experience, and classroom and on-the-job training.

Appendix B: Selected Legal Requirements

This appendix contains pertinent sections from legislative codes that apply to the provision of services to students with severe orthopedic impairments. The legislative codes are current as of June 15, 2015.

EC 44265.5 Credential Authorizations

(c) Students who are orthopedically impaired shall be taught by teachers whose professional preparation and credential authorization are specific to that impairment.

(Amended by Stats. 1994, Ch. 1288, Sec. 3.)

EC 56000.5 Definition of Low Incidence Disability

(a) The Legislature finds and declares that:

(1) Students with low-incidence disabilities, as a group, make up less than 1 percent of the total statewide enrollment for kindergarten through grade 12.

(2) Students with low-incidence disabilities require highly specialized services, equipment, and materials.

EC 56026.5

"Low incidence disability" means a severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12. For purposes of this definition, severe disabling conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof. For purposes of this definition, vision impairments do not include disabilities within the function of vision specified in Section 56338.

(Amended by Stats. 1995, Ch. 203, Sec. 1.)

EC 56030.5 Definition of Severely Disabled

"Severely disabled" means individuals with exceptional needs who require intensive instruction and training in programs serving students with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe intellectual disability, and those individuals who would have been eligible for enrollment in a development center for handicapped students under Chapter 6 (commencing with Section 56800), as it read on January 1, 1980.

(Amended by Stats. 2011, Ch 347, Sec. 33.)

EC 56136 Guidelines/ Technical Assistance/ Monitoring

The superintendent shall develop guidelines for each low incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of, specialized services to students with low incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving students with low incidence disabilities pursuant to subdivision (a) of Section 56836.04. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements.

(Amended by Stats. 1998, Ch. 89, Sec. 20.)

Reference: Education Code 56836.04

EC 56205 Compliance Assurances/Description and Services in Local Plan

(a) Each special education local plan area submitting a local plan to the Superintendent under this part shall ensure, in conformity with Sections 1412(a) and 1413(a)(1) of Title 20 of the United

States Code, and in accordance with Section 300.201 of Title 34 of the Code of Federal Regulations, that it has in effect policies, procedures, and programs that are consistent with state laws, regulations, and policies governing the following:

(1) Free appropriate public education.

(2) Full educational opportunity.

(3) Child find and referral.

(4) Individualized education programs, including development, implementation, review, and revision.

(5) Least restrictive environment.

(6) Procedural safeguards.

(7) Annual and triennial assessments.

(8) Confidentiality.

(9) Transition from Subchapter III (commencing with Section 1431) of Title 20 of the United States Code to the preschool program.

(10) Children in private schools.

(11) Compliance assurances, including general compliance with the federal Individuals with Disabilities Education Act (20 U.S.C. SEC. 1400 et seq.), Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. SEC. 794), the federal Americans with Disabilities Act of 1990 (42 U.S.C. SEC. 12101 et seq.), federal regulations relating thereto, and this part.

(12)

(a) A description of the governance and administration of the plan, including identification of the governing body of a multidistrict plan or the individual responsible for administration in a single district plan, and of the elected officials to whom the governing body or individual is responsible.

(b) A description of the regionalized operations and services listed in Section 56836.23 and the direct instructional support provided by program specialists in accordance with Section 56368 to be provided through the plan.

(Amended by Stats. 2007, Ch. 454, Sec. 13.5.)

EC 56240 Staff Development

Staff development programs shall be provided for regular and special education teachers, administrators, certificated and classified employees, volunteers, and community advisory committee members and, as appropriate, members of the district and county governing boards. The programs shall be coordinated with other staff development programs in the special education local plan area, including school level staff development programs authorized by state and federal law.

(Amended by Stats. 2007, Ch. 56, Sec. 33.)

EC 56300 Identification and Referral, Assessment, Instructional Planning, Implementation, and Review

A local educational agency shall actively and systematically seek out all individuals with exceptional needs, from birth to 21 years of age, inclusive, including children not enrolled in public school programs, who reside in a school district or are under the jurisdiction of a special education local plan area or a county office of education.

(Amended by Stats. 2008, Ch. 179, Sec. 56.)

EC 56301 Identification and Referral, Assessment, Instructional Planning, Implementation, and Review; Identification and Referral

(d)(1) Each special education local plan area shall establish written policies and procedures pursuant to Section 56205 for use by its constituent local agencies for a continuous child find system that addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

(Amended by Stats. 2007, Ch. 454, Sec. 14.)

EC 56302 Identification Procedures

A local educational agency shall provide for the identification and assessment of the exceptional needs of an individual, and the planning of an instructional program to meet the assessed needs. Identification procedures shall include systematic methods of utilizing referrals of students from teachers, parents, agencies, appropriate professional persons, and from other members of the public. Identification procedures shall be coordinated with school site procedures for referral of students with needs that cannot be met with modification of the regular instructional program.

(Amended by Stats. 2008, Ch. 179, Sec. 57.)

EC 56303 Referral to Special Education

A student shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

(Repealed and added by Stats. 1980, Ch. 797, Sec. 9.)

EC 56320 Assessment

Before any action is taken with respect to the initial placement of an individual with exceptional needs in special education instruction, an individual assessment of the student's educational needs shall be conducted, by qualified persons, in accordance with requirements including, but not limited to, all of the following:

(a) Testing and assessment materials and procedures used for the purposes of assessment and placement of individuals with exceptional needs are selected and administered so as not to be racially, culturally, or sexually discriminatory. Pursuant to Section 1412(a)(6)(B) of Title 20 of the United States Code, the materials and procedures shall be provided in the student's native language or mode of communication, unless it is clearly not feasible to do so.

(b) Tests and other assessment materials meet all of the following requirements:

Primary Mode of Communication

(1) Are provided and administered in the language and form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer as required by Section 1414(b)(3)(A)(ii) of Title 20 of the United States Code.

(2) Are used for purposes for which the assessments or measures are valid and reliable.

Administered by Trained and Knowledgeable Personnel

(3) Are administered by trained and knowledgeable personnel and are administered in accordance with any instructions provided by the producer of the assessments, except that individually

administered tests of intellectual or emotional functioning shall be administered by a credentialed school psychologist.

(c) Tests and other assessment materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

(d) Tests are selected and administered to best ensure that when a test administered to a student with impaired sensory, manual, or speaking skills produces test results that accurately reflect the student's aptitude, achievement level, or any other factors the test purports to measure and not the student's impaired sensory, manual, or speaking skills unless those skills are the factors the test purports to measure.

(e) Pursuant to Section 1414(b)(2)(B) of Title 20 of the United States Code, no single measure or assessment is used as the sole criterion for determining whether a student is an individual with exceptional needs or determining an appropriate educational program for the student.

Assessed in All Areas of Suspected Disability

(f) The student is assessed in all areas related to the suspected disability including, if appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general intelligence, academic performance, communicative status, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status. A developmental history shall be obtained, when appropriate. For students with residual vision, a low vision assessment shall be provided in accordance with guidelines established pursuant to Section 56136. In assessing each student under this article, the assessment shall be conducted in accordance with Sections 300.304 and 300.305 of Title 34 of the Code of Federal Regulations.

(g) The assessment of a student, including the assessment of a student with a suspected low incidence disability, shall be conducted by persons knowledgeable of that disability. Special attention shall be given to the unique educational needs, including, but not limited to, skills and the need for specialized services, materials, and equipment consistent with guidelines established pursuant to Section 56136.

