

INTERPRETER'S TRAINING MANUAL

PERRYTON SPECIAL EDUCATION SSA

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Note on Training Requirement

All interpreters must attend a training session. The training will provide a comprehensive coverage of the information you need to know to be an interpreter. This training manual provides the basic information.

SECTION I

INTERPRETER'S RESPONSIBILITIES

TOPICS COVERED:

QUALIFICATIONS

TRAINING

AREAS OF RESPONSIBILITY

CONFIDENTIALITY

SECTION I PROVIDES THE BASIC INFORMATION, AN INTERPRETER NEEDS TO KNOW.

TO MEET THE STATE REQUIREMENTS AN INTERPRETER MUST HAVE:

QUALIFICATIONS:

1. MUST BE BILINGUAL
2. MUST BE BILITERAL
3. MUST BE PROFICIENT IN BOTH ENGLISH AND THE TARGET LANGUAGE
4. MUST BE ABLE TO ADJUST TO DIFFERENT LEVELS OF LANGUAGE USE (TECHNICAL, COLLOQUIAL, ETC.)
5. HAVE NO INTEREST WHICH WOULD CONFLICT WITH THE INTEREST OF THE CHILD.

TRAINING:

1. FAMILIAR WITH:
APPROPRIATE EDUCATIONAL TERMS
FORMS
PROCEDURES
TECHNIQUES AND TESTS UTILIZED BY THOSE WITH WHOM
THEY WORK
2. FAMILIAR WITH THE CULTURE OF THE SCHOOL
3. FAMILIAR WITH THE CULTURE OF THE STUDENT
4. FAMILIAR WITH DYNAMICS AND ETHICS OF INTERPRETATION
5. UNDERSTAND MAINTENANCE OF CONFIDENTIALITY
6. ABLE TO INTERPRET RESPONSES AND QUESTIONS WITHOUT PERSONAL INPUT

SCHOOL PROFESSIONALS AND INTERPRETERS WILL DEVELOP SKILLS NECESSARY TO WORK SUCCESSFULLY FOR THE EDUCATIONAL BENEFIT OF THE LINGUISTICALLY DIFFERENT STUDENT.

RESPONSIBILITIES OF THE INTERPRETER

1. REFERRAL PROCESS

FORMS SHOULD BE IN NATIVE LANGUAGE AND EXPLAINED
BY THE INTERPRETER (SEE APPENDIX B)

RESULTS AND INFORMATION GIVEN TO SCHOOL PERSONNEL

PROCEDURAL SAFEGUARDS EXPLAINED TO PARENT AND/OR
ADULT STUDENT (COPY GIVEN IN THEIR NATIVE
LANGUAGE)

2. ASSESSMENT

WORK WITH THE SCHOOL PROFESSIONAL TO ADMINISTER
ASSESSMENT INSTRUMENTS IN NATIVE LANGUAGE

IF AVAILABLE AND NEEDED, TESTS WILL BE PROVIDED IN
THE NATIVE LANGUAGE.

3. ARD MEETINGS

NOTICE SENT AND, IF NECESSARY, CONTACT MADE BY
INTERPRETER IN NATIVE LANGUAGE

CAREFUL INTERPRETATION OF ARD PROCEEDINGS BETWEEN
PARENTS AND SCHOOL PERSONNEL

4. PARENT CONFERENCES

INTERPRETER MAY BE NEEDED FOR CONFERENCES WITH
SCHOOL PERSONNEL

CONFIDENTIALITY

**THE INTERPRETER MUST ENSURE THE PROTECTION OF THE CONFIDENTIALITY
OF ANY PERSONALLY IDENTIFIABLE INFORMATION COLLECTED, USED, OR
MAINTAINED. (FED. REGS. 300.129, 300.560/300.574)**

FEDERAL AND STATE LEGISLATION CONCERNING SPECIAL EDUCATION

Public[Law 94-142]

The beginning of federal legislation concerning students with disabilities was Public Law 94-142 signed by President Gerald Ford on November 29, 1975. PL 94-142's purpose was to ensure all handicapped children have available to them a free appropriate public education which also includes special education and related services to meet their needs.

