

# St. Michael-Albertville Schools

## Total Special Education System (TSES)

This document serves as the Total Special Education System Plan for St. Michael-Albertville Schools in accordance with Minnesota Rule 3525.1100. This plan also includes an assurance for compliance with the federal requirements pertaining to districts' special education responsibilities found in United States Code, title 20, chapter 33, and Code of Federal Regulations, title 34, part 300. This document is a companion to the Application for Special Education Funds – Statement of Assurances (ED-01350-29).

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### I. Child Study Procedures

The District's identification system is developed according to the requirement of nondiscrimination as St. Michael-Albertville Schools does not discriminate in education on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability.

#### A. Identification

St. Michael-Albertville Schools has developed systems designed to identify pupils with disabilities beginning at birth, pupils with disabilities attending public and nonpublic schools, and pupils with disabilities who are of school age and are not attending any school.

Infant and toddler intervention services under United States Code, title 20, chapter 33, section 1431 et seq., and Code of Federal Regulations, title 34, part 303, are available in St. Michael-Albertville Schools to children from birth through 2 years of age who meet the outlined criteria.

The team determines that a child from birth through the age of 2 years is eligible for infant and toddler intervention services if:

- A. The child meets the criteria of one of the disability categories in United States Code, title 20, chapter 33, as defined in Minnesota Rules; or
- B. The child meets one of the criteria for developmental delay in subitem (1), (2), or (3):
  - (1) The child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay; or
  - (2) The child is experiencing a developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:
    - (a) Cognitive development;
    - (b) Physical development, including vision and hearing;

- (c) Communication development;
- (d) Social or emotional development; and
- (e) Adaptive development.

(3) The child's eligibility is established through the application of informed clinical opinion. Informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments to establish eligibility.

The team shall determine that a child from the age of 3 years through the age of 6 years is eligible for special education when:

- A. The child meets the criteria of one of the categorical disabilities in United States Code, title 20, chapter 33, as defined in Minnesota Rules; or
- B. The child meets one of the criteria for developmental delay in subitem (1) and the criteria in subitem (2). St. Michael-Albertville Schools has elected the option of implementing these criteria for developmental delay.

(1) The child:

- (a) *Has a diagnosed physical or mental condition or disorder that has a high probability or resulting in developmental delay; or*
- (b) *Has a delay in each of two or more of the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, that is verified by an evaluation using one or more technically adequate, norm-referenced instruments. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean in each area.*

(2) The child's need for special education is supported by:

- (a) *At least one documented, systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified;*
- (b) *A developmental history; and*
- (c) *At least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion references instruments, language samples, or curriculum-based measures.*

St. Michael-Albertville Schools' plan for identifying a child with a specific learning disability is consistent with Minnesota Rule 3525.1341. St. Michael-Albertville Schools does not currently utilize universal response to scientific, research-based intervention for students qualifying for special education under a learning disability. Currently District 885 uses the discrepancy-based model criteria.

## **B. Evaluation**

Evaluation of the child and assessment of the child and family will be conducted in a manner consistent with Code of Federal Regulations, title 34, section 303.321.

- A. *General.* (1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or

early intervention services under this part and suspected of having a disability, receives—

- (i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and
  - (ii) If the child is determined eligible as an infant or toddler with a disability as defined in § 303.21;
    - (A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;
    - (B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.
- (2) As used in this part—
- (i) *Evaluation* means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of *infant or toddler with a disability* in § 303.21. An *initial evaluation* refers to the child's evaluation to determine his or her initial eligibility under this part;
  - (ii) *Assessment* means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under this part and includes the assessment of the child, consistent with paragraph (c)(1) of this section and the assessment of the child's family, consistent with paragraph (c)(2) of this section; and
  - (iii) *Initial assessment* refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
- (3)(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in § 303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.
- (ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed

clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.

- (4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- (5) Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of *native language* in § 303.25.
- (6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of *native language* in § 303.25.

B. Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include –

- (1) Administering an evaluation instrument;
- (2) Taking the child's history (including interviewing the parent);
- (3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);
- (4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- (5) Reviewing medical, educational, or other records.

C. Procedures for assessment of the child and family.

- (1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following:
  - (i) A review of the results of the evaluation conducted by paragraph (b) of this section;
  - (ii) Personal observations of the child; and
  - (iii) The identification of the child's needs in each of the developmental areas in § 303.21(a)(1).
- (2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must –
  - (i) Be voluntary on the part of each family member participating in the assessment;
  - (ii) Be based on information obtained through an assessment tool and also through an

interview with those family members who elect to participate in the assessment; and

- (iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

The team conducts an evaluation for special education purposes within a reasonable time not to exceed 30 school days from the date the district receives parental permission to conduct the evaluation or the expiration of the 14 calendar-day parental response time in cases other than initial evaluation, unless a conciliation conference or hearing is requested.

St. Michael-Albertville Schools conducts full and individual initial evaluation before the initial provision of special education and related services to a pupil. The initial evaluation consists of procedures to determine whether a child is a pupil with a disability that adversely affects the child's educational performance as defined in Minnesota Statutes, section 125A.02, who by reason thereof needs special education and related services, and to determine the educational needs of the pupil. The district proposing to conduct an initial evaluation to determine if the child qualifies as a pupil with a disability obtains informed consent from the parent of the child before the evaluation is conducted. Parental consent for evaluation is not construed as consent for placement for receipt of special education and related services. The District will not override the written refusal of a parent to consent to an initial evaluation or re-evaluation.

## **Evaluation Procedures**

Evaluations and reevaluations are conducted according to the following procedures:

- A. St. Michael-Albertville Schools shall provide notice to the parents of the pupil, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, that describes any evaluation procedures the district proposes to conduct.
- B. In conducting the evaluation, St. Michael-Albertville Schools:
  - (1) Uses a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and progress in the general curriculum, or for preschool pupils, to participate in appropriate activities;
  - (2) Does not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and
  - (3) Uses technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- C. St. Michael-Albertville Schools ensures that:
  - (1) Tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;
  - (2) Materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and

needs special education and related services, rather than measure the child's English language skills;

- (3) Any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;
- (4) The child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (5) Evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;
- (6) If an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;
- (7) Tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;
- (8) Tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and
- (9) In evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related service needs, whether or not commonly linked to the disability category in which the pupil has been classified.

- D. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section 125A.02, shall be made by a team of qualified professionals and the parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.
- E. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts 3525.1325 to 3525.1351.

### **Additional requirements for evaluations and reevaluations**

- A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part 3525.3100, the IEP team and other qualified professionals, as appropriate, shall:
  - (1) Review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and
  - (2) On the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related

services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.

- B. The district administers such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item A, subitem (2).
- C. The district obtains informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the pupil's parent has failed to respond.
- D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.
- E. A district evaluates a pupil in accordance with federal regulation before determining that the pupil is no longer a pupil with a disability.

### **Procedures for determining eligibility and placement**

- A. In interpreting the evaluation data for the purpose of determining if a child is a pupil with a disability under parts 3525.1325 to 3525.1351 and the educational needs of the child, the school district:
  - (1) Draws upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and
  - (2) Ensures that the information obtained from all of the sources is documented and carefully considered.
- B. If a determination is made that a child is a pupil with a disability who needs special education and related services, an IEP is developed for the pupil according to Minnesota Rule 3525.2810.

### **Evaluation report**

An evaluation report is completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report includes:

- A. A summary of all evaluation results;
- B. Documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
- C. The pupil's present levels of performance and educational needs that derive from the disability;
- D. Whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and
- E. Whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.

### **C. Plan for Receiving Referrals**

St. Michael-Albertville Schools' plan for receiving referrals from parents, physicians, private and public

programs, and health and human services agencies is in place at each site within the district/attached as Appendix A. The special education building coordinators oversee the process, in collaboration with school psychologists.

## **II. Method of Providing the Special Education Services for the Identified Pupils**

St. Michael-Albertville Schools provides a full range of educational service alternatives. All students with disabilities are provided the special instruction and services which are appropriate to their needs. The following is representative of St. Michael-Albertville Schools' method of providing the special education services for the identified pupils, sites available at which service may occur, and instruction and related services are available.

Appropriate program alternatives to meet the special education needs, goals, and objectives of a pupil are determined on an individual basis. Choice of specific program alternatives are based on the pupil's current levels of performance, pupil special education needs, goals, and objectives, and must be written in the IEP. Program alternatives are comprised of the type of services provided, the setting in which services occur, and the amount of time and frequency in which special education services occur. A pupil may receive special education services in more than one alternative based on the IEP or IFSP.

### **A. Method of providing the special education services for the identified pupils:**

- (1) One-on-one direct services or instruction,
- (2) Small group direct instruction,
- (3) Co-teaching direct instruction,
- (4) Indirect services/consultation,
- (5) Home-based and homebound services,
- (6) Online/computer-assisted instruction,
- (7) Community-based instruction.

### **B. Sites available at which services may occur:**

- (1) Albertville Primary School: 5386 Main Ave. NE Albertville, MN 55301
- (2) St. Michael Elementary School: 101 Central Ave Saint Michael, MN 55376
- (3) Big Woods Elementary School: 13470 Frankfort Parkway NE Saint Michael, MN 55376
- (4) Fieldstone Elementary School: 5255 Jansen Ave NE Saint Michael, MN 55376
- (5) Middle School East: 4862 Naber Ave NE Saint Michael, MN 55376
- (6) Middle School West: 11343 50th St NE Albertville, MN 55301
- (7) STMA High School: 5800 Jamison Ave NE Saint Michael, MN 55376
- (8) Community Education Center: 60 Central Ave W Saint Michael, MN 55376
- (9) Knights Academy and STMA Online: 60 Central Ave W Saint Michael, MN 55376
- (10) St. Michael Catholic School: 14 Main St. N St. Michael, MN 55376
- (11) In the case of online/distance learning or home-based education services, the IEP team determines the appropriate location for service delivery.
- (12) SouthWest Metro Intermediate District 288 (STMA is an associate member district)



## C. Available instruction and related services:

- (1) Individualized, specialized instruction for all disability categories, birth to age 22.
- (2) Social work services and counseling
- (3) Health services
- (4) Physical and Occupational Therapy
- (5) School psychology services
- (6) Speech/Language pathology services
- (7) Developmental Adaptive Physical Education (DAPE)
- (8) Audiology, deaf/hard of hearing, and vision impaired services
- (9) Transportation

**III. Administration and Management Plan.**

St. Michael-Albertville Schools utilizes the following administration and management plan to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

- A. The following table illustrates the organization of administration and management to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

<b>Staff Name and Title</b>	<b>Contact Information</b>	<b>Brief Description of Staff Responsibilities Relating to Child Study Procedures and Method of Providing Special Education Services</b>	<b>Additional Information</b>
Dr. Amy Larkin, Director of Special Services	STMA District Office 11343 50th St NE Albertville, MN 55301  763.497.6507  <a href="mailto:amylar@mystma.org">amylar@mystma.org</a>	Works with building administrators, special education supervisors, building coordinators, and superintendent to ensure child study procedures, evaluation and determination of eligibility, and development of IEPs are all done in accordance to state and federal requirements. Ensures that staff, resources and space are sufficient to provide FAPE.	Serves as district 504 Coordinator, McKinney Vento Liaison, and Migrant Education contact

