



Clinical and Educational Services Analysis

for the

Northampton Public Schools





EXECUTIVE SUMMARY

The Superintendent of the Northampton Public Schools commissioned this comprehensive review of specific areas within the domain of its special- and regular education programs. A clinical and educational services analysis (CESA), which contains a proprietary methodology that triangulates information gleaned from qualitative sources, quantitative analyses, and established benchmarks with respect to school-based practices, was utilized to achieve this broad operational objective.

More specifically, the qualitative analyses comprised: (1) a series of interviews with related service providers, educators, paraprofessionals, and administrators; (2) a review of educational documents (i.e., IEPs) to ascertain the educational-therapeutic interventions of in-district students and the viability of “bring back” initiative for students currently served in out-of district placements; and (3) a review of financial documents. Quantitative analyses included reviews and multidimensional descriptive and inferential statistical analyses of the District’s staffing configurations across disciplines and administrative staff to “industry standards.”

In order to address areas of relative need, recommendations are offered throughout this document in order to promote the inter-related constructs of continued programmatic effectiveness and district finances.



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INTRODUCTION

As mutually agreed upon between Futures Education and the leadership of the Northampton Public Schools (hereafter, referred to as *the District*), the essential components of this analysis were designed to describe, analyze, and provide recommendations to improve particular aspects of its special education services. With respect to the methodology, the information presented below was gleaned via a review of educational documents (e.g., Individualized Education Programs), financial documents, descriptive and inferential statistical analyses, and interviews with a representative number of stakeholders that allowed for a variety of clinical, educational, and administrative perspectives.

These particular areas under investigation included reviews of the: (1) efficiency and effectiveness of related services within the specific domains of speech and language pathology, occupational therapy, and physical therapy; (2) program for out of district placements and plausible alternatives; (3) utilization of paraprofessional personnel; and (4) administrative structure with respect to special- and regular education. For ease of presentation, the first three areas are considered as the single construct *Program Review*. The document concludes with a global consideration of the special education delivery system in view of the systemic issues surrounding the current paucity of administrative staff in the central office.

PROGRAM REVIEW

THERAPY SERVICES

- As per the interviews, the related service providers across all disciplines evidence an excellent understanding of the educational (vs. clinical) “mission” of related services that constitute school-based practice¹. Perhaps as an effect of this understanding, which is reportedly promoted at IEP meetings on a consistent basis, it appears for the most part that a reduction or discharge from related services is viewed as “celebration” by team members and parents. The District’s IEP stakeholders are to be commended for perpetuating this culture of celebration; in the authors’ collective experience, it is extremely common for parents to view the diminution or dismissal of services negatively and for related services to be a perpetual “door prize” to ensure appeasement.

In corroboration of reported commitment to utilizing a “push in” service model, it was interesting to note that the percentages of treatment that took place outside of the

¹ The reader is referred to Appendix A for the a discussion relating to the importance of the educational model



“Therapy Room” (i.e., services that were delivered either in the classroom or via consult) were 20 %, 26%, and 50% for the disciplines of speech-language pathology (S-LP), occupational therapy (OT), and physical therapy (PT) respectively. These numbers compare quite favorably to analyses that the authors have conducted.

- Traditionally, as part of our analyses, the authors correlate the variables of age and intensity of services. Ideally, the results of this analysis should reveal a negative correlation, whereby it may be inferred that service delivery minutes diminish over time for students requiring related services. Consistent with our experience, the negative correlation of .32 (as presented graphically in Appendix B) suggests that treatment time does dwindle with age. It was an equally encouraging finding that the configuration of service providers’ schedules in the District does suggest that younger students, as a whole, are receiving more intense therapy than are older students. This trend, known as front-loading, adheres to best practices and is strongly supported by the authors of this study.
- A review of the IEPs were considered in terms of: (1) their *internal consistency*, or the degree to which the elements of the document were mutually supporting, and thus “painted” a cohesive profile of the student; (2) whether interventions were educationally sound and adhere to accepted standards of practice; and (3) the degree to which the goals and benchmarks were measurable and supported educational need.
 - Across all therapies, IEPs were generally good terms of their *internal consistency*. That is, the requisite “flow” of information, where the educational needs as identified within the Present Levels of Educational Performance as well as other areas of the IEP document were consistent with respect to the degree to which the need for services were linked to educational need, the reported standardized scores justified treatment, and the need for skilled treatment was explicitly stated.
 - Deviations of evidenced-based practice were rare based on our random sample, and referred exclusively to one instance of an S-LP addressing articulation for a 13-year-old student at the phonemic level.
 - It should be noted that during all of our past analyses, there has been variability with respect to the quality of the objectives across disciplines; however, a review of the 50 IEPs that comprised this analysis were consistently lacking with respect to measurability for speech-language and occupational therapies. Verbatim examples of each in italics and the corresponding discipline that constituted the preponderance of variability within this particular area are provided below:



