

What can I do to help my disabled child receive the best possible education?

Education in America: the Individual Education Plan in Action

by Miriam Ruff

The Publisher Says . . . Do you know what's involved in educating disabled students? Whether you're a parent, an educator, or a clinician, discover your rights and responsibilities in the US education system, all from an author with firsthand instructional experience.

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WHAT ARE THE NUMBERS?

Before 1975, when the federal government passed the Individuals with Disabilities Education Act (IDEA), over one million disabled students didn't receive the education they needed. Either they were shut out of schools entirely or they were denied proper educational services. Although the transition has not been an easy one for students or educators, many children now learn and achieve at levels previously thought impossible – graduating from high school, going to college, and entering the workforce in unprecedented numbers.

The results sound impressive, but even now, almost 30 years later, many parents, educators, and social service personnel don't understand what's involved in disability education. They don't know what steps are necessary to ensure that all the legal aspects of IDEA are addressed and that disabled students can and do meet their full potential.

WHAT ARE DISABILITIES?

Before we can address how to educate disabled students, though, we need to have a bit of an understanding about how the law regards disabilities, as well as how these disabilities create special needs for the educational process.

IDEA defines "child with a disability" to mean one who needs special education and related services as a result of any or all of the following conditions:

- **Autism.** Autism is a developmental disability that affects both verbal and nonverbal communication, as well as social interaction. It generally becomes evident before the age of three. Autistic children often engage in repetitive activities and stereotyped movements, resist environmental change or a change in daily routines, and display unusual or unpredictable responses to sensory experiences. Although federal and state laws covered autistic students in the past, IDEA now identifies them as a separate and distinct class entitled to specific benefits.
- **Deafness.** The hearing impairment must be severe enough that the child can't understand what is being said in the classroom, even with a hearing aid.
- **Deaf-blindness.** The combination of hearing and visual impairments must cause communication, developmental, and educational difficulties severe enough that the child can't be accommodated in a program designed either specifically for the deaf or specifically for the blind.
- **Health impairment (other).** Some of the conditions that fall under this category are limited strength, vitality, or alertness due to chronic or acute health problems. These may include a heart condition, rheumatic fever, asthma, hemophilia, and leukemia.
- **Hearing impairment.** The impairment can be permanent or fluctuating, but it must interfere with the child's educational performance in a way not included under the definition of deafness.
- **Mental retardation.** This involves a significantly sub-average general intellectual ability that exists together with problems in appropriate behavior. It must also affect the child's educational performance.
- **Multiple disabilities.** Many times a child will display more than one disability. To be classified under this definition, the combination of impairments must cause such severe educational problems that the child can't be accommodated in a special education program designed solely for any individual disability. The only exception to this definition is deaf-blindness.
- **Orthopedic impairment.** This definition includes such impairments as amputation, absence of a limb, cerebral palsy, poliomyelitis, and bone tuberculosis. Again, it must adversely affect the child's educational performance.
- **Serious emotional disturbance.** To fall under this definition, the child must display the disturbance over a long period of time and to a marked degree, and that disturbance must exhibit one or more of the following characteristics:
 - An inability to learn that can't be explained by intellectual, sensory, or health factors
 - An inability to build or to maintain satisfactory interpersonal relationships with either peers or teachers
 - The display of inappropriate types of behaviors or feelings under normal circumstances

- A general and persistent mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems.

This condition includes schizophrenia, but it doesn't include students who are socially maladjusted, unless they have a serious emotional disturbance.

- Specific learning disability. This includes children who display a problem in understanding or in using language, either spoken or written. The problem can manifest itself as an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations. Some problems that may cause a learning disability include perceptual difficulties, brain injury, dyslexia, and developmental aphasia. Not included in this category are learning problems that result primarily from visual, hearing, or motor disabilities; from mental retardation; or from environmental, cultural, or economic disadvantage.

- Speech or language impairment. This refers to communication disorders such as stuttering, impaired articulation, and language or voice impairment that affect a child's educational performance.

- Traumatic brain injury. Traumatic brain injuries are acquired injuries caused by an external physical force. IDEA states that any such injuries must cause either total or partial functional disability or psychosocial impairment that – once again – adversely affects the child's educational performance. This definition includes both open and closed head injuries, specifically ones that result in severe difficulties in cognition, language, memory, attention, reasoning, abstract thinking, judgment, and problem-solving. Such injuries may also cause problems in sensory, perceptual, and motor abilities; in psychosocial behavior, physical functions, information processing; and in speech. The definition does not apply to brain injuries that are either congenital (inherited) or degenerative, or ones that are induced by birth trauma.

