

## **Report of Mary Jo Dare**

### **July 27, 2011**

I have been asked to address the following questions:

- Whether [REDACTED] can and should be served in a regular classroom in a neighborhood school.
- Whether the Montgomery Public Schools (MPS) has provided planning and services that would enable [REDACTED] to receive a free and appropriate public education (FAPE).
- What planning and services [REDACTED] requires to receive FAPE.

I have been the special education director of an urban school district about the size of MPS. Based on my review of [REDACTED]'s school records and my discussions with other experts, it is my opinion that [REDACTED] can and should be served in a regular classroom in a neighborhood school. An effective plan of academic and behavioral interventions can be developed for [REDACTED] that builds upon his significant strengths. MPS should be able to develop such plans. In [REDACTED]'s case, it has not. In my opinion, MPS has denied [REDACTED] a free and appropriate public education (FAPE).

### **Qualifications**

My educational and professional accomplishments are detailed in my resumé, which is attached. In brief, I was the director of special education for the Indianapolis Public Schools (IPS) for 16 years, from 1989-2005. As special education director I was responsible for all aspects of special education at IPS, including staff supervision, professional development, and compliance with state and federal special education law. From 1995-2005, I also directed the student services department at IPS; as the student services director, I was responsible for providing guidance counseling, mental health services, social work services, other health services, and placement services to all IPS students. Before becoming director of special education, I worked from 1975-1989 for IPS as a special education teacher; as a consultant to teams evaluating students for special education eligibility; and as a supervisor of related services providers.

Both before and since leaving IPS, I have worked as a professor at the Indiana University School of Education at Indiana University/Purdue University – Indianapolis (IUPUI). Currently I supervise the special education department at IUPUI. I have also regularly supervised the practicum program for master's level special education students; in this capacity I have observed special education student teachers in schools all over the state of Indiana.

As a consultant with B & D Consulting, I worked extensively to evaluate and improve instruction in the East Chicago, Indiana, School District.

As a special educator at IPS I participated in numerous Individualized Education Program (IEP) meetings, including for students with emotional disturbance. I have also testified on behalf of IPS in due process hearings, and have helped other schools prepare for such hearings in my role as a consultant for B & D Consulting.

### **Work**

I have reviewed a variety of [REDACTED]'s school records, including the following documents describing programs and services that, according to notations in the documents, were to have been implemented during the 2009-2010 and 2010-2011 school years:

- Individualized Education Program (IEP) documents with “initiation/duration” dates from October 30, 2008 to October 29, 2009, including pages with “measurable annual goals” for reading, math, and behavior.
- IEP documents with “initiation/duration” dates from January 30, 2009 to October 29, 2009.
- IEP documents with “initiation/duration” dates from May 20, 2009 to October 29, 2009.
- IEP documents with “initiation/duration” dates from January 19, 2010 to October 27, 2010.
- IEP documents with “initiation/duration” dates from August 22, 2011 to June 8, 2012.
- “Functional Behavioral Assessment and Behavior Plan” (“FBA/BP”) documents with a “beginning” date of October 3, 2008 and “review” dates of October 30, 2008 and January 30, 2009.
- “FBA/BP” documents with a “beginning” date of September 15, 2009.
- “FBA/BP” documents with a “beginning” date of November 10, 2009.
- “FBA/BP” documents with a “beginning” date of August 22, 2011.

I have also reviewed documents that appear to be notices of proposed meetings sent to [REDACTED]'s parents; minutes from parent conferences at which [REDACTED]'s IEP, Behavior Intervention Plan (BIP), and placement were discussed; weekly progress reports; annual progress reports, report cards, testing summaries, “manifestation determination” forms; an undated “medication care plan”; forms indicating “persons responsible for IEP implementation”; office referrals for [REDACTED]; and discipline reports. I have reviewed records from his initial evaluation for special education eligibility in 2005, and from his re-evaluations for eligibility in 2008 and 2011. I have also reviewed some of [REDACTED]'s medical records from the last two years.

