



Care and Treatment Task Force

REPORT AND RECOMMENDATIONS

Minnesota Department Of Children, Families & Learning
Division Of Special Education

April 14, 2000

Care and Treatment Task Force Members

Task Force Facilitator

Cecelia Dodge, Supervisor
Division of Special Education
Minnesota Department of Children Families & learning

Dave Johnson
Department of Corrections Licensing

Julie Snyder
Department of Corrections Licensing

Jeanette June
Education Minnesota

Kathy Jefferson
Department of Human Services, Children's Mental Health

Larry Burzinski
Department of Human Service Licensing

Lili Garfinkel
PACER Center, Inc.

Maty C. Regan
MN Council of Child Caring Agencies

Terry Winegar
Elmore Academy (private juvenile corrections)

Laurie Davis-Sonnek
Parent, Goodhue County juvenile Probation

Dale Jensen
Minnesota Association of School Administrators

Bruce Johnson
Principal of Residential Facilities, Duluth Public Schools

Barb Sorum
Minnesota Association of Children's Mental Health

Jim Renter
Chisago Co., Minnesota County Attorneys Association

Barbara Case
Division of Monitoring and Compliance

Kay Pedretti
Dir., Court Services, Minnesota Supreme Court

Steve Askew
10th judicial District, Council of Chief Judges

Diane Brinkman
Teacher, Boy's Totem Town, St. Paul Schools

Michael Martini
Teacher, Minnesota Correctional Facility-Red Wing

Mark Toogood
Department of Human Services—Children's Services

Mike Stephens
Superintendent, Ramsey County Detention Center

Daniel Sullivan
Int. Dist. 917, MN Administrators for Special Ed.

Care and Treatment Task Force

REPORT AND RECOMMENDATIONS

I. Introduction

In 1999, the Minnesota Legislature enacted a statute requiring the Commissioner of Children Families & Learning to develop a process for the approval of education programs for children who are placed in care and treatment facilities, including detention centers, before being licensed by the Department of Human Services or the Department of Corrections. Key provisions of the statute include:

Sec. 19 of Chapter 241, Session Law [125A.515] [Placement of Children Without Disabilities; Approval of Education Program.] *The commissioner shall approve education programs in care and treatment facilities for placement of children without disabilities, including detention centers, before being licensed by the department of human services or the department of corrections.*

Sec. 52 of Chapter 241, Session Law: New language in Minnesota Statutes 1998, section 241.021, subdivision 1 [Supervision Over Correctional Institutions.] *The education program offered in a correctional facility for the detention or confinement of juvenile offenders must be approved by the commissioner of children families and learning before the commissioner of corrections may grant a license to the facility.*

Subd. 11. [Educational Program; Additional Requirement.] *The education program offered in a residential or nonresidential program, except for child care, foster care, or services for adults, must be approved by the commissioner of children families and learning before the commissioner of human services may grant a license to the program.*

The legislation authorized formation of a task force to generate a set of recommendations that can be used in the development of an approval process for these educational programs. Once developed, these recommendations are submitted to the Commissioner who, in turn, presents them to the legislature for final consideration. Authorization to form the task force is based on the following:

Sec. 59. [Recommendations for a System to Approve Education Programs Serving Children at Care and Treatment Facilities] *The commissioner of children families and learning shall convene a task force to make recommendations on a system to approve education programs serving children at care and treatment facilities, including detention facilities. The task force shall be chaired by a representative of the Department of Children, Families and Learning and, at a minimum, must include representatives from the following organisations: the department of human services, the department of corrections, the minnesota school boards association, the minnesota association of school administrators, association of minnesota counties, minnesota county attorney association, conference of chief judges, and the minnesota council of child caring agencies.*

In response to this legislation, the Department of Children, Families and Learning organized the Care and Treatment Task Force in 1999. Representatives from the organizations listed in the statute were invited to participate, including those from other agencies that expressed interest in task force activities or were perceived as key stakeholders. Five half-day meetings were held with the Care and Treatment Task Force from November 1999 to January 2000, facilitated by Cecelia Dodge, Supervisor, Division of Special Education. A subcommittee consisting of volunteers from the Care

and Treatment Task Force convened on one occasion to establish guidelines for the CFL approval process.

At the conclusion of the task force meetings, five major issues of importance regarding students placed in care and treatment centers had been addressed. As a result of their efforts, task force members reviewed and provided recommendations for change to Minnesota Rule 3525.2325 (Education Programs For K-12 Pupils And Regular Students Placed In Centers For Care And Treatment), developed guidelines for Minimal Program Expectations and Best Practices, and provided recommendations for a CFL Approval Process, a process for approving care and treatment facilities. In addition to tasks associated with developing guidelines and providing recommendations for rule changes, task force members also deliberated on issues yet unresolved or where they felt that concerns remained. As a result of their efforts to identify unresolved issues and concerns, task force members generated a series of "next steps" relating to the placement of students in care and treatment facilities. Given the range of issues addressed by the task force, this report is organized to highlight major findings in five key Sections:

- I. *Task Force Recommendations for Minnesota Rule 3525.2325 (Care and Treatment Rule)*
- II. *Task Force Guidelines Regarding Minimal Program Expectations and Best Practices*
- III. *Task Force Recommendations for a CFL Approval Process*
- IV. *Unresolved Issues and Concerns of the Task Force*
- V. *Task Force Recommendations for Next Steps*

Wherever necessary, appendices have been attached to provide readers with documentation used by members of the task force in their efforts to address the range of issues related to the placement of students in Minnesota care and treatment facilities. Appendices include:

- a) MN State Board Rules, Chapter 3525, Children with a Disability, 3525.2325, effective September, 1995;
- b) Guidelines for Education Programs for Students Placed in Centers for Care and Treatment, submitted to Norena Hale June 26, 1987;
- c) Educational Screening for Juveniles in Residential Treatment Facilities, submitted to the House and Senate Education Committees, April 5, 1996;
- d) 1995 Laws of Minnesota, Chapter 226, Article 3, Sec. 60, subd. 1 and 2 [Secure and Non-secure Residential Treatment Facilities] ;and,
- e) Flow Chart of Initial Determination of Educational Needs.

The existing Care and Treatment Rule, MN Rule 3525.2325, was used as the starting point of discussion among task force members. Much of the discussion focused on clarification and recommended changes to the rule. In deliberations among task force members, there was a strong consensus not to attempt to duplicate efforts of others who had previously engaged in activities to clarify and recommend rule changes. Members of the task force agreed that the requirements in IDEA 97, as well as existing Minnesota statutes and rules, provided much of the foundation for

many of the recommendations proposed. Section I, *Task Force Recommendations for Minnesota Rule 3525.2325*, of this report provides details of the discussions that transpired among task force members in reviewing Minnesota Rule 3525.2325, along with their recommendations regarding changes and modifications in the rule. A summary of task force member discussions is presented for each subpart of the rule, followed by their specific recommendations. In most cases, italics are used to reference language in the rule and underlining is sometimes used to highlight specific terms or parts of sentences. The full text of the MN Rule 3525.2325 can be seen in Appendix A.

A. Task Force Discussion Summary of Subpart 1—When Education is Required

In a review of the language contained in *Subpart 1—When Education is Required of MN 3525.2325*, considerable discussion was focused on the sentence, *The district in which the facility is located must provide regular education, special education, or both, to a pupil or regular education student in kindergarten through 12 placed in a facility, or in the student's home for care and treatment*. There was agreement among task force members that the approval process adopted by the Department of Children Families & Learning (see Section III. *CFL Approval Process*) should be the primary source regarding decisions as to how instruction should be provided, but that school districts are still required to provide an educational program, even in a private facility. Members of the task force reasoned that even though courts place these students, and the resident district is responsible for payment of educational costs, they remain public school students, even if placed in private facilities. The task force also recognized that there may be times when another school district or cooperative would be a better choice for providing the education program than the district in which the facility is located. However, task force members felt strongly that this would be the exception, rather than the rule.

The task force agreed that further clarification is needed in defining the responsibilities of the district in which the facility is located. The provision of a free and appropriate public education (FAPE) and child find activities are the responsibility of the district according to IDEA 97. Both Minnesota statutes and IDEA 97 clearly place ultimate responsibility with the resident district for the education of children with disabilities. Task force members felt that issues related to the education program requirements of private facilities in particular need to be clarified as well.

Task force members indicated that clarification was needed regarding whether state or federal regulations address the 15-day period requirement in Minnesota Rule 3525.2325 regarding when services should begin. Task force members indicated that additional language may be needed so it is not interpreted by districts that they should "wait" 15 days before starting services. In their discussions, task force members felt that some facilities have used this requirement as rationale for delaying the start of educational services. Instead, the task force would like service to begin within three school days of the child entering the facility. Even in cases where a child may be absent 15 days or more from school, task force members still felt that services begin within three school days. In a discussion of the 15-day period, there was consensus among task force members that schools need to start services as soon as possible.

B. Task Force Recommendations for Subpart 1

Propose replacing *pupils and regular education students* with *students with or without disabilities* wherever it occurs in the rule. A similar recommendation was made for the term *regular education* to *general education*.

- Clarify language that refers to beginning instruction " *...as soon as practicable*" to avoid any attempt to delay instruction. There is a need to suggest language to clearly indicate that services should begin " *... within 3 school days to assess safety and emotional issues etc., before allowing the student to enroll in class*".
- ^m Propose adding "private or public facilities", to the statement *...pupils and regular education students placed in the following facilities by someone other than the district are considered to be placed for care and treatment*. The task force recommends that the statement should read *...pupils and regular education students placed in the following public or private facilities by someone other than the district are considered to be placed for care and treatment*.
- Description of the eight facility types (chemical dependency and other substance abuse treatment centers, shelter care facilities, hospitals, etc.) should be amended to include *(9) detention facilities* to be consistent with new laws.

C. Task Force Discussion Summary of Subpart 2—Education Programs for Students, Pupils, and Regular Education Students Placed in Short-Term Programs for Care and Treatment

A source of concern to task force members was the reported difficulty associated with receiving educational records from resident districts and past placements. The difficulties are attributed to three primary causes: (1) It is often difficult to determine what district or agency has the educational records; (2) It is often difficult to determine the special education status of the child; and, (3) Schools often delay or refuse release of educational records because they have failed to maintain copies, mistakenly think they need a signed consent to release records, or staff who are responsible for the release of records are not available. The latter difficulty is especially acute during summer break, when even the state's largest school districts indicate that they are not able to send the records until school resumes in the fall.

D. Task Force Recommendation for Subpart 2

- Change *If the student is enrolled in the educational program without an educational record ...* to *When the student is enrolled in the educational program without an educational record...*

Change *...the district's procedure must include immediate phone contact with the home school to see if the regular education student has been identified as disabled...* to *the district's procedure must include immediate phone contact with the resident district to see if the regular education student has been identified as disabled...*

Require school districts to make student educational records, including IEPs and special education evaluation reports, available to persons with a valid educational interest 12 months of the year. Also, require school districts to release the information within the required timelines. A study needs to be conducted of the feasibility with which education staff of care and treatment facilities can search MARSS (Minnesota's Automated Reporting Student System) to obtain information about last school attended and special education status.