- Visual impairment, including blindness. This impairment must be so severe that even with correction the child can't perform normally. The term includes both partial sight and blindness.

It's important to note that not all children who have a disability require special education; many can – and should – attend school without any express adaptations. As a result, the disabled child, under IDEA guidelines, must have one of the above impairments AND require special education.

WHAT IS THE INDIVIDUAL EDUCATION PLAN?

Whenever parents or educators suspect a child has a physical, mental, or learning disability that interferes with the educational process, IDEA requires that the educational team create an Individual Education Plan (IEP). This plan:

- Provides a written statement that addresses educational objectives and the student's classroom placement; and
- Provides a management tool for the entire assessment-teaching process.

It must include specific, measurable long-term goals and short-term objectives. The IEP must try to place the student in the general classroom environment as much as possible and meet whatever needs arise from his particular disability.

The IEP is also, by design, multidisciplinary. It's important that the team members represent different viewpoints and areas of expertise and that all individuals work together to develop and implement the plan. The team should include:

- The parent or legal guardian
- At least one regular education teacher, if the student is currently in regular education or is likely to be
- A special education teacher
- A local education agency representative who is knowledgeable about the general curriculum and resources available within the school district
- A person qualified to interpret the results of the child's assessment
- The student, if the situation is appropriate
- Any other individual, invited either by the parent or the school, who has knowledge or special expertise regarding the student

WHAT IS THE IEP PROCESS?

Knowing that the IEP exists is a good start, but what then? If you suspect your child or student may require special education, how do you translate that knowledge into action?

The first thing you need is a greater understanding of the process. The IEP's development and implementation follows 5 basic steps:

1. Evaluation referral and initial planning. A parent, teacher, doctor, or social worker makes a formal request to have the child evaluated for an education-related disability. Although the specifics of the request will necessarily be tailored to the individual child, you can view an excellent sample letter at the Asperger Syndrome Web site listed in the Resources section at the end of this Infoproduct.
2. Multidisciplinary evaluation. During this stage, various specialists – either within the school or from an outside educational support or testing agency – obtain information about the student and the disability. This information comes from a wide variety of sources and can include a case history and personal interviews; observations and diagnostic rating scales; informal measures; and formal, standardized testing (for more information on these tests, see Diagnostic Testing below).

The easiest way to obtain basic information is to discuss the student's disability and performance with his teachers. If that's not an option, an effective alternative would be to provide a written checklist. In either case, some of the important questions to ask are:

- Is the child able to handle the class work? If so, how much?
- Is it true for all types of work or only for some?
- Does the child interact with other students?
- Is the interaction "appropriate"?
- Does the child act up in class?
- Is he withdrawn?

Discussions with parents, guardians, or other caretakers are also important. These individuals see the child on a daily basis and may be able to fill in some of the details a

teacher doesn't have.

3. Case conference. The team members meet to discuss the specifics of the case. If they determine that the child meets the criteria for disability education, they lay out the short-term objectives and the long-term goals within the IEP framework. This conference may be called by different terms or acronyms, depending on the state in which it is held.

This conference is very important – it gives all the members a chance to air their views and raise issues that may not be documented in the testing and assessment phases. For a parent, it's an excellent opportunity to ask questions and get answers from the school staff. For teachers and clinicians, it's an opportunity to get insights about the child, such as what he's like at home, what hobbies he enjoys, what frustrates him the most, and so on.

No matter what, remember that diagnostic tests don't present the whole picture. If you're participating in an IEP conference, make sure that everyone remembers that the student in question is a real person. The focus should always be on his total well-being, so members should consider his strengths as well as weaknesses.

4. Implementation of the teaching plan. The student moves into an educational setting that meets the criteria of the IEP. The individual objectives and goals for each student determine the instruction he receives.

5. Review and monitoring. The team reviews the student's progress and re-evaluates the IEP at least once each year.

It's also important to understand that the process takes time – sometimes a whole year between the initial referral and the implementation of the plan. The best thing you can do to speed things up is to stay on top of what's happening every step of the way and ask when there's something you don't understand.

WHAT IS DIAGNOSTIC TESTING?