OT

[The student] *will apply adequate pressure on her writing tools.*

[The student] *will copy age appropriate designs*

S-LP

[The student] *will improve receptive and expressive vocabulary knowledge*

[The student] *will improve her use of both regular and irregular verb forms*

- Although the “spirit” of school-based PT is clearly being adhered to, the specific linkage of the objectives often explicit language of how the physical disability is affecting the student from physically accessing his or her educational environment. In addition, the goals and objectives are not directly linked to the educational environment (e.g., *[The student] will safely participate in PE class with her peers and demonstrate progress with her gross motor skills compared to her current capabilities*; a student will improve *his ability to bounce a ball*. The authors provide an example in Appendix C of a checklist the IEP team may find helpful in codifying educational goals and objectives for school-based physical therapy services.
- The S-LPs do not utilize systematic, district-wide exit and entry criteria with which to determine eligibility for services. Consequently, it appears that the omnipresent, and ambiguous, “professional judgment” remains the primary criterion for the determination of eligibility for these services. To underscore this point, the S-LPs are using an extremely liberal cut-off statistical criterion of the 16thile (i.e., one standard deviation below the mean) to determine eligibility. One S-LP stated that even if students are performing adequately in the classroom, she will still pick them up for services.

To the extent that conventional practice mandates that candidacy for services requires an adverse effect on educational performance *and* composite score(s) that fall below a threshold of no less than 1 and ½ standard deviations below the mean, it may be speculated that there are students within the District that are currently receiving speech-language services that may not need to be.

- With respect to efficiency of the related services, the 5.2 full-time equivalent (FTE) S-LPs, 2 FTE OT, and 1.5 FTE PT staff appears to be appropriate given the student needs and the therapists’ respective schedules. It is important to note that the exit and entry criteria that are recommended below and a robust *Response to Intervention* model (RTI; a critical linchpin process that will be elaborated upon in a



subsequent section) should keep staffing levels at no greater than their current level. Rather, should students be exited from services, then the therapists will be able to support the District with their collective expertise via an RTI-influenced supports.

Additionally, the institution of criteria will bring caseloads down to a more reasonable level, allowing the therapists more time to consult with teachers regarding students requiring IEP-directed services; the absence of consultation time was cited as a source of frustration of both the therapists and the teachers. Furthermore, the S-LPs' use of the ASHA 3:1 model-whereby students are seen for direct treatment for three weeks out of every month, and the fourth week is devoted for "indirect" services such as include classroom observation, consultation with the teaching staff, and other student-centric activities that facilitate generalization of learned skills-should further enhance their efficiencies and should be supported by District leadership.

PARAPROFESSIONAL UTILIZATION

- Currently, there are 104 paraprofessionals employed in the district. This is a very high number for the size of the district, equating to a ratio of one paraprofessional for every 5.33 special education students. The prevalence of paraprofessionals is attributable to a number of factors, including:
 - It appears that paraprofessionals are assigned to compensate for programmatic deficiencies and that this has become the commonly accepted strategy for supporting students with special education needs. In the words of one interviewee, the assignment of 1:1 paraprofessionals "is a cultural thing in the District."
 - Because there is an absence of entry and exit criteria for paraprofessional supports, paraprofessionals are assigned to students or programs without a systemic and consistent procedure for doing so.
- Currently, there is an absence of clear accountability and support at the both the District and local (school) levels to ensure that the paraprofessionals are adequately monitored for the quality of the supports that they are providing. In conjunction with an absence of these quality assurance parameters, it was the perception among many interviewees that some paraprofessionals are not adequately trained at present to address the needs of the students to whom they currently assigned.



