



Related Services for Students with Disabilities:

Introduction to the Special Issue

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Since passage of the Education of All Handicapped Children Act in 1975, professionals and parents have disagreed concerning how to define and implement the related services requirement of the law. Some states have enacted statutes or regulations establishing eligibility criteria; however, many have not. Although a number of due process and court cases have been filed concerning related services as a necessary component of a free and public education to students with disabilities, the narrow and sometimes conflicting outcomes of those cases has failed to provide clear guidance for the field. This article will review the Individuals with Disabilities Education Act definitions of related services, overview types of related services commonly provided in schools, and review legal decisions concerning related services and the research providing support for best practices.

The 1997 Amendments to the Individuals with Disabilities Education Act (IDEA) and the resulting final federal regulations published in 1999 describe *related services* as an essential component of a free, appropriate public education (FAPE) for many students with disabilities:

The term free appropriate public education or FAPE means special education and related services that (a) Are provided at public expense, under public supervision and direction, and without charge; (b) Meet the standards of the SEA [State Education Agency], including the requirements of this part; (c) Include preschool, elementary school, or secondary school education in the State; and (d) Are provided in conformity with an individualized education program (IEP) that meets the requirements of §§300.340-300.350. (IDEA Regulations, 34 C.F.R. §300.13)

IDEA provides a general description of related services:

The term "related services" means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children. (IDEA, 20 U.S.C. §1401(a)(17))

The final IDEA regulations provide an expanded list with definitions for each area of related service (see Appendix A). However, the list should not be considered exhaustive. Other services may be included if they are needed to assist a student with a disability in benefiting from special education.

Section 504 of the Rehabilitation Act also refers to education and "related aids and services" as a requirement to adequately meet the needs of students with disabilities (Section 504 Regulations, 34 C.F.R. § 104.33(b)(1)). This law protects all students with special needs, not just those who qualify for special education under IDEA.

What Are Related Services for Students with Disabilities?

As illustrated in the sidebar, in addition to special education services, related services constitute one of the mechanisms districts may use to provide FAPE and to facilitate successful placement of students with disabilities in the least restrictive environment (Yell, 1998). Students may be found eligible for special education or both special education and related services under IDEA. Further, stu-

Guide to Interpreting Citations

Federal statutes and regulations are published by the U.S. Government Printing Office. They are organized in volumes or titles that are divided into sections and subsections. IDEA is published in *United States Code* Title 20; the regulations are contained in the *Code of Federal Regulations* Title 34. By decoding the citation, you can look up specific references. For example, the IDEA citation 20 U.S.C. §1401(a) refers to *United States Code*, Title 20, Section 1401, Subsection a. The citation 34 C.F.R. §300.13 can be found in the *Code of Federal Regulations*, Title 34, Section 300.13.

dents ineligible under IDEA may still qualify to receive related aids and services under Section 504.

The array of services available may be unfamiliar or confusing to members of Individualized Education Program (IEP) teams who are charged with determining what services each student needs based on individual needs. As Mitchell Yell explains in his interview later in this journal issue, related services are often neglected in the IEPs of students with mild or moderate disabilities. Because the federal regulations do not specify eligibility standards for each area of related services, disagreements between parents and school districts have "provided much grist for litigation" (Rains, 1999, p. 121). Thus, a large proportion of due process and court cases filed by parents have addressed related service needs as a part of FAPE. As Maag and Katsiyannis (1996) noted, "The extent and nature of related services are often defined through litigation, and court rulings have been contradictory and ambiguous" (p. 293).

This article will briefly describe each type of related service offered in schools, as well as the decision-making process involved in selecting appropriate related services for individual students. Additional articles in this special issue expand specifically on services most commonly provided by public schools.

Artistic/Cultural Programs

Attachment 1 of the 1997 IDEA regulations specifically states that the list of related services (included here as Appendix A) is not exhaustive and may include "other de-

velopmental, corrective, or supportive services (such as artistic and cultural programs, art, music and dance therapy) if they are required to assist a child with a disability to benefit from special education in order for the child to receive FAPE" (U.S. Department of Education, 1999, p. 12548). The National Information Center for Children and Youth with Disabilities (NICHCY, 2001) suggested that the purpose of related service roles of art, dance, and music therapists is to

- assess the functioning of individual students;
- design programs appropriate to the needs and abilities of students;
- provide services in which music, movement, or art is used in a therapeutic process to further the child's emotional, physical, cognitive, and/or academic development or integration; and
- often act as resource persons for classroom teachers (p. 5).

