



# Appendix

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# MY EDUCATION DIRECTORY

My Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

## Important Contacts at School

Position	Name	Phone	E-Mail
School Superintendent			
Special Ed. Coordinator			
Principal			
Special Educator			
General Educator			
Speech Therapist			
Physical Therapist			
Occupational Therapist			
School Psychometrist			
Counselor			
Paraprofessional			

My Child's Bus Driver is:
Bus Garage Phone number:
Special Transportation:

## Other Important Numbers

Position	Name	Phone	E-Mail

### 290-8-9-.03      **Disability Definitions, Criteria, and Minimum Required Evaluative Components.**

Each public agency must develop and implement procedures to identify and evaluate children suspected of having a disability that adversely affects their educational performance and who, as a result, may need special education (specially designed instruction) and related services. The evaluations listed in this rule are the required minimum evaluations to be administered prior to determining initial eligibility for special education services. Professional judgment should be used to determine if the results of any of the required evaluations are reliable sources of information or if other assessment data may prove to be more accurate indicators of the child's level of functioning. The IEP Team may determine, on a case-by-case basis, that other evaluations are needed. Vision and hearing screenings (traditional or functional, as appropriate) must be the first evaluations conducted for all children suspected of having a disability, unless otherwise indicated.

#### **(1) Autism.**

(a) Definition. Autism means a developmental disability that significantly affects verbal and nonverbal communication and social interaction generally evident before age three (3) that adversely affects educational performance. This includes other pervasive developmental disorders. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or changes in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in these rules. A child who manifests the characteristics of autism after age three (3) could be identified as having autism if the criteria herein are satisfied.

#### **(b) Criteria.**

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. Score on a rating scale (normed for the appropriate diagnostic group) indicating the presence of an autism spectrum disorder.

3. Medical, clinical, psychiatric, or school psychologist evaluation, or an assessment by a qualified person (e.g., psychometrist) trained in the area of autism evaluation.

4. Evidence that communication/language skills and/or social skills adversely affect educational performance.

5. Evidence of current characteristics/behaviors typical of an autism spectrum disorder.

#### **(c) Minimum Evaluative Components.**

1. Vision/hearing screening.

2. A normed rating scale that is used to document the presence of an autism spectrum disorder.

3. Comprehensive evaluation and report to be completed by a medical, clinical psychiatric, and/or school psychologist or other qualified person (i.e., psychometrist) trained in the area of autism evaluation.

4. Communication/language evaluation and a behavior rating scale and/or an adaptive behavior rating scale. Additional performance measures may include developmental, intellectual, achievement (individual or group), motor, criterion-referenced tests, curriculum based assessments, work samples, portfolios, observation.

5. Observation in both a structured and an unstructured school environment or natural setting and a structured interview with the parent/primary caregiver.

### **(2) Deaf-Blindness.**

(a) Definition. Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(b) Criteria.

1. Audiological data indicating that the individual has a hearing impairment.

2. Optometric and/or ophthalmic data indicating that the individual has a visual impairment.

3. Evidence of severe communication needs and evidence of severe educational needs related to the functional use of hearing and vision.

(c) Minimum Evaluative Components.

1. Audiological evaluation.

2. Optometric/Ophthalmic evaluation.

3. Performance measures such as developmental scores, diagnostic test(s), observations, communication evaluations, orientation and mobility assessments that document how the impairment adversely affects the educational performance of the child.

### **(3) Developmental Delay.**

(a) Definition. Developmental Delay means a delay that adversely affects daily life and/or educational performance in one or more of the following developmental areas:

1. Adaptive,

2. Cognitive,

3. Communication,

4. Social or emotional, and/or,

5. Physical,

and results in the need for special education and related services. A child may become eligible for this area of disability on his or her third birthday. A child identified with a developmental delay must be reevaluated prior to his or her ninth birthday to determine continued eligibility for special education services. At age nine, a child can no longer be eligible in the area of developmental delay and must be eligible in another area of disability in order to continue special education services. If a child turns nine during the school year and is eligible for an area of disability, that child may continue to receive special education services in his or her current program for the remainder of that school year. A child who turns nine during the school year and is not eligible for another area of disability will be served in general education programs for the remainder of the school year.

(b) Criteria.

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. The standard score in one developmental domain must be at least two standard deviations below the mean (70 or below) on a standardized, norm-referenced instrument; or the standard scores on two or more developmental domains must be at least one and a half standard deviations below the mean (77 or below) on a standardized, norm-referenced instrument.

3. Scores obtained according to the requirements in 2. of this section must be validated by supporting evaluations in the same identified area(s) of delay. If the standard score on the first instrument yields a delay of at least two standard deviations (70 or below) in one or more domains, then at least one domain must be validated (70 or below) by another norm-referenced or criterion-referenced instrument. If the standard score on the first instrument yields a delay of at least one and a half standard deviations (77 or below) in two or more domains, at least two of the domains must be validated (77 or below) by another norm-referenced or criterion-referenced instrument. When using a criterion-referenced instrument that does not yield standard scores, age equivalent scores may be used to determine the percent of delay and must be converted to standard scores. The score must be at least a 30% delay (two standard deviations below the mean) in one domain or a 25% delay (one and a half standard deviations below the mean) in two or more domains.

4. Evidence that the developmental delay adversely affects the child's performance in age-appropriate activities must be documented.

(c) Minimum Evaluative Components.

1. Vision/hearing screening.

2. A standardized, norm-referenced instrument(s) that evaluates all five developmental domains.

3. An additional standardized, norm-referenced instrument(s) or a criterion-referenced instrument that supports the one or two identified areas of delay from the first instrument according to the requirements.

4. Evidence of adverse effect.

- (i) A family interview documenting strengths, needs, and concerns.
- (ii) An observation of the child in an age-appropriate environment.
- (d) Public agencies may identify children in another disability area

instead of using the area of developmental delay. However, if a public agency chooses to use the term developmental delay, which may only be used for ages 3-9, the agency must use the criteria above.

#### **(4) Emotional Disturbance.**

(a) Definition. Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. The term does not include children who are socially maladjusted, unless it is determined that they have an emotional disturbance as defined herein.

#### **(b) Criteria.**

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
2. Evidence that the problem is not due to intellectual, sensory, or health factors.
3. Standard scores (total or composite) on two out of three of the same norm referenced behavior rating scale must be at least two standard deviations above or below the mean (70, depending on the rating scale). Ratings from three or more scales will be obtained from at least three independent raters, one of whom may be the parent or the child through a self report.
4. Evidence that the emotional disturbance adversely affects the child's academic performance and/or social/emotional functioning in the school environment.
5. Evidence that the emotional disturbance is exhibited over a long period of time (typically six months) and to a marked degree, and that the child's educational performance is adversely affected.
6. Observational data that documents the emotional disturbance in two or more educational settings.

#### **(c) Minimum Evaluative Components.**

1. Vision/hearing screening.
2. Individual intellectual evaluation.

3. Administration of three of the same norm-referenced behavior rating scale by three or more independent raters who have had knowledge of the child for at least six weeks. One of the raters may be the parent or the child. If a self-report is used, it must be a version of the same behavior rating scale.

4. Individual educational achievement evaluation and a statement of how the impairment adversely affects the child's academic performance and/or the child's social/emotional functioning .

5. Documentation that the emotional disturbance is exhibited over a long period of time (typically six months) to a marked degree that adversely affects educational performance. Documentation must include teacher, parent and/or child interview(s); documentation of environmental, sociocultural, and/or ethnic information (e.g., Environmental, Cultural and Economic Concerns checklist); and at least one of the following:

(i) Observation of the child in an educational environment other than the required observation.

(ii) Counselor reports.

(iii) Language evaluation.

(iv) Anecdotal records from classroom teacher(s) or other LEA personnel.

(v) Documentation may also include at least one of the following, if available:

(I) Clinical psychological/psychiatric reports.

(II) School psychologist reports.

(III) Medical reports.

6. Observation by a qualified professional in two or more educational settings (one structured setting and one unstructured setting).

(d) Reevaluation for continued eligibility in the area of emotional disturbance. At the first reevaluation, if the IEP Team determines that additional data are needed and after conducting the assessments, the student no longer meets all criteria for emotional disturbance, the IEP Team may choose one of the following options:

1. Based on existing evaluation data and/or additional data gathered, and documentation that students behavior does not adversely affect educational performance, the IEP Team must determine that the student is no longer eligible for special education services in the area of emotional disturbance.

