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To: TITLEIIASEA_OSSDIRECT@LISTSERV.ED.GOV
Subject: Office of State Support: Fiscal Year 2018 Update

Dear colleague,

We appreciate the work you and your colleagues have done to develop your consolidated State plans and look forward to completing the reviews soon. I am writing to update you on some of the other key activities for the Office of State Support (OSS) during fiscal year (FY) 2018. Over the next 10 months, we will support the implementation of your approved consolidated State plans by reinstituting the quarterly Progress Check calls that we paused during the consolidated State plan development and review period; conducting performance reviews with nine States; and providing technical assistance. Outlined below are additional details related to each key activity.

FY 2018 Key Activities

1. Finalize Performance Review Protocols – Over the past two years, OSS has piloted a fiscal review protocol, which we will finalize shortly (The protocol is available for comment in the Federal Register [here](#)). As a result, this year's performance reviews for selected States will cover:
 - Fiscal requirements contained in Uniform Guidance, EDGAR, and ESEA, as amended by NCLB, where applicable, and ESSA (piloted in FY2015 and FY2016)
 - Data Reporting and Quality requirements (for continued pilot)
 - Accountability requirements (for initial pilot)

FY18 Performance Reviews – OSS will share performance review scheduling information with selected States in the near future, although we can share now that reviews will begin in the spring, pause in June to avoid overlap with the close of State fiscal years, and finish in September 2017.

2. Resume Progress Checks – Over the past two years, OSS has conducted quarterly progress checks with each State, which help us understand implementation successes and challenges and inform our technical assistance plans. OSS recently released the progress check protocol for public comment and believes the revised protocol will reduce SEA burden and improve the quality and utility of information collected during quarterly progress checks (see [here](#) to access the protocol and submit a comment). In March 2018 progress checks will resume for all States, using the new protocol. During FY 2018 we plan to cover the following topics:
 - March: Equitable Services
 - April – June: English Learners
 - July – September: Transition to ESSA Report Card Requirements

As described in the progress check protocol, each State will receive a brief (5-10 minute) survey prior to each call. Consistent with previous years, all States will complete a quarterly progress check, except if a State participates in a performance review during the same quarter, in which case progress check participation is optional.

3. Provide ongoing technical assistance – OSS continues to provide support to States through individual technical assistance and opportunities to engage with peers and national experts on priority issues. Some current and upcoming technical assistance projects being undertaken by the [State Support Network](#) include:

- Communities of practice focused on Data Systems, Implementing Needs Assessments, Scaling Needs Assessments, and Differentiated Systems of Support for Rural Agencies and a peer-to-peer exchange series on Educator Equity Labs. OSS will also be launching communities of practice focused on Measuring School Quality and Student Success, Implementing Evidence-based Practices, Report Cards, and Resource Allocation.
- The State Support Network also is available to provide individual technical assistance or establish peer-to-peer opportunities. For more information about individual technical assistance or how your State can become involved in technical assistance opportunities, please contact your OSS program officer.

In all our activities, we seek to continuously improve how we support States. We are encouraged by the feedback your teams provided through the most recent Grantee Satisfaction and fiscal review surveys and are using that data to inform our work. As always, please continue to contact your OSS program officer if you have questions, suggestions for improvement, or need additional information.

Thank you for your work to enhance the achievement of all students.

Best,

Patrick Rooney
Office of State Support



Manifestation Determinations

An Interdisciplinary Guide to Best Practices

Molly E. Knudsen and Keri S. Bethune

Lupita, a 9-year-old third grader with autism spectrum disorder (ASD), spends most of her day in a self-contained classroom; however, she is included with her general education peers for electives, physical education (PE), lunch, and recess. She receives services from a speech and language pathologist and occupational therapist. Lupita frequently exhibits aggressive and self-injurious behavior. She has been sent home from school on many occasions when her teachers are unable to calm and manage her safely. On the 10th day that Lupita is sent home from school, her school schedules a manifestation determination meeting.