Assistive Technology

The 1997 Amendments to IDEA require IEP teams to consider the need for assistive technology for all students with disabilities, regardless of categorical label. *Assistive technology service* is defined by IDEA regulations as "any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device." The regulations further define an *assistive technology device* as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability" (IDEA Regulations, 34 C.F.R. §300.5).

According to Yell (1998), these devices and services would include positioning assistance and equipment, computer access, mobility equipment, specialized software for computer-based instruction, equipment for participation in physical education and leisure activities, environmental control, augmentative communication, assistive listening, visual aids, and self-care assistance. If IEP teams find it difficult to stay current with rapid advances in technology, they may require consultation from experts in the private sector to assist in selecting the most appropriate devices or services for a specific student with assistive technology needs. See Appendix B for the definition of assistive technology services contained in the IDEA regulations.

Audiology Services

As defined in IDEA, *audiology services* relate to the identification, assessment, and delivery of services for children with hearing loss and associated communication problems. Many public schools have screening programs that check all students to identify those who may have hearing impairments. Whether these screening services are provided by school personnel or through collaborative agreement with a public or private agency, they often refer children with suspected hearing problems for further clinical services. The article "Speech, Language, and Audiology Services in Public Schools" by Sunderland that appears later in this issue describes the services typically provided by audiologists in school settings.

Counseling

IDEA regulations specify that counseling services are to be provided by "qualified social workers, psychologists, guid-



ance counselors, or other qualified personnel” (§ 300.24 (a)(2)). Although IDEA defines related services provided by counselors, psychologists, and social workers as three distinct categories, the reality in most communities is that the roles and activities of these helping professions overlap considerably. In fact, the IDEA regulations specify that counseling services may be provided by any of the three professional groups. Also, these same individuals are the most likely providers of parent counseling and rehabilitation counseling, likewise defined separately by IDEA. Corey and Corey (2003) distinguished among the varying orientations of these three helping professional groups: “School counselors perform a wide variety of roles and functions in elementary, middle, and secondary schools, including individual counseling, group guidance, group counseling, consultation, and coordination” (p. 21). The clinical psychologist’s practice focuses on “assessment, diagnosis, and treatment procedures of mildly to severely disturbed persons” (p. 19), assisting relatively healthy people to solve problems and function effectively. Finally, a social worker “attends not only to the inner working of a person but also to an understanding of the person in the environment” (p. 17). Thus, although all three groups “counsel,” the focus of their work may be somewhat different.

The lack of specific guidance regarding which counseling services are to be provided and for whom may be partially responsible for the large number of parent due process complaints in this area:

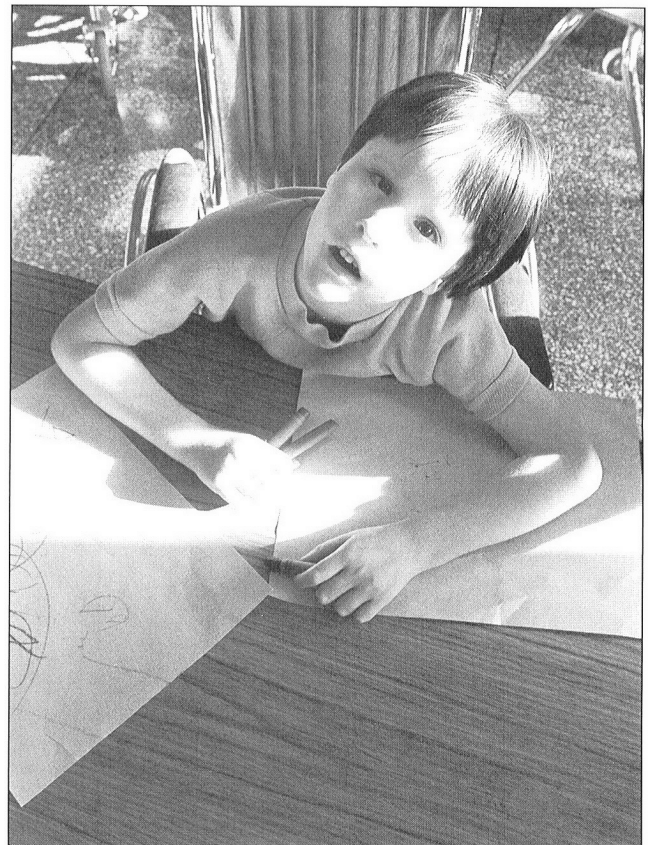
The area of counseling and psychological services has been highly litigated and a number of administration actions and lawsuits have been brought against school districts that have failed to provide such services. In these cases, courts have tended to adopt an expansive view regarding psychological services and the requirement that they be necessary to allow a student to benefit from special education. (Yell, 1998, p. 211)