Let's go back for a moment to Step Two in the IEP process, the multidisciplinary evaluation. We mentioned that the specialists obtain information about the student from special tests. But how many tests are necessary, and which ones are appropriate? Who will administer them? And when they're all complete, what will the results actually tell you?

Tests come in two varieties, informal and formal. Individual teachers or administrators usually create informal tests and use current classroom materials to help pinpoint the students' specific problems.

Formal Tests

Formal tests are commercially prepared and standardized for use on large groups of students. They follow strict procedures not only for their administration, but also for their scoring and interpretation. This enables educators to compare the scores for one student to the results for others, or the "norm." These formal tests are what the IEP requires.

But not all tests measure the same tasks or skills. The team decides which tests to conduct after reviewing the nature of the student's disability and his relevant skills. Only when the team members have the appropriate background information from the case history and interviews can they begin the testing phase. It's important to recognize,

however, that not just anyone can administer or evaluate these tests. Most often the team needs to bring in an individual or an agency that specializes in diagnostic testing and educational support.

If the specialist is not part of the IEP team, he'll review the initial assessment and probably do his own consultation with the student and teachers. At that point he'll recommend one or more tests designed to:

- Obtain more background information
- Diagnose the disability(ies) if it (they) are not clearly established
- Suggest possible courses for effective educational intervention

These tests are varied, but they fall into several major categories:

Intelligence (IQ) Tests

Despite the controversy that surrounds them, intelligence tests can be a valuable tool in the information-gathering process. A properly-administered IQ test can indicate a student's general intellectual ability – average, above average, or gifted – which in turn can help teachers and guidance counselors decide on appropriate classroom placement. These tests can also indicate if a student faces other educational challenges, such as a visual or an auditory processing problem.

One of the most commonly administered tests of this type is the Wechsler Intelligence Scale for Children – Third Edition (WISC-III). It's appropriate for children 6 to 16 years old. The results from the 13 subtests yield a full-scale IQ score, a Verbal IQ score, and a Performance IQ score. They provide information about a student's strengths and weaknesses in both language and performance. In addition, the test administrator can obtain clinical information by analyzing the student's performance on specific subtests and groups of subtests.

Another common test of general intelligence is the Stanford-Binet Intelligence Scale. Used on a wider range of individuals – age 2 to adult – it provides an overall IQ score.

Psychoeducational Tests

If general educational intervention is the goal, the Woodcock-Johnson Psychoeducational Battery – Revised (WJ-R) might be appropriate. This test is an individually administered, multiple-skill battery and can be used on individuals from 3 to 80 years old. It consists of two separate parts:

- Tests of cognitive ability
- Tests of achievement

Combining the results of the two parts indicates whether a student is not able to achieve because he is cognitively impaired (has low ability), or if he is able to achieve but is simply not performing up to his potential.

With subtests that include word and picture recall, Visual-Auditory learning, oral vocabulary, sound patterns, and listening comprehension, the WJ-R can also provide information about the following:

- Learning style
- Long- and short-term memory capabilities
- Processing speed (for example, does he require extended time periods to accomplish a

specific task)

- Auditory and visual discrimination
- Abstract reasoning skills
- A number of auditory and visual processing problems

Sometimes a general screening test can't provide enough – or the right kind of – information. In these cases the specialist will recommend an assessment more tailored to the student's needs.

Psychosocial Tests

Attention or social problems appropriately fall under the domain of educational psychology; in these cases a psychologist is contracted to administer the appropriate psychosocial test(s). Clinicians can also use psychosocial testing to diagnose a learning disability.

Diagnostic Tests

If a child has a reading disability, a test such as the Nelson-Denny Reading Test may be more appropriate. It contains subtests in vocabulary, reading comprehension, and reading rate, and can therefore provide more in-depth information than the WJ-R about the specifics of the reading problem. Another often-used reading assessment is the Woodcock Reading Test.

Many students also have difficulties with math. For students up to the 8th grade, the Key Math – Revised diagnostic test provides specific information on basic mathematics skills. The Stanford Diagnostic Mathematics Test is used to determine the nature of arithmetic difficulties in grades K to 12.

Diagnostic tests are also available to evaluate motor performance; visual and auditory acuity; and difficulties in both the verbal (speech and hearing) and written forms of language. The specific test used will, of course, depend on the nature of the student's known or suspected disability.

The test results don't mean a thing, however, unless you can translate them into a way to help the student. Once all the testing is completed, the specialist takes on the role of counselor and advises the IEP team in the best way to proceed.