I have talked with Narell Joyner, who has also provided a report in this case. She described her interview with [REDACTED]'s mother, her colleague's interview with his father, Mr. [REDACTED], her interviews with MPS staff who know [REDACTED], and her observation of [REDACTED] at the [REDACTED] alternative school.

[REDACTED]

[REDACTED] has significant strengths, which provide a good foundation for his special education program. Throughout his school records, MPS staff note [REDACTED]'s desire to succeed in school and in life. His test results have been somewhat inconsistent, but [REDACTED] has at least average cognitive ability – he has the ability to achieve at grade level. He has strong interests in sports and other activities. His family has been very involved – the records indicate that at times his parents have attended weekly conferences to discuss [REDACTED]'s program and progress. Despite his many academic challenges, [REDACTED] has never given up on school. Here we have a young man who still wants to succeed in spite of all the challenges he has had – and that's impressive.

[REDACTED] also faces challenges. He has been identified as having emotional disturbance that has caused significant behavioral issues that appear to date back to preschool. His mental health and academic needs have largely gone unmet in school. His behavior at times makes it difficult for him to focus in the classroom. When frustrated, he sometimes engages in disruptive behavior. Through the second grade, [REDACTED] was working almost at grade level, but he has fallen further and further behind since then. He is currently reading far below grade level. His various disciplinary placements – suspensions, expulsions, “homebound” status, alternative schools – have kept him from catching up.

The materials I reviewed indicate that [REDACTED] is like many students with emotional disturbance I have worked with over the past four decades. The planning and types of services such students need to make progress in school, to learn at grade level, and to be served in a regular classroom is similar across this student population.

### **Special Education Deficiencies**

In my opinion, MPS has denied [REDACTED] a free and appropriate public education. MPS has not done the planning or provided the services [REDACTED] needs to be served in the least restrictive environment (most integrated setting) appropriate for him, a regular classroom in his neighborhood public school.

I have read and I concur with the report of Narell Joyner. Below I set out a number of related concerns about the planning and services MPS has provided and is providing [REDACTED].

## **Inadequate Mental Health Interventions.**

MPS has not adequately assessed the causes of [REDACTED]'s behavior, nor developed an appropriate plan for addressing those behaviors. This is essential to adequately serving a student with emotional disturbance. An effective plan for addressing behavior enables every adult in the classroom and elsewhere in the school to understand (and to contribute to the understanding of) what triggers a student's problem behavior and what steps to take to respond to and prevent such behavior.

- The behavior assessments in [REDACTED]'s IEPs are not adequate. They do not help school staff understand what causes [REDACTED]'s behavior or identify effective interventions for that behavior. Target behaviors are vaguely described. What triggers the behavior is rarely identified. MPS does not identify effective strategies for addressing the behaviors if they occur. In fact, some of the consequences listed in MPS's behavior assessments for [REDACTED] do more harm than good.

The IEPs do not identify whether or how MPS will work with [REDACTED]'s parents to help them implement behavioral interventions at home that support and complement the school's plan. Moreover, it is inappropriate for the school to keep calling [REDACTED]'s parents to come get [REDACTED] before the end of the school day when, due to poor planning and services, [REDACTED] is disruptive.

One of the FBAs states that [REDACTED] will be "pulled to resource room" when he misbehaves. This turns the special education classroom into a punishment room, not a space for learning. Regardless, pulling him out of class will not change behavior caused by a desire to escape, which may be the case with many of [REDACTED]'s behaviors. Similarly, suspension for such behavior can reinforce and perpetuate the behavior.