Despite the courts’ inclination to support parents’ assertion that counseling is a necessary related service, it appears schools have not been eager to provide mental health services for students who might most logically be assumed to need them—those with identified emotional and behavioral problems: “For children with serious emotional or behavioral disorders, the most likely related service is a mental health service; counseling or therapy for the child, and equally, if not more important, support services to teachers . . . and parents” (Knitzer, Steinberg, & Fleisch, 1990, p. 13). Unfortunately, Knitzer and her colleagues found that hard data concerning the provision of services to students with EBD were “woefully lacking,” due in part to the lack of clarity regarding terminology, provider roles, and economics. Existing studies have reported that approximately half of students with emotional and behavioral disorders could be receiving some type of counseling services, but those are often unspecified, short

in duration, and provided by outside agencies rather than the schools. In summarizing the available data and anecdotal information, Knitzer et al. (1990) noted, “Whether children with identified emotional and behavioral disorders get sustained mental health services is a matter of chance and economics” (p. 14).

Early Identification and Assessment

Under Part C of IDEA, early childhood services are to be provided to infants and toddlers who have disabilities or who are at risk for developmental delay. The language in the regulations for related services specifies that districts must implement “a formal plan for identifying a disability as early as possible in a child’s life” (IDEA Regulations, 300.24(b)(3)). The National Early Intervention Longitudinal Study provided a sample of infants and toddlers receiving services for the first time in the U.S. Department of Education’s *Twenty-Third Annual Report to Congress* (2001). Data revealed that most children received more than one service, with 80% receiving service coordination. Other services commonly reported were speech/language therapy (53%), special instruction (44%), occupational therapy (39%), physical therapy (38%), and developmental monitoring (38%). Students participating in early intervention programs may also be entitled to transportation as a related service.



Interpreters

Although not specifically mentioned in IDEA or in the definition of related services in the regulations, sign language interpreters can be a related service for students who are deaf or hearing impaired. If sign language assistance is required, it must be included in the IEP. Interpreter service can also be provided to parents as a necessary component of FAPE for students with parents who are deaf or hearing impaired. Finally, training in sign language can be part of the IEP for both the student and family members (IDEA Regulations, Appendix A, Question 2; *Rothschild v. Grottenbaler*, 1990).

Medical and Health-Related Services

Under IDEA, *medical services* are defined as those provided by a licensed physician for diagnostic purposes (IDEA Regulations, § 300.24(b)(4)). Other kinds of treatment interventions performed by physicians, therefore, would be excluded from coverage as related services. School health services, on the other hand, may be provided by the school nurse or other qualified individuals (§ 300.24(b)(12)) and could involve a variety of activities, including the following:

- special feedings,
- clean intermittent catheterization,
- suctioning,
- the management of a tracheostomy,
- administering and/or dispensing medications,
- planning for the safety of a student in school,
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a student's position frequently to prevent pressure sores),
- chronic disease management, and
- conducting and/or promoting education and skills training for all (including the student) who serve as caregivers in the school setting (NICHCY, 2001, p. 10).

For additional information about the school nurse's role in providing health-related services and the legal basis for the distinction between medical and health services, see also the article by Linda M. Bigby and the interview with Mitchell Yell later in this issue.

Occupational Therapy Services

IDEA specifies that occupational therapy (OT) services must be provided by a qualified occupational therapist. Such services may include improving functions, improving independent task performance, and early intervention to prevent loss of function (§ 300.24(b)(5)). NICHCY (2001) has suggested specific services and activities that may be addressed by OT:

- self-help skills or adaptive living (e.g., eating, dressing),
- functional mobility (e.g., moving safely through schools),
- 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 (p. 7).

