

**The Mission of Menahga School District #821 is to CHART a course
that HONORS the past and ENVISIONS the future.**

Paraeducators and Teachers

Working Together

A Menahga Public Schools Handbook

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Welcome

Welcome to Menahga Public Schools. As a Paraeducator, you will be assisting our learners in a variety of ways. As a team member, a Paraeducator is a representative of the program, the school, the community and the overall field of education. Each Paraeducator has different duties, responsibilities and expectations based upon the needs of the students with which they work. You have been selected to work with students with varying abilities because you possess the skills needed to fulfill these special responsibilities and expectations. Your job can be challenging but also rewarding. Being a Paraeducator is an extremely important role. Appropriate behavior and positive attitude are essential due to the special responsibilities you are entrusted with. This handbook should serve as a guide and resource to you in this position. We value your work and your desire to serve our students and thank you in advance for your dedication and service.

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What is a Paraeducator?

Definition of Paraeducator

Subp. 33. The term "Paraeducator" means a district employee who is primarily engaged in direct interaction with one or more pupils for instructional activities, physical or behavior management, or other purposes under the direction of a regular education or special education teacher or related services provider.

125A.08 (c) For all paraeducators employed to work in programs whose role in part is to provide direct support to students with disabilities, the school board in each district shall ensure that:

- (1) before or beginning at the time of employment, each paraeducator must develop sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs, especially disability-specific and behavioral needs, of the students with whom the paraeducator works;
- (2) within five days of beginning to work alone with an individual student with a disability, the assigned paraeducator must be either given paid time, or time during the school day, to review a student's individualized education program or be briefed on the student's specific needs by appropriate staff;
- (3) annual training opportunities are required to enable the paraeducator to continue to further develop the knowledge and skills that are specific to the students with whom the paraeducator works, including understanding disabilities, the unique and individual needs of each student according to the student's disability and how the disability affects the student's education and behavior, following lesson plans, and implementing follow-up instructional procedures and activities; and
- (4) a districtwide process obligates each paraeducator to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

The goal of the paraeducator is to provide support to the child with a disability with the least intrusion and within the Least Restrictive Environment. Paraeducator and regular classroom educators should treat a child with disabilities like a child who does not have special needs. A child will feel a greater connection when paraeducators are discreet in delivering assistance. Continually sitting beside or hovering over the child when support is not needed only serves to reinforce that the child is different and tends to discourage interaction with the student and peers. On the other hand, some students may require greater support with situations and activities depending on their needs. Paraeducators should move about the room and help all students that need assistance.

Mandated Reporter

Minnesota Statute 626.556 requires persons in designated professional occupations to report suspected child abuse or neglect. Reports must be made to the police and/or child protection if they know or have a reason to believe that a child is currently being abused or neglected or has been abused or neglected within the prior three (3) years. The proper chain of command for reporting is to first report the situation to the Case Manager and Building Principal. Be prepared that through this process, the County may ask to meet alone with you for follow-up questioning.

Mandated Reporters include:

Workers in a number of professions, including health care, social services, psychological treatment, child care, education, corrections, law enforcement and clergy, are required to report suspected child maltreatment. Suspected abuse or neglect could include:

Neglect

Neglect is usually involves the failure of the child's caregiver to:

- Supply the child with necessary food, clothing, shelter, medical or mental health care, or appropriate supervision.
- Protect the child from conditions or actions that endanger the child.
- Take steps to ensure that a child is educated according to the law.
- Exposing a child to certain drugs during pregnancy and causing emotional harm to a child may also be considered neglect.

Physical Abuse

Physical abuse is any physical injury or threat of harm or substantial injury, inflicted by a caregiver upon a child other than by accidental means. The impact of physical abuse can range from minor bruises to severe internal injuries and death. Physical abuse does not include reasonable and moderate physical discipline of a child that does not result in an injury.

Mental Injury

Mental injury is harm to the child's psychological capacity or emotional stability evidenced by an observable and substantial impairment of the child's functioning.

Sexual Abuse

Sexual abuse is the subjection of a child to a criminal sexual act or threatened act by a person responsible for the child's care or by a person who has a significant relationship to the child or is in a position of authority.