(h) As part of an initial assessment, if appropriate, and as part of any reassessment under Part B of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and this part, the group that includes members of the individualized education program team, and other qualified professionals, as appropriate, shall follow the procedures specified in Section 1414(c) of Title 20 of the United States Code. The group may conduct its review without a meeting.

(i) Each local educational agency shall ensure that assessments of individuals with exceptional needs who transfer from one district to another district in the same academic year are coordinated with the individual's prior and subsequent schools, as necessary and as expeditiously as possible, in accordance with Section 1414(b)(3)(D) of Title 20 of the United States Code, to ensure prompt completion of the full assessment.

(Amended by Stats. 2007, Ch. 56, Sec. 38.)

EC 56327 Assessment Report

The personnel who assess the student shall prepare a written report, or reports, as appropriate, of the results of each assessment. The report shall include, but not be limited to, all the following:

(a) Whether the student may need special education and related services.

(b) The basis for making the determination.

(c) The relevant behavior noted during the observation of the student in an appropriate setting.

(d) The relationship of that behavior to the student's academic and social functioning.

(e) The educationally relevant health and development, and medical findings, if any.

(f) For students with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services.

(g) A determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate.

(h) The need for specialized services, materials, and equipment for students with low incidence disabilities, consistent with guidelines established pursuant to Section 56136.

(Amended by Stats. 1982, Ch. 1334, Sec. 4.)

EC 56345 Prescribed Course of Study and Proficiency Standards

(b) If appropriate, the individualized education program shall also include, but not be limited to, all of the following:

(1) For students in grades 7 to 12, inclusive, any alternative means and modes necessary for the student to complete the prescribed course of study of the district and to meet or exceed proficiency standards for graduation.

EC 56345 Provision of Service

(5) For students with low-incidence disabilities, specialized services, materials, and equipment, consistent with guidelines established pursuant to Section 56136.

(c) It is the intent of the Legislature in requiring individualized education programs, that the local educational agency is responsible for providing the services delineated in the individualized education program. However, the Legislature recognizes that some students may not meet or exceed the growth projected in the annual goals and objectives of the individualized education program of the student.

(Amended by Stats. 2007, Ch. 454, Sec. 20.)

EC 56360 Program Options

Each special education local plan area shall ensure that a continuum of program options is available to meet the needs of individuals with exceptional needs for special education and related services, as required by the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and federal regulations relating thereto.

(Amended by Stats. 1997, Ch. 854, Sec. 29.)

EC 56364.1 Instruction in Integrated Programs

Notwithstanding the provisions of Section 56364.2, students with low incidence disabilities may receive all or a portion of their instruction in the regular classroom and may also be enrolled in special classes taught by appropriately credentialed teachers who serve these students at one or more school sites. The instruction shall be provided in a manner which is consistent with the guidelines adopted pursuant to Section 56136 and in accordance with the individualized education program.

(Amended by Stats. 2004, Ch. 896, Sec. 60.)

Reference: Education Codes 56136 & 56364.2

EC 56739 Allocating Funds

(a) When allocating funds received for special education pursuant to this article, it is the intent of the Legislature that, to the extent funding is available, school districts and county offices shall give

first priority to expenditures to provide specialized books, materials, and equipment which are necessary and appropriate for the individualized education programs of students with low-incidence disabilities, up to a maximum of five hundred dollars ($500) per student with low-incidence disability. Nothing in this subdivision shall be construed to prohibit pooling the prioritized funds to purchase equipment to be shared by several students.

(b) Equipment purchased pursuant to this section shall include, but not necessarily be limited to, nonprescriptive equipment, sensory aids, and other equipment and materials as appropriate.

(Added by Stats. 1983, Ch. 1099, Sec. 4.)

EC 56822 Materials and Equipment

Sound recordings, large print, braille, and other specialized technology, media, or materials purchased, instructional materials transcribed from regular print into special media, and special supplies and equipment purchased for individuals with exceptional needs for which state or federal funds were allowed are property of the state and shall be available for use by individuals with exceptional needs throughout the state as the board shall provide.

(Amended by Stats. 1994, Ch. 1288, Sec. 20.)

EC 56850 Special Education Programs for Individuals with Exceptional Needs Residing in State Hospitals

The purpose of the Legislature, in enacting this chapter, is to recognize that individuals with exceptional needs of mandated school age, residing in California's state hospitals for the developmentally disabled and mentally disordered, are entitled to under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and the Rehabilitation Act of 1973 (29 U.S.C. Sec. 701 et seq.), the same access to educational programs as is provided for individuals with exceptional needs residing in our communities.

It is the intent of the Legislature to ensure that services shall be provided in the community near the individual state hospitals to the maximum extent appropriate, and in the least restrictive environment.

It is the further intent of the Legislature to ensure equal access to the educational process and to a full continuum of educational services for all individuals, regardless of their physical residence.

It is the further intent of the Legislature that educational services designated for state hospital residents not eligible for services mandated by the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) shall not be reduced or limited in any manner as a result of the enactment of this chapter.

It is the further intent of the Legislature that any cooperative agreements to provide educational services for state hospitals shall seek to maximize federal financial participation in funding these services.

(Amended by Stats. 1993, Ch. 1296, Sec. 24.)

5 CCR § 3030 Eligibility Criteria- Orthopedic impairment

(8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

California Civil Code Section 51: Personal Rights

(a) This section shall be known, and may be cited, as the Unruh Civil Rights Act.

(b) All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, or sexual orientation are entitled to the full and equal accommodations,

advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.

(c) This section shall not be construed to confer any right or privilege on a person that is conditioned or limited by law or that is applicable alike to persons of every sex, color, race, religion, ancestry, national origin, disability, medical condition, marital status, or sexual orientation or to persons regardless of their genetic information.

(d) Nothing in this section shall be construed to require any construction, alteration, repair, structural or otherwise, or modification of any sort whatsoever, beyond that construction, alteration, repair, or modification that is otherwise required by other provisions of law, to any new or existing establishment, facility, building, improvement, or any other structure, nor shall anything in this section be construed to augment, restrict, or alter in any way the authority of the State Architect to require construction, alteration, repair, or modifications that the State Architect otherwise possesses pursuant to other laws.

(f) A violation of the right of any individual under the federal Americans with Disabilities Act of 1990 (P.L. 101-336) shall also constitute a violation of this section.

California Civil Code Section 54.1: Rights Concerning Transportation, Accommodations, and Facilities

(a)(1) Individuals with disabilities shall be entitled to full and equal access, as other members of the general public, to accommodations, advantages, facilities, medical facilities, including hospitals, clinics, and physicians' offices, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motorbuses, streetcars, boats, or any other public conveyances or modes of transportation (whether private, public, franchised, licensed, contracted, or otherwise provided), telephone facilities, adoption agencies, private schools, hotels, lodging places, places of public accommodation, amusement, or resort, and other places to which the general public is invited, subject only to the conditions and limitations established by law, or state or federal regulation, and applicable alike to all persons.

(iii) As used in this subdivision, "service dog" means any dog individually trained to the requirements of the individual with a disability, including, but not limited to, minimal protection work, rescue work, pulling a wheelchair, or fetching dropped items.

California Civil Code Section 54.2: Right to Be Accompanied by a Guide Dog

(a) Every individual with a disability has the right to be accompanied by a guide dog, signal dog, or service dog, especially trained for the purpose, in any of the places specified in Section 54.1 without being required to pay an extra charge or security deposit for the guide dog, signal dog, or service dog. However, the individual shall be liable for any damage done to the premises or facilities by his or her dog.

