Watertown Mayer
Public Schools

Connections • Opportunities

2025-2027
Total Special Education System Plan (TSES)

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Appendices

Watertown-Mayer District #111 Total Special Education System (TSES)

This document serves as the Total Special Education System Plan for District #111 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 District #111 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

District #111 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 District #111 to children from birth through two years of age who meet the outlined criteria.

The team determines that a child from birth through the age of two 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 sub item (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 three years through the age of six years is eligible for special education when:

A. The child meets the criteria of one of the categorical disabilities in the 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 sub item (1) and the criteria in subitem (2). District #111 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 referenced instruments, language samples, or curriculum-based measures.

District #111 plan for identifying a child with a specific learning disability is consistent with Minnesota Rule 3525.1341. District #111 plans for identifying a child with a specific learning disability is fully reviewed in Appendix**: "A "defined as the Discrepancy determination model.**

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.

District #111 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. District #111 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, District #111:

   (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. District #111 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.

F. Restrictive Procedures:

The district intends to use restrictive procedures. The *Restrictive Procedure Plan* can be found on the district's special education web page. The district follows the restrictive procedure Statute: Minnesota Statute 125A.094-125A.0942.

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

District #111 plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies is attached as **Appendix: "B". Additional Information including: Help me Grow –child find Birth-3; How to Refer your Child can be found on the district's special education web page.**

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

District #111 provides a full range of educational service alternatives. All students with disabilities are provided with special instruction and services which are appropriate to their needs. The following is representative of District #111 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 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) Indirect support i.e. SPED teacher works with regular ed teachers to accommodate the individual learner's educational emotional, social needs.

2) Individual 1x1 support and instruction by the SPED teacher. 1x1 supports may be the regular ed or designated service areas in the school.

3) Small group (similar peer) skill building. Support may be in the regular ed or in a designated service area in the school.

4) Co- teaching the SPED and regular ed., core content teacher team in the regular instructional environment.

5) Evidenced based literacy and math supports, via highly qualified SPED teachers.

6) Out of District Services

B) Sites available at which services may occur: **See Appendix: "C"**

C) Available instruction and related services: **See Appendix: "D"**

III. Administration and Management Plan.

District #111 utilizes the administration and management plan found in **Appendix: E** to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

A. Due Process assurances available to parents: *District #111* has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and methods 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) *District #111* 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. *District #111* 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, District #*111* 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: *District #111* Procedure Safeguard Notice, which can be **found on the district's special education web site.**

IV. Interagency Agreements the District has Entered

District #111 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	Contract Dates
Carver County Community Services	Mental Health Supports	July 1st – June 30th yearly
SW Metro Educational Cooperative	SpEd Related Services PT, DHH, PI, Audiology, VI	July 1st – June 30th yearly
SW Metro Educational Cooperative	Low Incident SpEd Programs EBD, ASD, Federal Setting IV	July 1st – June 30th yearly
SW Metro Educational Cooperative	ALC, Career Tech Programs	July 1st – June 30th yearly
Carver County Vocational Rehab	Services for students in Transition from school to community work based options	Agreement – no contract

V. Special Education Advisory Council

In order to increase the involvement of parents of children with disabilities in district policy making and decision making: *District #111* has a special education advisory council.

A. : *District #111* Special Education Advisory Council is *individually established.*

B. : *District #111* Special Education Advisory Council *is not* a subgroup of an *existing board/council/committee.*

C. At least half of: *District #111 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 seeks to include 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.

D) The special education advisory council meets no less than once each year.

The operational procedures of *District #111* Special Education Advisory Council can be found on the district's special education web page.

VI. Assurances

Code of Federal Regulations, section 300.201: Consistency with State policies. *District #111*, 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

District Plan for Determining Specific Learning Disability

Watertown-Mayer School District references Statue 3525.1341 from Minnesota Administrative Rules. The statue states the following in regards to Specific Learning Disabilities:

3525.1341 SPECIFIC LEARNING DISABILITY.

Subpart 1. **Definition.** "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself 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.

