
ER Meeting Guidelines

BACKGROUND:

These guidelines are intended to provide a new mindset regarding meetings when both the ER and IEP are being discussed. It is up to the professionals at the meeting to consider these guidelines moving forward, understanding there are always exceptions.

- According to the Eval Plan, the purpose of the evaluation is to determine eligibility or continued need for special education services. Legally, an ER meeting isn't required. The requirement is to have the ER completed and to the parents within 30 school days. WCED requires a meeting within 30 days to share ER results and develop the IEP if a child qualifies for Special Education. In light of this premise, the new ER format (Summary First Template) is intended to get to the result sooner than in the old method.
- The majority of parents primarily want to know if their child is going to get help. They gave permission for numerous tests to be done about 6 weeks ago so the school could determine if/how their child can get help.
- When you review the ER and IEP at the same meeting, the IEP has required components that include: PLAAFP, Goals/objectives, LRE, services, adaptations. (See IEP Agendas in Information Network) The team needs time to cover these areas so the parent is well informed regarding the proposed IEP and understands what they are giving permission for.

GUIDELINES:

- The ER should be complete or almost complete by the time of the meeting. The requirement indicates complete and to parents within 30 days. The reason for considering it a draft and almost done is primarily on initial evaluations to allow parents input on the team determinations and to allow them to read what was included in the ER under Information Provided by Parents.
- There is no requirement to have copies for everyone at the meeting. The case manager could sit by the parent and show them what the ER looks like or have one copy for them to look at during the meeting. Let them know they will get a final copy within a couple of weeks.
- Each evaluator is required to come to the meeting prepared to share:
 - What test/s was given
 - Why was it given

- What did the results reveal. Subtest scores do not need to be shared or explained in detail. Indicate the relevant strengths and weaknesses or information regarding impact on academics or reason for referral.
 - If an evaluator isn't able to be in attendance, the attached sheet could be completed and given to the case manager prior to the meeting.
 - Review your results prior to the meeting, be prepared and be on time.
- Each evaluator should be able to share their information in 4-6 minutes by remembering the intent of the meeting. Parents don't need to know all of the details regarding how the evaluator arrived at the conclusions they are reporting.
 - The ER part of the meeting should take 15-20 minutes so the IEP can be covered regarding what the school is proposing for services and not go over an hour total.
 - Do not read the ER as a method for reporting information to parents.
 - Always use a meeting agenda so required components are covered and to keep the meeting on track. There are examples on the Information Network.
 - At the beginning of the meeting, the case manager should indicate what will be happening during the meeting. For example on an initial, after introductions, signing in and parents initialing they received the Procedural Safeguards, etc. the case manager could say something like this:
 - "According to the evaluation results, it looks like your child will qualify for services. We have about an hour to share results from the evaluation, look over the criteria and also talk about the plan for services. If other topics come up, I will put them at the end of our agenda so we don't forget to talk about them. Each evaluator will share briefly the highlights of their testing, if you want to learn more about how the results were obtained, we can sure review that after the meeting."
 - If a child does not qualify, you may still begin the meeting with something like this: "According to the evaluation results, it looks like your child will not qualify for services. We're going to review our assessment results and discuss criteria to help you understand why we arrived at that conclusion at this time."
 - If a parent or team member goes off topic, the case manager should feel comfortable saying, "that is a great topic/idea/question, I will add it to the agenda and we can talk about it later- thanks for bringing that up"
 - If there are team members who must report and leave the meeting, please discuss and arrange at the beginning to minimize disruptions. If there is an IEP meeting following the ER, there will be required team members who would need prior excusal if they do not intend to stay for the entire meeting. (Admin, Gen Ed teacher, Special Ed Teacher)

TOP 10 MEETING TIPS FROM KATIE RADEKE:

1. To you this is one of many. To a parent this is the one and only. In education, particularly special education, we are bombarded with meetings. Evaluation report meetings, annual IEP meetings, conferences, and Progress Reporting may mean several meetings per child per year. Please remember, to you this is one of many meetings on your calendar. To a parent, this is one meeting about their child. Put yourself in the place of the parent. They have likely needed to rearrange their work schedule to attend a potentially less than positive meeting regarding their child's special needs compared to their typically developing peers. Be sensitive to their time.

2. Meet parents where they are. Parents come to us from a wide range of places on their journey of acceptance when it comes to their child and his or her disability. Parents may be feeling anxiety, apprehension, defensiveness, guilt, denial, all of the above, or none of the above. Every parent is in a different place regarding the needs of his or her child and we need to meet them at that place. Comments such as, "He is in such denial." Or "They need to get over it" create an attitude of arrogance on our part. Remember you are a team member WITH the parent.

3. Reporting: Keep your feelings out of it. Your feelings are important and maybe your feelings are accurate, however, when writing reports, be factual. Stay away from opinions, such as "I feel..." and "I think..." Rather, start sentences with "The child has been observed..." or "In this situation, the child seems (to become more agitated, to become anxious)..." Do not predict with "I think the child will..." Set goals for the annual IEP, which essentially is your prediction.

4. Watch your language. Stay away from vague terms such as "really well", "really smart", "fine", and "good." Remember who you are talking about and who you are talking to. Despite all of the other information given about the child's delay, if the parent hears that the child is "really smart", he or she may think all is "fine". Recently, I had a parent tell me that she had no idea how low her son was because when she asked, the teacher said he was doing "really well." When I asked the teacher about this, she replied, "Well, he does really well for his ability level." To say someone did "really well" on a test is confusing if they are scoring below average and there is a concern. Why not say, "Little Johnny was very cooperative (aka "really well") during the testing session (positive). He followed directions and was a hard worker. (more positive). When performing tasks in XXXX, he is scoring lower than expected for his age (honest, but not brutal)."

5. Watch your language some more. IEPs, ERs, standard deviations, percentiles, ASD, OHD, LD, ECSE...articulation, sensory processing, gross motor (what is "gross"?), cognitive...all of these terms and acronyms are second nature to us, but not to a parent, particularly one who is attending his or her initial IEP meeting. Take the extra time to explain what seems obvious to the rest of us. Ask if they have any questions.

6. The Golden Rule - Treat the parents the way you would like to be treated if you were talking about your OWN child. Period.

7. Put your phone away. It doesn't matter if you are the Principal of the school, the Superintendent of the whole district, the Case Manager, or a support person, texting or browsing on your phone is RUDE. (How would you feel if in the middle of your annual physical,

your doctor began to text someone else?) Five years ago you wouldn't have dreamt of doing it, so don't do it now. If you absolutely have to have your phone on you, explain that at the beginning of the meeting.

8. Start with positives. There has to be one.

9. Be concise, but be informational. Yes, we have all spent a TON of time on this evaluation and your stuff is important. But know your audience and the time line. Most parents want to know the bottom line and what is next. How are you going to help their child? They can read the report and do not need it read to them. I am not saying to be too brief, but when I see a parent's eyes gloss over or watch them check their phone, I know I have lost them.

10. Be prepared and be prompt. Be on time. (Enough said). Be prepared. We all have many children to work with, write about, observe, report on, "service",And all of us at one time or another draw a blank a time or two. Before any meeting, review the report, observation, IEP, whatever it is that you plan to discuss. Be on time and be prepared.

Test Results Summary for ER Meeting

What test/s was administered? _____

Why did you give it? _____

What are the main points- what did you learn? Use visuals if needed; don't get lost in the scores. Be sure to include positives/strengths.

1.

2.

3.

4.

How will results impact the student's progress in the classroom or development? Do you have any suggestions to improve their progress? Or suggestions for parents to do with the student to help?

Needs: