



## **Special Education Note:**

### **“New Federal Regulations Provide Major Opportunities For Enhanced Special Education Programs For Children With Disabilities.”**

In mid-October, 2006, the United States Department of Education released new regulations to implement amendments to the Individuals with Disabilities Education Act of 2004. The new Act and the implementing regulations involve two areas of significant, positive changes for children with disabilities.

First, special education instruction and “Related Services” (psychological services, occupational therapy, physical therapy, speech/language therapy etc.) must now be based upon “peer-reviewed research” wherever practicable. The implications for children receiving special education services is enormous. Historically, a school district was permitted to use any methodology to teach reading, math, writing, behavior, and socialization it chose, so long as that program was “reasonably calculated to afford progress”. However, 30 years of research concerning the manner in which children with disabilities learn to perform these functions have developed high quality, effective “scientifically-based” programs which use direct, sequential, scaffolded, intensive multisensory instruction. A variety of private companies have developed these programs in each of the academic and social service fields which must now be used by school districts for special education students.

Moreover, these research-based programs must be implemented consistent with the research which reveals them to be effective. For example, if a child with a reading disability requires a specialized program in order to make one year of progress every school year, and if the underlying research reflects that such children require daily instruction in small homogeneous groups for a full class period in order to achieve that progress, the school district must implement the program in that manner. Under IDEA, school staff are also required to be adequately trained and qualified to provide these services. Consequently, the new federal requirement that services be based upon “peer-reviewed research” provides a powerful new right for children with disabilities to obtain high quality services in programs that are proven to be effective.

The new regulations also have enormously strengthened the concept of “transition planning” for students age 16 and older (or younger if the child requires such services). The purpose of transition planning is to provide a student with the skills necessary to move to post-graduation life, whether in an academic, vocational, or supported environment. Each child with an Individual Education Plan (IEP) must now receive specific assessments to determine transition needs, and the IEP must be developed with Goals and Specially Designed Instruction

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to train the student to function as independently as reasonably possible consistent with the child's potential.

The array of transition services which a school district may be required to provide is quite broad, and could include services designed to prepare a disabled student to adjust to college/dorm life, independent employment (through the use of a job coach or similar services) vocational training, instruction in adult daily living skills, or services to develop skills to successfully integrate into the community (e.g. social skill training, food preparation, management of finances). Where related services such as physical therapy, speech/language services, occupational therapy, social work services, and social skills training are necessary to meet transition goals, the school district must provide these services, either through their own personnel or through contracts with outside agencies. While transition planning in the past often involved only a referral to other local agencies, school districts are now required to provide robust and intensive transition plans in order to meet the needs of children with disabilities who are approaching graduation, regardless of whether they graduate on time or receive services through the educational maximum of age 21.

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