The 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.

Subp. 2. **Criteria.** A child is eligible and in need of special education and related services for a specific learning disability when the child meets the criteria in items A, B, and C or in items A, B, and D. Information about each item must be sought from the parent and must be included as part of the evaluation data. The evaluation data must confirm that the effects of the child's disability occur in a variety of settings. The child must receive two interventions, as defined in Minnesota Statutes, section 125A.56, prior to evaluation, unless the parent requests an evaluation or the IEP team waives this requirement because it determines the child's need for an evaluation is urgent.

A. The child does not achieve adequately in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, or mathematical problem solving, in response to appropriate classroom instruction, and either:

(1) the child does not make adequate progress to meet age or state-approved grade-level standards in one or more of the areas listed above when using a process based on the child's response to scientific, research-based intervention (SRBI); or

(2) the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability.

The performance measures used to verify this finding must be representative of the child's curriculum or useful for developing instructional goals and objectives. Documentation is required to verify this finding. Such documentation includes evidence of low achievement from the following sources, when available: cumulative record reviews; classwork samples; anecdotal teacher records; statewide and districtwide assessments; formal, diagnostic, and informal tests; curriculum-based evaluation results; and results from targeted support programs in general education.

B. The child has a disorder in one or more of the basic psychological processes which includes an information processing condition that is manifested in a variety of settings by behaviors such as inadequate: acquisition of information; organization; planning and sequencing; working memory, including verbal, visual, or spatial; visual and auditory processing; speed of processing; verbal and nonverbal expression; transfer of information; and motor control for written tasks.

C. The child demonstrates a severe discrepancy between general intellectual ability and achievement in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, or mathematical problem solving. The demonstration of a severe discrepancy shall not be based solely on the use of standardized tests. The group shall consider these standardized test results as only one component of the eligibility criteria. The instruments used to

assess the child's general intellectual ability and achievement must be individually administered and interpreted by an appropriately licensed person using standardized procedures. For initial placement, the severe discrepancy must be equal to or greater than 1.75 standard deviations below the mean of the distribution of difference scores for the general population of individuals at the child's chronological age level.

D. The child demonstrates an inadequate rate of progress. Rate of progress is measured over time through progress monitoring while using intensive SRBI, which may be used prior to a referral, or as part of an evaluation for special education. A minimum of 12 data points are required from a consistent intervention implemented over at least seven school weeks in order to establish the rate of progress. Rate of progress is inadequate when the child's:

(1) rate of improvement is minimal and continued intervention will not likely result in reaching age or state-approved grade-level standards;

(2) progress will likely not be maintained when instructional supports are removed;

(3) level of performance in repeated assessments of achievement falls below the child's age or state-approved grade-level standards; and

(4) level of achievement is at or below the fifth percentile on one or more valid and reliable achievement tests using either state or national comparisons. Local comparison data that is valid and reliable may be used in addition to either state or national data. If local comparison data is used and differs from either state or national data, the group must provide a rationale to explain the difference.

Subp. 3. **Determination of specific learning disability.** In order to determine that the criteria for eligibility in subpart 2 are met, documentation must include:

A. an observation of the child in the child's learning environment, including the regular classroom setting, that documents the child's academic performance and behavior in the areas of difficulty. For a child of less than school age or out of school, a group member must observe the child in an environment appropriate to the child's age. In determining whether a child has a specific learning disability, the parents and the group of qualified professionals, as provided by Code of Federal Regulations, title 34, section 300.308, must:

(1) use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for a special education evaluation; or

(2) conduct an observation of academic performance in the regular classroom after the child has been referred for a special education evaluation and appropriate parental consent has been obtained; and

(3) document the relevant behavior, if any, noted during the observation and the relationship of that behavior to the child's academic functioning;