OUT OF DISTRICT PROGRAMS

- The District currently has 42 students in out of District (OOD) placements. Of these 42 students, 3 are adjudicated and therefore the District has little control in their placements and potential “bring backs.” Of the 39 students who are not adjudicated, a review of their IEPs suggest that the majority are being supported with educational-therapeutic supports in programs that are appropriate and cannot be plausibly provided via in-district programs as currently constituted. Furthermore, the students in these programs present with educational disabilities (e.g., autism) that have, in the authors’ collective experience, required out of district programs in other districts that we have either analyzed or provided services in.
- In that the OOD placements of students with disabilities represents approximately 1.5% of the total student population, and the District devotes approximately 30% of its special education budget-as compared to the state average of 33%, the number of students and expenditures devoted to OOD are considered reasonable for the size of the District.
- However, there is a small subset (i.e., 4 students) of the out of district population with intensive needs who are eligible for special education services under the educational disability of learning disabled. Although the plausibility of bringing these students back is remote owing to legal, logistical, and actuarial parameters surrounding the “Catch 22” of having to first create a comparable program,² it may be beneficial to replicate the components of this program to support a “stay in” foundation as described in the *Recommendation* section.

District personnel are to be commended for the creation and execution of alternative programs (e.g. the *ALP* program) that may provide a foundation for these “stay in” initiatives.

Recommendations

- The S-LPs are strongly encouraged to utilize systematic exit and entry criteria, which once reviewed by special education leadership, will be ratified with district letter-head and then shall become the district’s “voice” at IEP meetings. It should be conveyed in no uncertain terms to the IEP stakeholders that these criteria constitute district documents, and not departmental ones. Additionally, the therapists may want to create a severity matrix that specifies the intensity of services; the addition of this component will further promote equalization of services. As part and parcel of this document, it should be codified when students are eligible

² then allowing the parents to visit, followed by protracted and expensive hearings, etc.



It is recommended that the therapists construct their documents, around the central, qualitative question of what constitutes the need for school-based speech, physical and occupational therapy services, and then work “backwards” with respect to the quantifiable (i.e., standardized scores, years of delay with respect to expect gross motor milestones, etc.) parameters that, in conjunction with educational performance, will “drive” eligibility decisions.

In conjunction with other educational professionals, it is recommended that discrete roles and responsibilities be designated to each related service provider; the creation of such a document will minimize duplication of services (e.g., literacy, handwriting, etc.).

- As part of an intensive PD series, allow the S-LPs and OTs to participate in a program to facilitate improvement in the writing of measurable IEPs. This collective knowledge will continue to facilitate appropriate discharges.
- In order to further enhance district finances, it may be beneficial to change the configuration of the S-LP department to 2 S-LPs and 3 S-LP/As. The annual cost savings may amount to \$100,000 if enacted.
- The District may consider employing exit and entry criteria for paraprofessional support personnel; in this manner, further parity and equalization of access to services can be ensured for the students across the district, irrespective of the school in which they attend. It will instructive to overlay the needs of students currently receiving the continuum of paraprofessional supports against this prospective criteria to determine if the current staffing levels are required. It is speculated that the number of paraprofessional supports may be reduced immediately, in addition to equalizing candidacy from services that will further protect the District from a Civil Rights perspective.

Furthermore, it will be beneficial for the District to enact clear performance evaluation standards that will be completed annually by their assigned teachers and monitored by the school principals.

- It is strongly recommended that the paraprofessionals undergo intensive professional development in order to ensure that all staff become, and remain, highly qualified service providers.
- In order to simultaneously support both “bring back” and “keep in” initiatives, District leadership may want to replicate its own established and effective programs serving the elementary- and middle-school learning disabled population. In this regard the District, through intensive training, professional development, recruitment of specialized personnel, and physical plant modifications will be able to create a



comprehensive program for all grades, especially at the high school, and ensure continuity of instruction that support students from identification until graduation.