James, a 16-year-old 10th grader, receives special education services for his emotional and behavioral disorder (EBD) and specific learning disability (SLD) in reading. James frequently skips classes or school, is disrespectful and argumentative with teachers and peers, and has been caught with cigarettes on school property on more than one occasion. In addition, James is failing most of his classes. He has a behavior support plan in place that is not effective, despite careful implementation by his teachers and revisions by the school psychologist. After the most recent in-school

suspension, his school arranges a manifestation determination meeting to discuss James' behavior.

There is an overrepresentation of students with disabilities within the population of students excluded (i.e.,

and not unlike the behaviors of their general education peers.

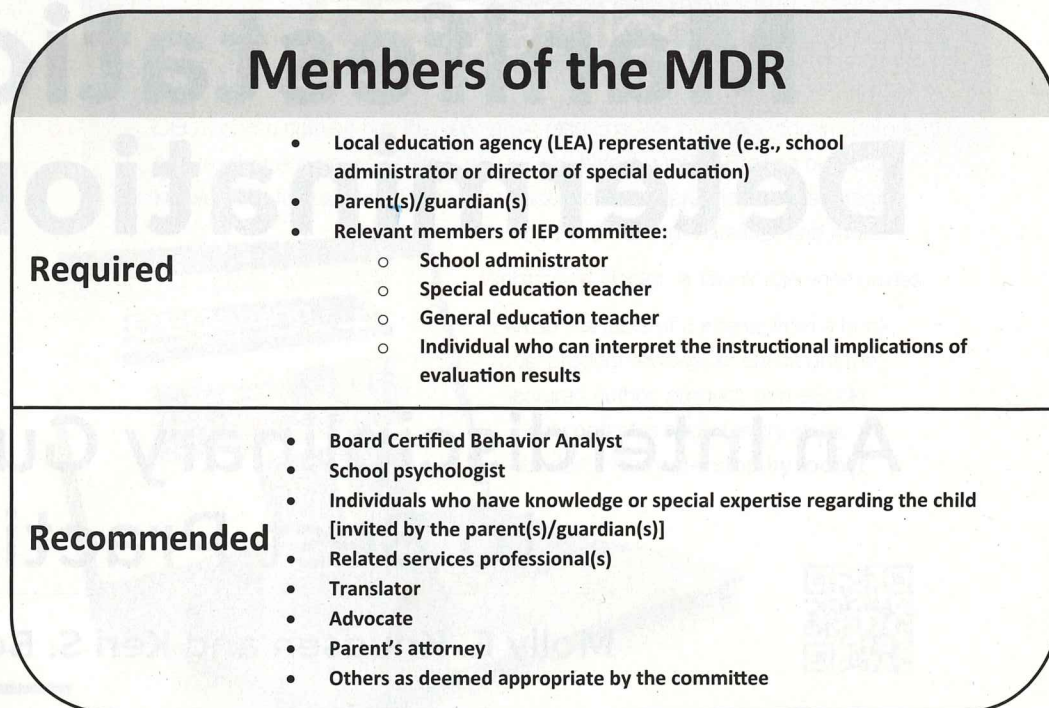
Cartledge, Tillman, and Johnson (2001) reported that the most common risk factors for exclusion include poor academic achievement, early behavioral problems, frequent school

Students with disabilities are suspended more than twice as often as their general education peers (U.S. Department of Education Office for Civil Rights, 2014).

suspended or expelled) from school (Evenson, Justinger, Pelischek, & Schultz, 2009; Krezmien, Leone, & Achilles, 2006; Skiba, 2002). Compared to their peers, students with disabilities are more likely to receive discipline in the form of exclusion (Katsiyannis, Losinski, & Prince, 2012). In fact, students with disabilities are suspended more than twice as often as their general education peers (U.S. Department of Education Office for Civil Rights, 2014). However, according to Skiba (2002), students with disabilities are suspended for behaviors that are, for the most part, nonviolent

moves, poor interpersonal relationships, attendance problems, and family problems. Several of these may be identifying characteristics of students with disabilities. In addition, because many students with disabilities may also display poor social skills, judgment, and planning, and are less skilled in evading detection, they may be more likely to be caught exhibiting behaviors that result in exclusion (Leone, Mayer, Malmgren, & Meisel, 2000). The ability to fully grasp the consequences of behavior and, subsequently, to control it is a sophisticated and internalized process

Figure 1. Members of the manifestation determination review committee



that is difficult for many students with disabilities (Skiba, 2002).