B. a statement of whether the child has a specific learning disability;

C. the group's basis for making the determination, including that:

(1) the child has a disorder, across multiple settings, that impacts one or more of the basic psychological processes described in subpart 1 documented by information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and

(2) the child's underachievement is not primarily the result of visual, hearing, or motor impairment; developmental cognitive disabilities; emotional or behavioral disorders; environmental, cultural, or economic influences; limited English proficiency; or a lack of appropriate instruction in reading or math, verified by:

(a) data that demonstrate that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings delivered by qualified personnel; and

(b) data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of the child's progress during instruction, which was provided to the child's parents;

D. educationally relevant medical findings, if any;

E. whether the child meets the criteria in subpart 2, either items A, B, and C or items A, B, and D; and

F. if the child has participated in a process that assesses the child's response to SRBI, the instructional strategies used and the child-centered data collected, the documentation that the parents were notified about the state's policies regarding the amount and nature of child performance data that would be collected and the general education services that would be provided, strategies for increasing the child's rate of learning, and the parent's right to request a special education evaluation.

Subp. 4. **Verification.** Each group member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the member must submit a separate statement presenting the member's conclusions.

The district's plan for identifying a child with a specific learning disability consistent with this part must be included with its total special education system (TSES) plan. The district must implement its interventions consistent with that plan. The plan should detail the specific SRBI approach, including timelines for progression through the model; any SRBI that is used, by content area; the parent notification and consent policies for participation in SRBI; procedures for ensuring fidelity of implementation; and a district staff training plan.

APPENDIX B

District Plan for Receiving Referrals

Early Childhood (ESCE) Birth to Age 3:

Jennifer Slipka, ECSE Birth through Two Intake Coordinator (**Note: Help Me Grow is the Central Intake Source.)** Receives referrals from Help Me Grow Carver County, provides Service Coordination, assists with the identification of needed resources, maintains library of information and resources to share with parents, staff, collections referral information, coordinates assessment process, acts as administrative designee, and maintains census information.

ECSE 3 to 5 ECSE Central Intake Coordinator: Jennifer Slipka

Early Childhood Special Education:

The early childhood special education program is designed to provide evaluation and educational services to qualified preschool children from birth to kindergarten. Children from birth to age 3 are primarily served through home-based services. Children ages 3 to 5 typically receive services in Watertown-Mayer‘s community education preschool program. Medically fragile students ages 3 to 5 may be served in their home environment.

Kindergarten through High School:

Special education and related services are available to students identified as having an educational disability. Parents are involved in the evaluation process and the development of an individual education program (IEP) for the students who meet state eligibility criteria. A referral for a special education evaluation is made once interventions have proven to be unsuccessful. Before a special education referral, at least two interventions are advised to be implemented with students. At the elementary level, a Tier-2 intervention is title services and a Tier-3 intervention is ADSIS services. A student can be referred by their parent or classroom teacher.

Once a student is referred, the student will be discussed at the building's Student Assistant Team (SAT) meetings, and the team will determine if more interventions are needed or if a special education evaluation will take place. Special-education teachers and related service professionals provide services to meet a student's individualized needs based upon their IEP.

Transition services:

Students between the ages of 18 and 22 who have not achieved their IEP goals in the areas of independent living, post secondary education and training, and employment and who continue to participate in educational programming related to these needs are served through district 111's transition program. Programs for these students are developed based upon their individual needs, post school *Pathways* and upon their level of independence within the community. The Career and Life Transition Program located within District #111 is titled *The Possibilities Program.* Possibilities is a program service option providing: post high school education options, mental health supports, community based work skill training, core content small group instruction, volunteer and intern options. A referral inquiry may be made by the student's IEP case manager or parent by contacting the Possibilities program coordinator.