- Educational programs in care and treatment should be encouraged to invite a representative from the resident district as well as any legal custodian, including the county social worker when applicable, to IEP meetings and other team meetings.

- Task force members felt that clarification was needed on length of time required for issuance of educational records by school districts.

E. *Summary of Discussions for Subpart 3—Education Programs for Pupils and Regular Education Students Placed in Long-Term Programs for Care and Treatment*

Members of the task force sought clarification regarding the issue of whether parental permission is needed to continue special education services. Although federal regulations indicate that parental permission is not needed once it has been given for initial placement in special education, task force members indicated that there was a need to clarify specifics of the IEP process in short and long-term placements. For example, task force members posed the question, "If parents agree that the current IEP is appropriate, does it need to be re-written if the student enters a long-term placement?". Task force members also discussed what was meant by a "team meeting", concluding that the term is clearly defined by IDEA 97 in the Code of Federal Regulations (CFR) 300.344.

Task force members also engaged in considerable discussion about topics involving educational screenings, screening tools, and educational assessments. As a part of the 1995 Juvenile justice bill, the Minnesota Legislature directed residential and treatment facilities licensed by the Department of Corrections and the Department of Human Services to perform an educational screening of juveniles in these facilities. The task force examined the screening tool that was developed in April 1996 (see Appendix C). Members of the task force noted that various aspects of the screening tool were characteristic of those often found on more comprehensive assessment instruments. Also, task force members noted that the decision making matrix included with the screening tool was almost identical to the one jointly developed by Division of Special Education, Division of Accountability and Compliance, and the Department of Corrections. Staff in Minnesota Correctional Facilities have used this matrix for inmates under the age of 22 (see Appendix E). While task force members strongly agreed that there is a need for initial educational screening, they also indicated that a specific screening tool should not be mandated. Rather, basic components of the initial screening process should be suggested by the Department of Children Families & Learning.

Much discussion focused on the differences between educational screening and educational assessment. The consensus of the task force was that screening is an activity that should occur within the first three school days, and should minimally consist of a records review and interview with the child. Task force members concluded that screening can serve a number of purposes, including: (1) Contributing to the process of making initial placement decisions; (2) Determining educational needs; and, (3) Identifying needs for further assessments. Screening results can also be used to determine whether a need exists to conduct a more in-depth analysis of educational records and in the development of individualized learning plans, including IEPs for students with disabilities.

F. *Task Force Recommendation for Subpart 3*

- Educational program staff in long-term care and treatment facilities should be encouraged to invite a representative from the resident district, as well as any legal custodian, including the county social worker when applicable, to IEP meetings and other team meetings.

- Initial educational screening should be completed within three school days of a child's arrival at the facility or program. Educational screening should be completed in conjunction with facility intake procedures, for the sake of efficiency. An initial screening should include personal and demographic information, a review of the child's educational history, and a review of educational records, including most recent IEP and assessment summary report, once they are available.
- The task force recommends that if facilities do not use the screening tool that was developed in 1996 they are to develop their own. If the facilities develop an abbreviated screening tool, they are obligated to obtain more comprehensive information in future educational assessment efforts. The list of assessment tools referenced on Page 8 of the screening tool should be updated.

G. Summary of Discussions for Subpart 4—When a Student or Pupil Leaves the Facility

The topic of transition was the focus of extensive discussion among task force members. Members noted that "transition" has different meanings depending on the individual child, the purpose of the placement, and even the source of funding. For example, transition is an area that must be addressed by the IEP team for students with disabilities by the time they turn 14 and each year thereafter. Also, transition is defined under Title I of America's Elementary and Secondary Schools Act and generally refers to graduation with a regular diploma. In the area of corrections, transition is often defined as a successful move either to another placement or back to society. Task force discussion centered on defining transition and developing a planning process for successful transition that begins with initial placement. In general, task force members felt that the scope of this activity would be much greater for long-term placements than for short-term placements.

The task force recognized the need for clarification of data privacy laws and indicated that the Department of Children Families & Learning should seek the opinion of the State Attorney General regarding interpretation of such laws. For example, task force members suggested that an opinion could be sought about the issue of the sharing of educational records with other school officials, including teachers, within an agency or institution having legitimate educational interests without requiring a signed consent from the parent (i.e., *34 CFR99.31 Family Education Rights and Privacy*). As was observed in the discussion of Subpart 2—*Education Programs for Students, Pupils, and Regular Education Students Placed in Short-Term Programs for Care and Treatment*, task force members reiterated their concerns about the difficulties in obtaining access to educational records.

Task force discussion also centered on keeping documentation requirements to a minimum since students in short-term placements are admitted and released within a short period of time, or are ordered to appear in court and never return. Situations of this nature often prevent facilities from making even minimal transition plans for some students. Task force members observed that court orders can occur quite abruptly and in the absence of input from school or facility staff. As a result, there is little or no opportunity for the school program in the facility to plan for the student's departure. Similarly, task force members indicated that circumstances of this kind also mean there is little or no opportunity for the receiving facility or school district to prepare for the student. Given these circumstances, members of the task force concluded that

valuable time is lost when students are placed in facilities where their length of stay is very short or highly unpredictable.

H. Task Force Recommendation for Subpart 4

Task force members recommend a distinction between release from a short-term placement, under 31 days, and a long-term placement, 31 days or more. In any event, facilities must address transition for students. The facility will establish and implement a plan for assisting students with transition that is appropriate to the type and length of the placement, as well as the individual needs of the child.

Task force recommendations for a short-term placement would require the providing district to issue a basic exit report summarizing course work completed, including any work on graduation standards and an evaluation of performance. For students with disabilities, the IEP, with changes and progress on goals, must be sent to the resident district or to the next placement, if different. The report should be sent to the resident district, receiving facility, the parent and any appropriate social service agency. With regard to long-term placement, the task force recommends that all procedures described for short-term placements be required, along with the additional stipulation that a transition plan must be developed for the student.

I. Summary of Discussions for Subpart 5—Minimum Service Required

A lengthy discussion on length of school day was held. There was a strong consensus among members of the task force that students placed for care and treatment, including students placed in detention facilities, should receive a full day of school. However, it was also acknowledged that certain types of programs, such as chemical dependency treatment, day treatment, and inpatient psychiatric programs, would have legitimate care and treatment reasons to provide a shortened school day. It was the consensus of the task force that these facilities should be required to provide written rationale for shortening the school day in order to prevent any "short-changing" of students.

The group felt that the minimum service requirement of *an average of at least two hours a day of one-to-one instruction* is frequently misinterpreted, especially by detention facilities. As a result, task force members felt that many facilities are *only* offering two hours of school per day. Additionally, members suggested that the instruction is rarely provided on a one to one basis. In general, task force members felt that a "minimalist interpretation" of this requirement is often carried out in the absence of any other programming, therapy or vocational instructional activities. Given the concerns expressed by task force members, a consensus arose that the length of school day should equal the district school day with the stipulation that, when approved, the "school day" can include time in treatment or vocational programming activities.

The issue of year-round schooling was also addressed. Task force members agreed that if the facility provides service on a year-round basis, then educational instruction should be provided year round as well. Task force members indicated that there is a need to clarify that the providing district must provide year-round educational programs to students (see (ix) of Appendix D). Members also agreed that the resident district is responsible for paying for the excess costs of this extended instruction. Task force members also indicated a need to ensure

that when year-round programs are available to students, they are designed to help students make progress, and not just minimal efforts to maintain grade level or prevent regression. Task force members also indicated a need to ensure that funding, in the form of general education revenue and special education revenue, be available to the providing districts for the year-round schooling.

J. Task Force Recommendation for Subpart 5

- Insert language that refers to making progress in Minnesota's Graduation Standards rather than using such words such as "classes", "courses", and "credits".
- With regard to the issue of length of school day, the task force recommends that any deviation from the typical school day should be determined based on the individual needs of the child. For example, when a team decides that a child's treatment needs would cause him/her to be unable to attend a full day of school, the task force would like safeguards in place to ensure that facilities are not dictating length of school day to suit their own purpose. Language is needed to indicate that the use of "A" in Subpart 5 *{the instruction necessary for the student or pupil to make progress in the appropriate grade level for the successful completion of the courses, programs, or classes the student or pupil would have been enrolled in if the student or pupil were not placed for care and treatment}* is preferential to other options (e.g., "B" and "D"). Similarly, language is needed to clarify that "B" *{preferably a normal school day in accordance with part 3525.2900}* and "D" *{a minimum of individualized instruction for one-half of the normal school day if it is justified in the pupils IEP or student's education plan that none of these options are appropriate}* are considered only when "A" cannot be met.
- Eliminate "C" of Subpart 5 which contains an average of at least two hours a day of one-to-one instruction.
- Eliminate the paragraph *If the predicted restricted period is fewer than 171 days, exclusive of summer school, the district shall make available at a minimum either small group instruction for one-half of the normal school day or at least an average of one hour a day of one-to-one instruction.*

1995 Laws of Minnesota, Chapter 226, Article 3, Sections 60 and 61, Subd. 2.

[STANDARDS] require that the standards developed in the Umbrella Rule must require *(ix) uniform education programs that provide for year-round instruction*. It is this rationale that the task force used to recommend that districts be required to provide year-round educational programs in care and treatment facilities.

K. Summary of Discussions for Subpart 6— Placement, Service and Due Process Requirements for Pupils

Task force members indicated that clarification needs to be made that input from general education staff is integral to the placement process and that not all recommendations are made from a special education point of view. Task force members felt that this point should be stressed throughout the entire rule since more than half of the students placed for care and treatment are not students with disabilities.

Task force members noted that 127.26 is now recodified to 121A.40 and 127.39 is now recodified to 121A.56.

L. Task Force Recommendations for Subpart 6

- Language should be changed to reflect the emphasis on a full day of educational programming and encouraging transition to programs offered in the traditional school setting, when appropriate for the individual student, based on team recommendations.

IIITask Force Guidelines Regarding Minimal Expectations and Best Practices

Summary of Discussions for Minimal Expectations

The consensus of the task force was that crucial distinctions be made between what should occur initially, minimal expectations in short-term placements and minimal expectations in long-term placements. The focus on the initial time period coincides with the "within three (3) school days" language recommended above. The distinction between short-term and long-term is consistent with existing rule, recommended changes to rule and the work of the previous task force.

Although many members wanted to recommend more rigorous standards, the focus gradually evolved to one of minimal standards. The rationale behind the philosophy of minimal standards is twofold: 1) There must be some basic criteria on which to base approval and, 2) This will be an evolving process, with increased expectations communicated over time. The minimum expectations are based on three sets of assumptions, one for initial placements, one for short-term and one for long-term programs. See Appendix B for historical perspective.

I. Required procedures to be initiated within three (3) school days:

The following are procedures that should be in place in all programs, including detention facilities, whenever students typically stay for three or more school days.