- In order to ensure continued uniformity of the OOD decision-making process, the reader is referred to Appendix D, which is a proposed protocol for all IEP teams in the District to use in order to make the OOD process more uniform and systematic, which is considered to critical from a Civil Rights Perspective in order to protect the District from legal and fiscal perspectives.

ORGANIZATIONAL STRUCTURE

Historical Review

In 1999, the District had substantially more central office capacity than it currently has, as determined by the number and scope of full time administrative personnel. At that time, the number of central office staff comprised:

- (1) Superintendent of Schools
- (1) Associate Superintendent for Curriculum & Instruction
- (1) Associate Superintendent for Business, Finance and Human Resources
- (1) Director of Pupil Personnel Services
- (1) Associate Director of Pupil Personnel Services
- (1) Elementary Curriculum Coordinator
- (1) Grant Coordinator
- (1) Title 1 Coordinator
- (1) Director of Teaching and Learning
- (1) TBE Coordinator (half-time or .5 FTE)
- (1) Director of Health
- (1) Coordinator of Technology

Central Office Administrative Capacity in the NPS - Present Structure

For the 2009-2010 academic year, the District maintains the following central office administrative structure:

- (1) Superintendent of Schools
- (1) Business Manager
- (1) Director of Pupil Personnel Services (filled by interim)
- (1) Associate Director of Pupil Personnel Services
- (1) Director of Health and Safety (also taking on sexual harassment complaints and civil rights compliance)
- (1) Director of Technology



Considerations

- The District merged Human Resources functions with the City of Northampton; consequently, the City's Human Resources Department now managing these functions.
- The City and the School Department consolidated payroll offices this year with the City assuming all payroll functions. The support staff that is associated with both of these functions was also combined and all are currently employees of the City.
- Based upon a review of the duties assigned to current central office administrators, the superintendent, unlike in other similar sized districts, is personally responsible for: oversight of the curriculum, Title 1 programming and compliance, coordination of professional development for the entire district, maintaining compliance for No Child Left Behind (which includes tracking highly qualified teacher status, appropriating licensing, and managing several grant funds).

All remaining positions appear to have duties traditionally associated with a professional with a comparable title.

- In comparison to other similar sized school districts, the central office capacity appears to be far leaner than normal (refer to the next section for details).

Review of Central Office Capacity in Similar Sized School Districts in MA

As part of this administrative review, Futures personnel contacted twenty school districts with 1,700 to 4,000 student enrollment in order to benchmark the number of administrators their roles and functions as a comparison sample. In comparison to these other districts, the initial impression with respect about the perceived leanness of the District's administrative capacity was confirmed.

- Of the comparable twenty school districts, all had at least one additional senior central office administrator in addition to the superintendent, business manager, and director of special education (or pupil personnel services).
- All except one of the districts of 2500 students and larger (i.e., 17 of the 20 districts) have an assistant superintendent position; it is notable that this one district has a grants manager and curriculum director.
- Other than the District, all analyzed school districts with more than 2000 students have either an associate, an assistant superintendent, or a curriculum director.



Recommendations

- Consistent with the aforementioned data on other like-sized school districts, and the fact that the District superintendent is attempting to manage a number of important operational areas that are atypical for the most senior school leader, the team would recommend that the District consider adding an Assistant to the Superintendent position devoted to curriculum oversight, coordinating professional development for the District, Title I compliance, overseeing NCLB requirements, and assuming the lead coordination role in the District's RTI program.³

Admittedly, such a job would be difficult given the range and scope of suggested duties; however, all appreciate that with tight budgets administrators need to be doing more than ever before to ensure resources remained focused on the classroom level.

- As part of creation of greater administrative capacity, the District may also consider:
 - Creating coordinator positions for the English Language Learning and ADA/504 compliance (which may be assumed by present staff).
 - Bringing the Early Childhood coordinator up from Unit A to Unit B. Presently, the coordinator is managing the early childhood program as well as aiding in some grant work and assisting with Literacy work at the PK-2 level.
 - Centralize its psychological services to allow for greater flexibility and parity of workloads given the fluidity of student needs and programs throughout the District.