He provides a written report of all the test results and schedules a conference with the team. He may recommend interventions such as individual tutoring; special education classes; psychological consultations; or work with a speech pathologist. He'll also provide names of specialists available in each of the specialty areas. At that point it's up to the team to request the necessary services.

WHAT MAKES A GOOD IEP?

The Contents

Although IDEA specifies what needs to go into an IEP, that doesn't mean all IEPs are well written or appropriate. Whether you're a parent or an educator, you must make sure the IEP for each student contains specifics on:

- What should be taught and how. This should include a plan of the educational program showing how each goal or objective will be worked on, as well as the amount of time the

child will spend in special education. It's also important to include how much time the student will spend with mainstream children who do not have disabilities.

- Who will teach each part of the plan. This information should not only include names, but also telephone numbers and e-mail addresses, if available. Everyone should be able to contact everyone else.
- Where each part of the plan will be taught. This is especially important when a student must attend one or more facilities to receive special services.
- The timeline. This should include when the program will begin, how long it will last, and when it will be reviewed.
- Why the plan is necessary. This part of the IEP should document – specifically – what the assessment revealed about the child's disability and why he needs (or does not need) special education in any particular area.

The Service Plan

The IEP should also provide specific information about the service plan. Some important details include:

- A justification of the proposed plan in accordance with the "least restrictive environment" principle. This principle refers to placing the disabled student in the most "normal" or "mainstream" educational setting his disability allows.
- A plan for what specific special education and related services must be provided for the student.
- A plan for what modifications and accommodations will be needed in any regular education settings.
- A plan for meeting not only the physical, but also the physical education needs of the student, such as exercise and sports.
- A plan for meeting the student's transitional needs if he is 14 years old or in the 9th grade. In this context, transition means moving from a special education setting to an environment of higher learning.
- A behavior plan, with goals and objectives, if the IEP team identifies the student's behavior as an educational concern.
- A plan (as well as a date) for periodic review of the student's program and progress.

WHAT IS THE PARENTS' ROLE?

If you're the parent of a disabled child, it's both your right and your responsibility to be an active member of the IEP team. You have to take the initiative and translate your knowledge about the IEP process into action. Many parents, though, feel overwhelmed by the process or feel that it's something best left to the "experts."

It is, however, in everyone's best interest – especially the child's – if the parents actively involve themselves. In fact, the school is required to seek parental consent for the IEP and give them the opportunity to approve or disapprove the final plan. When you receive the proposed plan, take it home and think about it – don't sign it immediately. Make sure

every point is correct and is in the best interest of your child. If you're unsure of something, ask! You have 10 school days to make a decision.

If the parents approve the IEP plan, then it goes into effect. If they don't respond, one of two things can happen:

- If this is the child's initial IEP, then the school must wait for the parents' written consent before the plan can take effect.
- If it's not the initial IEP, then, in the absence of disapproval, the plan takes effect.

If the parents disapprove the IEP plan, they're entitled to a conciliation conference with school personnel to discuss the issues in question.

Once the IEP is underway, parents still have rights and responsibilities with regard to their child's education. The most important of these is the right to participate in the process. If you don't understand something, ask, and keep asking until it's clear.

The IEP plan should be built on services that relate to your child's strengths and abilities, special problems, and learning needs – not simply his disability category. If you don't agree the plan accomplishes this, speak up! Changes can and often will be made, but only if you bring your views and ideas to the attention of the appropriate people.

Teachers will carry out informal assessments on an ongoing basis. They'll use the results to judge the plan's effectiveness and to act as a springboard to try new methods if your child isn't making progress. As we've stated earlier, a formal review will occur at least once a year. You should be aware, however, that parents are not always included in these meetings. If you want to attend, ask – you have the right to be there.

And one last note – when you feel your child's teachers and other specialists are doing a good job, compliment them. Show them you notice their effectiveness and that you care. Praise, when deserved, helps perpetuate an effective approach.

HOW DO YOU DELIVER THE GOODS?

There are simply too many disabilities covered by IDEA, and too many theories about effective and ineffective curriculum techniques, to cover all of them here. More important for any parent or educator is a general knowledge of what types of intervention are possible when dealing with a disabled child and the benefits and drawbacks of each.

When developing the IEP, IDEA requires the team to consider placement in a regular education classroom as the starting point in determining what is appropriate for the child. If the team determines that the "least restrictive environment" is not the regular education classroom for all or part of the IEP, it must provide an explanation as to why this is so.