For more information about school-based occupational therapy assessment and intervention services, see also the article by Neal, Bigby, and Nicholson in this issue.

Orientation and Mobility Services

Historically, orientation and mobility (O&M) services have been provided for students who are blind or visually impaired. IDEA 1997 added O&M to the list of related services, defining it as enabling students to orient to and safely move within their environments at school, home, and in the community. Attachment 1 of the regulations differentiates O&M services from travel training, which is available to any student with a disability other than visual impairment and an identified need in the area of environmental orientation and movement (U.S. Department of Education, 1999, p. 12549). For more information about school-based O&M services, see also the article by Neal, Bigby, and Nicholson in this issue.

Parent Counseling and Training

Parent counseling and training services are intended to assist the parent in playing a meaningful role in the IEP process and in the lives of their children (NICHCY, 2001). IDEA lists three specific goals for parent counseling and training:

- Assisting parents in understanding the special needs of their child;
- Providing parents with information about child development;
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP [Individualized Family Service Plan] (§ 300.26(b)(7)).

Physical Therapy Services

Physical therapy services must be provided by a qualified physical therapist (§ 300.24(b)(8)), who generally addresses issues related to muscle strength, mobility, and posture. NICHCY (2001) has suggested that qualified physical therapists in schools may perform the following functions:

- provide treatment to increase joint function, muscle strength, mobility, and endurance;
- address gross motor skills that rely on the large muscles of the body involved in physical movement and range of motion;
- help improve the student's posture, gait, and body awareness; and
- monitor the function, fit, and proper use of mobility aids and devices (pp. 8-9).

For more information about school-based O&M services, see also the article by Neal, Bigby, and Nicholson in this issue.

Psychological Services

IDEA regulations define the scope of psychological services as follows:

- administering psychological and educational tests, and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about child behavior and conditions related to learning;
- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations;
- planning and managing a program of psychological services, including psychological counseling for students and parents; and
- assisting in developing positive behavioral intervention strategies (§ 300.24(b)(9)).

Although IDEA has designated these activities as "psychological services," many districts use a variety of specially trained personnel to provide these specific services. For example, school counselors, social workers, and special educators may be trained to administer and interpret specific cognitive and behavioral measures, to conduct observations and interviews, to write diagnostic summaries, and to design positive behavioral interventions. In some states, it is possible to gain certification or licensure as a psychological examiner or psychometrist that specifically permits qualified individuals other than psychologists to administer, interpret, and report the results of psychological tests. According to the IDEA regulations (1999), states are responsible for defining the professional requirements for conducting these activities (§300.136(a)).

Recreation

Recreation as a related service is intended to assist students with disabilities in developing interests and skills that will lead to productive use of their leisure time. Recreation programs and activities may be conducted during



the school day or after hours, on school grounds, or in community settings. Recreation activities may be directed by school personnel (e.g., physical educator, recreation therapist, transition specialist) or by the staff of community agencies and groups (e.g., Special Olympics, YMCA, Campfire). NICHCY (2001) has provided a menu of recreational activities:

- assessing a student's leisure interests and preferences, capacities, functions, skills, and needs;
- providing recreation-related therapeutic services and activities to develop a student's functional skills;
- providing education in the skills, knowledge, and attitudes related to leisure involvement;
- helping a student 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 (p. 10).

Many of these activities can also be a regular part of transition planning for adolescents with disabilities or can be incorporated into an adapted physical education program. For a more detailed description of services provided under the rubrics of adaptive physical education and recreational therapy, see the article by Etzel-Wise and Mears in this issue.

Rehabilitation Counseling

Rehabilitation counseling activities “focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability” (§ 300.24(b)(11)). Services may include

- assessment of a student’s attitudes, abilities, and needs;
- vocational counseling and guidance;
- vocational training; and
- identifying job placements in individual or group sessions (NICHCY, 2001, p. 10).

Social Work Services

As mentioned earlier, social work services may overlap with those described under the areas of counseling and psychological services. Activities specifically described in the IDEA regulations comprise the following:

- preparing a social or developmental history on a child with a disability;
- group and individual counseling with the child and the family;
- 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;
- mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- assisting in developing positive behavioral interventions (§ 300.24(b)(13)).