To report in Becker County, call (218-847-5628, ext.5410), Wadena County, call (218-631-7605), Hubbard County, call (218-732-1451), the Menahga Police Department (218-564-4516) or 911.

The name of the reporter is confidential and may be disclosed by Court Order only. All reporters have immunity from civil or criminal liability when acting in good faith. Mandated reporters also have immunity from retaliation by their employers for making a report.

Mandated reporters must make a verbal report within 24 hours of their knowledge of the incident directly to Social Services or Law Enforcement. Reporting to a worker's superior does not release the mandated reporter from his/her reporting obligation. The reporter must file a written report within 72 hours (excluding holidays and weekends) after making the oral report.

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What is Special Education?

Free Appropriate Public Education (FAPE) and Principles of the Individuals with Disabilities Education Act (IDEA)

FAPE stands for Free and Appropriate Public Education; the education of each child with a disability must be “provided at public expense and without charge” to the child or the child’s parents. All specially designed instruction is provided without charge, but does not preclude incidental fees that are normally charged to nondisabled students or their parents as a part of the regular education program. What is an appropriate education differs for each child with a disability.

IDEA specifies in some detail how the school and parents are to plan the education that each child receives so that it is appropriate. Evaluations are conducted to identify the child’s individual needs so that the school and parents can design an education that responds to these needs. [Together school personnel and parents specify what this education will be and write the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).]

Individualized Programming

The IEP/IFSP is a yearly written plan developed through a team process designed to meet the needs of the child with disabilities. **It is confidential and should not be discussed outside of the school setting.**

The intent of the Individualized Education Plan is to ensure that each child with a disability is able to take part in an educational program that will assist and support the child to learn to live, work, play and make friends in the community. An essential part of this plan must be to assist the child to participate in the same settings as are used by other children of the same age. This means that learning should occur in the "least restrictive environment" which is generally considered the community setting or regular classroom in which children of the same age are placed.

The IEP summarizes a child’s present level of performance in a variety of areas of functioning and identifies the child’s specific needs in each area. The team yearly identifies goals and specific objectives for meeting the identified needs. The plan will also describe changes, adaptation, or modification that will be necessary for accommodating a child with special needs in the school setting. The plan also describes how a student will be educated with peers. It will state the time, location and staff member who will provide the service.

Paraeducators will most likely be involved in the observation and documentation of progress on plan objectives. Any parent questions or concerns about the services provided by the plan should be directed to the teacher.

Characteristics of Learners

Paraeducators will need to understand the cognitive, physical, emotional, and social characteristics that are generally associated with children identified as in need of special education services. Children may exhibit one or more characteristics to varying degrees.

Below is a comprehensive list of types of disabilities (and their abbreviations) that may be encountered – see GLOSSARY for definitions

- Autism/Autism Spectrum Disorders (ASD)
- Deaf/Blindness "Deaf-blind" (DF)
- Developmental Delay (DD)
- Developmentally Adapted Physical Education (DAPE)
- Emotional Behavioral Disorders (EBD)
- Developmental Cognitive Delay (DCD)
- Other Health Impaired (OHD)
- Severely Multiply Impaired (SMI)
- Specific Learning Disability (SLD)
- Speech or Language Impairment Fluency disorder (SI/LI)
- Voice Disorder (VD) "Voice disorder"
- Articulation disorder (AD) "Articulation disorder"
- Language disorder (LI) "Language disorder"
- Traumatic Brain Injury(TBI) "Traumatic brain injury"
- Visually Impaired/Blind (VI)

Accommodations and Modifications and their uses

What is the difference between accommodation and modification for a student with a disability?