The Individuals With Disabilities Education Act (IDEA; 2006) states that a disability should not be a hindrance to full participation in society and that improvement in educational practices for individuals with disabilities will increase equal opportunity and full participation of this population in school settings (20 U.S.C. § 1400, Sec. 601[c][1]). One of the ways in which IDEA strives to ensure such access is through a manifestation determination review (MDR). The purpose of an MDR is to determine whether the offending behavior was a manifestation of the student's disability or due to failure to implement the student's program. An MDR must occur when a student with a disability demonstrates a problem behavior that results in a change in placement. A change in placement for a student with a disability includes removal from a program for more than 10 consecutive school days, a series of removals that constitutes a pattern or exceeds 10 cumulative school days, or removal from a program to an interim alternative educational setting (IAES; 34 C.F.R. § 300.536; 20 U.S.C. § 1415[k]). Conducting meaningful MDRs that result in informed decision making and appropriate allocation of supports is crucial to student success.

The MDR Process

The first step in conducting an MDR is assembling the committee. As listed in Figure 1, required personnel at the MDR include the parents or guardians of the student; a local education agency (LEA) representative (e.g., school administrator, director of special education); and relevant members of the individualized education plan (IEP) team, as determined by the LEA representative and the parents or guardians (34 C.F.R. § 300.530[e][1]). In addition to the parents or guardians and LEA representative, an IEP team typically includes a school administrator, a special education teacher who has taught the student, a general education teacher who has taught the student, and an individual who can "interpret instructional implications of

Interdisciplinary practice is conducted by a group of individuals who integrate methods, data, and concepts from at least two fields.

evaluation results" (34 C.F.R. § 300.321[a]; 20 U.S.C. § 1414[d][1][B]).

The purpose of the MDR committee is to review information and documentation relevant to the student's program and disability (e.g., IEP), including teacher observations and information from the family, in order to determine whether or not the offending behavior was a result of a disability or whether or not it resulted from a failure to implement the student's IEP (34 C.F.R. § 300.530[e][1]; 20 U.S.C. § 1415[k][1][E][i]), as depicted in Figure 2. If the behavior was not a manifestation of a disability, the student is disciplined according to school policy; however, the family can appeal this decision (34 C.F.R. § 300.532[a]; 20 U.S.C. § 1415[k][3]). If the committee decides the behavior was a manifestation of a disability or has a significant relation to the disability, the IEP team must conduct a functional behavior assessment (FBA) and implement a behavior intervention plan (BIP) or review and revise an existing BIP (34 C.F.R. § 300.530[f][1]; 20 U.S.C. § 1415[k][1][F]). In this scenario, the student returns to the original educational placement unless the LEA representative and the parents or guardians decide that a change in placement is necessary as a result of the changes to the BIP (34 C.F.R. § 300.530[f][2]; 20 U.S.C. § 1415[k][1][F][iii]).

MDR Committee as an Interdisciplinary Committee

The MDR committee is intended to be an interdisciplinary committee. *Interdisciplinary practice* is conducted by a group of individuals who integrate methods, data, and concepts from at least two fields in order to develop theories or solutions that are beyond the confines of one discipline (Committee on Facilitating Interdisciplinary Research, Committee on Science, Engineering, and

Public Policy of the National Academies, 2004). Interdisciplinary work is not synonymous with multidisciplinary or transdisciplinary work because interdisciplinary work specifically includes the integration of, not simply the use of, methods and knowledge from multiple fields (Bossio, Loch, Schier, & Mazzolini, 2014; Lattuca, 2001).

Interdisciplinarity allows for cooperative work across fields from which all participants can benefit. Participants are made to feel empowered and appreciated when others listen to their contributions, and in gaining firsthand experience with a collaborative approach, they learn how to apply knowledge from other fields to create innovative solutions (Bossio et al., 2014). The nature of an MDR lends itself to an interdisciplinary approach. An MDR committee comprises individuals with unique information and training who share the goal of reaching a unified decision that best serves a student's needs.

