

OT/PT Contract for the 2024-2025 School Year

Extended School Year Services June 10,2024 – July 25, 2024

School Year Services August 26,2024 - June 5,2025*

(*Maybe Adjusted for Snow Days)

Additional documents:

- **MA Billing Form**
- **Medical Assistance Supervision**
- **Sample OT Report**
- **Sample PT Report**
- **Technical Assistance Bulletin 1**
- **Technical Assistance Bulletin 20**
- **Scoring Sheet**

MA Billing Form

Allegany

RELATED SERVICE LOG/NOTES

IEP ☒ IFSP ☐ 504 ☐

NAME: [REDACTED]		BIRTH DATE: 07/22/2006		SCHOOL: Georges Creek		SCHOOL CODE: [REDACTED]	
ID NUMBER: [REDACTED]		LICENSED <input checked="" type="checkbox"/>		SERVICE: [REDACTED]		[REDACTED]	
[REDACTED]		CERTIFIED <input type="checkbox"/>		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		PT		[REDACTED]	

Date	Time In	Time Out	Level	Activity	Progress Code	Session Type
10/01/15	11:00	11:00	1wk30	School Closed*		

School closed this date. Continue as per PT IEP goals.//

COTA/PTA Signature: [REDACTED]

OTR/PT Signature: [REDACTED]

Date	Time In	Time Out	Level	Activity	Progress Code	Session Type
10/08/15	11:00	11:30	1wk30	Treatment*		

This was a 1:1 PT visit for [REDACTED] completed lower extremity stretching in long sitting, figure four and butterfly positions with minimal verbal reminders for form. (Obj. 2) [REDACTED] played the Geranimals paw print game. He was unsure how to act out any of the animals without demonstration. (Obj. 1) [REDACTED] propelled a scooter to retrieve puzzle pieces. He used a non reciprocal pattern consistently this date. He was able to place the puzzle pieces correctly 10% of the time without assistance. He fatigued quickly with any fast paced activity. (Obj. main) [REDACTED] went down the steps of the stage using a non reciprocal pattern. He was able to switch to a reciprocal pattern when given demonstration and verbal instruction. Continue as per PT IEP goals.//

COTA/PTA Signature: [REDACTED]

OTR/PT Signature: [REDACTED]

Date	Time In	Time Out	Level	Activity	Progress Code	Session Type
10/15/15	11:00	11:30	1wk30	Treatment*		

This was a 1:1 PT visit for [REDACTED] (Obj. 1) [REDACTED] completed a magnetic puzzle by squatting to pick up each piece using a magnetic fishing pole. He struggled to maintain his balance when squatting and also to return to standing from this position. (Obj. main, 2) [REDACTED] played a game of red light green light using colored signs. He completed different tasks each round such as walking forward or backward, jumping and skipping. He was able to coordinate the proper skipping motion on both sides but very slowly and broken. Continue as per PT IEP goals.//

COTA/PTA Signature: [REDACTED]

OTR/PT Signature: [REDACTED]

Date	Time In	Time Out	IEP Goals and Obj.	Procedure Code(s)	Service Level	Activity	Progress Code	Session Type
10/22/15	11:00	11:30		97530	1wk30	Treatment*		

This was a 1:1 PT visit for [REDACTED] (Obj. 1) [REDACTED] is able to crabwalk 7 feet forward with his fingers pointed behind him keeping his bottom 1 inch off the floor. He is able to advance 10 feet backwards in this position without dropping his bottom but keeping it low to the ground. (Obj. 2) [REDACTED] is able to draw a person appropriately without reminders or visual cues. (Obj. 3) He can walk forward on a line 10 feet with his hands on his hips with up to 70% accuracy. (Obj. 4) When a ball is tossed to him and he is instructed to toss it to a target, he is able to 50% of the time but need increased time to process the instructions and catch the target each time. (Obj. 5) [REDACTED] attempts wheelbarrow walking. He is not able to support his body with his arms when he is given support at his sides and falls flat. Continue as per PT IEP goals.//

COTA/PTA Signature: [REDACTED]

OTR/PT Signature: [REDACTED]

Date	Time In	Time Out	IEP Goals and Obj.	Procedure Code(s)	Service Level	Activity	Progress Code	Session Type
10/29/15	11:00	11:05			1wk30	Unavailable*		

int was unavailable this date due to a field trip. Will schedule a make up visit at a later date. Continue as per PT IEP goals.//

COTA/PTA Signature: [REDACTED]

OTR/PT Signature: [REDACTED]

Reviewed for dates:

Treatment reviewed for dates: 10/1, 10/8, 10/15, 10/22, 10/29

Allegany

IEP ☒ IFSP ☐ 504 ☐

PATIENT LAST FIRST			BIRTHDATE		SCHOOL		SCHOOL CODE	
PATIENT ID NUMBER			DIAG. CODE	UNIQUE ID or SS#	LICENSED <input checked="" type="checkbox"/>	SERVICE	Frequency	Unit
					CERTIFIED <input type="checkbox"/>	PT		
PROVIDER or NPI #			PROVIDER SIGNATURE DATE					
		Time Out	IEP Goals and Obj.	Procedure Code(s)	Service Level Dtr-Grp	Activity	IEP Goals	Notes
10/30/16	12:45	1:15		97530	1wk30	Treatment- Make-up*		
<p>This was a 1:1 PT make up visit for missed session on 10/29/16. [redacted] completed lower extremity stretching in long sitting, figure four and butterfly positions with occasional verbal reminders for proper form. (Obj. 5) [redacted] lay prone to complete a fall craft with constant verbal reminders to remain prone and hold his head up. [redacted] tolerated this position x 10 minutes with verbal reminders and encouragement. (Obj. 1) [redacted] sat in crabwalking position while kicking a balloon volleyed to him. He frequently dropped his bottom when lifting his leg to kick. [redacted] was taken to the playground following PT treatment session where he reports "I sit with the teacher because I dont like to play." Continue as per PT IEP goals./</p>								
					COTA/PTA Signature		Supv. Initials	
OTR/PT Signature:								

Allegheny

RELATED SERVICE LOG/NOTES

IEP ☒ IFSP ☐ 50

NAME - LAST, FIRST		BIRTHDATE		SCHOOL		SCHOOL CODE	
MEDICAID NUMBER		DIAG. CODE		UNIQUE ID #		SCHOOL CODE	
PROVIDER NAME		PROVIDER or NPI #		PROVIDER SIGNATURE (Mandatory)		PT	

Date	Time In	Time Out	IEP Goals and Obj.	Procedure Code(s)	Service Level	Activity	Progress Code	Session Type	Notes
10/08/15					1wk30	Per Thursday Supervision*			

General (S) with PTA. Discussed POC and tx strategies. continues to do stretching with VC. When asked to complete activities that require imagination, he struggles and needs a demonstration. Pictures of activities to do at home were sent home today. No changes need made at this time. Georges Cr

Will cont PT Per IEP!!

COTA/PTA Signature:

OTR/PT Signature

Supv. Initial

ent reviewed for dates:

Treatment reviewed for dates:

Medical Assistance Supervision

Medical Assistance Supervision

From: Veda Usilton -MSDE- <veda.usilton@maryland.gov>
Date: Thu, Mar 31, 2016 at 1:40 PM
Subject: Re: Documentation for Supervision for Physical/Occupational Therapy.
To: "Brelsford, Karen" <karen.brelsford@acpsmd.org>, Stanlee Lipkin -DHMH- <stanlee.lipkin@maryland.gov>

Hi Diane:

Stanlee is going to call you and provide a form which indicate who can supervise which "lesser qualified" providers. Below is the purpose of supervision and some discussion of what the notes should contain.