SUMMARY AND FINAL COMMENTARY

The authors of this study acknowledge the recommendation for increased administrative staff in light of the well-documented fiscal crises at the local, state and, federal levels may be (understandably) poorly received by the District's school board. Although this report has presented specific aspects pertaining to the delivery of special education and the organizational structure of the central office as separate entities, it is critical to consider these issues as systemic, as an increase of comparatively scarce administrative resources will have a presumptive positive effect on student outcomes and, consequently, District finances.

District leadership, for a host of reasons, has opted over the past ten years to significantly reduce the number of administrators and their support personnel. This

³ Another benefit of assigning the RTI program to the assistant superintendent is that it send a vital symbolic message to the field that RTI is, in all respects, a general education initiative



assertion is supported by a straightforward review of the organizational chart from 1999, which is still published in the *Northampton School Committee's Policy and Procedures Manual* (see attached Appendix E), compared to the actual staffing currently in place. There has been close to a fifty percent reduction in administrative personnel between 1999 and 2009, while, concurrently, student enrollment has decreased by only 200 students (i.e., approximately 7%) in that same period.

The implications of these dramatic staffing reductions have been, in the authors' view, seismic: As administrative positions were lost during this timeframe, more and more responsibilities were assigned to the remaining educational leaders, gradually leading to the present situation where it appears that there are an insufficient number of school administrators to fully implement best practice in several important areas that would assist in stemming increased special education costs. More specifically, District-wide processes and procedures that support curriculum, instruction, RTI, and professional have fallen upon fewer and fewer qualified personnel. The present Superintendent and building principals should be commended for managing the system so well with so few resources.

Therefore, the authors' posit that the "downside" to the savings in administrative leadership has been a gradual lack of cohesion in the aforementioned policies and procedures designed to support educational achievement-for special- and regular education students alike, as well as a pervasive sense that due to the absence of systematic supports for struggling learners on the regular education "side" (i.e., RTI), that special education is "only game in town."⁴ Consider that in the Commonwealth, the special education population is 17% of the population (as compared to the national average of 12%) and the special education budget is typically 20% of the total operating budget. In the District, these statistics are 21% and 23%, respectively.

It is speculated that the creation of an Assistant Superintendent position with administrative duties including, but not limited to, the oversight of RTI will be a well-spent investment by the District. Consider that the District currently has 570 students identified as special education⁵ (which constitutes approximately 21% of the current student population). Conservatively estimated, each special education student costs the District an additional \$5,000 to the overall per pupil cost; consequently, the additional 4% of identified students⁶ equates to an annual cost of \$550,000. The de-classification of those students requiring additional supports such as related services

⁴ All interviewees, when asked about the high District percentage of special education students, responded that there is "nothing in the water" in Northampton to explain the creation of this situation, and that proactive interventions to address these students would result in a significant reduction in the special education population

⁵ As per the most recently published information on the Massachusetts Department of Elementary and Secondary Education website

⁶ If the District's special education population were at the state average, it would equate to 460 students



and paraprofessional services will ensure that costs go down even more dramatically. The investment of an administrator to ensure, among other processes, that struggling learners are being addressed prior to the need to identify them as requiring special education supports would be fractional in comparison to the multi-year savings that will be in the millions that such a position will facilitate.



Appendix A.: The Importance of an Educational Model

The authors emphasize that the construct “at play” here is not just *inclusion*, which refers to the practice of having special education students and general education students receiving instruction together in a classroom; rather, this section refers to an in-class orientation that is designed to further breakdown the “silos,” thereby allowing programming for special education students within a more unified, educationally-directed paradigm. In keeping with the mandated educationally-based nature of school-based services, as presumably detailed in a given student’s Individualized Education Program (IEP), related services may be best provided via an in-class, integrated model. For example, an S-LP’s goals related to social skills may be addressed in a classroom setting where peer interactions take place in a more naturalistic context; it may be preferable for an OT to provide more “ecologically valid” sensory interventions within the classroom to help with the student’s “learning readiness”; similarly, a teacher may find environmental accommodations provided by a physical therapist within the classroom extremely helpful in promoting the student’s mobility where he spends the majority of the school day; the “pointers” offered by a school psychologist may be generalized by the classroom teacher in order to optimize adaptive behaviors for educational purposes.

