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ABSTRACT

The manual is intended to help parent surrogates carry out their role by providing an overview of the special education decisionmaking process in Maryland. The parent surrogate is responsible for representing the child in all matters relating to identification, evaluation, educational placement, and programing. Roles of the parent surrogate are specified for the following areas of the decisionmaking process: referral and screening; evaluation by the Admission, Review, and Dismissal Committee; individualized education program (IEP) development and student placement; initial and annual IEP reviews; and reevaluation. More than half of the handbook is composed of two appendixes with such information as state and national resources for information and assistance, definitions of handicapped children, and a description of the continuum of services offered in Maryland. (CL)

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Parent

Surrogate

Handbook

Maryland State Department of Education
Division of Special Education



EC160.834

September, 1982

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Preface

There are three primary areas with which parent surrogates need to be familiar:

1. The special education decision-making process and the responsibilities of the parent surrogate within this process.
2. The child's need for special education.
3. The relevant resources and education program alternatives which are available for consideration.

This manual is designed to assist parent surrogates in understanding their roles and carrying out their responsibilities by providing an overview of the special education decision-making process. There is also an extensive section of appendices with more specific information and lists of resources.

As an educational advocate for the child, a parent surrogate should seek clarification and assistance whenever he or she believes that the needs and rights of the child are not being addressed appropriately. The members of the Admissions, Review and Dismissal Committee (ARD) will be a helpful source of information in answering any questions which may arise. The parent surrogate can also contact the Information Specialist at the Maryland State Department of Education (659-2469) for assistance with questions.

The parent surrogate should be concerned with the education of the child just as a natural parent would be. Like the parent of any handicapped child, the parent surrogate is responsible for representing the child in all matters relating to the identification and evaluation of the child's handicapping condition and the child's educational placement.

The parent surrogate is responsible for seeing that the child is provided an appropriate education. This responsibility includes assuring that the child receives a full and fair evaluation of his/her special education needs; has those needs adequately addressed in a written individualized education program (IEP); is educated to the maximum extent appropriate with non-handicapped children; and is making satisfactory progress in achieving the educational goals and objectives specified in the IEP.

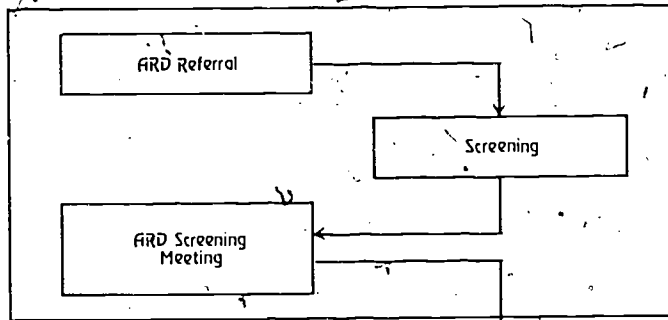
The assignment of a parent surrogate indicates that the parent surrogate accepts the responsibility to actively contribute to the planning and advocacy of the child's educational needs. It does not imply that the parent surrogate will assume responsibility for the day to day care of the child or the financial costs associated with the care of the child.