Important aspects of PL 94-142

- States receiving federal support must educate children with disabilities free of charge; the children are to be educated within the public school system, if possible.
- Each disabled child would have an individual educational plan "I.E.P." An IEP must contain annual goals and short term instructional objectives; indicate the specific special education and related services to be provided; the length of time those services will be provided and specify the criteria and evaluation procedures which signify the child's educational goals are being met.
- No matter how severe a child's disability, that child cannot be refused a free appropriate public education zero reject;
- Appropriate Education ensures that disabled students are not permitted to just attend school but that an educational program will be designed to meet the student's needs, to accommodate his/ her disabling condition and therefore to make education meet Least Restrictive Environment (LRE). Students with disabilities must be educated with non disabled students to the greatest extent possible.

Individuals with Disabilities Education Act (IDEA)

The newest piece of federal legislation involving students with disabilities is the Individuals with Disabilities Education Act (IDEA) which amended PL. 94- 142 as of October, 1990. The major changes made by IDEA are:

- two additional handicapping conditions of autism and traumatic brain injury (TBI) were added as eligible for special education services; (autism has been designated as a handicapping condition in Texas for a number of years);
- the terminology referring to handicapped students has been changed to children with disabilities.
- the I.E.P.s of students 16 years and older must outline needed transition services, including the responsibilities of agencies outside public school. The goal of transition plans for older students is to ensure they successfully move from public

school to post-secondary activities i.e.: college, trade school, employment, or independent/assisted living;

Americans with Disabilities Act (ADA)

ADA is not confined to children with disabilities, but covers all individuals, birth to elderly who are disabled. ADA constitutes a civil rights statute to prohibit discrimination against individuals who have a disability. These protections impact employment, housing, education, and all other life-impacting opportunities. Districts not in compliance may be sued as violating the civil rights of the disabled person involved. ADA went into effect during the summer of 1992.

State Regulations

Plan A

Texas had been providing services to disabled students many years before 1971 and the implementation of Plan A. But it was Plan A that contained the rules and regulations governing special education within the state. Two major changes brought about by Plan A was to identify students with learning disabilities as eligible for special education services and to recognize the "resource room" as viable instructional arrangement.

State Board of Education Rules for the Handicapped (SBOE)

With the advent of PL 94-142, Texas adjusted its rules and regulations for special education by developing the State Board of Education Rules for the Handicapped. The guidelines found in SBOE are revised occasionally to meet new **or** changing conditions. Generally, the SBOE is much more detailed than federal or state regulation. For example the SBOE specifies: the members of an ARD committee, procedures for referring students for special education assessment and provisions concerning the suspension and discipline of disabled students.

Individuals with Disabilities Education Act (IDEA, 1997)

This act provided flexibility on critical discipline issues such as; ARD's do not have to convene regarding functional behavior assessments and behavior intervention plans unless suspensions total more than 10 school days in a school year and placed in an AEP setting for not more than 45 days for weapons or drug misconduct. Water cooler chats do not constitute school officials knowledge that the student may need services. General education teacher may not be required to participate in all decisions, be present during entire meeting, or attend every meeting (depends on student's needs). Each child's teacher must be informed of responsibilities relating to IEPs and IEPs must be accessible to general education teachers. Parents must be given information about agency criteria applicable to IEEs, upon request. More parent input is called for in the evaluation process. School districts are mandated to locate, identify, and evaluate private school children with disabilities, directing district to expand efforts comparable to those in public school.

SECTION 11

The 12 Disabilities of Students in Texas Special Education Programs

Autism
Learning Disabled
Mentally Retarded
Emotionally Disturbed
Other Health Impaired
Orthopedic Impairment
Speech Impairment
Traumatic Brain Injury
Auditory Impairment
Visual Impairment
Deaf/Blind
Multiple Disabilities

Section II provides brief descriptions of the disabilities of children served by special education in Texas. The descriptions should help interpreters know the basic characteristics of the special child they were assigned.

AUTISM

Autism, a rare disorder that occurs in about 4 out of 10,000 children. In general, autistic children have a language disorder, display abnormal intellectual functioning, exhibit bizarre behaviors, and have impaired social interactions.

