



Next Event:
Saturday, June 12th

Special Education

FREE LEGAL CLINIC

Held the 2nd Saturday of every month

Attend in-person or virtually

9am to 10am: "Power to the Parents" Group Workshop

10am to noon: Individual guidance sessions

lawyers4students.com/legalclinic

BIENVENIDOS A LA ****PRIMERA**** CLÍNICA LEGAL DE EDUCACIÓN ESPECIAL

- **Recursos importantes:**
- **Registro en la clínica:**
 - Lawyers4Students.com/legalclinic
- **Parte inferior de la página:**
 - **PÁGINA DE RECURSOS:** Recursos de educación especial para padres/tutores
 - **PORTAL DE INVESTIGACIÓN:** Portal de investigación de educación especial para padres/tutores



TALLERES “EL PODER PARA LOS PADRES”

- 12 de junio: N.º 1 - Aprendizaje del idioma de la educación especial
- 10 de julio: N.º 2 - Recorrido por las secciones del IEP
- 14 de agosto: N.º 3 - Comportamiento y apoyos socioemocionales
- 11 de sept.: N.º 4 - Consejos de negociación y formación de equipos del IEP
- 9 de oct.: N.º 5 - Informes de progreso, metas basadas en datos y servicios de recuperación
- 13 de nov.: N.º 6 - Planificación de la transición (a la adultez) en el IEP
- 11 de dic.: N.º 7 - Derechos procesales y resolución de controversias

LEYES DE EDUCACIÓN ESPECIAL

- Educación para Todos los Niños con Discapacidad (1975)
- IDEA: Ley de Educación para los Individuos con Discapacidades (1990)
- IDEIA: Ley de Mejora de la Educación para los Individuos con Discapacidades (2004)
 - Propósito: "Proporcionar una Educación Pública Apropiable y Gratuita que satisfaga las necesidades únicas de un niño y prepare al niño para mayor educación, empleo y vida independiente".
 - También: Estándares Operativos de Ohio para Estudiantes con Discapacidades
- NCLB: Que Ningún Niño se Quede Atrás (2002)
- Sección 504 de la Ley de Rehabilitación de 1973
- ADA: Ley de Estadounidenses con Discapacidades
- FERPA: Ley de Derechos Educativos y Privacidad de la Familia



TÉRMINOS DE EDUCACIÓN ESPECIAL DE IDEA

- FAPE: Educación Pública Apropiaada y Gratuita
- LRE: Entorno Menos Restringitivo
- **PR-01**: Formulario de Aviso Previo por Escrito
- Búsqueda de Niños: Obligación de la escuela de identificar y educar a estudiantes con discapacidades
- RTI: Respuesta a la Intervención
 - MTSS: Sistema Multinivel de Apoyos



PR-01: AVISO PREVIO POR ESCRITO A LOS PADRES

PR-01 PRIOR WRITTEN NOTICE TO PARENTS		
CHILD'S INFORMATION		
Name:	DATE OF BIRTH:	DATE OF NOTICE:
This is to notify you of the district's action:		
TYPE OF ACTION TAKEN		
<input type="checkbox"/> Propose to initiate an initial evaluation		
<input type="checkbox"/> Refused to initiate an evaluation		
<input type="checkbox"/> Re-evaluated		
<input type="checkbox"/> Change of placement		
<input type="checkbox"/> Change of placement for disciplinary reasons		
<input type="checkbox"/> Propose to change the identification, evaluation or educational placement of the child or provision of FAPE		
<input type="checkbox"/> Refused to change the identification, evaluation or educational placement of the child or provision of FAPE		
<input type="checkbox"/> Reevaluation		
<input type="checkbox"/> IEP team meetings where the parent(s) disagree with the district		
<input type="checkbox"/> Revocation of Consent		
<input type="checkbox"/> Due process hearing, or an expedited due process hearing, initiated by the district		
<input type="checkbox"/> Evaluation from high school		
<input type="checkbox"/> Leaving high school due to exceeding the age eligibility for FAPE		
<input type="checkbox"/> Other:		
2. A description of the action proposed or refused by the school district:		
An explanation of why the school district proposes or refuses to take the action:		
4. A description of other options that the IEP team considered and the reasons why those options were rejected:		
3. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:		
4. A description of other factors that are relevant to the school district's proposal or refusal:		
PROVISION OF PROCEDURAL SAFEGUARDS		
As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. You will be given a copy of your procedural safeguards once per year. In addition, you will be given a copy of your procedural safeguards when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a due process hearing and in accordance with the discipline procedures in 34 CFR 300.530(c).		
If you have any questions about the actions described in this form, your rights as described in the Procedural Safeguards Notice, other related concerns, or you wish to obtain a copy of the Procedural Safeguards Notice, please contact the following:		
Name:	Title:	
Address:		
City:	State:	Zip Code:
Telephone:	E-mail:	
School District:		