ROLES AND RESPONSIBILITIES
OF
PARENT SURROGATES
WITHIN THE
SPECIAL EDUCATION
DECISION-MAKING
PROCESS

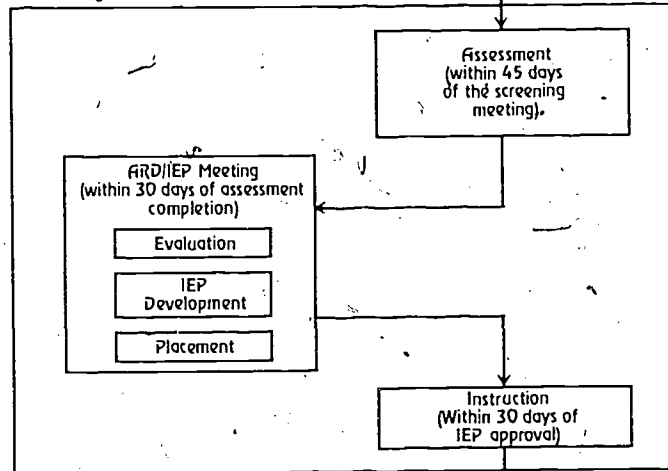
Figure 1

THE SPECIAL EDUCATION IARD PROCESS

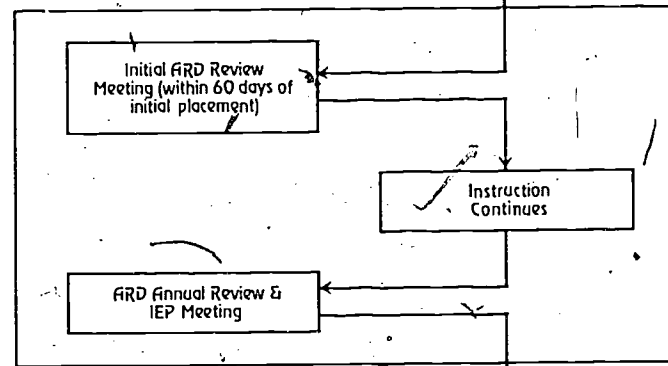
REFERRAL AND SCREENING



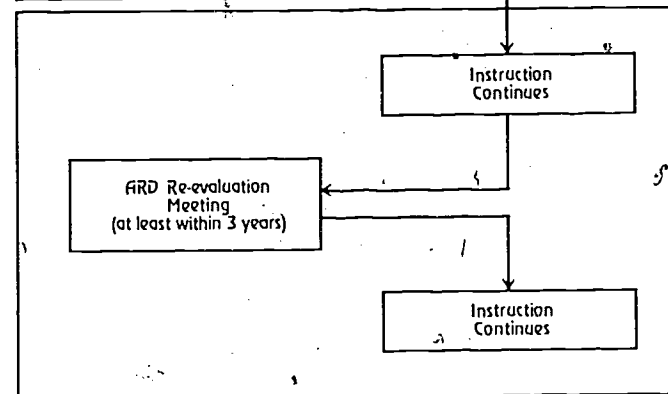
EVALUATION, IEP, AND PLACEMENT



INITIAL AND ANNUAL IEP REVIEW



REEVALUATION



Parent surrogates and special educators share the common goal and responsibility of ensuring that handicapped children receive an education which is appropriate to their unique needs. It is also important that the education program be in the most normal, yet appropriate and effective, environment as possible. Whenever a child's education needs to be different than that provided to regular students, the reasons for selecting a different education program must be sound.

There are many decisions to be made in identifying and providing appropriate special education services to handicapped children, and the active involvement of parents or parent surrogates is a necessary part of this process. In Maryland, every education agency uses a process that involves an Admission, Review and Dismissal Committee (ARD) in making educational decisions about handicapped children. Throughout this ARD process parents or parent surrogates are actively involved. Figure 1 summarizes the general sequence of activities within the ARD process.

REFERRAL AND SCREENING

When an education agency receives information that a child may be handicapped, the child is referred to the ARD Committee which starts the special education decision-making process. Referrals come from a variety of sources including parents, teachers, and agency screening programs. When a referral is received by the ARD Committee, the parents are notified of the referral and invited to an ARD screening meeting.

Screening serves the dual purpose of identifying those children who may be handicapped and providing the ARD Committee with the information necessary for planning a complete evaluation of the child's handicap and his/her need for special education. The information collected during the screening include vision, hearing, motor development, and language. During the screening meeting the ARD Committee reviews the information obtained and arranges for appropriate assessments.

Some handicapped children living outside of their homes do not have parents available to act in their behalf. In these cases, the education agency requests the appointment of a parent surrogate for the child who can authorize an evaluation of the child's needs for special education and to represent the child in the ARD process.

ARD EVALUATION, IEP, AND PLACEMENT

Assessments of children for special education must be individualized and multidisciplinary. Each child receives an educational assessment consisting of reading, math, spelling, written and oral language and perceptual motor functioning, as appropriate. In addition, an assessment of cognitive, emotional, and/or physical factors is conducted as appropriate. The assessments are conducted by a multidisciplinary team of persons qualified under state standards. The information collected is designed to determine answers to the questions:

1. Is the child handicapped?
2. Does the handicap adversely affect the child's ability to meet general education goals and objectives?

3. What special education services does the child need for an appropriate education?
4. What is the most normal, yet educationally appropriate placement for the child?

