Related Services — National Dissemination Center for Children with Disabilities

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Related services help students benefit from special education. Here, we see a physical therapist at work.

This info in Spanish | Esta información en español

The IEP must contain a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child. We've split up the discussion of each of these important elements, because there is so much to say about each. This article focuses on ***related services***.

IDEA's exact words

Related services, in brief

Related services, in detail

IDEA's Exact Words

Let's start with IDEA's full requirement for specifying a child's related services in his or her IEP. This appears at §300.320(a)(4) and stipulates that each child's IEP must contain:

(4) A statement of the special education and **related services** and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—

(i) To advance appropriately toward attaining the annual goals;

(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and

(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section… [§300.320(a)(4)]

We've bolded the part of IDEA's regulation that specifically mentions related services, because it's important to see the context in which this term is used. It is that context, and IDEA's own definition of related services, that will guide how a child's IEP team considers what related services the child needs and the detail with which the team specifies them in the IEP.

Back to top

Related Services, in Brief

Related services help children with disabilities benefit from their special education by providing extra help and support in needed areas, such as speaking or moving. Related services can include, but are not limited to, any of the following:

- speech-language pathology and audiology services

- interpreting services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- school health services and school nurse services
- social work services in schools
- parent counseling and training

Back to top

Beginning with Evaluation

IDEA requires that a child be assessed in all areas related to his or her suspected disability. This evaluation must be sufficiently comprehensive so as to identify all of the child's special education and related services needs, whether or not those needs are commonly linked to the disability category in which he or she has been classified.
Back to top

Determining What Related Services a Student Needs

It is the IEP team's responsibility to review all of the evaluation information, to identify any related services the child needs, and to include them in the IEP. Goals are written for a related service just as they are for other special education services. The IEP must also specify with respect to each service:

- ***when*** the service will begin;
- ***how often*** it will be provided and for what amount of time; and
- ***where*** it will be provided. [§300.320(a)(7)]

Each child with a disability may not require all of the related services listed above. Furthermore, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education. Examples include artistic and cultural programs, art, music, and dance therapy.

The IEP is a written commitment for the delivery of services to meet a student's educational needs. A school district must ensure that all of the related services specified in the IEP, including the amount, are provided to a student.

Changes in the amount of services listed in the IEP cannot be made without holding another IEP meeting. However, if there is no change in the overall amount of service, some adjustments in the scheduling of services may be possible without the necessity of another IEP meeting.

Back to top

Related Services Personnel on the IEP Team

IDEA does not expressly require that the IEP team include related services personnel. However, if a particular related service is going to be discussed in an IEP meeting, it would be appropriate for such personnel to be included or otherwise involved in developing the IEP. IDEA states that, at the discretion of the parent or the public agency, "other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate" may be part of a child's IEP team.

Back to top

Do parents have to pay for the related services their child receives?

No. School districts may not charge parents of eligible students with disabilities for the costs of related services that have been included on the child's IEP. Just as special and regular education must be provided to an eligible student with a disability at no cost to the parent or guardian, so, too, must related services when the IEP team has determined that such services are required in order for the child to benefit from his or her education.

Back to top

Related Services, in Detail

To add detail to the "short story" above, let's begin with the very first part of IDEA's definition of related services at §300.34.

> ***§300.34 Related services.***
>
> *(a)* ***General. Related services*** *means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes…*
>
> *This beginning represents the core of how IDEA defines related services. The term related services is typically spoken in the same breath as special education (similar to how "peas and carrots" and "ham and eggs" go together) and, when used in IDEA, will always have the same meaning, including the part of the definition we haven't shown you yet, which picks up where the beginning leaves off…*
>
> *…and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.*

Clearly, the list of related services is extensive–and, as already mentioned, the list is *not* exhaustive. These are just the services that IDEA specifically mentions. As states respond to the requirements of federal law, many have legislated their own related service requirements, which may include services beyond those specified in IDEA.