In autistic children, language is both delayed and deviant in their ability to understand words and in their ability to express their thoughts. Those who develop language tend to exhibit excellent memorization skills but actually communicate very little, if any, meaning. Autistic children may respond to brief phrases, but they find it very difficult to understand complex commands.

Most autistic children have mental retardation. Less than 10% of autistic persons score in the normal range of intelligence. Some studies have shown them to have low levels of abstract reasoning, while rote memory skills are often good. And some children have amazing isolated skills such as multiplying as quickly as a calculator or able read a newspaper with expression but no understanding.

The autistic child often exhibits behavior that is uncommon or nonexistent in normal children. For example, the child may have a tantrum because a chair was moved in their room. The child may be very attached to an object like a string, blanket, or rubber band. They often exhibit hand flapping or body rocking. Sometimes they display self-injurious behavior such as head-banging or eye-gouging.

Theories abound as to the cause of autism and what seems most likely is that these children are brain damaged. There is a high incidence of prematurely, birth trauma, and central nervous system infections in autistic individuals.

The educational program should be suited to the child's intellectual abilities. The environment should be very structured, and instructions must be very simple. A speech and language pathologist is most helpful in treating the language disorder.

LEARNING DISABLED

Students with learning disabilities are students with normal intelligence but are doing poorly in their school work. This child is not mentally retarded, nor is the cause because of physical, emotional or social problem. Usually the child has had normal cultural advantages, and adequate learning opportunities. Yet, the child fails to learn according to he/her abilities.

No one knows exactly what causes learning disabilities. Typically these children do not have a history of birth trauma or negative environmental influence. They tend to develop as

rapidly as their siblings except in the area of language. Some of characteristics of learning disabilities are:

In fine motor tasks the child has difficulty coloring, writing, or cutting, and has problems establishing left or right handedness;

In skills involving concentration the child does not listen well, forgets easily, is poorly organized, and cannot follow multiple step directions;

In reading he/she has trouble sounding out words, difficulty understanding words or concepts, misreads letters or puts them in the wrong order.

To diagnose a learning disability (LD), an educational diagnostician or psychologist gives the child a comprehensive assessment covering many areas (language, health, emotional/behavior skills, sociological and others) but the critical testing is in the area of intelligence and academic achievement. If the child's academic achievement scores fall 16 or more points below the intelligence score and she/he is doing poorly in school, then the child could qualify as LD. An LD child may also be dyslexic or have attention deficit disorder but the child cannot be a slow learner.

Within the special education population in most schools, there are more students with LD than any other disability. Most are in regular classes all day, and getting help from a special education teachers only when needed.

MENTAL RETARDATION

Mental retardation is often thought of in terms of the severely retarded who "look and act different". In reality, most of the persons with retardation have no obvious symptoms. Through education and training, the majority of retarded persons can be self-sufficient citizens.

Mental retardation has many causes. It can occur as a result of a head injury, an illness, or because of a congenital or genetic abnormality (such as Down's Syndrome). Generally, persons are considered to be retarded when they have significantly low intellectual functioning (IQ scores below 70) and be impaired in their ability to adapt to the environment. (As a reference, people of average intelligence have IQ's scores from 90 - 110].

The functioning of persons with mental retardation is very different depending on the severity of the retardation. The following paragraphs give general characteristics of mild, moderate, and severe\profound retardation.

Mild Retardation - IQ's from 70 to 50 or about 85% of the retarded Population

Mild retardation, in newborns to 5 year olds may not be noticed by the observer. However, these children are slower to walk, talk and feed themselves than typical children.

In school, these children can learn practical skills and useful reading and math abilities. They can reach academic achievement of the third grade to sixth grade level with special attention.

As adults, they can learn vocational and social skills for self-maintenance i.e. working at a competitive job and living independently.

Moderate Retardation - IQ's from 49 to 35 (approximately 10% of the retarded population))

The infant or young child with moderate retardation has noticeable delays in motor development, especially in speech which may be limited to a few sounds or words.

The goal of education is to enhance self-help skills so they are better able to function in a vocational environment. While they cannot live independently, they can care for themselves under supervision and perform repetitive unskilled tasks. As adults their mental age ranges from 5 to 7 years.