APPENDIX C

School and Alternative Sites Providing Special Education Services and Supports

1) Watertown-Mayer High School – 1001 Hwy 25 NW, Watertown MN 55388. Grades 9-12 general and special education services (settings 1, 2 and 3 Moderate – Severe Cognitive Disabilities/ASD/EBD).
2) Watertown-Mayer Middle School – 1001 Hwy 25 NW, Watertown MN 55388. Grades 5-8 general and special educations (settings 1, 2 and 3 Moderate-Severe Cognitive Disabilities/ASD/EBD)
3) Watertown-Mayer Elementary School – 500 Paul Avenue, Watertown MN 55388. Grades K-4 general and special education services (settings 1, 2 and 3 Moderate – Severe Cognitive Disabilities/ASD/EBD)
4) Watertown-Mayer Community Learning Center – 313 Angel Avenue NW, Watertown MN 55388. Pre-School general and special education services (setting 1, 2 and 3 Moderate – Severe Cognitive Disabilities)
5) Possibilities Program – 313 Angel Avenue NW, Watertown MN 55388. Grades middle school to age 22 transition services (setting 1, 2 and 3 all abilities and disabilities).
6) Southwest Metro Intermediate District – 792 Canterbury Road South Suite #211, Shakopee MN 55379. Programs, services and locations can be accessed by going to www.swmetro.k12.mn.us . Grades Elementary to Age 22 (Federal Settings - IV, ALC and Career Tech).
7) Homebound and Home-Based Services

Alternative sites available at which services may occur:

8) ECSE services (including mainstreaming opportunities with Watertown-Mayer preschool program), ECSE speech, and all related services. 313 Angel Avenue NW, Watertown, MN.
9) Transition Program (Possibilities) Students in grades 9 to age 22. 313 Angel Av. NW, Watertown, MN.
10) Residential, day programs, mental health, chemical dependency, eating disorders hospitals, correctional facilities (juvenile and adult detention centers, jails), shelter care facilities, alternative learning centers and programs. Also, include early childhood sites, i.e., home, district early childhood special education classroom, and community-based programs.

APPENDIX D

Available Instructional Supports and Related Services

ECSE	Elementary	Middle School	High School	18-22
Early childhood information and referral ● Central intake ● Follow along ● Service coordination ● District 111 Central Intake for ages 3-5 Referrals. ● Help Me Grow Intake Early Childhood Special Education	Each elementary school offers a wide range of services for students in all disability areas based upon the needs of the student. For students in need of setting 1 and/or setting 2 level services: ● Consultation ● Small group pullout services ● Embedded classroom services ● 1:1 or small group speech services	WM-middle school has a wide range of services for students in all disability areas based upon the needs of the student. For students in need of setting 1 and/or setting 2 level services: ● Consultation ● Small group pullout services ● Co-teaching ● Embedded classroom services ● Resource room ● Special-education taught (math and reading subject areas-evidence based curriculums) ● Academic Coaching ● Study Skills ● Social Skills Groups ● 1:1 or small group speech services	WM high school has a wide range of services for students in all disability areas based upon the needs of the student. For students in need of setting 1 and/or setting 2 level services: ● Consultation ● Small group pullout services ● Co-teaching ● Embedded classroom services ● Resource room ● Special-education taught core subject areas with evidence based curriculums ● Academic Coaching ● Self-Determination Skills Class ● Study Skills & Assistive Tech Skills Class ● 1:1 or small group speech services	WM Possibilities Transition 18+ Adult program serves Special Education students ages 18 through 22 for whom their transition IEP goals have not yet been met. The Possibilities program is offered based upon individual transition focused needs of the students in the areas of employment, post-secondary education, and daily living skills. The Possibilities program collaborates with outside agencies such as Vocational Rehabilitation, Career-Tech Sites, and County Social Workers to aid in meeting student transition needs. A referral inquiry may be made by the student's IEP case manager or parent by contacting the Possibilities program coordinator.