(b) Individuals who are blind or otherwise visually impaired and persons licensed to train guide dogs for individuals who are blind or visually impaired pursuant to Chapter 9.5 (commencing with Section 7200) of Division 3 of the Business and Professions Code or as defined in regulations implementing Title III of the Americans with Disabilities Act of 1990 (Public Law 101-336), and individuals who are deaf or hearing impaired and persons authorized to train signal dogs for individuals who are deaf or hearing impaired, and individuals with a disability and persons who are authorized to train service dogs for the individuals with a disability may take dogs, for the purpose of training them as guide dogs, signal dogs, or service dogs in any of the places specified in Section 54.1 without being required to pay an extra charge or security deposit for the guide dog, signal dog, or service dog. However, the person shall be liable for any damage done to the premises or facilities by his or her dog. These persons shall ensure the dog is on a leash and

tagged as a guide dog, signal dog, or service dog by an identification tag issued by the county clerk, animal control department, or other agency, as authorized by Chapter 3.5 (commencing with Section 30850) of Title 14 of the Food and Agricultural Code. A violation of the right of an individual under the Americans with Disabilities Act of 1990 (Public Law 101-336) also constitutes a violation of this section, and nothing in this section shall be construed to limit the access of any person in violation of that act. (c) As used in this section, the terms "guide dog," "signal dog," and "service dog" have the same meanings as specified in Section 54.1. - See more at: http://codes.lp.findlaw.com/cacode/CIV/5/d1/2.5/s54.2#sthash.UW8HW04t.dpuf

Section 504 of the Rehabilitation Act, 34 CFR Section 104.4 Discrimination Prohibited

(a) *General.* No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives Federal financial assistance.

(b) *Discriminatory actions prohibited.* (1) A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others.

Appendix C: Examples for Modifying Regular Education Programs

The suggestions in this appendix offer varied modifications that teachers can use to increase the effectiveness of the general education program for students with severe orthopedic impairments. These suggestions focus on different aspects of the educational experience. These suggestions provide a score of options for the teacher, school's student study team, or individualized education program team to increase student's success in the classroom.

Classroom Organization and Environment:

1. Provide rest periods or additional nutrition breaks.
2. Use cross-age or volunteer tutors or aides.
3. Allow for changes in posture in the wheelchair, lying down, or when using the floor or special equipment.
4. Allow the student to start early to go to the next class.
5. Provide a special student area to minimize visual and auditory distraction, such as learning center or carrels for teaching or study.
6. Relocate the student's so that they may sit with their backs to a window or near the teacher, or allow special arrangements for seating or standing.
7. Allow more physical space to enable the student to move about independently.
8. Modify the illumination in the classroom.
9. Have extra supplies, paper, books, and tape, marking pencils, paper, books and tape.
10. Post schedules for weekly or daily therapy.
11. Provide workspace near electrical outlets when electronic technology is needed, yet do not isolate the student from class activity.
12. Locate lesson materials so that they can be physically managed and put away.
13. Adjust table heights to accommodate wheelchairs when necessary.
14. Allow extra workspace for storage of adapted equipment.
15. Provide a safe and sensible place to store crutches, canes, and wheelchairs.
16. Place a backpack for extra storage on the side of the student's wheelchair.

Methods of Presentation

1. Provide special magnification equipment when needed or materials in large, bold print.
2. Adjust the length of assignments.
3. Consider the physical and health problems of the students, keeping assignments within fatigue levels of the student.
4. Clearly define behaviors expected from the student.
5. Teach notetaking skills or provide note takers.
6. Adapt instruction to the student's learning style.
7. Vary the volume and tone of the voice and the rate of speech.
8. Vary the size of the instructional group or provide more individual instruction.
9. Regroup students according to their levels of skill.
10. Establish frequent eye contact with the student.
11. Provide alternatives for independent self-instructional activities for students who are physically unable to use the customary methods.
12. Repeat instructions for assignments using different words if the student appears not to understand.
13. Provide frequent breaks during activities by alternating listening and visual activities and quiet and physical activities.
14. Re-emphasize main points.
15. Provide immediate, frequent feedback to the student.
16. Use a timer to increase the duration of the students focused attention to the task.

17. Use games for learning.
18. Explore new developments in specialized technological equipment, such as adaptive communication, computers, and adapted devices.
19. Wait for students to respond to questions when their speech and augmented communication are slow.
20. Require completion of few but representative problems from students who write laboriously.
21. Give the student notice that he or she will be expected to answer an upcoming problem using an augmented communication device during class recitation.
22. Use materials or books on tape or video.
23. Test, teach, and test to eliminate time spent on information already learned.

Classroom Management

1. Set clear limits and expectations with realistic consequences, positive and negative, allowing the student to participate in determining consequences.
2. Allow exceptions to rules as necessary and appropriate.
3. Establish a contract system.
4. Involve the student's parents.
5. Ensure consistency of limits and expectations.
6. Provide gradually increasing levels of responsibility for students.

Methods of Practice

1. Vary the structure of an assignment; for example, amount of material, time to complete a task, group or individual practice, and teacher-directed or independent practice.
2. Assign several short activities instead of a long one.
3. Include visual presentations of material to be practiced: for example, written instructions, worksheets, outlines, overhead transparencies, filmstrips and overviews.
4. Use audiovisuals, audiotape, and videotape.
5. Use specialized textbooks, worksheets, workbooks, materials, and equipment.
6. Incorporate concrete teaching materials with the instruction: for example, blocks and counting sticks.
7. Use programmed materials or computer-assisted instruction.
8. Mount, add extensions, and modify materials so that they are easier to handle physically.
9. Prepare lesson materials on the computer so that the student using a computer can work on the assignment simultaneously with peers.
10. Use specialized layouts such as material from a page that has been cut and pasted on four separate pages to provide widely spaced exercises for the student who cannot perform finely coordinated movements.
11. Use peers in cooperative learning.

Methods of Testing

1. Vary the types of test; for example, reading aloud by the teacher or the student, written demonstration, recorded on tape, individual conferences, essay, true or false, matching multiple choice, simplified wording, and color coding or underlining important words or phrases.
2. Vary student's responses to tests; for example, written responses, taped answers, typed answers on a computer, single-word responses, responses in complete sentences or in phrases, and knowledge demonstrated in small increments.
3. Vary the structure of the test; for example, given to groups or individuals, amount of information to be tested, and time for completing the test.
4. Give only part of a test on separate days.

Appendix D: Procedures and Guidelines for Health Care

Appendix D contains steps and key points and precautions for students with severe orthopedic impairments who may need a brace, cane, cast crutches, prosthesis, scooter, board, walker, or wheelchair. Guidelines are also presented for classroom cleanliness, diapering, handwashing, and gloving

Brace/AFO

Definition: An appliance used to support a body part; an orthosis

Purposes: To protect weakened muscles, to prevent and correct deformities, to contain muscle movements, to immobilize a diseased or injured joint, and to provide support

Essential steps	Key points and precautions
At the start and end of the school day, observe the student with a brace. Listen when a student complains of pain caused by a brace.	Consult with the orthopedist, physician, or physical therapist.
Examine the skin under the brace for:	If authorized by the parents, orthopedist, physician, or physical therapist, remove the brace and skin covering.
No redness	Replace the brace as needed. Be sure that the socks are not wrinkled.
A large area of redness on well-padded skin	This condition is probably all right unless the area is very red.
A small area of redness over a bony prominence	Leave the brace off for 20 to 30 minutes.
Persistent redness over a bony prominence	Notify the parents if redness lasts more than 30 minutes.
Blister or skin breakdown	Do not use the device; notify the physician and parents.
Examine the brace itself for:	
Deterioration	Note worn areas, the condition of straps and buckles, and missing or loose screws.
Fit of the student's shoes	Look at the condition of the heels and soles, the fit in general, and the length. Check whether the student is wearing socks that are too small.
Breaks	Look for cracks in the plastic and dents in the metal.
Cleanliness	Remind student or parent to clean the brace at night, particularly if the student is incontinent.