- [REDACTED]'s IEPs suggest that MPS has not collected needed data about [REDACTED]'s "bad" behaviors or his "good" ones – where they take place, what he is doing at the time, which adults or peers are in the room. MPS should keep track of both good and bad behavior, and its location, frequency, and duration. Collecting such data can be done with simple forms or even with checkmarks in a notepad. Such data is needed to identify patterns and triggers for the behavior. ([REDACTED] can even help graph his own behavior, as a way to reflect on or engage others about how he has behaved and why.)<sup>1</sup>

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<sup>1</sup> The "Weekly Progress Reports" in his school records are as vague as the FBAs and BIPs: reporting that [REDACTED] was "off task" at some point during a given school day provides little

- The BIPs in ██████'s IEPs are cookie-cutter and not individualized. Rewards and consequences are the same regardless of target behavior or behavior trigger. Also, what should be basic services are inappropriately made contingent on ██████'s behavior: ██████ needs the computer to catch up on his academic work and whether he gets to use it should not depend on whether he has engaged in problem behavior. Similarly, "social skills" training should not be a consequence for behavior. And "daily progress reports" are a data collection tool, not an intervention.
- ██████'s IEP and behavior plan do not include a crisis plan, which is essential for a child with emotional disturbance like ██████, so that the school's response can be both effective and consistent with the school's behavior plan. As part of the plan, ██████ and staff who work with him should understand de-escalation techniques that work with ██████. Especially when the school has a number of students with emotional disturbance, there should be a team of adults in the school that is trained in de-escalation techniques. This is common practice in schools.
- The behavior goals in ██████'s IEPs are wholly inadequate and reflect a lack of understanding about how to identify and achieve behavioral goals for students like ██████. For example, ██████'s IEP dated October 30, 2008 to October 29, 2009 contains a "behavior" page with this "annual goal": "By the end of the school term, ██████ will follow directions, stay on task, and show respect toward authority figures/peers at least 90% of the day measured by the teacher observation, weekly progress reports, and office referrals." However, ██████'s IEP does not indicate what ██████ will learn so that he can meet this goal. The IEP seems to presume that he will achieve this goal on his own. Instead, the plan should indicate the specific behaviors ██████ will change to meet this goal, and the services he will receive to help him meet the goal.<sup>2</sup>

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to no information about what specific behavior he engaged in, the time of day, the duration of the behavior, or what may have triggered it. The same is true of reports that ██████ had a "good" or a "fair" day.

<sup>2</sup> The behavior goal that appears to have been written on April 12, 2010 states that "██████ will follow directions, stay on task, and show respect toward authority figures and peers 100% of the time during a period of 200 minutes per day as measured by the teacher observation, progress reports, and office referrals." This essentially repeats the earlier goal but with more of the trappings of "measurability." The goal does not identify specific behavior, and strategies are not spelled out for changing behaviors.

To determine an appropriate goal and the services [REDACTED] will need to meet the goal, MPS must analyze specifically [REDACTED]'s behaviors and their triggers: What does it mean for [REDACTED] to be "off task"? Why is he "off task"? Does he need to be reminded about what the task is? Is it a task that he has the skills to complete? Does the classroom need to be structured differently to engage him? There is no indication in [REDACTED]'s records that this analysis has been performed. As a result, the teachers who are charged with implementing this IEP do not know what behavioral interventions to provide.

The behavior goal for the 2011-2012 school year states: "By the end of the 2011/2012 school term, [REDACTED] will refrain from loud outburst at school with four out of five days a week as measured by teacher's observation, weekly progress reports, and office referrals." In addition to exhibiting the same deficiencies as his earlier goals, it is unclear why only "outbursts" are being addressed, and not other behaviors as well. (It may also be unclear what an "outburst" is -- a single exclamation of frustration? Raising his voice? Something more?) A professionally acceptable plan for [REDACTED] would identify and set goals for each target behavior that significantly interferes with his learning. It would also identify the individualized interventions that will be used to achieve those goals, as well as collect data that allows the school to better understand [REDACTED]'s behavior and refine interventions as needed.