<u>Birth-Age 2 Early Childhood Special Education</u> ● Services embedded within the home or child care setting ● Birth-2 Early Child Special Ed ● Service Embedded within the home, child care, and ECFE ● Early Childhood Health Developmental Screening: 952-955-0203 **<u>Ages 3-5</u>** ● Integrated classrooms within the community (WM) preschool program ● 1:1 or small group speech services ● In-home services for medically fragile children	For students that identified as ASD, EBD or DCD: ● Consultation ● Small group pullout services ● Embedded classroom services ● DCD/ASD/EBD resource room ● Social Skills curriculum implemented across the district through small group instruction ● 1:1 speech services ● Carver County Mental Health Supports	For students that identified as ASD, EBD or DCD: ● Academic Coaching ● Consultation ● Small group pullout services ● Study Skills ● Embedded classroom services ● EBD-centered based support ● DCD-centere d based core content & Life Skills ● ASD-STAR model of support ● Possibilities - work based support ● Social Skills curriculum ● 1:1 Speech Services ● Carver County Mental Health Supports	For students that identified as ASD, EBD or DCD: ● Academic Coaching ● Consultation ● Small group pullout services ● Embedded classroom services ● Career and Community Class ● ASD-STAR model of support ● DCD-center based core content and life/work skills ● 1:1 Speech Services ● Carver County Mental Health Supports ● Social Skills curriculum implemented across the district through small group instruction	
Additional paraprofessional support is provided based upon student need.	Paraprofessional support is provided to students who need additional support in order to make adequate progress across settings. This additional support is determined by a student's IEP team and is identified on the student's IEP. When paraprofessional support is provided, goals will be	Paraprofessional support is provided to students who need additional support in order to make adequate progress across settings. This additional support is determined by a student's IEP team and is identified on the student's IEP. When paraprofessional support is provided, goals will be	Paraprofessional support is provided to students who need additional support in order to make adequate progress across settings. This additional support is determined by a student's IEP team and is identified on the student's IEP. When paraprofessional support is provided, goals will be developed to	Students in need of setting four levels special education support are served through the Southwest Educational Cooperative

	developed to increase a student's independence, with the goal of fading paraprofessional support. Students in need of setting four levels of special education support are served through the Southwest Educational Cooperative	developed to increase a student's independence, with the goal of fading paraprofessional support. Students in need of setting four levels of special education support are served through the Southwest Educational Cooperative	increase a student's independence, with the goal of fading paraprofessional support. Students in need of setting four levels of special education support are served through the Southwest Educational Cooperative	

Related services:

(1) Occupational Therapy (OT)-occupational therapy may be provided to students with IEPs who are experiencing motor difficulties, self-care difficulties, or sensory motor difficulties and need additional support in order to achieve their IEP goals. An eligibility determination will be made by the school OT based upon state eligibility criteria. OT services may be direct, indirect, or consultative.

(2) Physical Therapy - (PT)-physical therapy may be provided to students with IEPs who are experiencing motored difficulties and for whom additional support is needed in order to achieve their IEP goals. Eligibility will be determined by the PT based upon state eligibility criteria and student need. PT services may be direct, indirect, or consultant.

(3) Social work support-school social worker support may be provided to assist students in areas related to their personal and social functioning as well as family issues that may impact a student's progress within the school setting. School social workers may assess by referring and coordinating services from outside agencies.

(4) Autism support- An autism consultant is available to work with each school team in order to develop appropriate programming for ASD students.

(5) DAPE- adaptive physical education services may be provided to students with IEPs for whom eligibility has been determined based upon state eligibility criteria. DAPE services may be provided in a 1:1, small group, or embedded setting. Service delivery will be consistent with goals developed through the students IEP team. Each school within the Watertown Mayer school district has DAPE providers. Services are provided to a student at their school site.

(6) School Health Services-school health services are designed to support students with health problems. License school nurses provide students, parents and school staff with health information as well as trading and implementing health plans. Additionally the licensed school nurse provides supervision to health assistance. They conduct training on health related issues that could impact the students' learning. They also coordinate instructional services for students needing health related services such as feeding tubes.