The purpose of the supervisor log is for the "lesser qualified provider" and supervisor to review the goals and objectives on the IEP/IFSP of the student/child. The supervision logs should document on-going communication between the supervisee and supervisor regarding the provider's interventions for the student/child. The logs should also provide observations, suggestions and/or recommendations to the lesser qualified professional on the "next steps" to take regarding treatment. The supervision log is more than the date and time of the meeting or just the child's name who was discussed. It must have content on what was discussed. Both the supervisor and supervisee must sign and date the log.

Veda

From: Stanlee Lipkin -DHMH- <stanlee.lipkin@maryland.gov>
Date: Thu, Mar 31, 2016 at 1:52 PM
Subject: Re: Documentation for Supervision for Physical/Occupational Therapy.
To: "Brelsford, Karen" <karen.brelsford@acpsmd.org>

Hope this helps.
Call if you have any further questions
sl

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.38.04.*

<http://dhmh.maryland.gov/bot/docs/comar/1-20.pdf>

pine. (q) On-site supervision. — "On-site supervision" means supervision in which a supervisor is immediately available on a face-to-face basis when client procedures are performed or as otherwise necessary. (r) Periodic supervision. — (1) "Periodic supervision" means supervision

by a licensed occupational therapist on a face-to-face basis, occurring the earlier of at least: (i) Once every 10 therapy visits; or (ii) Once every 30 calendar days. (2) "Periodic supervision" includes: (i) Chart review; and (ii) Meetings to discuss client treatment plans, client response, or observation of treatment. (s) Supervision. — "Supervision" means aid, direction, and instruction provided by an occupational therapist to adequately ensure the safety and welfare of clients during the course of occupational therapy. (t) Temporary license. — "Temporary license" means a license issued by the Board under and as limited by §10-313 of this title to practice: (1) Occupational therapy; or (2) Limited occup

Stanlee Lipkin LCSW-C
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Sample OT Report

, Allegany County Infants and Toddlers Program Assessment Report
For
Preschool Special Education Eligibility Meeting

☒ Occupational Therapy ☐ Physical Therapy ☐ Special Instruction ☐ Speech Therapy ☐ Other

Child's Name: [REDACTED]

Parent(s) Name(s): [REDACTED]

Examiner / Title: [REDACTED]

Date of Testing: 03/22/16

Date of Birth: 06/24/13

Background (including referral information)

[REDACTED] mother's pregnancy was unremarkable. She went into labor and her uterus ruptured. He was born following an emergency C-section at WMHS at 40 weeks gestation, weighing 8 pounds. His Apgar was 0-1 at 1 minute and 1-2 at 5 minutes. He was transported via life flight to Children's National Hospital in Washington DC, needing revived several times and then later moved for rehabilitation to Mt Washington Hospital in Baltimore, MD in August 2013, where he remained until discharge home on September 5, 2013. He has multiple diagnoses including hypoxic ischemic encephalopathy, chronic lung disease, and GERD (reflux). He was TPN dependent until stabilized and then given and NG tube. He then got a peg tube for feeding before he was sent home. He started receiving OT services in October 2013.

Current Service and Frequency:

[REDACTED] receives Occupational Therapy services 4 X/month for 45 minute sessions.

Test(s) and/or Procedure(s) Administered

DAYC 2 fine motor sub domain and adaptive domain

HHELP fine motor and self help strands

CA at testing: 32 months 27 days

Assessment Findings

Relevant test behavior:

Fine Motor Development (7 months DAYC 2; 6 to 12 months HHELP months):

[REDACTED] can reach for, grasp, and drop medium to small objects/toys with both hands. He can turn forearms and straighten / bend wrists and can manipulate toys actively with wrist movements. He moves objects from one hand to the other. He can bang toys on tray but still doesn't clap hands together or bang toys together on his own. He needs hand over hand assist for this. He will hold on to the outside of your hands and help you clap/bang toys though. He can hold onto rings and thick water filled paintbrush with a fist grasp. He will not try to make marks with paintbrush on book. If a small object is placed in his fingertips, he will sometimes briefly grasp it with a raking motion, and sometimes with a finger type grasp. He is poking with index fingers and starting to do some pointing motions now, but not purposeful to a task. He can turn thick pages in a book, anywhere from one page at a time to multiple pages at a time. He will remove raised wooden puzzle shapes out of puzzle board. He still prefers to throw toys over playing with them. He has minimal interest in playing with toys, not wanting to hold onto toys for any amount of time, even when hand over hand has been given. The only self initiated play tasks he will do for any amount of time with his hands on a consistent basis are playing with a pop up toy, turning pages in a book, and holding/playing with a medium easy to grasp/open type ball or a specific medium sized toy attached to his highchair tray. Even with this, he doesn't always visually attend to what he is doing/app ears disinterested. He would much rather watch TV than use his arms to do anything. Otherwise, he needs hand over hand to use his hands/fingers to grasp/maintain grasp on other toys and to activate switches/buttons on other toys.

Oral Motor/Adaptive Development (7 months DAYC 2 adaptive; HHELP scores specifically noted separately below due to extreme variances):

***Oral Motor(1-6 months HHELP):** [REDACTED] has been "nothing my mouth"(NPO) since he was sent home from the hospital at birth due to dysphagia. He still has a peg tube and receives all his nutrition through it(PediaSure). He has had repeated Modified Barium Swallow Studies (MBSS) at Mt Washington Pediatric Hospital. The first one on 04/08/14, stated [REDACTED] must remain NPO with continuing non-nutritive oral motor intervention but was allowed to start spoon dipped trials, not to exceed 5-6 dipped spoons once per day, per Speech's recommendation. Parents were not doing spoon dipped trials on a daily/regular basis. This therapist had not been able to do them at each weekly visit- per parents request on some weeks when [REDACTED] had been sick/congested/having issues with his GERD. This therapist did recommend a repeated MBSS again as slight improvements were noted with oral motor/swallowing, with testing occurring on 05/26/15. Per mom's verbal report after returning from the test, the Speech Therapist reported to them no change/improvement in [REDACTED] PO status; still NPO -- parents still only allowed to do spoon dipped trials.

- Per the written report on [REDACTED] most recent MBSS on 05/26/15, [REDACTED] was offered stage 1 and 2 consistencies,

as well as thin liquids – all by spoon. No laryngeal penetration or tracheal aspiration were observed. He did demonstrate tongue pumping and delayed swallows with each consistency though and is still considered at high risk for aspiration. He was given a score of "1" on the penetration-aspiration scale. (to be noted, he scored an "8" last year). Speech recommended small amounts of thin liquids and purees. Due to him still having a delayed swallow, this therapist feels that [REDACTED] family should not be trialing the recommended "small amounts"; only therapy should do this. Family safe to continue with the spoon dipped trial though. We would want to see improvements with his delayed swallow before recommending further repeat swallow studies to see if larger volumes could be consumed.