- [REDACTED]'s current IEP states that [REDACTED] will attend high school in the coming school year. It is of great concern that the IEP includes no interventions for preparing [REDACTED] for the important transition from middle school to high school. Sending him from the "BIP" classroom at [REDACTED] Middle School to high school with no attention to transition sets him up for failure. [REDACTED] should have a structured plan to visit the school, meet teachers, and work with staff before the start of the school year so both he and they are comfortable that adequate strategies are in place to enable him to meet the school's behavioral and academic expectations. This is common practice for schools serving students with emotional disturbance making such transitions.
- Part of MPS's plan for [REDACTED] seems to be to attach a "one on one" paraprofessional aide to him. Although it needs to be carefully assessed, this is unlikely to be an appropriate intervention for [REDACTED], including because it may embarrass him. Embarrassment seems to be a trigger for his behaviors. [REDACTED]'s IEPs do not indicate how the aide will work with [REDACTED]. I

understand that he functions mostly as a babysitter or bodyguard. I do not see that ██████'s behavior has improved as a result of working with his aide.

- ██████'s IEPs state that he will be taught "social skills" in the special education classroom. It is unclear what "social skills" are being referenced and how they will be taught. It is not appropriate for ██████ to be pulled out of a regular classroom and taught "social skills" one-on-one by a special education teacher (which may have been the plan for ██████). Skills for interacting with others should be taught and practiced in natural social settings. Also, being away from the classroom deprives ██████ of valuable instructional time, when he is already behind his peers.
- ██████'s 2009-2010 IEP states that he will receive "one-on-one counseling monthly from the BIP teacher." This is not likely to be an adequate intervention for ██████. In addition to the infrequency of the service, one-on-one counseling is probably not an appropriate service for ██████. Talk therapy tends not to be effective for children with emotional disturbance like ██████. Interventions need to be integrated into their everyday lives. Moreover, it is unclear from the IEP whether the BIP teacher has been trained to provide counseling. It is possible that ██████ might benefit from a weekly counseling group run by a person trained on working with students on social interaction skills. This is something to be considered when ██████'s behavior is properly assessed and an adequate plan developed for ██████.
- ██████'s IEP mentions work with a behavioral specialist, but does not identify the substance or frequency of the intervention or how it fits into the overall plan for ██████.
- ██████'s IEP for the 2011-2012 school year states that for 15 minutes twice monthly the "special education teacher will collaborate with general education teacher to implement behavior intervention plan and monitor his behavior." It is unclear what is supposed to occur during these sessions. To be meaningful, the sessions would have to occur far more frequently, especially at the beginning of ██████'s transition to high school.
- ██████'s IEPs do not appear to make effective use of extracurricular activities. They sometimes mention that his aide will provide support for ██████ to participate. But there seems to be no purposeful use of extracurricular activities. Participating in activities that interest him, such as sports teams, is a way for ██████ to practice the social interaction skills MPS

was purportedly teaching him. Adult sponsors of school teams or clubs can be trained to work with [REDACTED] on his skills and behavior. An aide may be counterproductive, isolating [REDACTED] and limiting opportunities to build self-esteem, learn skills, and build positive relationships with peers.

### **Inadequate Academic Interventions.**

[REDACTED]'s behavior is often triggered by his frustration with academics. He needs engaged, evidence-based instruction to help him progress academically. In my opinion, MPS has not implemented appropriate academic interventions for [REDACTED].

- [REDACTED]'s IEPs state that once each day for 30 or 60 minutes he “will be provided one-on-one services from the special ed teacher and paraprofessional. Inclusion teacher and special ed teacher will provide small group instruction or one on one instruction for the content area material that is not mastered. He will receive additional assistance from the sp. ed. teacher in the resource room for non-mastered skills and concepts.” This strategy has not worked for [REDACTED] in the past and is unlikely to work for him in the future. It does not appear that MPS has tried to identify evidence-based academic interventions that would be effective for [REDACTED]. Moreover, academic interventions that rely on isolating a student like [REDACTED] tend not to be effective.
- [REDACTED]'s IEPs reference “re-teaching” material. This approach seems to accept that MPS will not effectively teach [REDACTED] material the first time around. However, [REDACTED] can be effectively taught in a regular classroom with appropriately individualized instruction and needed mental health interventions. It would be better to “pre-teach” material to [REDACTED] – to make the different instructional approaches he needs part of the lesson plan, and give him a “head’s up” about subjects to be covered and skills to be taught. MPS does not have to wait until [REDACTED] fails and then remove him to a special education classroom to “re-teach.”
- The “supplementary aids and services” and “accommodations” listed in the IEPs are unlikely to be effective. Changing the location in which [REDACTED] takes tests or completes in-class assignments, or giving him more time to complete tests or assignments (or giving him fewer problems to solve, which has the same effect), will not help if he does not comprehend the material or lacks the skills to complete the work. Neither will permitting him to re-take a test.



