

# Evaluation Report for the Related Service Providers

Department of Student Support Services

Marblehead Public Schools

Marblehead, Massachusetts

Conducted: February/March 2021

Submitted by:  
Seaside Educational Consultants  
Seabrook, New Hampshire

## ***Table of Contents***

### **I. Introduction**

- A. Purpose**
- B. Evaluators**

### **II. Methodology**

### **III. Commendations**

### **IV. Factors Affecting Programming**

### **V. Findings**

### **VI. Recommendations**

### **VII. Summary**

## **I. Introduction**

The Director of Student Services requested that Seaside Educational Consultants (SEC) conduct an evaluation of the related services of Speech and Language Therapy, Occupational Therapy, and Physical Therapy. This evaluation will also review the role and responsibilities of the Team Chairs and the Psychologists. The administration is requesting the evaluation of these services to assess the current delivery of services offered by these providers and to determine if changes to the current model should be made to improve outcomes for students as well as provide equitable caseloads (i.e., workloads).

The evaluators want to acknowledge that this program evaluation took place during the COVID-19 pandemic. The evaluators have based this report on past practices before COVID-19. The majority of recommendations are based on going forward after schools return to in-school learning.

### **A. Purpose**

The purpose of an Independent Evaluation is to provide a school district with an objective report that identifies areas of strength, needs, and recommendations. An independent evaluation allows for a specific area to be examined from the perspective that looks at what is working well, but also speaks to areas that need to be strengthened. This evaluation is focused on the Pre-K-12 related services. The review process is designed through a multi-step approach to assist the school district's leadership team and the school-based special education personnel in having a guided and focused discussion that will enable effective short- and long-range planning to occur, while recognizing and addressing issues such as:

- What is the relationship between the service time on the IEP and the actual day of the related service providers?
- What constitutes a caseload?
- Are caseloads equitable in terms of actual workload?
- How much time is pull-out therapy and how much is push-in therapy?
- How do providers determine if services are in grid B versus grid C?
- Is there a rationale for the time that is allotted for direct service, administrative tasks, consultation, planning time, and assessments?
- Who provides supervision and evaluates these providers?
- Are the roles and responsibilities of providers the same across elementary schools, middle, and high school?
- Are roles and responsibilities documented?

This review process brings forth information that will enable the district's administration and program-based special education personnel to develop an action plan(s) that will lead to more effective approaches for providing related services for Pre-K-12 in the Marblehead Public Schools.

It is important to recognize that for the information contained in this report to be beneficial to the school district and the Department of Student Services, the stakeholders must come together to discuss the Findings and the Recommendations. Through a deliberative process, the administration and the program base special education personnel can develop a short- and long-range action plan(s) that will address the agreed-upon issues.

## **B. Evaluators**

**Sally Smith, M.Ed.**, is a Special Education and Early Childhood Consultant for Seaside Educational Consultants, LABBB Collaborative, and the Northshore Education Consortium. Prior to her present professional position, Ms. Smith has 39 years of educational experience that includes Early Childhood Coordinator and Northeast Regional Associate Manager of Walker Partnerships, Director of Professional Development for the Education Collaborative of Greater Boston, four years as Director of Student Services for the Belmont Public Schools following 12 years of involvement with the Early Childhood Program for the Belmont Public Schools as a preschool special education teacher, an inclusion specialist, and Early Childhood Coordinator. Ms. Smith has also been an elementary and middle school consulting teacher for the Lynnfield Public Schools and a special education teacher at the SEEM Collaborative. Ms. Smith has conducted numerous professional development trainings and directed over 40 program evaluations of special education programs and services at all grade levels for public school districts. Additionally, Ms. Smith has instructed and supervised graduate students from numerous Boston-area colleges and universities as well as mentored/coached teachers and coordinators. Ms. Smith also has extensive experience with developing effective programming for students on the Autism Spectrum.

**Patric Barbieri, M.Ed.**, has been in the field of special education for 31 years working in myriad roles including Special Needs Teacher, Educational Coordinator, and Program Director. He is currently the Executive Director of LABBB Collaborative and has been in this position for the past 14 years. His strength is in developing specialized programs for students with special needs from preschool through high school. He has also developed a college program in conjunction with Middlesex Community College for students with disabilities for students who attend LABBB. In addition, he has co-developed a vocational training program over the past 30 years for students to develop real work skills working in local businesses. Approximately 75 students from LABBB are working in companies throughout Middlesex County every day.