Back to top

What's Excluded as a Related Service

IDEA makes a specific *exception* to the list of related services: surgically implanted devices, including cochlear implants. This exception is new with IDEA 2004 and shows the advance of time and technology. A relatively new technological development, the cochlear implant is a "small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing" (National Institute on Deafness and Other Communication Disorders, 2006a). While an implant does not restore normal hearing, it does give the recipient "a useful representation of sounds in the environment and help him or her to understand speech" (*Id.*).

Cochlear implants are not the only surgically implanted devices. Others include: insulin pump, baclofen pump, pacemaker, G-tube, and vagus nerve stimulator device.

The exception. If a child has a surgically implanted device, the scope of the public agency's responsibility to provide supportive related services in relation to that device is covered in IDEA's provisions at §300.34(b), its exception. Public agencies are not responsible for optimizing these devices, maintaining them, or replacing them. Public agencies are responsible for "routine checking to determine if the external component of a surgically implanted device is turned on and working" (71 Fed. Reg. 46570) and for providing other types of services the child needs, as determined by the IEP team, including:

- assistive technology (e.g., FM system);
- proper classroom acoustical modifications;
- educational support services (e.g., educational interpreters); and
- receiving the related services (e.g., speech and language services) that are necessary for the child to benefit from special education services. (*Id*.)

While public agencies are *not* responsible for mapping a cochlear implant, they do have a role to play in providing services and supports to help children with cochlear implants. As the Department observes:

Particularly with younger children or children who have recently obtained implants, teachers and related services personnel frequently are the first to notice changes in the child's perception of sounds that the child may be missing. This may manifest as a lack of attention or understanding on the part of the child or frustration in communicating. The changes may indicate a need for remapping, and we would expect that school personnel would communicate with the child's parents about these issues. To the extent that adjustments to the devices are required, a specially trained professional would provide the remapping, which is not considered the responsibility of the public agency. (71 Fed. Reg. at 46570-1)

In many ways, the Department points out, there is no substantive difference between serving a child with a cochlear implant in a school setting and serving a child with a hearing aid. A "public agency is responsible for the routine checking of the external components of a surgically implanted device in much the same manner as a public agency is responsible for the proper functioning of hearing aids" (71 Fed. Reg. at 46571). What distinguishes a service covered under the Act and one that is excluded is, in large measure, "the level of expertise required" (*Id*.). Maintaining and monitoring a surgically implanted device require the expertise of a licensed physician or an individual with specialized technical expertise beyond that typically available from school personnel. On the other hand:

Teachers and related services providers can be taught to first check the externally worn speech processor to make sure it is turned on, the volume and sensitivity settings are correct, and the cable is connected, in much the same manner as they are taught to make sure a hearing aid is properly functioning. To allow a child to sit in a classroom when the child's hearing aid or cochlear implant is not functioning is to effectively exclude the child from receiving an appropriate education. (*Id*.)

You'll note that the exception in IDEA is carefully crafted to ensure that public agencies remain aware of, and responsible for, monitoring and maintaining "medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school" (§300.34(b)(2)(ii)]. This clearly aligns with a public agency's responsibility for the health-related services (see discussion of **Medical Services** and **School Health Services** and **School Nurse Services** further below).

Back to top

The Individual Services, Defined

IDEA's definition of related services also goes on to define each individual service. If you wish to delve into individual related services, the following discussion may be helpful. It's drawn from NICHCY's training curriculum *Building the Legacy* (see Module 1, which includes brief summaries of each related service). The services are discussed below in alphabetical order.

Audiology

The definition of audiology as a related service appears at §300.34(c)(1) and reads:

(1) *Audiology* includes—

(i) Identification of children with hearing loss;

(ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;

(iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-

reading), hearing evaluation, and speech conservation;

(iv) Creation and administration of programs for prevention of hearing loss;

(v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and

(vi) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. [§300.34(c)(1)]

Audiology is primarily provided to support the needs of children with hearing loss and includes (but is not limited to) key services such as determining the range, nature, and degree of a child's hearing loss and both group and individual needs for amplification.

The National Institute on Deafness and Other Communication Disorders (2006b) estimates that 17 of every 1,000 children under 18 have a hearing loss. More than 71,900 children, ages 6-21, are served in the U.S. under IDEA's category of hearing impairments (U.S. Department of Education, 2006).