Ms. Whitney Weber, Assistant Director of Special Education	Middle School West 11343 50th St. NE Albertville, MN 55301 763.497.3180 ext 5170 <a href="mailto:whitneyw@mystma.org">whitneyw@mystma.org</a>	Works with district and building administrators to guide and direct teams through child study process, early identification, evaluation and determination of eligibility, development of IEPs, IFSPs and ensure staff, resources and space are available to provide FAPE to identified students.	
Barbara Moll, Special Education Building Coordinator: High School  Sandy Hanson, Special Education Building Coordinator: Middle Schools  Kimberly Andres, Early Childhood Coordinator  Sheri Block, Special Education Building Coordinator: Elementary Schools	STMA High School 5800 Jamison Ave NE St. Michael, MN 55376 763.497.2192 <a href="mailto:barbaramo@mystma.org">barbaramo@mystma.org</a>  Middle School West 11343 50th St. NE Albertville, MN 55301 763.497.6566 <a href="mailto:sandrah@mystma.org">sandrah@mystma.org</a>  Albertville Primary 5386 Main Ave NE, Albertville, MN 55301 763.497.2688 <a href="mailto:kimberlya@mystma.org">kimberlya@mystma.org</a>  Big Woods Elementary 13470 Frankfort Pkwy St. Michael, MN 55376 763.497.8025 ext 6234 <a href="mailto:sherilynb@mystma.org">sherilynb@mystma.org</a>	Staff identified as building coordinators work with building administrators and site teams to guide child study procedures, as well as building-level programming, scheduling, and paraprofessional coordination.	

B. Due Process assurances available to parents: St. Michael-Albertville Schools has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils, including alternative dispute resolution and due process hearings. A description of these processes are as follows:

- (1) Prior written notice to a) inform the parent that except for the initial placement of a child in special education, the school district will proceed with its proposal for the child's placement or for providing special education services unless the child's parent notifies the district of an objection within 14 days of when the district sends the prior written notice to the parent; and b) state that a parent who objects to a proposal or refusal in the prior written notice may request a conciliation conference or another alternative dispute resolution procedure.
- (2) *St. Michael-Albertville Schools* will not proceed with the initial evaluation of a child, the initial placement of a child in a special education program, or the initial provision of special education services for a child without the prior written consent of the child's parent. A district may not override the written refusal of a parent to consent to an initial evaluation or reevaluation.
- (3) A parent, after consulting with health care, education, or other professional providers, may agree or disagree to provide the parent's child with sympathomimetic medications unless medical, dental, mental and other health services are necessary, in the professional's judgment, that the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.
- (4) Parties are encouraged to resolve disputes over the identification, evaluation, educational placement, manifestation determination, interim alternative educational placement, or the

provision of a free appropriate public education to a child with a disability through conciliation, mediation, facilitated team meetings, or other alternative process. All dispute resolution options are voluntary on the part of the parent and must not be used to deny or delay the right to a due process hearing. All dispute resolution processes are provided at no cost to the parent.

- (5) Conciliation Conference: a parent has the opportunity to meet with appropriate district staff in at least one conciliation conference if the parent objects to any proposal of which the parent receives prior written notice. *St. Michael-Albertville Schools* holds a conciliation conference within ten calendar days from the date the district receives a parent's objection to a proposal or refusal in the prior written notice. All discussions held during a conciliation conference are confidential and are not admissible in a due process hearing. Within five school days after the final conciliation conference, the district must prepare and provide to the parent a conciliation conference memorandum that describes the District's final proposed offer of service. This memorandum is admissible in evidence in any subsequent proceeding.
- (6) In addition to offering at least one conciliation conference, *St. Michael-Albertville Schools* informs parents of other dispute resolution processes, including at least mediation and facilitated team meetings. The fact that an alternative dispute resolution process was used is admissible in evidence at any subsequent proceeding. State-provided mediators and team meeting facilitators shall not be subpoenaed to testify at a due process hearing or civil action under special education law nor are any records of mediators or state-provided team meeting facilitators accessible to the parties.
- (7) Descriptions of the mediation process, facilitated team meetings, state complaint, and impartial due process hearings may be found in *St. Michael-Albertville Schools' Procedure Safeguard Notice*, attached as Appendix B.