**James B. Earley, Ed.D.**, is a Special Education Consultant for Seaside Educational Consultants, the LABBB Collaborative, the SEEM Collaborative, and Northshore

Education Consortium. Dr. Earley has 51 years of public education experience as a teacher, teaching assistant principal, Massachusetts Department of Education Supervisor and Acting Regional Special Education Director, 30 years as Administrator of Special Education for the Watertown Public Schools and Superintendent of Schools for the Watertown Public Schools. Dr. Earley became Managing Director of Walker Partnerships for 12 years upon his retirement from public education. He was a member of the Executive Board of the Massachusetts Administrators of Special Education for 24 years. Dr. Earley has been a Senior Lecturer at Lesley University and Wheelock College, an Adjunct Professor at the University of Massachusetts/Boston, and a Student Teacher Supervisor for Salem State University. Dr. Earley has consulted for numerous educational organizations, participated in a variety of special education task forces and committees, and conducted over 125 independent program evaluations and numerous professional development trainings for school districts within Massachusetts and several other states. He has been recognized for his contributions to special education and received several awards, culminating with being named the recipient of the National Outstanding Special Education Administrator of 2003 by The Council of Administrators of Special Education.

## **II. Methodology**

This program evaluation was conducted based using the following approach:

### **1. Document Review**

The review of written documentation pertaining to this evaluation included:

- Data about caseloads
- A breakdown of the time and tasks of therapists and Team Chairs
- A sampling of IEPs and accompanying progress reports
- Schedules

### **2. Observations**

Due to COVID, the evaluation did not include observations of push-in or pull-out services provided by Speech and Language Therapists, Occupational Therapists, Psychologists, or Physical Therapists.

### **3. Interviews**

All of the interviews were conducted via Zoom and were generally 45 minutes in length. The interviews included staff from the Glover Elementary, Village, Middle School, and High School.

***Interviewed Staff included:***

- 4 Psychologists (individually)
- 7 Team Chairs (Group)
- 1 Team Chair (individually)
- 2 Occupational Therapists (Individually)
- 1 Occupational Therapist and 1 COTA (Group)
- 3 Physical Therapists (Individually)
- 2 COTAs (Individually)
- 1 PT Assistant
- 9 Speech and Language Pathologists (Individually)

***Questions for Marblehead Support-Related Services Staff***

1. Length of service
  - o Current position?
  - o What schools/buildings have you worked in?
2. Who is your supervisor?
  - o How often do you meet?
3. Do you have a common planning time? Do you meet with General Education Staff or other SLPs?
4. What are your roles and responsibilities?
5. What is working well?
  - o What are the strengths of your services?
6. What trends are you experiencing in the program and student population?
7. What is caseload and how is it determined?
  - o Has it changed from last year?
  - o How do you determine when to terminate cases?
  - o What does your caseload look like from September to June?
8. What does inclusion look like to you?
9. How much of your services are provided in an integrated model vs. pull-out?
  - o How is this determined?
10. For you to do more inclusion, what would you need?
  - o What practices need to be put into place?
11. What are your main concerns?

12. What would be your top three recommendations if you were writing a report?
13. What are your thoughts regarding an organizational structure for related services?
14. What are your thoughts and needs regarding professional development?
15. What are your thoughts regarding working with other specialists (COTA, PT, and/or Speech Assistants)?

These questions varied, somewhat, depending on the specific role of the interviewed individual or groups. The discussion expanded beyond these specific questions based on the individual's experience within their respective role, their experience in the field of education, the length of time that they have been in their current position, and any other factors that emerged from the interview process.

#### **4. Exit Interview**

The three Seaside Consultants conducted an hour-long exit interview via Zoom with the Director of Support Services and Emily Dean on March 11, 2021, to discuss the general outcomes of this evaluation before the consultants had fully analyzed the data.

#### **5. Report Development**

A comprehensive report was developed to include recommendations based on the analysis of all collected data and the evaluator's experience with evaluating Special Education Programs and Massachusetts DESE data and protocols. Possible suggestions on how the district might choose to implement accepted recommendations are included in this report.

### **III. Commendations**

This section of the report is for the purpose of recognizing the efforts put forth by the district and the administration in their efforts to meet the needs of the students. Special Education is a complex mandate for public schools to meet. There are competing interests that continue to place significant pressure and financial burden on the school district. Marblehead Public Schools has recognized its responsibility to meet the needs of young children with special needs through the Integrated program.

#### *Specific Commendations:*

1. The Director of Student Support Services for commissioning this independent program evaluation to determine what is working well in terms of the delivery of related services and what additions and enhancements may be necessary to

improve service delivery and meet the needs of an increasingly complex population of young children.

2. Within each discipline team there is a clear passion, dedication, and commitment to their specialty and the students they serve in Marblehead. The competency of all the support-related staff we interviewed was impressive, consistent, and evident.