Some schools have hearing screening programs and staff trained to conduct audiology screenings of children. Others may participate in regional cooperatives or other arrangements that provide audiology services. Those school districts that do not have diagnostic facilities to evaluate children for hearing loss and related communication problems or central auditory processing disorders may refer children to a clinical setting, such as a hospital or audiology clinic, or make other contractual arrangements.

Back to top

Counseling Services

IDEA defines counseling services as follows:

(2) *Counseling services* means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. [§300.34(c)(2)]

According to the American School Counselor Association (2007), counseling services are intended to help all children in the areas of academic achievement, personal/social development and career development. This can include helping children with personal and social concerns such as developing self-knowledge, making effective decisions, learning health choices, and improving responsibility. Counselors may also help children with future planning related to setting and reaching academic goals, developing a positive attitude toward learning, and recognizing and utilizing academic strengths.

Note that IDEA's list of related services includes other counseling services—parent counseling and training; and rehabilitation counseling (that is, counseling specific to career development and employment preparation). These are defined separately in IDEA and are clearly different from counseling services (which are also not to be confused with *psychological services*).

Back to top

Early Identification and Assessment of Disabilities in Children

This related service is defined at §300.34(c)(3) as follows:

(3) *Early identification and assessment of disabilities in children* means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

The disability and medical fields are full of information about early identification of disabilities in children as well as assessing the scope and impact of a child's disability. This literature is focused on system-level issues such as setting up screening programs for specific disabilities (e.g., autism, speech-language impairment, visual and hearing impairments) and establishing mechanisms within the educational system by which children at risk of learning problems are quickly identified and their learning issues addressed.

As a related service, however, early identification and assessment of disability in children represents an *individual* service for one child. If a child's IEP team determines that identifying and assessing the nature of a child's disability is necessary in order for the child to benefit from his or her special education, then this related service must be listed in the child's IEP and provided to the child by the public agency at no cost to the parents. A formal plan would be written to establish the process and procedures by which the child's

disability will be identified.

This may seem strange—identifying the disability? Isn't that one of the purposes of evaluation? True. But disability can elude diagnosis, even as it adversely affects academic and functional performance in clear and measurable ways. Permitting states to adopt the term "developmental delay" acknowledges that it's not always possible to say what's causing a learning or other problem, but that intervention is still necessary. Early identification and assessment of disability in children, as a related service, acknowledges that continuing to search for and identify the disability as early as possible in a child's life may be necessary if the child is going to derive benefit from special education.

Back to top

Interpreting Services

Interpreting services were added to IDEA's list of related services in the 2004 reauthorization and are defined at §300.34(c)(4) as follows:

(4) *Interpreting services* includes—

(i) The following, when used with respect to children who are deaf or hard of hearing: Oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and

(ii) Special interpreting services for children who are deaf-blind. [§300.34(c)(4)]

Interpreting services may be new to IDEA's definition of related services, but they are been provided over the years to many children who are deaf or hard of hearing, as part of providing them with access to instruction. The definition of interpreting services indicates a range of possible such services (e.g., oral transliteration, cued language), all of which refer to specific communication systems used within the deaf and hard-of-hearing community. To find out more about these various systems, visit such organizations as:

Back to top

Medical Services

Medical services are considered a related service only under specific conditions: when they are provided (a) by a licensed physician, and (b) for diagnostic or evaluation purposes only. This is clear from the definition at §300.34(c)(5):

(5) *Medical services* means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

This related service has a long and interesting history that has only gotten more interesting as medical science has advanced and children with diverse medical conditions are being educated in increasing numbers in general education classrooms. The support that many such children need in order to attend school, school districts have argued, is medical in nature, complex and continual, and is not the responsibility of public agencies because IDEA clearly states that medical services are allowable related services only when provided for diagnostic or evaluation purposes.

