Subject: RE: EDIS pre-referral support
Date: Thursday, August 16, 2018 12:47:05 PM
Attachments: ICOP-doc.pdf
DoDEA_SST.pdf
Importance: High

Mary-Lorraine -- Thank you for your well-crafted response; LCDR Smith - thank you for your noted points and queries.

As Mary-Lorraine has noted addressing the roles of professionals who contribute and consult to DoDEA educators as part of a pre-referral process needs to be very individually determined -- a standardized protocol is not likely to be generically appropriate and applicable. In fact, that position is endorsed by elements of the ICOP that clearly indicate the circumstances and protocols for EDIS participation in pre-referral consultative requests (Section 3; pgs. 2-3). Information and guidance specified in that section is not countermanded by anything in the DoDEA Procedural Companion related to pre-referral actions and practices.

Trying to determine a standardized protocol for EDIS's role prior to the point of a CSC referral is problematic for another very important reason. As Ms. Cox intimates in her comments (and has discussed in previous correspondences), SST practices are NOT synonymous with "pre-referral" to CSC. While SOME students in the SST process MAY ultimately be recommended for a CSC referral (in which case, the work of the SST will, no doubt, serve as verification of pre-referral efforts to address concerns), the converse is not true; that is, it is not correct to automatically characterize interventions and efforts conducted during an SST process as "pre-referral" in nature - since they may achieve a satisfactory outcome for the student without concern for a disability or the need for further investigation or referral/involvement by the CSC.

That being said, the DoDEA SST Manual (pg. 8) identifies the purpose and composition of a Core SST team and possible Ancillary members. This information suggests that individuals from EDIS or the Special Education side of the house could be invited to assist the Core SST on a given case as ancillary members (e.g. speech/language pathologist, OT or PT most commonly). It is important to note that those individuals are not routinely part of a Core SST - but may consult as a function of the team's invitation.

Section 4.1, 4.2, and 4.2.1 of the ICOP is pretty clear in endorsing EDIS's ability to participate once a pre-referral process has been articulated.....but that participation is also at the invitation of the referring party and/or the CSC - with parent permission. Consultative support to teachers and observations could be included at this juncture.....but not evaluations. Insofar as anyone can initiate a pre-referral/referral process on a student, an EDIS provider who is involved in providing consultation to teachers could certainly initiate a formal referral to the CSC if they felt that they were witnessing compelling evidence for a suspected disability that was exerting a substantial educational impact on a student's performance.

I've attached copies of the ICOP and SST Handbook for ease of locating my citations. While these documents are both "long in the tooth", I am not aware of any formal updates that replace them -- please correct me if I'm wrong about that.

Also, re: MRBC (Japan) and BLE (Okinawa), the above information actually is going to serve as the basis for the "sun-setting" of those practices, which have created a blurred demarcation between tier 2 interventions, SST procedures, pre-referral practices, and the formalized assessments required as components of a CSC referral. A memorandum will be forthcoming soon (at the start of the school year) coordinated from Ms. Rapp's desk (DoDEA Pacific Director).

Very Respectfully,