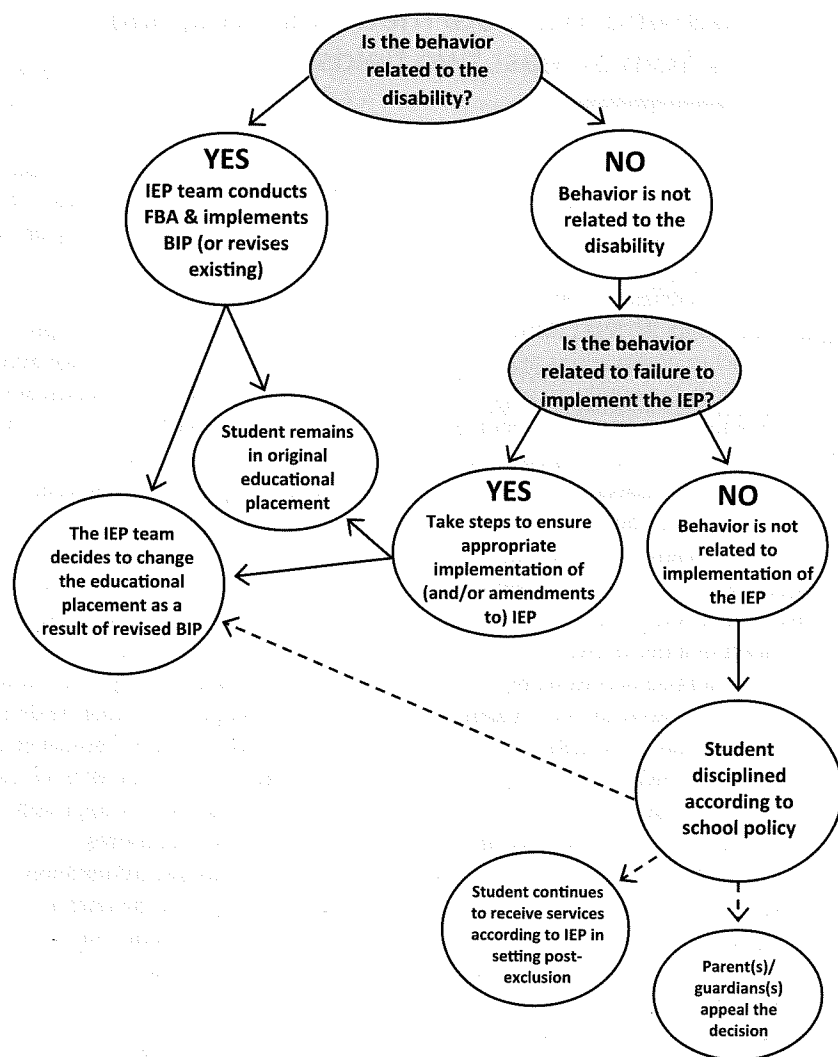
Lupita's MDR meeting is attended by her mother, the school's assistant principal, Lupita's primary special education teacher, the county's board certified behavior analyst (BCBA), the school's occupational therapist, and the school's speech and language pathologist. Her PE teacher also participates because her behavior outbursts occur most frequently during PE class.

James's MDR committee includes his mother and father, the school's principal, the director of special education, his math teacher, his special education teacher, the school psychologist, and the county's BCBA.

Best Practices for an Interdisciplinary MDR Committee

Interdisciplinary committees are effective only when they use best practices.

Figure 2. Flow chart of possible manifestation determination review decisions and resulting actions



Note. Dashed lines represent further options after completion of process.