2. Based on existing data and/or additional data gathered, the IEP Team may determine that the student continues to be eligible in the area of emotional disturbance based on the students continued need for intensive support. The IEP Team must include on the eligibility report a written description of all behavioral strategies/interventions that are currently in place for the student. The IEP Team may determine that the student continues to be eligible for special education services in the area of emotional disturbance based on existing data and/or additional data gathered even though all criteria are not met (including scores two

standard deviations above or below the mean, depending on the instrument, on two out of three behavior rating scales). The IEP Team may use this option only once at reevaluation. At the next reevaluation for continued eligibility, the IEP Team may not determine the student eligible for emotional disturbance unless all criteria are met (including scores two standard deviations above or below the mean, depending on the instrument, on two out of three behavior rating scales).

**(5) Hearing Impairment.**

(a) Definition. Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. This term includes both deaf and hard-of-hearing.

(b) Criteria.

1. Evidence that vision screening results are satisfactory prior to proceeding with evaluations.
2. Audiological data indicating that the child has a hearing impairment.
3. Evidence that the educational performance is adversely affected by the disability.

(c) Minimum Evaluative Components.

1. Vision screening.
2. Audiological evaluation.
3. Performance measures such as group or individual intelligence scores, individual/group education achievement and/or diagnostic test(s), classroom observation, review of child's existing records (i.e., attendance, health).

**(6) Mental Retardation.**

(a) Definition. Mental Retardation means significantly subaverage general intellectual functioning existing concurrently with significant limitations in adaptive behavior and manifested during the developmental period that adversely affects the child's educational performance.

(b) Criteria.

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
2. Total or full-scale intelligence quotient must be at least two standard deviations below the mean (70 or below).
3. Adaptive behavior scales.

(i) Total score on at least one adaptive behavior scale must be at least two standard deviations below the mean (70 or below). A school version of an adaptive behavior scale is required to be completed. The public agency must make reasonable efforts to obtain a home version of the adaptive behavior scale. If a home version is not obtained, a second school version is required. The school version(s) and the home version of the adaptive behavior scale must be conducted using the same instrument. The home version of the adaptive behavior scale can be completed by the parent through a home visit, parent/teacher conference, telephone interview,

or other mutually agreed upon arrangement. It is the responsibility of the public agency to ensure that the parent receives the assistance needed to complete the adaptive behavior scale. The public agency must make at least two attempts to have the parent complete the home version of the adaptive behavior scale within the sixty (60) days of receiving parental consent for initial evaluation and document such attempts on the eligibility report. However, the absence of a home version of the adaptive behavior scale must not delay the eligibility determination timeline.

(ii) For students with individual intellectual scores in the significant cognitive disability range (55 and below), the total score on at least one adaptive behavior scale must be at least 1.5 standard deviations below the mean (77 or below). As in 3(i) above, a school version of an adaptive behavior scale is required and reasonable efforts to obtain a home version must be made.

4. Evidence that the disability adversely affects educational performance. (Note: Achievement scores at least one standard deviation below the mean should confirm and validate the intellectual functioning and adaptive behavior scales).

5. Determination of any environmental, cultural, language, or economic differences that might mask the student's true abilities. If at least one concern is noted, the team must consider administering a non-traditional intelligence test.

(c) Minimum Evaluative Components.

1. Vision/hearing screening.

2. Individual intellectual evaluation.

3. Individual adaptive behavior evaluation (Note: School and home versions must be conducted using the same instrument).

4. Individual educational achievement evaluation (Note: Screening instruments may not be used to determine eligibility).

5. Environmental, cultural, language, and economic information.

**(d) Exception to the current rule.** Minority students in the seventh grade and older in the 2000-2001 school year and who were identified prior to July 1, 1999, will continue to be reevaluated under the criteria in this exception rule. Non-minority students in the fourth grade and older in the 2000-2001 school year and who were identified prior to July 1, 1999, will continue to be reevaluated under the criteria in this exception rule. However, if a qualified team, including the parent, deems it appropriate to use the criteria in the current rule, they may do so, but written justification for this action must be documented in the eligibility report.

1. Definition. Mental Retardation means significantly subaverage general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period that adversely affects the student's educational performance. Students classified as having mental retardation must have a total or full-scale intelligence quotient of seventy (70) or below and deficits in overall adaptive behavior.

2. Evaluations Required.

(i) Vision and hearing screening.

- (ii) Adaptive behavior scale.
- (iii) Individual educational achievement and/or diagnostic test(s).
- (iv) Individual intellectual evaluation.

(v) Professional judgment should be used to determine if the results of any of the above evaluations are reliable sources of information, or if other assessment data (e.g., developmental scales, systematic observation) may prove to be a more accurate indicator of the student's level of functioning.

### **(7) Multiple Disabilities.**

(a) Definition. Multiple Disabilities means concomitant impairments (such as mental retardation-blindness, or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf blindness.

(b) Criteria. The child must meet all eligibility criteria for two or more areas of disabilities as defined in these rules. Eligibility criteria for the two or more areas of disabilities must be documented on the eligibility report.

(c) Minimum Evaluative Components. Refer to minimum evaluative components required under each area of disability.

### **(8) Orthopedic Impairment.**

(a) Definition. Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). If a medical diagnosis is presented, the medical diagnosis alone is not enough to justify being identified in the area of orthopedic impairment. The impairment must adversely affect the educational performance of the child.

(b) Criteria.

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. Evidence of an orthopedic impairment.

3. Performance measures that document how the child's disability affects his or her involvement and progress in the general education curriculum or, for preschool children how the disability affects the child's participation in age-appropriate activities.

4. A statement providing evidence that the orthopedic impairment adversely affects educational performance, and for initial evaluation for special education services only, evidence of interventions/accommodations that have been tried in regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful.

(c) Minimum Evaluative Components.

1. Vision/hearing screening.
2. Documentation of the orthopedic impairment (medical diagnosis/physician's statement).
3. Performance measures such as developmental scores, individual and/or group intelligence scores, individual and/or group educational achievement and/or diagnostic test(s) scores, classroom observations, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records (i.e., attendance, health).
4. A statement of how the impairment adversely affects the educational performance of the child, and for initial evaluations for special education services only, documentation of interventions/accommodations must include a written description of all interventions/accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.

#### **(9) Other Health Impairment.**

(a) Definition. Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome. If a medical diagnosis is presented, the medical diagnosis alone is not enough to justify being identified in the area of other health impairment. The impairment must adversely affect the educational performance of the child.

#### **(b) Criteria for Other Health Impairment.**

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
2. Evidence of a health impairment.
3. Performance measures that document how the child's disability affects his or her involvement and progress in the general education curriculum, or for preschool children, how the disability affects the child's participation in age-appropriate activities.
4. A statement providing evidence that the health impairment adversely affects the educational performance of the child and, for initial evaluation for special education services only evidence of interventions/accommodations that have been tried in regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful.

#### **(c) Minimum Evaluative Components for Other Health Impairment.**

1. Vision/hearing screening.
2. Documentation of the health impairment (medical diagnosis/statement).

3. Performance measures such as developmental scores, individual and/or group intelligence scores, individual and/or group education achievement and/or diagnostic test(s) scores, classroom observations, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records, (i.e. attendance, health).

4. A statement of how the impairment adversely affects the educational performance of the child and, for initial evaluations for special education services only, documentation of interventions/accommodations must include a written description of all interventions/ accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/ accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.

(d) Criteria for Other Health Impairment - Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. Evidence that the health impairment adversely affects the educational performance of the child.

3. Standard scores (total or composite) on two out of three of the same norm-referenced scale designed specifically to determine the presence of ADD or ADHD must be at least two standard deviations above or below the mean (70, depending on the rating scale). Ratings from three or more scales must be obtained from at least three independent raters, one of whom may be the parent.

4. For initial evaluations only, evidence of interventions/accommodations that have been tried in regular education class(s) or the natural environment (for preschool children) but were deemed unsuccessful.

(e) Minimum Evaluative Components for Other Health Impairment - ADD or ADHD.

1. Vision/hearing screening.

2. A statement of how the health impairment adversely affects the educational performance of the child and documentation of performance measures such as individual and/or group intelligence scores, individual and/or group education achievement and/or diagnostic test(s) scores, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child's existing records, (i.e. attendance, health, discipline).

3. Administration of three of the same norm-referenced behavior rating scale, ADD or ADHD scale by three or more independent raters who have had knowledge of the child for at least six weeks. One of the raters may be the parent

or the child. If a self-report is used, it must be a version of the same behavior rating scale, ADD or ADHD scale.

