

# Understanding Individualized Education Plans, 504 plans and Response to Intervention



| IEP (Individualized Education Plan)   | 504 (Section 504 plan)   | RTI (Response to Intervention)  |
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| <p>An IEP (Individualized Education Plan) is a written document that allows a student with a disability to access specially designed education programming to meet their needs.</p> | <p>A 504 plan (Section 504 of the Rehabilitation Act) is a way for schools to provide support for students with a disability so they can learn in the regular classroom.</p> | <p>RTI (Response to Intervention) is a multitiered approach to providing services and interventions to students struggling in academic areas.</p> |

## ELIGIBILITY DETERMINATION

Categories of disability under IDEA for which a student can have an IEP include:

- Autism
- Hearing impairment
- Visual impairment
- Significant developmental delay
- Emotional disturbance
- Intellectual disability
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury

To qualify for an IEP, the child must be fully and comprehensively evaluated by a multidisciplinary team, facilitated by the school district's special education services department, and deemed eligible by meeting criteria in at least one of the disability categories listed above.

To be protected under Section 504, a student must be determined to:

- Have a physical or mental impairment that substantially limits one or more major life activities; or
- Have a record of such an impairment; or
- Be regarded as having such an impairment.

To qualify for a Section 504 plan, a school team will complete some level of evaluation (classroom observations, rating scales). The team will meet and determine if the area of disability is having a functional impact (impacting academic, classroom, social and communication functioning in the school setting).

The state of Wisconsin requires RTI as a component for eligibility determination for a specific learning disability.

Children are regularly screened as part of universal instruction to identify which level of intervention support (Tier 1, 2 or 3) is needed for each child. Determination is made by examining an individual student's score in comparison to school, district, state or national standards on the screening measure. A student is eligible for higher-level interventions if:

- They are at risk of falling behind.

## IEP (Individualized Education Plan)

## 504 (Section 504 plan)

## RTI (Response to Intervention)

### SERVICES/ACCOMMODATIONS PROVIDED

- Individualized goals in the area of child's disability
- Specially designed instruction (in general or special education classroom) for areas impacted by disability
- Classroom accommodations
- Testing accommodations

Your child **must receive appropriate individualized instruction** and is assessed regarding making meaningful progress.

- Classroom accommodations
- Testing accommodations

Only **requires "equal access,"** not individualization. There is no requirement to monitor your child's progress.

3-tiered system of support incorporating scientific, research-based intervention for specific academic concerns (reading, writing, mathematics) at different levels of intensity of services needed

- Tier 1: The whole class
- Tier 2: Small group interventions
- Tier 3: Intensive interventions

RTI interventions can be used to help the school decide if the child qualifies for an IEP in the area of a specific learning disability in a specific academic area due to lack of progress within Tier 2 interventions. **Interventions in RTI are targeted to a child's area of academic difficulty** (reading fluency, math fact fluency) to determine growth and rate of progress.

### MEETING AND DOCUMENTATION

When students are found eligible for special education services, a meeting occurs to plan an education program that suits your child's unique needs.

When a student is found eligible, an accommodation plan is developed with the team.

Request a written intervention plan with progress monitoring, which measures student improvement or responsiveness to instruction. Intervention lengths may vary by intervention, but progress should be monitored throughout the intervention.

### TEAM MEMBERS

- Child's parent or caregiver
- General education teacher
- Special education teacher
- School psychologist
- District representative (principal, special education director)
- Other special education staff, such as the school social worker, speech language pathologist

Rules are not as specific about team membership as in an IEP. Individuals familiar with the child are generally included in 504 meetings and may include:

- Child's parent or caregiver
- General education teacher
- School principal
- School counselor or social worker

There is not a specific way that each school addresses RTI data. However, many schools have an RTI team process to analyze student data and progress.

- General education teacher
- Child's parent or caregiver
- Academic interventionist or specialist
- School psychologist
- Administrator
- RTI coordinator (data analyst)



## MONITORING PROGRESS AND EVALUATIONS

- A **parent or caregiver must provide consent** in writing **for the child to be evaluated** by the school. They must also provide consent in writing before IEP services can be implemented once a child qualifies.
- Your child must be **re-evaluated once every three years or sooner** if needed or requested by a parent or teacher.
- Parents must receive **ten days' notice** prior to any change in educational placement.
- **Families can request a school district pay for an Independent Educational Evaluation (IEE)** by an outside expert. The district does not have to agree. Families can pay for an outside evaluation themselves, though school is not required to use this evaluation for making educational decisions.
- **Requires an impartial hearing** by a neutral hearing officer appointed by the state if parents disagree with the identification, evaluation or placement of the student.

- A **parent or caregiver is required to provide consent before an evaluation** for 504 services can begin.
- **Requires a "periodic" re-evaluation** but the law does not dictate any time frame for that re-evaluation
- **No prior notice** requirement
- **Does not allow for families to request the school district pay for an IEE.** Families are able to pay for an outside evaluation themselves, though school is not required to use this evaluation for making educational decisions.
- **Provides for impartial hearing.** The hearing officer is appointed by the school. Parents can file a complaint with the federal Office of Civil Rights for violations.

- **Notification occurs, but consent is not required for screening, progress monitoring or to provide additional or intensified instructional supports** in the general education setting. Collaboration with parents/caregivers is encouraged.
- **Ongoing progress** monitoring data is collected **throughout the year** to determine responsiveness to interventions, and adjustments in level of intensity are made as needed.
- **No prior notice** requirement, though progress monitoring can be reviewed
- **Parents can request an evaluation at any time** if they are concerned about progress.
- RTI includes universal instruction and is a built-in component to the regular classroom. **Concerns should be directed to the classroom teacher.**



The Center for Child Development (CCD) is an **evaluation clinic** serving children up to 18 years of age with developmental concerns. We also treat some children following their diagnoses.

Our website provides a wealth of resources to share with families to help them respond to their child's academic and developmental struggles. Visit [childrenswi.org/CCDresources](https://childrenswi.org/CCDresources).

### Physician referral (may be required by insurance)

- **Internal referral via Children's Epic**  
Send an ambulatory referral to Center for Child Development (CCD).
- **External referral via Epic**  
Send to CHW MENTAL AND BEHAVIORAL HEALTH.  
Include Center for Child Development in the notes/comments.
- **Via fax**  
(414) 266-3735
- **Call the Mental and Behavioral Health Access Center**  
(414) 266-3339