#### IV. Interagency Agreements the District has Entered

*St. Michael-Albertville Schools* has entered in the following interagency agreements or joint powers board agreements for eligible children, ages 3 to 21, to establish agency responsibility that assures that interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources:

Name of Agency	Terms of Agreement	Agreement Termination/ Renewal Date	Comments
SouthWest Metro Intermediate District 288	Associate Membership (initiated July 1, 2021)		
Region 7W Help Me Grow Interagency Early Intervention Committee	Established in cooperation with the following: 7 SEAU's: Sherburne Northern Wright Special Education Cooperative, West Central Education District, St. Cloud Public Schools, Benton Stearns Education District, Buffalo Public Schools, Meeker and Wright Special Education Cooperative, Elk River	Meets quarterly; reviews and comments on the early intervention service of this Total Special Education System Plan for STMA Schools, the county social service plan, the section(s) of the community health services plan that addresses needs of and service activities targeted to children with special health care needs, the section on children with special needs	

	<p>Public Schools.</p> <p>Stearns County Human Services, Benton County Public Health and Human Services, Sherburne County Health and Human Services – Public Health Division, Wright County Public Health, and Wright County Human Services.</p> <p>Wright and Benton County Commissioners, Elk River School Board Rep, ECFE rep from Big Lake and St. Cloud, WCCA head start, Parent reps, Child Care Choices Inc.</p>	<p>in the county child care fund plan, sections in Head Start plans on coordinated planning and services for children with special needs, any relevant portions of early childhood education plans, such as early childhood family education or school readiness, or other applicable coordinated school and community plans for early childhood programs and services, and the section of the maternal and child health special project grants that address needs of and service activities targeted to children with chronic illness and disabilities.</p>	
Community Transition Interagency Committee (CTIC)	<p>Established in cooperation with districts in the counties of Sherburne and Wright including Monticello, Big Lake, Becker, Rockford, Delano, Elk River, Buffalo-Hanover-Montrose, Maple Lake and the Meeker and Wright County Special Education Cooperative, for youth with disabilities, beginning at grade 9 or age equivalent, and their families.</p>	<p>Revised annually if needed.</p> <p>CTIC Meets the third Tuesday of each month during the school year.</p> <p>Disseminates the summary to all adult services agencies involved in the planning and the MDE by October 1 of each year.</p>	<p>The responsibilities of the CTIC are under the umbrella of the district/school responsibilities. All duties and responsibilities are carried out within the collaborative process with adult service providers, Vocational Rehab Services, county social services and local businesses.</p>
Wright Technical Center	Member district		Member district since 1999

St. Michael-Albertville Schools is part of an interagency with the Tri-Valley Headstart for eligible children, ages birth to kindergarten, to assure that interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources. Each agency's financial responsibilities as well as the procedures and policies that identify each agency's responsibilities are outlined in the governance agreement. The agencies agree that if any agency fails to perform any of the duties outlined in the collaborative agreement, either party may terminate this agreement. Services provided by Tri-Valley Headstart are to cultivate lifelong learning for identified children and make referrals for special education evaluations to St. Michael-Albertville Schools. St. Michael-Albertville Schools services are to accept referrals from Tri-Valley Headstart and provide assessments and evaluations to identified children. There is no payment for services between the two agencies.

## V. Special Education Advisory Council

In order to increase the involvement of parents of children with disabilities in district policy making and decision making, St. Michael-Albertville Schools has a special education advisory council.

- A. St. Michael-Albertville Schools' Special Education Parent Advisory Council is individually established.
- B. St. Michael-Albertville Schools' Special Education Advisory Council is not a subgroup of the district Parent Advisory Committee.
- C. At least half of St. Michael-Albertville Schools' parent advisory councils' members are parents of students with a disability.

The district has a nonpublic school located in its boundaries and the parent advisory council includes at least one member who is a parent of a nonpublic school student with a disability, or an employee of a nonpublic school if no parent of a nonpublic school student with a disability is available to serve.

Each local council meets no less than once each year.

- D. St. Michael-Albertville Schools' Special Education Parent Advisory Council meets three times per year.
- E. The operational procedures of St. Michael-Albertville Schools' Special Education Parent Advisory Council are as follows: The Special Education Parent Advisory Council shall be advisory in nature to the Director of Special Services regarding recommendations for current or proposed special education policy, programs, or services at the district level. The Director of Special Services will have final authority on how to proceed with recommendations. Information may be brought to Special Education Parent Advisory Council by the members of Special Education Parent Advisory Council, Special Education Leadership Action Team, parents, the special education department, and the community at large. Topics shall be submitted to the chairperson of Special Education Parent Advisory Council and approved items will be added to future agendas. The Special Education Parent Advisory Council shall have access to the School Board and the Superintendent through the Director of Special Services.