Severe/Profound Retardation IQ's range scores of 34 or less (approximately 5 % of the retarded population)

For persons with severe and profound mental retardation, the ability to learn and care for themselves is very limited. Many of these individuals, besides having mental retardation have other disabilities such a seizures, cerebral palsy, hearing or visual impairment. They are able to learn basic self-help skills but have extreme difficulty learning any academic skills. The mental age of adults with severe retardation is under 5 years, and for persons with profound retardation, it is under 3 years.

Educational goals for students with retardation

The key to teaching children with retardation is setting up learning situations in which they will achieve success, since they usually experience failure. Repetition is a vital element. It is important to vary the kinds of experiences but repeat the same concept many times. Very often retarded children have trouble with short-term memory. Short learning sessions, well planned, can be helpful with a limited attention span. The more abstract the activity, the more difficult is the learning, such as learning reading.

The major educational goal for teaching children with retardation is to gain useful work and have adequate self-help and social skills. Thus much as their education is based on actual experiences in community settings with an abundance of practice. A multi-media approach instead of print-related materials provides these students with concrete information rather than abstract ideas. One program many schools use for teaching functional skills to children with retardation is Project LIFE.

EMOTIONALLY DISTURBED

An student who is emotionally disturbed (ED) may have normal or above intelligence and would be capable of the same academic work as their peers if disruptive emotions or behaviors did not interfere. They are often frustrating and irritating to regular teachers and classmates because they disrupt other's learning. Students with emotional disabilities often have no friends, don't get along with teachers, react impulsively without regard for consequences, may lose control of themselves by verbally or physically acting out and /or they may be depressed.

Emotional disturbance in students must be diagnosed by a LSSP(Licensed Specialist in School Psychology). The professional evaluator must determine the child's emotional or behavior problems have been occurring over a "long *period of time*" and to a marked degree. It is very important to distinguish true emotional disturbance from normal reactions to difficult situations such as divorce, death, or other upsetting circumstances. A condition must be identified that adversely affects educational performance that results in one or more of the following characteristics:

- * an inability to learn which cannot be explained by intellectual sensory, or health factors;
- * an inability to build or maintain satisfactory interpersonal

relationships with peers and teachers:

- * inappropriate types of behavior or feelings under normal circumstances;
- * a general pervasive mood of unhappiness or depression;
- * a tendency to develop physical symptoms or fears associated with personal or school problems;

Educationally these students do best in classes with clearly defined rules and consequences. The consequences for misbehavior are consistently applied. It is most effective when teachers and administrators respond in a nonemotional manner which emphasizes the connection between cause and effect. These students need close supervision during instruction and throughout the school building. Social skills training (making friends, getting along with teachers, accepting criticism, etc.) is **very** beneficial for ED students in learning to act appropriately. Students who are socially maladjusted do not meet criteria for Emotionally Disturbed.

OTHER HEALTH IMPAIRED

Students who are 'Other Health Impaired' have serious health problems. The severe illness limits the students strength, vitality or alertness in learning situations. Children may have such serious or chronic health problems as heart disease or defect, respiratory disorders, diabetes, seizures, cancer, etc. The health problem must have been diagnosed by a physician, who states the condition is severe, it limits the child's ability to participate in school activities, and the condition will last a minimum of four weeks.

Educationally, some of these students will only be able to attend school off and on during the year. For example monthly school attendance for a child on chemotherapy may be 3 weeks at school and one week out for chemotherapy. Other students may need to have a teacher instruct them at the hospital or at home.

ORTHOPEDIC IMPAIRMENT

These students have a severe physical disability and are unable to perform normal movements because of crippling deformity. This impairment is diagnosed by a physician. The orthopedic impairment may be the result of a congenital impairment or birth defect, or physical impairment caused by diseases such as polio, arthritis, or accidents.

The educational concerns for these students are additional needs for space to maneuver a wheel chair or crutches or need to use a typewriter/computer, or calculator. Other considerations would be access to desks, bathrooms, second floor classrooms. Physical education may need to be modified or eliminated according to the child's ability.