When the assessments are completed, the ARD Committee reviews the evaluation information: If the child is handicapped and in need of special education services, the committee develops an IEP and determines the child's placement. When a notice is received that the parent surrogate is invited to participate in this ARD meeting, the parent surrogate should arrange with the agency to become acquainted with the child's needs by reviewing the child's school records and, if possible, visiting with the child.

During this ARD meeting, the parent surrogate shares the responsibility for ensuring that the child has received a full and fair evaluation in all areas related to his or her handicap and that sufficient information is available for the ARD Committee to develop an educational program based on the child's unique needs.

If the parent surrogate and the ARD Committee agree that the child is handicapped and in need of special education, an IEP is developed. The IEP is the education plan which the parent surrogate and the agency agree is an appropriate education for the child. In developing the IEP, the ARD Committee reviews assessment information and identifies the child's current level of performance, including his or her strengths, weaknesses, and learning style. From this analysis, the areas in which the child needs special education and related services can be identified. Annual goals are then established within each area of need that describe what the child can

Figure II

Process for Developing the IEP and Determining Placement

Present Levels of Performance	Describe the education performance of the child, including the child's strengths and weaknesses.
Areas of Educational Need	Identify the areas in which the child needs special education and related services, including any specially designed instruction in physical education or vocational education.
Special Education & Related Services	Determine the special education and related services which will be provided to the child, including the dates when the services will begin and a projection of how long the services will be needed.
Annual Goals	Develop a list of annual goals; that is, what the child is projected to achieve during the year.
Instructional Objectives & Evaluation	For each annual goal, list the instructional objectives leading to the goal and describe how the child's progress will be evaluated.
Participation in Regular Classroom	Describe the extent to which the child will be participating in regular education programs.
Placement & Transportation	Select the least restrictive, appropriate educational placement and determine if any special transportation requirements are needed.

reasonably be expected to achieve in a year's time. Instructional objectives and procedures for evaluating the child's progress are developed for each annual goal. The ARD Committee may refer the task of developing the IEP to another group including a representative of the ARD Committee, the child's teacher, and the parent surrogate.

The ARD Committee will specify the special education and related services that the child will receive; when the services will begin; how long they will be needed; and the extent to which it is appropriate for the child to participate in the regular education program.

In the process of developing the IEP, the ARD Committee and the parent surrogate will identify the specific educational placement which is the least restrictive and appropriate for the child's education. If any special transportation arrangements are needed they will be determined and specified in the IEP. The parent surrogate, like any parent of a handicapped child, will be asked to indicate approval of the plan by signing the completed IEP. After the IEP is completed and signed, the child will begin receiving the services specified in the IEP.

INITIAL AND ANNUAL IEP REVIEWS

If the child is receiving special education for the first time, the ARD Committee schedules a meeting within 60 days to review the child's progress on the IEP. At this meeting the parent surrogate and the ARD Committee make any modifications needed in the IEP. If there are significant changes needed, the parent surrogate is asked to indicate his or her consent to the changes by signing the modified IEP.

At least annually thereafter, and sooner if needed, the ARD Committee reviews the child's educational progress and modifies or redevelops the IEP. The parent surrogate is notified and invited to each of these meetings, and the parent surrogate approval is sought whenever the IEP needs to be significantly revised. If at any time or for any reason the parent surrogate feels that the IEP should be reviewed and modified, he or she can request that the ARD Committee schedule a meeting to consider the need for the modifications.

REEVALUATION

At least every three years, the ARD Committee schedules another individualized multidisciplinary evaluation similar to the initial assessment described earlier.

In summary, the ARD process is designed to identify handicapped children, to see that they receive appropriate educational programs in the least restrictive yet effective environment, and to monitor their educational progress through the IEP. The parent surrogate, just as any parent of a handicapped child, is an important participant in the education decision making process and has specific responsibilities at each step in the process. The parent surrogate's sole interest is to see that the unique educational needs of the child are met.

The parent surrogate acts as an advocate on behalf of the child to assure that the child receives a free, appropriate education within the least restrictive environment. This is done by:

1. Becoming thoroughly acquainted with the child, the child's educational history, and any other information contained in school files and reports relating to that child's educational needs.

2. Becoming familiar with the child's current education program and with appropriate alternatives.
3. Participating in the planning, development, and the approval or disapproval of the child's individual education plan.
4. Monitoring the child's educational development by attending in person or, in limited circumstances, via communication systems, parent-school planning and evaluation meetings.
5. Acting as the child's parent/advocate by requesting educational services or making complaints about services or the lack of services, if necessary.
6. Representing the child in any due process procedure, including the initiation of complaint and/or appeal procedures and the seeking of qualified legal assistance when such assistance is in the best interest of the child.