Actively Involve All Members

Every member of the committee has an important part to play in an MDR. MDR committees could foster interdisciplinarity and equal information sharing by actively involving family members, general education teachers, school psychologists, and a BCBA in the discussion. Jones (2016) found that family members who participated in multidisciplinary school meetings reported experiencing feelings of anxiety, stress, guilt, and confusion, and did not participate often in the discussion. IDEA states that education for children with disabilities is more

effective when families are allowed the opportunity to participate in that education (20 U.S.C. § 1400, Sec. 601[c][5][B]). Including family members can facilitate the continuation of interventions at home and in the community (Chandler & Dahlquist, 2006; Kaiser, Hancock, & Nietfeld, 2000; Ozonoff & Cathcart, 1998). In addition, family members often possess information that is relevant to the committee's understanding of a student's behavior in school (Taylor, 2004). Given that the inclusion of family members in IEP and MDR committees is a requirement under IDEA, school professionals should not view families as opponents but as allies

and respect that they can have an important part in the process (Taylor, 2004).

In addition to the low parental involvement in committees, there is often inadequate participation from the attending general education teacher (Walker, 2013). There is little information or research on this individual's role on the MDR committee, but what is available describes general education teachers' difficulty in fully participating in the MDR process (Walker, 2013). It is essential that these professionals, along with the special education teacher and families, play an integral role in the creation and implementation of the IEP and behavioral interventions. To encourage participation from and respect for all committee members, Bossio et al. (2014) recommended having everyone acknowledge what they can contribute to the discussion at the start of the meeting so as to dispel any incorrect or overgeneralized expectations.

A school psychologist can also provide unique insight during the MDR process. An MDR is fundamentally a question of the causes of a behavior, and psychology is the scientific study of behavior, emotion, and cognition (Breckler, 2012). School psychologists specifically practice in the areas of "personality assessment, consultation, intervention techniques, [and] intervention acceptability" (Bear, 2008, p. 431). They can provide suggestions for data collection and subsequent intervention strategies.

Similarly, public schools are one of the most common employers of applied behavior analysts (Applied Behavior Analysis Programs Guide, 2017). Applied behavior analysts are adept at identifying the function of both socially relevant and maladaptive behaviors and can, therefore, assist in the FBA and BIP processes (Baer, Wolf, & Risley, 1968). As stated, an FBA is required if the student's behavior is found to be a manifestation of the disability (34 C.F.R. § 300.530[f][1]; 20 U.S.C. § 1415 [k][1][F]). FBAs are founded on the behavioral principle that all behaviors are functionally related to the person's environment (Lewis, Mitchell, Harvey, Green, &

McKenzie, 2015). School-based teams implementing behavioral supports should include a member with knowledge of the application of FBA data and behavioral theory (Benazzi, Horner, & Good, 2006). CBAs are

Respect. Barriers based on social and disciplinary expectations erected between the disciplines, by the disciplines themselves, are the biggest threat to interdisciplinary groups (Bossio et al., 2014). A respect for others' opinions and

members (Seligman, 2000). Participants should not criticize, blame, or command others in order to encourage active participation from all members (Chandler & Dahlquist, 2006). Committee members can encourage open communication by acknowledging what has been done well for the student and building on these points (Chandler & Dahlquist, 2006). Cultural misunderstandings can be a hindrance to open and easy communication in interdisciplinary committees. Failure to consider the influence of the family members' language and culture on their opinions and decisions can negatively affect the productivity of the interdisciplinary meeting (Taylor, 2004).

Identify a Common Goal

An important motivator for an interdisciplinary committee is investment in a common goal (Bossio et al., 2014). A clear and shared goal is key to a successful meeting (Seligman, 2000). Time will be lost and frustrations will result unless all members of the committee are seeking an answer to a question they all share (Bossio et al., 2014). If a well-defined goal is established at the beginning of the proceedings, the committee can refer back to the goal if members experience confusion or dissension during discussions (Bossio et al., 2014). In addition, the team's collective ownership of a goal will better ensure that all members play an active role in achieving the goal (Bronstein, 2003).

Establish a Common Language

In order to have a shared goal, the committee must have a common language (Bossio et al., 2014). The use of jargon, or terms and phrases specific to a profession that often prove to be confusing to those outside of the profession, can cause problems in interdisciplinary meetings. If an MDR committee member's field operates with a language that is highly contextually specific, it may be difficult to effectively communicate ideas and

School-based teams implementing behavioral supports should include a member with knowledge of the application of FBA data and behavioral theory (Benazzi, Horner, & Good, 2006).

specifically trained in conducting and analyzing FBAs (Behavior Analyst Certification Board, 2012); thus, a BCBA would be able to discuss the function of a behavior with the MDR team.