In addition, according to Section 504 of the Rehabilitation Act of 1973, recipients of federal funds must place a disabled child in the regular educational environment unless they can demonstrate that education in the regular environment – with the appropriate use of supplementary aides and services – will not be sufficient to help the child.

Inclusion

One major type of intervention is inclusion, the placement of a disabled child into regular classes for instruction, with any necessary and appropriate support. Many people take the

term to mean full integration of disabled students into the regular educational system. They feel that schools should be restructured to eliminate special education, which they view as a "second system." Added support for this argument comes from theorists who argue that society artificially constructs "labels" for disabled children, and that these are magnified by being excluded from regular classes. They believe that inclusion helps to eliminate these labels.

One such inclusion program is the Regular Education Initiative (REI), first described in 1968. The REI premise is that students with learning disabilities, as well as children with other learning and behavioral problems, can actually be served more effectively in a regular education classroom, thereby preventing many educational difficulties. Special education students are often identified only after serious learning disabilities are discovered; little, if any, emphasis is placed on prevention.

Since many children with learning disabilities do not qualify for special education services, and since the disabled are stigmatized by being placed in programs that separate them from their peers, some educators feel inclusion in the regular education classroom may benefit a wider range of students, including those with a variety of mild problems, those considered "at risk," those with limited English, and those from low-income homes.

Inclusion is cost-effective, too, on many levels. A 1989 study found that the cost of educating students in segregated programs was double that for integrated programs. In addition, over a 15-year period the employment rate for disabled high school graduates who had been in segregated programs was 53 percent; for disabled graduates in integrated programs, the employment rate was 73 percent.

However, many other special educators – and parents – question whether the stigma of disability comes from the label itself or from the child's failure to learn. They fear that inclusion can not and will not meet the needs of many learning disabled students who need individualized clinical teaching and explicit instruction, things that are difficult to provide in a regular education classroom. And since IDEA and the IEP both stress the individual needs of the students, they feel that special education is not only appropriate, but necessary, as well.

Mainstreaming

Another major type of intervention is mainstreaming, the practice of gradually placing learning disabled students in regular education classrooms when their teachers believe they'll benefit from integrated placement. These students may be integrated for a single subject, multiple subjects, or even a portion of the school day. The goal here is slowly to increase the amount of time the student spends in a regular education class to acclimate him to the experience.

WHAT CAN I DO TO INTERVENE?

So if you're a parent or educator with a disabled child, what should you choose in terms of appropriate intervention? Is there a right and a wrong?

The answer is that each child is an individual and must be treated as such. However, before making any hard-and-fast decisions, you should ask yourself the following questions:

1. Is everyone who needs to be involved in the process actually involved? When considering a move from traditional special education to a more inclusive approach, make sure the entire school community (including the IEP team) is involved in the discussion.

Dramatic directives from the top only serve to create an environment that alienates both teachers and parents alike, and it's unlikely to help the student. In addition, the more perspectives and areas of expertise you have access to, the greater the likelihood you'll make the right choice.

2. Is your decision based on research? Don't rush to change the system simply because you can. If it's in the child's best interest to remain in special education classes, then that's where he should stay.

While parents have little, if any, control over staffing and staff development issues, it may help to be aware of those areas on some level. For educators who do have a say in staffing issues, use the following guidelines to help evaluate and construct effective environments:

- Always assume that every student's first placement is in regular education, but make sure a variety of placement types, supports, and services are available.
- Base your decisions on a well-developed IEP with a strict emphasis on the needs of the disabled child, as well as his peers, and the reasonable provision of services.
- Don't demand full inclusion. Neither federal nor state law requires full inclusion in any situation.
- Before developing any new programs, make sure all teachers, principals, and support staff agree on a clearly expressed means to achieve both the IEP's objectives and plan. Everyone should be fully involved in the decision-making, planning, and evaluation processes both for individual students and for school-wide programs.
- Provide staff development opportunities. Both teachers and support staff should have access to professional training in higher-order thinking skills; integrated and multicultural curricula; and interdisciplinary teaching strategies, at the very least.
- Work toward unifying the special and regular education systems. Having separate evaluators and evaluation systems for special ed can set up a "separate but equal" situation and may not serve anyone's best interest.
- Employ sufficient licensed practitioners to address the social, emotional, and cognitive needs of all students, not just the disabled ones. In inclusive settings, reduced class sizes and/or increased numbers of teachers in the classroom are critical.
- Set up an appeals process. This will allow teachers and parents to challenge IEPs and placements they think are inappropriate for a child.
- Consider multiple teaching/learning approaches when developing programs. These might include team teaching, co-teaching, peer partners, cooperative learning, and parallel teaching.
- Remember that the child's needs are paramount. If the current or proposed system helps, use it. If it doesn't, work to change it until it does.