3. Staff is to be commended for their openness, forthright comments, and responses to the questions.

4. Numerous reviewed IEPs illustrated a thorough narrative description of student status, strengths, and needs. Several of the IEPs formatted the PL 1 page with Titles; Setting; Presentation and Timing; and Response with respect to delivery of instruction.

5. All listed Objectives/Benchmarks were numbered. The use of numbers for attempts, 4 out of 5, was consistently indicated on the reviewed IEPs.

6. Several of the IEPs under the accommodation section for each goal listed the accommodations under the titles of Academics, Assistive Technology, Sensory, and Math.

7. The various specialists do structure common planning time and conference time for themselves in their various areas of specialty.

8. Special Education program teachers are carrying over the skills introduced by the related service providers.

9. The Special Education administration is responsive to specialist requests regarding material and supplies, especially for new initiatives.

10. The mental health team at the high school is an effective tool for identifying students in need of assistance. The team members work effectively as a unit.

11. The Student Services Liaison meets regularly with the Speech and Language Pathologists. This time is critical and should be built into their schedules and could continue on Zoom if more feasible in terms of time.

12. The Occupational Therapists and Physical Therapists meet regularly with the Director of Student Support. They value this time, and it should be built into their schedules. On weeks they are not meeting they can use this time for observation of IEP students or pre-referral observations.



13. The district has 2 COTAs and 2 PTAs. This is a cost-efficient model as well as an excellent model for providing services. Student's services are not cancelled when the PT is attending Team Meetings.

14. The OT and PT meet frequently with their assistants to review data, progress, and methodology.

15. The Physical Therapist often provides therapy in the IEP's student's gym class at both the elementary and middle school. This practice should be increased as it provides the ability for the PT or APT to adapt the lesson as well as observe non-IEP students who might be struggling with a particular skill. This option should be explored at the high school level.

16. The Psychologists meet every Friday, and this should be built into their schedules. Agenda items should be sent prior to the meeting.

17. The therapeutic program (TLC) is excellent at the high school under the leadership of the high school clinical psychologist. The model should be explored at the elementary and middle school, and the three programs should be aligned.

18. The district has a comprehensive mental health website for staff and parents, but interviews indicated that it is underused by both parents and staff.

19. The SLPs find the time with Janice Butler, an outside AAC consultant, extremely valuable, and this time should be continued. Regular education teachers would benefit from a PD to understand AAC devices and their role in inclusion.

#### **IV. Factors Affecting Services**

There are a number of factors that a district must consider when looking at the delivery of related services and the caseload of providers. These factors include:

1. The number of students needing a particular service and total number of IEP students.
2. The individual needs of the student requiring the service (severity of the disability and the impact on accessing the curriculum).
3. The location of the services in terms of level (preschool, elementary, middle, and high school).
4. The type of placement recommended for the student from full inclusion to substantially separate.
5. The difference between educationally necessary services provided by the district and medically necessary services that are provided by the student's healthcare team.
6. Marblehead serves a challenging population. They provide services for students ages 3-21. The students attend programs based upon their individual needs.
7. The needs of the population attending the Marblehead schools, although varied, are quite extensive and require very skilled individuals to work with them. A large number of these young people have communication needs. The district has employed knowledgeable and experienced related service providers. Communication between and among all disciplines is necessary and important in order to address the unique needs of the student body. Coordination and cooperation among all the staff are imperative.
8. Coming to grips with what special education services should be offered under the current legal standard- FAPE (Free and Appropriate Education) versus maximizing a student's potential (previous standard under Chapter 766) is very much a challenge when educating all special needs students. It is apparent that all the therapists play an important role in this process. They work with not only students on IEPs, but also with students who have a 504 plan. They also serve as a support to regular classroom teachers and in many instances are involved in the pre-referral process.
9. 20.8% of Marblehead students are on IEPs (Table I). This is higher than the statewide average of 18.7% for the fiscal year 2021.

**Table I. FY20 Percentage of Students on IEP**

<b>Marblehead</b>	<b>20.8%</b>	
<b>Statewide</b>	<b>18.7%</b>	

Source: Mass. FY 21 Department of Elementary & Secondary Education (DESE)

It is not unusual for a classroom teacher to informally ask the therapist in their building to “look at a child” who the teacher feels has a related service issue or need. It was reported that some therapists work out a short-term service delivery plan if a child appears to need a related service need.

One will also note that the percentage of students (Table II) whose disability has been classified under the category “communication” is slightly higher than the statewide average (20.2% vs. 18.0%). One must note that Speech and Language Therapists also provide services to students within the other disability categories. It is also worthwhile to point out Marblehead identifies students under the neurological category almost four times as often as the statewide average. Previous special education programs and service evaluations have found that when this data is fully reviewed, there usually is an explanation for this kind of high percentage. In some cases, it is an inaccurate interpretation of the disability definitions. Other times there is a real high incident of a specific disability for a district, and in other cases, it can be a combination of both. Much more in-depth analysis will need to take place to determine the specific reason(s) for these significant differences.