Check for obvious poor alignment to determine:	
Alignment is with the student's anatomy	Look down the full length of the brace. The mechanical joints should match the body's joints.
Whether the brace does what it is supposed to do	Know why a brace is being used. Observe the student in action to determine whether he or she is able to achieve this function; if not, determine why not. Refer to the student's health care action plan.
Determine the ability of the staff and student to manage the brace:	
Don (to put on)	Watch the student put the brace on; make sure that the skin is clean and dry and protected with a stocking, stockinet, T-shirt, or other covering.
Doff (to take off)	Watch the student remove the brace; pay attention to the skin. Some redness is normal, but redness that does not go away after 20 minutes should be brought to a doctor/physical therapist's attention
Storage for brace	Make sure that the brace is out of the way, but accessible, not hung.
Care for and repair of the brace	Make sure the student keeps the brace away from heat and agents that could damage it.
Assess the student's ability to manage with a brace: Has the student's functioning changed over time? Are the student's activities appropriate for his or her abilities?	Has the student's condition improved, deteriorated, or remained the same?
Document on the student's health record or treatment log an account of your care of the student with a brace. Notify the parents or physician or both if you have concerns.	Record the date and time, your assessment, your actions, the student's actions and reactions and any problems.

Cane

Definition: A device used as an aid in walking

Purposes: To lessen the force on weight-bearing joints, to give lateral balance while walking, and to achieve forward restraint during ambulation

Equipment: No additional equipment is needed

Essential steps	Key points and precautions
If the school has more than one story, arrange for the student to have an elevator pass.	Having the student use an elevator, if available, lessens the possibility of injury to the student and others.
Check the following safety points:	
1. Make sure that the rubber cane tips are in good repair.	Teach the student to check the tips. The tips should be wide and provide good suction; replace them properly if they become worn.
2. Check screws and nuts often that are used in specialized canes.	These fasteners loosen with hard use.
3. Have a designated accessible place in the classroom for the cane.	A cane could be a safety hazard for other students and staff.
4. Keep the student's hands free to maneuver the cane.	Use a backpack to carry materials.
5. Arrange for the student to leave each class five minutes early, if necessary	This arrangement enables the student to be out of the hall during regular passing periods, but it could decrease a student's chances to make social contacts. Use this procedure judiciously.

Cast

Definition: A solid mold of a part of the body usually applied directly to the involved part

Purpose: To immobilize the body part in the desired anatomical position

Essential steps	Key points and precautions
At the start and end of each school day, observe the student with a cast.	
Examine the limb(s) above and below the case for:	Compare this area with other parts of the body affected by the cast.
Skin color	The color of the skin in that area should be same as that of the rest of the body.
Capillary refill	Press the nailbed firmly; then quickly release it. The nail should turn pink again immediately. Compare the response in the matching limb.
Skin temperature	Should be warm and the same as that of the matching limb

Bruising	Should be none or lessening
Movement of the digits	The fingers should move as well as they had on the previous day.
Drainage	A spot of drainage on the cast means that a wound has drained enough to soak through. Report this condition.
Odor	A foul odor means trouble inside the cast, such as an opened wound, or pressure sore. Report these conditions to the school nurse.
Examine the condition of the cast itself for:	
Intact surface	Look for cracks, dents, or chips. Report new ones to the school nurse or parents.
Hardness	Check for soft spots from moisture or other sources. If soft spots are present, report them to the school nurse or parents.
Edges	Make sure that the edges of the cast are not sharp or crumbly. The cast may have petals of waterproof adhesive tape.
Objects inside the cast	Pull the skin taut; use a flashlight to look under the cast if the student complains of pain or irritation. Never put anything down inside a cast.
Determine whether the cast is working as intended.	
Is there movement of the body within the cast?	Notify the parent or physician or both if the cast has deteriorated and become so loose that the body part is no longer immobilized.
Can the student maintain an appropriate activity level?	Note whether the student is able to function adequately despite the cast.
Ask the student how he or she feels regarding:	
Pain	Report to the school nurse or parent if the student has indicated being in pain.
Pressure	Report to the school nurse or parent if the student has indicated feeling pressure within the cast.
Sensation	Report to the school nurse or parent if the student has

	indicated feeling numbness and tingling within the cast.
Fever	Report to the school nurse or parent if the student has a fever.
Itching	This symptom may be relieved by blowing cool air under the cast with a hair dryer or an Asepto syringe or by tapping the outside of the case.
Diet	Encourage good nutrition for healing, and have the student drink lots of fluids. Keep food out of the cast.

Crutches

Definition: A crutch is a support used as an aid in walking. It is most often used in pairs.

Purposes: To promote mobility and independence and to prevent injury to an affected limb

Equipment: Adjustable crutches, rubber crutch tips, auxiliary arm pads

Essential steps	Key points and precautions
Check whether the crutches are labeled with the student's name	
If the school building has more than one story, arrange for the student to have an elevator pass.	Having the student use an elevator, if available, lessens the possibility of injury to the student and others.
Check and teach the student to perform the following safety points:	
1. Make sure that rubber crutch tips are in good repair.	The tips should be wide and provide good suction; replace them promptly if they become worn.
2. Check screws and nuts often.	These fasteners loosen with hard use.
3. Have a designated accessible place in the classroom for the crutches.	Crutches could be a safety hazard for other students and staff.
4. Keep the hands free to handle the crutches.	Use a backpack to carry materials.
5. Arrange for the student to leave each class five minutes early.	This arrangement enables the student to be out of the hall during regular passing periods, but it may decrease the student's opportunities to make social contacts. Use this procedure judiciously.

Prosthesis

Definition: An artificial replacement for a missing portion of the body

Purposes: To replace a missing body part, to foster independence, and to aid development and self-care

Essential steps	Key points and precautions
At the start and end of the school day, observe the student with prosthesis.	
Learn the reason for the prosthesis.	Trauma, birth defect, illness, or other circumstances may be the reason
Learn about the specific prosthesis.	Consult with the physician, therapist, prosthetist, or parent. Read literature from the manufacturer.
Share what you have learned with appropriate school staff.	Respect the student's confidentiality; make sure that staff members have the information they need to help the student.
Determine whether the prosthesis can be or should be removed at school	Review the student's health care action plan and the physician's orders.
If the prosthesis cannot be removed at school, notify the parents about your concerns.	Parents will follow up at home.
Examine the skin covered by the prosthesis for:	
No redness	Replace the prosthesis as needed. Make sure that the protective coverings are not wrinkled.
A large area of redness on well-padded skin	This condition is probably all right unless the area is very red.
A small area of redness over a bony prominence	Leave the prosthesis off for 20 to 30 minutes.
Persistent redness over a bony prominence	Notify the parents if redness lasts more than 30 minutes.
Blister or skin breakdown	Do not use the device; notify the physician and parents.
Examine the prosthesis itself for:	
State of repair	
Cleanliness	

Odor	
Determine the staff members' and student's abilities to manage the prosthesis.	
Don (to put on)	Check the skin of the limb. Apply stockinet before putting on the prostheses. Align the prosthesis properly. Make sure that the protective coverings are not wrinkled.
Doff (to take off)	Remove the prosthesis for showers and swimming. Follow the student's health care action plan.
Gail or function or both and fit	Observe the prosthesis in use.
Access the student's ability to manage with prosthesis. How does the student tolerate the prosthesis?	Does the student wear the prosthesis regularly?
What is the student's level of activity and involvement in school?	Does the student participate at the level of his or her ability?
What are the student's short-term and long-term goals?	
Document on the student's health record or treatment log you care of the student with a prosthesis. Notify the parents or physician or both of your concerns.	Record the date and time, your assessment, your actions and reactions, and any problems.