The term "accommodation" may be used to describe an alteration of environment, curriculum format, or equipment that allows an individual with a disability to gain access to content and/or complete assigned tasks. They allow students with disabilities to pursue a regular course of study. Since accommodations *do not alter what is being taught*, instructors should be able to implement the same grading scale for students with disabilities as they do for students without disabilities

Examples of accommodations include:

- Sign language interpreters for students who are deaf
- Computer text-to-speech computer-based systems for students with visual impairments or Dyslexia
- Extended time for students with fine motor limitations, visual impairments, or learning disabilities
- Large-print books and worksheets for students with visual impairments
- Trackballs and alternative keyboards for students who operate standard mice and keyboards
- Extended testing times
- Test read aloud
- Alternate environment (i.e., quiet space)
- Providing notes
- Reducing number of items on a page
- Scribing for students

The term "modification" may be used to describe *a change in the curriculum*. Modifications are made for students with disabilities who are unable to comprehend all of the content an instructor is teaching. For example, assignments might be reduced in number and modified significantly for an elementary school student with cognitive impairments that limit his/her ability to understand the content in general education class in which they are included.

Examples of modifications include:

- Use of alternate books
- Pass/No Pass grading option
- Reworded questions in simpler/different language
- Daily feedback to a student
- Reading a text with nongrade level vocabulary (same text, lower Lexile level)
- Allow multiple text retakes and assign highest score

Communications and Collaborative Partnerships

Effective teaming is critical to the success of the delivery of services by both certified teachers and paraeducators and requires that team members work together towards a common vision to meet the needs of all children. The beliefs they have about curriculum and instructional practice support this vision. **If one member of the team's (Classroom Teacher, Case Manager, and/or Paraeducator) beliefs differ from another team member's beliefs, common ground will need to be reached.**

Communication serves as the foundation for teaming. It involves the exchange of information between parties, and should help both parties assist the child in learning. Effective communicators reach out beyond themselves to the people with whom they are working. Good communication is "other-focused," not "self-focused." Much of the failure to communicate can be blamed on failure to understand and respect people's feelings, and unwillingness to cooperate, or a needless show of authority.

Different people use different strategies for managing conflicts. These strategies are often learned and seem to function automatically. Usually we are not aware of how we act in conflict situations and do what comes naturally. We can change our strategies by learning new and more effective ways of managing conflicts. When you become engaged in a conflict, there are two major concerns you should take into account:

1. Achieving your personal goals versus achieving a common goal – Are you in conflict because you have a goal that conflicts with another person's goal? How important is it to achieve your personal goal, and what may be the expense of achieving your goal?
2. Keeping a good relationship with the other person – You will need to be able to interact effectively with the other person in the future. How can you encourage a continued positive working relationship in the midst of possible conflict?

Code of Ethics & Responsibilities for Paraeducators

A code of ethics defines and describes acceptable practices. A code for Paraeducators would examine specific responsibilities of the Paraeducators, as well as the relationships that must be maintained with students, parents, teachers, school and community.

Accepting Responsibilities

- I recognize that the classroom teacher has the ultimate responsibility for providing curriculum and guidance for academic instruction with students, and I will follow their guidance
- I recognize that the Special Education Case Manager has the ultimate responsibility for clarification of, and upholding, students' IEPs (i.e., accommodations/modifications, etc)
- I will engage in activities for which I am qualified and/or trained, and if I am asked to engage in activities for which I am not qualified and/or trained, I will communicate with my supervisor (i.e., Administrator, Special Education Case Manager, classroom teacher) in a timely manner
- I will share concerns and information expressed by parents, students, or others with the supervising teacher
- I will help to ensure that the best interests of individual students are met
- I will demonstrate self-starting behaviors and take initiative to the full extent to which I feel comfortable and confident in doing so
- When my student(s) is (are) absent, I will report to my Case Manager and building secretary to be assigned new duties / coverage for the time my student(s) is (are) gone.
- I will read emails daily and respond appropriately and in a timely manner.
- It is my responsibility to clock in and out daily, as this creates an extra burden on the office staff.
- If I am negligent in my duties, the District reserves the right to set up a PIP (Paraeducator Improvement Plan) to address any and all concerns, to support me in successfully meeting my job responsibilities.