A. Assumptions:

1. Students placed in facilities for care and treatment may or may not be students with a disability prior to placement in the facility.
2. Students are often placed in facilities without input from their resident school district.
3. Students often arrive without any written documentation from the resident school district.
4. Students placed in facilities are placed primarily for care or treatment with education as an essential partner. These placements are not made primarily for education purposes.

B. The program is responsible to:

1. Secure records (IEP, most current special education evaluation report, results of academic and related services assessments and school transcripts).

2. Determine passage of basic standards tests and status of high standards (also Minnesota Comprehensive Test results where appropriate).
3. Initial screening.
4. Enroll student in educational program (choose classes, etc.).
5. Review educational needs and begin to plan assessment if necessary (formal testing).
6. Professional development is aligned with above strategies.
7. Monitor attendance of students in classes (integrate education priorities with program priorities).

C. Student Goals:

1. Participate as member of the team in screening process.
2. Advocate for self in initial placement in education.
3. Enroll in school and choose classes as indicated in screening and IEP where appropriate.
4. Become informed of their educational rights and responsibilities (i.e. IDEA 97, High School Graduation Incentives Law, etc.).

D. Documentation Required:

1. Number of records and transcripts secured.
2. Number of students enrolled.
3. Number of students assessed (define instruments used).
4. Number of students consistently attending classes.
5. Number of new or revised transition/education plans developed.
6. Number of students and other quantitative indicators identifying successful transition to next school/job/institution site (tracking systems can provide data to verify).

II. Required procedures for short-term placements:

Following are the minima! components of placements that are typically less than 31 days. They are also the requirements to be used when students stay for an undetermined amount of time.

¹ *As defined by the IAS A, Improving America's Schools Act (P.L. 103-382 Title I, Part D) and IDEA, Individuals with Disabilities Act (P.L. 105-17). Transition definitions are different depending upon the facility in which the students are placed. IEP's are very specific about transition for the individual student. Those students transitioning back to regular school are targeted by Title I. Students who received Title I, Part D funds might enroll in a regular education program and go on to achieve a high school diploma. Correctional facilities tend to define transition as the successful progression of the student to the community with an emphasis on a GED program and/or work program so that he or she becomes a productive member of society.

A. Assumptions

1. The students may be in a situational crisis; therefore, a reasonable period of adjustment may be needed before educational decisions can be made.
2. To appropriately meet the needs of these students, educational services must be provided by staff trained to be sensitive to, and able to address, their individual educational needs.
3. The short period of time in which students are placed in these facilities precludes the provision of special education services in a way that minor modifications in the due process procedures followed may be unavoidable.
4. State and federal special education aid can only be used to provide programs for students with disabilities. Appropriately licensed staff must provide such services.

B. Program Goals:

1. Hold meetings to develop Individual Learning Plan (ILP). For students with disabilities, follow the IEP process outlined in state and federal law and rule. Write new or interim IEP or 504 accommodation plans where applicable and inform student and parent/guardian of their rights and responsibilities. ILPs, in short-term placements can be based on the general purpose of the program to the extent that the goals of the program are implied in the placement, and to the extent that IEPs are implemented as intended by the team.
2. Address basic skill deficits (reading, written language, math and social skills).
3. Work on curriculum that has at least one high standard embedded.
4. Select students for Title I service where available.
5. Place students at their level (reading, writing, and math). Instruction may be partially provided with technology-driven programs when appropriate.
6. Place students in vocational programs according to the emphasis of the program or facility mission.
7. Begin transition* planning and process.
8. Begin to establish follow-up procedures.

C. Student Goals:

1. Improve existing basic skills.
2. Improve skills related to large processes and concepts of Minnesota's High Standards.
3. Begin work on high standards.
4. Begin work on other educational goals as outlined in ILP or IEP.
5. Begin work on career/transition goals as outlined in ILP or IEP.

D. Documentation Requirements:

1. Number of students served as directed by ILP's (including IEP's and 504 accommodation plans).
2. Identify High Standards, including large processes and concepts embedded in curriculum (articulated in site's implementation plan).
3. Number of students improving basic skills (define measurement tools for pre and post testing. These should be research based, and aligned with best practices.).
4. Number of students served with Title I Funds.
5. Number of students receiving special education services.
6. Number of students receiving career exploration, life skills, vocational instruction, computer-assisted instruction, etc.
7. Number of students making successful transition to next setting.

III. Required procedures for long-term placements:

Following are the minimum components of placements that are typically 31 days or more in length. All procedures above apply. Additionally:

A. Assumptions:

1. Students may be in a situational crisis and, therefore, a reasonable period of adjustment may be needed before educational decisions can be made.
2. To appropriately meet the needs of these students, educational services must be provided by staff trained to be sensitive to, and able to address, their individual educational needs.
3. State and federal special education aid can only be used to provide programs for students with disabilities. Appropriately licensed staff must provide such services.
4. The severity of the student's care and treatment needs indicates the need for integration of the education program with the entire program.
5. All students placed in long-term programs, whether disabled or non-disabled, can be best served educationally in accordance with an individualized education plan (either an IEP or an ILP).

B. Program Goals:

1. Continued work on, and achievement of, high standards embedded in curriculum.
2. Curriculum addresses large processes and concepts (best practices).
3. Continuous efforts to improve basic skills.

4. Review Title 1 services provided.
5. Periodic review of progress on ILP/IEP goals.
6. Continued compliance with special education requirements.
7. Technology is integrated with instructional goals.
8. Vocational emphasis as defined by facility mission.
9. Transition is supported by education efforts (plan to attain high standards and passage of basic skills tests).
10. Follow-up is supported by education effort.

C. Student Goals:

1. Pass basic standards tests.
2. Achieve high standards.
3. Continue work on ILP/IEP goals.
4. Prepare for transition (further education, employment, aftercare, and discharge, return to community, etc., as outlined in ILP/IEP and court orders).

D. Documentation Required:

1. Identify high standards embedded in curriculum (verified in site's implementation plan).
2. Number of students achieving high standards.
3. Number of students passing basic skills tests.
4. Number of students served with Title 1 funds.
5. Number of students receiving special education.
6. Number of students receiving career exploration, life skills, vocational instruction, computer-assisted instruction, etc.
7. Number of students in successful placement after six months, one year (tracking systems can provide data to verify).

A. Summary of Discussions of CFL Approval Process

The Care and Treatment Task Force was committed to designing an approval process that would be easily integrated into Department of Human Services (DHS) and Department of Corrections (DOC) existing licensure structure. The group determined that the process for initial approval of education programs would need to be more comprehensive than the process for renewal. Initially, this process will be new to all facilities, including those already licensed by DOC and DHS. Once each program has been approved by CFL, special distinction would be reserved for newly proposed facilities.

B. Task Force Recommendations for CFL Approval Process

There should be one process for facilities seeking initial approval of the education program from CFL. Even though it is written for new facilities, all facilities will go through this process initially, since the approval authority is a new initiative. It is described below.

Process for Approving New Programs

- DOC/DHS notifies CFL when they receive a new application for a facility where the children will be educated on-site. Notification of CFL occurs in writing within 10 working days of receipt of the application. A copy of the complete application will accompany notification.
- CFL will assume responsibility for the approval or denial of an application within 90 days. Within the first 60 days of this period, CFL will gather information and make a site visit to interview key staff within the facility in an effort to assess the merits of the proposed education program. The remaining 30 days will be used by CFL staff to produce a written report of approval or denial, including any additional recommendations. The report shall be submitted to the facility and DOC/DHS.
- CFL will produce a training packet and video for first-time applicants, as well as existing programs in need of changes or improvements. CFL will also provide training on minimal expectations and best practices (see Section II of this report, *Task Force Guidelines Regarding Minimal Expectations and Best Practices*) and the approval process on a regional basis. All districts and facilities within each region would be encouraged to attend.
- Conditional program approval will be established for a six month period—final approval can occur only after a follow-up visit. The rationale for granting this interim status to care and treatment facilities is that educational programs need conditional approval to get started, but official approval can only occur once programs are fully operational (staff are present, students in attendance, instructional materials available, etc.). As often as possible, the follow-up visit will be coordinated in conjunction with visits from licensure staff from DOC/DHS.

Process for Approving Existing Programs

- An annual review will be conducted within sixty (60) days of the initial date of approval. The approval team will be comprised of two (2) care and treatment specialists, one (1) representing special education and one (1) representing general education.
- In all cases, CFL will notify DHS/DOC of the outcome of the review.
- Interagency responsibility: Each agency will accept responsibility to report significant findings of health, safety, educational concerns, etc. within a reasonable time when the findings appear to be pervasive across the facility.

Complaint Process

- Add care and treatment students to the existing CFL complaint process.

Clearly define CFL's new role for maltreatment of minors as the law relates to minors who are placed for care and treatment.

Minimal requirements for qualification of CFL approval team: The CFL approval team must be made up of individuals having teaching experiences in facilities for the care and treatment of children and youth. They must be knowledgeable about the unique needs of the "special populations" found in these facilities. The team shall be experienced in the context and requirements of general education and special education requirements and curriculum at the state and federal level.

In their final meeting, members of the task force reflected upon their recommendations and discussed a number of issues that they felt were unresolved. The following unresolved issues and concerns were noted:

- Task force members felt that clarification is needed regarding the responsibilities of a local district when utilizing the services of a private facility. Specifically, clarification is needed on the responsibilities for ensuring FAPE and how they relate to providing education programs in private facilities. Federal rule places the child-find responsibilities for special education with the district in which the facility is located and thus, responsibility ultimately rests with the resident district. However, examples currently exist of private facilities that do not obtain an education program from the district in which the facility is located. Instead, education programs are provided by a public school district or cooperative. In addition, there are private programs that provide their own education programs with no evidence of district affiliation.
- The task force feels that, rather than requiring the school district in which the facility is located to provide the education program, the determination of an acceptable arrangement should be left to CFL's approval process. The education program should be evaluated based on how it is planned and implemented, not by which educational agency is providing the program. Members of the task force feel that it would be highly unlikely that a program would obtain CFL approval if a school district or cooperative was not providing the education program. In rare cases, such as existing programs that meet CFL's approval, some type of formal arrangement regarding the provision of FAPE and responsibility for child find would need to occur.
- An unresolved issue among members of the task force involved "learning year calendar". Task force members posed the question, "Does this special alternative calendar, which provides additional general education revenue, hold any potential for funding year-round programs?". Even though the CFL representative indicated this alternative is intended for accelerated learning programs, task force members felt that it would be helpful to care and treatment facilities to access the learning year calendar.
- There was a consensus among task force members that since residential facilities operate year round, students who attend those facilities should also be given the opportunity to attend school on a year-round basis as well.

- * Task force members expressed concerns about funding for year-round programs. Currently, schools are not able to generate general education revenue during the summer, so summer programs are more expensive to operate. Members posed the question, "Is there any relief for districts?".
- Task force members posed the question, "Who decides on the balance of treatment vs. education, priority and scheduling?".
- * Task force members felt that graduation standards policies must be addressed for students placed in Minnesota care and treatment facilities.
- " Task force members posed the question, "How will the CFL approval process be implemented?". Given that at least one-half of the children placed in facilities for care and treatment are not students with disabilities, task force members felt that the Department needs to be given adequate resources to implement this process.