Scooter Board

Definition: A four-wheeled, hand-propelled mobility device for prone (flat on abdomen) movement of a student in a cast. This device is for a student with a weakness in the trunk or extremities.

Purposes: To encourage extension of the trunk and neck, to start weight bearing on the hands, to strengthen the arm muscles, and to assist the student with learning to crawl.

Equipment: As ordered to fit the student

Essential steps	Key points and precautions
Verify the need for the student to use a scooter board at school.	
Place the student on the scooter board as directed by the physician or physical therapist. Fasten any safety straps.	

Observe the student's ability to move independently.	
Change the student's position frequently	Changes should be made at least every two hours.
Teach the following safety points:	
1. Use a scooter board on a flat surface only.	A scooter board is not safe on an incline or stairs.
2. Use a scooter board primarily in the classroom or gymnasium.	A scooter board is not safe in the halls.
3. Ensure that the student provides his or her own mobility.	Other students are not to push or pull the student.
4. Store the scooter board, with the casters facing out, against the wall when this device is not in use.	Other students will not be tempted to use the scooter board as a giant skateboard.

Walker/Gait Trainer

Definition: A framework used to support a convalescent or disabled student while he or she is walking

Purposes: To provide more stability than either a cane or crutches can and to enable the student to begin ambulation

Equipment: As prescribed

Essential steps	Key points and precautions
Do not allow the student to use the walker/gait trainer on stairs.	The walker cannot safely be used on stairs and inclines.
Arrange for the student to have a pass to use the school elevator.	In schools without an elevator, the student may need to have all classes on the ground floor.
For Walkers:	
Check (and teach the student to check) the following safety points:	
1. Make sure that rubber walker tips are in good repair.	The tips should be wide and provide good suction. Replace them promptly if they become worn.
2. Check screws and nuts often.	These fasteners loosen with hard use.
3. Have a designated accessible place for the walked in the classroom.	A walker could be a safety hazard for other students and staff.

4. Keep the hands free to maneuver the walker.	Use a backpack to carry materials.
5. Arrange for the student to leave each class five minutes early.	This arrangement enables a student to be out of the hall during regular passing periods, but it may decrease a student's opportunities for socialization. Use this procedure judiciously.
For Gait trainers:	Use designated seats, thigh and/or ankle prompts as recommended by the school physical therapist. Make sure torso fasteners are intact.

Wheelchair

Definition: A chair mounted on a frame with two large wheels in back and two smaller wheels in front for use by an ill or disabled individual

Purposes: To transport a student who cannot or should not walk and to provide mobility and independence for a non-ambulatory individual

Equipment: As ordered

Essential steps	Key points and precautions
Teach the following safety points for wheelchairs:	
1. Regularly check the rear wheels for movement with the brakes locked.	Brakes become ineffective when they are out of alignment. Have them fixed by an authorized technician.
2. Make sure the seatbelt is fastened.	Ask for assistance if needed.
3. Make sure both feet are on the footrests.	Ask for assistance if needed.
4. Be sure that the arms and legs are within the width of the chair when the wheelchair is going through a doorway.	
5. Always lock the brakes when the wheelchair is stopped.	Follow this procedure even if the wheelchair is empty.
6. Always push the wheelchair at a walking speed. Do not hot rod!	Take extra caution on gravel, grass, or uneven ground because the front wheels can get stuck, making the wheelchair tip forward.
7. Never tilt the wheelchair way back, turn sharply, or stop too rapidly.	

8. Move a wheelchair from the back when going down ramps and curbs.	Be sure that both wheels go over the curb together so that the wheelchair does not tip.
9. Push a wheelchair forward when going up ramps and curbs.	Tip the wheelchair back just enough for the front wheels to clear the curb.
10. Always hold on to the wheelchair when pushing it.	
11. Arrange for the student to leave each class five minutes early.	This arrangement enables the student to be out of the hall during regular passing periods, but it may decrease the student's opportunities for social contacts. Use this procedure judiciously.

Guidelines for Classroom Cleanliness

Purpose: To prevent the transmission of infectious diseases in the classroom

Equipment:

1. Smock (large blouse or shirt to cover street clothes)
2. Covered waste receptacles with disposal plastic bags
3. Plastic bags that can be labeled and sealed for soiled laundry
4. Disposable plastic gloves (medium or large size, nonsterile)
5. Disinfectant
6. Liquid soap and dispenser
7. Washer and dryer (if disposable linens are not available)
8. Dishwasher (if disposable eating utensils are not available)

Need:

1. To maintain cleanliness for food service
2. To maintain cleanliness of the classroom, furniture, and equipment
3. To protect against the spread of infectious diseases

Essential steps	Key points and precautions
Wash hands frequently.	See "Guidelines for Handwashing"
Avoid rubbing or touching your eyes	
Refrain from kissing students	
Wear a smock/apron	
1. Use a clean smock/apron each day.	Smocks/aprons should be laundered in the facility's washer and dryer, if available, so that contaminated clothing is not brought into the home environment.
2. Always hang the smock/apron right side out when you are leaving the	This practice ensures that the side of the smock/apron

work area for breaks or lunch.	worn next to your clothing will remain clean.
If there are open cuts, abrasions, or weeping lesions on your hands, wear disposable plastic gloves.	Open skin areas provide entry points for infection.
1. Use a new pair of gloves in each situation in which handwashing is indicated	Keep fingernails clean and trimmed short.
2. Discard used gloves in a plastic bag in a covered waste receptacle.	Wear gloves when you are cleaning up vomit, bodily secretions, and blood.
Store and handle clean clothing and linens separately from soiled clothing and linens.	When clothing and linens have been moved from the clean storage area, they are considered to be soiled.
3. Immediately place each student's soiled clothing in an individually labeled plastic bag, which is to be sealed and sent home at the end of each day.	
4. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily; if washer/dryer available.	Because students may be undiagnosed carriers of infectious disease, all soiled articles should be treated as if they were contaminated.
Use specific techniques for handling food and utensils during preparation, serving, storage, and cleanup:	
1. Maintain a clean area of the kitchen for serving food.	Food, clean dishes, and utensils should be stored in a clean storage area.
2. Maintain a separate area of the kitchen for cleanup.	Because students may be undiagnosed carriers of infectious diseases, all leftover food, dishes, and utensils should be treated as if they were contaminated.
3. Scrape food from soiled dishes and/or place disposable dishes in a plastic-lined, covered waste receptacle.	Never change or toilet students in the classroom near food preparation or eating areas.
4. Pour liquids into the sink drain.	Pre-rinsing of dishes removed food particles which might remain if the dishes were placed directly in the dishwasher.
5. Rinse dishes and utensils with warm water before placing them in the dishwasher.	Wash dishes in warm, soapy water; then soak them for one minute in a hypochlorite-rinse solution (one tablespoon liquid chloride bleach to each gallon of water).