Since then, with OT, he had been interested in spoon dips, opening mouth at sight of spoon but this had decreased some starting summer of 2015. Parents noted more resistance to all oral motor tasks since dad had been working on getting multiple knots out of [REDACTED] hair during that time. Parents have done limited spoon dips with him, and therapist has been unable to work on this with him since Oct 2015, per parent request not to due to him being congested/sick/etc. When allowed last year, he had been still responding better to opening mouth for spoon dips than he did for empty spoons/empty cups/toothbrush. These he tends to just push away and turn his head anymore. With spoon dips, he typically opened jaw/lips to allow spoon into mouth, but still would not bring lips closed to "clear" spoon. With small bathroom cup(empty), he occasionally opened his mouth for cup once placed on his lips – if he didn't turn his head away to avoid cup getting to his mouth. [REDACTED] is still able to manage/swallow his saliva. This therapist has continued to note a delayed swallow of his saliva and with his spoon dipped trials when he was doing them last year.

***Independent Feeding(2-4 months HELP):** Because of [REDACTED] continued NPO status, his experiences with self feeding are limited to non nutritive play/spoon dips. He had been making some progress with participation in this but has regressed since mid 2015. Currently, [REDACTED] will bring hands to mouth and suck on them throughout the day. He will occasionally bring preferred toys to his mouth. Over the last few months, mom reports he will reach for/grasp and bring to/from his mouth his feeding tube cord and unopened or empty cans of Pediasure during his peg tube feeding times. Otherwise, he does not typically bring empty cups or spoons to his mouth anymore. With an empty small cup/straw cup/sippy cup, he rarely even grasps for any of them anymore; not interested in them. When he does grasp it, he does not maintain grasp, needing hand over hand to do so, and then either lets go/ pushes cup away when assist is given to bring it to his mouth. He will grasp/hold empty baby spoon briefly, and bang on highchair tray very infrequently. He typically will just throw it on floor, but doesn't bring near/to mouth.

***Hygiene:** Therapist has highly encouraged parents to complete toothbrushing via dry toothbrush, toothbrush lightly dipped in child fluoride rinse, or toothette on a daily basis. They report not being able to do this daily due to him not cooperating. Sometimes they have been unsuccessful to even get it done once during an entire week. He will occasionally briefly grasp toothbrush/toothette but won't bring it to his mouth. He usually turns his head/body repeatedly to avoid the toothbrush/ette going near/in his mouth. It takes persistence of two adults to complete the task, and it has to be done quickly. He will not help to wipe his hands/face off with a wipe or participate with bathing.

***Dressing/Toileting(12-18 months HELP):** [REDACTED] still cooperates with dressing by helping to put arms/legs into the openings of clothing but does not try to help manage the clothing itself. He can still remove a hat and socks. [REDACTED] shows bladder and bowel control, remaining dry for 1-2 hour intervals. He also indicates discomfort over wet/soiled diapers. No potty training has been attempted.

***Sleeping(9-12 months HELP):** [REDACTED] sleeps through the night and takes 1 to 2 naps during the day.

Description of student's overall performance in comparison to developmental milestones, achievement levels and/or behavior patterns of typical peers:

* [REDACTED] exhibits poor oral motor skills, compared to peers his age. This is attributed to his diagnosis of dysphagia-with recommendations since birth to not take any nutrition by mouth, and most recently only being able to do spoon dips. He was doing well with the spoon dips but has since developed resistance to most all oral motor tasks starting mid 2015 when dad had been working on getting multiple knots out of [REDACTED] hair, resulting now in the only oral motor stimulation [REDACTED] tolerates is when he brings his hands to mouth and sucks on them, when he brings preferred toys to his mouth, or – more recently- when he grasps and brings his feeding tube cord and unopened or empty cans of Pediasure to/from his mouth during his peg tube feeding times. Children his age are typically able to chew food using rotary jaw movements and are able to manage liquids from various types of adaptive and regular/open cups.

* [REDACTED] has poor fine motor skills, compared to peers his age, due to his multiple medical diagnoses issues. [REDACTED] has preferred items, when placed in front of him, that he consistently reaches for/grasps and brings to/from his mouth - feeding tube cord, unopened or empty cans of Pediasure, and a few hand sized toys. Likewise, he only has a few preferred items/toys that he consistently/actively plays with on his own – pop up farm toy, and cardboard books(turns pages). If a small object is placed in his fingertips, he will sometimes briefly grasp it with a raking motion, and sometimes with a finger type grasp. Otherwise, he needs hand over hand to use his

hands/fingers to grasp/maintain grasp on other toys and to activate switches/buttons on other toys. Most children his age are using both hands together to complete tasks, and they are starting to imitate basic prewriting strokes and manipulate age appropriate tools and fasteners (ie crayons, scissors, buttons) using a finger type grasp.

_____ has poor self help skills, compared to peers his age, due to his multiple medical diagnoses/issues, including hypoxic ischemic encephalopathy. While he will bring his hands to mouth and suck on them throughout the day, will bring preferred toys to his mouth, and will reach for/grasp and bring to/from his mouth his feeding tube cord and unopened or empty cans of Pediasure, he will not help bring empty cups/utensils or spoon dipped utensils to his mouth. While he cooperates with dressing by helping to put arms/legs into the openings of clothing, he does not try to help manage the clothing itself. He also won't help with any grooming/hygiene tasks and is not ready for potty training. Most children his age are feeding themselves on their own and are helping more with dressing/grooming/hygiene tasks. They are also starting to make the transition to being ready for potty training and helping with household responsibility tasks.

Instructional Implications for Student's Participation in General Curriculum

Direct 1:1 OT services are needed at this time as it may impact _____ progression with his oral motor, fine motor, and self help skills.

Documentation of Assessment Validity

Does the student have Limited English Proficiency?

If yes, what language or mode of communication was used for assessment?

☐ Yes

☒ No

In the opinion of the evaluator, is this assessment an accurate reflection of the student's performance at this time?

☒ Yes

☐ No

Is this assessment felt to be culturally and linguistically valid for its intended purpose and for this student?

☒ Yes

☐ No

Examiner's Signature

Title OTR/L

Sample PT Report

Name: [REDACTED]
Date of Birth: 08/25/2011
Date of Evaluation: 02/22/2016

County: Allegany
School: Cash Valley Elementary School

Physical Therapy Evaluation

This assessment was done at the request of [REDACTED] IEP team. The tools used for this evaluation include observation, file review and a formal evaluation with standardization using the Draw a Man test. The test and procedures are considered valid based upon this student's racial, cultural, linguistic and sensory/perceptual motor characteristics.

Teacher Report: [REDACTED] falls when moving through the classroom several times a day. He also frequently runs into friends and obstacles. He is not noted to play with peers during the school day.

Background Information: [REDACTED] does not currently receive school-based physical therapy.

Behavior During Testing: [REDACTED] came with this PT willingly and attempted all requested activities. He has seen this PT several times since this evaluation and has attempted to take my hand so that he can come with me.

Observation: [REDACTED] does not sit still and often sits on one leg. When asked to sit criss cross by his teacher he was not able to get himself in the position and preferred to "W" sit with support from his arms.

Skeletal System:

1. [REDACTED] has decreased tone in both legs.
2. His posture is characterized by an increased dip in his lower back (lordosis) and his shoulder blades sticking out. (Scapular winging)
3. [REDACTED] has functional range of motion in the joints of his legs. His ankles could be stretched to neutral.

