



## **Minneapolis Public Schools Total Special Education System (TSES)**

This document serves as the Total Special Education System Plan (TSES) for the Minneapolis Public Schools (MPS) in accordance with Minnesota Rule pt. 3525.1100. This TSES is in addition to the assurance for compliance with the federal requirements pertaining to districts' special education responsibilities found in United States Code, title 20, chapter 33, sections 1400 et seq., and Code of Federal Regulations, title 34, part 300. That document is a companion to the Application for Special Education Funds – Statement of Assurances (ED-01350-29).

The Executive Director of the MPS Special Education Department is responsible for program development, coordination, evaluation; in-service training, and general special education supervision and administration. The current Executive Director, Rochelle Cox, may be reached at 612/668-5438.

### **I. Child Study Procedures**

The district's identification system is developed according to the requirement of nondiscrimination as MPS does not discriminate in education on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability.

#### **A. Identification**

MPS has developed systems designed to identify students with disabilities beginning at birth, students with disabilities attending public and nonpublic schools, and students with disabilities who are of school age and are not attending any school.

MPS's plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies is attached as *MPS TSES Appendix A*.

##### **1) Infant and toddler intervention services birth through two years of age –**

Infant and toddler intervention services birth through two years of age under United States Code, title 20, chapter 33, section 1431 et seq., and Code of Federal Regulations, title 34, part 303, are available in MPS to children from birth through two years of age who meet the outlined criteria.

The team determines that a child from birth through the age of two years is eligible for infant and toddler intervention services if:

- A. the child meets the criteria of one of the disability categories in United States Code, title 20, chapter 33, sections 1400, et. seq., as defined in Minnesota Rules; or
- B. the child meets one of the criteria for developmental delay in subitem (1) or the criteria in subitem (2);

- (1) the child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay; or
- (2) the child is experiencing a developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:
  - (a) cognitive development;
  - (b) physical development, including vision and hearing;
  - (c) communication development;
  - (d) social or emotional development; and
  - (e) adaptive development.

## **2) Early childhood services age three through six years of age –**

The team shall determine that a child from the age of three years through the age of six years is eligible for special education when:

- A. the child meets the criteria of one of the categorical disabilities in United States Code, title 20, chapter 33, sections 1400 et seq., as defined in Minnesota Rules; or
- B. the child meets one of the criteria for developmental delay in subitem (1) and the criteria in subitem (2).
  - (1) The child:
    - (a) has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay; or
    - (b) has a delay in each of two or more of the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, that is verified by an evaluation using one or more technically adequate, norm-referenced instruments. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean in each area.
  - (2) The child's need for special education is supported by:
    - (a) at least one documented, systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified;
    - (b) a developmental history; and
    - (c) at least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion-referenced instruments, language samples, or curriculum-based measures.

### 3) Minneapolis Problem-Solving Model (PSM) -

The Minneapolis Problem-Solving Model (PSM) is a tiered, response-to-intervention model through which at-risk students are provided interventions, assessed, and, if identified as eligible for and in need of special education services, given a non-categorical designation: Student Needing Alternate Programming (SNAP). (Under more traditional models, these students would be eligible for special education services under the labels of Specific Learning Disability or Developmental Cognitive Disability (Mild-Moderate).) The PSM was developed almost 20 years ago in order to: a) improve pre-referral interventions and assessments for students who may have disabilities; b) reduce the emphasis on IQ scores and potential bias in evaluation; and c) minimize the stigma of special education labels.

The first steps in the PSM are universal screening of students for academic and behavioral needs, followed by Tier 2 interventions for children who fall below set benchmarks. After interventions are provided and data collected for approximately 6 to 8 weeks, children who do not show improvement receive more intensive Tier 3 interventions. If there is still no improvement, a special education assessment is planned and, once written parental consent is in place, begun.

The elements of special education assessment in this model are aligned to the criteria:

- Academic achievement is assessed through performance on norm-referenced and criterion-referenced assessments, response to intervention or progress monitoring data, and review of student work;
- Intellectual ability is considered, based on review of the student's response to pre-referral and ongoing instructional interventions, classroom observations, and direct interaction with the student using norm-referenced instrument(s) and/or individual non-standardized procedures that address problem-solving skills, learning rate, and ability to generalize new learning with grade-level materials;
- Adaptive skills are assessed, using formal or informal instruments.

Students are eligible for special education under the designation SNAP if they meet the following criteria:

- Inadequate rate of progress in response to general education interventions,
- Severe underachievement in combination with broad average ability OR significantly below average ability and adaptive skills,
- A deficit in one of the basic psychological processes underlying learning, and
- Rule out of cultural, linguistic, educational, and similar factors.

Starting in the 2020-21 school year the district will be phasing in the Use of Scientific Research-Based Intervention to Identify a Child with a Specific Learning Disability in Accordance with Minnesota Rule 3525.1341. The phase-in schedule is:

Timeline	Training Focus	Implementation
Year 1	K - Grade 2	
Year 2	Grade 3 - 5	Use Part D criteria for K - 2
Year 3	Grade 6 - 8	Use Part D criteria for K - 5
Year 4	Grade 9 - 12	Use Part D criteria for K - 8
Year 5	Continued training and fidelity checks	Use Part D criteria for K- 12

Minnesota Rule 3525.1341 specifies that a child is eligible and in need of special education and related services for a specific learning disability (SLD) when the child meets the criteria in items A, B, and C or in items A, B, and D. Item D refers to the extent to which the child demonstrates an inadequate rate of progress in response to scientific research-based intervention (SRBI). MPS will use the criteria in items A, B, and D to identify if a student has a SLD in the following areas:

- Basic Reading Skills
- Reading Fluency
- Reading Comprehension

Criteria in items A, B, and C may be used if they are requested by parents and/or there are insufficient data or a lack of integrity in SRBI implementation.

The first step in the SRBI system approach is universal screening in reading skills. All students in kindergarten through 8<sup>th</sup> grade are screened each Fall and Winter using the FASTBridge assessment system. Based on FAST cut-scores below the 25<sup>th</sup> national percentile and at least two other data sources, students are identified for scientific research-based interventions at Tier 2 (supplemental intervention) or at Tier 3 (individualized intervention). Students may move among tiers based on scores from screening and on their progress-monitoring level and growth. After a minimum of 6 weeks intervention, students in Tier 2 whose growth is below their goal will have their intervention intensified to Tier 3. The fidelity of the intervention will be reviewed, along with the student's attendance and participation in the intervention. Other socio-cultural and language factors that may be impacting the student's progress will also be reviewed by the MTSS/Problem-Solving team. After a minimum of 6 weeks intervention with fidelity and participation in Tier 3 and with a minimum of 12 data points using a consistent progress monitoring tool, if the student's level of performance on grade level progress monitoring is below the 7<sup>th</sup> percentile *and* their growth rate is minimal (based on FAST average weekly growth rate minus one standard deviation), a special education evaluation in the area of SLD may be proposed. A score at or below the 5<sup>th</sup> percentile on an individually administered, standardized assessment of reading achievement will be required for eligibility per state criteria. More information on the MPS Specific Learning Disability Plan through Part D can be found in Appendix E.

## **B. Evaluation**

### **1) Infant and toddler intervention services birth through two years of age –**

The evaluation used to determine whether a child is eligible for infant and toddler intervention services must be conducted within the timelines established in Code of Federal Regulations, title 34, part 303. It must be based on informed clinical opinion; and must be multidisciplinary in nature, involving two or more

disciplines or professions; and must be conducted by personnel trained to utilize appropriate methods and procedures. The evaluation must include:

- a) A review of the child's current records related to health status and medical history;
- b) an evaluation of the child's levels of cognitive, physical, communication, social or emotional, and adaptive developmental functioning;
- c) an assessment of the unique needs of the child in terms of each of the developmental areas in item b; and
- d) at least one documented, systematic observation in the child's daily routine setting by an appropriate professional or, if observation in the child's daily setting is not possible, the alternative setting must be justified.