6. Clean sinks, countertops, tables, chairs, trays, and any other areas where foods or liquids have been discarded or spilled; use an approved disinfectant.	Dishes should be dry before they are stored.
7. Wash hands prior to removing clean dishes from the dishwasher and storing them in a clean area of the kitchen.	
Use specific housekeeping techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.	
1. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.	
2. Store each student's personal grooming items (comb, brushes, or toothbrushes) separately.	For toothbrushes to be thoroughly air-dried after each use, they must be stored in separate holders that allow direct air contact. Do not share personal items such as combs, lipsticks, or toothbrushes.
3. In handling disposable diapers, at least once a day, seal and discard the disposable plastic bag used to line the covered receptacle.	
4. Store and wash cloth diapers separately from other linens. At least once a day, seal and discard the soiled plastic bag used to line the covered waste receptacle.	
Use an appropriate disinfectant for all cleaning procedures.	
1. After each use, wash and air-dry gloves worn while a disinfectant is used.	
2. Clean classrooms, bathrooms, the kitchen floors, sinks and faucet handles, cabinet drawers and handles, and door knobs daily.	

3. Clean protective floor pads, bolsters, and wedges after each non-ambulatory student has been removed and at the end of each day.	
4. Clean all equipment and toys at the end of each day.	Toys and equipment that cannot be readily disinfected should not be used or should be provided for the exclusive use of individual students.
5. Wash toys and mats frequently with an approved disinfectant.	Leave disinfectant on the soiled area for the prescribed time before rinsing the area with clear water. Because wet disinfectant may cause a contact dermatitis, staff and students should avoid the area until it is rinsed and dry.
6. If a rug or carpet becomes soiled, cleat it immediately. Vacuum rugs and carpets daily.	
7. Arrange for furniture to be cleaned regularly.	
8. Clean changing tables, bathtubs, sinks, portable potties, walls behind sinks and toilets, and toilet seats after each use with approved disinfectant.	Rinsing and drying are essential to prevent contact with wet disinfectant, which may cause dermatitis.

Guidelines for Diapering

Purpose: To avoid cross-contamination when diapering

Equipment:

1. Changing table
2. Supplies (soap, water, cotton balls or soft tissue, or wet disposable wipes) for cleaning the student's skin
3. Plastic bags for the student's soiled clothing
4. Large disposable towels
5. Covered waste receptacle lined with disposable plastic bags for disposable diapers
6. Covered receptacle lined with disposable plastic bags for soiled cloth diapers
7. Plastic bag ties or masking tape for sealing disposable plastic bags at time of discard
8. Disposable plastic gloves (medium or large size, nonsterile)
9. Disinfectant for cleaning changing table

Protocol for Diapering:

Essential steps	Key points and precautions
Put on disposable gloves, double glove the hand you are wiping with before beginning a procedure; place all materials to be used in a convenient,	Materials include disposable diaper, large disposable towel, plastic bag, wet wipes, and plastic gloves.

close location.	
Place student on a clean table.	Do not leave the student unattended.
Place the student on a changing table with his or her buttocks on a large disposable towel.	Never leave the student unattended.
If other clothing is soiled, remove it and place it directly in an identifiable plastic bag that can be secured and sent home at the end of the day.	
Place the student's clothing about the umbilicus area before changing a diaper.	Use disposable gloves if a child has had a bowel movement or is menstruating.
Loosen the diaper and wash the perineal area using wet wipes only once, washing from vaginal area to rectal area (for girls)	This procedure helps to protect the vaginal or bladder areas from fecal infection.
Raise the student's legs, remove the diaper; and then wash the buttocks area.	After washing the buttocks, place the soiled diaper in a plastic bag and discard it in a waste container. Ointments and powders are used only when authorized and provided by the parent.
Remove the dry towel under the buttocks and discard it.	Dispose of dirty gloves in a covered receptacle lined with a plastic bag.
Rinse and dry the student's skin before applying a clean diaper.	Wash your hands before you touch the child or a clean diaper.
Wash the student's hands if necessary and return the student to class. Report abnormal conditions to the appropriate person.	Abnormal conditions may be: 1. Blood or streaks of blood on the diaper 2. Watery, liquid stool 3. Mucus or pus in the stool 4. Clay-colored stool 5. Skin rashes, bruises, or breaks in the skin
Return to the changing table and wash the table top with disinfectant, rinse and dry. Wash your hands before returning to the classroom.	

Handwashing

Definition: Cleansing the hands by the action of soap, water, and friction

Purposes: To reduce the number of disease-causing organisms on the hands and to prevent the spread of infectious diseases

Equipment: Sink, with hot and cold running water, liquid soap in a dispenser, brush or orangewood stick, paper towels, lotion, plastic-lined waste container

Essential steps	Key points and precautions
Handwashing should be done by everyone, including the student, before and after any physical contact with the student; before and after wearing disposable gloves; before and after handling equipment; before eating; after handling any bodily fluids; and before and after going the bathroom.	Review the physician's orders and the student's health care action plan for any special precautions.
Gather the needed equipment at the sink.	
Remove all jewelry.	Jewelry should not be worn when you are working with students who require repeated physical contact and care. Microorganisms can become lodged in settings or stones of rings.
Wet hands with warm, running water.	Warm water combined with soap makes better suds than does cold water. Hot water removes protective oils and will dry the skin. Running water is necessary to carry away dirt and debris.
Apply liquid soap and lather well.	Liquid soap is preferred to bar soap. Bacterial grow on bar soap and in soap dishes.
Wash all surfaces of your hands and fingers; wash at least two inches above your wrist.	Keep your fingertips pointed downward and your hands lower than your elbows to prevent microorganisms from contaminating your arms from backflow.
Wash your hands, using a circular motion and a friction, for 15 to 30 seconds.	Include the front and back surfaces of your hands, between your fingers and knuckles, around your nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
Rinse your hands well under warm water, running water.	Hold your hands under the water so that the water drains from the wrist area to your fingertips.
Repeat the preceding three steps.	All remaining bacteria and soil should now be removed.
Wipe the surfaces surrounding the sink with a clean paper towel.	Clean and dry surfaces deter the growth of microorganisms.
Discard the paper towel into the waste container.	Avoid touching the container.

Dry your hands gently and thoroughly with paper towels. Discard towels immediately. Use a paper towel to turn off the water.	Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, those permitting bacteria to enter the system.
Discard used paper towels into the waste container.	Avoid touching the container.
Apply lotion as desired.	Lotion keeps skin soft and more resistant to bacteria.
On the specialized health care services log, document that you have washed your hands or those of a student.	Routine recording of routine handwashing is not necessary.

Gloving

During the work day the staff that provides health care may come in contact with students and other staff members who are ill, in the incubation period of a disease, or carriers of a disease. Illness is not apparent in persons who are in the incubation period or carriers because they are not ill. Therefore, extraordinary precautions are needed to prevent the remote and unlikely possibility of transmitting hepatitis B, cytomegalovirus (CMV), herpes, or AIDS/HIV infection in the school setting.

One way to protect yourself is to wear gloves when you are cleaning vomit, body secretions, blood, and other contaminates. Your skin may have microscopic breaks of which you are unaware. They provide the entry point for organisms to enter your body. Use gloves only once and for only one student and then discard them. To remove a glove, grasp the cuff and then strip the glove off by turning it inside out. Dispose of the gloves in double plastic bags, which should be sealed with masking tape and placed in a covered waste receptacle. Be sure to wash your hands with soap and water immediately after removing your gloves because germs multiply rapidly inside gloves. Dry your hands well with paper towels and immediately discard the towels.

Gloves that are worn when disinfectant is being used to clean toys, equipment, floors, and counter surfaces that may be contaminated must be washed and air-dried after each use. The gloves must be stored in the area reserved for soiled articles in the room where they are being used.