If during the process the parent surrogate and the ARD Committee cannot agree upon the identification, evaluation, education placement, or the provision of a free appropriate public education, the parent surrogate has the right to an impartial hearing. Legal Rights: A Handbook for Parents contains further information describing the impartial hearing process.

Under state and federal law, the parent surrogate has the same rights afforded the natural parents or guardians. These include the right to:

- A free, appropriate public education for the child in accordance with an individualized education program.

- Have the child educated in the "least restrictive" school setting possible.
- Inspect all the child's educational records.
- Request changes if inaccurate or inappropriate information is contained in the child's records.
- Have an appropriate educational assessment for the child in the primary language of the child.
- Be fully informed about the evaluation procedures, tests, and all results.
- Seek an independent evaluation of the child, if the school's evaluation methods and/or results are thought to be inappropriate.
- Participate in the planning of the child's individualized education program.
- Question the appropriateness of the child's educational program.
- Permit or refuse a special education placement for the child.
- Give informed consent before any major change is made in the educational program for the child.
- Have knowledge about special education programs for the child.
- Have a person attend any meeting with you.

APPENDIX, i

Resources for Information and Assistance

- A. Directors of Special Education in Maryland Public Schools
- B. Maryland Organizations for the Handicapped
- C. National Organizations for the Handicapped
- D. Advocacy Groups Providing Free Legal Services

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Worcester County Board of Education
P.O. Box 130
Snow Hill, Maryland 21863

w/p 8/82

MARYLAND ORGANIZATIONS FOR THE HANDICAPPED

I. Hearing Problems

- A. Maryland School for the Deaf
101 Clarke Place
Frederick, Maryland 21701
662-4159

Maryland School for the Deaf - Columbia Campus
Route 175 & Old Montgomery Road
Box 894
Columbia, Maryland 21044
465-9611
- B. Maryland Association for the Deaf
International Association of Parents of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910
585-5400
- C. Hearing & Speech Agency
2220 St. Paul Street
Baltimore, Maryland 21218
243-3800
TTY: 243-2672
- D. Alexander Graham Bell
Association for the Deaf
3417 Volta Place, N.W.
Washington, D. C. 20007
(202) 337-5220
- E. Gallaudet College
7th Street and Florida Avenue, N.E.
Washington, D. C. 20002
(202) 447-0505

II. Blind and Visually Impaired

- A. Maryland School for the Blind
3501 Taylor Avenue
Baltimore, Maryland 21236
444-5000
- B. Maryland State Library for the Blind and Visually Handicapped
1715 North Charles Street
Baltimore, Maryland 21201
659-2668

- C. Blind Industries & Services in Maryland
2901 Strickland Street
Baltimore, Maryland 21223
233-4567

III. Mentally Retarded

- A. Maryland Association for Retarded Citizens
5602 Baltimore National Pike
Suite 200
Baltimore, Maryland 21228
744-0255
(each county has a local chapter)
- B. Maryland State Mental Retardation Administration
201 W. Preston Street
Baltimore, Maryland 21201
383-3354

IV. Learning Disabilities

- A. Maryland Association for Children with Learning Disabilities
320 Maryland National Bank Building
Baltimore, Maryland 21202
(many affiliate chapters - write for further information)
- B. Association for Learning Disabled Adults
P.O. Box 9722
Friendship Station
Washington, D.C. 20016

V. Other Organizations Serving the Handicapped

- A. Maryland State Society for Autistic Children
12908 Ruxton Road
Silver Spring Maryland 20904
384-9347
- B. Baltimore County Coalition for Handicapped Children
County Court Building
400 Washington Avenue
Towson, Maryland 21204
494-3318
- C. Baltimore County Parents & Friends of the Retarded
758 Fairmount Avenue
Suite 2
Towson, Maryland 21204
- D. Cystic Fibrosis Foundation
8641 Loch Raven Blvd., 2-D
Baltimore, Maryland 21204