The case of *Cedar Rapids Community School District v. Garret F.*, which took place in 1999, turned the gray line about the provision of related services to children with complex medical needs into a "bright line" ("Supreme Court adopts," 1999). The U.S. Supreme Court found that, if a related service is required to enable a qualified child with a disability to remain in school, it *must* be provided as long as it is not a purely "medical" service. What is considered "medical," as IDEA's definition amply indicates, are those services that can only be provided by a licensed physician (and only for the purposes of diagnosis or evaluation). If a non-physician can deliver the services, then the service must be provided by public agencies, regardless of the staffing or fiscal burdens they may impose. Health care services that can be provided by a non-physician are not provided under the category of medical services, however. Today they would be as considered school health services and school nurse services. Examples of such services include bladder catheterization, tracheostomy tube suctioning, positioning, and monitoring of ventilator settings, to name a few.

Back to top

Occupational Therapy

The term occupational therapy (OT) is defined in IDEA at §300.34(c)(6) as follows:

(6) *Occupational therapy*—

(i) Means services provided by a qualified occupational therapist; and

(ii) Includes—

(A) Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;

(B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and

(C) Preventing, through early intervention, initial or further impairment or loss of function.

OT services can enhance a child's ability to function in an educational program and may include such services as:

- self-help skills or adaptive living (e.g., eating, dressing);
- functional mobility (e.g., moving safely through school);
- positioning (e.g., sitting appropriately in class);
- sensory-motor processing (e.g., using the senses and muscles);
- fine motor (e.g., writing, cutting) and gross motor performance (e.g., walking, athletic skills);
- life skills training/vocational skills; and
- psychosocial adaptation.

Back to top

Orientation and Mobility Services

We're getting there! Almost through with the O's!

Orientation and mobility services (O&M) became part of IDEA's list of related services with IDEA '97. They are defined at §300.34(c)(7) and even a brief read makes it clear that O&M services are intended for children who are blind or visually impaired, with the purpose of teaching them how to orient themselves in a range of environments (school, home, community) and to move safely within those environments.

(7) *Orientation and mobility services*—

(i) Means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and

(ii) Includes teaching children the following, as appropriate:

(A) Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);

(B) To use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision;

(C) To understand and use remaining vision and distance low vision aids; and

(D) Other concepts, techniques, and tools. [§300.34(c)(7)]

O&M services are not intended for children with disabilities other than visual impairments. If such a child needs to learn how to safely navigate a variety of settings, that child would generally not receive O&M

services but, rather, travel training. Travel training is included in the definition of special education and means providing instruction to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to develop an awareness of the environment in which they live and learn the skills necessary to move effectively and safely from place to place [§300.39(b)(4)].

Back to top

Parent Counseling and Training

Parent counseling and training is an important related service that can help parents enhance the vital role they play in the lives of their children. Its definition is found at §300.34(c)(8) and reads:

(8)(i) *Parent counseling and training* means assisting parents in understanding the special needs of their child;

(ii) Providing parents with information about child development; and

(iii) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

The first two parts of this definition are longstanding in IDEA. The last part—regarding helping parents acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP—was added in IDEA '97 "to recognize the more active role of parents as participants in the education of their children" (71 Fed. Reg. at 46573) and is retained in IDEA 2004. As with all related services, parent counseling and training would only be provided to parents "if a child's IEP team determines that it is necessary for the child to receive FAPE" (Id.).

Back to top

Physical Therapy

IDEA defines physical therapy as "services provided by a qualified physical therapist" [§300.34(c)(9)]. These services generally address a child's posture, muscle strength, mobility, and organization of movement in educational environments. Physical therapy may be provided to prevent the onset or progression of impairment, functional limitation, disability, or changes in physical function or health resulting from injury, disease, or other causes.

Back to top

Psychological Services

Now here comes a longish definition! IDEA defines psychological services at §300.34(c)(10) as follows:

(10) *Psychological services* includes—

(i) Administering psychological and educational tests, and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

(iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;

(v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and

(vi) Assisting in developing positive behavioral intervention strategies.

Psychological services are delivered as a related service when necessary to help eligible children with disabilities benefit from their special education. In some schools, these services are provided by a school psychologist, but some services are also appropriately provided by other trained personnel, including school social workers and counselors.