Consequently, “all things being equal,” this therapeutic-educational orientation achieves five broad objectives: (1) provision of services in the least-restrictive environment (LRE); (2) a paradigm whereby transference of skills to the classroom is more easily attained; (3) an increased opportunity for service providers to model therapeutic interventions to instructional staff; (4) the creation of a platform that allows for an integrated IEP, thus optimizing educational outcomes within the “authentic” academic milieu of the classroom; and (5) the presumptive creation of a culture, which through avoiding a “medical-clinical” model, will ideally facilitate a reduction of the need for intensive services, discharge from services, and ultimately, district expenditures.

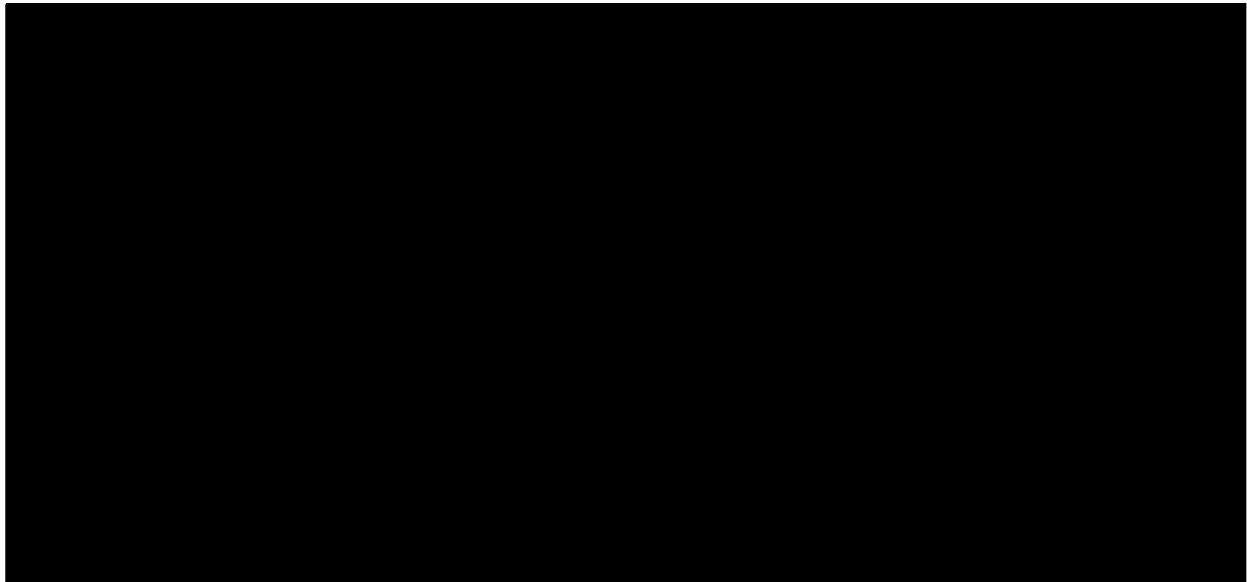
The authors of this study reiterate that there may very well be circumstances where the traditional, individual “pull-out” treatment paradigm remains appropriate. For example, consider the following scenarios:

- A speech-language pathologist (S-LP) needs to train a student to use fluency-enhancing techniques to address a severe case of stuttering.
- An occupational therapist (OT) is addressing hand contractures with a student to reduce tone in order to facilitate fine motor skills.
- A physical therapist (PT) needs to constantly adjust a student’s ankle-foot orthosis to optimize ambulation.

In all of these scenarios, the specialists may plausibly choose a pull-out model to address the underlying foundation skills. However, in the authors’ view, such situations in school-based practice are the exceptions proving the rule, and therefore an integrated, in-class service delivery model should be conceptualized as the “default” for all IEP stakeholders.



Appendix B: The Scatter plot Illustrating the Negative Correlation of -0.32 Between Service Minutes and Age



Note the downward slope of the trend line, underscoring the desirable negative correlation of service minutes and age.