4. For initial evaluations for special education services only, documentation of interventions/accommodations must include a written description of all interventions/accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/ accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.

### **(10) Specific Learning Disability.**

(a) 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. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

#### **(b) General.**

1. When determining whether a child has a specific learning disability a public agency will not be required to take into consideration whether a child has a severe discrepancy between intellectual ability and achievement. A public agency may use a process based on the child's response to scientific, research-based intervention. A public agency may use other alternative research-based procedures for determining whether a child has a specific learning disability.

2. For children suspected of having a specific learning disability, the Eligibility Committee and/or IEP Team must also include:

- (i) The child's regular education teacher, or
- (ii) If the child does not have a regular education teacher, a regular education teacher qualified to teach a child of his or her age, or
- (iii) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age, and
- (iv) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

#### **(c) Criteria.**

1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. A public agency may determine that a child has a specific learning disability if:

(i) The child does not achieve adequately for the child's age or meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade level standards: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving.

(ii) The child does not make sufficient progress to meet age or State-approved grade level standards in one or more of the areas identified in paragraph 2.(i) of this section when using a process based on the child's response to scientific, research-based intervention; or

(iii) 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, using appropriate assessments.

3. The group determines that the existence of specific learning disability is not the result of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage or limited English proficiency.

4. Data to ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math.

5. The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

6. Documentation of work samples in the area of suspected disability.

(d) Minimum Evaluative Components for Specific Learning Disability.

1. Vision/hearing screening.

2. Documentation of a specific learning disability:

(i) Documentation that the child does not achieve adequately for the child's age or meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade level standards: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving. Public agencies that choose to use the predicted achievement model must use either the table provided by the State Department of Education, Special Education Services, or the predicted achievement tables as provided by test publishers. Obtained achievement scores must be greater than one standard deviation unit or at least 16 points below the predicted achievement score using instruments with a common metric (mean of 100 and standard deviation of 15). Documentation of the severe discrepancy must be included in the written report/eligibility determination. When using the predicted achievement model to calculate the severe discrepancy, administer:

(I) An age-appropriate norm-referenced individually administered intelligence test (full scale score).

(II) An age-appropriate, individually administered, standardized, norm-referenced achievement test to determine a student's obtained achievement score(s) using one of the following two methods:

I. Using an obtained total test score from the administration of a test of achievement, or using an obtained test score from the administration of a test in the area of suspected disability (e.g., a test of reading, a test of math, a test of written expression, or a test of language).

II. Using obtained composite scores or subtest scores from the administration of two different achievement tests in the same area(s) of suspected disability and/or skill deficit;

(ii) Documentation that the child has participated in a process that assesses the child's response to scientific, research-based intervention including:

(I) The instructional strategies used and the student-centered data collected; and

(II) The documentation that the child's parents were notified about:

I. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;

II. Strategies for increasing the child's rate of learning; and

III. The parents' right to request an evaluation; or

(iii) Documentation of 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, using appropriate assessments.

3. Documentation that the existence of specific learning disability is not the result of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage or limited English proficiency must include but is not limited to adaptive behavior scale, behavior rating scale, environmental cultural economic concerns checklist.

4. Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

5. Observation.

(i) The group responsible for determining whether a child has a specific learning disability, must decide to:

(I) 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 an evaluation; or

(II) Have at least one member of the group conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent is obtained.

(ii) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

6. Work samples in the area of difficulty.

(e) Specific documentation for the eligibility determination.

1. For a child suspected of having a specific learning disability, the documentation of the determination of eligibility must contain a statement of:

(i) Whether the child has a specific learning disability;

(ii) The basis for making the determination, including an assurance that the determination has been made in accordance with eligibility requirements;

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

(iv) The educationally relevant medical findings, if any;

(v) Whether the child does not achieve adequately for the child's age or to meet State approved grade-level standards; and

(vi) Whether the child does not make sufficient progress to meet age or State-approved grade-level standards; or 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;

(vii) The determination of the group concerning the effects of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and

(viii) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:

(I) The instructional strategies used and the student-centered data collected; and

(II) The documentation that the child's parents were notified about:

I. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;

II. Strategies for increasing the child's rate of learning; and

III. The parents' right to request an evaluation.

2. 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 group member must submit a separate statement presenting the member's conclusions.

(f) **Exception to the current rule.** All children referred prior to July 1, 1998, and who have been identified as specific learning disabled using the simple standard score discrepancy criteria will continue to be reevaluated with this exceptions criteria until such time as the child is no longer eligible for services.

However, if a qualified team, including the parent, deems it appropriate to use the current criteria, they may do so, but written justification for this action must be documented in the eligibility report. The simple standard score discrepancy criteria are as follows:

1. Definition. Specific Learning Disabilities 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 an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Children with specific learning disabilities will demonstrate a severe discrepancy between intellectual ability and achievement in one or more of the following areas: basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, oral expression, listening comprehension, or written expression.

2. Eligibility Criteria. The eligibility team must consider a variety of criteria in the identification of children with specific learning disabilities. No single criterion or specific number of characteristics can be used in identifying children with specific learning disabilities. Rather, the age appropriateness of observed behaviors and the frequency, intensity, and duration of a child's learning problems are critical in distinguishing specific learning disabilities from learning problems resulting from such factors as low motivation, underachievement, or inadequate instruction. The eligibility team must consider each of the following criteria in identifying children with specific learning disabilities. These criteria must be documented in the written report of the eligibility team.

(i) Appropriate Learning Opportunities. The eligibility team must determine that children have been provided appropriate learning opportunities commensurate with age and ability level. Prior to referral, efforts should be made in the regular school program to adapt or modify curriculum, materials, and/or instruction to accommodate the child for at least six weeks. These interventions might include, but are not limited to, changes in teaching methods, behavior management strategies, scheduling, grouping, seating arrangements, or consultation with providers of school psychological services. Documentation of pre-referral intervention strategies must be provided for the eligibility team. This should identify the interventions that were implemented and document that the child still failed to achieve. Documentation must be included in the written report of the eligibility team.

(ii) Intellectual Functioning. A total or full-scale score must be used. When school personnel suspect that the intellectual ability is not accurately reflected by an obtained total or full-scale IQ score, other measures or procedures that assess cognitive abilities may be used. This documentation must be included in the written report of the eligibility team.

(iii) Deficit in Achievement. When provided with appropriate learning opportunities, children with specific learning disabilities do not achieve commensurate with age and ability level. Their achievement in one or more of the following areas is below expectancy: basic reading skills, reading comprehension,

mathematical calculation, mathematical reasoning, oral expression, listening comprehension, and/or written expression. Assessment of actual achievement must be based on the teacher referral, classroom observation, work samples, individually administered diagnostic tests, and other related information. This documentation must be included in the written report of the eligibility team.

(iv) Severe Discrepancy Between Intellectual Ability and Achievement. Children with specific learning disabilities usually exhibit a severe discrepancy between intellectual ability and achievement/diagnostic test standard scores. The standard score on the individual achievement/diagnostic test(s) must be at least one standard deviation unit below the child's intelligence quotient through ten years of age and must be at least one and a half standard deviation units below the child's intelligence quotient if the child is eleven years of age or older. This documentation must be included in the written report of the eligibility team.

(v) Exclusion of Other Primary Conditions. The area of specific learning disabilities does not include children whose learning problems are primarily the result of visual, hearing or motor disabilities; mental disabilities; emotional conflict; or environmental, cultural or economic disadvantage. This documentation must be included in the written report of the eligibility team.

### 3. Evaluations Required.

(i) Vision and hearing screening.

(ii) Behavior rating scale.

(iii) Individual educational achievement and/or diagnostic test(s).

(iv) Individual intellectual evaluation.

(v) Environmental, cultural, and economic concerns checklist.

(vi) At least one team member other than the child's regular teacher must observe the child's academic performance in the regular classroom setting. In the case of a child of less than school age or out-of-school, a team member must observe the child in an environment appropriate for a child of that age.

(vii) Work samples.

(viii) Professional judgment should be used to determine if the results of any of the above evaluations are reliable sources of information, or if other assessment data (e.g., developmental scales, systematic observation) may prove to be a more accurate indicator of the child's level of functioning.

## **(11) Speech or Language Impairment.**

(a) Definition. Speech or Language Impairment means a communication disorder in the area of articulation, voice, fluency, or language that adversely affects a child's educational performance.

(b) Criteria.