You may notice that counseling is mentioned in the definition of this related service, and is also mentioned in IDEA's definition of social work services (specifically, group and individual counseling with the child and family). In response to public comments questioning this, the Department clarified:

Including counseling in the definition of *social work services in schools* in §300.34(c)(14) is intended to indicate the types of personnel who assist in this activity and is not intended either to imply that school social workers are automatically qualified to perform counseling or to prohibit other qualified personnel from providing counseling, consistent with State requirements. (71 Fed. Reg. at 46573-4]

Further, the definition of psychological services uses the phrase "planning and managing a program of psychological services"—which includes "psychological counseling for children and parents." The more administrative nature of "planning and managing" is a telling difference in how counseling is included in the definitions of these two related services.

IDEA's definition of psychological services also specifically mentions positive behavioral intervention strategies, often referred to as PBS or PBIS. Behavior is an area of great concern these days, and it's useful to know that many of IDEA's provisions support taking a proactive approach to addressing behavior that interferes with a child's learning or the learning of others. For such a child, the IEP team must consider, if appropriate, strategies (including positive behavioral interventions, strategies, and supports) to address that behavior [§300.324(2)(i)].

The fact that psychological services can include "assisting in developing positive behavioral intervention strategies" does not mean that only the professionals who provide psychological services may provide such assistance or that they are even necessarily qualified to do so. As the Department states:

There are many professionals who might also play a role in developing and delivering positive behavioral intervention strategies. The standards for personnel who assist in developing and delivering positive behavioral intervention strategies will vary depending on the requirements of the State. Including the development and delivery of positive behavioral intervention strategies in the definition of *psychological services* is not intended to imply that school psychologists are automatically qualified to perform these duties or to prohibit other qualified personnel from providing these services, consistent with State requirements. (71 Fed. Reg. at 46574)

Back to top

Recreation

We're to the R's, making slow but sure progress through IDEA's list of related services. Recreation as a related service is defined at §300.34(c)(11) and reads:

(11) *Recreation* includes—

(i) Assessment of leisure function;

(ii) Therapeutic recreation services;

(iii) Recreation programs in schools and community agencies; and

(iv) Leisure education.

Recreation services generally are intended to help children with disabilities learn how to use their leisure and recreation time constructively. Through these services, children can learn appropriate and functional recreation and leisure skills. Recreational activities may be provided during the school day or in after-school programs in a school or a community environment. Some school districts have made collaborative arrangements with the local parks and recreation programs or local youth development programs to provide recreational services.

As part of providing this related service, persons qualified to provide recreation carry out activities such as:

- assessing a child's leisure interests and preferences, capacities, functions, skills, and needs;
- providing recreation therapeutic services and activities to develop a child's functional skills;
- providing education in the skills, knowledge, and attitudes related to leisure involvement;

- helping a child participate in recreation with assistance and/or adapted recreation equipment;
- providing training to parents and educators about the role of recreation in enhancing educational outcomes;
- identifying recreation resources and facilities in the community; and
- providing recreation programs in schools and community agencies. (Mattson, 2001)

Back to top

Rehabilitation Counseling

And here is another related service that specifically mentions counseling. Rehabilitation counseling, however, uses such key terms as employment, career, and independence, which narrows the focus of the counseling and the purpose for which it is provided. The definition reads:

(12) *Rehabilitation counseling services* means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended, 29 U.S.C. 701 et seq. [§300.34(c)(12)]

Wondering about the reference to vocational rehabilitation (VR)? VR is a nationwide federal-state program for assisting eligible people with disabilities to define a suitable employment goal and become employed. Each state has a central VR agency, and there are local offices in most states. VR provides medical, therapeutic, counseling, education, training, and other services needed to prepare people with disabilities for work. VR is an excellent place for a youth or adult with a disability to begin exploring available training and support service options. For more information on VR programs funded under the Rehabilitation Act of 1973:

- To find your state's VR system and connect with eligibility and services information.
  Consult NICHCY's *State Resource Sheet* for your state. You'll find the state's VR agency listed under the main category of "State Agencies," and then beneath the heading of "State Vocational Rehabilitation Agency." Our State Resource Sheets are available online at:
  http://www.nichcy.org/state-organization-search-by-state

- Visit TATRA, Technical Assistance on Transition and the Rehabilitation Act.
  Scan down the page at the link below, until you come to State Vocational Rehabilitation Programs. That's where you can easily identify where to contact your state's VR agency.
  http://www.pacer.org/tatra/resources/vr.asp

