

▶ Red Flags for Parents. ▶  
When to Take Action Under  
the IDEA.



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- The U.S. Department of Education monitors whether the state of Alabama is implementing the IDEA appropriately. There is a state performance plan and annual performance plan. See, <https://sites.ed.gov/idea/idea-files/2020-determination-letters-on-state-implementation-of-idea/#Part-B-Needs-Assistance-2-plus>
- The Alabama Department of Education monitors the local education agencies (LEAs) i.e., local school systems.
- Five (5) attorneys assist in monitoring the LEAs.
- Standards: Meets, Needs Assistance, Needs Assistance two or more years, Needs intervention, Needs substantial intervention.

- Your local school district-local education association (LEA) is required to provide children with special needs (if they are eligible) with special education and related services FREE of CHARGE.
- **The related services could include: hearing aides, glasses, an aide in the classroom, remote stenographer (“CART”), a sign language interpreter, transportation to and from school (door to door), wifi for your home, or a laptop.**



# Red Flags

- My child is failing classes.
- Your child's school is not allowing your child to attend medical/therapy appointments during school time.
- Being bullied/does not want to attend school.
- Threatened suicide.
- Can not pay attention in class.
- Needs an aide but the school district says it has no money/funding.
- Talks during class-teacher keeps calling me/wants me to pick up my child.

# Other Red Flags

- School District wants to wait to test/evaluate my child until next year.
- School District wants me to withdraw my child.
- School District will not allow my child to have his/her certified assistance animal with them.
- My child has been expelled from school.
- “A clinical impression is not a diagnosis. Therefore, we do not have to test/evaluate your child.”

# 504 Plan or IEP?

- The Rehabilitation Act of 1973 (§504). Congress did not provide any financial incentives to the school systems to provide accommodations (called an “unfunded mandate”).

“No otherwise qualified individual with a disability in the United States, as defined in section 706(8) of this title, shall, solely by reason of her or his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service....” —29 U.S.C. § 794(a) (1973).



- In §504, the focus is non-discrimination. As applied to the schools, the language prohibits the denial of public education participation, or enjoyment of the benefits offered by the public school programs because of the child's disability.
- §504 is geared more toward how the child will have access to learning at school, e.g., child with a fractured arm, Crohn's disease, asthma.
- Usually not the gold standard for a child with a disability due to inadequate protections for the child and parent.

To correctly incentivize the school systems to provide the evaluations and services, Congress enacted the Education of all Handicapped Children Act (“EHA”) of 1975. (Later renamed and replaced with the Individuals with Disability Education Improvement Act (“IDEA”) in 1990.)



In its introduction to the IDEA (20 U.S.C. §1400, et. seq.), the federal law governing special education, Congress makes clear its desire to provide educational funding for children suffering from severe disabilities to ensure that they receive an appropriate public education. Congress estimated that more than half of the roughly eight million children with disabilities in the United States [in 1976] were not receiving “appropriate educational services which would enable them to have full equality of opportunity.”

**In passing the *Individuals with Disabilities Education Act* or IDEA) in 1975, the United States Congress found that:**

**[d]isability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.**

**20 U.S.C. § 1400(c)(1).**

## Why not a 504 plan?

### ACCOUNTABILITY, ACCOUNTABILITY, ACCOUNTABILITY

- The IDEA has specific safeguards for students that are not included in a 504 plan.
  - 504 plan is related to access for the student, i.e., student with IBS, fx'ed arm, diabetes, allergies requiring an Eppi Pen.
  - An IEP provides the student with an individualized education plan.
  - Under the IDEA, parents can request that an IEE be conducted at school system expense.
  - Manifestation hearings before removing a student from his/her least restrictive environment (“LRE”).



Parent comes to you and says you diagnosed my child with ADD/ADHD, autism, seizures, etc. and the school district will not help my child. What do you do? Which plan should you recommend?

- Always err on the side of requesting an IEP and not a 504 plan. 13 disability categories for an IEP- Ala Admin Code 290-8-9.03. Autism, deaf-blindness, developmental delay, emotional disability, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

<b>STUDENT'S NAME</b>		<b>SCHOOL YEAR</b>		-	<b>GRADE</b>		-
<b>IEP INITIATION/DURATION DATES</b>			<b>FROM</b>		<b>TO</b>		
<b>This IEP will be implemented during the regular school term unless noted in extended school year services.</b>							
<b>STUDENT PROFILE – WILL INCLUDE GENERAL STATEMENTS REGARDING:</b>							
<b>Strengths of the student –</b> Include information regarding the student's strengths in academic and functional areas.							
<b>Parental concerns for enhancing the education –</b> Include all information regarding the parental concerns for enhancing the education of their child.							
<b>Student Preferences and/or Interests –</b> This area includes information obtained from parent, teacher(s), and the student regarding preferences and interests. Include all information concerning student preferences and/or interests including transition information.							
<b>Results of the most recent evaluations –</b> Include all information concerning evaluation results. This information should be written in meaningful terms so that the parent and service providers have a clear understanding of the evaluation results.							
<b>The academic, developmental, and functional needs of the student –</b> Include all information concerning how the student's disability affects his/her involvement and progress in the general education curriculum, and, for preschool age children, how the disability affects his/her participation in age-appropriate activities.							
<b>Other –</b> Include any information pertinent to the development of the IEP that was not included anywhere else on the Student Profile page.							
<b>For the child transitioning from EI to Preschool, justify if the IEP will not be implemented on the child's 3<sup>rd</sup> birthday –</b> This should only be completed if the child is not being served under IDEA on the child's third birthday. (e.g., if a child's birthday is during the summer or holiday(s) justification is required).							