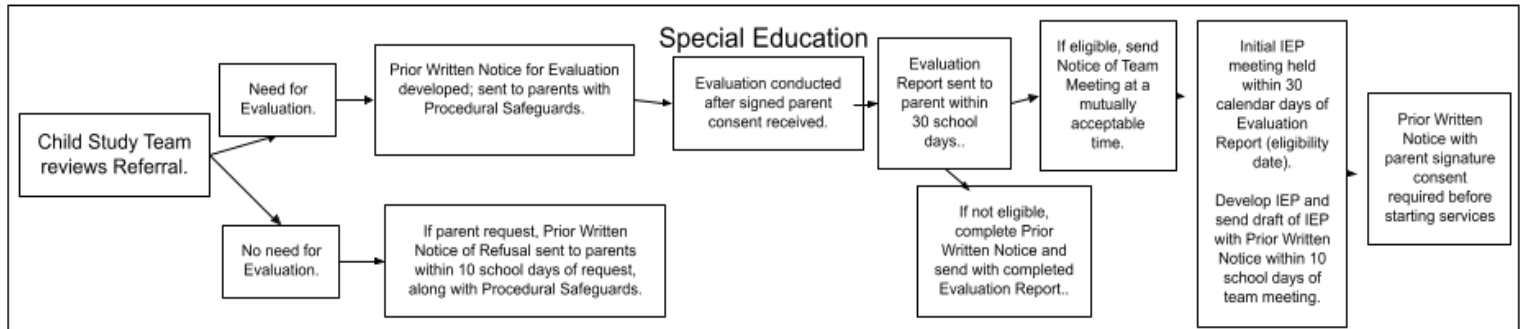
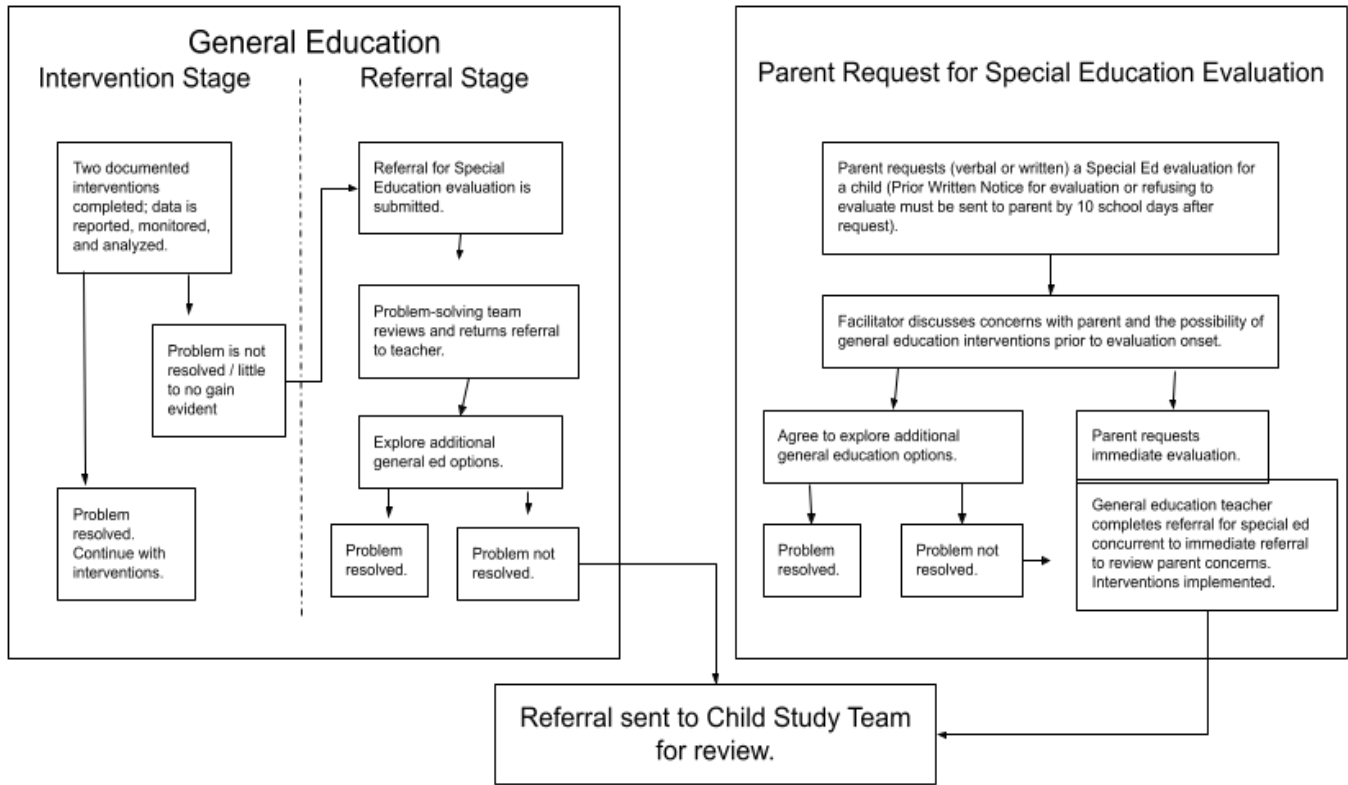
## VI. Assurances