For infants and toddlers birth through two years of age, any screening, the initial evaluation and initial assessments of the child and family, and the initial IFSP meeting must be completed within 45 calendar days from the date MPS receives the referral of the child. The 45-day timeline does not apply if: (1) the child or parent is unavailable to complete the screening, the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances documented in the child's early intervention records; or (2) the parent has not provided consent for the screening, the initial evaluation, or the initial assessment of the child despite documented, repeated attempts by MPS to obtain parental permission. In the latter cases, the screening, initial evaluation, initial assessments of child and family and the initial IFSP meeting should be completed as soon as possible after the documented exceptional family circumstances no longer exist or parental consent to the screening, initial evaluation, and initial assessment of the child is obtained and MPS should develop an interim IFSP, to the extent appropriate, while the evaluation process proceeds.

## **2) Special education services age three through 21 years of age –**

MPS conducts a comprehensive individual initial evaluation before the initial provision of special education and related services to a student.<sup>1</sup> The initial evaluation consists of procedures to determine: (1) whether a child has a disability that adversely affects the child's educational performance as defined in Minnesota Statutes section 125A.02, and (2) because of that disability needs special education and related services. The evaluation also determines the educational needs of the student. To conduct an initial evaluation to determine if the child qualifies for special education and related services, MPS will obtain written informed consent from the child's parent or guardian before the evaluation is conducted. Parental consent for evaluation will not be construed as consent for placement for receipt of special education and related services. The District will not override the written refusal of a parent to consent to an initial evaluation or re-evaluation.

MPS will conduct evaluations and reevaluations according to the following procedures:

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<sup>1</sup> There are limited exceptions to this process where with parental consent a student may receive services through an interim IEP prior to the completion of an initial evaluation. These exceptions are described in Appendix A to 34 C.F.R. Part 300, Q & A Nos. 14 & 17 (1999).

- A. Notice will be given to the parents of the student, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, which describes any evaluation procedures the district proposes to conduct.
- B. In conducting the evaluation MPS will:
- (1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a student with a disability and the content of the student's individualized education program, including information related to enabling the student to be involved in and progress in the general curriculum, or for preschool students, to participate in appropriate activities;
  - (2) not use any single procedure as the sole criterion for determining whether a child is a student with a disability or determining an appropriate education program for the student; and
  - (3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- C. MPS ensures that:
- (1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not be discriminatory on a racial or cultural basis, and are provided and administered in the student's native language or other mode of communication, unless it is clearly not feasible to do so;
  - (2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;
  - (3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;
  - (4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
  - (5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;
  - (6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions is included in the evaluation report;
  - (7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;
  - (8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and

(9) in evaluating each student with a disability, the evaluation is sufficiently comprehensive to identify all of the student's special education and related service needs, whether or not commonly linked to the disability category in which the student has been classified.

- D. Upon completion of the administration of tests and other evaluation procedures, MPS will determine whether the child is a student with a disability as defined in Minnesota Statutes, section 125A.02, using a team of qualified professionals and the parent of the student, and a copy of the evaluation report and the documentation of determination of eligibility will be provided to the parent.
- E. In making a determination of eligibility under item D, a child shall not be determined to be a student with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under Minnesota Rule parts 3525.1325 to 3525.1351.
- F. As part of an initial evaluation, if appropriate, and as part of any reevaluation, or a reinstatement of services under part 3525.3100, the IEP team and other qualified professionals, as appropriate, will:
  - (1) review existing evaluation data on the student, including evaluations and information provided by the parents of the student, current classroom-based assessments and observations, and teacher and related services providers observation; and
  - (2) on the basis of the review, and input from the student's parents, identify what additional data, if any, are needed to determine whether the student has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a student, whether the student continues to have such a disability, the present levels of performance and educational needs of the student, whether the student needs special education and related services, or in the case of a reevaluation of a student, whether the student continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the individualized education program of the student and to participate, as appropriate, in the general curriculum.
- G. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item F, subitem (2).
- H. The district will obtain informed parental consent, prior to conducting any reevaluation of a student, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the student's parent failed to respond.
- I. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the student continues to be a student with a disability, the district will notify the student's parents of that determination and the reasons for it, and the right of the parents to request an evaluation to determine whether the student continues to be a student with a disability, and the district will not be required to conduct an evaluation unless requested to by the student's parents.
- J. MPS will evaluate a student before determining that the student no longer continues to need special education and related services and totally exiting the student from special education.
- K. Procedures for determining eligibility and placement.

In interpreting the evaluation data for the purpose of determining if a child is a student with a disability under Minnesota Rules and the educational needs of the child, the school district will:

- (1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and
  - (2) ensure that the information obtained from all of the sources is documented and carefully considered.
- L. An evaluation report must be completed and delivered to the student's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:
- (1) a summary of all evaluation results;
  - (2) the student's present levels of performance and educational needs that derive from the disability;
  - (3) whether the child needs special education and related services or, in the case of a reevaluation, whether the student continues to need special education and related services and documentation of the basis for this determination; and
  - (4) whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general curriculum.

## **II. Method of Providing Special Education Services to Students Eligible for Special Education and Related Services**

If based on an initial evaluation it is determined that a child is a student with a disability who needs special education and related services, or a reevaluation shows that the student continues to need special education and related services, an individual education plan will be developed for the student to address those identified needs.

MPS provides a full continuum of educational service alternatives. All students with disabilities eligible for special education services are provided the special instruction and services that are appropriate to meet their identified educational needs. Set out below are descriptions of MPS's: (A) methods of providing special education services for identified students, (B) available sites at which services may be provided, and (C) special education and related services available.

A student's current level of performance, special education and related service needs, and special education goals and objectives are identified in a student's individual education plan. Appropriate special education and related services to meet these special education needs, goals, and objectives are determined on an individual basis. Program alternatives are comprised of the type of services provided, the setting in which services occur, and the amount of time and frequency in which the services are delivered. A student may receive special education and related services in more than one program based on the student's Individual Education Program (IEP) (ages 3 to 21), or Individual Family Service Plan (IFSP)(ages birth through age 2).

- A. Methods of providing special education and related services in MPS for identified special education students:
- (1) Early childhood services delivered in the home, in a center-based program, or at a MPS or community early childhood site



- (2) Instruction by general education teachers in a general education classroom with modifications, accommodations, supplemental services, and indirect services by special education staff
- (3) Pull out direct instruction services in a small group special education resource classroom
- (4) One-on-one instruction
- (5) Co-teaching instruction by general education and special education teachers
- (6) Services in small structured special education classrooms with high staff-to-student ratios
- (7) Homebound and home-based instructional services
- (8) Instruction and other services in a highly structured environment in a separate special education site
- (9) Transition services provided at a MPS high school or in a separate special education site, including community-based vocational training programs and work-based learning programs
- (10) Instruction and other services at MPS locations for students needing special education services who attend non-public schools located in the City of Minneapolis, including home school students

B. Alternative sites available in MPS at which special education and related services may occur:

- (1) Each MPS mainstream school site has setting I and II special education services available
- (2) Citywide Setting III special education programs are available in many MPS schools (Autism, DCD, CLASS/Lifeskills, SPEN/SPAN, PHD) with DHH classrooms located at Sullivan Community School, 3100 E. 28<sup>th</sup> Street, Minneapolis, MN 55406
- (3) Special Education Setting IV services for students in grades K-8 are available at River Bend Educational Center, 1510 Glenwood Avenue, Minneapolis, MN 55405
- (4) Special Education Setting IV services for students in grades 9-12 are available at Harrison Educational Center, 501 Irving Avenue N., Minneapolis, MN 55405
- (5) On-site educational services, including special education services, provided by MPS are available in the City of Minneapolis at the following care and treatment facilities:

Catholic Charities Children's Day Treatment/MPS Metro SJ (Day Treatment program)  
932 E. 34<sup>th</sup> Street, Minneapolis, MN 55407

Hennepin County Juvenile Detention Center/Stadium View Campus A  
510 Park Ave., Minneapolis, MN 55415

Hennepin County Adult Detention Center/Stadium View Campus B  
350 S. 5<sup>th</sup> Street, Room 36, Minneapolis, MN 55415