The task force acknowledged the need for CFL to address the absence of resources or support for students without disabilities placed for care and treatment. At present, CFL has hired Jeri Watters as the Department's care and treatment specialist. Jeri has extensive experience teaching special education children in both public school and correctional facilities. In general, task force members feel that persons employed in these positions should also be responsible for ensuring that general education program components are implemented in care and treatment facilities. However, it was also recognized that agency-wide, CFL has no staff assigned to this specific role other than Division Special Education staff responsible for students placed in care and treatment facilities.

The task force is still in need of input from a number of groups. The Department of Health, Minnesota School Boards Association and Association of Minnesota Counties were unable to participate on the task force, so they should be given the opportunity to review this and make recommendations. Other advocacy groups, including the Minnesota Disability Law Center and advocates for minority groups, should also be given an opportunity to provide input.

There was a consensus among task force members that CFL should be provided with increased capacity to implement the recommendations outlined in this report. There are an estimated 250 residential programs, including detention facilities, for care and treatment with on-site education programs in the state. Moreover, increased attention is being focused on nonresidential facilities in new state statutes. Even though the task force did not specifically address issues related to nonresidential programs, future consideration of these programs would more than double the number of programs to be approved and monitored by the state.

Members of the task force felt that a work group would be needed to address unresolved issues and outline specific processes for approving care and treatment programs in the state. In addition, members of the task force felt that a work group would be necessary to develop and implement training for staff at facilities in the areas of minimum standards and the CFL approval process.

Appendix A

Minnesota Rule 3525.2325

EDUCATION PROGRAMS FOR K-12 PUPILS AND REGULAR STUDENTS PLACED IN CENTERS FOR CARE AND TREATMENT

Subp. 1. **When education is required.** The district in which the facility is located must provide regular education, special education, or both, to a pupil or regular education student in kindergarten through grade 12 placed in a facility, or in the student's home for care and treatment. Education services must be provided to a pupil or regular education student who is:

- A. prevented from attending the pupil's or student's normal school site for 15 consecutive days; or
- B. predicted to be absent from the normal school site for 15 consecutive days according to the placing authority, such as a medical doctor, psychologist, psychiatrist, judge or other court-appointed authority; or
- C. health-impaired and in need of special education and predicted by the team to be absent from the normal school site for 15 intermittent days.

A pupil or regular education student shall begin receiving instruction as soon as practicable under treatment conditions.

Special education services must be provided as required by a pupil's IEP, and to the extent that treatment considerations allow the pupil to participate. Number of school days for determining due process procedures shall begin upon enrollment in an education program. Placement for care and treatment does not of itself require special education placement.

- D. For those education programs run by the Department of Corrections, the district shall be the Department of Corrections for the purpose of this part. The district is responsible for ensuring that a cooperative agreement is reached with the care and treatment center facility which addresses all the requirements of Department of Human Services Rules, parts 9545.0900 to 9545.1090 and 9545.1400 to 9545.1500 which pertain to the provision of education services for students placed in centers for care and treatment. Provision of special education services requires implementation of all due process safeguards defined in state and federal law. Some procedures are modified to assure the pupil's access to education.

For purposes of this part, pupils and regular education students placed in the following facilities by someone other than the district are considered to be placed for care and treatment:

- (1) chemical dependency and other substance abuse treatment centers;
- (2) shelter care facilities;
- (3) home, due to accident or illness;
- (4) hospitals;
- (5) day treatment centers;
- (6) correctional facilities;
- (7) residential treatment centers; and ,
- (8) mental health programs.

Subp. 2. Education programs for students and pupils and regular education students placed in short-term programs for care and treatment. A placement for care and treatment is a short-term placement if the anticipated duration of the placement is less than 31 school days. The school district must begin to provide instruction to the pupil or regular education student immediately after the pupil or student is enrolled in the education program. If the student is enrolled in the educational program without an educational record or IEP, the district's procedures must include immediate phone contact with the home school to see if the regular education student has been identified as disabled.

A. If a regular education student has been identified as disabled and has a current IEP:

Initial due process procedures for previously identified pupils placed for care and treatment in a short-term facility may be accomplished by telephone; however, the required written documentation, including notices, consent forms, and IEPs, must follow immediately. If the pupil has a current IEP in the home school, the home school must give the providing agency an oral review of the IEP goals and objectives and services provided. The providing agency must contact the parents and together an agreement must be reached about continuing or modifying special education services in accordance with the current IEP goals and objectives. If agreement is not reached over the phone, the providing district shall hold a team meeting as soon as possible. At least the following people shall receive written notice to attend: the person or agency placing the pupil, the resident district, the appropriate teachers and related services staff from the providing district, the parents, and, when appropriate, the pupil. This meeting may be held in conjunction with a meeting called by a placing agency. A copy of the documentation, including the modified IEP, must be provided to the parents with a copy of their rights, including a response form.

B. If a regular education student has not been identified as disabled or if the providing district cannot determine if a student has been identified as disabled:

- (1) Regular education instruction must begin immediately upon enrollment in the education program.
- (2) A screening must be conducted by education staff to determine the student's academic, social and behavioral needs.
- (3) Based on the documented results of the screening, a decision must be made about the need for prereferral interventions or an appropriate special education assessment according to parts 3525.2550 to 3525.2750. It is not required that an appropriate assessment be started unless it appears that it can be completed.
- (4) During the student's placement, regular education instruction must be provided.

Subp. 3. Education programs for pupils and regular education students placed in long-term programs for care and treatment A placement made for care and treatment is long term if it is anticipated to extend beyond 30 school days. The pupil or regular education student must receive educational services immediately upon enrollment in the education program:

A. If the student has been identified as disabled and has a current IEP:

If the education staff of the providing district decides that the pupil's current IEP can be implemented while the pupil is placed for care and treatment, the education staff must contact the parents to secure an agreement to continue to provide special education services

according to the IEP. If the parents do not agree with the providing district's proposal, the district shall hold a team meeting as soon as possible.

If the education staff needs additional assessment information or the pupil's current IEP cannot be fully implemented while the pupil is placed for care and treatment, the education staff must:

- (1) contact the parents to secure an agreement to provide special education on an interim basis while an assessment is being completed; or
 - (2) call a team meeting to revise the current IEP or develop an interim IEP while the pupil is undergoing additional assessment to determine an appropriate program.
- B. If the student has not been identified as disabled, or if the providing district cannot determine if the student has been identified as disabled, the student entering a residential facility for a long-term placement must be screened to determine if there is a need for an appropriate educational assessment. An assessment must begin with a review of screening and other information such as the parent or student interview, available educational and social history, and the purpose of the treatment placement. The assessment must be conducted according to parts 3525.2550 to 3525.2750.

If the student meets entrance criteria for special education, an IEP must be developed. Special education services must be provided by appropriately licensed staff in accordance with the IEP. If the student was not assessed or was assessed and does not meet entrance criteria for special education, regular education services must be provided in accordance with the student's education plan.

Subp. 4. When a student or pupil leaves the facility. If a student or pupil has received an assessment or special education services for 15 or more days, the providing district must prepare an exit report summarizing the regular education or special education assessment or service information and must send the report to the home school, the receiving facility, the parent, and any appropriate social service agency. For a pupil, this report must include a summary of current levels of performance, progress, and any modifications made in the pupil's IEP or services. Record transfers between anyone other than educational agencies and the parent require prior approval of the parents in accordance with data privacy laws.

Subp. 5. Minimum service required. The team must predict how long the pupil or regular education student must be placed for care and treatment. If the prediction is for a restricted period of more than 170 days or its equivalent, exclusive of summer school, the district shall make available:

- A. the instruction necessary for the student or pupil to make progress in the appropriate grade level for the successful completion of the courses, programs, or classes the student or pupil would have been enrolled in if the student or pupil were not placed for care and treatment;
- B. preferably a normal school day in accordance with part 3525.2900, subpart 3;
- C. an average of at least two hours a day of one-to-one instruction; or
- D. a minimum of individualized instruction for one-half of the normal school day if it is justified in the pupil's IEP or student's education plan that none of these options are appropriate.

If the predicted restricted period is fewer than 171 days, exclusive of summer school, the district shall make available at a minimum either small group instruction for one-half of the normal school day or at least an average of one hour a day of one-to-one instruction.

Provision of special educational services for pupils outside of the providing school district's regular calendar is optional unless the pupil has an extended year IEP.

Subp. 6. Placement, services, and due process requirements for pupils.

- A. The IEP developed by the team must include the provisions of part 3525.2900, the location of the special education services, the projected duration of the special education services, and provisions for coordinating the care and treatment and the special education services.
- B. The nature of and the restrictiveness of some long-term facilities require the pupils to remain on site. When a pupil's treatment and educational needs allow, integration shall be provided in a regular educational setting. The determination of the amount and site of integrated services must be a joint decision between parents, the treatment and education staff, and when possible final educational placement decisions must be made by the IEP team of the providing educational agency. If the IEP team concludes a pupil can benefit from an average of more than three hours of educational services, it must, in conjunction with care and treatment center staff, consider the feasibility and appropriateness of an education placement at a regular school site.
- C. If a pupil is placed in a residential facility outside the resident district, the providing district must provide appropriate special education services. The placement of the pupil in a residential center for care and treatment outside the resident district is not an initial placement in the receiving district. The providing district shall make every effort to implement the resident district's IEP, making the modifications necessary due to the restrictive care and treatment setting and based on agreements reached with the parent. The providing district shall comply with the due process procedures of parts 3525.2550 to 3525.4700. Districts shall develop alternative procedures for implementing the legal requirements for observing the student in a regular classroom and document previous interventions that have been tried before the student placed for care and treatment is identified as having a specific learning disability or an emotional or behavioral disorder. These alternative procedures must be included in the district's entrance criteria. The district and facility shall cooperatively develop procedures to be used in emergency situations that comply with the Pupil Fair Dismissal Act according to Minnesota Statutes, sections 121A.40 to 121A.56, and the district's discipline policy.

Subp. 7. Student's and pupil's and regular education student's placement; aid for special education. Special education services provided to pupils and regular education students who have been placed for care and treatment are reimbursable in accordance with parts 3525.0800 and 3525.1310.

- A. When regular education and special education services are provided, only the special education portion shall be reimbursed with special education aid.
- B. The special education services provided to pupils in accordance with an IEP are reimbursable.

- C. The indirect or consultative services provided in conjunction with regular education prereferral interventions and assessment provided to regular education students suspected of being disabled and who have demonstrated learning or behavioral problems in a screening are reimbursable.
- D. Regular education, including screening, provided to students, pupils, and regular education students are not reimbursable with special education categorical aids.