Source: Mass. Department of Elementary & Secondary Education (DESE)

**Table II. Number and Percentage of Students by Disability**

<b>Disability Category</b>	<b>Marblehead Census</b>	<b>Marblehead %</b>	<b>State %</b>
Intellectual	8	1.3%	4.2%
Hard of Hearing	1	0.2%	0.7%
Communication	71	11.5%	13.6%
Hearing/Vision	1	0.2%	0.4%
Emotional	67	11.0%	9.9%
Physical	4	0.6%	0.5%
Health	136	22.0%	14.4%
SLD	97	15.7%	23.7%
Deaf/Blind	0	0.0%	0.1%
Multiple	4	0.6%	1.2%
Autism	77	12.5%	14.3%
Neurological	102	17.0%	5.5%
Developmentally Delayed	49	7.9%	11.6%

Source: DESE FY21 October Census Report

## **V. Findings**

Through the evaluation process, it was apparent that the interviewed staff are aware of the needs of the district as it relates to their roles and responsibilities. The following findings are provided to assist the district and the Department of Student Services with the work that needs to be completed.

### ***Specific Findings:***

1. There is not a clear delineation of supervisory roles and responsibilities. The “evaluators” and the person responsible for writing the evaluation are disconnected. There seems to be a consistent perception that there are multiple supervisors, but there is one person that does the actual evaluation.
2. The evaluation tool (TeachPoint) or recording and sharing pertinent evaluation data needs to have training for both the evaluators and evaluatees for improved communication.
3. There needs to be a clearly defined statement on what “Inclusion” means in the district. There seems to be confusion and inconsistencies on what is meaningful inclusion for students.
4. There is very little collaboration across disciplines for both push-in, co-teaching, and integrative therapies. Each specialist is only responsible for their own goals and objectives and service.
5. There is a significant amount of pull-out therapy. Inclusion or push-in is not occurring among the specialists with any degree of consistency except for the substantially separate programs.
6. General educators are not trained in de-escalation interventions.
7. The PL1 page of the IEP lacks a consistent format of structure that is universal across the district. Narratives are lengthy and accommodation lists are excessive.
8. Professional development offerings for the various specialists are not germane to their specific needs and populations that they serve.
9. General education teachers require special education professional development that focuses on “how to instruct” with students on the spectrum, students with executive functioning needs, students with challenging behaviors, and students with social/emotional/behavioral health needs.

10. The pre-referral process and RTI Tier 1 and 2 are inconsistently practiced across the district.
11. The District Curriculum Accommodation Plan (DCAP) needs to be updated based on evidence-based practice.
12. There is no uniformed Response to Intervention (RTI) approach across the district. Special Education appears to be the “only game in town” for students to receive instructional support.
13. There is not in place written entrance/exit guidelines for the various specialty areas. These guidelines would assist with the eligibility determination process and when a student is ready for a decrease in service(s). Guidelines would assist with the concern raised about equity of caseloads.
14. There is a lack of uniformity in specialist schedules. It appears that each specialist has his or her own format for reporting their daily and weekly schedules.
15. Review of caseloads and service grid of the IEPs indicates that thirty (30) minutes is the standard amount of service time for students when pulled out of their general education class. There is no discernible difference regardless of the stated need of the student.
16. Role and responsibilities of the Team Chairs need clarification across the district. There appear to be differing interpretations by building administrators and the Team Chairs on what they are specifically responsible for.
17. The district will need to study the role of the School Psychologist given their testing responsibilities and the increasing demand for more student support for typical students and students on IEPs.
18. There appears to be a disproportion of pull-out activity for students receiving speech/language services.
19. Service providers are not required to update their caseload (schedule) on a monthly basis.
20. There is not a stated description of how inclusion is to take place across the district with respect to the related service providers.
21. There lacks clarity among the related service providers with respect to their role and responsibilities in ensuring that inclusion of their caseload is occurring. Their primary approach to the delivery of service is through the pull-out approach.

**Table III. FY20 Related Service Providers Caseload Compared to Like Districts**

Districts	Total Enrollment	SPED %	SPED Related Staff	SWD Related Staff	State Average
Ashland	2,849	20.7%	11.3	42.1	29:1
Bedford	2,668	17.4%	8.2	53:1	29:1
<b>Marblehead</b>	<b>2,963</b>	<b>19.4%</b>	<b>20.8</b>	<b>26:1</b>	<b>29:1</b>
Newburyport	2,262	17.9%	14.3	27:1	29:1
Wayland	2,707	18.3%	11.1	42:1	29:1

Source: Department of Elementary & Secondary Education (DESE) FY 20 District Analysis Review Tools for FY 20

**Table III** illustrates the total number of Physical Therapists, Occupational Therapists, COTAs, and Speech/Language Therapists for the district and the ratio of the staff to the number of students on their caseload. This is an aggregate for these positions. In comparison to like districts, Marblehead has the highest number of related staff and has the lowest number of student to staff ratio of the four like districts. The district is slightly below the statewide average for the student-to-staff ratio.

22. Related service providers’ schedules are developed in September. The district should attempt to develop these schedules prior to the closing of the school year.

23. The standard used to determine how much time-related service providers (O/T, COTA, SLP, PT, PSY) devote to direct service, consultation, etc. is not clear and varies by therapists and buildings. A review of the therapists’ schedules revealed that some therapists consciously schedule a time to perform these tasks beyond direct service.

24. Team Chairs do not attend Administrative Leadership Meetings.

25. The Psychologists report that parents are not using private therapists to see their students outside of the school day but rely on the school system to provide this service. The addition of social workers could help with bridging in school and outside. The district may want to have an evening with parents. Both IEP students and non-IEP students would benefit.

## **VI. Recommendations**

The following recommendations are a direct outcome of the evaluation process that was recently completed of the Related Service Providers of the Marblehead Public Schools. These included Psychologists, Speech and Language Pathologists, Occupational Therapists, Physical Therapists, and Team Chairs. The findings listed in the previous section are the foundation for the following recommendations. Each recommendation is followed by an explanation that is intended to further expand on the rationale for the recommendation. These recommendations are intended to provide insight and direction for the administration in making decisions regarding the direction that they determine to go in with respect to the existing delivery of these services. These recommendations should be viewed as a point of departure for involved personnel to engage in discussions that will lead to the development of service delivery plans that meet the needs of the students while providing best practices and equitability among the providers.

The Administrative Team will need to come together and develop an action plan that consists of short- and long-term steps. Budget implications, as well as structural and organizational issues, need to be considered so that appropriate changes can be instituted. Through an inclusive process of discussion, a plan will emerge that is comprehensive, meaningful, and purposeful.

### **1. The district needs to determine the role and responsibilities of the School Psychologist positions across developmental levels.**

#### **Explanation:**

- Currently, the district has seven School Psychologist positions. These positions are required to fulfill three main responsibilities: assessment of students, consultation with students, and consultation with school-based staff, primarily general and special education teachers. Along with these three major responsibilities other responsibilities include team meetings, consultation with parents, participation on the pre-referral team, interfacing with mental health teams, and outside community-based providers. Their ability to fulfill these additional responsibilities is overshadowed by their main responsibility of conducting assessments as part of the Special Education Evaluation Team. For many of the district's psychologists, this consumes a considerable amount of their weekly schedule.
- The effectiveness of the School Psychologist becomes a concern given their numerous and time-consuming responsibilities. These dedicated professionals are being asked to fulfill numerous responsibilities and,



therefore, raises the issues of how well they can perform and meet expectations of their role.

- A major issue that was expressed by all interviewed staff was the continued raising of the need for more mental health intervention for students with social/emotional/behavioral health needs. This group of students at all levels, both typical and students with special needs, has and is placing a greater demand for support by the School Psychologists. This increasing demand is spreading across the district and has placed a burden upon the School Psychologists by which they are struggling to meet all their responsibilities and school-based staff's expectations.
- The district should seriously consider converting several of these positions into School Adjustment Counselors (Licensed Social Workers) positions. This action would provide the district with the needed support for student consultation; parent support; school-based pre-referral teams; mental health teams; and school-based staff consultation with respect to students exhibiting social/emotional/behavioral health needs.
- The district will need to formulate what constitutes the appropriate number of School Psychologists for the district based on a newly defined role and responsibilities. The district will also need to strategize as to what is a reasonable number of school adjustment counselors for the districts based on a matrix that is determined by the current needs at each building for such support.
- This transition to establish district-wide support by school adjustment counselors may take several years to accomplish should the district move in the recommended direction.

## **2. Related Service Providers need to provide monthly updates to their weekly schedules.**

### **Explanation:**

- It is necessary to request all related service providers to update their weekly schedule, at a minimum, on a monthly basis. This will assist the Director of Student Services in planning caseloads of the staff and assisting in making changes in their responsibilities to offset any substantial increase in their caseloads.
- It will assist in strategizing over trends that may be occurring at a specific school or grade level requiring the deployment of additional support, whether it is with existing staff or through contracted services.

- It is essential for the district to be able to respond to shifts in workload/caseloads in a timely manner so that the district is able to maintain its compliance with IEPs throughout the school year as caseloads increase due to new referrals.

