believe in me
Developmental Therapy Center

School Preparation Packet

791 ROUTE 10 EAST • RANDOLPH, NJ 07869 • (973) 216-1008
believeinme@believeinmetherapy.com
believeinmetherapy.com

We know the transition to the school district can be a scary and uncertain time, but it doesn't have to be! We are here to help you every step of the way so that you know what to expect and you are prepared.

This packet provides information on the transition process, a timeline of the Individualized Education Plan (IEP) process, questions to ask the district to ensure they offer an appropriate placement, and a sample letter to send to your school district to initiate the process.

Your Believe in Me team will support you throughout the entire transition process from your initial connection with the school through reviewing your child's IEP and providing recommendations as needed. We can attend meetings and answer any questions you may have along the way.

Remember your child's IEP is always a work in progress and may not be perfect from the first draft. It may take time and trial and error to adapt it to their needs. An IEP meeting can always be requested.

We are always here to help you even after your child is enrolled in the school district.

Helpful Information

Make sure to keep everything related to your child's transition in one place so it is easily accessible.

Make sure everything is always in writing. Put all communication with the district into an email. If there is a phone call, type up an email summarizing the call and confirming the details.

This IEP will follow your child throughout their academic career so make sure you keep everything organized.

believe in me
Developmental Therapy Center

Timeline for Transition

If your child is turning 6 before October 1st of any year we will start the transition process in May of the prior spring.

1. Write a letter of request (sample included in this packet) to send to the school district to request initial evaluations. This letter should identify your child's challenges and any concerns (academic, social, communication, etc.) you may have. You can attach evaluations and progress reports from Believe in Me. You may also include any diagnostic reports provided by your doctor. This letter should be sent no later than May 1st.

2. Once the school receives your letter, they must hold a meeting with you within 20 calendar days to discuss whether an evaluation will be conducted.

3. If the school recommends any evaluations to be completed and you consent to the evaluations, the school has 90 days from the date of consent to complete the evaluations. A minimum of two evaluations for needed to determine eligibility for special education.

4. After completing evaluations, the school will schedule an IEP meeting to review their findings and discuss your child's Individualized Education Plan (if applicable). They will provide you with the IEP however you are **NOT required to sign anything at the initial meeting** and may take the IEP home with you to review. Please feel free to share this with us as we are happy to go over everything and provide you with recommendations.

Please note if the IEP is not signed within 15 calendar days it will go into effect even without your approval. If you have any changes, you will write these on the IEP before scanning and sending back. Make sure everything is written and documented!

5. If, after reviewing, you feel the IEP is appropriate and addresses all concerns, you can sign it and return it to the school. Once they receive the signed IEP, the school will implement the IEP when your child begins school. The enrollment date will be determined by mutual agreement between you and the school.

believe in me
Developmental Therapy Center

Sample Questions to Ask During the IEP Process

Please note not all of these questions will apply for every child. Your BCBA can guide you as you review and determine which ones are most appropriate.

1. What levels of support does your district offer (self-contained, inclusion, integrated, general education)? What do each of these settings look like?

2. How often will my child's BCBA work with my child (Specify the duration and time of BCBA interaction, not just how often will they be in the classroom. You want to know how often they will be working with your child's aide and reviewing your child's progress and plan.)? How many children would my child's BCBA have on their caseload?

3. What type of ABA training (initial and on-going) is provided to the aides working with the children?

4. How many children will be in the classroom (This may vary based on the setting.)?

5. What do social opportunities look like and how often will my child be able to engage in these opportunities? What support will be given to facilitate these opportunities?

6. Will OT and speech sessions be 1:1, group, push-in, or consult-based?

7. Does the classroom utilize ABA strategies, or is the school implementing individualized ABA plans? If ABA is being utilized, is it integrated throughout the entire day? If so, will a 1:1 aide work with your child for the duration of the day.? If it is not utilized throughout the entire day, what is the frequency and duration of ABA services?

8. Is the ABA provided discrete trial-based or natural environment teaching? If discrete trial-based, what does this look like in the classroom?

9. If applicable, would the school provide an AAC device along with training for its use (for the parents and the staff working directly with your child)?

10. Do the aides rotate or will my child have a consistent aide?

11. Do the aides accompany your child to specials (ex. gym, art, music, recess, lunch, etc.)?

12. What does the support look like if your child takes school transportation?

791 ROUTE 10 EAST • RANDOLPH, NJ 07869 • (973) 216-1008
believeinme@believeinmetherapy.com
believeinmetherapy.com

believe in me
Developmental Therapy Center

Sample Letter of Request

This can be adapted and edited based on your child's specific needs. For example, if your child requires modifications instead of a 1:1 aide, any related sections should be updated accordingly. When sending your letter of request please note it should not include Believe in Me's letterhead.

To Whom It May Concern:

I, _____ (your name), the parent of _____ (child's name), along with his/her father, _____ (partner's name), am requesting that _____ (child's name) be evaluated for special education services. _____'s (child's name) birthdate is _____ (birthdate) and s/he was diagnosed with _____ (list out any diagnoses your child has) on _____ (include date of any diagnosis) by _____ (include doctors' names).

_____ (child's name) has been attending the Believe in Me Developmental Therapy Center's full-day ABA program since _____ (month and year of when your child started at Believe in Me). S/he has a diagnosis of autism and while at Believe in Me s/he receives 32 hours of ABA therapy as well as occupational therapy _____/week (frequency of sessions) and speech therapy _____/week (frequency of sessions) weekly.

During her/his time at Believe in Me, _____ (child's name) has been working on _____ (list out the skills your child is currently working on. This can be provided by your BCBA. Even though we focus on strengths and build from there, make sure to highlight any struggles your child has along with examples, i.e. "_____ is rote in his responses to WH- questions and struggles to understand cause-and-effect implications. _____ has difficulty following one-step directions and engages in elopement when demands are presented." If your child engages in any form of aggression or self-injury you should also report that here. Also mention any safety concerns such as elopement as this will help get more support for your child).

_____ (child's name) had an occupational therapy evaluation in _____ (month and year of OT evaluation) and has been receiving services _____ (frequency of sessions) a week. _____ (child's name) has challenges with _____ (include information on skills being worked on in OT. Ex. fine and gross motor skills, sensory processing, increasing attending skills, pincer grasp, self-regulation, etc. This can be provided to you by your OT).

_____ (child's name) had a speech therapy evaluation in _____ (month and year of speech evaluation) and has been receiving services _____ (frequency of sessions) a week. _____ (child's name) has challenges with _____ (include information on skills being worked on in speech sessions. Ex. articulation, vocal imitation, AAC device, functional communication, etc. This can be provided to you by your speech therapist).

At home _____ (child's name) works on _____ (include information on the struggles you are seeing at home. For example, attending to task, following directions, navigating through stores without touching objects, and having appropriate behavior.). We are implementing ABA strategies provided by our ABA practitioners including _____ (list out strategies you are

utilizing in the home. Ex. visual behavior charts, setting up communication opportunities, positive reinforcement, etc.).

In a small group of peers (2-6 children) _____ (child's name) has difficulty _____ (list out challenges your child is having when in a group setting. This can be provided by your BCBA. Ex. attending to a storybook for 10 minutes, pushing past peers to be the first in line, picking up on social cues, following directions, attending to routine activities, etc.). Without a 1:1 aide there will be safety concerns such as _____ (list out any safety concerns you have, if applicable).

_____ (child's name) is a _____ (provide some positive attributes about your child. Ex. kind and sweet little girl/boy, great sense of humor, loving, smart, attentive, gentle, etc.). S/he will benefit from 1:1 attention and special services in order to be successful. As we move into the district we hope we can establish an education plan that best supports _____'s (child's name) overall development.

Sincerely,

(Include physical signatures)

_____ and _____ (your names)

_____ (address)
_____ (address)
_____ (phone number)
_____ (email)