Appendix E: Program Evaluation Checklist

The following self-review guide contains the criteria for evaluating the components of programs designed to meet the needs of students with an orthopedic impairment. By using the following questions as a basis for program review, all areas included in this document will be considered. The program review team members can use the following status codes for a quick glance at areas that are: Exceptional (E), Satisfactory (S), Need Improvement (N), or Unsatisfactory (U). Program reviews should lead to positive changes in those areas rated as N or U.

Listed in this guide are laws or regulations on which the criteria are based, a method for rating a program, and a section for comments. The references are taken from the following codes: the *Education Code (EC); California Code of Regulations, Title 5, Education (CCR 5);* the *Government Code;* the *Code of Federal Regulations;* and the *California Civil Code.*

CRITERIA	STATUS	COMMENTS
Identification and Assessment of Unique Educational Needs		
1. Has the local educational agency or county office of education implemented a child-find system to identify students with severe orthopedic impairment? EC 56300	**E S N U**	
2. Does the local educational agency or county office of education ensure the students with severe orthopedic impairment are placed in special education only when their needs cannot be met with a modified regular program? EC 56303	**E S N U**	
3. Does the local educational agency of the county superintendent of schools ensure that assessment personnel are knowledgeable about how the student's severe orthopedic impairment affects the selection of assessment tools and the information obtained from this? EC 56320(b)(3), EC 56320(g)	**E S N U**	
4. Does the local educational agency or county office of education ensure that all assessment personnel are able to communicate with the student with a severe orthopedic impairment? EC 56320(b)(1)	**E S N U**	
5. Does the staff modify the assessment tools to enable the student with a severe orthopedic impairment to respond? EC 56320(b)(1)	**E S N U**	
6. Are all aspects of the student's expressive and receptive speech and language assessed? EC 56320(f)	**E S N U**	
7. Are the teachers provided with helpful information concerning the student's learning style, ability, achievement, and strengths?	**E S N U**	

8. Does the staff assess the student's social and emotional interactions with handicapped and non-handicapped peers and adults?	**E S N U**	
9. Does the staff assess the continuum of independent living skills appropriate to the age of each student with a severe orthopedic impairment?	**E S N U**	
10. Does the staff assess the continuum of self-help skills appropriate to the age of each student?	**E S N U**	
11. Are assessments of mobility provided in a variety of community environments using available public and private transportation systems?	**E S N U**	
12. Are physical and motor skills assessed relative to the student's participation in leisure-time activities and life-time sports?	**E S N U**	
13. Does the staff use age-appropriate assessments of prevocational and career education, vocational education, and career development?	**E S N U**	
14. Does the staff ensure the gathering of a health and developmental history and assess the need for medically necessary therapies for each student?	**E S N U**	
15. Does the California Children Services (CCS) staff conduct orthopedic fine motor and gross motor assessments to determine the need for medically necessary therapies? *Government Code §* 7572(b)	**E S N U**	
16. Does the local educational agency or county office of education provide for a transdisciplinary team assessment of infants and preschool children who are severely orthopedically impaired? EC 56426.6	**E S N U**	
17. Does the local educational agency or county office of education ensure that students with severe orthopedic impairments are assessed in all areas of suspected disabilities? EC 5632(f), EC 56320(f)	**E S N U**	
18. Do the assessment reports identify the student's special needs, including those for specialized equipment and materials? EC 56320(g)	**E S N U**	

The Individual Education Program		
1. Do the required personnel attend the team meeting to develop the student's IEP? EC 56341(a)	**E S N U**	
2. Does the student's IEP contain all the components required by law? EC 56345(a)	**E S N U**	
Unique Program Needs		
1. Is there documentation of whether the student is receiving core, modified, or adapted curriculum? EC 56341(a)	**E S N U**	
2. Is there documentation of major similarities and differences in the modified or adapted core curriculum?	**E S N U**	
3. Is the need for nonprescriptive specialized services, materials, and equipment identified? EC 56345(b)(5)	**E S N U**	
4. Does the program provide physical education which supports physical and motor fitness and skill development? 34CFR, 300.108(a)	**E S N U**	
5. Are independent or group leisure activities a part of the student's program? EC 56363(b)(15)	**E S N U**	
6. Are developing social interactions with disabled and nondisabled peers and adults a part of the student's program?	**E S N U**	
7. Are students given opportunities to develop their mobility skills? EC 56363(b)(3)	**E S N U**	
8. Are students given opportunities to develop independence in their activities?	**E S N U**	
9. Are students provided a continuum of career and vocational experiences? EC 56363(b)(14)	**E S N U**	
10. Are activities planned which lead the student from a dependent status to that of an independent adult?	**E S N U**	
Options for Placement		
1. Are students placed in the least restrictive environment based on their educational needs? EC 56360	**E S N U**	
2. Are a full range of program options provided regionally? EC 56361	**E S N U**	
3. Are students enrolled in a regular class placement with	**E S N U**	

related services?		
4. Are students offered a combination of regular class, itinerant special class, and related services?	**E S N U**	
5. Is the specialized academic instructor program available? EC 56361(b)	**E S N U**	
6. Is the special class for students with an orthopedic impairment combined with other placement options? EC 56364	**E S N U**	
7. Are students offered a combined educational and vocational placement? CCR 5 3051.14	**E S N U**	
8. Is home and hospital instruction provided? EC 56361.5(a)	**E S N U**	
9. Is nonpublic school placement an option to be considered? EC 56361(e)	**E S N U**	
10. Are state developmental centers or state hospitals options to be considered? EC 56850	**E S N U**	
Competencies for Staff Serving Students with Orthopedic Impairments		
1. Are the qualified certificated and non-certificated personnel specifically trained in assessing and providing education and related services to students with severe orthopedic impairments? EC 44265.5(c), CCR 5 3001(r)	**E S N U**	
2. Does each of the following individuals understand his or her unique role and responsibilities to the total educational and support service program? 3. Administrators of special education programs? 4. Special education teachers for orthopedically impaired? 5. Specialized Academic Instructor? 6. Program specialist? 7. Regular classroom teacher? EC 56341	**E S N U**	
8. What special skills are needed by the related services staff to enable them to assess and provide instruction that meets the unique needs of a student with a severe orthopedic impairment? 9. Adapted physical educational specialist? 10. Career/vocational specialist? 11. Infant and preschool specialist? 12. Language, speech, and hearing specialist? 13. Mental health staff? 14. Occupational therapist and physical therapist? 15. School nurse? 16. School psychologist?	**E S N U**	

17. What special training and skills are needed by the classified personnel providing support services to individuals with severe orthopedic impairments? 18. Aides? 19. School bus drivers? 20. How many parents and students support the staff that provides services to students with severe orthopedic impairments?		
Other Special Considerations		
1. Is medication properly stored, administered, and recorded? CCR 5, 3051.12(b)(3)(E)	**E S N U**	
2. When providing for specialized health needs, does the school: a. Have a written request from parents on file? b. Have written procedures from a licensed physician and surgeon? c. Maintain a daily record (documentation) of the medication or specialized physical health needs service? d. Have emergency procedures established and copies of them placed in an accessible area? e. Has appropriately trained staff been providing the service? f. Provide the required supervision of the service? 3. Is there a contingency plan for possible emergencies? 4. Is the staff knowledgeable of the latest developments and resources for obtaining specialized equipment and materials? CCR 5 3051.12 (b)(3)(E)	**E S N U**	
5. Are staff development and parent education provided? EC 56363(b)(11), EC 56241(a)(b)	**E S N U**	
6. Does the program coordinate its services with those of other agencies? 7. Are community resources used? EC 56195.7(d)	**E S N U**	
8. Are the facilities accessible? 34 CFR 104.21-23	**E S N U**	
9. Is medically necessary therapy available?	**E S N U**	
10. Is there a district policy on canine companions? Section 104.4 of Section 504 of the Rehabilitation Act 1973; CCC 51, 54.1, 54.2	**E S N U**	
11. Is appropriate transportation provided? EC 41850	**E S N U**	
12. Is the program regularly evaluated? EC 56600	**E S N U**	

Appendix F: Resources for Technical Assistance

This list of resources shows where information may be obtained about specific needs of orthopedically impaired students. Also appearing is a list of postsecondary institutions offering programs to prepare teachers of these students with severe orthopedic impairments.