Speech Pathology Services

Services provided by a speech–language pathologist include identification, diagnosis, referral, and treatment of student problems with speech and/or language. Some students may qualify for speech–language services as their primary disability; however, students whose disabilities fall in other categorical areas may also qualify for speech–language services as a related service if it is required to enable them to receive FAPE: “Each State must ensure . . . that any child with a disability who needs speech–language pathology services to benefit from special education re-

ceives that service, even if he or she does not meet the State’s criteria to receive speech–language pathology services as a special education service” (OSEP Policy Letter to Goff, 2002). For a more extensive description of the services typically provided by a school-based speech–language pathologist, see the article by Sunderland in this issue.

Transportation

IDEA requires that transportation be provided as a related service if it is needed to provide FAPE, as well as equal access to other services, including nonacademic and extracurricular activities. Specifically, it includes travel to and from school, travel in and around the school building, and specialized equipment required to transport students with disabilities.

As a general rule, if districts provide transportation for other students, they must provide it for students with disabilities. However, the district may also be required to provide transportation for students with disabilities even when they do not provide transportation for the general student population. Decisions about transportation as a required related service must be made by the IEP team on a case-by-case basis, as determined by the needs of the individual student with disabilities. This requirement is addressed in both the 1997 IDEA Regulations and an OSEP policy letter:

The IEP team must consider how the child’s disability affects his or her need for transportation as a related service, including determining whether the child’s disability prevents the child from using the same transportation provided to nondisabled children or getting to school in the same manner as nondisabled children. (IDEA Regulations, Appendix A, Question 33)

If a public agency does not provide transportation to the general student population, the issue of transportation for students with disabilities must be decided on a case-by-case basis. If a public agency determines that a disabled student needs transportation to benefit from special education, it must be provided as a related service at no cost to the student and his or her parents. . . . In all instances, each student’s need for transportation as a related service and the type of transportation to be provided are issues to be discussed and decided during the evaluation process and the individualized education program (IEP) meeting, and the transportation arrangements agreed upon should be included in the disabled student’s IEP. (23 IDELR 344)

IEP teams would logically be expected to consider transportation as a need for a student with a physical impairment. However, students with other disabilities may require specific transportation arrangements as well, both as part of accessing FAPE and for safety reasons. For ex-

ample, a student with mental retardation might be able to ride the school bus with his nondisabled peers but need to be dropped off at his front door rather than at the usual bus stop at a busy intersection two blocks away. Similarly, a student with emotional or behavioral disorders might need a positive behavioral support plan that specifically addressed expectations for behavior on the bus. In all cases, the student's unique transportation needs must be written into the IEP.

If an IEP specifies transportation as a related service for a student but he or she is suspended from the bus for disciplinary infractions, it is treated as a suspension from school unless alternative transportation is provided by the district. Behavior problems on the bus should be handled similarly to those occurring in the school setting and addressed either in the IEP or in a positive behavior support plan for the student (Regulations, Attachment 1, Analysis of Comments and Changes, p. 12619). For more information, see also "20 Ways to Use Transportation as a Related Service" by Thomas in this issue.

Travel Training

Travel training is required by IDEA (§300.26(b)(4)) for students with cognitive disabilities, as well as other students with disabilities needing this kind of assistance. The goals of travel training are to help students develop an awareness of their environment and learn the skills needed to move safely and effectively within that environment. This includes moving within and between their schools, homes, jobs, and community settings.

How Do You Determine Need for Related Services?

It is clear from IDEA that related services are a critical component of both FAPE and placement in the least restrictive environment. The IDEA regulations specify that both special education and related service needs must be determined on an individual basis by the IEP team after a thorough assessment in all areas of concern. The regulations further specify that evaluation must include all of the child's needs, even though they may not be commonly associated with the student's special education classification (§300.532(h)). For example, a student eligible under the category of learning disability might also have articulation problems and should be evaluated to determine the need for speech/language as a related service. Thus, students found ineligible for services under IDEA may still require related services under Section 504. However, the vagueness of terms like "appropriate" and the lack of specific eligibility requirements for related services have resulted in numerous due process proceedings and court cases. The Supreme Court's 1982 decision in *Board of Education v. Rowley* further defined the word "appropriate"

as requiring districts to provide an educational program that offers "access to specialized instruction and related services which are individually designed to provide educational benefit to the handicapped child" (p. 201). In addition, educators working with parents (i.e., the IEP team) were designated as the persons deciding what was appropriate for each individual student. Just as the IEP must specify what special education services must be provided for FAPE, the team must also explicitly address related services in the IEP.