- E. Spina Bifida Association
30 Theo Lane
Attn: Ms. Linda Dillon
Towson, Maryland 21204
- F. Maryland Society for Crippled Children and Adults
3700 Fourth Street
Baltimore, Maryland 21205
- G. Parents for Preschool Education for the Handicapped
c/o Ms. Susan Fisher
6507 Marlboro Pike
District Heights, Maryland 20028
- H. Prince George's County Coalition for Support of
Handicapped Children
4009 College Heights Drive
University Parkway, Maryland 20782
- I. Parent Action Council/
Children with Special Learning Disabilities
3405 Chatham Road
Adelphi, Maryland 20783
Attn: Betty Bowers
- J. Association for Children with Social-Emotional
Problems or Troubles (ACSEPT)
Attn: Gail Pincus
1721 Overwood Drive
Olney, Maryland 20832
- K. Maryland Association for Placement of Handicapped Children
208 S. Hammonds Ferry Road
Linthicum, Maryland 21090

NATIONAL ORGANIZATIONS FOR THE HANDICAPPED

I. Organizations Dealing with Several Handicapping Conditions

1. American Alliance for Health, Physical Education, and Recreation
1201 16th Street, N.W.
Washington, D. C. 20036

Serves all handicaps. Emphasis on health, physical education, and recreation. Maintains publications and a resource center.

2. American Coalition of Citizens with Disabilities
1200 15th Street, N.W.
Washington, D.C. 20005

3. Closer Look
National Information Center for the Handicapped
P.O. Box 1482
Washington, D. C. 20013

Offers practical advice on how to find special services for handicapped youth. Provides parents with information packages on specific problems.

4. Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Provides information on handicaps. Acts as an advocate for handicapped children.

5. National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60623

Offers information and services for persons with various handicaps.

6. American Heart Association
44 East 23rd Street
New York, New York 10010

7. American Physical Therapy Association
1156 15th Street, N.W., Suite 500
Washington, D.C. 20005

Primarily serves persons with neuromuscular, orthopedic, visual, and other physical disabilities. Involved in providing of physical therapy services within schools.

8. B'Nai B'Rith Career and Counseling Services
1640 Rhode Island Avenue, N.W.
Washington, D.C. 20036

Publishes and sells materials on career guidance and counseling.

9. Mainstream, Inc.
1200 15th Street, N.W.
Washington, D.C. 20005

Assists in the mainstreaming of disabled persons in education, employment and other areas.

10. National Amputation Foundation, Inc.
12-45 150th Street
Whitestone, New York 11357

Provides various information and services to amputees.

11. American Occupational Therapy
Association
1383 Piccard Drive
Rockville, Maryland 20850

12. President's Committee on Employment of the Handicapped
Washington, D.C. 20201

Provides information on employment of handicapped persons.

II. Organizations Dealing with Physically Handicapped Individuals

1. Spain Rehabilitation Center
University of Alabama in Birmingham
1717 6th Avenue South
Birmingham, Alabama 35223

Provides care and treatment of spinal cord injuries.

2. National Association of the Physically Handicapped
6423 Grandview Avenue
Detroit, Michigan 48228

Provides services and information for the physically handicapped.

3. Muscular Dystrophy Association, Inc.
810 7th Avenue, 27th Floor
New York, New York 10019

4. United Cerebral Palsy Association
66 East 34th Street
New York, New York 10016

III. Organizations Dealing with Speech and Hearing Problems

1. National Association of Hearing and Speech Agencies
814 Thayer Avenue
Silver Spring, Maryland 20910

Publishes information and journals on speech and hearing handicaps.

2. Alexander Graham Bell Association for the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

Provides information and referrals for deaf persons.

3. Junior National Association of the Deaf
Gallaudet College
7th and Florida Avenue, N.E.
Washington, D.C. 20002

For youth ages 14-21 years. Provides information, services, etc.

4. American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D.C. 20014

5. American Instructors for the Deaf
5034 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Provides information to parents concerning hearing handicaps.

IV. Organizations Dealing with the Visually Impaired

1. American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

Provides a wide variety of services for the blind.

2. American Printing House for the Blind
1839 Frankfort Avenue
P.O. Box 6085
Louisville, Kentucky 40206

3. American Council for the Blind
1211 Connecticut Avenue, N.W., #506
Washington, D.C. 20036

Provides information and referrals for the blind.

4. National Association of Parents of the Deaf/Blind
525 Opus Avenue
Capital Heights, Maryland 20027

5. National Federation of the Blind
524 4th Street
Des Moines, Indiana 50309

Main goal is to integrate blind persons into society.

6. National Association for Visually Handicapped
305 East 24th Street, 17-C
New York, New York 10010

Provides information and services for partially sighted children and adults.

7. National Society for the Prevention of Blindness, Inc.
79 Madison Avenue
New York, New York 10016

Provides information on blindness plus vocational opportunities.

8. Recording for the Blind
215 East 58th Street
New York, New York 10022

Loans recorded books to visually impaired children and adults and to learning disabled persons.

9. Hellen Keller National Center for Deaf/Blind Youths and Adults
111 Middle Neck Road
Sands Point, New York 11050

Provides information and direct services to persons with substantial hearing and vision loss.

V. Organizations Dealing with Autism

1. Mrs. Ruth C. Sullivan, Director
Information and Referral Services, N.S.A.C.
101 Richmond Street
Huntington, West Virginia 25702

Provides information and referrals.

VI. Organizations Dealing with the Mentally Handicapped

1. National Association for Retarded Citizens
2709 Avenue East
P.O. Box 6109
Arlington, Texas 76010
2. American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015
3. President's Committee on Mental Retardation
Department of Health, Education and Welfare
ROB #3, Room 2614
Seventh and D Streets, S.W.
Washington, D.C. 20201

Provides printed information concerning the mentally retarded.

VII. Organizations Dealing with Learning Disabilities

1. Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, Pennsylvania 15236
2. Orton Society
8415 Bellona Lane
Towson, Maryland 21204

Devoted to the study, treatment and preventions of the problems of dyslexia.

VIII. Other Organizations Dealing with Handicapped Individuals

1. National Kidney Foundation
116 East 27th Street
New York, New York 10016
2. National Multiple Sclerosis Society
257 Park Avenue, South
New York, New York 10010
3. Epilepsy Foundation of America
1828 "I" Street, N.W.
Washington, D.C. 20036

4. United Epilepsy Association
111 West 57th Street
New York, New York 10019
5. National Epilepsy League
203 North Walsh Avenue
Chicago, Illinois 60601
6. American Association of Epilepsy
1729 F Street, N.W.
Washington, D.C. 20006
7. Leukemia Society, Inc.
211 East 43rd Street
New York, New York 10017
8. American Diabetic Association
811 Street, Margaret's Road
Chillicothe, Ohio 45601
9. National Hemophilia Foundation
19 W. 34th Street
New York, New York 10001
10. Spina Bifida Association
343 S. Dearborn Street
Room 317
Chicago, Ill. 60604
11. National Tay-Sachs and Allied Diseases Association
122 E. 42nd Street
New York, New York 10168
12. The Mucopolysaccharidoses Society
552 Central Avenue
Bethpage, New York 11714

IX. Organizations Dealing with Travel, Sports and Recreation

1. American Alliance for Health, Physical Education, and Recreation
Physical Education and Recreation for Handicapped
Information and Research Utilization Center
1201 16th Street, N.W.
Washington, D.C. 20036
2. American Camping Association
Bradford Woods
Martinsville, Indiana 46151
3. Boy Scouts of America
Scouting for the Handicapped Division
U.S. Route 1 & 130
North Brunswick, New Jersey 08902

4. National Wheelchair Athletic Association
40-42 62nd Street
Woodside, New York 11377
5. Special Olympics
1701 K Street, N.W.
Suite 203
Washington, D.C. 20006
6. Travel Information Center
Moss Rehabilitation Hospital
12th Street and Tabor Road
Philadelphia, Pennsylvania 19141

The Maryland State Department of Education, Division of Special Education, maintains information on a variety of handicapping conditions and syndromes. If you do not find the information you are seeking on these pages, please call the Information Specialist at (301) 659-2478.

