

## ADDENDUM to “Still a Good IDEA!” 2003-2004 School Year

The 78th Texas legislature made several changes in the Texas Education Code that require revisions to “Still a Good IDEA!” The changes are in effect for the 2003-2004 school year. Therefore, please make the following changes to your copy. Also, share this addendum with others.

When Congress reauthorizes the IDEA (2003 or 2004), we will publish a revised manual that incorporates expected changes in federal requirements.

Advocacy, Inc. & The Arc of Texas

PAGE NUMBER	ITEM	ACTION
5	ITP (Individual Transition Plan) and definition	<b>DELETE:</b> ITP <b>REPLACE WITH:</b> “ <u>Transition Services</u> - Transition services are those services that will prepare students with disabilities for independent living, post secondary education and/or employment. IDEA says transition services may include instruction, related services, community-based experiences, functional vocational evaluation, specific employment skills and/or daily living skills needed to live independently.”
9	Education Records	<b>DELETE:</b> “Individual Transition Plans for students by at least age 16”
9	Keeping Your Own Records	<b>DELETE:</b> reference to ITPs in line 2
15	A Parent’s Guide to the Special Education Process	<b>DELETE:</b> the vertical line on the side of the page; <b>ADD:</b> Under Step 3, after the first paragraph: “Beginning in September 2003, State law requires the school district to complete the evaluation within 60 calendar days from the date the school receives written consent for testing signed by the parent or legal guardian.”

PAGE NUMBER	ITEM	ACTION
16	Step 1: Referral	<p><b>ADD A NEW SECTION AT END:</b> “Ways you can participate:</p> <ul style="list-style-type: none"> <li>▶ Parents should if possible, provide the school district with a written request for referral to special education services.</li> <li>▶ To ensure a timely process, parents should include in their request for referral, a request that the school contact them within 5 days, to make arrangements to sign a written consent form for evaluation. See sample letter requesting referral for evaluation.”</li> </ul>
18	Full and Individual Evaluation	<p><b>DELETE</b> sentence: “The school district must notify the parent, get parental consent before testing, complete the evaluation and have a written report within 60 calendar days after the first referral.”</p> <p><b>REPLACE WITH:</b> “The school district must complete the evaluation and have a written report within 60 calendar days <i>from the day the parent gives written consent for testing.</i>”</p>
20	What are Parent’s Rights During Evaluation?	<p><b>ADD TO LIST OF RIGHTS:</b></p> <ul style="list-style-type: none"> <li>• “be given, upon request, the name and type of any test to be used by the district in the evaluation and an explanation of how the tests will be used to develop your child’s IEP.”</li> <li>• “have the evaluation completed within 60 calendar days from the day you provide written consent for the evaluation.”</li> </ul>
24	Letter Requesting Evaluation	<p>Replace With Attached Sample Letter. (Also can be used to request a Re-Evaluation.)</p>

PAGE NUMBER	ITEM	ACTION
32	Transition Planning	<p><b>DELETE:</b> Paragraphs 3 &amp;4 and <b>REPLACE WITH:</b> “As of September 2003, State law no longer requires a separate transition plan for each student receiving special education services. Instead Texas will be following federal IDEA requirements for transition planning and will address the transition services needs of each student within their Individual Education Plan.</p> <p>By Age 14, the IEP must include goals related specifically to instruction needed to assist the student to transition to life after school. By age 16 the IEP should include the specific transition services to be provided and who will provide them.</p> <p>New state requirements provide that the ARD committee must consider and if appropriate address the following issues in the students IEP at least by age 14:</p> <ul style="list-style-type: none"> <li>◆ Appropriate student involvement in the student’s transition to life outside the public school system;</li> <li>◆ Appropriate parental involvement in the student’s transition;</li> <li>◆ Post secondary education options;</li> <li>◆ Functional vocational evaluation;</li> <li>◆ Employment goals and objectives;</li> <li>◆ For students, age 18, the availability of age appropriate instructional environments;</li> <li>◆ Independent living goals and objectives; and</li> <li>◆ Appropriate circumstances for referring a student to government agencies for services.</li> </ul> <p>For more information about transition, request a copy of <u>Transition Services For Your Teenager</u>, revised 09/03, from Advocacy, Inc., or find it on their website <a href="http://www.advocacyinc.org">www.advocacyinc.org</a>. Your local Education Service Center also has information on transition planning.”</p>
39	A Parent Checklist	<p><b>DELETE:</b> “A statement of needed transition services by age 14 and for students age 16 and over any parts of the ITP that are the responsibility of the school district.”</p> <p><b>REPLACE WITH:</b> “By age 14 a statement of needed transition services and by age 16 the transition services that will be provided and who will provide them.”</p>

**Letter Requesting Evaluation**  
(Be sure to keep a copy for your records)

*(Your Name)*  
*(Your Address)*

*(Date)*

*(Name of Principal)*  
*Name of School*  
*Address of School)*

Dear *(Name of Principal)*

I am the parent of *(name of student)*, a student at your school *(or a child living in your school boundaries, if the child is not currently attending the school)*. I am requesting my child be referred for special education services.

*(Here you can provide the school with information about why you are referring your child for special education service ( i.e., My child has a developmental delay and my pediatrician has recommended that I have him tested for special education services).*

I understand that you cannot evaluate my child without my written consent. Please contact me within five (5) days to make arrangements to sign a written consent form for evaluation. I also understand that you have 60 calendar days to complete the evaluation after I have signed the consent form. I look forward to hearing from you within five (5) days. Thank you for your help.

Sincerely,

*(Your Name)*  
*Your Telephone Number)*