Access to related services may also influence the IEP team's decision regarding placement in the least restrictive environment. Thus, the statute requires the use of supplemental aids and services in the general education classroom and other settings to allow students with disabilities to be educated with their typically developing peers to the maximum extent possible (IDEA, 20 U.S.C. § 1401(29)). That is, if a student with disabilities can be successful in the general education classroom with the support of related services, that might represent a less restrictive environment than the same services delivered in a pull-out setting.

IDEA does not specifically require that related services personnel attend IEP meetings and function as members of the team; however, schools "must ensure that all individuals who are necessary to develop an IEP that will meet the child's unique needs and ensure the provision of FAPE to the child participate in the child's IEP meeting" (IDEA Regulations, Appendix A, Question 30). Therefore, qualified related service providers should either attend IEP meetings or provide written recommendations specifying the type, frequency, and duration of services to be provided.

Although most states provide explicit guidelines for how IEP teams are to determine eligibility for students in each category of special education, few states have established eligibility criteria for specific areas of related services. Katsiyannis (1990) pointed out that this leaves the decision "to the discretion of IEP/eligibility teams, which derive sole guidance from federal statutory language" (p. 250).

Who Is Qualified to Provide Related Services?

As mentioned, IDEA specifies that states must determine the necessary qualifications for personnel, including paraprofessionals, who provide special education and related services (§300.136(a)). State legislators, therefore, are responsible for establishing regulations that specify the academic degree, licensure or certification, and other requirements for each relevant discipline. Additionally, they must determine how paraprofessionals or assistants may be used in the provision of special education and related services.

Most districts employ personnel with expertise in high-incidence disabilities and related service areas. However, for low-incidence services or in smaller, rural communities, it may not be feasible to employ these individuals. In such cases, some districts have contractual agreements with public and private agencies or with individual providers of related services (e.g., audiologists, physical therapists) to provide consultation or direct services as required by individual student IEPs. However, IEP team members should be familiar with the regulations in their own state and select qualified related service providers to meet the needs of their students.

In some areas, such as mental health, individuals from various professional fields may be able to provide the needed services. Maag and Katsiyannis (1996) pointed out, "The way terms are defined will determine, to a large extent, which individuals are qualified to engage in counseling as a related service" (p. 295). Thus, it is important that the services to be provided are clearly specified in the IEP, including the qualifications of the individuals chosen to provide services.

Who Pays for Related Services?

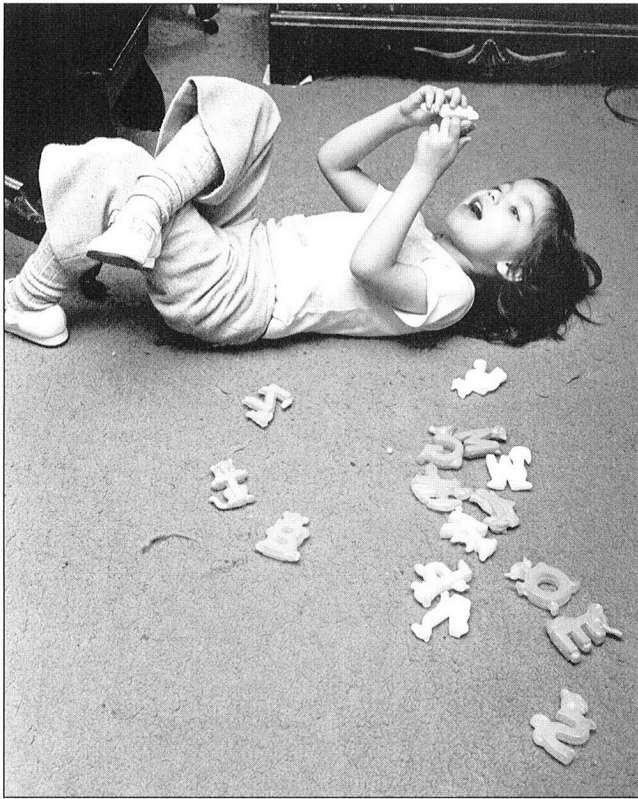
As the costs of providing related services have shifted to the schools, increasing attention has been concentrated on developing effective funding mechanisms, particularly for complex medical and health-related services (Katsiyannis, 1990; Maag & Katsiyannis, 1996; Rodman et al., 1999; Walsh, 1999). Several laws have specifically sanctioned pursuit of external public and private funding for related services by public schools. The 1986 reauthorization of IDEA referred to the need for external funding and interagency agreements and stipulated that states were not allowed to reduce Medicaid or other financial assistance to eligible clients. The Medicare Catastrophic Coverage Act of 1988 confirmed Medicaid agencies' responsibility for reimbursing eligible related services costs as part of their state benefits package.