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**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SPECIAL INSTRUCTIONAL FACTORS**

<b>Items checked "YES" will be addressed in this IEP:</b>	<b>YES</b>	<b>NO</b>
• Does the student have behavior which impedes his/her learning or the learning of others?	[ ]	[ ]
• Does the student have a Behavioral Intervention Plan?	[ ]	[ ]
• Does the student have limited English proficiency?	[ ]	[ ]
• Does the student need instruction in Braille and the use of Braille?	[ ]	[ ]
• Does the student have communication needs?	[ ]	[ ]
• Does the student need assistive technology devices and/or services?	[ ]	[ ]
• Does the student require specially designed P.E.?	[ ]	[ ]
• Has the IEP Team determined the student meets the participation criteria for the Alabama Alternate Assessment and will be taught the alternate achievement standards?	[ ]	[ ]
• Are transition services addressed in this IEP?	[ ]	[ ]

**TRANSPORTATION**

Student's mode of transportation:

[ ] Regular bus   [ ] Bus for special needs   [ ] Parent contract   [ ] Other: \_\_\_\_\_

Does the student require transportation as a related service?   [ ] YES   [ ] NO

[ ] If Yes is checked for related service, a representative from the transportation department was either included in the meeting or in discussions prior to the meeting about the transportation needs for this student. Personnel have been informed of his/her specific responsibilities for IEP implementation.

Check any transportation needs:

- [ ] Bus assistance:      [ ] Adult support      [ ] Medical support
- [ ] Preferential seating    If checked, describe: \_\_\_\_\_
- [ ] Behavioral Intervention Plan
- [ ] Wheelchair lift
  - If checked, select one    [ ] Transfer to bus seat      [ ] Wheelchair securement system
- [ ] Restraint system
  - If checked, Specify type: \_\_\_\_\_
- [ ] Other, Specify: \_\_\_\_\_



**NONACADEMIC and EXTRACURRICULAR ACTIVITIES**

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

YES.

YES, with supports. Describe:

\_\_\_\_\_  
 NO. Explanation must be provided:

**METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS**

Annual Goal Progress reports will be sent to parents each time report cards are issued (every \_\_\_\_\_ weeks).

## INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

Identify the area the MEASURABLE ANNUAL GOAL will address. The area may be a core academic content area (e.g., math, science) and/or a functional area (e.g., community participation, communication, self-determination, behavior).

AREA: \_\_\_\_\_

### PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

State how the student's disability affects his/her involvement and progress in the general education curriculum for this particular area of instruction, or for preschool age students, how the disability affects the student's participation in age-appropriate activities.

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[\(Link to Curriculum Guides\)](#)

[\(Link to Alternate Achievement Standards\)](#)

### MEASURABLE ANNUAL GOAL related to meeting the student's needs:

Target the individual needs of the student resulting from the student's disability and how the student's disability affects his/her involvement and progress in the general education curriculum. Describe what a student can reasonably be expected to accomplish within one school year.

DATE OF MASTERY: \_\_\_\_\_

### TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

Check each type of evaluation that will be used to evaluate the MEASURABLE ANNUAL GOAL. (At least one must be chosen.)

- Curriculum Based Assessment     Teacher/Text Test     Teacher Observation     Grades  
 Data Collection     State Assessment(s)     Work Samples

**SPECIAL EDUCATION AND RELATED SERVICE(S):** (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

**Special Education**

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

**Related Services**                       Needed     Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

**Supplementary Aids and Services**     Needed     Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

**Program Modifications**                       Needed     Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

**Accommodations Needed for Assessments**     Needed     Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)
			to	
			to	

**Assistive Technology**                       Needed     Not Needed

Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Duration Dates	Location of Service(s)



**EXTENDED SCHOOL YEAR SERVICES (ESY)**

The IEP Team has considered the need for extended school year services.     Yes                     No

**LEAST RESTRICTIVE ENVIRONMENT**

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled?             Yes             No

If no, explain:

Does this student receive all special education services with nondisabled peers?  Yes     No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

6-21 YEARS OF AGE

3-5 YEARS OF AGE

Least Restricted Environment:

**COPY OF IEP**

Was a copy of the IEP given to parent/student (age 19) at the IEP Team meeting?

Yes     No

If no, date sent: \_\_\_\_\_

**COPY OF SPECIAL EDUCATION RIGHTS**

Was a copy of the *Special Education Rights* given to parent/student (age 19) at the IEP Team meeting?

Yes     No

If no, date sent: \_\_\_\_\_

Date copy of **amended** IEP provided/sent to parent/student (age 19): \_\_\_\_\_

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

<b>Position</b>	<b>Signature</b>	<b>Date</b>
Parent		
Parent		
General Education Teacher		
Special Education Teacher		

**THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.**

<b>Position</b>	<b>Signature</b>	<b>Date</b>
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret the Instructional Implications of the Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		

**INFORMATION FROM PEOPLE NOT IN ATTENDANCE**

<b>Position</b>	<b>Name</b>	<b>Date</b>

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