1. Articulation.

(i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

(ii) Errors are primarily characterized by substitutions, distortions,

additions, and omissions. Phonological errors are in excess of developmental expectations and non-developmental processes may be noted. Errors are not stimulative. Connected speech may be unintelligible or may be intelligible only to familiar listeners or within known contexts.

(iii) Children who exhibit a tongue thrust are not eligible for speech/language services unless they also exhibit an associated articulation disorder. Speech/language services are not a required service for children who exhibit tongue thrust only.

(iv) A child does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(v) A child does not meet the criteria for an articulation disorder as a result of dialectal patterns or second language acquisition patterns.

## 2. Voice.

(i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

(ii) The child's voice is abnormal in vocal quality, pitch, loudness, resonance and/or duration and is inappropriate for the child's age and gender. Deviance is noticeable and distracting to any listener. The disorder adversely affects communication.

(iii) The voice disorder is not the result of a temporary problem such as normal voice change, allergies, asthma, tonsils and/or adenoid removal or other such conditions.

## 3. Fluency.

(i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

(ii) Abnormally dysfluent speech is observed during conversation and/or structured speaking tasks. Listeners are distracted by the child's dysfluent speech and distracting concomitant behaviors may be observed. The child may exhibit fear or avoidance of speaking.

(iii) The child's ability to communicate is adversely affected by the disorder. Developmental dysfluencies attributable to normal maturation patterns are not considered as a disability.

## 4. Language.

(i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

(ii) Syntactic, morphologic, semantic, and/or pragmatic errors are observed. The child's ability to comprehend or use spoken language is adversely affected.

(iii) A total language standard score or quotient of at least two standard deviations below the mean (70 or below) on a standardized comprehensive language test containing both receptive and expressive components must be obtained.

(iv) Dialectal differences or English as a second language is not

considered a language disorder.

(c) Minimum Evaluative Components. Evaluations must be completed in the area of suspected disability as follows:

1. Articulation/Phonological Disorder.

(i) A minimum of one standardized or formal measure that assesses the child's articulation/phonological skills.

(ii) Written documentation of a stimulability assessment as part of the standardized or formal measure or as a separate assessment.

(iii) Written documentation of the impact of intelligibility on connected speech.

(iv) Written documentation of an examination of oral structures and functioning.

(v) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the child's articulation skills adversely affect his or her involvement and/or progress in the general education curriculum and/or environment.

(vi) A summary of all required evaluations must be included on the eligibility report.

2. Voice Disorder.

(i) A minimum of one formal measure that assesses the child's pitch, loudness, quality, inflection and resonance.

(ii) A written description of the child's voice patterns in a variety of tasks, in a minimum of two separate settings; one in the classroom and one in a non-structured environment that includes social/peer interaction. Diagnostic observations should occur over a period of six weeks or less, if appropriate.

(iii) Medical evaluation by a physician, preferably an otorhinolaryngologist (ENT). Written documentation from the physician stating that the child is medically cleared to participate in voice therapy is required prior to the eligibility meeting. The public agency is responsible for the cost of the evaluation if no other means of payment is available.

(iv) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the voice disorder adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.

(v) A summary of all required evaluations must be included on the eligibility report.

3. Fluency Disorder.

(i) A minimum of one formal measure that assesses the child's dysfluency patterns.

(ii) A written description of the child's speaking patterns in more than one speaking task and in more than one setting.

(iii) Interviews with the child, teachers, and/or parent, documenting strengths and concerns regarding the fluency disorder.

(iv) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the fluency disorder adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.

(v) A summary of all required evaluations must be included on the eligibility report.

#### 4. Language Disorder.

(i) A minimum of one standardized or formal comprehensive measure that assesses both receptive and expressive language skills must be administered. A child meets eligibility criteria when the total language standard score or quotient of at least two standard deviations below the mean (70 or below) on a standardized comprehensive language test containing both receptive and expressive components is obtained.

(ii) If the total language standard score does not meet the criteria of at least two standard deviations below the mean (70 or below) then a standard score at least two standard deviations below the mean (70 or below) in one area (receptive or expressive) of a comprehensive language test and a standard score or quotient at least two standard deviations below the mean (70 or below) on an assessment of a specific language component (semantics, syntax, morphology, processing, phonological awareness, or pragmatics) must be used. The assessment of a specific language component must be in the same area as the deficit score on the comprehensive language test (i.e., if the deficit area is in the receptive component, then a test designed to assess receptive skills should be administered). If the standard score or quotient on the second measure is at least two standard deviations below the mean (70 or below), then the child's language disorder meets eligibility criteria.

(iii) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the child's language impairment adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.

(iv) A summary of all required evaluations in each specific area must be included on the eligibility report.

### **(12) Traumatic Brain Injury.**

(a) Definition. Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

(b) Criteria.

1. Documentation of a traumatic brain injury.
2. Evidence that the traumatic brain injury adversely affects educational performance.

(c) Minimum Evaluative Components. In emergency situations, professional judgment should be used to initially place the child.

1. Medical/neurological evaluation.
2. Individual educational achievement evaluation to serve as initial post-trauma baseline measure.

**(13) Visual Impairment.**

(a) Definition. Visual Impairment means a visual impairment that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

(b) Criteria.

1. Evidence that hearing screening results are satisfactory prior to proceeding with evaluations.
2. Optometric/ophthalmic data indicating that the individual has a visual impairment.
3. Evidence of visual functioning that adversely affects educational performance as evaluated by a certified vision specialist.

(c) Minimum Evaluative Components.

1. Hearing screening.
2. Optometric and/or ophthalmic evaluation indicating that the individual has a visual impairment.
3. Documentation of educational problems that even after appropriate accommodations, the disability continues to affect educational performance. Educational problems may be assessed by a certified vision specialist through one or more of the following:

- (i) A learning media assessment,
- (ii) Functional vision assessment, and/or
- (iii) An orientation and mobility evaluation.

## CHAPTER I — OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF EDUCATION

### PART 104 — NONDISCRIMINATION ON THE BASIS OF HANDICAP IN PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

#### Subpart D — Preschool, Elementary, and Secondary Education

##### **104.31 Application of this subpart.**

Subpart D applies to preschool, elementary, secondary, and adult education programs or activities that receive Federal financial assistance and to recipients that operate, or that receive Federal financial assistance for the operation of, such programs or activities.

##### **104.32 Location and notification.**

A recipient that operates a public elementary or secondary education program or activity shall annually:

- (a) Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education; and
- (b) Take appropriate steps to notify handicapped persons and their parents or guardians of the recipient's duty under this subpart.

##### **104.33 Free appropriate public education.**

(a) General. A recipient that operates a public elementary or secondary education program or activity shall provide a free appropriate public education to each qualified handicapped person who is in the recipient's jurisdiction, regardless of the nature or severity of the person's handicap.

(b) Appropriate education. (1) For the purpose of this subpart, the provision of an appropriate education is the provision of regular or special education and related aids and services that (i) are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of 104.34, 104.35, and 104.36.

(2) Implementation of an Individualized Education Program developed in accordance with the Education of the Handicapped Act is one means of meeting the standard established in paragraph (b)(1)(i) of this section.

(3) A recipient may place a handicapped person or refer such a person for aid, benefits, or services other than those that it operates or provides as its means of carrying out the requirements of this subpart. If so, the recipient remains responsible for ensuring that the requirements of this subpart are met with respect to any handicapped person so placed or referred.

(c) Free education — (1) General. For the purpose of this section, the provision of a free education is the provision of educational and related services without cost to the handicapped person or to his or her parents or guardian, except for those fees that are imposed on non-handicapped persons or their parents or guardian. It may consist either of the provision of free services or, if a recipient places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the recipient as its means of carrying out the requirements of this subpart, of payment for the costs of the aid, benefits, or services. Funds available from any public or private agency may be used to meet the requirements of this subpart. Nothing in this section shall be construed to relieve an insurer or similar third party from an otherwise valid obligation to provide or pay for services provided to a handicapped person.

(2) Transportation. If a recipient places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the recipient as its means of carrying out the requirements of this subpart, the recipient shall ensure that adequate transportation to and from the aid, benefits, or services is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the person were placed in the aid, benefits, or services operated by the recipient.

(3) Residential placement. If a public or private residential placement is necessary to provide a free appropriate public education to a handicapped person because of his or her handicap, the placement, including non-medical care and room and board, shall be provided at no cost to the person or his or her parents or guardian.