Code of Federal Regulations, section 300.201: Consistency with State policies. St. Michael-Albertville Schools, in providing for the education of children with disabilities within its jurisdiction, has in effect policies, procedures, and programs that are consistent with the State policies and procedures established under sections 300.101 through 300.163, and sections 300.165 through 300.174. (Authority: 20 U.S.C. § 1413(a)(1)).

Yes: Assurance given.

APPENDIX A  
Plan for Receiving Referrals

Part B: K-12



# Part B ECSE Referral Actions

**BEGIN HERE:** A primary referral source has identified and referred a child between the ages of 2 years 10 months and 16 days and 5 (not yet enrolled in kindergarten) who has a diagnosed condition with a high probability for delay, or a suspected developmental delay, or atypical development based on screening, observation or parent report.

Referral made through statewide phone or online system. Help Me Grow referral system will generate an email contacting the assigned local education agency.

Upon receipt of the referral, the local education agency will provide the family with a notice of procedural safeguards. The local education agency will gather and review information available, determine status at referral and appropriate next step:

## Screening

No diagnosis, prior screening or other data indicating a suspected disability is available or evident AND the team has determined that screening is appropriate

The child participates in the early childhood screening procedures that are available to all students

NO

YES

The child participates in an individualized developmental screening and parent consent is obtained through a PWN

Screening is completed and results are shared with the parent: Is the child suspected of having a disability? Parent(s) are informed of their right to request an evaluation.

NO\*\*\*

YES

\*\*\*If the child participates in a screening in response to a referral and is not a child suspected of [having] a disability, provide the parents with a PWN to document the [district's] refusal [to evaluate].

**If the parent requests an evaluation at any point during this process and the district chooses to deny this request:**  
Complete a PWN including the reason that the district is refusing to act on the referral.  
Refusals must be completed within 14 calendar days of receiving the request.  
Minn. R. 3525.3600

Request for evaluation by team or parent

OR

A disability is suspected due to professional observation or prior screening

- 1) Review all available existing data including screening information, medical diagnosis, existing testing, etc.
- 2) Propose an evaluation plan using a notice of evaluation that addresses all areas of the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities
- 3) Obtain parental consent
- 4) Implement evaluations as planned (complete evaluation within a reasonable amount of time not to exceed 30 school days)
  - Review medical records
  - Interview parents
  - Evaluate in all areas of suspected disability
  - Observe in setting routine to the child
  - Gather information from other sources
- 5) Determine if child meets eligibility criteria

NO

Yes

- 1) Complete evaluation report documenting results of all information obtained including educational needs and documentation of eligibility criteria
- 2) Schedule an IEP meeting with the family including all required team members (consider the current enrollment of child in any early childhood settings).