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TÉRMINOS DE EDUCACIÓN ESPECIAL DE IDEA



- **ETR:** Informe del Equipo Evaluador
- **IEE:** Evaluación Educativa Independiente
- **FBA:** Evaluación del Comportamiento Funcional, *consulte también BCBA y BIP*
- **IEP:** Programa Educativo Individualizado
- **SDI:** Instrucción Especialmente Diseñada frente a Servicios Relacionados
- **AT:** Tecnología de Asistencia
- **Plan 504:** Un plan de alojamiento realizado en virtud de la Sección 504
- **MDR:** Revisión de la Determinación de Manifestación

FBA: EVALUACIÓN DEL COMPORTAMIENTO FUNCIONAL

OP-1 Functional Behavior Assessment <small>(Optional Form)</small>		District Name
Child's Name	Student ID	Grade
Date of Meeting	Date of Implementation	

Directions: A functional behavioral assessment (FBA) must be conducted when the IEP team determines that the student's behavior is a manifestation of the student's disability. A FBA may be conducted, as determined appropriate by the student's IEP team, if the student's behavior results in disciplinary action that changes the child's placement on the continuum of alternative placement options.

Please fill out a separate copy of this form for each behavior being assessed.

- 1. Behavior of Concern:** Provide a description of the behavior in observable and measurable terms. Include a description of the intensity, frequency and duration of the problem behavior.
- 2. What Event Triggers the Behavior (Antecedent):** Include a description of environmental factors which may contribute to the behavior (e.g., medical conditions, events, schedules and social factors).
- 3. Setting Where Behavior Most Likely Occurs:** Describe the setting in which the behavior occurs (time of day, physical setting, persons involved). Include a description of any reward events that precede the target behavior (consequences).
- 4. How Often/How Long:** Describe the time between the request to stop or change the behavior and the time of the student's response to the request.
- 5. Who is the student most likely to react negatively to when requested to do something and who is the student least likely to react negatively to when requested to do something?**
- 6. What is the vocal adult response to the student's negative behavior?**
- 7. Consequences:** include a description of the consequences that resulted from the behavior of concern.
- 8. Why (function or purpose of behavior)?** What is the student communicating through the behavior of concern?

Functional Behavioral Assessment Additional Information*		
Behavior History Interventions Attempted	Primary Mode of Communication	Other Relevant Information (e.g., medical)

Signatures:

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SDI: INSTRUCCIÓN ESPECIALMENTE DISEÑADA FRENTE A SERVICIOS RELACIONADOS

IEP Individualized Education Program CHILD'S NAME: _____ DATE: _____

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN: _____	END: _____	AMOUNT OF TIME: _____	FREQUENCY: _____
RELATED SERVICES:			
BEGIN: _____	END: _____	AMOUNT OF TIME: _____	FREQUENCY: _____
ASSISTIVE TECHNOLOGY:			
BEGIN: _____	END: _____	AMOUNT OF TIME: _____	FREQUENCY: _____
ACCOMMODATIONS:			
BEGIN: _____	END: _____		
MODIFICATIONS:			
BEGIN: _____	END: _____		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN: _____	END: _____		
SERVICES TO SUPPORT MEDICAL NEEDS:			
BEGIN: _____	END: _____		

MDR: REVISIÓN DE LA DETERMINACIÓN DE MANIFESTACIÓN

PR-03 MANIFESTATION DETERMINATION REVIEW	
<small>In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.</small>	
CHILD'S INFORMATION	
CHILD'S NAME: _____	DATE OF BIRTH: _____
ID NUMBER: _____	
NATURE OF THE CHILD'S DISABILITY: _____	
NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION: _____	
DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY	
1. In relationship to the behavior subject to disciplinary action:	
a. Did the IEP team review relevant information in the student's file and the student's IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the IEP team review relevant information presented by the parents and teacher observations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Did the IEP team determine that the conduct in question was caused by/ or had a direct and substantial relationship to the child's disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Was the child's conduct a direct result of the district's failure to implement the IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The behavior is a manifestation of the student's disability, if the IEP team indicated "Yes" on item c or d of 1 above.	
CONCLUSION	
DATE OF MANIFESTATION DETERMINATION REVIEW: _____	
SIGNATURES <small>Adult Signatures Line</small>	
Signature: _____	Title: _____

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