SPEECH IMPAIRMENT

Language disorders range from mild speech defects such as articulation disorders to severe communication disorders that affect both expressive (spoken language) and receptive language (the understanding of words). The speech impairment is determined by a speech and language pathologist. The speech pathologist diagnoses a communication disorder in one of the following areas:

Articulation	- severe problems producing the correct sounds;
Language-	the child's vocabulary is severely limited, he/she may understand words, but not be able to express ideas in words or sentences;
Fluency -	problems with stuttering-,
Voice -	difficulty with resonance, quality, pitch and intensity,

There are more students with speech impairments in elementary special education programs than any other disability. The typical 'speech' student in elementary grades is in regular classes. The speech pathologist may offer speech therapy within the child's regular class or may instruct the child in a private setting. The typical speech student receives speech therapy about one hour per week. The amount of time and frequency of therapy is determined by the severity of the child's disability. Autistic and mentally retarded students also benefit from speech therapy which develops their ability to communicate.

TRAUMATIC BRAIN INJURY

With the passage of the federal legislation, IDEA, Traumatic Brain Injury was designated as a disability in 1990.

This disability is determined by a physician to have an injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment.

AUDITORY IMPAIRMENT

Among the senses, hearing is equaled only by vision in its importance to our understanding the world around us. A hearing deficit, therefore, is a major disability. Hearing losses can range from mild to profound and may be unilateral or bilateral and are diagnosed by an otologist or a medical doctor. Hearing loss occurs in approximately 1 % of all children. Among all individuals who have hearing problems, 40% have a mild loss, 20% a moderate loss, 20% a severe loss and 20% have a profound loss (or about 2 in 1,000 children). A auditory impairment may exist alone or be part of a multiple disability. If the hearing loss is an isolated disability, the affected child tends to do well, provided he or she was identified early and developed an alternate method of communication.

Treatment for hearing loss primarily consists of aids for hearing and aids for speech. The approach used most often to help a child with a mild to severe hearing loss is to provide him/her with a hearing aid and place the child in the front row of a classroom. Many schools use a 'total communication' philosophy. With this approach a language program may consist of a combination of a hearing aid, n

natural gestures, pantomime, sign language, finger-spelling, lip reading, and body language with or without oral speech

VISUAL IMPAIRMENT

Our eyes help us perceive and understand our world. Indirectly, they also affect the development of muscle tone, language, and other developmental skills. The causes of blindness are numerous, ranging from cataracts to infections to tumors. The visual impairment is diagnosed by an ophthalmologist or optometrist. When the visual acuity is less than 20/200 with correction, the person is considered legally blind. A person with 20/200 vision can read large-type books, while a totally blind person must rely on Braille or other aids.

For a child with visual impairment, educational placement depends on the extent of the loss and the presence of any other disabilities. A six month old child can start infant stimulation programs, and at 2 years old the child is ready to start a special preschool program at their local school.

Children with partial vision can be maintained in regular classes with the use of large print books, special paper with dark lines, sitting in the front of the classroom, or using magnifying glasses and special instruction. Teachers need to be aware that a visually impaired child's eyes may be uncomfortable or painful at times and vision may vary from day to day. Blind children usually do best in self-contained classrooms. These children need to learn braille and computers. They may also need to learn other new forms of assistive technology such as calculators and opticons.

DEAF BLIND

The deaf/blind student qualifies for visual impairment and auditory impairment. See the previous descriptions.

MULTIPLE DISABILITIES

This student has at least **TWO** serious disabilities that severely impairs thinking processes, self-care, communications, social and emotional development and psycho-motor skills. For example, a student may be blind, mentally retarded, and have cerebral palsy. Having two mild disabilities such as learning disabled and speech impaired would not qualify as multiple disabilities.

SECTION III

The Special Education Process in Public Schools

Referral

Assessment

ARD Committee Meeting

As an interpreter you will be acting as a liaison in all the special education processes. This section briefly describes the initial process a child goes through in being considered for special education services. Most of your involvement will be in attending ARD committee meetings.

THE SPECIAL EDUCATION PROCESS IN PUBLIC SCHOOLS

The special education process in public schools begins when a child experiences difficulty in learning. The problem is noticed by a parent, doctor, or teacher, who thinks the difficulty may be due to some type of disability. The school is notified.