ADVOCACY GROUPS
PROVIDING FREE LEGAL SERVICES

MAUDD
(Maryland Advocacy Unit for the
Developmentally Disabled)
2616 Maryland Avenue
Baltimore, Maryland 21218
383-3400

Children's Defense Fund
1520 New Hampshire Avenue NW
Washington, D.C. 20036

Legal Aid Bureau
341 N. Calvert Street
Baltimore, Maryland 21202
539-5340

General Practice Clinic
University of Maryland Law School
500 West Baltimore Street
Baltimore, Maryland 21201
528-3295

American Civil Liberties Union
744 Delaney Valley Court
Baltimore, Maryland 21204
337-9233

National Center for Law and the Deaf
Gallaudet College
7th and Florida Avenue, NE
Washington, D.C. 20002
651-5457

APPENDIX II

5

- A. Definitions of Handicapped Children
- B. The Maryland Continuum - Levels of Service
- C. Auxiliary Materials

Definition of Handicapped Children
in P.L. 94-142 and
Maryland COMAR 13A.05.01

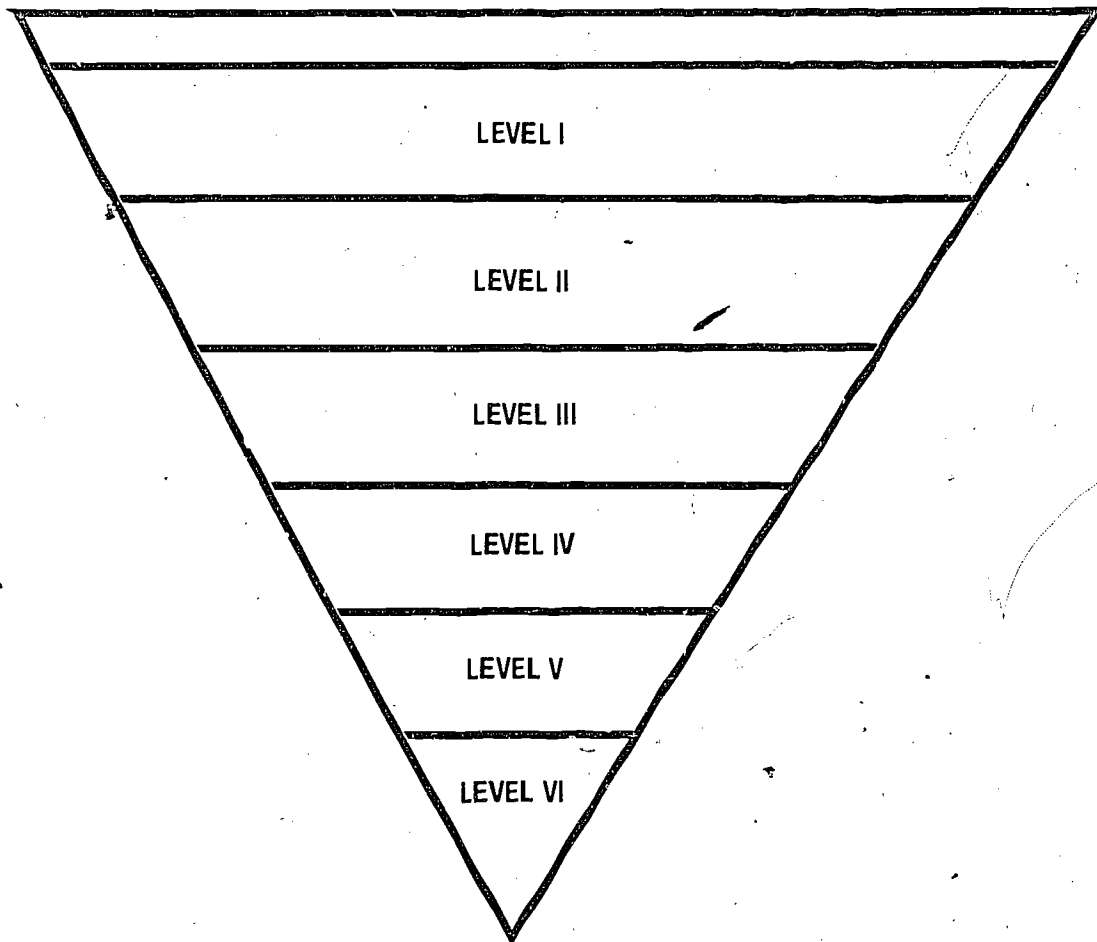
34 CFR 300.5 Handicapped Children

- (a) As used in this part, the term "handicapped children" means those children evaluated in accordance with Subsection 300.530 to .534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services.
- (b) The terms used in this definition are defined as follows:
- (1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.
 - (2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.
 - (3) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.
 - (4) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period which adversely affects a child's educational performance.
 - (5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

- (6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly ((e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).
- (7) "Other health impaired" means limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes which adversely affects a child's educational performance.
- (8) "Seriously emotionally disturbed" is defined as follows:
- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
 - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - (C) Inappropriate types of behavior or feelings under normal circumstances;
 - (D) A general pervasive mood of unhappiness or depression; or
 - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
 - (ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

- (9) "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, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental apaia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps of mental retardation, or of environmental, cultural, or economic disadvantage.
- (10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance.
- (11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

MARYLAND CONTINUUM*



*The following descriptions are taken directly from COMAR 13A.05.01 (Special Education Bylaw).