(4) Placement of handicapped persons by parents. If a recipient has made available, in conformance with the requirements of this section and 104.34, a free appropriate public education to a handicapped person and the person's parents or guardian choose to place the person in a private school, the recipient is not required to pay for the person's education in the private school. Disagreements between a parent or guardian and a recipient regarding whether the recipient has made a free appropriate public education available or otherwise regarding the question of financial responsibility are subject to the due process procedures of 104.36.

(d) Compliance. A recipient may not exclude any qualified handicapped person from a public elementary or secondary education after the effective date of this part. A recipient that is not, on the effective date of this regulation, in full compliance with the other requirements of the preceding paragraphs of this section shall meet such requirements at the earliest practicable time and in no event later than September 1, 1978.

#### **104.34 Educational setting.**

(a) Academic setting. A recipient to which this subpart applies shall educate, or shall provide for the education of, each qualified handicapped person in its juris-

diction with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person. A recipient shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Whenever a recipient places a person in a setting other than the regular educational environment pursuant to this paragraph, it shall take into account the proximity of the alternate setting to the person's home.

(b) Nonacademic settings. In providing or arranging for the provision of non-academic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in 104.37(a)(2), a recipient shall ensure that handicapped persons participate with non-handicapped persons in such activities and services to the maximum extent appropriate to the needs of the handicapped person in question.

(c) Comparable facilities. If a recipient, in compliance with paragraph (a) of this section, operates a facility that is identifiable as being for handicapped persons, the recipient shall ensure that the facility and the services and activities provided therein are comparable to the other facilities, services, and activities of the recipient.

#### **104.35 Evaluation and placement.**

(a) Pre-placement evaluation. A recipient that operates a public elementary or secondary education program or activity shall conduct an evaluation in accordance with the requirements of paragraph (b) of this section of any person who, because of handicap, needs or is believed to need special education or related services before taking any action with respect to the initial placement of the person in regular or special education and any subsequent significant change in placement.

(b) Evaluation procedures. A recipient to which this subpart applies shall establish standards and procedures for the evaluation and placement of persons who, because of handicap, need or are believed to need special education or related services which ensure that:

- (1) Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;
- (2) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient; and
- (3) Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the

factors that the test purports to measure).

(c) Placement procedures. In interpreting evaluation data and in making placement decisions, a recipient shall (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is made in conformity with 104.34.

(d) Reevaluation. A recipient to which this section applies shall establish procedures, in accordance with paragraph (b) of this section, for periodic reevaluation of students who have been provided special education and related services. A reevaluation procedure consistent with the Education for the Handicapped Act is one means of meeting this requirement.

#### **104.36 Procedural safeguards.**

A recipient that operates a public elementary or secondary education program or activity shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure. Compliance with the procedural safeguards of section 615 of the Education of the Handicapped Act is one means of meeting this requirement.

#### **104.37 Nonacademic services.**

(a) General. (1) A recipient to which this subpart applies shall provide non-academic and extracurricular services and activities in such manner as is necessary to afford handicapped students an equal opportunity for participation in such services and activities.

(2) Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making available outside employment.

(b) Counseling services. A recipient to which this subpart applies that provides personal, academic, or vocational counseling, guidance, or placement services to its students shall provide these services without discrimination on the basis of handicap. The recipient shall ensure that qualified handicapped students are not

# LETTER REQUESTING AN EVALUATION

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade.

Thomas is having problems with his school work. ***(Describe your concerns. For example: “Thomas’s math grades are very poor and he hasn’t done well on the standardized tests he’s taken. Also, he has trouble paying attention and can’t seem to follow directions.”)***

I would like to have him evaluated to see if he has a disability and whether he needs special education and related services.

Please let me know when the school’s evaluation team will meet to discuss this evaluation request so that I can be in attendance and sign the consent for initial evaluation. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

## LETTER REQUESTING A REEVALUATION

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I recently reviewed Thomas's evaluation and believe it is ***(Describe your concerns. For example: out of date, incomplete, inappropriate due to changes in his learning needs).***

I would like to have Thomas reevaluated.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

# LETTER REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

Recently, you completed an educational evaluation for Thomas. I disagree with the results of your evaluation. I am requesting an independent educational evaluation.

I am aware that you have an obligation to pay for this evaluation at public expense or request a due process hearing to show that your results are appropriate.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

## LETTER REQUESTING REVIEW AND REVISION OF IEP

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Smith. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I recently reviewed Thomas's IEP which was written in May, 2007. I believe that it is ***(Describe your concerns. For example: out of date, incomplete, based on insufficient evaluation information, does not address all of his needs, not sufficient to enable him to make adequate educational progress).***

I would like to schedule a meeting so that the IEP Team can review his IEP and revise it as appropriate.

I understand that under Alabama law, this meeting must be scheduled within thirty days of this request and held at a time and place that is mutually convenient for me and the rest of the IEP Team.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to meeting with the Team.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

## LETTER REQUESTING RECORDS FROM SCHOOL

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I would like a copy of Thomas's educational records. The documents I would like are his most recent evaluation and special education eligibility materials and the last two year's worth of grade transcripts, standardized testing results, meeting notices, BBSST intervention records, IEP progress reports, disciplinary records, IEPs, functional behavioral assessments and behavior modification plans.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flag, Camellia School District Superintendent

## REQUEST FOR PRIOR WRITTEN NOTICE School's Refusal to Take Action

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. He receives special education services.

At an IEP meeting on October 10, 2007, I asked for *(Describe your request. For example: "Thomas's one-on-one speech services to be increased from once monthly to once weekly")*.

The IEP team refused to make this change. Since the team's action constitutes a refusal to change the provision of a free appropriate public education under the IDEA, you must provide me with prior written notice. This notice, which must be provided within a reasonable period of time after this decision, must contain all of the following:

- an explanation of why the school refused to take action;
- a description of any options the school considered and the reasons why those options were rejected;
- a description of each evaluation procedure, test, record, or report the school used as a basis for the refusal to honor my request; and
- a description of any other factors that are relevant to the school's refusal.

Please send this notice to me at 44 Emerson Street, Camellia, AL 55555.

I am eager to work with you to resolve this disagreement and will contact you after I receive the notice to discuss my concerns. Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

# REQUEST FOR PRIOR WRITTEN NOTICE

## School's Proposal to Take Action

October 12, 2007

Mrs. Henrietta Williams  
Special Education Coordinator  
Camellia School District  
123 Main Street  
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. He receives special education services.

At an IEP meeting on October 10, 2007, the IEP Team proposed (***Describe the proposed change. For example: "to move Thomas from a resource room setting for his reading instruction to the general education classroom"***).

I disagreed with this proposal. Since the team's action constitutes a proposal to change the provision of a free appropriate public education under the IDEA, you must provide me with prior written notice. This notice must contain all of the following:

- an explanation of why the school proposes to take this action;
- a description of any options the school considered and the reasons why those options were rejected;
- a description of each evaluation procedure, test, record, or report the school used as a basis for the school's proposal; and
- a description of any other factors that are relevant to the school's proposal.

Please send this notice to me at 44 Emerson Street, Camellia, AL 55555. This notice must be provided to me in a reasonable time period before the proposal recommended by the IEP team takes effect.

I am eager to work with you to resolve this disagreement and will contact you after I receive the notice to discuss my concerns. Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal  
Marion Flagg, Camellia School District Superintendent

# REQUEST FOR IMPARTIAL DUE PROCESS HEARING

Date: \_\_\_\_\_

Dr. Joseph B. Morton  
State Superintendent of Education  
Post Office Box 302101  
Montgomery, Alabama 36130-2101

Dear Dr. Morton:

I disagree with one or more of the special education decisions that have been made regarding:

\_\_\_\_\_ Student  
\_\_\_\_\_ School Attends  
\_\_\_\_\_ School System

I am requesting an impartial due process hearing. My concern(s) and proposed resolution(s) are written in the boxes below.

Concerns:

Proposed Resolution(s):

Sincerely,

\_\_\_\_\_ Signature of Person Requesting Hearing  
( ) Parent ( ) Student

\_\_\_\_\_ Street Address, Route Number, or Post Office Box Number

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Telephone Number

cc: Local Education Agency Superintendent

# 60-DAY SPECIAL EDUCATION COMPLAINT LETTER

Date: \_\_\_\_\_

Dr. Mabrey Whetstone  
 Director, Special Education Services  
 Post Office Box 302101  
 Montgomery, Alabama 36130-2101

Dear Dr. Whetstone:

I believe the \_\_\_\_\_ School System has violated requirements for special education under Individuals With Disabilities Education Improvement Act of 2004 (IDEA) and/or the Alabama Administrative Code, Special Education Chapter. I am filing a 60-Day Special Education Complaint.