- MPS does not seem to have tried incorporating subject matter material that interests ██████, such as sports, into his reading or math curriculum.

### **Failure to Mobilize or Coordinate with Other Providers.**

I see no indication that MPS has identified non-school resources that might support ██████'s IEP, or has tried to connect ██████ with such resources.

I understand that ██████'s family has been served by other agencies, including the Montgomery Area Mental Health Authority (MAMHA) and the Department of Human Resources (DHR), and that ██████ has been prescribed medication. I do not see that MPS has sought input from these agencies or coordinated its services to ██████ with those of his other providers.

██████'s IEPs state that "██████ is able to remain on task ... when his medication is administered." His records identify no data that supports this conclusion. In any event, MPS should systematically collect information about how ██████'s medication affects his behavior and provide this information to ██████'s medical providers to support their treatment efforts. It appears that MPS has not done so. Nor does it appear that MPS has sought input from his providers about helping ██████ to consistently take his medication. This seems especially important if, as MPS reports, ██████ "is able to remain on task" when his medication is administered.

### **Inappropriate Placements.**

██████ can be served in a regular classroom in a neighborhood public school. This is the least restrictive environment (most integrated setting) appropriate for ██████. However, during the past two years, ██████ has been denied services in such a setting.

██████ has spent a lot of time in a self-contained "BIP" class at ██████ Middle School and in a "BIP" unit at ██████ alternative school. ██████'s records indicate that the "BIP" classroom at ██████ is a classroom where all students have some degree of challenging behaviors. This was not an appropriate environment for ██████. There is no indication that this placement enabled ██████ to improve his behavior or academic skills. Nor is there any indication that there were peer role models or opportunities to practice social skills in natural settings. Moreover, it is unlikely that effective academic instruction could have been provided. It appears that there were students from varied grades. (One page of meeting minutes indicates that ██████'s parents expressed a concern about this.) Providing evidence-based or differentiated instruction in such a classroom would have been very difficult. I have the same concerns about ██████'s placement at the "BIP" unit at the alternative school.

██████ could and should have been taught in a regular classroom at ██████ Middle School.

There is an indication that ██████ alternative school may have identified some strategies that worked with ██████. If so, they should have been communicated to ██████ Middle School when ██████ returned and should inform his IEP and behavior plan. There is no indication that this occurred.

### **Serving ██████ Appropriately in the Future**

Although ██████ needs significant support for his transition to high school, I have no doubt that he can be assigned to regular classrooms in high school. MPS needs to take the following steps so that ██████ can be served appropriately in high school. All are basic to serving children with emotional disturbance.

#### **Planning.**

MPS needs to re-assess ██████'s behaviors and their triggers, and then revise his IEP and BIP. Every adult at the high school who works with ██████ needs to understand the plan (so that the plan is consistently implemented) and some may need training in advance of ██████'s arrival.

MPS must identify more specifically target behaviors, and the positive incentives and consequences to be employed to improve his behavior, including teaching social skills and classroom demeanor.

MPS's plans must identify the interventions to try to prevent ██████ from engaging in disruptive behaviors or such behaviors escalating. Positive interventions need to be a strong component and should be based upon his strengths and interests. MPS should engage ██████ and his family more meaningfully to determine what those strengths and interests are and how the behavior plan can build on them. The plan should outline how the school will communicate regularly with ██████'s family and help the family support and complement what the school is doing. Rewards and consequences for behaviors should be specific, individualized, and employed consistently.

