2024-2025

STUDENT SERVICES * Slappy * School Counselor Appreciation Week Soe & Chelseal Thank you for all you do!

Departmental Goals •

100% Provide a free and appropriate public education for all students in their least restrictive environment by servicing students according to the individual education programs.

100% Maintain current student records that are compliant with Alaska State and Federal Regulations for Special Education.



100% Participation in staff meetings, professional development, and assigned supervision.

EXCELLENCE IS THE STANDARD



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THE FOURTEEN DISABILITY CATEGORIES AISD USES TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION ARE TAKEN FROM THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT. THESE CATEGORIES ARE NOT USED TO DETERMINE THE TYPE OR EXTENT OF SERVICES PROVIDED TO YOUR CHILD. EDUCATIONAL SUPPORTS AND SERVICES ARE BASED ON YOUR CHILD'S UNIQUE NEEDS AND MUST BE DECIDED UPON BY THE IEP TEAM.

DEVELOPMENTALLY DELAYED

____ 1. 3 to 8 years old

_____2. Two SD below mean or 25% delayed in age equivalency in cognitive development fine and gross motor, speech and language development, psycho-special development, or self help skills OR 1.7 SD below the mean or 20% delayed in age equivalency in 2 or more of the areas

AUTISM

____ 3. certified by IEP Team as preschool development delayed

____1. exhibit a developmental disability significantly affecting verbal and nonverbal communication and social interaction that adversely affects educational performance

____ 2. requires special facilities, equipment, or methods

____ 3. diagnosed as by a psychologist

____4. certified by IEP Team as qualifying for and needing special education services

DEAF

____1. exhibit a hearing impairment that hinders ability to process linguistic information with or without amplification

- _____2. requires special facilities, equipment, or methods
- _____3. diagnosed as deaf by physician or audiologist

_ ____4. certified by IEP Team as qualifying for and needing special education services

DEAF-BLINDNESS

_____1. exhibit concomitant hearing and visual impairment

_____2. requires special facilities, equipment, or methods

_____3. diagnosed as deaf and blind by a optometrist or ophthalmologist and by a physician or audiologist

_____4. certified by IEP Team as qualifying for and needing special education services

EMOTIONAL DISTURBANCE

_____1. exhibits one more ED Characteristics that adversely affect educational performance

_____ 2. requires special facilities, equipment or methods

_____ 3. diagnosed as ED by psychiatrist/psychologist

_____4. certified by IEP Team as qualifying for and needing special education services

HARD OF HEARING

- ____1. exhibit a hearing impairment that adversely affects educational performance
- ____ 2. requires special facilities, equipment, or methods

____ 3. diagnosed hard of hearing by physician/audiologist

_____4. certified by IEP Team as qualifying for and needing special education services

INTELLECTUAL DISABILITY

____1. score 2 or more SD's below national norm on individual intelligence test

____ 2. exhibits deficits in adaptive behavior

- ____ 3. requires special facilities, equipment, or methods
- _____4. diagnosed as CI by psychiatrist/ psychologist
- ____ 5. certified by IEP Team as qualifying for and needing special education services

MULTIPLE DISABILITIES

____1. exhibits two or more severe disabilities ____2. requires special facilities, equipment, or methods

____ 3. diagnosed for each disability

_____ 4. certified by IEP Team as qualifying for and needing special education services

ORTHROPEDIC DISABILITY

_____1. exhibits severe orthopedic impairment that adversely affects educational performance

- _____ 2. requires special facilities, equipment or methods
- _____ 3. diagnosed orthopedically impaired by physician

_____4. certified by IEP Team as qualifying for and needing special education services

OTHER HEALTH IMPAIRMENT

____1. exhibit limited strength, vitality or alertness due to chronic or acute health problem that COMMENTS AND FEEDBACK

adversely affect educational performance

- ____2. requires special facilities, equipment or methods
- ____ 3. diagnosed by a physician

____4. certified by IEP Team as qualifying for and needing special education services

SPECIFIC LEARNING DISABILITY

___1. exhibit a disorder in one involved in the basic psychological processes involved in understanding or using language (incl Dyslexia)

- _____ 2. limited academic achievement for his/her age and ability levels
- ____ 3. severe discrepancy between intellectual ability and academic achievement
- ____ 4. observation
- ____ 5. written report
- ____ 6. requires special facilities, equipment or methods
- ____7. certified by IEP Team as qualifying for & needing special education services ____8. * An assessment sEMIRL@YEERAGEISN@WIEDEGMIEDEE determinations.

SPEECH LANGUAGE IMPAIRMENT

- ____1. exhibit a communication disorder that
- adversely affects educational performance
- ____2. requires special facilities, equipment, or methods
- ____3. diagnosed speech impaired by physician or speech/ language pathologist
- ____4. certified by IEP Team as qualifying for and needing special education services

TRAUMATIC BRAIN INJURY

_____1. exhibit an injury to the brain by external physical force what results in total or partial functional disability of psychosocial maladjustment that adversely affects educational performance

adversely affects educational performance

- _____2. requires special facilities, equipment, or methods
- _____ 3. diagnosed by a physician
- _____4. certified by IEP Team as qualifying for and needing special education services

VISUAL IMPAIRMENT

____1. exhibit a visual impairment determined by an ophthalmologist or optometrist that even with correction impacts visual performance and adversely affects educational performance

_____2. requires special facilities, equipment, or methods

____ 3. certified by IEP Team (including a certified teacher of students with visual

impairment) as qualifying for and

needing special education services

Take Our Student Services Survey

and let us know how we can better serve your student and you!

To take the survey open the camera app on your phone, hover over the QR code and tap on your screen when the link appears





Student Services Feedback Survey

Annette Island School District

Dear Parent/Guardian:

Our Student Services department greatly appreciates your feedback regarding your recent Student Support Process meeting/event. Completing this brief survey will help to continua improve our services. Thank you!

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School *

Please Select