I understand that the school system has the right with my consent to mediation to attempt to resolve my concerns about special education. I consent to participate in mediation and to an extension in the complaint timeline if needed in order for mediation to be scheduled and convened.

YES  NO Signature \_\_\_\_\_ Date \_\_\_\_\_

The violation(s) of special education requirements not more than one year prior to the date the complaint is received; the facts on which the statement(s) is based, and proposed resolution(s) are written in the boxes below.

Violation(s):

Facts about the violation(s):



## **Your Voice Counts: Tips for Powerful Advocacy**

### **How to communicate effectively with elected officials**

*Almost a quarter century following the passage of the Individuals with Disabilities Act (IDEA), students with disabilities and their families still commonly face obstacles to securing the free appropriate public education (FAPE) that the law promises. ... Parents frequently face repeated challenges year after year, sometimes throughout the entire elementary and secondary educational experience of the child. The stress of working with a recalcitrant school system that appears to not want to work with a parent to educate a disabled child can be tremendous.*

Back to School on Civil Rights  
National Council on Disability (NCD)  
January 25, 2000

These sobering statements — written almost eight years ago — remain true today. Ensuring appropriate educational services for a child is a struggle for many parents, whether the parents have a preschooler just starting school or a 12th grade student about to graduate from high school.

This manual seeks to empower you to advocate effectively with your child's school regarding her special education needs. However, your advocacy doesn't have to stop at the schoolhouse door.

It's estimated that only ten percent of all Americans ever write to their federal, state or local representatives. But your representatives know that if you feel strongly enough to contact them about an issue, there are many others who feel as you do. So when you take the time to contact your legislators with your concerns about your child's special education or other disability-related needs, you're raising your voice not just for yourself but also for many other children and families!

Advocacy isn't hard. Contact your Senators or Congressperson, your representatives in the Alabama legislature, your state school board representative or your local school board officials. Share your stories, concerns, fears and hopes and ask for change!

There are three basic advocacy tools: letter writing, calling, and visiting. Regardless of which method you use, there are a couple of basic points to remember when communicating with elected officials at any level. First, your credibility is vital so be truthful and fair. Second, always be courteous; it may be easy to get hot under the collar when talking about issues you feel strongly

about. Keep in mind that your message will be better received if you can make your points firmly but politely. It pays to remember that your opponent today may be an ally on another issue tomorrow so you won't gain anything by burning bridges.

### **Tips for Effective Letter Writing**

A personal letter from a constituent is a very powerful advocacy tool. Here are some tips to help you get your message across:

- **Be Brief.** Remember that elected officials often have a lot to read. If writing longhand, take care to write legibly.
- **Be focused.** Try to address only one issue per letter.
- **Be personal.** Help your representative understand your position by giving him the personal side of the issue; tell your story.
- **Be factual.** Write your elected official from a strong knowledge base. Where necessary, use key facts to support your position.
- **Be original.** Letters are more effective when they are original. But if you don't have time to start from scratch, use sample letters which are often prepared by advocacy organizations, personalizing the letter as appropriate.
- **Be persistent.** Elected officials need to be able to tell their colleagues that they have been inundated with calls and letters supporting a particular position.
- **Be grateful.** Thank your representative if they have a good record of support. Our friends need to know that their support is appreciated.
- **Be confident.** Your voice counts.

### **What about Email?**

Email is a fast and easy way to contact your representatives. However, you need to consider a few things if you're going to use email. First, recognize that it's easy for your message to get lost in email clutter. After all, how many times do you just quickly glance at your own email? Be cautious about the informal style most of us use when writing email messages — no emoticons or internet chat speak, please! Generally, a mailed (or faxed) letter makes a better impression and is most likely to get the attention of legislators and their staffers. However, it's more important to get your message out than to wait until you have the time to compose a letter — especially if you know that time will never come. When

sending an email, keep in mind the letter writing tips noted above. If time is short, you may want to consider calling your representative (see below).

### **Tips for Effective Calling**

Basic advocacy and letter-writing tips apply here too: advocate from a strong knowledge base and do so in an honest, brief and focused manner. It's even more important to be concise on the phone because time is often very short. To prepare for the conversation, jot down a few notes containing the key points you want to make, and refer to the notes during your call.

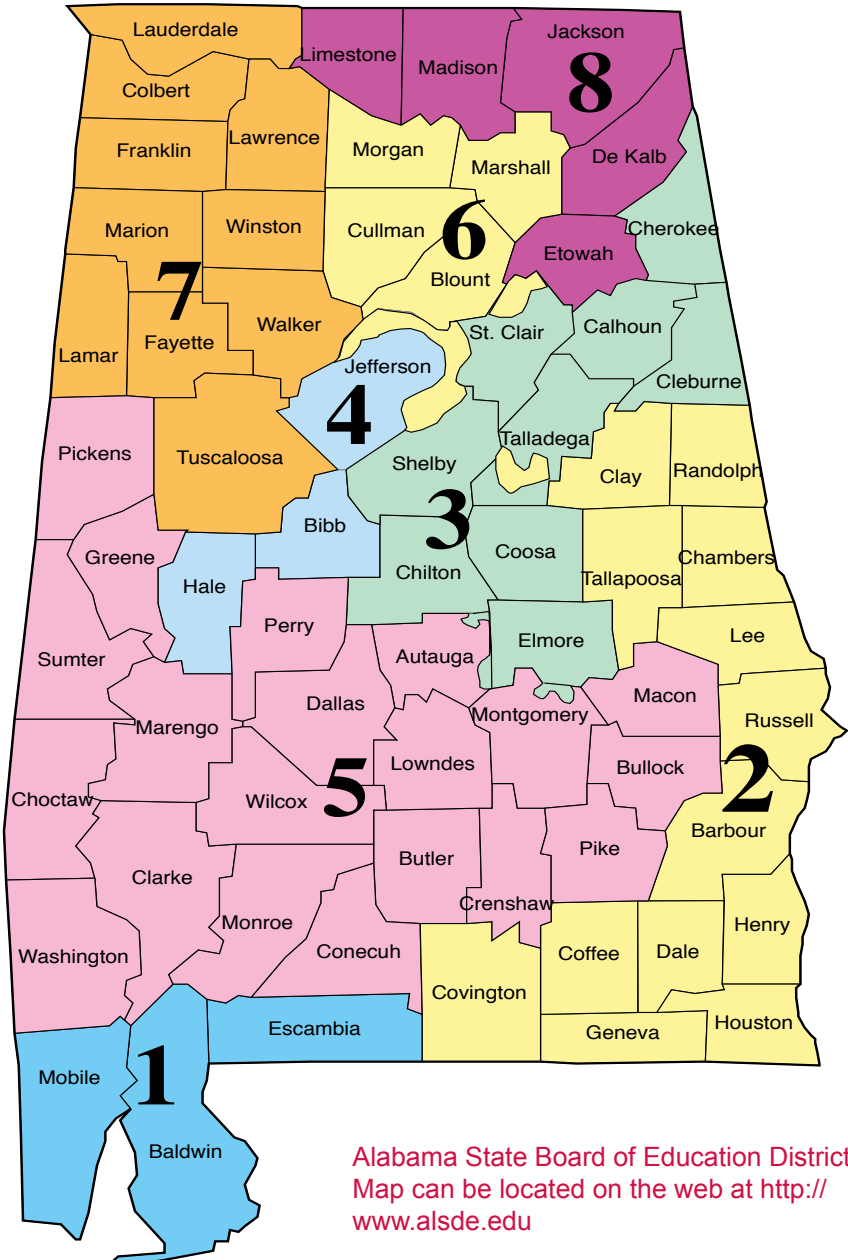
### **Tips for Effective Visiting**

Visiting a representative is probably the most effective method of advocating. Keep these points in mind when you are preparing for a visit:

You may have a limited amount of time — only 5-15 minutes. Therefore, be on time and make good use of your time.

- Consider visiting your representative with a group. You may feel more confident surrounded by like-minded allies. If you go in a group, plan out who's going to have what speaking roles.
- Explain how the issue you are addressing affects your child and your family.
- Ask the representative how he feels about the issue and what steps he may be able to take to help you and your family.
- Thank your representative. Our friends need to know that their support is appreciated.
- If your representative does not seem supportive, express your disappointment in simple terms, leave the door open for him to reconsider, and offer assistance while he formulates his position on the matter.
- If questions arise which you cannot answer, make note of them and offer to get back to him with an answer. Then, make sure you follow up.
- Send a thank you letter to the representative for the meeting. Include any information you promised and remind the representative of any commitments he made. Leave an opening for further communication. For example, invite the representative to visit your community to attend a family support group meeting or a school event. Or, just ask to be kept informed of legislative activities on your issue.

