



February

2020

1. **Lending Library:** BRIC is excited to announce that we have a new resource for you on our website! On the home page, there are now two buttons for you to browse our [BRIC Lending Library](#) and our Regional Lending Library. Please take a moment to peruse through them and see the resources that are available for you to use!
2. **Sped Transportation Forms:** As per request, BRIC has developed a form to assist teams in determining whether special education transportation is needed for a student. This is NOT a required form; it was created to assist in the decision making process. It is on the BRIC website under "Student Forms" and is titled "Special Education Transportation Determination Form".
Just a reminder, there is another form titled, "Special Transportation Notification", which is supposed to be completed at the beginning of the school year, or if special transportation is added or removed. Note that this gets routed to your building Principal, Transportation Director, District Business Manager, and Building MARSS Reporter.
3. **Service Grid on IEP:** When completing the Special Education Services portion of your IEP, make sure that you are describing the service that the student is receiving; not the disability category or the title of the special education teacher. **It's essential that the service grid aligns with the goals.** Therefore, if you have a reading, math and social skills goal you should have services listed for reading, math and social skills.
See below for an example of K-12:

Special Education and Related Services (primarily direct instruction and services)						
Statements of Special Education and related services	Start Date	Frequency	Minutes per session		Location	Anticipated Duration
			Indirect	Direct		
Specialized Instruction: Writing/Social Skills	01/29/2020	3/week	10	45	Regular classroom	1 year
Specialized Instruction: Reading	01/29/2020	5/week	5	20	Special education room	1 year
Specialized Instruction: Functional Skills	01/29/2020	5/week	5	20	Speech room	1 year

Early Childhood Special Education & Speech Example:

Special Education and Related Services (primarily direct instruction and services)						
Statements of Special Education and related services	Start Date	Frequency	Minutes per session		Location	Anticipated Duration
			Indirect	Direct		
Developmental Delay: Cognitive, Social Emotional, Motor	01/29/2020	3/week	10	45	Regular classroom	1 year
Occupational Therapy- Sensory Integration	01/29/2020	6/month	5	20	Special education room	1 years
Speech Language Impairments - Articulation	01/29/2020	6/month	5	20	Speech room	1 years

4. **MCA & MTAS Testing:** With MCA State Testing approaching this spring, it's important that we remind you that most students will be taking the MCAs without accommodations. The MTAS is reserved for 1% of students with severe developmental cognitive disabilities. Click here for [Eligibility Requirements for MTAS & MTAS Decision Making Flowchart](#) for your reference.
Also, you should not be adding accommodations for MCA testing unless they are the accommodations that are in the IEP for the student in other instances. For example, if you aren't using an accommodation in the general education setting such as a script, you should not be adding it for MCA testing.
5. **October 15th deadline for paperwork (ER, IEP):** If a student's IEP or Evaluation is due before October 15th, make sure everything is completed by the end of this school year.
6. **Case Managers:** Let evaluators put in their own information for Evaluation Plans. For every Evaluation Plan, delete existing data so that the team can start fresh. Case managers should notify all team members when the ER plan is blank and ready to fill in for the new evaluation...**Remember to notify Jen Mitchell via email that the ER Plan is ready to review before getting a signature.**



BEMIDJI REGIONAL INTERDISTRICT COUNCIL

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Kelliher
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Laporte
Littlefork - Big Falls
Waubun-Ogema
Admin Office-Bemidji

Special Education Transportation Determination Form

Date: _____ Case Manager: _____

Student Name: _____ District/Building: _____

Reason for Authorization Request

- Accessibility:** The regular bus is not accessible for the child.

Describe need related to accessibility (i.e., student is in a wheelchair):

- Social Behavior:** The Student's bus conduct requires a different mode of transportation. This will only be offered after the case manager and/or building principal design, implement and document two interventions, over two weeks, for the regular bus.

Number of bus referrals: _____ Primary reason(s) _____

Interventions designed and implemented to address bus concerns (at least 2 required):

- 1.
- 2.

Interventions waived due to safety concerns. Yes ___ No ___ Principal Initials _____

- Health/Medical Condition:** A health/medical condition exists which involves the safety of the child or others. Please note: emergency health card should be completed prior to special education transportation.

List health/medical condition(s) warranting special education transportation:

- Bus Route Modification due to Adjusted Student Schedule**

List reason for adjusted schedule:

Special Transportation

- Yes
 No

SPECIAL TRANSPORTATION NOTIFICATION

THIS FORM MUST BE COMPLETED BY THE IEP CASE MANAGER PRIOR TO SPECIAL TRANSPORTATION BEING PROVIDED OR BEING DISCONTINUED. ONCE COMPLETE, PLEASE ROUTE TO ALL RELEVANT PARTIES (see list at bottom of page). UP TO FIVE DAYS MAY BE REQUIRED TO PROCESS AND BEGIN TRANSPORTATION.

----- COPY OF IEP TRANSPORTATION PAGE MUST BE ATTACHED. -----

Check One: Request Special Transportation Discontinue Special Transportation

SPECIAL TRANSPORTATION REQUEST INFORMATION (to be completed by IEP manager)

Person Completing Form: _____ Phone: _____

Date Special Transportation determination was made and parent's consent: _____

STUDENT INFORMATION

Student Name: _____ Student ID #: _____ (required)

Birth Date: ___/___/___ Age: ___ Grade: ___ Male Female

Home Address: _____ Home Phone: _____

Pick-up Address: _____ Phone: _____

Return Address: _____ Phone: _____

Parent/Guardian Names: #1 _____ #2 _____

Daytime Phone: #1 _____ Cell Phone: #1 _____

Daytime Phone: #2 _____ Cell Phone: #2 _____

Emergency Contact: _____ Relationship: _____ Emergency Phone: _____

PROGRAM INFORMATION

Program Contact: _____ Program Location: _____

Program Hours: _____ Program Phone: _____

Transportation Days: M T W Th F To School From School Both

Anticipated Start Date: _____

NATURE OF DISABILITY (check all that apply)

Medical Concern:

Seizures

Vision Impaired

Sign Language

Hearing Impaired

Non-Verbal

Wears Braces

Oxygen / Ventilator

Wheelchair

(Can be transferred to Seat)

Emotional / Behavioral

ECSE

Other: Modified Student Day

SPECIAL REQUIREMENTS (check all that apply)

Infant Seat (up to 25 lbs.)

Booster Seat (25 – 65 lbs)

Safety Vest (S M L XL)

Seat Belt

Wheelchair (student provided)

Lift Bus (for wheelchair)

Bus Assistant

Other: Modified Student Day

Route to: Principal; Transportation Department; Business Manager; Building MARSS Reporter
(Original Copy Filed with the MARSS Reporter)

Decision-Making Process for the MTAS