The committee members share information and data on Lupita's behaviors and decide that her aggressive and self-injurious behavior may be related to her ASD. Based on their observations, her PE and primary special education teachers believe that Lupita demonstrates these behaviors to gain attention. The behavior analyst conducts an FBA and notes that the behaviors occur only during gym class and stop when she is permitted to leave the gym. She concludes that the function of Lupita's problem behaviors is to escape the loud noises in the gymnasium. Her mother confirms that loud environments often overstimulate her.

After discussion and review of data related to James's problem behaviors, the committee members conclude that these are not due to his learning disability and that his behaviors of skipping school and bringing cigarettes to school are not manifestations of his EBD. However, they decide that his arguing and disrespectful behaviors are manifestations of his EBD.

Establish Group Norms

Groups that include members from different backgrounds and expertise often need to establish specific group procedures and processes.

approaches must be present in order to conduct effective interdisciplinary work. All members of an interdisciplinary committee should accept that their fellow committee members have different backgrounds and training, and each should be actively trying to learn about others' approaches to the topic or question at hand (Bossio et al., 2014). This will lead to a more holistic approach and a more rewarding, successful collaboration.

Receptivity. Although integration of information and methods is the cornerstone of interdisciplinarity, this is not to say that committee members should abandon their fields and their training. Representatives of the various fields need to employ their own knowledge and indigenous resources in order to create an integrated approach with representatives of other fields (Olds, 2011). The literature maintains that committee members need to be open to professional growth during interdisciplinary collaborations (Bossio et al., 2014). Members should be receptive of new terms, opinions, and methods, and should be willing to learn from their colleagues. The best way to ensure an unimpeded exchange of information within interdisciplinary committees is through open and active communication (Chandler & Dahlquist, 2006).

Open communication. Open communication is a necessity for a successful interdisciplinary meeting. Committee members should avoid lecturing or moralizing to their fellow

concerns with the group, and interdisciplinary collaboration may be hindered (Brannen & Doz, 2012; Bronstein, 2003). For example, many educational terms can be shortened into acronyms, which may confuse parents or guardians or other professionals present.

Further, the language of IDEA and of the MDR literature can be vague. Bon, Faircloth, and LeTendre (2006), for example, found that teachers gave dissimilar, broad answers when asked to define *school violence*. Participants may also have trouble defining what is “normal” behavior for a student, especially a student with EBD (Walker, 2013). Chandler and Dahlquist (2006) recommended either replacing jargon or misleading terms with neutral words that all participants can understand or pairing technical terms with more common words and phrases to facilitate communication.

As the meeting continues, Lupita's mother grows steadily more confused by the technical terms and acronyms used by the occupational therapist and speech and language pathologist. The PE teacher, who is also unfamiliar with the jargon, notices her frustration and asks if the committee would use the full version of shortened names and phrases for the benefit of all members. All of the committee members agree and proceed with their discussion.

James's parents state that they are offended by the words the principal uses during the meeting, such as deviant or atypical (Chandler & Dahlquist, 2006). The director of special education briefly stops the discussion to assure James's parents that the principal is employing technical terms. The principal adds that she did not mean to imply the negative connotation often attributed to these words in common usage. The committee resumes discussion after agreeing to use the term undesired to refer to James's behaviors.

Focus on Specific, Uniform Questions

One source of confusion regarding the MDR meeting is the process of review

and decision making (Zilz, 2006). IDEA (20 U.S.C. § 1414, Sec. 615[k][1][E][ii]) requires committee members to review the student's file, discuss teacher observations, and consider other relevant information, such as that from the parents or guardians. Katsiyannis and Maag (2001) stated that current methods used in MDRs to consider the causes of a behavior, such as behavior rating scales, are neither empirically valid nor objective. With no clearly defined method for determining the manifestation of a behavior in relation to a disability, committee members must define the language of the law for themselves (Walker, 2013).