Back to top

School Health Services and School Nurse Services

School health services have long been a part of IDEA's related services definition. In IDEA 2004, the term has been changed to school health services and school nurse services, with the following definition at §300.34(c)(13):

(13) *School health services and school nurse services* means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

Returning to an issue that was raised under Medical Services, many children with disabilities, especially those who are medically fragile, could not attend school without the supportive services of school nurses and other qualified people. Over the years, the extent of the health-related services that are provided in schools has grown, as might be expected when you consider medical advances in the last decade alone. In *Cedar Rapids Community School District v. Garret F.*, the question of whether or not public agencies are responsible for providing health-related supports that are complex or continuous was settled. They are, "only to the extent that the services allow a child to benefit from special education and enable a child with a disability to receive FAPE" (71 Fed. Reg. at 46574-5). What was previously called "school health services" in

IDEA has been expanded to distinguish between services that are provided by a qualified nurse and those that may be provided by other qualified individuals.

States and local school districts often have guidelines that address school health services and school nurse services. These may include providing such health-related support as:

- special feedings;
- clean intermittent catheterization;
- suctioning;
- the management of a tracheostomy;
- administering and/or dispensing medications;
- planning for the safety of a child in school;
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores);
- chronic disease management; and
- conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting. (U.S. Department of Education, 2003)

Back to top

Social Work Services in Schools

Issues or problems at home or in the community can adversely affect a child's performance at school, as can a child's attitude or behavior in school. Social work services in schools may become necessary in order to help a child benefit from his or her educational program. They are also a familiar related service, included in IDEA from its early days, and are currently defined at §300.34(c)(14) as follows:

(14) *Social work services in schools* includes—

(i) Preparing a social or developmental history on a child with a disability;

(ii) Group and individual counseling with the child and family;

(iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;

(iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and

(v) Assisting in developing positive behavioral intervention strategies. [§300.34(c)(14)]

Back to top

Speech-Language Pathology

Speech-language pathology services are provided by speech-language professionals and speech-language assistants, in accordance with state regulations, to address the needs of children and youth with disabilities affecting either speech or language. IDEA defines this related service at §300.34(c)(15) as:

(15) *Speech-language pathology services* includes—

(i) Identification of children with speech or language impairments;

(ii) Diagnosis and appraisal of specific speech or language impairments;

(iii) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;

(iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and

(v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Speech-language pathology services are longstanding related services in IDEA. They are also crucial in the education of many children with disabilities. More than 1 million children are served under the disability category of “speech or language impairments” alone, according to the 25th Annual Report to Congress (U.S. Department of Education, 2003).

Back to top

Transportation

Transportation is included in an eligible child’s IEP if the IEP team determines that such a service is needed in order for the child to benefit from his or her special education. The term has a specific meaning. IDEA defines *transportation* as:

- travel to and from school and between schools;
- travel in and around school buildings; and
- specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability. [§300.34(c)(17)]

The last bullet isn’t just talking about a separate bus that only children with disabilities ride to school. The Department of Education states, “It is assumed that most children with disabilities will receive the same transportation provided to nondisabled children” (Id.), in keeping with LRE requirements. Thus, transportation as a related services may also mean providing modifications and supports so that a child may ride the regular school bus transporting children without disabilities. (71 Fed. Reg. at 46576).

As part of longstanding OSEP policy and numerous written policy letters, memos, and summaries, public school districts must provide transportation to children with disabilities in two situations. These are:

- if a district provides transportation to and from school for the general student population, then it must provide transportation for a child with a disability; and
- if a school district does not provide transportation for the general student population, then the issue of transportation for children with disabilities must be decided on a case-by-case basis if the IEP Team has determined that transportation is needed by the child and has included it on his or her IEP.

Not all children with disabilities are eligible to receive transportation as a related service. A child’s need for transportation as a related service and the type of transportation to be provided must be discussed and decided by the IEP team. If the team determines that the child needs this related service to benefit from her or her special education, a statement to that effect must be included in the IEP, along with relevant details and arrangements.