STAT AUTH: MS s 120.17; 121.11; L 1994 c 647 art 3 s 23

HIST: 14 SR 281; 16 SR 1543; 19 SR 2432; L 1998 c 397 art 11 s 3 Current as of 01/05/00

Appendix B

DEPARTMENT OF EDUCATION

STATE OF MINNESOTA

Office Memorandum

TO: Norena Hale, Manager
Unique Learner Needs Section

DATE: June 26, 1987

FROM: Barbara S. Burke, Acting Manager
Office of Monitoring and Compliance

PHONE: 296-2012

SUBJECT: Guidelines for Education Programs for Students
Placed in Centers for Care and Treatment

Attached is my final (I hope!) set of guidelines for education programs for students placed in centers for care and treatment. This includes input from Lois and Darl, EHLR and you. I have tightened the due process procedures for short term programs although I am still recommending some variance for which I have provided additional rationale. (See the last part of the introduction.) Both Lois and Darl accepted these changes. I also took out any variance from due process procedures in the long term programs in reaction to your concern about the federal interpretations in the corrections area. Bob F. and Mike T. both helped with the fiscal information and the examples have met with their approval.

I attempted to put this information in a format to enter onto Specialnet but the content just didn't fit the question/answer format. I think we would be better off sending the information in the form of guidelines to local districts. I also incorporated wording indicating that the guidelines would be used as minimum standards for the purposes of monitoring in 87-88 and subsequent years.

I am requesting that you send the attached guidelines to superintendents and directors with a cover memo from you and probably Curman. Thank you for your patience and support on this important project. Let me know if you have questions or additional concerns.

BSB: cm

MINNESOTA DEPARTMENT OF EDUCATION
GUIDELINES
FOR
EDUCATION PROGRAMS
FOR STUDENTS PLACED
IN
CENTERS FOR CARE AND TREATMENT

Prepared By:
Task Force on Educational Programs
For Students Placed
In
Centers for Care and Treatment
May 1, 1986

Modified and accepted by the Department
June 30, 1987

INTRODUCTION

In the Spring of 1985 the Department of Education in response to the Legislative Audit Commission recommendation, instituted a monitoring project of special education programs for students temporarily placed in residential facilities for care and treatment. Ten pilot sites were selected and included the following types of facilities: Residential Treatment Centers for Emotionally Disturbed Children and Youth; Residential and Day Chemical Dependency Treatment Programs; Correctional Programs, Shelter Care Facilities, and Hospital Programs.

Standards used by the Department to review the education programs were those established by state and federal special education laws, rules and regulations governing educational placements. Each agency that provided education (usually the local school district) was issued a report based on the Department's findings. Each District was responsible for developing a Corrective Action Plan for resolving any problem areas.

At the request of several of the local districts the Department convened a meeting of local district personnel from the ten sites to address key issues as a group rather than individually. A decision was made to continue to work as a group. A task force was formed including representation from the ten sites, the Department's Special Education and Monitoring Sections and selected other representatives from key districts and/or agencies. A Planning Committee was also formed to direct and focus the activities of the task force.

The Task Force dealt with the issues common to all facilities, focusing on the Assessment/Eligibility Procedures and Due Process Procedures. A final report entitled "Task Force Proposal for Education Programs for Students Placed in Short-Term and Long-Term Centers for Care and Treatment" was submitted to the Department. An important step in the development process was the presentation of the draft to other education and care/treatment service providers. Input from the statewide meeting was been incorporated into the final proposal sent to the Department and has worked closely with Department staff in the development process, final approval of the modified special education model for students placed in centers for care and treatment rests with the Department.

The Department has carefully reviewed the Task Force Proposal. Several changes have had to be made in the Short Term Model to comply with recent directives from the U.S. Office of Special Education Programs (OSEP). As few changes as possible have been made in the Task Force Proposal.

Subsequent to the submission of the Task Force Proposal, both the Office of Civil Rights (OCR) and OSEP have issued rulings on a case in Pennsylvania which has influenced the Department's final guidelines. Unfortunately, OCR and OSEP reached different conclusions about the rights of the handicapped learner and his/her parent when the student moved from one district to another. Not only did OCR and OSEP disagree about whether the receiving district was bound by the former district's IEP (stay put provision), it is important to be cognizant of the fact that the move in this case was a permanent change in residence and the placement was made for educational, rather than care/treatment, reasons.

Even given these constraints it is possible to extract valuable direction from the opposing decisions. Clear in both decisions was the concept that when a student is placed in a new district, the receiving district must respond to the fact that the student has been previously identified as

handicapped and an attempt must be made to program appropriately. OCR and OSEP failed to agree on how that might look procedurally but they agreed upon one point. When the parent and receiving school district cannot reach agreement on what program will be provided, the student may receive a program based upon the areas in which agreement is reached while the dispute is resolved. This may include some regular education and some special education services as based upon the previous IEP or other agreed upon modification.

The two principles from this case have been used by the Department in establishing these guidelines for education services for students who are temporarily placed in centers for care and treatment: (1) The receiving district must determine whether a student has been previously identified as handicapped and in need of special education and must proceed appropriately. Because the placement is temporary, the placement of the handicapped child in a center for care/treatment outside the resident district shall not be construed to be an initial placement in the receiving district. (2) The receiving district shall make every effort to implement the resident district's IEP, making such modifications as necessary due to the restrictive care/treatment setting and based upon agreements reached with the parent.

The Department wishes to acknowledge the fine work of the dedicated group of individuals whose time and efforts resulted in this model. It is hoped that the service model presented here in guideline form will be adopted statewide to insure uniform education programming to handicapped and nonhandicapped learners who are placed in restrictive settings for the purposes of care and/or treatment. The standards outlined in this document will be the recognized professional standards upon which local districts will be monitored in the 87-88 and subsequent school years. Additional technical assistance is available from the Special Education Section upon request.

PHILOSOPHY

It is the intent of the Department to provide an educational model to meet the unique individual needs of students placed in care and treatment facilities. Even though these are care/treatment placements, compliance with federal and state mandates governing educational placements of handicapped students is a desirable and essential goal. Inherent in the model is the awareness that local districts need to operate the educational programs in the centers for care and treatment in a cost effective and reasonable manner.

These guidelines are recommending parameters for providing education services for handicapped and nonhandicapped students placed for care and treatment. The model is essentially a modified special education model which outlines alternative strategies for meeting due process requirements for these students who are placed for care and treatment. The model is seen as a way to meet the spirit of the laws and rules governing placement of handicapped students for educational reasons even though these students are placed in restrictive facilities for the purpose of care and/or treatment.

**MODEL FOR EDUCATION PROGRAMS FOR STUDENTS PLACED IN FACILITIES
FOR SHORT TERM AND/OR LONG TERM CARE AND TREATMENT**

ASSUMPTIONS

1. For purposed of the short term and long term models, students placed in the following facilities are considered to be placed for care and treatment:

Chemical Dependency and other Substance Abuse Treatment Centers
Shelter Care Facilities
Hospital Programs for Mental Health
Day Treatment Centers
Correctional Facilities
Residential Treatment Centers

2. Students placed in the above facilities may or may not have been identified as handicapped and in need of special education prior to placement in that facility.
3. Students placed in the above facilities may or may not actually be handicapped and in need of special education instruction and related services.
4. Students placed in the above facilities are placed primarily for care or treatment with education as an essential partner. These placements are not made primarily for education purposes.
5. The state and federal laws regulating special education programs were designed with educational placements in mind and did not contemplate the impact of these same regulations on agencies providing education programming for students placed on a temporary basis in centers for care and/or treatment.

**MODEL FOR EDUCATION PROGRAMS FOR STUDENTS
PLACED IN "SHORT TERM" PROGRAMS FOR CARE AND TREATMENT**

For purposes of this model, a short term program is one in which students are placed for care and treatment and receive educational services for 30 school days or less in one of the following:

Chemical Dependency or other Substance Abuse Treatment Centers
Shelter Care Facilities
Hospital Programs for Mental Health
Day Treatment Centers
Correctional Facilities
Residential Treatment Centers

ASSUMPTIONS FOR THE "SHORT TERM" MODEL

Through this model it is assumed:

1. That students are in a situational crisis and that a reasonable period of adjustment may be needed before education decisions may be made.
2. That students may or may not have been identified as handicapped and in need of special education services prior to placement in these facilities.
3. That students placed in these facilities may or may not actually have a handicapping condition and need special education services.
4. Entrance Criteria for special education services within the facility are based on the entrance criteria of the district where the facility is housed (i.e. the providing district).
5. To appropriately meet the needs of these students at this time educational services must be provided by staff trained to be sensitive to and able to address their individual education needs. Staff must be able to provide service in a broad range of ability and subject areas due to the fluctuation of clients enrolled. Special education staff are the most appropriately trained personnel to meet the needs of students in situational crisis.
6. The short period of time in which students are placed in these facilities precludes the provision of special education service for the period of time the student is enrolled if adherence to all due process requirements governing educational placements is mandated. In order to provide special education services minor modifications must be made in the due process procedures followed.
7. Special education categorical funds can only be used to provide programs for students who are handicapped and in need of special education.

INTRODUCTION TO THE "*SHORT TERM*" MODEL

When a student arrives at the care/treatment facility educational staff generally have no advance information regarding the student's educational level of performance or educational placement. Therefore the primary educational tasks are to engage the student in success oriented activities, assist the student in adjusting to the new environment and gather information about the student's past and current educational needs. Given the assumptions listed above, the Department approves the following modified due process procedures to meet the needs of handicapped and nonhandicapped learners placed on short term basis in centers for care and/or treatment.

"SHORT-TERM" MODEL

Stage I - Entry into the Education Program

The date of entry into the education program is generally determined by the care/treatment facility. A time lag may exist between entry into the care/treatment facility and entry into the educational program, if it is determined by either agency that an adjustment period is required.

Step 1: The student is enrolled in the education program.

Step 2: The student begins receiving diagnostic/prescriptive instruction immediately upon enrollment in the education program.

Step 3: The education staff determine whether the student was receiving regular education or special education by making telephone contact with the home school to find out if the student had previously been identified as handicapped. A transfer of written records will follow. Districts holding education records of students placed for care and treatment will share the education records with the providing district.

If a student has been previously identified as handicapped and has a current IEP, the education staff will proceed to Stage II-A.

If a student has not been identified as handicapped or if the providing district can not determine if a student has been identified as handicapped, the education staff will proceed to Stage II-B.

Stage II - Education Programming

Stage H-A

Programming for students entering with a current IEP.

Step 1:

Within the first 5 instructional days educational staff from the facility will contact the home school by phone to get needed programming information from the student's IEP. This will include goals and objective and services. The contact with the home school must be documented.

Step 2:

Immediately following Step 1 the parents will be contacted via telephone to request permission to provide special education instruction based on the previous IEP goals and objectives. Any necessary modifications to the IEP must be approved by the parents.

Written documentation must follow the phone contact indicting a summary of the proposed program and the parent's approval or disapproval. If agreement is reached and the parent verbally agrees to the proposed modified program, the service may begin immediately and a copy of the modified IEP will be sent to the parent with a copy of their rights including a response form.