Once the school has been notified, information is gathered from many different sources concerning the child's learning history. Information on current grades, achievement test scores, use of the English language, medical/developmental history, cultural influences, classroom observations and parent information is collected by the school counselor (or other regular education staff member). This information is called a referral and it is next sent to the special education department.

The special education department reviews the referral information. If it appears the child may have a disability and an educational need (poor achievement in school), the parent will be contacted. A designated staff member, reviews with the parent the EXPLANATION OF PROCEDURAL SAFEGUARDS (See Appendix A), gives the *Notice of Comprehensive Assessment*, and obtains the parent's *Consent for Assessment*.

Once the parent gives consent, the comprehensive assessment of the child can take place. It is usually administered by an educational diagnostician or school psychologist. This thorough assessment covers the child's capabilities in: language, physical skills, emotional/ behavioral development, intellectual ability, academic achievement, and consideration of any cultural or lifestyle differences. In addition, the evaluation of the child's specific disability (autism, orthopedic, vision, etc.) may require an additional professional (psychologists, physician, optometrist, etc.) to complete a report on the child's disabilities. The school testing and the specific disability testing are all recorded in the Comprehensive Individual Assessment report. It documents whether or not a student meets federal or state regulations for disabilities served by special education.

If the child did meet the qualifications for a disability, a special education teacher is assigned to test the student for academic strengths and weaknesses. Based on the child's abilities, the special education teacher recommends modifications which would be beneficial to the child in regular classes. These modifications consider changes to the course content, instructional methods, testing, and special equipment/ material needs. These recommendations are also part of the Comprehensive Individual Assessment report.

Once testing is completed, the parents are notified and a date for an Admission, Review, and Dismissal (ARD) Committee meeting is arranged.

At the ARD committee meeting, the testing is reviewed and the presence *or absence of a disability* is discussed. If the child meets the criteria for a disability and has an educational need, eligibility for special education services is established. The committee's next duty is to begin developing an Individual Education Plan (IEP). It reviews the child's competencies: physical, emotional /behavior, and academic and designs an education plan (IEP) to meet the child's needs. The IIEP contains instructional goals for the year and the short instructional steps needed to obtain that goal. The committee then decides how much time (minutes/hours per day) the child will need special education instruction and how much time the child will be in regular classes. If the child needs additional related services (occupational therapy, physical therapy, bus transportation, etc.) to benefit from instruction, those services are discussed and amount of time needed for the service. Next the ARD committee decides on the modifications needed in regular classes or if the student will take the Texas Assessment of Academic Skills (TAAS) and if TAAS modifications are needed. Finally, the members of the ARD committee sign the ARD report and indicate agreement with the decisions. In addition, the parent must give consent *for the child to be placed in special education*. The typical ARD committee members are: the parent (or surrogate parent), an administrator (principal), teacher (general and/or special education teacher), and assessment representative (educational diagnostician or psychologist).

The ARD committee has additional duties depending on the type and severity of disability of the child. Other ARD duties:

For students in special education more than half the school day, assurances must be made the child is educated in the Least Restrictive Environment.

For students entering high school (or in high school) *vocational classes are considered* and a graduation plan is developed (or revised).

For students with the disabilities of autism, or visual impairment, additional educational *responsible* are discussed.

For students with severe disabilities, extended year *services* are discussed so the student will not regress in learning during the summer.

Each child in special education must have their educational program reviewed annually by an ARD meeting to ensure the child's education is appropriate. If the child no longer has an educational need, then the child will be dismissed from SPECIAL education services.

NOTE FOR INTERPRETERS:

The ARD committee meeting can be a confusing process. Always ask Questions when you do not understand the issue being discussed.

Information you can request to help you follow the ARD process:

An ARD agenda or a blank copy of the ARD report.

A copy of the IEP (individual education plan).

A copy of the modification sheet.

Be sure you are introduced to all members of the ARD committee.

Your input is valuable! You bring an objective view to the process and you are representing the best interests of the child

SECTION IV

GLOSSARY OF TERMS

As an interpreter for a special needs child and his/her parent, you will find there are many new and strange words you must learn. Listed in this section are many of the new words you will see or hear.