Back to top

In Conclusion

That was quite a list, wasn’t it? You no doubt now have a very good sense of how extensive, well-thought-out, and important related services actually are for children with disabilities who need them. It’s no wonder the term so often appears with its buddy, special education.

Back to top

References

American School Counselor Association. (2007). *Role of the school counselor*. Retrieved September 9, 2010 at http://www.schoolcounselor.org/content.asp?pl=327&sl=341&contentid=341

Cedar Rapids Community School District v. Garrett F, 526 U.S. 66 (1999). Available online at:

www.wrightslaw.com/law/caselaw/case_Cedar_Rapids_SupCt_990303.htm

Mattson, B. (2001). Related services (2nd ed.). *NICHCY News Digest 16*, 1-20.

National Institute on Deafness and Other Communication Disorders. (2006a). *Cochlear implants* (NIH Publication No. 00-4798). Bethesda, MD: Author. Available online at: http://www.nidcd.nih.gov/health/hearing/coch.asp

National Institute on Deafness and Other Communication Disorders. (2006b). *Statistics about hearing disorders, ear infections, and deafness*. Bethesda, MD: Author. Available online at: http://www.nidcd.nih.gov/health/statistics/hearing.asp

Supreme Court adopts bright-line test in medical services case. (1999, March 12). *The Special Educator, 14*(15), 1, 6-7.

U.S. Department of Education (2003). *Annual report to Congress on the implementation of the Individuals with Disabilities Education Act, Vol. 2*. Washington, DC: Author. Available online at: http://www.ed.gov/about/reports/annual/osep/index.html

U.S. Department of Education. (2006). *26th annual report to Congress on the implementation of IDEA: Vol. 2*. Washington, DC: Author. Available online at: http://www.ed.gov/about/reports/annual/osep/2004/index.html

Back to top

Would you like to read about another component of the IEP?

If so, use the links below to jump there quickly.

Present Levels
How is the child currently doing in school? How does the disability affect his or her performance in class? This type of information is captured in the “present levels” statement in the IEP.

Annual Goals
Once a child’s needs are identified, the IEP team works to develop appropriate goals to address those needs. *Annual goal* describe what the child is expected to do or learn within a 12-month period.

Benchmarks or Short-Term Objectives
Benchmarks or short-term objectives are required only for children with disabilities who take alternate assessments aligned to alternate achievement standards. If you’re wondering what that means, this article will tell you!

Measuring and Reporting Progress
Each child’s IEP must also contain a description of how his or her progress toward meeting the annual goals will be measured and when it will be reported to parents. Learn more about how to write this statement in this short article.

Special Education
The IEP must contain a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child. This article focuses on the first element: a statement of the special education that will be provided for the child.

Related Services (you’re already here!)
To help a child with a disability benefit from special education, he or she may also need extra help in one area or another, such as speaking or moving. This additional help is called *related services*. Find out all about these critical services here.

Supplementary Aids and Services
Supplementary aids and services are intended to improve children’s access to learning and their participation across the spectrum of academic, extracurricular, and nonacademic activities and settings. The IEP team must determine what supplementary aids and services a child will need and specify them in the IEP.

Program Modifications for School Personnel
Also part of the IEP is identifying the program modifications or supports for school personnel that will be provided. Read more here.

Extent of Nonparticipation
The IEP must also include an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in other school settings and activities. Read how this connects to IDEA's foundational principle of LRE.

Accommodations in Assessment
IDEA requires that students with disabilities take part in *state or districtwide assessments*. The IEP team must decide if the student needs accommodations in testing or another type of assessment entirely. In this component of the IEP, the team documents how the student will participate.

Service Delivery
When will the child begin to receive services? Where? How often? How long will a "session" last? Pesky details, but important to include in the IEP!

Transition Planning
Beginning no later than a student's 16th birthday (and younger, if appropriate), the IEP must contain transition-related plans designed to help the student prepare for life after secondary school.

Age of Majority
Beginning at least one year before the student reaches the age of majority, the IEP must include a statement that the student has been told about the rights (if any) that will transfer to him or her at age of majority. What is "age of majority" and what does this statement in the IEP look like?

Back to top