Determination that a child is NOT eligible

- Complete an evaluation report summarizing all information obtained
- Provide parents with PWN (Notice must include a description of parents right to dispute eligibility determination through dispute resolution mechanisms, e.g. mediation, hearing or complaint)

Initial IEP team meeting must be held: 1) Within 30 calendar days of the sharing of evaluation results, 2) at a mutually agreed upon time and location, 3) in the Native language or other mode of communication of the family unless not feasible. Provide notice of a meeting early enough to allow parents to attend.

## Post Referral Actions: Part C

### Receiving a referral

- 1) A primary referral source has identified and referred an infant or toddler who is NOT within 45 days of their third birthday and has a diagnosed condition, a suspected developmental delay or atypical development, or as the subject of a substantiated case of child abuse or neglect.
- 2) Referral made through statewide phone or online system. Minnesota Department of Education will contact designated local intake ASAP and in no case more than one business day after receiving referral or local education agency will receive referral and determine the appropriate next step.

### Acting on a referral: Screen

- 1) No diagnosis, prior screening or other data indicating a suspected disability is available so the team determines screening is appropriate.
- 2) Provide prior written notice or intent to screen and make sure to include all required components of prior written notice and describe parent's right to request an evaluation at any point during screening.
- 3) Obtain written consent.
- 4) Screen the child using appropriate instruments and trained staff.
- 5) If the screening results indicate that the child is suspected of having a disability OR even with no evidence of a suspected disability the parent has requested an evaluation, begin the evaluation and assessment process described below.
- 6) If the screening results indicate that the child is NOT suspected of having a disability and parents have not requested an evaluation, provide prior written notice containing screening results. Include all required components of the prior written notice and make sure to describe parent's rights to request an evaluation.

### Acting on a referral: Evaluation and Assessment

- 1) A disability is suspected due to professional observation or prior screening OR evaluation is requested by parent. The team determines evaluation is appropriate.
- 2) Team will appoint a Service Coordinator for the family. The Service Coordinator will propose a comprehensive, multidisciplinary evaluation/assessment through a prior written notice.
- 3) Obtain informed consent from the parents.
- 4) Implement evaluations as planned. Make sure to review medical records that are available and interview parents regarding their concerns and observations. Make sure the evaluation includes evaluations of all five domain areas, observations in settings routine to the child and contains information from other sources as appropriate.
- 5) Consider all information using informed clinical opinion.
- 6) Determine if child meets criteria.
- 7) If child does meet eligibility criteria parents must have also given written consent on a prior written notice for the child assessment in ALL developmental areas. (This consent could have been obtained on the original prior written notice for evaluation.)
- 8) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 9) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.
- 10) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Informed Clinical Opinion

- 1) AFTER formal evaluation procedures have been conducted as described above the team determines that the child does not meet eligibility criteria based upon standardized evaluation measures. The team may choose to use informed clinical opinion to establish eligibility for Developmental Delay under Part C.



- 2) If the team believes the child does meet eligibility standards under this decision the parents must also give written consent on a prior written notice for the child assessment in ALL developmental areas.
- 3) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 4) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.
- 5) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Independent Evaluation will be adopted

- 1) Evidence of a diagnosed condition OR documentation of previous evaluation results have been given to the educational team. Review of this data indicates that child has met the eligibility criteria for an infant or toddler with a disability under Part C criteria.
- 2) The team will appoint a Service Coordinator. The Service Coordinator will provide Part C procedural safeguards notice to family.
- 3) The parents must give written consent on a prior written notice for the child assessment in ALL developmental areas.
- 4) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 5) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.
- 6) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Evaluation and application of Informed Clinical Opinion results in NO eligibility

- 1) Formal evaluation and applied use of informed clinical opinion has determined that the child is NOT eligible; does not have a disability.
- 2) Provide parents with prior written notice describing outcome of the evaluation process. This notice must include a description of parent's right to dispute eligibility determination through dispute resolution mechanisms, e.g. mediation, hearing or complaint.
- 3) If available, provide information about community programs, resources and services.

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