If the parent does not approve the proposed changes a staffing must be held as soon as possible. Any agreed upon elements of programming may be implemented in the interim. Written notice of the team meeting and a summary of the phone contact indicating the agreed upon interim program will be sent immediately.

Step 3:

Special education instruction will be provided by appropriately licensed special education personnel according to the goals and objectives of the modified IEP.

Stage II-B

Programming for students not previously identified as handicapped and for those students for whom it cannot be determined whether or not they had been previously identified as handicapped.

Step 1:

Academic instruction is begun immediately upon enrollment in the education program. A screening is conducted by education staff to determine each student's academic and social/behavior needs. This may include a review of student records from previous education providers and the information gained from the diagnostic/prescriptive instruction at the current facility.

Step 2:

Based on the documented results of the screening, a decision is made regarding the need for a full special education assessment, based upon the providing district's criteria. The student may need a period of adjustment in the educational program before a formal assessment is recommended or initiated. It is also not recommended that a full assessment be started unless it appears that it can be completed.

Step 3:

For the duration of the student's placement, regular education instruction will be based on prescriptive teaching techniques. In those cases where it was agreed to undertake a full educational personnel will initiate the assessment in compliance with all P. L. 94-142 due process procedure

Stage III - When a student leaves the facility

For any student who has received educational services for fifteen or more days, the providing district will prepare an exit report summarizing the regular education and/or special educational assessment or service information and will send the report to the home school, the receiving facility, the parent and any appropriate social service agency. This report will include a summary of any modifications made in the student's special education program. (NOTE: District to district transfers of education records do not require parental permission; however, parental permission must be secured prior to sharing educational records with social service or other public or private agencies.)

**VARIANCES FROM SPECIAL EDUCATION STANDARDS GOVERNING
"SHORT-TERM" EDUCATIONAL PLACEMENTS**

1. Special education will reimburse districts for educational services provided for handicapped students at Stage II-A at a 100% level (within 66% SDE reimbursement guidelines) and will reimburse districts for educational services for handicapped and nonhandicapped students serviced at stage II-B at a 50% level.

Salaries of special education licensed personnel working with students in both Stage II-A and II-B may be claimed for reimbursement with special education aids in proportion to the number of students served at each stage.

For the porting of the teacher's time spent with handicapped students receiving special education in accordance with an DSP: One hundred percent of the salary of staff working with students in Stage II-A may be claimed for reimbursement with special education aid.

For the portion of the teacher's time spent with students who have not been previously identified as handicapped: In recognition of the prereferral, referral and assessment services performed on behalf of the students served in Stage II-B, the district may claim for reimbursement 50% of the salary of special education licensed teachers.

Rationale: Students in crisis may or may not be handicapped. Specially trained staff is necessary to address their individual needs. Information is gathered which may be used for special education assessments. Recommendations for referrals may be initiated. Assessments may be initiated. Information regarding the student's unique and individual needs will be disseminated to the district of residence, parents and the receiving education agency. Special education instruction in accordance with the goals and objectives on a current IEP should be covered at the full reimbursement rate when taught by appropriately licensed special education staff. (Regular education under Step 3 of II-A may be provided by regular education licensed staff but salaries of these teachers will not be reimbursed with Special Education funds.)

Example of Aid Calculation:

Situation: 1.0 FTE licensed special education teacher 180 days/year.
Salary \$20,000
*The computer will automatically calculate the aid cap in those cases in which it applies.
Students served at Stage II-A - 25
Students served at Stage **II-B** - 75

Stage II-A Calculation

Eligible expenditure: $25/100 \times \$20,000 \times 100\% = \$5,000$
Eligible Aid: $\$5,000 \times 66\% = \$3,300$

Stage II-B Calculation

Eligible expenditure: $75/100 \times \$20,000 \times 50\% = \$7,500$
Eligible Aid: $\$7,500 \times 66\% = \$4,950$

Total Eligible Expenditure to be reported to MDE = \$12,500
Total Eligible Aid to be paid by MDE = \$8,250

- Initially due process procedures for previously identified special education students placed for care and treatment in short term facilities may be accomplished via telephone; however, the required written documentation including notices, consent forms, IEPs, etc., must follow immediately. This may include: (1) Day one phone contact with the home school to see if the student has been identified as handicapped; (2) If the student has a current IEP in the home school, the home school provides the providing agency with a verbal review of the IEP goals and objectives and services provided; and (3) The providing agency contacts the parents and together an agreement is reached regarding the continuation or modification of special education services in accordance with the current IEP goals and objectives, A copy of the documentation, including the modified IEP, will be sent to the parents with a copy of their rights, including a response form.

Rationale: This will expedite the implementation and continuity of special education services. Without this variance special education service could not be provided in accordance with the IEP because of the time involved in transfer of written documents and scheduling and traveling for individual staffing and compared to the length of the short-term care/treatment placement.

MODEL FOR EDUCATION PROGRAMS FOR STUDENTS
PLACED IN "LONG TERM" PROGRAMS FOR CARE AND/OR TREATMENT

For purposes of this model, a long term program is one in which students are placed for care and treatment and receive educational services for more than 30 school days in one of the following:

Chemical Dependency or other Substance Abuse Treatment Centers
Shelter Care Facilities
Hospital Programs for Mental Health
Day Treatment Centers
Correctional Facilities
Residential Treatment Centers

Students are placed primarily for treatment with education as an essential partner.

Through this model it is assumed:

1. That students are in a situational crisis and that a reasonable period of adjustment may be needed before educational decisions may be made.
2. The students may or may not have been identified as handicapped and in need of special education services prior to placement in these facilities.
3. That students placed in these facilities may or may not actually have a handicapping condition and need special education services.
4. Entrance Criteria for special education services within the facility are based on the entrance criteria of the district where the facility is located (i.e. the providing district).
5. The fact that the student has a problem which has resulted in his or her placement in a long term care and/or treatment program, raises an immediate concern about whether the student is also educationally handicapped. Therefore, all students placed in long term care and/or treatment centers will be referred for a special educational assessment.
6. The severity of the student's care/treatment needs indicates the need for close cooperation between the treatment center and education agency personnel.
7. All students placed in long term care and treatment programs, whether handicapped or nonhandicapped, can be best served educationally in accordance with an education plan.
8. To appropriately meet the needs of these students at this time educational services must be provided by staff trained to be sensitive to and able to address their individual educational needs. Staff must be able to provide service in a broad range of ability and subject areas due to the variety of special needs of the clientele. Special education staff are the most appropriately trained personnel to meet the needs of students in situational crisis.
9. Because the temporary placement covers an extended period of time, the district must adhere to all due process procedures.
10. Special education categorical funds can only be used to provide programs for students who are handicapped and in need of special education.

INTRODUCTION TO THE "LONG-TERM" MODEL

When a student arrives at the care/treatment facility educational staff may have little, if any, advance information regarding the student's educational levels of performance or educational placement. Therefore the first educational tasks are to engage the student in success oriented activities, assist the student in adjusting to the new environment and gather information about the student's past and current educational needs. Given the above assumptions the Department will require districts to adhere to all due process procedures regulating the provision for special education, in education programs for handicapped students placed on a long term basis in centers for care and /or treatment.

"LONG-TERM" MODEL

Stage I - Entry - At Intake

- Step 1: The student is enrolled in the treatment facility.
- Step 2: The Parent/guardian is requested to provide permission to:
- (1) Conduct a special education assessment to collect further educational information;
 - (2) Release previous school records;
 - (3) Release education data to clinical staff;
 - (4) Release clinical data to education staff; and,
 - (5) Transfer education records upon exit to education and other services agencies.

Stage II - Entry into the Educational Program

The date of entry into the education program is generally determined by the care/treatment facility. A time lag may exist between entry into the care/treatment facility and entry into the educational program if it is determined by either agency that an adjustment period is required.

- Step 1: The student is enrolled in the education program and begins receiving diagnostic/prescriptive instruction immediately upon enrollment in the education program.
- Step 2: The education of staff determine whether the student was receiving regular education or special education by making telephone contact with the home school to find out if the student had previously been identified as handicapped. Districts holding education records of students placed for care and treatment will share the education records with the providing districts.

If a student has been previously identified as handicapped and has a current IEP, the education staff will proceed to Stage III-A.

If a student has not been identified as handicapped or if the providing district can not determine if a student has been identified as handicapped, the education staff will proceed to Stage III-B.

Stage III - Interim Programming

Stage III-A Interim Programming for Students Entering with a Current IEP

Step 1:

Diagnostic/prescriptive teaching techniques will be utilized for instruction while awaiting the transfer of records from the previous education site.

Step 2:

The education staff will review the education records of the student and make a decision regarding the need for additional assessment.

Step 2A:

If the education staff believe that the student's current IEP can be implemented while the student is in the facility, the education staff will contact the parents to secure agreement to continue to provide special education services according to the IEP. Service provision will ensue as outlined in Stage IV.

Step 2B:

If the staff needs additional assessment information before making an educational decision about the student's program during the treatment period, the education staff will contact the parent to secure agreement that service will be provided in accordance with Stage III-B while an assessment is completed.

Step 2C:

If the education staff do not believe that the student's current IEP can be implemented while the student is in the facility, the education staff will:
(1) contact the parents to secure agreement to provide service in accordance with Stage III-B while an assessment is being completed; or, (2) call a team meeting to revise the current IEP or to develop an interim IEP for the period of time that the student is undergoing additional assessment.

Stage HI-B Interim Programming for Students Requiring an Educational Assessment

Step 1:

The student entering a residential facility for a long term placement is suspected of having a handicapping condition. Based upon referral information such as the parent and/or student interview, available educational and social history and/or the purpose of the treatment placement, the assessment is begun.

Step 2:

Diagnostic/Prescriptive teaching techniques will be utilized for instruction while the student is being assessed. The special education assessment will be conducted by appropriately licensed staff.

Step 3:

Upon completing of the special education assessment, a team staffing will be held to determine an appropriate educational plan for each student who receives an educational assessment. Service provision will ensue as outlined in Stage IV.

Stage IV - Provision of Educational Services in accordance with an IEP/PEP

- Step 1. If the student meets the providing district's entrance criteria for special education, an annual IEP will be developed. Special Education services will be provided by appropriately licensed staff in accordance with the IEP.
- Step 2. If the student does not meet entrance criteria for special education a personalized learning plan will be developed. Regular education services may be provided by special education staff in accordance with the plan. The content and format of the plan will be developed locally.

Stage V - When a Student Leaves the Facility

For any student who has received educational services for fifteen or more days, the providing district will prepare an exit report summarizing the regular education and/or special education assessment or service information and will send the report to the home school, the receiving facility, the parent and any appropriate social service agency. This report will include a summary of any modifications made in the student's special education program. (NOTE: District to district transfers of education records do not require parental permission; however, parental permission must be secured prior to sharing educational records with social services or other public or private agencies.)