MN Adult and Teen Challenge/Challenge Academy  
(Residential Chemical Dependency Program)  
3231 1<sup>st</sup> Ave. S., Minneapolis, MN 55408 (Teen Boys/Men)  
1507 Lowry Ave. NE, Minneapolis, MN 55418 (Teen Girls/Women)

The Emily Program, Anna Westin House West, 3012 W. 44<sup>th</sup> St., Minneapolis, MN 55410  
(Residential Care and Treatment Adolescents and Adults)

- (6) On-site educational services, including special education services, provided by MPS are available in the City of Minneapolis at the following hospitals:

University of Minnesota Masonic Children's Hospital/MPS Metro HA  
2450 Riverside Ave., Minneapolis, MN 55454

Fairview Riverside Hospital/MPS Metro HA  
2312 S. 6<sup>th</sup> St., Minneapolis, MN 55454

Tutoring services on an as-needed basis are provided by MPS teachers at Shriner's Hospital, Abbott Northwestern Hospital, Minneapolis Children's Hospital, and HennepinHealthcare

- (7) Early Childhood Special Education Services:

Home services

Early Childhood Special Education Center, 3320 Elliot Ave. S., Minneapolis, MN 55407  
Community-based programs

- (8) Transition Plus (Services for students 18-21)  
2015 E. Lake St., Minneapolis, MN 55407

- (9) MPS Contract Alternative Programs have on-site special education services

American Indian OIC (Takoda Prep)  
Loring Nicollet Alternative School  
Menlo Park Academy High School  
MERC Alternative High School  
NaWayEe Center School  
PYC Arts & Technology High School  
Ronald McDonald House  
VOA High School

- (10) Longfellow Alternative High School, 3017 E. 31<sup>st</sup> St., Minneapolis, MN 55406 and Wellstone International High School, 3328 Elliot Ave. S., Minneapolis, MN 55407 have on-site special education services

- (11) Online Learning has available special education services

- (12) Minneapolis Academy and Career Center, Davis Center, 1250 W. Broadway Ave., Minneapolis 55411, 5<sup>th</sup> floor North, has available special education services

C. Available special education and related services:

- (1) Physical Therapy
- (2) Occupational Therapy
- (3) Speech services
- (4) Deaf/Hard of Hearing (DHH) & Audiology services
- (5) Blind/Vision Impaired (BVI) services

- (6) School social work services
- (7) School psychology services
- (8) Assistive technology
- (9) Developmental Adaptive Physical Education (DAPE) services
- (10) Special Transportation  
 Note: If a student who lives outside MPS's boundary open enrolls into MPS and requires special transportation to attend a MPS school due to his/her disability, that special transportation service will be included on the student's IEP and provided by the district.

D. Restrictive Procedures

MPS has a District Restrictive Procedures Plan, which can be found on the MPS Special Education website at <http://speced.mpls.k12.mn.us/>.

**III. Administration and Management Plan.**

MPS utilizes the following administration and management plan to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

- A. The following table illustrates the organization of administration and management to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

<b>Staff Name and Title</b>	<b>Contact Information</b>	<b>Brief Description of Staff Responsibilities relating to child study procedures and method of providing special education services</b>	<b>Additional Information</b>
	MPS Special Education Dept., Davis Center, 1250 W. Broadway Ave. Mpls. MN 55411 Phone: 612/668-5444 Fax: 612/668-5446 <a href="http://www.speced.mpls.k12.mn.us">www.speced.mpls.k12.mn.us</a> Office Manager: Tamala Washington-Green 612/668-5438		
Rochelle Cox Associate Superintendent	Davis Center 612/668-5438	Associate Superintendent of Special Education, Health Services, 504, Homeless and Highly Mobile Services, School Mental Health, and Tuition Billing	Also directly supervises Principals at Harrison, River Bend, Metro SJ, Stadium View, Transition Plus

Sara Stack Program Director	Davis Center 612/668-0914	Program Director for Schools assigned to Associate Superintendents LaShawn Ray and Shawn Harris-Berry, Harrison, Stadium View, and Transition Plus	Also supervises Secondary Redesign, Work-based Learning Coordination, Blind/Vision
Virginia Nyhus Program Director	Davis Center 612/668-5462	Program Director for Schools assigned to Associate Superintendent Ron Wagner, Metro Education Services	Also directly supervises Homebound, Non-public special ed., Music Therapy, Professional Development, PIC, SEA Coordinator
Deeqaifrah Hussein Program Director	Davis Center 612/668-5404	Program Director for Schools assigned to Associate Superintendent Brian Zambreno, and River Bend,	Also directly supervises DHH, ESY, Spec. Ed. EL team, Assistive Technology Team, DAPE, Third Party Billing, Supervises Managers for OT/PT, SSWs, Psychologists, and Speech
Kristen Geiger Program Director for Early Intervention	Wilder Complex 612/668-5100	Program Director for Early Childhood Special Education Programs	Directly supports Building Principals around early childhood special education and kindergarten
Kim Buechel Mesun Assistant District General Counsel and Special Education Manager	Davis Center 612/668-0482	Manager of Special Education Monitoring & Compliance, CoFAST, and Tuition Billing	Also works on General Counsel's Office assignments
Catherine Dalnes Social Work Services Manager	Davis Center 612/668-5436	Manager of District School Social Workers	Also is lead contact for Mental Health Resources available in the district
Matthew Lau Psychological Services Manager & MPS Crisis Recovery Lead	Davis Center 612/668-5443	Manager of District School Psychologists	Also heads the MPS Crisis Recovery Team
Jill Rentmeester Disher Speech/Language	Davis Center 612/668-5433	Manager of District Speech Language Clinicians	Also is the lead for MPS Special Ed interpreters.

Services Manager			
Karen Bryce Occupational/Physical Therapy Services Manager	Davis Center 612/668-5414	Manager of District Occupational and Physical Therapists	
Mark Sander School Mental Health Services	Davis Center 612/668-5489	Coordinates Co- located mental health services	
Amber Spaniol Health Services Director	Davis Center 612/668-5343	Director of School Health Care staff	Also is the District 504 Manager
Jason Backes Transition Plus Administrator	Wilder Center 612/668-4101	Supervises MPS Transition Plus Programs	
Nathan Hampton Harrison Principal	Harrison 612/668-2686	Principal for Harrison Education Center	
Clint Whisler W. Harry Davis/River Bend Principal	W. Harry Davis 612/668-2884	Principal for River Bend Education Center and other programs located at W. Harry Davis	
Joseph Groves MPS Metro Programs Principal	Wilder Center 612/668-4781	Principal for MPS Metro SJ, Hospital Agencies, Challenge Academy and the Emily Program	
Rhonda Larkin Stadium View Principal	Stadium View/Juvenile Detention Center 612/348-7740	Principal for Stadium View Campus A and Campus B	