The plan should be communicated to every adult who comes into contact with ██████, and every environment within the school where ██████ may be. The behavior plan should include a crisis intervention plan. ██████'s high school, like other MPS schools, should have a trained crisis intervention team for exceptional circumstances. If a crisis takes place, ██████'s team needs to discuss what happened and revise his plan as needed to better prepare ██████ and staff for possible future crises, and make it less likely that such events will take place.

██████'s current IEP should be revised to incorporate a plan for his transition to high school. Summer services should be considered as a way to help both ██████ and his new school prepare for his transition. Because ██████ is so far behind academically and has significant mental health challenges, Extended School Year services would be appropriate.

It will be important for MPS to collect data about ██████'s academic progress and about his behavior, to get an accurate picture and to inform interventions. If his goals are written so that they are observable and measurable, it will be much easier to monitor ██████'s progress toward those goals. MPS should review how it collects academic data, so that it does not over-rely on certain types of assessments that may not give it a clear or accurate picture of a student's progress.

Especially during his transition to high school, MPS should have frequent team meetings for ██████. These meetings should focus on ██████'s strengths, his progress in achieving goals, and how his strengths can be used to develop appropriate interventions to help him meet those goals. Team membership can be flexible. Non-school providers and natural supports should be included as feasible. ██████ may someday be able to facilitate the team's meetings. Regardless, the team needs to engage ██████ about what he wants and needs.

### **Mental Health Interventions.**

MPS's behavioral plan for ██████ relies heavily on a "one on one" paraprofessional aide. His school records give no indication of the aide's training or the interventions he is supposed to implement.

If planning for ██████'s transition to high school is delayed, it may be appropriate to continue the "one on one" aide, with whom ██████ has a pre-existing relationship, for a limited time. But having an aide attached to ██████ limits peer interaction, and may be stigmatizing for ██████ in high school. If the aide is continued, MPS should tailor the aide's work so that he is monitoring ██████ without attaching himself to him.

██████ should be assigned a "check in" person at the school with whom he can make contact as needed during each day. ██████ could check in with this person at the beginning of each day, to help him prepare for the school day, and then as needed during the day. The plan for ██████ might include this person being deployed in ██████'s classroom, as needed. This could be an effective alternative to a one-on-one. When in the classroom, the person would be available to any student who needs extra attention, and not be attached to ██████ alone.

The person shouldn't be someone who is imposed on ██████, but should be someone ██████ trusts – to be most effective, someone ██████ selects. It should be someone with whom ██████ has a relationship, or with whom he can build a relationship. (His current

“one-on-one” aide could be this person if able to do the job.) The person should have the training needed to work with effectively with [REDACTED] on behaviors, but does not necessarily need to have a college degree. The person should be trained in, among other things, positive ways to interact with [REDACTED] without singling him out. The “match” with [REDACTED] is more important. It could be a secretary at the school, or a custodian (although this would limit the amount of time spent in [REDACTED]’s classroom).

Fostering such relationships between students with emotional disturbance and adults in the school is a basic behavioral intervention that any school district should be able to provide. And [REDACTED] shouldn’t need this level of support forever. With appropriate interventions, [REDACTED] will become more engaged and interested in school and learn to regulate his own behavior.

Another strategy is to assign him to classes where there is a co-teacher or a paraprofessional who would work with all the students while also working with [REDACTED]. The co-teacher or paraprofessional should be trained on how to work with [REDACTED] on behavior, but also on co-teaching and differentiated instruction. [REDACTED] would receive this support in regular classrooms. In my experience, especially in high schools not much good comes from assigning students with emotional disturbance to self-contained classrooms – they are labeled by the rest of the school, and in the self-contained classroom there are likely to be no good role models or options for practicing social skills in natural settings.