Appendix C. An Example of Eligibility Criteria for PT: Checklist Addendum

- An answer of yes (Y) to all of the following questions may qualify a student for school-based physical therapy.
 - Due to gross motor impairment, does the student require hands-on assistance to access his or her curriculum (special or general education) in any of the following areas:
 - Stairs: Y N
 - Ramps: Y N
 - Curbs: Y N
 - School Bus: Y N
 - Doors: Y N
 - Seating: Y N
 - Vocation: Y N
 - Are the skills of a Registered Physical Therapist or Physical Therapist Assistant required (as opposed to an adequately trained teacher or paraprofessional) for the student to access the curriculum; →Y N
 - Is it likely that the student will become more independent with his/her access to the curriculum with skilled school-based Physical Therapy intervention?→Y N
 - Can the gross motor impairment NOT be addressed appropriately with outpatient physical therapy services? -----→
Y N
- The following criteria do not solely justify school-based physical therapy services.
 - Stretching/ROM/positioning (can be performed by an aide)
 - Supervision required for safety
 - Gross motor delay/poor balance/poor coordination
 - Poor safety awareness
- Observations must be validated by multiple instances, related to curricular access; if the student is deemed eligible for school-based services, it is required that the area(s) of need as described above, are documented in the PLEP B section of the IEP, and have a corresponding measurable and relevant goal/objective.



Appendix D. A Protocol for Ensuring Student Education in Least Restrictive Environments and Process for Consideration of Out of District Placement

The concept of Least Restrictive Environment (LRE) for students with disabilities is based upon the principle that students, in general, benefit most from participating in the enriched educational environment of the general education classes and programs with their age appropriate typical (non-disabled) peers. This provides opportunities for discussion, observation, socialization, and other benefits that may best be accrued through learning in a typical environment. Not only is this best practice and proven to be the most productive environment for learning, it is required by federal and state law.

There may be circumstances in which students require specific educational interventions or instruction in more restrictive environments due to the nature and severity of their disability. The following continuum of LRE provides a progression from the general education program to a separate self-contained educational setting outside the student's regular school and District.

The provision of LRE is relative to an individual student. A setting that might be the least restrictive environment for a student with one type of special education need may be excessively restrictive for a student with a different or less intensive need. To address this variation, the IEP team is required to review and analyze each student and development an individually designed education program (IEP) for each student identified as requiring special education and related services to benefit from the educational program offered by the school district. The more removed a student is from the general classroom, the more restrictive the educational environment.

The steps indicted herein represent a sequential progression from the general education classroom to an out-of-district residential setting. As indicated earlier, educational programming is an individualized process reflecting the specific needs of a student. The steps identified in this document are a generalization of this process. There may be circumstances where a student requires immediate placement in a more restrictive setting due to the nature of the disability or placement by a state agency for reasons that are not educational in nature. In all cases, the PPT will attempt to provide special education programs and services in the least restrictive environment relative to the individual student's needs.

The following progression or rubric reflects the recommended general best practice for determining LRE for a student identified as requiring special education and specifically for determining the need for placement in an out-of-district educational setting. The PPT will consider these factors in prescribing an educational program for every student requiring special education.