*Additional Information:*

- B. Due Process assurances available to parents: MPS has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils, including alternative dispute resolution and due process hearings. *A description of these processes are as follows:*
- (1) Prior written notice to a) inform the parent that except for the initial placement of a child in special education, the school district will proceed with its proposal for the child's placement or for providing special education services unless the child's parent notifies the district of an objection within 14 days of when the district sends the prior written notice to the parent; and b) state that a parent who objects to a proposal or refusal in the prior written notice may request a conciliation conference or another alternative dispute resolution procedure.
  - (2) MPS will not proceed with the initial evaluation of a child, the initial placement of a child in a special education program, or the initial provision of special education services for a child without the prior written consent of the child's parent or guardian. A district may not override the written refusal of a parent to consent to an initial evaluation or reevaluation.
  - (3) A parent, after consulting with health care, education, or other professional providers, may agree or disagree to provide the parent's child with sympathomimetic medications unless medical, dental, mental and other health services are necessary, in the professional's judgment, that the

risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

- (4) Parties are encouraged to resolve disputes over the identification, evaluation, educational placement, manifestation determination, interim alternative educational placement, or the provision of a free appropriate public education to a child with a disability through conciliation, mediation, facilitated team meetings, or other alternative process. All dispute resolution options are voluntary on the part of the parent and must not be used to deny or delay the right to a due process hearing. All dispute resolution processes are provided at no cost to the parent.
- (5) Conciliation Conference: a parent may request a conciliation conference and have the opportunity to meet with appropriate district staff if the parent objects to any proposal of which the parent receives prior written notice. MPS will offer to the parent to have a conciliation conference within ten calendar days from the date it receives the parent's request for a conciliation conference. All discussions held during a conciliation conference are confidential and are not admissible in a due process hearing. Within five school days after the final conciliation conference, the district will prepare and provide to the parent a conciliation conference memorandum that describes the district's final proposed offer of service. This memorandum is admissible in evidence in any subsequent proceeding.
- (6) In addition to offering at least one conciliation conference, MPS informs parents of other dispute resolution processes, including mediation and facilitated team meetings. The fact that an alternative dispute resolution process was used is admissible in evidence at any subsequent proceeding. State-provided mediators and team meeting facilitators shall not be subpoenaed to testify at a due process hearing or civil action under special education law, nor are any records of mediators or state-provided team meeting facilitators accessible to the parties.
- (7) Descriptions of the mediation process, facilitated team meetings, state complaint, and impartial due process hearings may be found in MPS's Procedure Safeguard Notice, found at [http://speced.mpls.k12.mn.us/parental\\_rights](http://speced.mpls.k12.mn.us/parental_rights).

#### **IV. Operating Procedures of Interagency Committees**

##### **A. Community Transition Interagency Committee:**

MPS's Community Transition Interagency Committee (MCTIC) is individually established in cooperation with Hennepin County for youth with disabilities beginning at grade 9 or age equivalent, and their families. Its primary purpose is to facilitate the development of programs and services in Minneapolis that assist youth, ages 14-21 in their transition to adulthood. A secondary purpose is the development and implementation of systems and events which distribute timely transition resource information to youth and their families.

For 2016-17 MCTIC is co-chaired by:

MaryAnn Sulik  
Teacher, MPS Transition Plus  
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Amber Gunderson  
Vocational Rehab

The MCTIC meets monthly on the second Wednesday from 2:00-3:30 at Minneapolis Federation of Teachers, 67 8<sup>th</sup> Ave. NE, Minneapolis, MN 55413.

MCTIC's bylaws and subcommittee project procedures are attached as Appendices B and C.

## B. Interagency Early Intervention Committee

**Help Me Grow** represents early childhood services for infants, toddlers and preschoolers with developmental delays or disabilities are provided to eligible children and their families. **The Region 11 Interagency Early Intervention Committee (IEIC)** is responsible for the implementation of *Help Me Grow child find and public awareness* in the 7-county metro area. Help Me Grow is a statewide initiative that conducts outreach and public awareness activities to connect young children who have developmental delays or disabilities and their families to free early intervention services. [Help Me Grow](http://helpmegrowmn.org/) (<http://helpmegrowmn.org/>) offers information on child development and a way to refer an infant, toddler, or preschooler for free help when there are developmental concerns. The regional IEIC for the seven county metro area is Region 11.

The Region 11 IEIC meets quarterly. The website for Region 11 can be found at:

<http://www.metrocsu.org/ProgramsServices/specialEducation/Region11IEICProject.html>

Members of the Region 11 IEIC are:

**Parent:** Mai Chang (Chair)

**Hennepin County Parent:** Andrea Robinson

**Ramsey County Parent :** Jessica Mattson

**Anoka County IEIC :** Dana Nagel, Private Provider

**Carver County IEIC:** McKenna Quam, ECSE Coordinator

**Dakota County IEIC:** Janell Schilman, Social Services - Help MeGrow Interagency Coordinator

**Minneapolis IEIC:** Stephanie Graves, Maternal and Child Health MCH Coordinator

**North Suburban Ramsey/St. Paul IEIC:** Jayne Cox-Lindsey, St. Paul/North Suburban Help Me Grow Service Coordinator/Supervisor

**NW Hennepin County IEIC:** Susann De Tienne, Osseo School District Service Coordinator

**Robbinsdale IEIC:** Jane Auger, Hennepin County Health Dept.

**Scott County IEIC:** Sharon DeZeeuw, Social Services Social Work Case Manager DD

**South Hennepin County IEIC:** Michelle Kvikstad, Bloomington ECSE

**St. Paul IEIC:** Brenda Natalla, ECSE

**Washington County IEIC:** Pam Morrison ECSE

**West Suburban IEIC:** Kristi Flesher, Orono Special Education

**Health:** Laura Larson, Ramsey County Public Health

**Human Services:** Leigh Ann Ahmad, Ramsey County Disabilities Services

**County Board:** Mary Jo McGuire, Ramsey Co. Board of Commissioners

**School Board:** Marilyn Forsberg, Spring Lake Park School Board

**ECFE:** Sherry Haaf, St. Paul Schools ECFE

Joanne Drahnak, Stillwater ECFE

**Head Start:** Monica Torgerson, Anoka Co. Head Start

**Child Care:** Katy Chase, Anoka Co. Community Action Program

**School Readiness:** Nancy Wallace, St. Francis Early Childhood

**Current Service Provider:** Vacant

**Children's Mental Health:** Dave Runion, Family Innovations

**Physician:** Sylvia Sekhon, M.D., Health Partners & U of MN Pediatric Residency Program

**Advocacy Groups:** Judy Swett, PACER, Kab Nras & Lee/Fowsia Elmi, The Arc Greater Twin Cities

**Homeless Shelters or Services:** Mayme Petrich, Homeless Services – Perspectives

**Staff:** Marty Smith IEIC Project Coordinator, Kathy McKay, Child Find Coordinator, Sarah Ryan-Wood

The regional IEIC's operating procedures are attached as *Appendix D*.

## V. Interagency Agreements into which the District has Entered.

MPS has entered in the following interagency agreements or joint powers board agreements for eligible children, ages 3 to 21, to establish agency responsibility that assures that coordinated interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources:

### 1. Operating Agreement for Joint Classrooms Between Parents In Community Action, Inc. (PICA) and MPS

**Terms of Agreement:** To provide appropriate educational services for children with disabilities and their families, specifically children and families participating in PICA's Head Start program and who are eligible for Early Childhood Special Education services provided through MPS.

**Agreement Period:** Signed 2019, Agreement to be evaluated and revised on an annual basis as needed but unless changes are made or action is taken to rescind via a 30-day notice, the Agreement remains in force from the date signed.

### 2. Facility Use Agreement Between MPS and Catholic Charities

**Terms of the Agreement:** To describe the facility arrangement with St. Joseph's Home for Children Day Treatment Program to utilize MPS-owned space to provide day treatment and educational services for students in the day treatment program.

**Agreement Period:** 7/1/17-6/30/20.

## VI. Special Education Advisory Council.

In order to increase the involvement of parents of children with disabilities in district policy making and decision making, MPS has a special education advisory council (SEAC). MPS's Special Education Advisory Council is individually established.

A. MPS's Special Education Advisory Council consists of the following individuals:

(1) Rochelle Cox  
MPS Special Education Executive Director

(2) Erika Van Derk – Co-chair  
Parent of a student with special needs

(3) Sarah Washington – Co-chair  
Parent of a student with special needs

B. MPS's Special Education Advisory Council meets the first Thursday of each month (except when it is a school holiday, and then meets the 2<sup>nd</sup> Thursday) during the school year at the Davis Center, Room S1-435.

C. More information about MPS's SEAC can be found at [http://speced.mpls.k12.mn.us/advisory\\_council\\_2](http://speced.mpls.k12.mn.us/advisory_council_2).

## VII. Assurances

Code of Federal Regulations, section 300.201: Consistency with State policies. MPS, in providing for the education of children with disabilities within its jurisdiction, has in effect policies, procedures, and programs that are consistent with the State policies and procedures established under sections 300.101 through 300.163, and sections 300.165 through 300.174. (Authority: 20 U.S.C. § 1413(a)(1)).

Yes: Assurance given.