ORGANIZATIONAL RESOURCES

American Association Of Mental Retardation
444 North Capitol Street, NW, Suite 846, Washington DC 20015
Phone: 202.387.1968 or 800.424.3688, FAX: 202.387.2193
Web site: <http://www.aamr.org>

American Psychological Association
750 First Street, NE, Washington, DC 20002-4242.
Phone: 800.374.2721 or 202.336.5510, TDD/TTY: 202.336.6123
Web site: <http://www.apa.org>

The Council For Exceptional Children
1920 Association Dr, Reston VA 20191
Phone: 800.328.0272 TTY: 703.264.9449
Web site: <http://ericec.org>, E-mail: ericec@cec.sped.org

International Dyslexia Association (IDA)
8600 Lasalle Rd, Chester Bldg #382, Baltimore MD 21206-2044
Web site: <http://www.interdys.org>

International Reading Association
800 Barksdale Rd, Newark DE 19711
Web site: <http://www.reading.org>

Learning Disabilities Association Of America
4156 Liberty Rd, Pittsburgh PA 15234
Web site: <http://www.ldanatl.org>

The National Center For Learning Disabilities
381 Park Ave South, Suite 1401, New York NY 10016
Web site: <http://www.nclld.org>

Recordings For The Blind And Dyslexic
20 Roszel Rd, Princeton NJ 08540
Web site: <http://www.rfbd.org>

RESOURCES ON THE INTERNET

OneAddPlace
An exhaustive site about ADD/ADHD, complete with definitions and information about treatment and education
<http://www.oneaddplace.com/>

The Americans with Disabilities Act
Text and discussion
<http://www.usdoj.gov/crt/ada/adahom1.htm>

The Disability Rights Education and Defense Fund Inc. Web site
Disability and special education information
<http://www.dredf.org/>

Education World
Information on all aspects of general and special education, including the IEP, assistive technology, inclusion, transitioning, specific physical and behavioral disorders (mild, moderate, and severe), teaching strategies, and books
<http://www.educationworld.com/>

Individuals with Disabilities Education Act (IDEA)

Text and amendments

<http://www.ed.gov/offices/OSERS/Policy/IDEA>

The Instant Access Treasure Chest: The Foreign Language Teacher's Guide to Learning Disabilities

Information on all aspects of special education, as well as a Q&A section and lots of links to other sites

<http://www.fln.vcu.edu/ld/ld.html>

LD Online

Information on both learning disabilities and early childhood education

<http://ldonline.org/>

National Center to Improve Practice in Special Education Through Technology, Media Links to information on specific disorders; inclusion; companies specializing in special education products; and family and government resources

<http://www2.edc.org/NCIP>

Online Asperger Syndrome Information and Support

Click on "Education" and follow link under "Sample IEP and ARD Documents" for an excellent sample letter from a parent to an IEP committee

<http://www.udel.edu/bkirby/asperger>

The Special Education Home Page

Extensive information about all aspects of special education (including categories, organizations, assistive technology and the law

<http://specialed.freeyellow.com/>

The Special Education Service Agency

Though the agency deals primarily with education in Alaska, the site has a lot of information on disabilities of low incidence; special education articles; and a reference shelf of information and articles on specific disabilities, including autism, otitis media, cortical vision impairment, and fetal alcohol syndrome, as well as lots of links

<http://www.sesa.org/>

RESOURCES IN THE LIBRARY

Books

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Clayton, Lawrence et al. COPING WITH A LEARNING DISABILITY. Boulder, CO: netLibrary, Incorporated, 1999.

Videos

THE IEP MEETING: ROLES AND RESPONSIBILITIES. Van Nuys, CA: Child Development Media, Incorporated, ND.

THE INDIVIDUAL EDUCATION PLAN: A TOOL FOR REALIZING POSSIBILITIES. Colorado Springs, CO: PEAK Parent Center, Incorporated, ND.

ABOUT THE AUTHOR

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