Relationships with Students and Parents

- I will discuss a child's progress, limitations and/or educational program only with the supervising teacher in the appropriate setting and amongst appropriate staff

- I will discuss school problems and confidential matters only with appropriate personnel
- I will not communicate progress or concerns about students to parents; I will refer parents to contact appropriate school staff (i.e., classroom teachers, IEP Case Managers, admin, etc)
- I will refrain from engaging in discriminatory practices based on a student’s disability, race, sex and gender identity, cultural background, religion, etc
- I will respect the dignity, privacy, and individuality of all students, parents, and staff members
- I will present myself as a positive and professional adult role model, including dressing for my role as a professional
- I will maintain a professional boundary between my home setting and the school setting
- I will strive to assist students in building their independence and autonomy
- I will pay attention to, and appropriately respond to, student needs
- I will not knowingly provide incorrect instruction and/or incorrect information to students

Relationship with the Teacher (Supervisor)

- I will recognize the classroom teacher and Special Education Case Manager as a supervisor and team leader, and will follow their guidance and directions regarding curriculum, teaching practices, differentiation using a “core and more” mentality (Special Education supports should utilize IEP accommodations / modifications to help students find success within classroom settings – “core” is the classroom setting; “more” is the Special Education and Paraeducator support), and providing appropriate accommodations and/or modifications using individual students’ IEP Snapshots on a scenario by scenario basis
- I will facilitate open and clear communication with teachers regarding strengths, weaknesses, concerns, etc
- I will establish and maintain a positive relationship with the teacher
- I will discuss concerns about the teacher or teaching methods directly with the teacher; when problems cannot be resolved, discuss with administration
- I will collaborate with classroom teachers and Special Education Case Managers to adopt a “they are all *our* students” mindset

Relationship with the School

- I will accept responsibility for improving my attitudes and skills
- I will adhere to school policies, procedures, and contract language (i.e., cell phones, social media, school devices, leaves of absence, etc)
- Regarding cell phone usage: Cell phones may be needed professionally throughout the day to communicate quickly with Case Managers and other Paraeducators in student-specific situations. Personal usage should be reserved for designated break times. If emergency personal usage is needed, I will excuse myself from the classroom and return promptly.
- I will represent the school district in a positive manner and enforce classroom and school rules/expectations.
- When working with students in classroom settings as either a Program Para or Child Specific Para, I will communicate with classroom teachers before leaving the classroom setting with students so the teacher knows where students will be. Students should remain in classroom settings as often and for as long as possible, and utilizing alternate spaces should be limited. Students should not leave the classroom setting before instruction is given by the classroom teacher unless unavoidable (i.e., behavior concerns, high anxiety, medical struggles, etc).
- I will be mindful that while there will be times when my absence is unavoidable, others are relying on me to be present in order to support students and colleagues by providing consistency in established routines

Sub Folder

- I will create and update my sub schedule and sub Google account (if necessary) to accommodate the substitute paraeducators
- Sub folders/plans will maintain confidentiality while including sufficient information for anyone who may be unfamiliar with the students, staff, the school layout, etc. (No pictures are to be taken of content within sub folders. Sub folders should remain in the possession of substitutes for the entire duration of their day.)

Observing and Keeping Good Data

Paraeducators are often asked to provide data regarding a student they work with during the school year as a means of documenting progress and determining areas of need. This documentation may be in the form of anecdotal reports, checklists or formal and informal observations. (See Forms in Section 10)

Acquiring and using objective skills of observation and keeping data are important to all paraeducators. Much of the information needed by the team to determine whether or not children are gaining new skills is acquired by careful observation and good record keeping. In addition, observation will keep the team posted on whether or not the individuals are learning and using the functional skills necessary to let them achieve the objectives and goals that are outlined in the IEP.

The written information as to what has been observed is called "data." It serves as a more permanent record of what is seen or heard and, when done well, is an objective account of the individual's activities and skills. It is important to keep written data on all the observation activities. If this is not done, there is a risk of inaccurately reporting what has happened.

Carrying out observations and keeping data must be done with an objective point of view. Sometimes, we may be tempted to let our biases or prejudices get in the way. We may like one student better than another and tend to look more favorably on their activities. It is very important to guard against these inclinations and to put down precisely what is seen or heard and to avoid anything that is stigmatized by personal perceptions of a child or a specific behavior.