CLARIFICATIONS OF SPECIAL EDUCATION STANDARDS GOVERNING "LONG-TERM" EDUCATIONAL PLACEMENTS

1. Funding for all Special Education Services at 100%.
(within 66% MDE reimbursement guidelines)

Students in crisis may or may not be handicapped. History has shown a majority of the students in long term centers for care and treatment will be handicapped. Most students have been previously identified as handicapped; and all students are suspected of having a handicapping condition. Students will be assessed, staffed and programmed for by special education staff. During the first 30 days assessment services for all students are provided and paid for by special education. The IEP will be implemented for handicapped students. The providing agency will prorate the teacher's time for any nonhandicapped students served on personalized learning plans.

2. Extraordinary Circumstances May Cause Due Process Procedures to Vary

All P.L. 94-142 due process procedures will be followed for handicapped students in long term care/treatment facilities. In some cases parental involvement may vary because of specialized court rulings. For example, the court may order an assessment or deny parental involvement. Surrogate parents will be appointed as appropriate. Care/treatment circumstances may lead to unavoidable time delays. It is essential that any variances from established due process procedures be documented including the type of variance and reason for the variance.

3. Entrance Criteria -

Local school districts will develop procedures for implementing the legal requirements to observe the student in a regular classroom and to document previous interventions that have been tried before the students placed for care and treatment is identified as LD or E/BD. These alternative producers will be included in the district's LD and E/BD entrance criteria.

4. Least Restrictive Alternative -

The nature of and the restrictiveness of some long term facilities require the students to remain on site. When a student's treatment and education needs allow, mainstreaming will be conducted. This will be a joint decision between treatment and education staff; and whenever possible final educational placement decisions are to be made by the IEP team of the providing educational agency.

5. Licensure -

The multi-disability team model is an option which may be used to help alleviate licensure concerns.

TASK FORCE ON EDUCATION PROGRAMS FOR STUDENTS PLACED IN CENTERS FOR CARE AND TREATMENT

PARTICIPANTS LIST

Dave Ardoff St. Paul Schools Coordinator/Teacher Boys Totem Town	May Fleege Duluth Public Schools Education Coordinator North wood Children's Home	Les Martisko Director of Special Education South Central ECSU
Dave Baumann Residential Facilities Coordinator Robbinsdale Schools	Carolyn Elliott Education Specialist Special Education Section Minnesota Department of Education	Malcolm McDonald Director of Special Education Austin Schools
Tim Bess South Washington County Schools Coordinator/Psychologist Alternative Learning Center	Bonnie Gillis Assistant to the Director Robbinsdale Schools	Bill Nelson St. Cloud Schools Education Coordinator St. Cloud Children's Home
Judith Brown Assistant Director of Special Education Minneapolis Schools	Norena Hale Manager Special Education Section Minnesota Department of Education	John Nyland Grand Rapids Schools Director Thistle DEW Camp
Barbara Burke Acting Manager Monitoring/Compliance Office Minnesota Department of Education	Dick Holt Director of Special Education St. Cloud Schools	Warren Salmela Education Coordinator/Teacher Northeast Regional Corrections Center Saginaw
Sue Butler Director of Special Education St. Francis Schools	Jon Huttmeier Director of Special Education Bemidji Schools	Barb Sorum Parent Advocate MACLD
Bernie Dailey Assistant Director of Special Education St. Paul Schools	Bill Klundt Education Director MN Correctional Facility Sauk Centre	Mike Trepanier Budget Specialist Special Education Section Minnesota Department of Education
Jim Damon Bemidji Schools Education Coordinator Archdeacon Gilfillan Center	Keith Kromer Director of Special Education Minneapolis Schools	Joe Vene Bemidji State University Superintendent NW MN Juvenile Training Center
Jim Davis St. Paul Schools Education Coordinator New Connections	Nancy Jane Latini Special Education Coordinator Minneapolis Schools	Ruth Vetter St. Paul Schools Coordinator/Teacher Arlington House
Richard J. Ferdinade Education Director May Clinic Adolescent Unit	Marilyn Marsh Director of Special Education Duluth Schools	Don Wharry Residential Facilities Coordinator Duluth Public Schools

Appendix C

Alice Johnson, Chairperson
House Education Committee

Lawrence Pogomiller, Chairperson
Senate Education Committee

Frank W. Wood, Commissioner
Department of Corrections

Maria Gomez, Commissioner
Department of Human Services

School District Superintendents

Directors of Special Education

FROM: Irma Mcintosh Coleman, Assistant Commissioner
Office of Teaching and Learning

Wayne Erickson, Manager
Division of Special Education

DATE: April 5, 1996

RE: Educational Screening for Juveniles in Residential Treatment Facilities

As a part of the 1995 Juvenile Justice bill, the Minnesota Legislature directed residential and treatment facilities licensed by the Department of Corrections and Human Services to perform an educational screening of juveniles in these facilities. The legislation follows:

Subp.1. EDUCATIONAL SCREENING. Secure and nonsecure residential treatment facilities licensed by the department of human services or the department of corrections shall screen each juvenile who is held in a facility for at least 72 hours, excluding weekends or holidays, using an educational screening tool identified by the department of education, unless the facility determines that the juvenile has a current individual educational plan and obtains a copy of it. The department of education shall develop or identify an education screening tool for use in residential facilities. The tool must include a life skills development component.

Subp.2. RULEMAKING. The state board of education may, in consultation with the commissioners of corrections and human services, make or amend rules relating to education programs in residential facilities, if necessary, to implement this section.

An interagency task force with representatives from the Department of Corrections, both juvenile and adult, the Department of Human Services, and the Office of Special Education was convened to respond to this request. The following documents were developed through their efforts: a Sample Educational Data Collection Form, a list of recommended Educational Screening Tools, and an Educational Decision Making Matrix.

The Interagency Task Force reaches consensus in defining educational screening as more than the simple screening of academic skills. Data collection in many other areas is necessary in order to make comprehensive and sound educational decisions because behavioral, health, medical and cultural issues as well as school history significantly impact a student's educational performance and need to be considered when designing an instructional program.

A. Purpose

The Interagency Task Force developed the following statement of purpose for identifying or developing an educational screening tool:

- To assist in planning appropriate educational programming and to identify the need to further referral for children and youth in treatment, correctional and other residential placements.

B. Assumptions

The following assumptions were used as the basis for making final recommendations:

- An educational screening must be completed when a child is held in a facility for more than 72 hours.
- Education history, Individual Educational Plans (IEP's) and other pertinent information are not always readily available to residential and treatment facilities.
- Educational screening is to be conducted by the residential and/or treatment facility staff.
- A staff person, who may or may not have training in education, will collect information on the sample educational data collection document.
- Training of residential and treatment facilities staff in educational screening procedures will be necessary.
- An educational professional who is trained in assessment procedures and interpretation will interpret the educational screening results and make recommendations for further assessment or referral for a special education assessment, if necessary.
- Upon referral, the school district in which the residential or treatment facility is located has the responsibility for ensuring special education assessments are conducted.
- The department of Corrections and Human Services will be responsible for ensuring Training.

c. Recommendations

Three recommendations specific to the Legislative directive were made by the Interagency Task Force:

- The use of an educational data collection form (sample enclosed) which includes: personal information, school history, results of academic, behavioral and life development skills screening;
- The use of one or more of the recommended screening tools (included); and
- The use of a decision making matrix (enclosed) for education placement and referral

Additional Recommendations

The Interagency Task Force made the following additional recommendations for policy development and future legislation:

- Procedures and policies need to be developed by the Departments of Human Services and Corrections to ensure reasonable and timely educational screening is conducted by residential and treatment facilities;
- The Departments of Human Services and Corrections should pilot the enclosed educational data collection form in facilities under their licensure;
- A uniform implementation process should be developed for educational screening; and data collection
- There is a need for legislation to insure that screening all data collected on juveniles is accessible across agencies and that data is added to court records which follow the young person;
- With a single contact person to send and receive screening and other data in residential and treatment facilities;
- A system should be developed for identifying the assessment and screening steps made by facilities so that the screening process is not repeated at each placement; and
- Educational screening should be included as part of the Umbrella Licensure Bill for residential and treatment facilities.

Respectfully submitted:

Nancy Larson, Ph.D., LD Consultant
Minnesota Dept. of Children, Families & Learning

Carolyn Elliott, Education Specialist
Minnesota Dept. of Children, Families & Learning

William Klundt, Director of Education
Minnesota Correctional Facility, Sauk Centre

Nancy Rajannen, Ph.D., Director of Education
St. Francis Public Schools

Char Ryan, Ph.D., EBD Consultant
Minnesota Dept. of Children, Families & Learning

Ruth Berg, Academic Supervisor
Minnesota Correctional Facility, St. Cloud

Thecla Helmbrecht-Trost, Education Director
St. Croix Camps

Mary Regan, Executive Director
Minnesota Council of Child Care Agencies

Gordy Wrobel, Mental Health Consultant
Minnesota Dept. of Children, Families & Learning

School History

(List the last four schools that you attended)

School	From	To	Grade	Special Education
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Contact person at last two schools:

1	Have you ever had any special help in school? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If yes, when?	
	If yes, what kind of special help?	(Title 1, Chapter 1, Assurance of Mastery, ESL, etc.?)
2	Have you ever had an Individual Education Plan (IEP)? <input type="checkbox"/> yes <input type="checkbox"/> no	if yes, when?
	Do you remember for what?	
3	Have you ever had a 504 plan? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, when?

4	What do you like about school?
5	What do you dislike about school?
6	Are you involved in any school activities? <input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, what activities?
7	What classes were you in at your last school?
8	Current Grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> other
9	Are you currently enrolled in school? <input type="checkbox"/> yes <input type="checkbox"/> no
10	Last grade completed? What Year?
11	Have you missed days from school, this year? <input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, about how many?
12	Do you know how many total credits you have earned? <input type="checkbox"/> yes <input type="checkbox"/> no
13	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no OR Did you receive a GED? <input type="checkbox"/> yes <input type="checkbox"/> no
14	Did you drop out of school? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what year?
	If yes, why?
15	Do you have a school mentor at school (someone you look up to and helps you out?) <input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, who? Name:
16	Who knows you best at your last school? Name:
	Is this person another student, teacher, or volunteer
	How can we contact this person?