GLOSSARY

Achievement Test

A test designed to measure a child's knowledge, skills and understanding in subject areas. For instance, these tests may measure the child's reading comprehension, math calculation, or spelling capability as compared to other children in the same grade or same age.

Adaptive Behavior

The ability of socially function in school, home or community environment. It involves skills such as: making friends, bathing and dressing appropriately, being punctual for appointments, budgeting, etc.

Age/Grade Equivalent

The scores from tests given to a student are defined in years and months that are equal to the average score of children of that age/grade group.

Annual Goals

These are broad academic or behavioral goals the child is to accomplish for the year (i.e.: Lisa will master reading skills for third grade.)

Admission, Review and Dismissal (ARD) Committee

This committee makes decisions regarding the special education needs of the child. It determines if the child has a disability, if a special education program is needed, and if modifications in regular education are required. The parent or surrogate parent is an important member and is attend and participate.

Assessment

These are tests used to determine the child's special needs. Assessment may include intellectual, social, emotional, educational achievement, physical, auditory, speech, language, etc. For most commonly used tests see Appendix C.

Audiological Services

This related service includes the evaluation of hearing ability and recommendation of certain types of hearing equipment for a child with hearing impairment.

Auditory Impaired

A disability in which the child has hearing problems which delay or stop him/her from developing speech, language or academic skills. (See section on auditory impairment for more information).

Autism

A rare disorder in which the child experiences severe language disorders, may display bizarre behavior, have abnormal intellectual capabilities, and have impaired social interactions.

Battery of Tests

A group of tests given to a child to determine strengths and weaknesses.

Central Nervous System

The brain and spinal cord.

Confidentiality

Fed.Reg300:129:300.560.574 regarding right to privacy

Cognitive

Intellectual abilities, such as memory and the ability to solve problems and make judgments.

Consent

Before a child can be tested or placed in a special education program, a parent must give written permission for these services to take place.

Criteria

The measurement of whether or not an educational goal is being met. For example a 'criteria' for spelling achievement is spelling correctly 9 out of 10 words.

Cumulative Record

All the child's educational records. The records begin when a child enters school, and follows the child from school to school. It includes information about health records, grades, attendance, achievement tests, and special education programs (if any).

Curriculum

The subject matter a school is going to teach the child by using special activities and materials to help the child learn.

Due Process

A guarantee of rights and privileges that neither the government nor other public agency cannot take away. For example, the right to be notified before any action can be taken concerning your child.

Early Childhood (Preschool Program for Children with Disabilities- PPCD)

Public school education can begin at age 3 years for young children with a disability.

Educational Diagnostician

A professional in special education who gives tests to determine the academic and intellectual abilities of children. In other states, a school psychologist may fulfill this role.

Education Service Center (ESC)

One of 20 regional offices within Texas to provide consultation, professional development and assistance to local school districts. Our local region is ESC XVI.

.Emotionally Disturbed (ED)

A disability in which a child's behavior is interfering with getting along with others, and the ability to learn. (See section on emotional disturbance for more information).

Expressive Language

Describes how a child used spoken or written language to communicate with others. Expressive language can also include gestures or hand signs.

Eye-Hand Coordination

The ability to use the eye and hand simultaneous to effectively complete a task. Activities of eye-hand coordination include copying designs from a book, cutting with scissors on a line, or painting with a brush.

EYS

Extended Year Service

FAPE

Free Appropriate Public Education

Fine Motor Development

The skills developed by a child that involve precision tasks done with the hands such as writing, gripping an object, playing with puzzles, stringing beads, etc.

Gross Motor Development

A person's large muscle development exhibited in such skills as crawling, walking, jumping, throwing or

Guardian

A person who has legal authority to make decisions for a minor. The parent is the legal guardian of a minor child. A person 18 years or older does not have a guardian unless one is appointed by a court.

Homebound Program

An instructional arrangement for special education in which the teacher instructs the student at the hospital or home for a minimum of four hours a week.

Inclusion

A educational philosophy in which all children with disabilities are educated in only regular education classrooms. The special services needed by the child would be provided within the regular class setting.

IDEA

Federal legislation, Individuals with Disabilities Education Act, which amended (PL 94-142 by adding two new disabilities (TBI & Autism) and required the Planning of post secondary transitional services, (Individual Transition Plan).