(7) Speech/Communication, Deaf/Hard of Hearing, Audiological, Psychologist, Transportation.

(8) Assistive Technology Services, including the identification of (a piece) of equipment, or product system whether acquired commercially off the shelf , modified , or customized that is calculated to the individual needs of the 'learner' to increase, maintain or improve the 'learners' functional capabilities.

APPENDIX E

Administration and Management Plan

District #111 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 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:

Name	Special Education	Phone/Email	Location
Rande Peyton	Director of Special Education	952-955-0207 rande.peyton@wm.k12.mn.us	313 Angel Ave NW Watertown, MN 55388
Kimberly Archibald	Special Education Evaluation Coordinator	952-955-0333 kimberly.archibald@wm.k12.mn.us	1001 Hwy 25 NW Watertown, MN 55388 500 Paul Ave Watertown, MN 55388
Jennifer Slipka	Early Childhood Special Education Intake, Referral Coordinator and Lead ECSE Teacher	952-955-0264 jennifer.slipka@wm.k12.mn.us	313 Angel Ave NW Watertown, MN 55388
Kelly Stauffer	Special Education Administrative Support and Due Process Oversight	952-955-0204 kstauffer@wm.k12.mn.us	313 Angel Ave NW Watertown, MN 55388
Amy Mandt	Lead Special Education Teacher-High School, Site Due Process Lead, and District Wide Autism Specialist	952-955-0660 amandt@wm.k12.mn.us	1001 Hwy 25 NW Watertown, MN 55388
Ashley DeNomme	Lead Special Education Teacher-Middle School and Site Due Process Lead	952-955-0422 ashley.denomme@wm.k12.mn.us	1001 Hwy 25 NW Watertown, MN 55388
Angela Eick-Eliason	Lead Special Education Teacher- Elementary School, Site Due Process Lead, and District-Wide Autism Specialist	952-955-0347 aeliason@wm.k12.mn.us	500 Paul Ave Watertown, MN 55388
Maureen Hoodecheck	District-Wide Psychologist	952-955-0327 maureen.hoodecheck@wm.k12.mn.us	1001 Hwy 25 NW Watertown, MN 55388 500 Paul Ave Watertown, MN 55388

Rande Peyton, Director of Special Education.

Provides oversight for the child study teams, presents ongoing due process updates, creates and implements due process training, reviews IEP's and student files for due process accuracy, ensures compliance with all due process

regulations. Supervises special education staff. The director also conducts time study samplings in order to create and maintain accurate personnel activity reports.

Kelly Stauffer, Special Education Administrative Support and Due Process Clerk

Provides due process timeline oversight for case managers located at the middle school, high school and transition program. This oversight includes maintaining an ongoing Excel spreadsheet of all students in order to alert case managers as to upcoming due process timeline events. Additionally, advises the director when there are concerns regarding either due process timelines or special-education processes in general, or when the content of IEP's or evaluations appears to differ from what is required or expected. The due process clerk schedules child study meetings and maintains calendars of district wide upcoming due process meetings. The due process clerk attends training at the state and local level in order to ensure that they are knowledgeable and their understanding of due process timelines is current. The due process clerk monitors Medical Assistant Billing district wide procedures.

APPENDIX F

Inter-Agency Agreements the District has Entered

Name of Agency	Terms	Contract Dates
Carver County Community Services	Mental Health Supports	July 1st – June 30th yearly
SW Metro Intermediate District	SpEd Related Services PT, DHH, PI, Audiology, VI	July 1st – June 30th yearly
SW Metro Intermediate District	Low Incident SpEd Programs EBD, ASD, Federal Setting IV	July 1st – June 30th
SW Metro Intermediate District	ALC, Career Tech Programs	July 1st – June 30th
Carver County Vocational Rehab	Services for students in Transition from school to community work based options	Agreement – no contract