

# Medical Home Telephone Conference

## July 26, 2005

Guest Speaker: Jocelyn Taylor (State Office of Education)

In previous conference calls we have been discussing what is available through the school system for children with autism; what kind of programming should children with autism have, and how can we support that. Jocelyn is going to help give us accurate and updated information. It is her role in the state as an education specialist for autism to be available for questions and help and anytime. Jocelyn can also help people get in touch with special education directors and autism specialist in a specific district. Please refer to handout during Jocelyn's discussion. Jocelyn will be discussing what services children with autism are eligible for, what services they can access and how can they get those services? Page 2 of the handout, the school system does not use ASD as the label, the label in special education is autism, this covers aspergers and the PDD-NOS. The school system does not differentiate these. When a parent comes and says my child has Aspergers, the school system will put the child under the autism umbrella. Jocelyn was recently in West Virginia, 1 in 250 children with autism. Question: How is the school prepared to meet this need? The school system hired Jocelyn and has trained about 10,000 people in the last ten years, established autism teams and autism specialists for each district. Emergency procedures can be accessed through Jocelyn or special education directors. There are also teams for emergency consultation when there is severe behavior.

How do children get into the system? The system is special education (IDEA). Page four has the Education Classification Model, the features that schools must and are mandated to use. First, there is Child Find. This means that schools are to actively and vigorously pursue information about children with disability. We seek out and find them. Any information that can be gathered is welcomed, also any kind of referral from a physician is welcomed. A regular education classroom can generate a referral. Anyone can make a referral, a parent, a physician, bus driver or anyone. This referral then goes to the school for evaluation, the principal is the point of contact for this referral. The evaluation must look at these three items:

1. Multiple measures, both formal and informal. Information from parents and physicians. Schools need to assess the intellectual, academic, communication, social and adaptive functioning. If information about these areas come from a medical facility it is really welcomed so there is not repeat testing.
2. Prior medical and developmental history. Children with autism usually have a profile of typical development that drops off at age 1-2years old,.
3. Requirements of evaluation procedures of special education . We need to be unbiased on evaluations and need to evaluate what is on the referral.

After the evaluation is completed, then the IEP team (evaluation team), gather together to determine if the child is eligible. The team consists of: the parents, anyone the parents invite (advocate) and evaluation team in the school. They sit down and look at evaluation data and ask these three questions (this is often the point of confusion):

1. Does the autism adversely affect the child's educational performance?
2. Does the child require special education? Example, a parent called and said my child needs to have physical therapy because she can't ride a tricycle. Jocelyn's response was, she probably could use physical therapy from a medical clinic to help her ride a tricycle, but riding the tricycle is not necessary for her to be able to access her curriculum. We can make modifications in the school system to get her from one place to the other but riding a tricycle is not what she needs to access the curriculum. What does this child need to access the curriculum.
3. Autism must be primary disability.
- 4.

When these questions are asked and answered, then the team can determine if this child is eligible. If the child is not eligible the child exits the system. Hopefully the people in the school can look at section 504. The ADA accommodations, doesn't fall within special education so a different person coordinates. Schools are required by law to have designated a person to coordinate section 504 laws. Don't take no for an answer if you are looking for someone to help coordinate this. Section 504 plans can be very powerful but are not funded. These are reasonable accommodations that can be accomplished.

If the child is eligible for special education, then the team need to develop the IEP (Individual Education Plan). The IEP is the tool that is well designed that. Sometimes there can be disagreements with the IEP team about the appropriate program, this can be helped by bringing all the information to the table and work together to design a plan that will provide FAPE (free and appropriate public education). Team needs to decide what is appropriate. Volkswagen verses Cadillac services. FAPE has been defined by the supreme court as minimal progress. By law all the needs to be provided is progress. Schools are mandated by the new IDEA. Schools need to use scientifically based practices. Outcomes are academic piece not social piece. Special Education cannot say that program is too expensive. It is against the law to say your child needs this but it's too expensive so we can't provide it, but you can say by determination your child does not need this in order to make minimal progress. Current research is showing on Lovas project that 40 hours is not the magic number. It's all individually based.

After the IEP is designed it needs to be updated on a yearly basis. Question: What happens when a child moves from another state and has a current IEP. Schools may accept or reject that IEP. The school has a right to write a interim IEP. The more information the school can get from the previous district the better. Jocelyn has found that kids with one on one help may have problems

when they get into Jr. High (prompt dependent). Try to integrate the child as soon as possible. A medical/mental health diagnoses of autism does not automatically equal an education classification. Some physicians have written a prescription for autism. Page 5 has the federal definition of autism. Page 6 and 7 is used to train with and lists the range of functioning. Page 8 has the sensory processing and how it varies. This is helpful for parents. Refer to handout. Email Jocelyn if you have any questions.

Next Phone Conference: Tuesday August 23, 2005.

Attendees: Lisa Samson-Fang, Barbara Ward, Gina Pola-Money, Lisa Lee, Diane Pinkney, Robert Terashima, Kathy Heffron, Cathi Hall