Mobility:

1. [REDACTED] is able to go from standing to sitting on the floor and back up to standing with compensatory strategies.
2. He walks with decreased trunk rotation and arm swing. [REDACTED] is also noted to walk more on his forefoot.
3. [REDACTED] went up stairs with a reciprocal pattern while holding onto the railing.
4. He used a non-reciprocal pattern while holding onto the railing when going down the stairs.

5. When [redacted] runs his form is characterized by being more of a hurried walk.

Strength:

1. [redacted] is able to squat down and pick up a toy and return to standing without difficulty.
2. He is not able to walk on his heels. When attempting the task, he went up on his toes and his legs went into a bow legged position.
3. When stepping up onto an 8" step, [redacted] needed upper body support to be successful.
4. When jumping off the 8" step he landed one foot at a time and was unsteady.
5. [redacted] was able to jump forward 4" and land on both feet.
6. He needed help to get into the crab walking position. Once in the position, [redacted] was not able to maintain it.

Balance:

1. [redacted] is able to maintain his balance on each leg for 1 second with significant upper body compensation.
2. He is quick to use a stepping strategy.
3. [redacted] was unable to kick a rolling ball without support.
4. When kicking a stationary ball, he was successful but unsteady.
5. [redacted] needed upper body support to walk on a balance beam.
6. He was not able to walk on a line.

Coordination:

1. [redacted] was able to catch a ball tossed or bounced directly to him with 50% accuracy.
2. He was not able to catch a ball tossed or bounced out of his base of support.
3. [redacted] went forward and backward on a scooter with a non-reciprocal pattern and trunk compensation.
4. [redacted] was not able to complete a jumping jack.
5. He was able to throw a ball overhand with fair accuracy from 5' away.
6. [redacted] did not demonstrate an ability to gallop or skip.
7. He was able to walk backwards.
8. When asked to jump sideways or backwards, he turned his body so that he could jump forward in the direction that was being demonstrated to him. For example, when this PT jumped sideways to the left, [redacted] would rotate his body to the left and then jump forward.

Functional Information:

1. [redacted] did not demonstrate an understanding of positional directions during this evaluation.
2. [redacted] struggled to motor plan how to get a ball out from under a table without bumping his head.
3. When asked to draw a person of himself, [redacted] attempted to write his name each time. When this PT asked him if that looked like him, he shook his head yes.
4. When this PT drew a picture of herself and then asked [redacted] to draw a picture of

himself he scored at an age equivalence of 4 years 3 months.

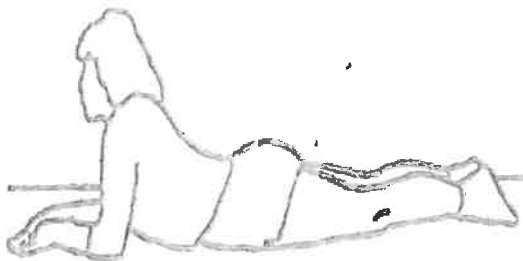


Assessment: [redacted] is a pleasant 4 year-old boy who attends afternoon Pre-K at Cash Valley Elementary School. He is able to walk without assistance but struggles to avoid obstacles. He is able to get down to the floor and back up to standing without assistance but does use compensatory strategies to be successful. When going down the stairs he uses a non-reciprocal pattern. [redacted] has an increased dip in his lower back and his shoulder blades stick out when standing; which suggests that he has some trunk weakness. This weakness was noted by him not being able to crab walk and only jumping forward 4". This weakness also impacts his balance. He is able to maintain his balance for 1 second and struggles to walk on a line or balance beam. [redacted] coordination skills are beginning to develop. He uses a trapping technique to catch a ball and is successful 50% of the time when the ball is bounced or tossed directly to him. He is able to walk backwards, and advance while seated on a scooter with a non-reciprocal pattern.

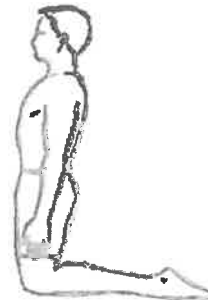
Recommendations:

1. [redacted] weakness is noted when he completes activities that require leg or arm strength. It is difficult to show strength in these areas if the trunk of the body "core" is not strong enough to provide a stable base for them to move from. This PT would recommend that [redacted] work on building trunk strength which would also include the hips and shoulder complex. There are many fun ways to accomplish this. When [redacted] wants to watch TV, play a video game, or read a book have him lie on his stomach and support himself with his arms. (Sphinx

position) Because the shoulder muscles have to stay active to keep the upper trunk off the floor, this will help strengthen those muscles. He could also complete activities in tall kneeling to help strengthen the hip areas. Other movement oriented activities could include playing crab soccer, taking walks that include inclines, and putting a puzzle together while standing at a table with the pieces on the floor so that [redacted] must squat to get each piece.



Prone on Elbows – The Sphinx position



Tall kneeling

2. As [redacted] strength improves his balance should also improve. However, it would still be beneficial to challenge his balance to ensure that it continues to develop appropriately. When you are at a play ground there are often balance beams that help work on this skill. When taking a walk to work on strength you could also find some uneven terrain to walk on so that [redacted] balance could also be challenged.
3. Shooting baskets would be another beneficial activity for [redacted]. Shooting the basketball will help improve his strength. The way that he shoots does not have to be "Correct". He could throw it overhead, "granny style" or one handed. Using the variety of forms will help strengthen different parts of his upper body. When he attempts to catch the rebound he will be working on his balance, coordination, and motor planning. He will need to move his body quickly and without looking at his feet and in unpredictable patterns
4. Coordination is important for a person to develop for many reasons. In the educational model it is important because of the way that the brain works. When completing many academic tasks, both sides of the brain must communicate much like it does when completing a bilateral coordination motor task. This is one of the reasons that developing motor skills is the foundation for learning. [redacted] is starting to use both sides of his body together but it is not yet embedded as a skill. By [redacted] age he should be catching a ball with his hands as you would when catching a smaller ball. He is currently using more of a trapping technique. Activities to improve this would include playing the game twister, which would also work on increasing [redacted] strength. This game makes a player move his body in unusual patterns and then hold that position.

Physical Therapy services may be provided to students who qualify for Special Education services. If [redacted] qualifies for special education services he may be appropriate for Physical Therapy services. These services can be provided in different formats. Direct Services provide the therapist and the student an opportunity to interact in activities designed to improve skills in the areas of need identified above. Consultation services focus on an interaction between the therapist and the student's teacher. The therapist is responsible to make suggestions for activities, modify tasks or environments, suggest formats for structure and may provide materials for the teacher to work with in the classroom. If the IEP team determines that Physical Therapy services are right for [redacted] a determination should be made about whether direct, consult or a combination of the two would be most appropriate and how much time would be allotted to each.

Thank you for allowing me to work with [redacted] If you have any questions, please contact me at [redacted]

Sincerely,

Technical Assistance Bulletin 1



Division of Special Education/Early Intervention Services The 90-Day Written Referral to Evaluation Timeline

Technical Assistance Bulletin

1

Revised July 2002

1. When does the 90-day evaluation timeline begin?

Since July 1, 1999, Code of Maryland Regulation (COMAR) 13A.05.01.04 requires a student with a suspected disability, who may need special education, to be promptly referred in writing to an individualized education program (IEP) team. The IEP team must complete an evaluation and determine if the student is eligible to receive special education and related services within 90-days of receiving a written referral. [COMAR 13A.05.01.06A]

To clarify the regulatory requirement and foster consistent interpretation, Maryland State Department of Education (MSDE) considers that the timeline begins when the public agency receives the written referral. The Individuals with Disabilities Education Act (IDEA) and federal and State regulations require each public agency to have procedures and practices to assure the provision of a free and appropriate public education (FAPE) to students with disabilities eligible for services under Part B of IDEA. [20 U.S.C. §§1400; 1412; 34 CFR §§300.1-300.2; 300.7; 300.121; 300.125; 300.220; Education Article §8-401; COMAR 13A.05.01.01-.02; 13A.05.02.01-.02] These procedures and practices describe the actions the public agency will take from the time the referral is received, through a determination of the student's need for special education and related services as a student with a disability. [20 U.S.C. 1413(a); 34 CFR 300.530; COMAR 13A.05.02.13C]

The procedures and practices should describe the actions to occur during the 90-day timeline, including recording the date it receives a written referral. For instance, when the written referral originates within the student's school of attendance, a school intervention team or a classroom teacher usually makes the referral after general education interventions have been attempted. In these cases, the 90-day timeline begins when designated school personnel receive the written referral. After receipt, in accordance with public agency procedures and practices, school personnel who received the referral should promptly forward it to the appropriate IEP team.

When a written referral originates outside of the public agency the situation is different. Under these circumstances, the public agency may receive a written referral from anyone, including a parent, physician, another public agency, nonpublic agency, psychiatrist, or service provider. The timeline begins when public agency personnel (i.e., reception or clerical staff to administrators), at the school office or central office, receive the written referral that a student is suspected of being disabled and in need of special education services. Again, public agency personnel who receive the referral should promptly forward it to the appropriate IEP team.

In both referral situations, a "date stamp" or notation in a logbook should clearly show the date the 90-day timeline began. Absent either of these, MSDE considers the time period to have begun on the date noted on the written referral.

2. Why does the Maryland regulation state that the timeline begins when the IEP team receives the referral?

Each public agency shall ensure a full and individual evaluation is conducted for each student being considered for special education and related services under Part B of IDEA, to ensure the provision of a free appropriate public education (FAPE). [34 CFR §§300.7; 300.320; 300.121; COMAR 13A.05.01.01; .03B(2); .03B(22); .03B(70)]

The 90-day timeline begins when "a student with a suspected disability who may need special education shall be referred, in writing, to an IEP team." [COMAR 13A.05.01.04A; .06A] Beginning the timeline when the written referral is received and recorded ensures the process begins promptly, is consistent with past practice and does not represent a change in MSDE policy. MSDE has always encouraged public agencies to avoid delay and begin the identification, assessment, and evaluation processes, as needed, as soon as possible after receiving a written referral.

3. Does the public agency need written procedures to manage the evaluation process during the 90-day timeline?

Each public agency is required to have procedures and practices in place detailing the identification, assessment and evaluation processes that meet the standards required by the IDEA and federal and State regulations. The public agency also must describe the actions to be implemented and the steps to be taken to accomplish each action. MSDE is responsible to ensure that each public agency implement written procedures that comply with federal and State laws and regulations.

[20 U.S.C. 1413(a); 34 CFR §§300.220; 300.530; COMAR 13A.05.02.13C].

4. Does the written referral have to be in a specific format?

The MSDE does not mandate a particular format for the written referral. At a minimum, MSDE assumes a public agency would want to know the following information: the name of the student suspected of having a disability; the suspected disability; the name, address, and telephone number of the person making the referral; the date of the referral; and the date the referral is received by the public agency. The IDEA, federal, and State regulations do not mandate format or content of a referral.

A public agency may receive the written referral, by mail or in person, at the student's school of attendance or at its central office. If a public agency accepts FAX and e-mail to conduct its business, the written referral can be received in this manner, triggering the initiation of the 90-day timeline on the date the referral is received by the public agency.

5. What does a public agency need to accomplish within 90-days of receiving a written referral?

Within 90-days of receiving the written referral, the public agency must complete the following activities:

- ✓ An IEP team meeting is scheduled with at least 10-day written notice to the student's parent. [Education Article §8-405(a); 34 CFR §300.345; COMAR 13A.05.01.07B(1)(a); and .07C(2)]
- ✓ The IEP team meets to:
 - Review existing assessment data, assessment and other information from the student's parent, instructional interventions and strategies that have been tried, current classroom-based assessments, and observations by teachers and related service providers.
 - Determine if assessments are needed to get additional data in any of the following areas: academic performance, communication, general intelligence, health, hearing, motor abilities, social, emotional, and behavioral status, and vision.

[34 CFR §§300.532; 300.533(a); COMAR 13A.05.01.04; .04B(2); .05B(1)]

- ✓ If the IEP team requests additional assessments, it must get informed parental consent to conduct them. [34 CFR §300.505] If the IEP team agrees it has sufficient information and does not need additional assessments, the evaluation can be completed. [34 CFR §§300.532; 300.533(d); COMAR 13A.05.01.04B(3); .06A]
 - ✓ If the IEP team determines additional data is needed, assessments are conducted and completed. [34 CFR §§300.532; 300.533(c); COMAR 13A.05.01.04B(2)]
 - ✓ If the student is suspected of having a Specific Learning Disability (SLD), at least one member of the IEP team, other than the student's regular education teacher, shall observe the student's academic performance in the regular classroom setting. If a student suspected of an SLD is less than school age or not in school, an IEP team member shall observe the student in an environment appropriate for a student of that age. [34 CFR §300.542; COMAR 13A.05.01.05B(4)]
 - ✓ An assessment report of each assessment procedure administered to a student is written, dated, and signed by the examiner who conducted the assessment and available to the IEP team at the evaluation meeting. Each report describes:
 - The student's performance in each area of suspected disability.
 - Relevant information regarding functional, cognitive, developmental, behavioral, and physical information.
 - Instructional implications for the student's participation in the general curriculum, or for a preschool student, participation in appropriate activities. [34 CFR §300.532; COMAR 13A.05.01.05D]
 - ✓ The IEP team meets and an evaluation is conducted, carefully considering and documenting information from a variety of sources. The IEP team documents its decision in a written evaluation report. The evaluation report includes:
 - Information provided by the parent.
 - Results of assessment procedures used as a basis for determination.
 - A statement as to whether the assessment procedures were valid for the purpose intended and valid for the student.
 - Whether the student is a student with a disability.
 - The parents must be given a copy of the evaluation report.
- [34 CFR §§300.531-300.535; COMAR 13A.05.01.04-.06]

6. Does the 90-day timeline begin while a general education school team (i.e., SST, CST, or EMT) discusses a student's needs and implements general education instructional interventions?

No. General education interventions used to support a student's instructional needs do not trigger the 90-day timeline. Not all students who have educational difficulties are suspected of having a disability, and the student's school should be encouraged to attempt various general education interventions before referring a student to an IEP team. It is usually helpful for the student's school to communicate with parents in the development of general education interventions. During the course of the general education interventions, the student may be monitored and data collected relating to the instructional interventions and strategies attempted, results of current classroom-based assessment, and observations by teachers and related service providers, as determined appropriate. The data will be useful if a referral is made and an evaluation is necessary.

7. Is the 90-day timeline calendar days or school days?

Day means, "calendar day unless otherwise noted as a school day or business day."
[34 CFR §300.9(a); COMAR 13A.05.01.03B(14)].