Individual Education Plan (IEP)

A written plan for education and related services. It contains the educational / behavior goals and objectives, student competencies, the amount of special education services needed and modifications for the regular program. The IEP is reviewed for progress each year. Intelligence Quotient (IQ)

Is a score which measures a child's mental development in solving problems. The IQ scores of 'average' persons range from 90 to 110 points.

Implementation

Describes how a child's the special services will be provided.

Learning Disabled (LD)

A disability in which a child with average or above average intelligence has significant problems in academic achievement (basic reading, reading comprehension, math calculation, math reasoning, spelling, listening comprehension, oral expression, or written expression). (See disability section describing LD.)

Least Restrictive Environment (IRE)

Assurances that a disabled child is educated to the maximum extent possible with non disabled students.

Mainstream

A child with disabilities is placed in all regular class with no regularly scheduled special education services.

Managing Conservator

A suitable, competent adult, parent or authorized agency appointed by the court to have responsibilities and rights of a parent. When a public agency is managing conservator of a disabled child, a surrogate parent must be appointed.

Mental Age

A child's mental ability compared to children of the same chronological age. For example a retarded child may have a mental age of 4 years but be 18 years old.

Mentally Retarded (MR)

A disability category for children whose intellectual ability is significantly lower than the average person. IQ scores below 70.

Multidisciplinary Team

More than two educational professionals working together to evaluate and to help a special child.

Occupational Therapy (OT)

A related service to help a child develop fine motor skills. The OT may also suggests equipment to help children in daily activities such as special feeding equipment.

Orthopedic impairment

A disability category for child with physical challenges of the bones, joints or muscles that affect the ability to move.

Other Health Impairment (OHI)

A disability category for children with serious health problems that limit their strength, vitality, or alertness. These serious health problems may be heart disease, seizure disorders, cancer, respiratory disorders, etc.

Physical Therapy (PT)

A related service provided to a child who has difficulty using motor skills (large and fine muscles).

Psychological Services

A related service which may include evaluation of social and emotional behaviors of a child. A psychologist may provide counseling therapy to the child or consult with the family or teachers on working on the child's behavior problems.

Public Law 94-142

Legislation passed by the U.S. Congress guaranteeing a free appropriate education for all disabled children.

Receptive Language

Describes how a child receives and understands information from others.

General Education Program

The education programs for students without disabilities.

Reinforcement

Praise or other rewards (food, toys, etc.) given to a child when they successfully complete a task.

Related Service

Special programs a child can receive if she/he needs special help or support in learning. These services may include occupational therapy, physical therapy, audiological services, psychological services, interpreter services, orientation and mobility training, and others.

Resource Room

A special educational arrangement where a student can spend a minor part of their school day receiving special instruction. The majority of the student's instruction will be from regular education teachers.

Schedule of Services

A schedule of the student's classes which designates whether the class is special or regular education and the amount of time the class meets.

Self-Contained Classroom

An instructional arrangement in which a student receives the major portion of daily instruction from special education teacher.

Self-Help Skills Skills

Skills that a child uses in daily living, such as eating, dressing, and toileting.

Short-Term Objective

Small instructional steps which lead to the accomplishment of the child's annual goal. These objectives must be observable and measurable.

Special Education

Those services which are additional or different from those provided to "typical" students. Special materials, teaching techniques and equipment are provided to meet the needs of disabled children.

Speech Impaired

A disability category for children having trouble speaking or understanding language

Speech and Language Therapy

Therapy which includes evaluation and instruction in articulation, fluency (stuttering), voice stress, or speaking or understanding language.

Surrogate Parent

A surrogate parent must be appointed for any child in special education whose parents rights have been terminated or the parents are unknown. A surrogate parent represents in all same matters that would require a natural parent.

Texas Education Agency

The state agency that is responsible for administering all educational programs in Texas.

Traumatic Brain Injury

A disability category for children who have experienced an injury to the brain caused by external forces.

Visual Impairment

A disability category for children with visual impairment. Partial sighted children have a visual acuity of 20/60 with correction and can read print. Blindness is defined as central vision of 20/200 with correction or field vision (side vision) or no more than 20 degrees.

APPENDICES