## **Minneapolis Public Schools Birth-2 years Early Intervention Central Intake Protocol**

Minneapolis Public Schools Early Intervention Central Intake services are provided for children birth through two years of age who may be experiencing delays in their development for several reasons, including special health conditions. These services are designed to meet the unique developmental needs of each child and their family.

### **Who Is Eligible?**

Young children with developmental delays or with diagnosed physical or mental condition or disorder with a high probability of resulting in a delay, regardless of whether the child is currently demonstrating a need or delay.

### **Intake Process:**

**Minneapolis Public Schools Early Intervention receives referrals** by email, fax and phone. Referrals may be submitted through the Minnesota Help Me Grow Program or directly to the Minneapolis Public School Early Intervention Program. Referrals are received from medical clinics, hospitals, social workers, community organizations and families.

### **MPS Early Intervention Central Intake Referral Process:**

#### **When a referral is received:**

1. A student identification number (SIN) is searched for in our student data system. If the child is not in our system they are added into discovery and a SIN is created.
2. An intake form is completed with demographic information and the reason for the referral. The completed form is saved in our month referral file.
3. The student information is added to the referral Birth to 2 years referral log.
4. An initial contact is made to the family by call, email or letter to inform them that a referral has been received and to gather further information as needed.
5. A mailing is sent to the family which includes educational rights information, a health and developmental history form and a cover letter explaining ECSE services and evaluation process.
6. A paper student file is made and taken to the ECSE Birth-2 year evaluation team office.

The file folder is titled the Minneapolis Public School Special education Due Process File. The file paperwork includes the following forms:

- Home Visit Safety Guidelines
- MDE Procedural Safeguards(in 4 languages)
- Parent Interview Form
- Child Observation Form
- Language Survey(English and Spanish)

- Documentation of Oral Interpretation Form(for ELL)
- Health and Developmental History Form
- Health and Medical Data Release Form
- Educational Data Release Form
- HC Follow Along Program Enrollment Form (English and Spanish)
- Evaluation Report Form
- Birth-5 ECSE Placement Grid
- ECFE Referral Form
- Family Survey(English, Spanish, Somali)
- 3<sup>rd</sup> Party Payment Form Consent form to submit reimbursement for IEP/IIIP Health Related Services
- Family Outcomes Survey(English, Spanish, Somali)
- Conference Summary Notes

CH 1/10/13

**Article 1**  
**Authority, Purpose and Objectives**  
Effective September 14, 2011

**Section 1: Authority:**

The Minneapolis Community Transition Interagency Committee, henceforth referred to in this document as the MCTIC, is established to fulfill the requirements of **Minnesota Statutes Chapter 125A.22**, Community Transition Interagency Committee.

**Section 2: Purpose**

The primary purpose of the MCTIC is to facilitate the development of programs and services in Minneapolis that assist youth, age 14-21 in their transition to adulthood.

A secondary purpose is the development and implementation of systems and events which distribute timely transition resource information to youth and their families.

**Section 3: Objectives**

As specified in **Minnesota Statutes, Chapter 125A.22**, the CTIC must:

- (1) Identify current services, programs and funding sources provided within the community for secondary and postsecondary aged youth with disabilities and their families;
- (2) Facilitate the development of multiagency teams to address present and future transition needs of individual students on their individual education plans;
- (3) Develop a community plan to include mission, goals and objectives, and an implementation plan to assure that transition needs of individuals with disabilities are met;
- (4) Recommend changes or improvements in the community system of transition services;
- (5) Exchange agency information as appropriate data, effectiveness studies, special projects, exemplary programs and creative funding of programs; and
- (6) Following procedures determined by the commissioner, prepare a yearly summary assessing the progress of transition services in the community including follow-up of individuals with disabilities who were provided transition services to determine post-school outcomes. The summary must be disseminated to all adult services agencies involved in the planning and to the commissioner by September 1 of each year.

## **Article II Membership**

### **Section I: Structure**

*The structure of the membership is based on the goal of providing a leadership team to direct the activities of the MCTIC and to include broad participation of interested community entities towards the achievement of the Minnesota statutes.*

MCTIC Governing Membership will consist of representatives from special education, vocational and regular education, community education, postsecondary education and training institutions, mental health, adults with disabilities who have received transition services, parents of youth with disabilities, local business, rehabilitation services, county social services, health agencies and additional public or private adult service providers as appropriate.

The governing committee must elect a chair and vice chair. The secretary function shall be rotated at meetings thus facilitating maximum engagement of all members throughout the year. The membership will meet regularly and establish a meeting schedule for the year prior to or during the month of September.

The Membership Roster will be maintained through MCTIC meeting minutes.

Community entities who want to support MCTIC activities will be welcomed to serve on MCTIC subcommittees. Representatives for these groups may include some or all of the following

- a. Support Service Coordinator
- b. Business and industry representatives
- c. County social services case managers
- d. Rehabilitation Services counselor
- e. Agency and program providers/vendors
- f. Transportation representatives
- g. Parents and students
- h. Advocacy representatives
- i. General education teachers
- j. Government representatives

### **Section 2: Term**

Members will notify the chair or vice chair if they are unable to continue serving on MCTIC. Retiring members will suggest a replacement who will be contacted by the chair or vice chair.

### **Section 3: Communication**

The Governing MCTIC members and all subcommittee members agree to communicate with the constituents they represent and will in turn provide feedback.

Communication efforts may include written or oral reports, newsletters, surveys, and e-mail.

## **Article III Organizational Procedures**

### **Section 1: Meetings**

The MCTIC will meet regularly according to a meeting schedule established prior to or during September of each school year. Subcommittees will meet as needed. All meetings are open to individuals who have an interest in the MCTIC.

### **Section 2: Notification**

Members will be notified of all meetings. Members are expected to attend and participate in all meetings. Members who cannot attend a meeting are encouraged to send a representative.

### **Section 3: Voting**

Each MCTIC member will have one vote submitted items. A simple majority shall constitute a quorum. A quorum shall be two thirds (2/3) of the roster present at the first meeting each year. Decisions are determined by consensus whenever possible or by a vote of simply majority.

## **Article IV MCTIC Administration**

### **Section 1: Officers**

The MCTIC will have a chair and vice-chair. The officers will be elected by the members and serve for two years.

### **Section 2: Officer Duties**

The chair will develop and distribute meeting agendas and minutes, convene and alternate facilitation of MCTIC meetings with the vice-chair and serve as spokesperson for the MCTIC. The vice-chair will perform the above listed duties in the absence of chair and maintain the membership roster. Both the chair and vice-chair will assist all committees and task groups in the performance of their yearly plans.

## **Article V By Law Revisions**

These by laws may be altered by a 2/3 vote of the MCTIC quorum providing that written notice of the proposed action is provided to all members at least five days in advance of the meeting.

## **Minneapolis Community Transition Interagency Committee**

### *Community Event/ Project Participation Request Procedures*

This document provides the rationale for and a process through which selection of yearly MCTIC projects can occur.

The Minneapolis Community Transition Interagency Committee (MCTIC) recognizes the importance of implementing community projects that enhance opportunities for the development of Minnesota youth with disabilities to successfully transition to adulthood. Toward that end,

The MCTIC will review subcommittee project proposals that:

- 1) Fall within the scope of MCTIC's six (6) tasks as defined by the Minnesota Statutes Chapter 125A.22, Community Transition Interagency Committee,
- 2) Align with the yearly MCTIC Action Plan
- 3) Foster interagency, family and youth collaboration and cooperation, including shared goals and resources,
- 4) Complete the Request Procedures detailed below,
- 5) Provide MCTIC with project evaluation in a demonstrating efficient use of fiscal and human resources,

### **Project Request Procedures**

- 1) MCTIC subcommittee submits the completed **MCTIC Project Form** to one of the MCTIC co- chairs (see the attached);
- 2) The request is presented at the next MCTIC meeting and discussed under **New Business**;
- 3) MCTIC may accept, reject\*\* or table a decision on the request for a subsequent meeting in order to obtain more information or for lack of a quorum;
- 4) The subcommittee will know the decision at the meeting

\*\*Voting procedures as stated in the MCTIC By-Laws

08.29.12

*This initiative is made possible through an interagency agreement from the Minnesota Department of Education to the Metropolitan Educational Service Cooperative Unit (Metro ECSU) using federal funding under CFDA number 84.181 Special Education Grants for Infants and Families with Disabilities. 1/12/13*

**OPERATING PROCEDURES**  
**Region 11 Help Me Grow Interagency Early Intervention Committee (IEIC)**

**Glossary of terms:**

**ICC – Governor’s Interagency Coordinating Council**

**IEIC – Interagency Early Intervention Committee**

**Regional IEIC – Region 11 Help Me Grow IEIC**

**Purpose of the Committee**

The purpose of the Region 11 Help Me Grow IEIC is to develop and assure the implementation of interagency policies and procedures, in a way that is consistent with other regions throughout the state, so that eligible children ages birth to five and their families are identified and have access to appropriate services and supports.