California Department of Education:

For information about identification, assessment, instruction and services, curriculum, public school programs, private school and agencies, directories, funding, legal requirements, and monitoring, contact the following services provided by the Special Education Division, California Department of Education.

1430 N Street, Sacramento, CA 95814-5901

http://www.cde.ca.gov/

Commission on Teacher Credentialing:

For information about credentials, contact:

1900 Capitol Avenue, Sacramento, CA 95811-4213

(916) 322-4974

http://www.ctc.ca.gov/

Institutions for Teacher Preparation

For information about preparation for teachers of students with severe orthopedic impairments, contact:

- California State Los Angeles - Education Specialist Added Authorization Orthopedic Impairments

(323) 343-3000
http://www.calstatela.edu/academic/ccoe/programs/auth_orthoimpair

- Ventura County Office of Education - Special Education Teacher Preparation Programs

(805) 437-1320
http://www.vcoe.org/Credentialing/Programs/Orthopedic-Impairment-Added-Authorization

- Madera County Office of Education

(559) 662-4665
http://www.maderacoe.k12.ca.us/selpa/addAuth/Pages/default.aspx

For information about adapted equipment, special materials, and technology, contact:

Assistive Technology Network California's Tech Act Project

http://abilitytools.org/

800-390-2699 • 800-900-0706 TTY

Appendix G: Sample Forms

Riverside County Special Education Local Plan Area

Orthopedic Impairment Itinerant Services Assessment

Teacher Interview	
Student Name:	Grade:
School:	Interview Date:
Case Manager:	Interviewer:
Program:	Interviewee (name/title):

1. When is the student most successful during his/her schoolday? What is working?

2. What areas of difficulty does the student have:

a. In the classroom

b. On campus

c. Other

3. What assistance does the student currently receive to accommodate his/her Orthopedic Impairment?

4. What level of social interaction does the student engage in with peers?

5. What skills would you like to see the student develop to be more independent?

6. Is there anything else you'd like to share?

Riverside County Special Education Local Plan Area

Orthopedic Impairment Itinerant Services Assessment

Parent Interview

Student Name:

School:

Case Manager:

Program:

Grade:

Interview Date:

Interviewer:

Interviewee:

1. When is your child most successful during his/her school day? What is working?

2. What difficulty does your child have:

a. In the classroom

b. On campus

c. Other

3. What assistance does your child currently receive to accommodate his/her Orthopedic Impairment?

4. What if any, assistive technology/equipment/accommodations have been used with your child in the past?

5. What outside agencies/programs/resources/activities does your child access?

6. What level/type of social interaction does your child engage in with peers?

7. What skills would you like to see your child develop to be more independent?

8. Is there anything else you'd like to share?

Riverside County Special Education Local Plan Area

Orthopedic Impairment Itinerant Services Assessment

Student Interview

Student Name: Grade:

School: Interview Date:

Case Manager: Interviewer:

Program:

1. What do you like about school?

2. When do you feel most successful? What is easy for you?

3. Do you have challenges/what's difficult at school:

a. In the classroom

b. On campus

c. Other

4. Do you get help at school? If so, who helps you?

5. If you have a problem at school, how do you try to solve the problem?

6. When/how do you work with other students at school? How do you feel about it?

7. If you could make one (or more) thing easier at school, what would it be?

8. What skills do you think would help you be more independent?

9. Is there anything else you'd like us to know about you?

Riverside County Special Education Local Plan Area

Orthopedic Impairment Itinerant Services Assessment

Student Name: Date of Birth:

School: Case Manager:

Grade: Specialist:

Parent/Guardian: Report Date:

Reason for Referral:

_____ is currently eligible for special education services under the area of Orthopedic Impairment. This assessment is being completed to provide information to the IEP team to help determine level of impact his/her orthopedic impairment has on educational access and to help determine level of service to be provided by the district Orthopedic Impairment Itinerant Teacher. This assessment consisted of a review of records, interviews, and observation.

Background:

_____is a _____year old male/female who attends _____grade at _____. _____is eligible for special education services under the area of orthopedic impairment related to a diagnosis of _____ _____
the area of orthopedic impairment related to a diagnosis of _____. _____ currently participates in a _____ program. He/she also receives related services from _____.

{Brief Medical History Paragraph- include medical diagnoses and relevant medical information from review of records including current vision & hearing]

[Brief Educational History Paragraph- include information on program participation, related services, current grades, state assessment scores]

Present Levels of Functional Performance:

Fine Motor:

Gross Motor and Mobility:

Activities of Daily Living:

Communication:

Seating and Positioning:

Environmental Access:

Specialized Health Needs:

Curricular Access:

Social Skills/Interaction Opportunities:

Interview Summaries:

Case Manager-

General Education Teacher-

Parent -

Student -

Observation:

[Observation Notes]

Results & Recommendations:

The following areas of educational performance/participation appear to be significantly impacted by the student's orthopedic impairment requiring specialized services, accommodation, assistive technology and/or specialized equipment:

-

The following recommendations should be considered by the IEP team when determining supports to be provided _____throughout his/her school day.

Area Impacted	Current strategy, accommodation, assistive technology, and/or equipment used to address the impact	New/additional strategy, accommodation, assistive technology, and/or equipment to be considered

- [Include any general recommendations as appropriate]

[0I Itinerant Name]
Orthopedic Impairment Itinerant Teacher
[School District Name]

Riverside County Special Education Local Plan Area

Orthopedic Impairment Eligibility Checklist

This form is provided for local use only

Instructions: This form is provided to assist school district Individualized Education Program {IEP} teams in determination of whether a student qualifies for special education under the eligibility area of orthopedic impairment determined by C.C.R. Title 5, Sec 3030(e).

Student Name:	Date of Eligibility Determination:

One of the following must be checked "Yes."

☐ Yes ☐ No **Does the student have a congenital anomaly?** (including but not limited to clubfoot, congenital limb deficiency)

☐ Yes ☐ No **Does the student have impairments caused by disease?** (including but not limited to poliomyelitis, bone tuberculosis, muscular dystrophy)

☐ Yes ☐ No **Does the student have Impairments from other causes?** (Including but not limited to cerebral palsy, amputations, and burns that cause contractures)

The following must be checked "Yes"

☐ Yes ☐ No **Is the student's educational performance in one or more of the following areas adversely affected as a result?**

Note: When determining adverse affect on educational performance, the IEP team should consider whether the student requires specialized services, equipment (requiring direct training and/or ongoing monitoring), or Assistive Technology (requiring direct training and/or ongoing monitoring) to meet needs related to the student's physical impairment.

-If yes, check ALL that apply

☐ Seating/Positioning
☐ Mobility
☐ Eating
☐ Toileting
☐ Self-Care/Hygiene
☐ Social/Recreation Participation
☐ Using/Managing Classroom Materials
☐ Computer Access
☐ Classroom Participation
☐ Communication
☐ Physical Education Participation
☐ Vocational Skills
☐ Other: _____