How teachers and staff communicate with [REDACTED] is important. If the school continues to make him feel embarrassed or blame him, it will not be able to improve his behavior or academic performance. There are simple things [REDACTED]’s teachers could do that will help reduce his anxiety. For example, the teacher could give [REDACTED] a signal to use to ask the teacher to back off because he doesn’t know the answer. Or the teacher could prepare him ahead of time with the question she will ask him. Also, this would give him a chance to shine and over time, to gain confidence. MPS should identify teachers for [REDACTED] who can be trained to develop positive, supportive relationships.

MPS should try to schedule classes in a way that minimizes stress for [REDACTED]. Difficult classes should not be scheduled at a difficult time of day, if at all possible. This is common practice when serving students with emotional disturbance. Also, [REDACTED] should be helped to pick and gain admission to electives that interest and may motivate him.

[REDACTED]’s IEPs describe boilerplate behavioral interventions. They all mention “social skills,” but without any specifics or focus. It is unclear to me what MPS means by “social skills,” but whatever it is it should not be done in a self-contained special education resource room. Whenever possible, skills for interacting with others should be taught in the “real world” settings where the skills are to be used.

MPS should identify effective de-escalation techniques for [REDACTED] and help [REDACTED] to use them. Among those that might be explored are: a signal that he needs to take a walk, perhaps with his contact person, or working out in the school weight room.

MPS should take advantage of extracurricular activities in its plan for [REDACTED]. Again, the choice of appropriate extracurricular activities, like the design of most behavioral interventions, should be based on [REDACTED]'s strengths and interests.

### **Academic Interventions.**

Part of what causes [REDACTED]'s disruptive behavior seems to be his frustration with academics. Now more than ever, MPS needs to focus on [REDACTED]'s academic performance and find ways to teach that will engage him. [REDACTED] needs instruction in reading and math that uses material that interests him and that he understands will benefit him. He could be assigned reading about sports or computers (or on the computer); he could read manuals about how to do things he enjoys doing. Math skills could be taught similarly.

According to Dr. Ackerson, [REDACTED] is an auditory learner. Listening to books on tape may be a good intervention. The school could also try having him use a voice-to-text program on the computer.

Extra time for learning academic skills should be part of each school day for [REDACTED]. This extra time could take place at the school, but could also take place outside of the school, in an environment where [REDACTED] feels more comfortable – at the library, the community center, or at church. This work could also take place during a dedicated academic enrichment period during the school day, but this shouldn't be just a study hall. This should be a time when [REDACTED] and other students receive targeted, engaging interventions on reading and math.

There are a number of accommodations that MPS should try with [REDACTED] to help him learn. For example, during his extra learning time, his teacher could go over material that will soon be covered in class, so that it will not be a surprise to [REDACTED]. Perhaps some assignments can be ungraded. [REDACTED]'s teachers should look for alternative ways for [REDACTED] to demonstrate his mastery of the material. For example, instead of answers on a pencil-and-paper test, [REDACTED] might create a set of drawings that demonstrate mastery, or work with a computer-based program to demonstrate knowledge.

Dr. Ackerson's evaluation provided MPS with recommendations for meeting [REDACTED]'s academic needs, but his IEP for the 2011-2012 school year does not appear to incorporate any of them.

### **Transition to Adult Life.**

Now that ██████ is an adolescent, MPS must begin planning for his transition to adult life. Appropriate transition planning and services, including vocational electives in which he is interested, provide other opportunities for MPS to implement behavioral and academic interventions for ██████.

██████'s IEP for the 2011-2012 school year contains this "transition" goal: "By the end of the school term, ██████ will obtain information on the [Job] Corps, know the requirement of joining the Corps, and will learn what the Corps have to offer students." This goal sidesteps the school's role in helping ██████ identify his career preferences and needed job skills.