# ALABAMA STATE BOARD OF EDUCATION



Alabama State Board of Education District Map can be located on the web at <http://www.alsde.edu>

**GOVERNOR**

Governor Bob Riley  
President  
State Capitol  
Room N-104  
600 Dexter Avenue  
Montgomery, AL 36130  
Phone: (334) 242-7100  
Fax: (334) 242-0937

**STATE DEPT. OF EDUCATION**

Joseph B. Morton  
Secretary and Executive Officer  
State Dept. of Education  
5114 Gordon Persons Bldg.  
Montgomery, AL 36130  
Phone: (334) 242-9700  
Fax: (334) 242-9708

**School Districts****District 01**

Randy McKinney  
President Pro Tem  
PO Box 2999  
Gulf Shores, AL 36547  
Phone: (251) 967-2166  
Fax: (251) 968-6794

**District 02**

Betty Peters  
3507 Huntington Place  
Dothan, AL 36303  
Phone: (334) 794-8024  
Fax: (334) 793-6303

**District 03**

Stephanie W. Bell  
3218 Lancaster Lane  
Montgomery, AL 36106  
Phone: (334) 272-2777  
Fax: (334) 260-0100

**District 04**

Dr. Ethel H. Hall  
Vice President Emerita  
7125 Westmoreland Drive  
Fairfield, AL 35064  
Phone: (205) 923-6093  
Fax: (205) 923-5700

**District 05**

Ella B. Bell  
2634 Airwood Drive  
Montgomery, AL 36108  
Phone: (334) 229-6866  
Fax: (334) 229-5050

**District 06**

David F. Byers, Jr  
Two Metroplex Dr, Ste 111  
Birmingham, AL 35209  
Phone: (205) 263-2400  
Fax: (205) 263-2300

**District 07**

Sandra Ray  
Vice President  
2008 University Boulevard  
Tuscaloosa, AL 35401  
Phone: (205) 758-7777  
Fax: (205) 758-7789

**District 08**

Dr. Mary Jane Caylor  
PO Box 18903  
Huntsville, AL 35804  
Phone: (256) 489-0541  
Fax: (256) 489-0552

**Alabama State Board of Education District contact information can be located on the web at <http://www.alsde.edu>**

## Resource List

### Federal Government Officials

#### Senate

Honorable Jeff Sessions (R)  
335 Russell Senate Office Building  
Washington, DC 20510  
(202) 224-4124  
(202) 224-3149 (Fax)  
E-mail: <http://sessions.senate.gov/email/contact.cfm>  
Web: <http://sessions.senate.gov>

Honorable Richard C. Shelby (R)  
110 Hart Senate Office Building  
Washington, DC 20510  
(202) 224-5744  
(202) 224-3416 (Fax)  
E-mail: [senator@shelby.senate.gov](mailto:senator@shelby.senate.gov)  
Web: <http://shelby.senate.gov>

#### House of Representatives

*To find the contact information for your representative in the House of the U.S. Congress, visit the House's Web site at: [www.house.gov](http://www.house.gov), or call: (202) 224-3121; (202) 225-1904 (TTY).*

### State Government Officials

Honorable Bob Riley  
Governor of Alabama  
State Capitol  
600 Dexter Avenue  
Montgomery, AL 36130-2751  
(334) 242-7100  
(334) 353-0004 (Fax)  
E-mail: [www.governor.state.al.us/contact/contact\\_form.aspx](http://www.governor.state.al.us/contact/contact_form.aspx)  
Web: [www.governor.state.al.us/](http://www.governor.state.al.us/)

For **Alabama State Senators**, call (334) 242-7800 or go to:  
[http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm)

For **Alabama House Members**, call (334) 242-7600 or go to:  
<http://www.house.gov/writerep/>

## **State Developmental Disabilities Network**

### **University Center for Excellence in Developmental Disabilities**

Harold Sontheimer

Director

Civitan International Research Center

University of Alabama at Birmingham

1719 6th Avenue South

Birmingham, AL 35294-0021

(205) 934-8900

(800) 822-2472

Web: [www.circ.uab.edu](http://www.circ.uab.edu)

### **Council on Developmental Disabilities**

Elmyra Jones

Executive Director

Alabama Council for Developmental Disabilities

RSA Union Building

100 N. Union Street, Suite 498

P.O. Box 301410

Montgomery, AL 36130-1410

(334) 242-3973; (800) 232-2158

E-mail: [acdd@mh.state.al.us](mailto:acdd@mh.state.al.us)

Web: <http://acdd.org>

### **Protection and Advocacy System**

Ellen B. Gillespie, Ph.D.

Executive Director

Alabama Disabilities Advocacy Program

Box 870395

The University of Alabama

Tuscaloosa, AL 35487

(205) 348-4928; (800) 826-1675

Email: [adap@adap.ua.edu](mailto:adap@adap.ua.edu)

Web: [www.adap.net](http://www.adap.net)

## State Education Officials

### Superintendent's Office

Dr. Joseph B. Morton  
State School Superintendent  
State Dept. of Education  
5114 Gordon Persons Bldg.  
Montgomery, AL 36130  
Phone: (334) 242-9700  
Fax: (334) 242-9708

### Special Education Services

Mabrey Whetstone, Ph.D., Director  
Alabama Department of Education  
P.O. Box 302101  
Montgomery, AL 36130-2101  
(334) 242-8114  
(800) 392-8020  
E-mail: [mabreyw@alsde.edu](mailto:mabreyw@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

### State Special Education Mediation System

Doris McQuiddy, Coordinator of Mediation  
Alabama Department of Education  
Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101  
(334) 242-8114  
(800) 392-8020  
Email: [dorismc@alsde.edu](mailto:dorismc@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

### State Coordinator for NCLB (No Child Left Behind)

Dr. Catherine Moore, Ed.D.  
Instructional Services Division  
Alabama State Department of Education  
P.O. Box 302101  
Montgomery, AL 36130-2101  
(334) 242-8213  
E-mail: [cmoore@alsde.edu](mailto:cmoore@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

**State Department for Transition/High School Programs**

Dan Roth, Transition Specialist  
Special Education Services  
Alabama Department of Education  
P.O. Box 302101  
Montgomery, AL 36130  
(334) 242-8114  
E-mail: [droth@alsde.edu](mailto:droth@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

**State Department of Career/Technical Education**

Sherry A. Key, Director  
Career/Technical Education  
Alabama State Department of Education  
Gordon Persons Building  
P.O. Box 302101  
Montgomery, AL 36130-2101  
(334) 242-9111  
E-mail: [skey@alsde.edu](mailto:skey@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

**State Intervention Programs for Young Children  
(Birth to Age 5)****Programs for Infants and Toddlers with Disabilities: Ages Birth  
through 2**

Betsy Prince, Part C Coordinator  
Department of Rehabilitation Services  
Division of Early Intervention  
2129 East South Boulevard  
Montgomery, AL 36116  
(334) 215-5042  
(800) 543-3098  
(800) 499-1816 (TTY)  
E-mail: [betsy.prince@rehab.alabama.gov](mailto:betsy.prince@rehab.alabama.gov)  
Web: [www.rehab.state.al.us/ei](http://www.rehab.state.al.us/ei)

**Programs for Children with Disabilities: Ages 3 through 5**

Cathy Jones, Education Specialist  
Alabama State Department of Education  
Post Office Box 302101  
Montgomery, AL 36130  
(334) 242-8114  
Email: [cjones@alsde.edu](mailto:cjones@alsde.edu)  
Web: [www.alsde.edu](http://www.alsde.edu)

**State Vocational Rehabilitation Agency**

**Department of Rehabilitation Services**

Steve Shivers, Commissioner  
2129 East South Boulevard  
Montgomery, AL 36116  
(334) 281-8780  
E-mail: [steve.shivers@rehab.alabama.gov](mailto:steve.shivers@rehab.alabama.gov)  
Web: [www.rehab.state.al.us](http://www.rehab.state.al.us)