**Requirements of the Committee**

**Statutory Requirements:**

Purpose of Interagency Early Intervention Committee: M.S. 125A.30

(a) A school district, group of districts, or special education cooperative, in cooperation with the health and human service agencies located in the county or counties in which the district or cooperative is located, must establish an Interagency Early Intervention Committee for children with disabilities under age five and their families under this section, and for children with disabilities ages three to 22 consistent with the requirements under sections 125A.023 and 125A.027. Committees must include representatives of local health, education, and county human service agencies, county boards, school boards, early childhood family education programs, Head Start, parents of young children with disabilities under age 12, child care resource and referral agencies, school readiness programs, current service providers, and may also include representatives from other private or public agencies and school nurses. The Committee must elect a chair from among its members and must meet at least quarterly.

(b) The Committee must develop and implement interagency policies and procedures concerning the following ongoing duties:

(1) develop public awareness systems designed to inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services;

(2) to reduce families' need for future services, and especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities, including a child under the age of three who: (i) is involved in a substantiated case of abuse or neglect or (ii) is identified as affected by

illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure;  
(3) establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements;

(4) assure the development of individualized family service plans for all eligible infants and toddlers with disabilities from birth through age two, and their families, and individual education plans and individual service plans when necessary to appropriately serve children with disabilities, age three and older, and their families and recommend assignment of financial responsibilities to the appropriate agencies;

(5) implement a process for assuring that services involve cooperating agencies at all steps leading to individualized programs;

(6) facilitate the development of a transitional plan if a service provider is not recommended to continue to provide services;

(7) identify the current services and funding being provided within the community for children with disabilities under age five and their families;

(8) develop a plan for the allocation and expenditure of additional state and federal early intervention funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446) and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313); and

(9) develop a policy that is consistent with section 13.05, subdivision 9, and federal law to enable a member of an interagency early intervention committee to allow another member access to data classified as not public.

(c) The local Committee shall also:

(1) participate in needs assessments and program planning activities conducted by local social service, health and education agencies for young children with disabilities and their families; and

(2) review and comment on the early intervention section of the total special education system (TSES) for the district, the county social service plan, the section or sections of the community health services plan that address needs of and service activities targeted to children with special health care needs, the section on children with special needs in the county child care fund plan, sections in Head Start plans on coordinated planning and services for children with special needs, any relevant portions of early childhood education plans, such as early childhood family education or school readiness, or other applicable coordinated school and community plans for early childhood programs and services, and the section of the maternal and child health special project grants that address needs of and service activities targeted to children with chronic illness and disabilities.

### **Relationships/ Alignment / Priorities**

This section serves to clarify the required roles of the state, regional and local entities within the statewide early intervention system. Roles and responsibilities have either changed from how things have been done in the past or they have been clarified to comply with state statute. Clarifying the roles



will help to ensure that communication occurs within and between the three entities.

- **Lead Agency and State Partners:** Minnesota Department of Education is the lead agency for Part C Early Intervention services, with Minnesota Department of Health and Department of Human Services participating as state partners, in delivering a comprehensive and coordinated interagency system. State agency staff may attend and participate in the Region 11 HELP ME GROW IEIC as ex officio members. Minnesota Department of Education will determine a way to establish this across the state (i.e., state staff could be a liaison with each region for attendance at meetings, etc.).
- **Governor's Interagency Coordinating Council (ICC):** The Region 11 Help Me Grow IEIC Chair(s) and a designee will attend the ICC meetings and report the business of the Regional IEIC to the ICC in the role of a guest when requested.
- **Special Education Administrative Units (SEAU):** The Region 11 Help Me Grow IEIC will collaborate with SEAUs to examine and distinguish local vs. regional priorities. Funding priorities will be established to help guide funding decisions at the SEAU.
- **Other local agencies:** Linkages to local entities (community-based service providers) should be maintained. SEAUs and local agencies will collaborate to maintain established relationships.
- **Centers of Excellence for Young Children with Disabilities Project (COE):** The Region 11 Help Me Grow IEIC will collaborate with the COE to ensure that ongoing training needs are met. The COE will participate in assessing district/local agency needs for training. Districts are strongly encouraged to align training with the COE to avoid duplication of training efforts.

### **Operational Considerations**

#### **Fiscal host:** Metro ECSU

The agency designated as the fiscal host must be an eligible recipient of federal special education funds and agrees to expend these federal funds consistent with the approved budget and in accordance with the "Statement of Assurances" as signed by the district special education director and superintendent.

#### **Local Primary Agency (LPA):** Metro ECSU

The LPA will perform duties consistent with Minnesota Statutes, section 125A.31 including: providing oversight of funds received through the annual fund request, providing oversight for data collection efforts and the submission of hearing procedures.

#### **Maintain documents:**

Local Primary Agency will maintain IEIC documents. Examples of documents include Operating Procedures, Work Plan, meeting minutes, fiscal host, membership rosters, meeting sign-in sheets, and other documents as identified.

#### **Website posting:**

Minutes, agendas, etc., need to be on a website. Meeting minutes, decisions and regional Committee work could be placed on the website to make information available to other stakeholders and interested parties. It can be linked to HELP ME GROW. There could be an interactive map and a link from HELP ME GROW to the Regional IEIC's.

#### **Data privacy:**

Member agencies will ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

#### **Process to change Operating Procedures:**

- Changes proposed at one meeting would be voted on at the meeting or within two weeks electronically providing electronic quorum has been met. (See description of a quorum on page 6).
- If electronic voting is needed, proper documentation explaining the proposed change will be sent with the request for electronic vote.
- Within 30 days of the date the proposed change is received, it shall be submitted in writing to the IEIC Chair, who will then distribute the request to the Regional IEIC membership (as defined below).
- The membership shall have received the proposed amendment or amendments at least 14 days prior to the meeting.
- The overall system will be evaluated using the same measures at 1 year and at the 3 year mark to evaluate effectiveness and impact of the new structure. The Interagency Coordinating Council will create that process.

### Demographics

- **Geographic area served:** All school districts that fall within the 7 county metro area (Anoka, Hennepin, Ramsey, Scott, Carver, Washington and Dakota).

### Membership

#### **Mandated Sector Membership requirement:** *(according to statute)*

- Local Health – county
- Education
- County human services
- County board
- School board
- Early Childhood Family Education programs
- Head Start
- Parents of young children with disabilities under age 12 ( one from each metro county – total of 7)
- Child Care Resource and Referral
- School Readiness programs
- Current service providers
- May also include representatives from:
  - Private agencies
  - Public agencies
  - School nurses

#### **Additional Members Identified:**

- One representative from each of the former local IEICs. This will be re-determined in conjunction with membership changes, with some individuals possibly fulfilling two roles (mandated membership role and optional membership role).

#### **Other members to be identified by the Region 11 Help Me Grow IEIC:**

- Children’s mental health
- Advocacy
- Pediatrician

**Recruitment and Selection of Members:** The current membership list will be reviewed at each

Membership Subcommittee meeting. Any vacancies or necessary changes will be communicated to the Region 11 IEIC chair(s) or IEIC staff. Vacancies will be filled by having the members of the Membership Subcommittee and IEIC staff contact local partners for nomination recommendations. The Membership Subcommittee will forward nominees to the Region 11 IEIC for approval.