The IEP states that ██████ completed a "career inventory." If it is the document I reviewed, consisting largely of multiple choice questions such as whether ██████ prefers "calculat[ing] the time it takes to fly to Mars" or "test[ing] new computer programs," the inventory was not adequate. Even if ██████ understood all the questions, the inventory offers insufficient information about career preferences to guide transition services (or to allow the IEP team to craft behavior or academic interventions that build on ██████'s interests). In addition, a vocational assessment should identify skills a student has, or needs to develop, for careers in which he is interested.

It is unclear what ██████ – or other students with emotional disturbance at MPS -- know about career options. Various techniques have been developed for helping students learn about careers, including having students go into the community and shadow workers in various fields, which also allows students to be exposed to the behavioral expectations in the workplace. It is unclear whether MPS systematically uses these techniques for students like ██████.

Although the IEP states that "██████ feels like he can be more successful in life by joining the [Job] Corps rather than going to college," participating in Job Corps is not consistent with some of the interests expressed in his career inventory. He would need postsecondary coursework for some of the jobs in which he says he is interested. Also, there is no indication that ██████ has had any exposure to college or what college life entails. Yet the IEP states that ██████ will pursue the Alabama Occupational Diploma. If this is not a regular diploma, it may not permit ██████ to participate in higher education. With appropriate academic help ██████ can earn a regular diploma, especially if, as a special education student, he can remain in school until he is 22. It is premature to put ██████ on the "Job Corps" track at age 14, when he could have another eight years in school to get a regular diploma.

### **Family Engagement.**

██████'s family needs to be a partner with MPS as it serves ██████. MPS should gather information from ██████'s family about what is happening with ██████ at home and

in the community, including which behavioral interventions seem to work with [REDACTED] outside school, and also train [REDACTED]'s family to support and complement the school's plan for [REDACTED]. [REDACTED]'s check-in person at school could be the liaison with the family and help make this happen. This would also help MPS identify natural supports for [REDACTED] in the community, such as neighbors or pastors, who could also support and complement the school's program.

What MPS shouldn't do is continually call [REDACTED]'s parents to come pick him up and take him home when he engages in disruptive behavior.

### **Mobilizing Community Resources.**

MPS should help link [REDACTED] and his family with community resources that can support the school's program for [REDACTED]. Non-school services and activities for [REDACTED], such as mentoring, tutoring, or summer employment, can be very helpful in advancing the school's plan for [REDACTED]. A basic part of the school's task, when it comes to students like [REDACTED], is to mobilize community resources that support and advance the school's IEP.

### **Coordinating With Other Agencies.**

MPS should coordinate the services it is providing [REDACTED] with services he gets from other agencies or providers. In [REDACTED]'s case, the school should be working closely with his medical providers, including by collecting data about [REDACTED]'s behavior to share with his doctor. This helps the doctor determine which medication and what dosage to prescribe, and which time of day is appropriate to administer medication to [REDACTED]. As appropriate, the school could help [REDACTED] with taking his medication to ensure that he is taking it consistently. Schools commonly do this to support the needs of students with emotional disturbance who take medication.

I understand that the Department of Human Resources (DHR), Montgomery's child welfare agency, is working with [REDACTED]'s family. If MPS knows that DHR is involved with a family, it should invite a DHR representative to meetings and should in any event seek information from the DHR case worker that would be useful in crafting [REDACTED]'s IEP.

### **Conclusion**

What I have recommended are basic behavioral and academic interventions that any school should be able to implement. This is a critical time for [REDACTED] – if he does not get the supports he needs in this first high school year, it will be harder and harder to help him succeed in the future, and [REDACTED] may leave school prematurely in the meantime.

Eventually, [REDACTED] can learn better self-monitoring of his behavior, and will need fewer supports. [REDACTED] may always have emotional challenges, but that doesn't mean that he can't be a productive student and citizen.

In my opinion, MPS will need to reform its approach to special education to serve [REDACTED] adequately. Based on how MPS staff have worked with [REDACTED], I do not think MPS knows how to provide basic and necessary interventions to its students with emotional disturbance.

Signed:

Date:

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