**Client Assistance Program**

Rachel Hughes, Director  
Department of Rehabilitation Services  
2129 East South Boulevard  
Montgomery, AL 36116  
(334) 613-2265  
(800) 288-1104  
E-mail: [rachel.hughes@rehab.alabama.gov](mailto:rachel.hughes@rehab.alabama.gov)

**Health Care and Respite**

**Programs for Children with Special Health Care Needs**

Jim Harris III, Assistant Commissioner  
Alabama Department of Rehabilitation Services  
Children's Rehabilitation Service  
2129 East South Boulevard  
P.O. Box 11586  
Montgomery, AL 36111-0586  
(334) 281-8780  
(800) 441-7607  
E-mail: [jharris3@rehab.alabama.gov](mailto:jharris3@rehab.alabama.gov)  
Web: [www.rehab.state.al.us](http://www.rehab.state.al.us)

**State CHIP Program**

(health care for low-income uninsured children)

Cathy Caldwell, Director

Children's Health Insurance Program

Alabama Department of Public Health

201 Monroe Street, Suite 250

Montgomery, AL 36104

(334) 206-5568

(877) 774-9521

(334) 206-6433 (Fax)

Web: [www.adph.org/allkids](http://www.adph.org/allkids)

**Program for Children and Youth who are Blind or Visually Impaired, Deaf or Hard of Hearing, or Deaf-Blind**

Michelle Jones, Regional Director

Alabama Institute for Deaf and Blind

1050 Government Street

Mobile, AL 36604

(251) 432-7777(V/TTY)

E-mail: [jones.michelle@aidb.state.al.us](mailto:jones.michelle@aidb.state.al.us)

Web: [www.AIDB.org](http://www.AIDB.org)

**Special Format Library**

Fara L. Zaleski, Librarian

Alabama Regional Library for the Blind and Physically Handicapped

6030 Monticello Drive

Montgomery, AL 36130-6000

(334) 213-3906 ext 921

(800) 392-5671

E-mail: [fzaleski@apls.state.al.us](mailto:fzaleski@apls.state.al.us)

Web: <http://apls.state.al.us/webpages/services>

**Respite Care**

Linda Lamberth, Project Manager

Alabama Lifespan Respite Resource Network

1521 E. 9th Street

Anniston, AL 36207

(256) 237-3683

(866) 737-8252

E-mail: [alabamarespite@aol.com](mailto:alabamarespite@aol.com)

Web: <http://alabamarespite.org>

## **Transition to Post-High School**

### **The National Center on Secondary Education and Transition (NCSET)**

National Center on Secondary Education and Transition  
Institute on Community Integration  
University of Minnesota  
6 Pattee Hall  
150 Pillsbury Drive SE  
Minneapolis, MN 55455  
(612) 624-2097  
(612) 624-9344 (Fax)  
Web: <http://www.ncset.org/topics/>

### **National Alliance for Secondary Education and Transition (NASET) c/o National Center on Secondary Education and Transition Institute on Community Integration**

University of Minnesota  
6 Pattee Hall  
150 Pillsbury Drive SE  
Minneapolis, MN 55455  
(612) 624-1143 (Voice)  
Web: <http://www.nasetalliance.org/>

### **National Dissemination Center for Children with Disabilities (NICHCY)**

P.O. Box 1492  
Washington, DC 20013  
(800) 695-0285 (Voice/TTY)  
(202) 884-8200 (Voice/TTY)  
(202)884.8441 (Fax)  
Web: [www.nichcy.org](http://www.nichcy.org)

### **Transition Coalition**

University of Kansas  
Dept. of Special Education  
Joseph R. Pearson Hall  
1122 W. Campus Rd. Room 521  
Lawrence, KS 66045  
(785) 864-0686 (Voice)  
E-mail: [transition@ku.edu](mailto:transition@ku.edu)  
Web: <http://www.transitioncoalition.org/cgiwrap/tcacs/new/index.php>

**National Secondary Transition Technical Assistance Center (NSTTAC)**

Special Ed. & Child Development  
UNC Charlotte  
9201 University City Blvd.  
Charlotte, NC 28223  
(704) 687-8606 (VOICE)  
(704) 687-6327 (TTY)  
(704) 687-2916 ((FAX))  
Web: <http://www.nsttac.org/>

**The Full Life Ahead Foundation**

2908 Clairmont Avenue South  
Birmingham, AL 35205  
(205) 439-6534  
(866) 700-2026 (Fax)  
Web: <http://www.fulllifeahead.org>

**Assistive Technology****Technology-Related Assistance**

STAR (Statewide Technology Access and Response for Alabamians with Disabilities)  
Alabama Department of Rehabilitation Services  
2125 East South Boulevard  
Post Office Box 20752  
Montgomery, AL 36120-0752  
(334) 613-3480  
(334) 613-3519 (TTY)  
(800) 782-7656 (in Alabama)  
Web: [www.rehab.state.al.us/star](http://www.rehab.state.al.us/star)

**Technology Assistance for Special Consumers (T.A.S.C.)**

A Program of United Cerebral Palsy of the Tennessee Valley  
Lisa Snyder, Program Manager  
1856 Keats Drive  
Huntsville, AL 35810  
(256) 859-4900  
Email: [tasc@hiwaay.net](mailto:tasc@hiwaay.net)  
Web: <http://tasc.ataccess.org>

**National Assistive Technology Technical Assistance Partnership (NATTAP)**

1700 North Moore Street, Suite 1540  
Arlington, VA 22209-1903  
(703) 524-6686  
(703) 524-6639 (TTY)  
(703) 524-6630 (Fax)  
Web: <http://www.resna.org/taproject>

**Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or with Speech Impairments**

(800) 548-2547 (V)  
(800) 548-2546 (TTY); 771(TTY)  
(888) 229-5746 (Speech to Speech-English)  
(866) 260-9470 (Speech to Speech- Spanish)

**Student Self-Advocacy**

**Access Transition**

Alliance for Technology Access  
1304 Southpoint Blvd. Suite 240  
Petaluma, CA 94954  
(707) 778-3011  
(707) 778-3015 (TTY)  
(707) 765-2080 (Fax)  
Website: <http://www.ataccess.org/resources/fpic/transition.html>

**Children's Mental Health**

**Statewide Family Network for Families of Youth with Emotional Disturbance**

Sarah Ellen Thompson  
Executive Director  
Alabama Family Ties  
400 South Union Street  
Suite 270  
Montgomery, AL 36104  
(877) 834-0615  
Email: [help@alfamilyties.org](mailto:help@alfamilyties.org)  
Web: <http://www.alfamilyties.org>

**State Mental Health Representative for Children and Youth**

Steve Lafreniere, Director  
Office of Children's Services  
Alabama Department of Mental Health and Mental Retardation  
P.O. Box 301410  
Montgomery, AL 36130-1410  
(334) 353-7110  
E-mail: [steven.lafreniere@mh.alabama.gov](mailto:steven.lafreniere@mh.alabama.gov)  
Web: [www.mh.alabama.gov](http://www.mh.alabama.gov)

**Alabama Department of Mental Health and Mental Retardation**

John Houston, Commissioner  
RSA Union Building  
P.O. Box 301410  
Montgomery, AL 36130-1410  
(334) 242-3107  
E-mail: [john.houston@mh.alabama.gov](mailto:john.houston@mh.alabama.gov)  
Web: <http://www.mh.alabama.gov/>

**Americans with Disabilities Act****Regional ADA & IT Technical Assistance Center**

Shelley Kaplan, Project Director  
DBTAC, Southeast ADA Center: Southeast DBTAC  
A Project of the Burton Blatt Institute- Syracuse University  
1419 Mayson Street  
Atlanta, GA 30324  
(800) 949-4232 (V/TTY) (Toll Free) [AL, FL, GA, KY, MS, NC, SC, TN]  
(404) 541-9001 (V/TTY)  
(404) 541-9002 ((FAX))  
Email: [sedbtacproject@law.syr.edu](mailto:sedbtacproject@law.syr.edu)  
Web: [www.sedbtac.org](http://www.sedbtac.org)

**Alabama Department of Rehabilitation Services**

Graham Sisson, Assistant Attorney General  
2129 East South Boulevard  
Montgomery, AL 36111  
(334) 613-3471 (Montgomery Office)  
(888) 574-2257 (TTY)  
(800) 205-9986 (Alabama's Toll Free Hotline for ADA Information)  
Email: [graham.sisson@rehab.alabama.gov](mailto:graham.sisson@rehab.alabama.gov)  
Web: [www.rehab.state.al.us/ada](http://www.rehab.state.al.us/ada)