**3. The district needs to document a clearly defined evaluation and supervision process regarding the Related Service Providers and Team Chairpersons.**

**Explanation:**

- Throughout the evaluation process, it became evident that the staff who participated in this evaluation expressed concern over the supervision and evaluation process that is in place for these positions. Interviewees expressed deep appreciation for the administrators at the building level and the Department, but many were concerned with the inconsistencies of supervision and performance evaluation.
- Who is the supervisor and who is responsible for the performance evaluation? What role do the Team Chairpersons play in the daily supervision of related service providers and do they have a responsibility to the performance evaluation process? These questions are essential to have in place a consistent process across all schools so that standard practice can be adhered to by all administrators who have a responsibility to the supervision and performance evaluation of these professionals.
- The district should create a flowchart that delineates the supervision and evaluation process including who are the primary and secondary evaluators.
- The district needs to determine a criterion for determining caseloads for related service providers which takes into account the workload for each student. This would include time for direct service and consult time with parents and staff.

**4. The district needs to develop a clearly defined statement of what inclusion practice is for the district.**

**Explanation:**

- The district needs to define its philosophy of inclusion that is practiced across the district. Emphasis should not be on placement.

- There needs to be a clearer understanding of what the expectations are for building principals and their role of accountability in ensuring that the district's agreed-upon statement of inclusion is consistently followed.
- The statement of inclusion needs to provide all school-based personnel with the parameters of what is expected by all staff in their role of fulfillment toward inclusion.

**5. Co-treatment by the Physical, Occupational and Speech/Language Therapists should be increased, especially for students where two disciplines share complementary or similar goals.**

**Explanation:**

- Create co-treatment plans that work toward the goal of both disciplines in a shorter amount of time, making them cost-effective.
- Implement similar strategies to encourage participation and appropriate behavior in other sessions with the student.
- Collaborate and discuss a child's goals, treatment, and progress throughout the therapy process.
- Consistently collect data and update goals/objectives as the child succeeds.
- Observe the generalization of skills to different environments, contexts, and communication partners.
- Problem-solve "in the moment" utilizing an extra set of hands to teach, demonstrate a skill, or utilize a strategy to address inappropriate behavior(s).

**6. The district should implement an integrative model approach for Support Related Service Providers moving toward more services provided in the classroom.**

**Explanation:**

- It is evident that more than 90% of services are provided by pulling students out of the classroom with a very small percent of these services provided in the classroom. Many districts similar to Marblehead have a 60-40% ratio of pull-out vs. integrative therapies. These ratios should be evaluated by developmental level with more pull-out occurring in elementary age students and the shift beginning to change to more

integrative therapies in middle school and a significant shift in high school.

- The district should adopt a change in philosophy regarding the number of services provided as pull-out (1:1) therapy vs. integrated services provided in the classroom and make a commitment to providing more integrated services.
- This shift will need to be communicated by the district as a long-term goal with a phase-in approach. Support related service providers will need some initial training to develop a system-wide change to how they provide therapies. The consultants can provide resources and visits to other districts that are currently providing more integrative services.
- The integrative approach allows students to be more independent and less reliant on a 1:1 service provider. The goal is for the students to be as independent as possible, and integrative therapies provide these opportunities.
- To effectively implement an integrative service model, therapists' schedules must be reviewed and developed before the end of the school year.

**7. The pre-referral processes (Teacher Assistant Team) need to be more uniformly practiced throughout the district and aligned with the Response to Intervention (RTI) process.**

**Explanation:**

- There are varying degrees of implementation of the pre-referral process throughout the district based on the feedback of the interviewed personnel. For the process to be more effective at each school, a more deliberate structure is required. Once the process is more uniform and consistently practiced with fidelity, referrals for special education may be reduced.
- If utilized properly, the pre-referral process is an effective tool. When a student has been referred to special education for an evaluation, after going through the pre-referral process, the referral is considered to be legitimate. There is currently a sense that the pre-referral process can be an obstacle to making a referral, suggesting that it is "just another step to go through." There are reported examples where parents will circumvent the process by writing a letter to the school administration to request an evaluation under special education. While this cannot be completely

prevented, further education for parents and a more effective usage of the pre-referral process can lead to fewer parental and staff referrals.