Academic Screening Results
(reading, math, written language, speech)

Have you passed any of the following state required basic skills tests:

Reading Writing Math

Area	Tool	Results
Reading:		
Mathematics:		
Written Language:		
Other:		

Speech Observation: Briefly describe any speech concerns observed during the interview such as (i.e. stuttering, slurring, confusing, hard to understand, accent, non standard English, etc.):

Writing Sample Observation: Briefly describe any writing sample concerns observed during the interview such as (i.e. legibility, clear thoughts conveyed, organization, sentence structure, etc.):

Behavioral Screening Results

Area	Tool	Results

Behavior Observation: Briefly describe any behavioral concerns observed during the interview such as: Interrupting, vulgar language, fidgeting, withdrawal, shy, timid, unresponsive, sad, other:

Do you have any behavioral or mental health issues that affect your school work? yes no

(If yes, see mental health screening conducted at intake)

Life Skills Development Screening Results

Area of Behavior	Tool	Results
Adaptive Skills:		
Interests and Career Goals:		
Other:		
List any interests/hobbies?		
Do you participate in any sports or clubs?		
What is your career goal?		
What are your plans for education past high school?		
Do you have someone who you feel could help you with your future plans? (i.e. friend, teacher, relative)		
Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you ever had a checking or savings account at a bank? <input type="checkbox"/> yes <input type="checkbox"/> no		

Employment

(List your job history, beginning with your most recent job)

Name of Employer, City/State	Title	From	To	Reason for Leaving

Recommended Screening Tools

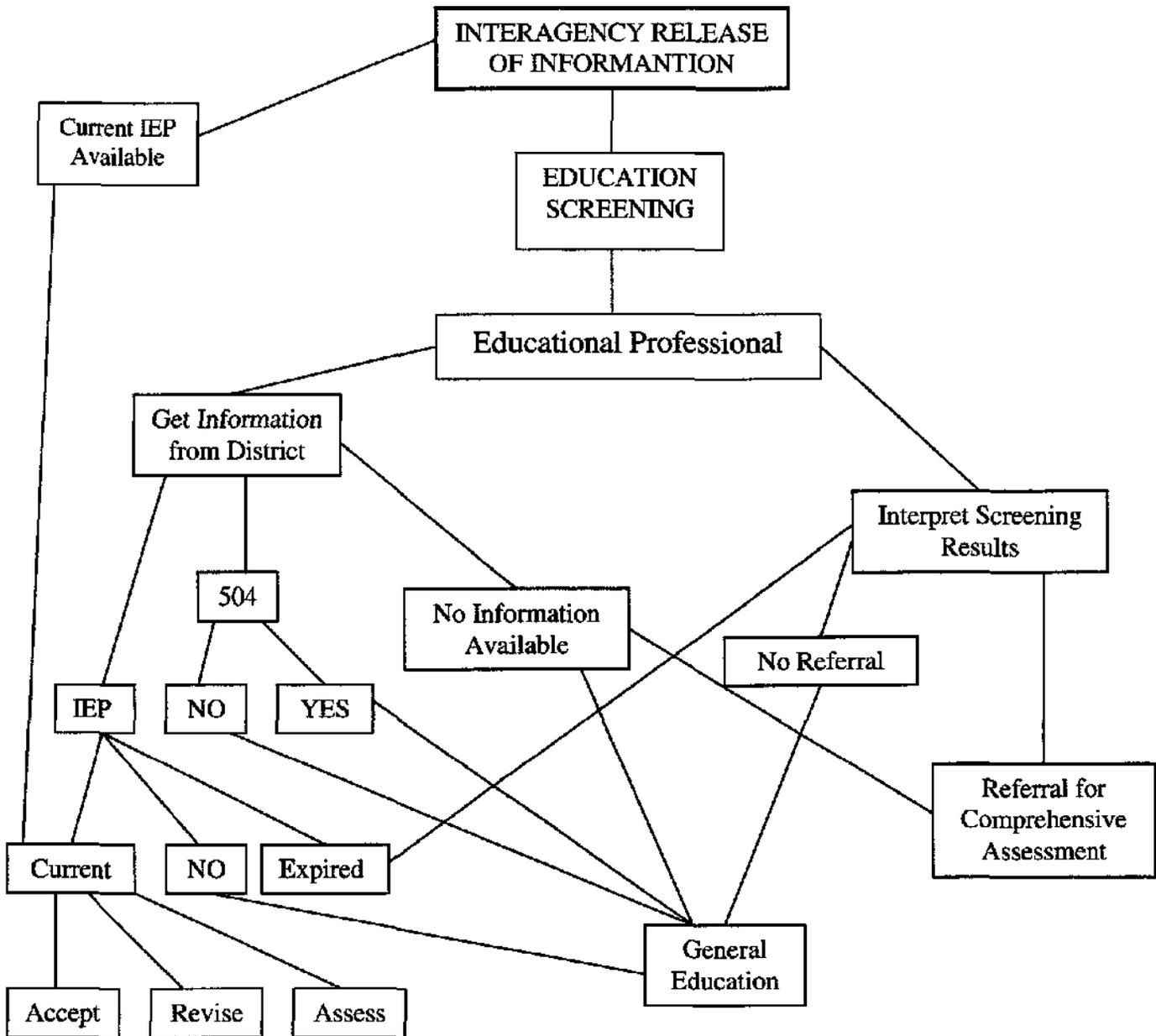
There are many well normed and designed standardized screening instruments available. Those that are listed are used most frequently in Minnesota. For further information consult Conley, J. C., & Impara, J. C. (1995.) *The twelfth Mental Measurement Yearbook*, Lincoln, NE: University of Nebraska Press.

(reading, math, write language)	
Some facilities may prefer to use other methods to assess academic needs such as informal assessment devices, skills specific tests, and diagnostic teaching methods, etc.	
<input type="checkbox"/>	(Adult Basic Literacy Evaluation) ABLE
<input type="checkbox"/>	(Kaufman Test of Educational Achievement) KTEA SCREEN
<input type="checkbox"/>	(Norris Educational Achievement Test) NEAT
<input type="checkbox"/>	(Test of Adult Basic Education) TABE
<input type="checkbox"/>	(Comprehensive Adult Student Assessment System) CASAS
<input type="checkbox"/>	(Mini Battery of Achievement) MBA-(Woodcock-McGrew Weider)
<input type="checkbox"/>	Computer Assisted Assessment Programs of Basic Academic Skills Which are normed and standardized
<input type="checkbox"/>	Other:

Behavioral Assessment Tools	
The following are some recommended behavioral screening tools. Some facilities may prefer to use other methods to assess behavioral needs such as behavior sampling, life space interviewing, observation, etc.	
<input type="checkbox"/>	(Problem Oriented Screening Instrument for Teenagers) POSIT
<input type="checkbox"/>	(Child Behavior Checklist) CBC (Achenbach)
<input type="checkbox"/>	(Basic Assessment System for Children) BASC
<input type="checkbox"/>	Do you have any behavioral or mental health issues that affect your school work? <input type="checkbox"/> yes <input type="checkbox"/> no
(If yes, see mental health screening conducted.)	

Life Skills Development Assessment Tools	
The following are some recommended life skills screening tools. Some facilities may prefer to use other methods to assess life skills needs such as task analysis, performance systems, life space interviewing, etc	
<input type="checkbox"/>	(Scales of Independent Behavior) SIB.
<input type="checkbox"/>	(Child Behavior Checklist) BASC
<input type="checkbox"/>	(Transition Behavior Scales) TBS
<input type="checkbox"/>	(Adaptive Behavior Scales) AAMR
<input type="checkbox"/>	(Career Assessment Inventory) CAI
<input type="checkbox"/>	(Kuder General Interest Survey, Form E) KGIS, Form E
<input type="checkbox"/>	Life Skills Program
<input type="checkbox"/>	Other:

Decision Making Matrix for Educational Screening



Appendix D

Sec. 60. [SECURE AND NONSECURE RESIDENTIAL TREATMENT FACILITIES.] Subdivision i [RULES REQUIRED; COMMITTEE ESTABLISHED.] The commissioners of corrections and human services shall jointly adopt licensing and programming rules for the secure and nonsecure residential treatment facilities that they license and shall establish an advisory committee to develop these rules. The committee shall develop consistent general licensing requirements for juvenile residential care, enabling facilities to provide appropriate services to juveniles with single or multiple problems. The rules shall establish program standards with an independent auditing process by July 1997. Subd. 2. [STANDARDS.] The standards to be developed in the rules must require: (1) standards for the management of the program including: (i) a board of directors or advisory committee for each facility which represents the interests, concerns, and needs of the clients and community being served; (ii) appropriate grievance and appeal procedures for clients and families; and (iii) use of an ongoing internal program evaluation and Quality assurance effort at each facility to monitor program effectiveness and guide the improvement of services provided, evaluate client and family satisfaction with each facilities' services, and collect demographic information on clients served and outcome measures relative to the success of services; and (2) standards for programming including: (0) specific identifiable criteria for admission and discharge; (ii) written measurable goals for each client; (iii) development of a no-eject policy by which youths are discharged based on successful completion of individual goals and not automatically discharged for behavioral transgressions; (iv) individual plans for transitional services that involve youths, their families, and community resources to accomplish community integration and family reunification where appropriate; (v) cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of the facilities' population; (vi) use of staff who reflect the ethnicity of the clients served, wherever possible; (vii) provision of staff training in cultural sensitivity and disability awareness; (viii) capability to respond to persons with disabilities; and (ix) uniform education programs that provide for year-round instruction: and (3) a program audit procedure which requires regular unbiased program audits and reviews to determine if the facilities continue to meet the standards established in statute and rule and the needs of the clients and community. Subd. 3. [MEMBERSHIP.] The commissioners of corrections and human services or their designee shall serve as co-chairs of the rulemaking committee. The co-chairs shall invite individuals who have demonstrated experience in the juvenile justice field to serve on the committee: including, but not limited to. representatives or designees of the departments of corrections, human services, and education, the private sector, and other juvenile facility stakeholders. The commissioners shall ensure that family members of juveniles, representatives of communities of color, and members of advocacy groups serve on the rulemaking committee and shall schedule committee meetings at times and places that ensure representation by these individuals. Subd. 4. [TIME LINES.] By December 1, 1996, the rulemaking committee shall submit draft rule parts which address the program standards, evaluation, and auditing standards and procedures to the chairs of the senate crime prevention and house of representatives judiciary committee for review. By July 31, 1997, the licensing and programming rulemaking process shall be completed. Subd. 5. [LICENSING.] The commissioners of corrections and human services may not license facilities that fail to meet programming standards after they are adopted. Sec. 61. [STUDY OF SECURE TREATMENT FACILITIES.] The commissioner of corrections, in consultation with the commissioner of human services, shall conduct a study on the use of secure treatment facilities for juveniles in the state and shall submit a written report to the governor and the legislature by January 15, 1997. The report must contain the commissioners' findings, along with demographic data and recommendations concerning the use of admission criteria.

Appendix E

Flow Chart for Initial Determination of Educational needs for all person under the age of 21 enter a care and treatment facility Entrance (under 21)

Special Education Check for Everyone under 21 Call last school attended. Previous or current IEP?

CD
-

IEP No
(General Education must begin)

IEP Yes

Current IEP

IEP Not Current

Do not screen if diploma or GED and no desire to pursue education or age of majority (18) and rejects education

Screen if No diploma or GED

Exit from SpEd CFR 300.534 (c) 1 & 2

Use results of screening and teacher observation to determine need for assessment

The above steps must be completed with 30 calendar days of admission to facility

More than 30 calendar days elapsed from admission to facility

Write Interim IEP
Valid for 60 school days
determine P.L.E.P./ needs

Adopt Existing IEP Review existing data
Determine need for assessment
Develop new IEP
IEP placement decision

To be used in combination with the Total Special Education System