Observation Is: Systematically watching what a person does and says, and recording the behaviors in order to make instructional decisions. Observations should:

- Be done for a *specific reason*;
- Provide samples of a child's/student's behavior *over a period of time*, in a *variety of settings*; and
- Be *objective*.

Objective Observation Means:

- Watching events without being affected by personal biases/prejudices;
- Watching what is happening without guessing at the reasons that cause the action;
- Watching the activity without judging whether it is good or bad, and

- Producing an objective record that states exactly what an observer sees and hears.
Through observation, we can learn what the child can do, what the child likes or dislikes, how the child behaves under various circumstances, and how the child interacts with people.

Observing Objectively: There are two points to remember when making observations:

- A behavior must be *observable* and
- A behavior must be *measurable*.

In other words, we must be able to see or hear a behavior and we must be able to count or time how often a behavior occurs.

Keeping Data: There are several ways to keep data. They include:

Checklists - These may be in the form of standardized checklists that include specific skills and behaviors based on developmental levels, or a list of behaviors compiled by the teacher. When paraeducators work with a checklist, they simply watch the child and record whether or not the behavior described is observed.

Anecdotal Records - These usually consist of a sentence or two written in a notebook that describes what the child is doing at a specific moment. When making an anecdotal record, only behaviors that can be seen or heard and behaviors that can be counted should be recorded.

Interviewing - This is a specific kind of record keeping, one in which the team is trying to determine what the child likes or dislikes, what the child's interests are, or other feelings or beliefs that cannot be observed. When interviewing, it is extremely important to record precisely what the child says. There is no room for editorializing in this kind of record.

Frequency or Duration Notes - Sometimes the information that is to be collected refers to how often or how long a behavior is occurring. For example, the team may want to know how many times a child talked to or communicated with playmates or how often a child initiated a conversation with peers. For this kind of record keeping, paraeducators will count the frequency of the behavior occurring to observe how long or frequent behaviors are.

The Special Education Case Manager and/or classroom teacher may have other types of forms they want used for data collection. They should provide paraeducators with the forms, as well as instruction in how to use them, to accurately collect the data desired.

Positive Behavior Management

Students who are motivated generally experience fewer discipline struggles because they are invested in their learning.

Motivating Students & Building Independence

Researchers have examined motivation from the perspective of a student's self-concept, a student's motivation to achieve, and a student's perceived ability to control their learning. Strategies for increasing motivation based on these three aspects include the following:

- Increase student response (i.e., ask more open-ended questions)
- Strive to include all students in discussions
- Encourage students to persist with challenges and seek help when needed
- Help students break larger projects into smaller, more manageable tasks
- Involve students in directing their own learning to increase autonomy
- Offer choices when appropriate
- Exhibit high expectations for all students, regardless of ability
- Integrate various domains of learning, when applicable (i.e., visual, auditory, kinesthetic, motor, etc)
- Emphasize accomplishments and growth
- Shape perceived failures into opportunities for learning

Facilitating Positive Student Behavior

Paraeducators will want to observe a child's emotional, social, and behavioral skills to:

- assist in developing their peer and adult relationships;
- to reinforce a positive self-concept in the student;
- to encourage understanding of the student's own and other's feelings and perspectives;
- to demonstrate and reinforce on task behavior;
- to encourage problem solving and planning for prosocial behaviors, and
- to watch for things that promote, or interfere with, the student's learning.

Closing Statement

Being a successful educator means being a successful team player. We are all different and those differences carry over to how we work and relate to others. Keep in mind that we all have different opinions and ideas. It takes all of us to make the day go smoothly. Working together, helping each other and respecting differences goes a long way! The way we do things may not always be the best way or the way that will be best for a student. Keep an open mind to new ideas and opinions. Remember the main reason we are here.....THE STUDENTS!