- There needs to be a data review of those students who were processed through the pre-referral team so that it can be determined which ones were found to be ineligible for special education. This type of analysis can provide the district with information that will indicate the kind of training that the pre-referral team members should undertake so that only legitimate referrals are processed.
- Members of the pre-referral team need to periodically review their roles and responsibilities.
- Building administrators need to participate as members of the pre-referral process. Research clearly demonstrates that more effective change occurs in teaching practices when building administrators engage in the pre-referral process.
- Pre-referral team members need to rotate through team memberships so that all building staff members eventually participate in the process. This participation, by all staff, increases staff ownership of the process.
- A building-based pre-referral team should have limited funds available to use, at their discretion, when developing interventions for students. These funds can be used for specific materials, supplies, or for activities like short-term tutoring, counseling, specific staff training, consultation, related services treatment, or for any other services that the pre-referral team deems necessary. These funds should be part of each building's budget, not part of the special education budget. The budget amount will need to be piloted for a year or two to determine the appropriate amount. Common practice would suggest \$3,000 to \$5,000 per elementary school and \$3,000 for middle and high schools. This financial support for the pre-referral process can reduce the need for referring a student for a special education evaluation by providing short-term and immediate funding; e.g., materials, tutor, counseling, or consultation.
- In order to gain greater awareness and insight into effective strategies of intervention, professional development needs to be made available to the pre-referral teams. Coaching of team members should also be part of the training experience so that their strategies of intervention can be assessed, revised, and expanded.
- An updated guide or manual that specifically outlines the purpose and function of the pre-referral team should be in place. The roles and

responsibilities of team members, uniformed applications that are consistently used, and a suggested list of intervention strategies based on the presenting student's central issue(s) should be included.

**8. The district needs to consider IEP training that reviews how IEPs should be written so IEPs are more consistently constructed across all levels.**

**Explanation:**

- A review of IEPs indicated that many of the narratives are too long and repetitive on page one under Student Strengths and Key Evaluation Results. Current Assessment results are from old and new assessment reports, rather than summarizing statements and stating the current results and educational implications. Assessment results should be presented in a table format with scores identified based on a comparison to average scores.
- Many of the reviewed IEPs demonstrated lengthy accommodations. The listed Accommodations of many IEPs would be considered best practices that should be stated in the DCAP (District Curriculum Accommodation Plan). These best practices:
  - Assist general education teachers in analyzing, assessing, and accommodating diverse learners.
  - Increase, through the DCAP's articulation, support services and instructional delivery options available within general education settings.
  - Recommend instructional interventions for struggling learners.
  - Delineate resources available to teachers in the areas of student support, mentoring, professional development, and coaching.
- The district may want to consider having the DCAP available at the team meeting to highlight the ones that apply to special needs students; then, just list the ones on the IEP that are specific and specialized to that particular student. Another approach is to identify the "good teaching skills" for each grade level and have them available at team meetings to attach to the IEP. Some school districts have listed the "good teaching practices/skills" on poster boards, and they are placed in the classrooms at each grade level.

## **9. Develop a Collaborative IEP Writing Model**

### **Explanation:**

- To strengthen the integrative model, the district should consider a collaborative approach to writing IEPs.
- The goal of collaborative IEP writing is to determine the skills the student needs, and therapists and teaching staff should write collaborative goals to meet that skill rather than support related service providers independently writing goals, objectives, and benchmarks and presenting them at an IEP meeting.
- Progress reports should be written collaboratively as the team provides data toward each goal.
- The consultants recommend the Allen Blume system of collaborative IEP writing, which has been adopted by many districts.

## **10. The district needs to develop a more comprehensive approach to professional development experiences for the Related Service Providers and General Educators to have meaningful Inclusion.**

### **Explanation:**

- Professional development needs to be structured so that topics are dealt with in-depth and combined with follow-up activities to review implemented practices. Half-year or year-long course offerings should be considered along with online course opportunities for staff.
- Observing and coaching teachers for implementation after a workshop/training is invaluable.
- Training needs to be designed by groups of professionals and developed respectively to the professional experience of the audience.
- The various related service providers, Speech and Language Therapists, Occupational Therapists, COTAs, Physical Therapists, and Psychologists should have the opportunity to attend training that is specific to their field of expertise. In some cases, this may require off-site attendance at conferences and/or workshops. Another option would be to approach neighboring districts to see if they would be interested in participating in the development of training for low-incidence professionals.

**Topics for professional development from interviews included:**

- How disabilities particularly, autism and emotional, impact learning and possible strategies that general and special educators can implement.
- Managing challenging behavior including de-escalation techniques.
- Implementing a behavioral program like Zones and Second Step across grade levels with fidelity.
- Understanding trauma, its effect on learning, and creating the Trauma-Sensitive Classroom.
- Understanding Executive Functioning and how it affects students' functioning Pre-K-12.
- Understanding and Implementing a collaborative model of co-teaching model Pre-K-12.
- Ongoing training for Pre-K-12 Team Chairs to include mediating difficult team meetings, effectively communicating and collaborating with parents and colleagues, and supervision and evaluation.
- Training for all related providers to provide greater push-in services. Parent, general education, and special education staff workshop on meaningful Inclusion.
- Understanding the difference between a typical student who is struggling and a student who is eligible for specialized instruction, hence Special Education.
- Developing Entrance/Exit guidelines for related services will be helpful to all. In addition, all teachers must understand developmental milestones.
- Specialized professional development topics provided by related service providers' interviews include visualizing and verbalizing, PECs, and more in-depth training on ACE.