Level I may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served in the general education program receiving supplementary services. Level I is designed to assist the non-special education teacher in the development and implementation of a special education IEP through the provision of supplementary services which are not provided in the general program. Services provided include direct or indirect instructional consultation services to the teacher and/or the provision of special materials and equipment. The minimum staffing ratio for Level I service shall be one full time equivalent professional for each 150 non-special education teachers employed by the local education agency.

Level II may be considered appropriate for the student who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving service through the special education program not to exceed an average of one hour per school day. Level II is designed to provide a program of special educational intervention directly to the student. This level is designed to meet the special educational needs of the handicapped child who requires a degree of educational intervention not available in the general education classroom. Services are provided by a professional on an intermittent or continuous basis (for example, vision, speech, and language). The instruction may be given on an individual basis or in small groups. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum caseload for Level II service shall be an average of 60 handicapped students with special educational needs per each full-time equivalent professional.

Level III may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving special educational services not to exceed an average of three hours per school day. Level III is designed to provide periods of more intensive special educational services (for example, academic, vision, speech, and language) on a regular basis. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum caseload for Level III services shall be an average of 20 different handicapped students with special educational needs per full-time certified special educational teacher or an average of 30 different handicapped students, if a full-time aide is also provided.

Level IV may be considered appropriate for the student who has been identified through the educational assessment as having handicaps in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving special educational services up to six hours per school day. Level IV is designed to provide a special class within a general education facility in which a student receives most or all of his basic educational program. Services include special education provided by a special education teacher and related services as described in the IEP. The student shall participate in the general program as appropriate and shall have access to other supplementary services consistent with those provided to students in the general education program. The maximum class size for Level IV service at the elementary level shall be an average of 10 handicapped students with special educational needs per full-time teacher or an average of 13 students if a full-time aide is also provided. The maximum class size for Level IV service at the secondary level shall be an average of 12 students with

special educational needs per full-time certified special education teacher or an average of 15 students, if a full-time aide is provided.

Level V may be considered appropriate for the student who has been identified through the educational assessment as having a handicapping condition in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who requires a comprehensive special education setting for his/her entire school day in a special wing or day school. Services are provided in a comprehensive special education setting which includes special equipment and related services. The maximum class size for Level V service for handicapped children shall be an average of six handicapped students with special educational needs per full-time certified special education teacher or an average of nine students if a full-time aide is provided. The maximum class size for Level V service for children with significant physical impairments shall be an average of seven handicapped students per full-time certified special education teacher and a full-time aide.

Level VI may be considered appropriate for the student who has been identified through the educational assessment as having a handicap in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who requires 24-hour special education programming and personal care. Level VI is designed to provide instruction or treatment, or both, on a short or long-term basis in a residential setting, which includes a comprehensive special education program, special equipment, related services and 24-hour personal care. The maximum class size for Level VI service shall be an average of four handicapped students with special educational needs per full-time certified or licensed professional or an average of seven students per class when an aide is present.

Auxiliary Materials

This is a list of materials which may be of assistance. Any of these materials are available free upon request. They can be obtained by calling the information management specialist (659-2469) at the Maryland State Department of Education's Division of Special Education.

1. Legal Rights: A Handbook for Parents. A concise summary of relevant laws and resources. (Published by MSDE)
2. Looking Forward: A Guide for Parents of Children with Disabilities. A useful and comprehensive guide which describes programs and resources including many beyond special education. (Published by the Maryland State Council on Developmental Disabilities)
3. The Handicapped Child in Maryland Public Education. A brochure describing the basic facts on the laws and special education programs. (Published by MSDE)
4. A Comparison of Requirements of COMAR 13A.05.01, (Maryland Special Education Bylaw) and P.L. 94-142 Regulations. A handout delineating the regulations of the two laws. (Published by MSDE)