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Glossary

Autism/Autism Spectrum Disorders (ASD) means a range of pervasive developmental disorders, with onset in childhood, that adversely affect a pupil's functioning and result in the need for special education instruction and related services. ASD is a disability category characterized by an uneven developmental profile and a pattern of qualitative impairments in several areas of development, including social interaction, communication, or the presence of restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. These core features may present themselves in a wide variety of combinations that range from mild to severe, and the number of behavioral indicators present may vary. ASD may include Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders. (M.R. 3525.1325)

Deaf/Blindness (DF) "Deaf-blind" means medically verified visual loss coupled with medically verified hearing loss that, together interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously and the pupil must meet the criteria for both visually impaired and deaf and hard of hearing to be eligible for special education and services under this category. (M.R.3525.1327) **Deaf/Hard of Hearing "Deaf and hard of hearing"** means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services. (M.R. 3525.1331, Subp 1)

Developmental Delay (DD) Early childhood special education must be available to children from birth to seven years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education. (M. R. 3425.1350, Subp. 1)

Developmentally Adapted Physical Education (DAPE) Special Education "Developmental adapted physical education: special education" means specially designed physical education instruction and services for pupils with disabilities who have a substantial delay or disorder in physical development. Developmental adapted physical education: special education instruction for pupils age three through 21 may include development of physical fitness, motor fitness, fundamental motor skills and patterns, skills in aquatics, dance, individual and group games, and sports. Students with conditions such as obesity, temporary injuries, and short-term or temporary illnesses or disabilities are termed special needs students. Special needs students are not eligible for developmental adapted physical education: special education. Provisions and modifications for these students must be made within regular physical education. (M.R. 3525.1352, Subp. 1)

Emotional Behavioral Disorders (EBD) "Emotional or behavioral disorders" means an established pattern of one or more of the following emotional or behavior responses: A.

withdrawal or anxiety, depression, problems with mood, or feelings of self-worth; B. disordered thought processes with unusual behavior patterns and atypical communication styles; or C. aggression, hyperactivity, or impulsivity. This established pattern of emotional or behavioral responses must adversely affect educational or developmental performance, including intra-personal, academic, vocational, or social skills; be significantly different from appropriate age, cultural, or ethnic norms; and be more than temporary, expected responses to stressful events in the environment. The emotional or behavioral responses must be consistently exhibited in at least three different settings, two of which must be educational settings, and one other setting in either the home, child care, or community. The responses must not be primarily the result of intellectual, sensory, or acute or chronic physical health conditions. (M.R. 3525.1329)

Developmental Cognitive Delay (DCD) "Developmental Cognitive Delay" means a condition resulting in significantly below average intellectual functioning and concurrent deficits in adaptive behavior that adversely affects educational performance and requires special education and related services. DCD does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences, or inconsistent educational programming. (M.R. 3525.1333)

Other Health Impaired (OHI) "Other health impaired" means having limited strength, endurance, vitality or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance. (M.R. 3525.1335) **Physically Impaired** "Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services. (M.R. 3525.1337.)

Severely Multiply Impaired "Severely Multiply disabilities" means concomitant impairments (such as mental retardation- blindness, mental retardation-orthopedic impairment,,etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness. (34 CFR 300.7(c)(7)) "Severely Multiply Impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by assessment under part 3525.2500. (M.R. 3525.1339)

Specific Learning Disability (SLD) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This disorder is:

- A. Manifested by interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the child does not learn at an adequate rate for the child's age or to meet state-approved grade-level standards when provided with the usual developmental opportunities and instruction from a regular school environment; and
- B. Demonstrated primarily in academic functioning, but may also affect other developmental, functional, and life adjustment skill areas; and may occur with, but cannot be primarily the result of: visual, hearing, or motor impairment; cognitive impairment; emotional disorders; or environmental, cultural, economic influences, limited English proficiency or a lack of appropriate instruction in reading or math.

Speech or Language Impairment Fluency disorder (SI/LI) "Fluency disorder" means the intrusion or repetition of sounds, syllables, and words; prolongations of sound; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.1)

Voice Disorder (AD) "Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.2)

Articulation disorder (AD) "Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern. Articulation patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

Language disorder (LI) "Language disorder" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.4)

Traumatic Brain Injury (TBI) "Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that may adversely affect a pupil's education performance and result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, speech/language,

memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, and information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.(M.R. 3525.1348)

Visually Impaired (VI) or Blindness means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed. (M.R. 3525.1345)

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