**Chair, Past Chair and Chair-Elect:** Terms of office shall be for one year to match the fiscal year (July 1 – June 30). The Chair will automatically serve as the Past Chair the year following their term as Chair. The Chair-Elect will automatically serve as chair the year following their term as chairelect. The Chair/Past Chair/Chair-Elect will be responsible to facilitate the Region 11 Help Me Grow IEIC meetings.

**Assurance of area representation:** Membership in the Region 11 Help Me Grow IEIC will be representative of each geographic area (including former local IEICs), cross sector in nature and will include the legislatively-required representation. Each representative will be responsible to serve as a liaison for the geographic area and the sector they represent and will maintain regular communication between the Region 11 IEIC and their respective constituent groups.

**Removal/replacement:** If a member of the Region 11 Help Me Grow IEIC is not able to continue on the Regional IEIC, the vacancy must be filled by another member from the same representative category. In the event a Regional IEIC member shall miss two consecutive IEIC meetings in a twelve-month period without notifying the IEIC Chair(s) or IEIC staff, the Chair(s) of the Regional IEIC shall have the right to remove the absent member and the vacancy thereby created shall be filled as noted above.

**Conflict of interest:** Any individual working for an agency that may benefit from a decision that is made would need to disclose that potential conflict of interest. No member of the Committee may cast a vote on any matter that would provide direct financial or other perceived benefit to that member or otherwise give the appearance of a conflict of interest.

**Terms of membership:** Membership terms shall be for three years. Terms shall be assigned randomly initially and shall be staggered so that approximately one-third of the committee membership would be elected in any given year. There is no limit to the number of terms any given member may serve. A member may indicate an interest in serving another three year term and, if selected by their representative group as the nominee, the procedure documented above would be followed.

**Member orientation:** New Region 11 IEIC members will participate in an orientation session that will be scheduled prior to attending an IEIC meeting whenever possible.

**Attendance:** When members are unable to attend a scheduled Region11 Help Me Grow IEIC meeting, they must notify the Chair(s) or IEIC staff in writing prior to the meeting. The absent member may assign a designee and must notify the chair(s) or the IEIC staff in writing (email is sufficient). The designee shall have the authority to exercise the full privileges of the absent member. Designees must be representative of the same sector as the absent member.

## **Meetings**

### **Meeting cycle:**

- Region 11 IEIC will meet at least four times per year (minimum frequency):
  - 1<sup>st</sup> Q: Summer
  - 2<sup>nd</sup> Q: Fall
  - 3<sup>rd</sup> Q: Winter
  - 4<sup>th</sup> Q: Spring
- Hold an annual meeting with the ICC, if requested.
- Meeting notification:
  - Notices, agendas, and supporting documents will be sent out electronically (unless requested otherwise) 2 weeks prior to meetings.

**Decision-making process/voting:**

- A member who is unable to attend a meeting may vote on any noticed action item by submitting his or her vote in writing to the Chair(s) in advance of the meeting in which the action will be taken. Such vote may be sent by mail, email or facsimile transmission.
- The Region 11 Help Me Grow IEIC may not vote without a quorum. Two-thirds (2/3) of the voting membership needs to be present at a meeting for quorum requirements to be met.
- Electronic Voting: The IEIC staff at the Metro ECSU will work with the Region 11 Help Me Grow IEIC to facilitate electronic voting on IEIC matters, as needed. Results of electronic voting will be shared with the Region 11 IEIC as documented in future IEIC meeting minutes.
- Decisions by the Region 11 Help Me Grow IEIC shall, to the extent possible, will be made by consensus of members (and designees), unless an exception is noted.
- If there is no consensus, decisions shall be made by a majority vote (51% or more) of the members (and designees).
- When a decision cannot be reached, an outside facilitator could be brought in to assist, if needed.

**Distribution of meeting minutes to other stakeholders, interested parties:**

- There will be communication mechanisms (e.g., website postings) in place to ensure that decisions and regional committee work are available to all interested parties.

**Standing agenda format:**

- The Region 11 IEIC will determine if a standing agenda format is needed.

**Reimbursement policies:**

- The Region 11 IEIC will determine if any members or positions shall receive reimbursement for participation and duties on the IEIC.
- If a Regional IEIC member is serving within his/her assigned job duties, expenses will not be reimbursed by the Regional IEIC committee.
- Parent members (7) or their designee, if the member is unable to attend, will receive a \$50 stipend plus mileage when they attend a meeting.

**Standing Subcommittees: (optional)**

- Subcommittees will have a chair and membership may include members from outside of the Region 11 IEIC.
- At least one Region 11 IEIC representative will be at subcommittee meetings.
- The committee structure shall be determined by the Regional IEIC.
- The Chair(s) of the Sub Committees will be appointed by the Region 11 IEIC Chair(s).
- The Region 11 IEIC Chair(s) shall appoint IEIC members, community representatives, agency

liaisons to each committee, considering individual interests and expertise.

- Other workgroups and task forces may be designated in order to conduct the business of the Regional IEIC.

- Suggested Committees could include:

  - Communication

  - Membership – determine terms of membership

  - Parent Involvement

  - Public Awareness/Child Find/Outreach

  - Cultural & Linguistic Diversity

### **Budget Subcommittee Bylaws**

Core values for the IEIC budget:

- Fiscal transparency
- Fiscal responsibility
- Communication
- Accountability and Equity
- Child-centered and family- centered

#### **A. Membership, Voting, Meeting Schedule**

1. Budget Subcommittee members must be Region 11 Help Me Grow IEIC members and the membership must be representative of the constituencies and include a representative from the fiscal host.

2. Voting will take place on recommendations that will be brought to the Region 11 Help Me Grow IEIC.

3. A quorum must be present in order to vote on an issue. A quorum is 2/3 of the members.

4. The Budget Subcommittee chair will bring recommendations, reports and updates to the Region 11 Help Me Grow IEIC as needed.

5. Budget Subcommittee meetings are open meetings and the public may attend.

6. Budget Subcommittee will meet, at a minimum, quarterly to review the budget prior to Region 11 IEIC meetings or more often, as appropriate.

#### **B. Fiscal Host Responsibilities**

1. The fiscal host will provide a minimum of quarterly updates on the budget and a summary at the end of the State Fiscal Year which occurs annually in June 30.

2. The fiscal host representative will attend Budget Subcommittee meetings as a non-voting member.

3. The fiscal host will be responsible for following requirements from the Minnesota Department of Education in all subcontracts.

#### **C. IEIC Budget**

1. The Budget Subcommittee will create an annual budget once the state allocations for Part C funds are available, based on the IEIC work plan. The annual budget will be submitted to the Region 11 Help Me Grow IEIC for approval prior to submitting the annual work plan and budget to the Minnesota Department of Education (MDE).

2. Budget reallocations or line item changes over 10% need to be approved by the Budget Subcommittee.

#### **D. Subcontracts or other distribution of funds**

1. The Budget Subcommittee will develop specific criteria for subcontracts according to the IEIC work plan.
2. If there are local entities wishing to present proposals for funding consideration, a written proposal must be submitted at least 2 weeks prior to the Budget Subcommittee meeting. The Subcommittee may defer making a decision on the funding proposal or request further information. If the Subcommittee approves a request, it will be brought to the Region 11 Help Me Grow IEIC as a recommendation for their approval.
3. Final approval of subcontracts must be given by the Region 11 Help Me Grow IEIC based on a recommendation from the Budget Subcommittee.
4. In order to expedite subcontracting, voting can take place electronically.
5. Availability of subcontracts will be posted on the Metro ECSU Region 11 Help Me Grow IEIC website.
6. Disputes regarding subcontracts will be brought to the Budget Subcommittee for review and to make recommendations to the Region 11 Help Me Grow IEIC for resolution or possibly assigned to the appropriate Subcommittee. The IEIC budget should include a line item for mediation assistance, if needed, to resolve disputes.