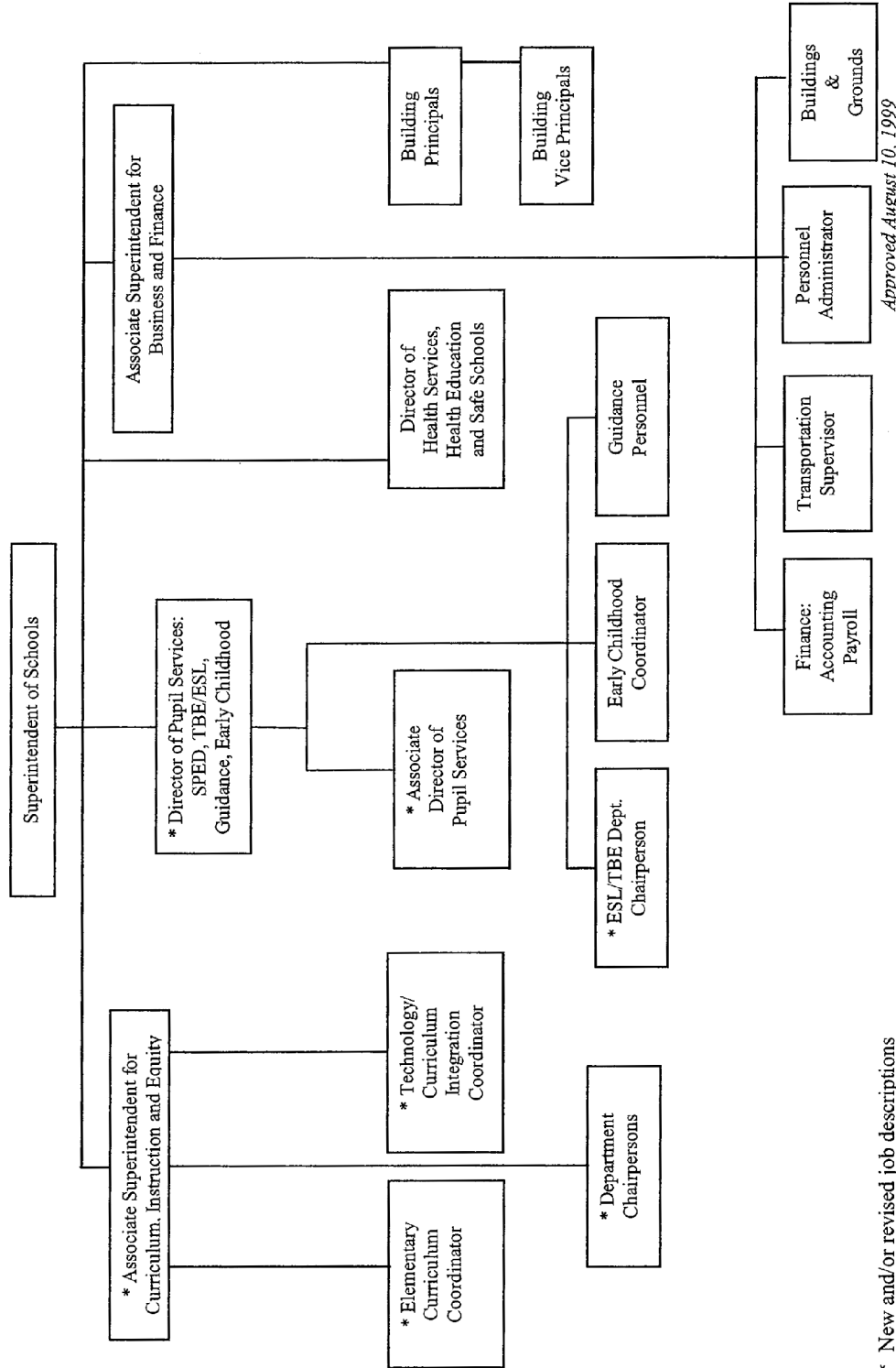
LRE PROGRESSION
(1 LEAST RESTRICTIVE – 12 MOST RESTRICTIVE)

- (1) Is the student able to benefit (demonstrate learning and progress within the curriculum) from the general education program of studies in the following environments:
- (2) General classroom with typical instruction provided by the classroom teacher
- (3) General education classroom with accommodations (differentiation) by the classroom teacher and other general education supports and services
- (4) General education classroom with special education consultation
- (5) General education classroom with special education instruction or support in the classroom
- (6) General education classroom for most of the school day with some instruction required out of the classroom by a special education teacher or related services provider.
- (7) Special education classroom for most of the school day with some instruction provided in the general education classroom
- (8) Special education classroom within the student's home-school with all instruction in a special education setting.
- (9) Special education instruction (with opportunities to participate in general education programs with non-disabled peers where possible) in another school within the district school
- (10) Special education instruction (with opportunities to participate in general education programs with non-disabled peers where possible) in a public school in another school district
- (11) Special education instruction day program in a non-public (special education) school outside the district with no opportunity to participate in general education classes or programs with non-disabled peers.
- (12) Special education instruction in a self-contained residential setting with no opportunity to participate in general education classes or programs with non-disabled peers.



Appendix E. Northampton Organizational Chart from 1999:

**Northampton Public Schools
Central Administrative Organization Chart**



Approved August 10, 1999

* New and/or revised job descriptions