The 90-day timeline is noted in calendar days. Thus, the timeline includes weekdays, weekends, school closures,

vacations, and holidays. Neither the IDEA nor COMAR limits the evaluation process to only the days when schools are open for instruction. Thus, any time a public agency receives a written referral identifying a student as being suspected of having a disability, and who may need special education, it is imperative that the referral be promptly directed to an IEP team to begin the evaluation process.

[34 CFR §§300.126; 300.530-300.531; COMAR 13A.05.01.04-.06]

8. What if a parent refuses to give the public agency informed consent for assessment procedures?

If the IEP team determines that additional data is needed and assessments are to be conducted, the IEP team must provide the parent with written notice of the proposed activities and obtain informed consent. [COMAR 13A.05.01.12-.13]. If the parent refuses to provide informed consent, the public agency may pursue assessment through mediation or due process to protect the student's rights under the IDEA. [20 U.S.C. §1415(e) and (f); 34 CFR §300.505(b); COMAR 13A.05.01.13A]

9. What are the consequences if the public agency misses the 90-day timeline?

MSDE is responsible for ensuring that the federal regulations and State regulations enacting the IDEA '97 are followed by public agencies in Maryland. [20 U.S.C. §1412(a); 34 CFR §300.220; COMAR 13A.05.02.13C] MSDE accomplishes this task through its general oversight responsibilities of public agencies, each public agency's Local Application for Federal Funds, including the submission and approval of local standards, *State Monitoring for Continuous Improvement and Results*, direct technical assistance to public agencies, and the State complaint process. Through these methods, MSDE works collaboratively with each public agency to help it comply with the regulatory requirements. If MSDE determines that the public agency has not complied with the requirements, it can require the public agency to implement improvement strategies to correct the identified issues.

[20 U.S.C. §1412; 34 CFR §§300.125; 300.141-300.142; 300.180-300.250; 300.660-300.662; Education Article §§8-401 and 8-404; COMAR 13A.05.02.04A-B; .07; .10; and .13]

For more information, call 410-767-0858

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Technical Assistance Bulletin 20

June 2010

Division of Special Education/Early Intervention Services

Senate Bill 540 (SB 540) & House Bill 269 (HB 269) Provision of Accessible Copies of Documents to Parents

In 2010, the Maryland General Assembly passed House Bill 269 (HB 269) and Senate Bill 540 (SB 540). These bills amended Education Article §8-405 of the Annotated Code of Maryland. This statute now requires school personnel to provide parents with an accessible copy of each assessment, report, data chart, draft Individualized Education Program (IEP), or other document the IEP team or other multidisciplinary education team plans to discuss at that meeting. These documents must be provided to parents at least five (5) business days before the scheduled meeting. On May 20, 2010, Governor Martin O'Malley signed both the House (HB 269) and Senate (SB 540) versions into law. Senate Bill 540 was recorded as the official bill effective as of July 1, 2010. As a result, school personnel are required to ensure the following actions occur:

Before an IEP or other multidisciplinary education team meeting:

- At least five (5) business days before a scheduled IEP team meeting or other multidisciplinary education team meeting, the parents are to receive an accessible copy of each assessment, report, data chart, draft IEP, or other document the team plans to discuss at the meeting. In accordance with Individuals with Disabilities Education Act (IDEA) regulations, 34 CFR §300.11(b), and the Code of Maryland Regulations (COMAR) 13A.05.01.03B(9), a "business day" is defined as Monday through Friday, except for federal or State holidays, when a local school system (LSS) or public agency (PA) is open for business whether or not students are required to be in attendance for instruction.
- An assessment, report, data chart, or other document prepared by a school psychologist or other medical professional that either team plans to discuss at the meeting may be provided to parents orally and [emphasis added] in writing prior to the meeting. [Education Article §8-405(c)(2)(i), Annotated Code of Maryland]
- If school personnel are unable to provide an accessible copy of the material(s) at least five (5) business days before the scheduled meeting because of an extenuating circumstance, school personnel are to document and communicate to parents the nature of the extenuating circumstance that prevented school personnel from providing accessible copies of the material(s). [Education Article §8-405(c)(2)(ii), Annotated Code of Maryland]

After an IEP or other multidisciplinary education team meeting:

- e Not later than five (5) business days after a scheduled IEP or other multidisciplinary education team meeting, appropriate school personnel are to provide parents an accessible copy of the completed IEP. If the IEP has not been completed by the fifth business day after the IEP team meeting, school personnel shall provide the parents with the draft copy of the IEP. [Education Article §8-405(d), Annotated Code of Maryland]

In accordance with Education Article §8-405(e), Annotated Code of Maryland, failure of school personnel to comply with the timelines and actions listed above for providing copies of reports in advance of a meeting or copies of a child's completed IEP following the IEP team meeting does not constitute a substantive violation of the requirement to provide a free appropriate public education (FAPE).

Questions and Answers

1. *How does this new statute affect the parents of a child with an IEP, or a child who may need special education services? How should an LSS or PA ensure parents understand why they are receiving more documents be sent to them prior to scheduled IEP or multidisciplinary education team meetings than they received previously because of a change in the law?*

The passage of this new statute requires school personnel to provide the parents with a copy of certain documents relating to the development of a child's IEP at least five (5) business days before the scheduled meeting. The law also requires that a copy of the completed IEP must be provided to parents not later than five (5) business days after the scheduled meeting.

Each LSS and PA is required to develop and maintain local policies and procedures which comply with federal and State requirements, including the recent amendment to Education Article §8-405, Annotated Code of Maryland. Accompanying this bulletin are two sample cover letters an LSS or PA may consider providing parents along with the documents prior to a scheduled IEP or multidisciplinary education team meeting. LSSs and PAs are not required to use either of the samples.

2. *Does the new law apply to the development, review, and revision of an Individualized Family Service Plan (IFSP) for infants, toddlers, and children receiving services through Maryland Infants and Toddlers Program?*

No. The statute applies only to students with disabilities, 3 years old through the end of the school year in which the student turns 21 years old, who receive or may be eligible to receive special education and related services in accordance with an IEP under Part B of IDEA.

3. *Does this law apply to "school personnel" in nonpublic special education facilities?*

Yes. If a student's IEP cannot be implemented in a public school program, the local school system is required to take steps to ensure that the student is provided FAPE. A nonpublic school shall contact the local school system to request an IEP team meeting to review the student's IEP, as appropriate. The local school system shall initiate and conduct meetings to review the student's IEP, in accordance with COMAR 13A.05.01.16A. Documents that the IEP team plans to discuss must be provided at least five business days prior to the meeting.

4. *Are schools only required to send parents a copy of the draft IEP before the meeting?*

No. The statute states, "At least five (5) business days before a scheduled meeting of the individualized education program team or other multidisciplinary education team for any purpose for a child with a disability, appropriate school personnel shall provide the parents of the child with an accessible copy of each assessment, report, data chart, draft individualized education program, or other document that either team plans to discuss at the meeting."

5. *Is a service provider's portfolio of a child's class work or assessment protocols considered 'documents' that must be provided to parents prior to an IEP team meeting or other multidisciplinary education meeting?*

Yes if, as set forth in the statute, the IEP team plans to discuss the entire portfolio or assessment protocols at the meeting, appropriate school personnel must provide an accessible copy of each assessment, report, data chart, draft IEP, or other document to the parents at least five (5) business days before the scheduled meeting. Any document that the IEP team does not plan to discuss does not need to be provided prior to the meeting.