**11. Related Service Providers want the RTI (Response to Intervention)/MTSS (Massachusetts Tiered System of Supports) to be in place on a consistent basis with Tiered I & II interventions and expanded for those students who are currently demonstrating difficulty with their acquisition of literacy and math skills.**

**Explanation:**

- There is confusion, on the part of school-based personnel, as to whether or not the district is going to use the problem-solving strategy of RTI/MTSS in a consistent basis throughout the district. Staff needs to be informed that the district is moving forward with it and how it will be implemented.
- The RTI/MTSS problem-solving model is a systematic approach that reviews student strengths and needs, identifies scientifically based interventions, frequently collects data to monitor student progress, and evaluates the effectiveness of the interventions implemented with the student. Problem-solving is a model that is used, as the first means, to solve student difficulties within the general education classrooms. If problem-solving interventions are not successful in general education classrooms, the cycle of selecting interventions and collecting data is repeated with the assistance of the problem-solving team.
- The purpose of the problem-solving process is to assist the classroom teacher and parent(s)/guardian(s) in designing and selecting strategies for improving student academic and/or behavioral performance. The intent is to develop academic and behavioral intervention strategies that have a high probability of success. A structure is provided for addressing the academic and/or behavioral concerns identified by teachers or parents. A problem-solving process requires full collaboration among a team of professionals, along with parents, to identify a specific measurable outcome, and to design research-based interventions that address the concerns. The system must integrate the use of data, both to guide the development of effective interventions and to provide frequent monitoring of a student's progress. The process includes an assurance that interventions are implemented with fidelity. Family engagement in the process is vital to guarantee that all information that might impact success is considered.
- The RTI/MTSS process is similar to the pre-referral process. Many consider the RTI/MTSS process to be more comprehensive in scope and more grounded in evidence-based best practice. These two approaches could be wedded so that school-based personnel have the "best of the two" to assist them in formulating instructional and behavioral

interventions for assisting students who exhibit difficulties in learning and self-regulation.

- The RTI/MTSS process has proven to be an effective, preventive intervention for students who experience learning, social, and behavioral difficulties while merging special education and general education. School-based personnel reported that the RTI activities for many students have proven beneficial. However, with the reassignment of designated staff to the Workshop Model, there has been a reduction in RTI support, and school-based personnel are concerned that this reduction will not be augmented with additional support.

**12. Clear and concise entrance and exit guidelines (criteria) that are well-established need to be in place for all Related Service Providers.**

**Explanation:**

- The district has put forth effort in developing the related service components for students on IEPs. The related services to accommodate moderate to severe special needs are in place. This investment has been beneficial to the district as quality-related services for students have been provided. Although personnel from each of the related services were able to articulate what they perceive as the entrance criteria for their specific service, they were less specific regarding exit criteria.
- For all of the related services, stated entrance and exit guidelines need to be in place that are based on evidence-based practices and current research. For the related services that provide services, it is essential that entrance criteria, exit criteria, and referral protocols are adhered to as stated, and they must be structured in a sequential manner for measuring student progress.
- All the related services of speech and language therapy, occupational therapy, physical therapy, and counseling services have professional standards for these services that outline the criteria that need to be in place. Regarding these related services, discharge from these services is infrequent even when stated goals have been mastered. It is essential that exit criteria be formulated and followed so that when students succeed, they can either move to less service time or be discharged. Too often, students continue to receive a related service for an undetermined time such as a full year or year after year. With established entrance and exit criteria, students will be able to have a service reduced, when necessary, or be discharged from that service at the appropriate time.

- The establishment of entrance and exit guidelines based on evidence-based practices will assist the district in reducing the number of students on IEPs, the length of time a student is assigned to a specific service, and determine the duration of time that a student receives a specific service.

## **VII. Summary**

The Director of Student Support Services requested that Seaside Educational Consultants conduct an evaluation of Related Services and Team Chairs. From this process, *Findings* and *Recommendations* were developed with the inclusion of full explanations for each recommendation. This report provides school administrators with the necessary information to move forward with enhancing the delivery of related service providers and providing a more uniform approach for the Team Chairs from Pre-K-12. Many positive aspects and components were cited in the *Commendations* section.

The evaluators want to express their appreciation to all who participated in this program evaluation process, particularly during this stressful time of a global pandemic.