**Child Find and Public Awareness Subcommittee Bylaws:**

1. Membership in the Child Find and Public Awareness subcommittee is established on an annual basis in order to ensure a stable membership body for continuity.
2. Attendance at the subcommittee meetings is required and members who are not able to attend must notify the subcommittee chair in advance.
3. Individuals interested in joining may contact the subcommittee chair.
4. The Child Find and Public Awareness subcommittees may include individuals who are not voting members of the IEIC.
5. New members must be approved by a majority vote of the subcommittee.
6. Guests will be invited to participate in discussions on special topics, as needed.

Year IEIC established: 2011

Minn Rule pt. 3525.1341, subp. 4

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

### **MPS Specific Learning Disability Plan**

- Specific SRBI (Scientific Research Based Interventions) approach.

The SRBI approach is embedded in the district Multi-Tiered Systems of Support (MTSS). In Tier 1 classroom teachers deliver high quality grade level core instruction that is scaffolded and differentiated to student needs. Tier 2 includes additional research-based, systematic, explicit instruction beyond standards-based core instruction to address a skill deficit identified from diagnostic data. Students who respond adequately to Tier 2 interventions return to the core curriculum with ongoing formative assessment and/or progress monitoring. Those who show minimal response to Tier 2 interventions may move to Tier 3, where more intensive and individualized supports are provided.

Progress monitoring is a key component of this approach. The data reveal the extent to which the student responds to the tiered intervention(s). The progress monitoring data could also be reviewed along with other diagnostic data collected through various formal and informal approaches to assist teams in developing a hypothesis about why the student may not be responding and how best to support the student and adapt the intervention.

Students may move between tiers based on both scores from their 3 times per year screening and based on their progress-monitoring (CBMreading or earlyReading from FASTBridge) level and growth. The goal at each tier is to reach the next instructional level benchmark score, making at least 1 year's growth in one year's time. Students whose growth is below this goal will have their intervention intensified to Tier 3. The fidelity of the tiered interventions will be reviewed, along with the student's attendance and participation in the interventions. Concomitantly, socio-cultural, language and other exclusionary factors that may be impacting the student's progress will be reviewed by the team.

With a total of at least 12 data points between Tier 2-3, if a student's level of performance on grade level progress-monitoring is consistently below the 7<sup>th</sup> percentile *and* their growth rate is minimal (based on FAST average weekly growth rates minus one standard deviation), a special education evaluation in the area of SLD may be proposed. A score at or below the 5<sup>th</sup> percentile on an individually administered, standardized assessment of reading achievement will be required for eligibility per state criteria.

- Timelines for progression through the model.

All students in kindergarten through 8th grade are screened each Fall and Winter using FASTBridge assessment system. Students in grades K-2 are also screened in Spring, while for students in grades 3-8 Spring screening is optional based on building-level decision-making. At

all sites, screening data are used in concert with at least two other data sources (e.g., classroom performance, performance on state assessments, diagnostic assessment data, short-term progress monitoring) to verify decisions about whether a student is or is not at risk.

In regard to duration of intervention, 10-15 weeks for Tier 2 and 8-16 weeks are recommended to establish reliable and consistent intervention implementation and a stable trend for student's response. At the minimum, 6 weeks of intervention are needed for each tier. A total of 12 data points is required for the SRBI approach.

Building MTSS or Problem-Solving team is responsible for data analysis and decision making. The team schedules meetings to engage in problem-solving for individual students or groups of students in regard to their needs, to review progress monitoring data and trend, and to recommend for the next step of action such as starting an intervention, changing the intervention, moving the student to another Tier, etc.

- SRBI that is utilized by content area.

SRBI is derived from research that involves the application of rigorous, systematic, and objective methods that draw on observation or experiment and involves data analyses to support the research conclusion of intervention effectiveness.

In Tier 2, interventions could be adult-led small group (e.g., up to 7 students in elementary) instruction that involves clearly articulated, validated intervention and is delivered with fidelity. Unless it is specified by intervention curriculum, generally these interventions would take about 30 minutes per session, 3 to 5 times a week for 10-15 weeks. Bi-weekly tracking of the targeted skills is recommended.

In Tier 3, interventions are individualized based on student data such as how far the student is below grade level, the length and frequency of previous interventions, complexity of the learning tasks, the student's stamina and attention span, etc. Interventions could be intensified and/or individualized by reducing group size (e.g., 1 – 4 students in elementary), providing more than one session of intervention per day, increasing the number of sessions per week, etc. Weekly tracking of the targeted skills is recommended.

- Parent notification and consent policies for participation in SRBI.

When a student is initially identified as needing an intervention, the parent is contacted, either by letter or in person contact. Information shared with the parent includes the rationale for why the child was identified, what additional services the child will receive (and what classroom activities will be missed because of the intervention), what and how the child's progress will be tracked, dates for formal review, and possible outcomes. The parents are provided an opportunity to ask questions, provide feedback, and explore outside resources if they wish. At each major decision point, e.g., the student is moved from one Tier to another, parents should be notified either by letter or in person contact the child's progress in response to the intervention, modifications that will be made to intervention to better meet the child's learning need, and updated timeline. If the student has made insufficient progress based on the SRBI approach criteria, the team including the parent will discuss a potential evaluation for special education services.

- Procedures for ensuring fidelity of implementation.

Each school will identify a site-based MTSS/Problem-Solving team who facilitate and oversee the MTSS/SRBI process. A professional development plan will include ongoing training and



monitoring practices to ensure that policies are implemented consistently across schools. Each school will have a designated MTSS lead who will be responsible for monitoring the implementation of these policies and procedures within the school and reporting to the school administrator.

The staff who administer the progress-monitoring tools and screening assessments within FASTbridge will complete the training modules and certifications for those measures prior to administration. The fidelity of implementation of each intervention will be ensured via direct observation using an intervention fidelity checklist according to intervention publisher recommendations, by a staff member in the school trained on the intervention. This will occur in Tier 2 prior to intensifying to Tier 3, and in Tier 3 prior to a decision to evaluate. Upon observing, if intervention fidelity is less than 80%, modeling and coaching will be provided and another observation will be conducted within 2 weeks. An intervention should not be intensified unless it was implemented with at least 80% accuracy for the recommended duration. In addition, students' attendance in intervention will be documented and reviewed prior to intensifying. The intervention attendance documentation must verify that the intervention took place for the time and frequency recommended. When student absences exceed 10% of scheduled intervention days/times, the team will consider the impact of those absences on the student's progress.

Each school site will have both an Equity Team and an Instructional Leadership Team (ILT). One role of the Equity Team is to review student data by student group to analyze gaps in achievement which may result in over-representation of linguistically and/or culturally diverse populations within special education. School improvement goals will be set by ILT at each school toward reducing those achievement gaps by increasing the achievement of identified student groups. Strategies for school improvement will be identified and monitored by the ILT.

- District Staff Training Plan.

Each school will identify a site-based MTSS/Problem-Solving team who will be trained in-depth by MPS on implementing an SRBI system. Team members could include administrator, interventionist(s), Differentiation Specialist, school social worker, school psychologist, special education teacher and general education teacher. The team will attend trainings led by MPS that address topics such as types of curricula/strategies that are considered SRBIs, how to select SRBI, assessment and instructional practices for interventions, tracking fidelity of implementation, eligibility criteria for SLD, etc.

A train-the-trainer model will be used to train team-based teams on an ongoing basis focusing on different topics at each training. The team will then train relevant school staff at their sites on topics that need to be addressed. All licensed staff should receive a broad overview of the new SRBI system which includes a summary of changes that will be made at the school and how staff can assist in facilitating these changes.

The proposed timeline beginning in the 2020-21 school year:

Timeline	Training Focus	Implementation
Year 1	K - Grade 2	
Year 2	Grade 3 - 5	Use Part D criteria for K - 2
Year 3	Grade 6 - 8	Use Part D criteria for K - 5

Year 4	Grade 9 - 12	Use Part D criteria for K - 8
Year 5	Continued training and fidelity checks	Use Part D criteria for K- 12