Katsiyannis and Maag (2001) proposed an approach to the MDR decision-making process based on the social skills assessment literature. The approach provides clear and concise questions that a committee can use to guide the decision-making process:

1. Does the student possess the requisite skills to engage in an appropriate alternative behavior?
2. Is the student able to analyze the problem, generate solutions, evaluate their effectiveness, and select one?
3. Does the student interpret the situation factually or distort it to fit some existing bias?
4. Can the student monitor his behavior? (p. 93)

No approach or set of questions can ensure that the committee will be able to identify the cause of the behavior with absolute certainty. However, providing the committee with objective questions will save time, keep the committee on task, and protect the student from biased determinations based on little evidence. Consistent and objective standards are needed in order to protect students with disabilities from disciplinary discrimination, as is more research to develop these criteria (Zilz, 2006).

Recommend Evidence-Based Interventions

If the committee determines that intervention is necessary, the

recommended interventions or revisions to interventions should be evidence-based (Katsiyannis et al., 2012). Evidence-based interventions are grounded in the best available research and, therefore, have been rigorously tested and generally proven effective if applied appropriately (APA Presidential Task Force on Evidence-Based Practice, 2006). The No Child Left Behind Act of 2001 emphasized the need for practices used in schools to be based on the results of scientific research (U.S. Department of Education, 2003). Evidence-based interventions, such as differential reinforcement, behavior contracts, and token economies, are often used for behavior management in the classroom (Simonsen, Fairbanks, Briesch, Myers, & Sugai, 2008), as well as FBAs and positive behavior supports (PBS).

Conclusions

In a study on school team decision making regarding MDRs, Walker (2013) reported that many participants struggled with the MDR process itself and had great difficulty claiming causation of the behavior. They felt that there was missing or incomplete information that lacked detail. Walker stated that general education teachers, in particular, had little knowledge of the MDR process, contributed the least during the meeting, and reported low levels of preparedness for the MDR meeting. Unfortunately, there is an absence of training for both educators and administrators regarding the needs and rights of students with disabilities and a startling lack of knowledge of special education law (Bon et al., 2006). All members, from family members to the LEA representative, could benefit from preparation courses or literature on the legality and process of an MDR. If all members came to the meeting with an understanding of what was expected of them, efficiency would likely increase.

In addition to increasing and improving resources on the MDR process itself, additional skill training may enhance the productivity of such meetings. Members should receive

training in communication, particularly teachers, who are generally considered the facilitator between the family and the school (Seligman, 2000). In addition, family members may benefit from training on how to continue interventions implemented by the committee at home or in the community (Sigafos, Arthur, & O'Reilly, 2003). The training for all members may also include information on the importance of evidence-based interventions and interdisciplinarity.

School-based committees, such as those formed for an MDR, should actively involve all members, particularly families (Jones, 2016) and general education teachers (Walker, 2013). Committee members should recognize their shared goal of best serving the student, employ a common language and uniform questions when considering the causes of the behavior, and identify evidence-based interventions. The committee members should show respect and openness for one another and allow for open communication. Finally, additional empirical studies demonstrating the effects of interdisciplinary MDR committees on outcomes for students with disabilities are needed in order to identify effective combinations of methods and knowledge to support this population of students.

Lupita's committee agrees on a BIP that is based on the behavior analyst's FBA results, including making noise-canceling headphones available to Lupita during PE class and teaching her to ask for a break from the gym when she feels overstimulated. Lupita remains in her original educational placement, and her problem behavior drastically decreases when the plan is implemented.

After deciding that James's behaviors of skipping school and bringing cigarettes to school are not manifestations of his EBD, the committee reviews his IEP. The committee concludes that the school is in compliance with the IEP and that James will be disciplined for the two behaviors according to school policy. The resource teacher and BCBA then

review the BIP that is in place for James's arguing and disrespectful behaviors and state that the plan is accurate and current. His teachers report that they have been following the plan faithfully, which is confirmed by the principal, and the school psychologist states that revisions have not made the plan more effective. The special education director proposes that a change in placement to a specialized school in the county that can implement a more intensive BIP may better meet James's educational and behavioral needs. All committee members discuss and agree to amend the BIP and the least-restrictive-environment section of the IEP to reflect the change in placement.

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