6. *Are documents prepared by school psychologists included among documents which must be provided at least five (5) business days before the scheduled meeting?*

Yes if, as set forth in the statute, the IEP team plans to discuss documents at the meeting, then an accessible copy of the documents must be provided. Documents that the IEP team does not plan to discuss do not need to be provided prior to the meeting.

Additionally, the statute states, "An assessment, report, data chart, or other document prepared by a school psychologist or other medical professional that either team plans to discuss at the meeting may be provided to the parents orally and in writing prior to the meeting." A school psychologist or other medical professional may orally share this information with the parents prior to the scheduled meeting, as well as provide accessible copies to parents at least five (5) business days before the scheduled meeting.

7. *Often parents provide or agree to allow medical reports from their child's physician or counselor to be sent local school systems and public agencies. Does the statute require local school systems to re-release those documents to the child's parents?*

Yes if, as set forth in the statute, the IEP team plans to discuss the reports at the meeting, an accessible copy of each report must be provided to the parents. Documents that the IEP team does not plan to discuss do not need to be provided prior to the meeting. Additionally, the requirements of 34 CFR §§99.32(a) and 99.33(a) do not apply if the disclosure or re-disclosure is to the parents of the child.

8. *Are reports prepared by the school nurse considered to be reports prepared by a medical professional?*

The statute discusses reports from 'a school psychologist or other medical professional' but does not otherwise define 'medical professional.' Under the statute, if the IEP team plans to discuss a document from a medical professional at the meeting, then an accessible copy of the document must be provided at least five business days before the meeting. A school system may also orally provide documents from medical professionals.

9. *Does the statute allow school personnel to schedule a time for parents to come in to pick up materials? Does it require all documents to be mailed by US Mail? Is faxing or e-mailing reports acceptable? Does the statute require the mailing of the psychological report with the other reports? May a LSS or PA provide the documents electronically?*

The statute does not specify how school personnel must provide documents to the parents at least five (5) business days prior to a scheduled IEP team meeting or other multidisciplinary education team meeting. Consistent with 34 CFR § 99 and 34 CFR §§300.610—300.626, the LSS or PA would need to take the necessary steps to protect the confidentiality of personally identifiable information and the integrity of the process as required under state and federal privacy requirements, including COMAR 13A.08.02. Also, in accordance with 34 CFR §300.615, if a document includes information on a student other than the parents' child, the parents have the right to inspect and review only the information in the document relating to their child. Redacting the other student's name from the document may allow the document to be reviewed.

10. *May parents waive the receipt of the documents prior to the team meeting? May parents agree to a different timeline (three (3) days instead of five (5) days)? Are schools allowed to provide these documents to parents less than five (5) business days before the meeting? To provide the documents at the IEP meeting?*

The statute does not address a parent's waiver of the law. If school personnel are unable to provide the parents with an accessible copy of the materials to be discussed at the IEP team meeting at least five (5) business days before the scheduled meeting, school personnel must document and communicate to the parents the nature of the extenuating circumstance that prevented school personnel from providing parents with accessible copies of the materials.

11. *Are LSS/PA's only required to provide documents which the parents have not received previously?*

Under the statute, if the IEP team plans to discuss a document at the meeting, an accessible copy of the document must be provided at least five (5) business days before the meeting. Documents that the IEP team does not plan to discuss do not need to be provided prior to the meeting.

12. *Is class work considered a document to be provided if the teacher decides to discuss certain assignments at the IEP team meeting?*

The statute states, "At least five (5) business days before a scheduled IEP team meeting or other multidisciplinary education team meeting, the parents are to receive an accessible copy of each assessment, report, data chart, draft IEP, or other document the team plans to discuss at the meeting." A student's class work would be included in "other documents" if the IEP team plans to discuss the student's class work assignments at the IEP team meeting.

13. *If school personnel send a student's behavior charts home to parents daily, are school personnel required to send additional documentation to the parents prior to the IEP team meeting or other multidisciplinary education team meeting?*

If the IEP team plans to discuss the documents at the meeting, then under the statute, an accessible copy of the document must be provided at least five (5) business days before the meeting. Documents that the IEP team does not plan to discuss do not need to be provided prior to the meeting.

14. *Currently LSSs are required to provide parents of students with disabilities written notice of a scheduled IEP team meeting at least ten (10) calendar days in advance of the meeting. Does this new law require a second mailing within five (5) business days of the scheduled meeting? Are two (2) separate mailings now the requirement?*

The statute does not address this issue. In accordance with COMAR 13A.05.01.07D(2), each LSS and PA must send written notice to parents at least ten calendar days prior to a non-expedited IEP team meeting. Under Education Article §8-405, Annotated Code of Maryland, LSS's and PA's must provide parents with an accessible copy of each assessment, report, data chart, draft IEP, or other document the team plans to discuss at the meeting at least five (5) business days prior to the scheduled meeting. Each LSS and PA is required to meet both requirements. The method in which these timelines are met is dependent upon local policy and procedures.

15. *What documentation must an LSS or PA maintain to demonstrate that documents were sent to the parents as required?*

The statute does not address this issue. The LSS or PA should have policies and procedures to ensure copies of written notices of IEP team meetings and additional information to be discussed at the IEP team meeting are provided to parents within the timelines specified by State law and regulations. The policies and procedures should include information on how school personnel document what documents were provided and when and how the documents were provided to parents.

16. *If parents do not understand the documents received five (5) business days prior to a scheduled meeting, are school personnel required to explain the documents to the parent prior to the scheduled meeting?*

The statute neither requires nor prohibits the review of the provided documents by school personnel with parents prior to the scheduled meeting. Please note that the statute does include a provision that allows school psychologists and other medical professionals to provide documents orally and in writing.

17. *Are school personnel who provide an assessment, report, data chart, draft IEP, or other documents to parents prior to the scheduled meeting now required to attend the scheduled meeting?*

No. The statute does not change the required members of a student's IEP team, as set forth in 34 CFR §300.321(a) and COMAR 13A.05.01.07A. The statute only requires the provision of an accessible copy of documents to the parents at least five (5) business days prior to a scheduled team meeting.

18. *What is meant by "extenuating circumstance"? What examples of these circumstances are provided?*

The statute does not define or give examples of extenuating circumstance. Schools will therefore determine "extenuating circumstances" on a case-by-case basis. When LSS or PA personnel identify an extenuating circumstance, they must document the extenuating circumstance and communicate the circumstance to the parents of the child.

19. *When it is necessary to schedule an expedited IEP team meeting to address a student's disciplinary issues, determine the placement of the student with a disability not currently receiving educational services, or to meet other urgent needs of the student to ensure the provision of FAPE, consistent with COMAR 13A.05.01.07D(2), would that be an extenuating circumstance?*

The statute does not define or give examples of extenuating circumstance. An "extenuating circumstance" is determined on a case-by-case basis. It is the responsibility of LSS or PA personnel to document and communicate to parents the nature of the extenuating circumstance that prevented school personnel from providing parents with accessible copies of the materials at least five (5) business days before a scheduled IEP team meeting or other multidisciplinary education team meeting. The LSSs/PAs are responsible for developing policies and procedures that address maintaining documentation of extenuating circumstances and the manner in which that information was communicated to parents.

20. *If, during the team meeting, a document not previously disclosed is to be reviewed, should the meeting end, given that the parents of the child did not have a chance to review the document five (5) days prior to the meeting?*

The statute does not address this issue. The statute requires school personnel to determine what documents need to be discussed at an IEP team meeting in order to develop, review, and/or revise a student's IEP. LSS/PA policies and procedures must address how copies of documents are provided to parents at least five (5) business days prior to a scheduled meeting. Local policies and procedures should also address procedures when accessible copies of information are not provided to parents within the specified timeline prior to the meeting. These procedures should also address whether or not the failure to provide that information to the parent five (5) business days prior to the scheduled meeting is an extenuating circumstance.

21. *Will the parents get a copy of their child's completed IEP? When should the parents receive this?*

Yes. Not later than five (5) business days after a scheduled IEP or other multidisciplinary education meeting, appropriate school personnel are to provide parents an accessible copy of the completed IEP. If the IEP has not been completed by the fifth business day after the IEP team meeting, the parents must be provided with an accessible draft copy of the IEP.

22. *Would a school's failure to meet these timelines be a denial of a child's FAPE?*

Under the statute, failure of school personnel to comply with the timelines to provide parents accessible copies of information at least five (5) days prior to a scheduled meeting, or a copy of the child's IEP following the IEP team meeting, does not constitute a substantive violation of the requirement to provide the student a FAPE. Additional guidance will be issued at a later date.

23. *If the purpose of the IEP team meeting is to determine whether or not the student is a student with a disability and/or to determine the special education, related services, supplementary aids, services, program modifications, and supports a student may need, may school personnel "draft" an IEP?*

Yes. There is nothing in IDEA or COMAR that prevents LSS or PA personnel from conferring and developing a proposal for discussion by the IEP team at the scheduled meeting. It is the responsibility of LSSs and PAs to develop local policies and procedures to ensure a student's IEP team meets to develop an IEP for the student within 30 days of a determination that the student's need for special education and related services. As soon as possible following development of the IEP, special education and related services are made available to the child in accordance with the child's IEP.

24. *What is a "multidisciplinary education team meeting?"*

The term "other multidisciplinary education teams" is mentioned after IEP team meetings. The "other multidisciplinary education team" is not an IEP team but is another school team, which includes the child's parents and meet to discuss a child with a disability.

25. *Is a "business day" the same as a calendar day?*

No. In accordance with 34 CFR §300.11 and COMAR 13A.05.01.03B(9) a business day is defined as "Monday through Friday, except for federal or State holidays, when a local school system or public agency is open for business whether or not students are required to be in attendance for instruction."

26. *What does the law mean when it states that the parents are to receive "accessible" copies?*

The law does not define "accessible copy." Examples may include a format other than print, such as Braille, larger print, electronic format, audio file, etc. IDEA and COMAR do not require that each assessment, report, data chart(s), draft IEP, or other document the IEP team or other multidisciplinary team plans to discuss at that meeting be written in an individual's native language. [OSEP Letter to Boswell, September 4, 2007]

NOTICE of DOCUMENTS PROVIDED to PARENT for REVIEW at an IEP MEETING
(Sample 1)

Name of student: _____
Name of parent: _____
School: _____
Date of Notice: _____
Date of scheduled meeting: _____

In 2010 the Maryland General Assembly passed House Bill 269 (HB 269) and Senate Bill 540 (SB 540). As of July 1, 2010, school personnel must provide parents with an accessible copy of each assessment, report, data chart(s), draft Individualized Education Program (IEP), or other document the IEP team or other multidisciplinary education team plans to discuss at that meeting, at least five (5) business days before the scheduled meeting.

In order to meet this requirement we are providing the following information for your review prior to the IEP meeting that is scheduled for _____ (date). A notice of this meeting is: _____ attached or was sent on _____ (date). The following information/documents are attached and may be discussed at the meeting:

- XXXX
- XXXX

School personnel may also discuss the following information and are not able to provide documents prior to the meeting:

- XXXX
- XXXX

The reason (extenuating circumstance) these documents are not available prior to the meeting is:

If the purpose of the IEP team meeting is to develop or review and revise your child's IEP, within 5 business days following the IEP team meeting, school personnel are required to provide a completed copy of your child's IEP.

We hope this information is helpful and helps us to have a meaningful and productive discussion regarding your child's needs.

If you have questions please contact _____ (contact name, phone number, and/or email address)

NOTICE of DOCUMENTS PROVIDED to PARENT for REVIEW at an IEP MEETING
(Sample 2)

Date Meeting Notice Sent: _____

Date Materials Sent: _____

Date of Meeting: _____

Dear Parents:

The 2010 Maryland General Assembly passed Senate Bill 540 (SB 540) and House Bill 269 (HB 269). These bills amended Education Article §8-405, Annotated Code of Maryland. Beginning July 1, 2010, school personnel must provide parents with an accessible copy of each assessment, report, data, draft Individualized Education Program (IEP), or other document the IEP team or other multidisciplinary education team plans to discuss at that meeting, at least five (5) business days before the scheduled meeting. Attached are the following:

- XXX
- XXX
- XXX

School personnel are unable to provide you with accessible copies of the following materials at least five (5) business days before the scheduled IEP team meeting because of an extenuating circumstance:

- XXX
- XXX
- XXX

If applicable, the reason (extenuating circumstance) these documents are not available prior to the meeting is:

Not later than five (5) business days after a scheduled IEP or other multidisciplinary education team meeting, appropriate school personnel are to provide you with an accessible copy of the completed IEP.

In accordance with Education Article §8-405(e), Annotated Code of Maryland, failure of school personnel to comply with the timelines does not constitute a substantive violation of the requirement to provide your child a free appropriate public education (FAPE).

If you have questions please contact: _____ (name) _____ (phone)

For more information, call 410-767-0858

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This publication was developed and produced by the Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services, with funds from the U.S. Department of Education, Grant #H027A090035A. Readers are encouraged to share; however, please credit the MSDE Division of Special Education/Early Intervention Services. The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to departmental policy, please contact the Equity Assurance and Compliance Branch, Office of the Deputy State Superintendent for Administration, Maryland State Department of Education, 200 West Baltimore Street, 6th floor, Baltimore, MD 21201-2595, 410-767-0433, Fax 410-767-0431, www.MarylandPublicSchools.org.

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Governor

Scoring Sheet

Name of Contract: Occupational/Physical Therapy Services
Name of Company:
Total Points Possible: 100

Date of Proposal:
Reviewer's Name:
Reviewer's Signature and Date:

Component 1: Fees

Maximum Points: 15 *

OTR Rate:

PT Rate:

OTA Rate:

PTA Rate:

OT/PT Aide Rate:

Score:

- * 3 -Exceeded
2- Met
1- Partially Met
0- Not Addressed

Component 2: FTE's

Maximum Points: 15*

OTR FTE:

PT FTE:

OTA FTE:

PTA FTE

OT/PT Aide FTE:

Score

Component 3: licensure

Maximum Score: 10

Score

Component 4: Continuing Ed.

Maximum Score: 10

Score

Component 5: Previous Cont.

Maximum Score: 10

Score

Component 6: MA Billing

Maximum Score: 10

Score

Component 7: Supplies

Maximum Score: 5

Score

Component 8: BOE Training:

Maximum Score: 5

Score

Sub-total Score

Yes

No

All Signatures

No

Maximum Score: 10

Score

Insurance

No

Maximum Score: 10

Score

Total Score