A national survey of special education directors identified a number of barriers to efficient financing of related services (Rodman et al., 1999), including the high cost of services for assistive technology and communicative devices and difficulty accessing third party payers due to concerns about lifetime benefit limits. Related service costs accounted for about 20% of districts' special education funding, or about \$1,000 per pupil additional expenditure. The same study pointed to a number of strategies that facilitated Medicaid financing of related services in schools, including developing interagency agreements defining the process for determining eligibility and reimbursement, clarifying the responsibility of each agency, and establishing lines of communication and data sharing. It is clear that the "free" requirement of FAPE means that parents cannot be required to pay for services



needed for the student to benefit from special education. Thus, while IDEA allows districts to access public insurance programs like Medicaid, the following limitations have been placed on use of those funding sources:

- The public agency may not require parents to sign up or enroll in public insurance programs in order for their child to receive FAPE under Part B of IDEA.
- The public agency may not require parents to incur an out-of-pocket expense, such as the payment of a deductible or co-pay amount incurred in filing a claim for services. The public agency, however, may pay the cost that the parent would otherwise be required to pay.
- The public agency may not use a child's benefits under a public insurance program if that use would (a) decrease available lifetime coverage or any other insured benefit; (b) result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school; (c) increase premiums or lead to the discontinuation of insurance; or (d) risk loss of eligibility for home and community-based waivers, based on the sum total of health-related expenditures (NICHCY, 2001, p. 15).



School districts may also access a parent's private insurance coverage by securing informed consent from the parent each time they wish to access the proceeds (§300.142(f) (1-2)).

Summary

The process of determining the related service needs of students with disabilities is complex. However, for many students, related services are an essential component of FAPE. Therefore, it behooves all individuals who may serve on an IEP team—administrators, teachers, parents, and related services personnel—to familiarize themselves with the legal requirements and multifaceted services available to them. It is our hope that this article, along with others in this issue, will provide an introduction and resource for those potential IEP team members. For readers interested in more information about related services or resources regarding specific delivery areas, see Appendix C.

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Appendix A: IDEA Definition of Related Services

The term *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 speech–language pathology and audiology services; psychological services; physical and occupational therapy, recreation, including therapeutic recreation; early identification and assessment of disabilities in children; and counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

Individual terms defined. The terms used in this definition are defined as follows:

Audiology includes

- identification of children with hearing loss;
- determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- creation and administration of programs for prevention of hearing loss;
- counseling and guidance of children, parents, and teachers regarding hearing loss; and
- determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

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.

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.

Occupational therapy means services provided by a qualified occupational therapist and includes

- improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;

- improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- preventing, through early intervention, initial or further impairment or loss of function.

Orientation and mobility services are services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community, and includes teaching students the following, as appropriate:

- spatial and environmental concepts and use of information received by the senses (sound, temperature, vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);
- to use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
- to understand and use remaining vision and distance low-vision aids; and
- other concepts, techniques, and tools.

Parent counseling and training consists of

- assisting parents in understanding the special needs of their child;
- providing parents with information about child development; and
- helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

Physical therapy means services provided by a qualified physical therapist.

Psychological services include

- administering psychological and educational tests and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating, and interpreting information about child behavior and conditions related to learning;
- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations;
- planning and managing a program of psychological services, including psychological counseling for children and parents; and

- assisting in developing positive behavioral intervention strategies.

Recreation includes

- assessment of leisure function;
- therapeutic recreation services;
- recreation programs in schools and community agencies; and
- leisure education.

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 disabilities by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended.

School health services means services provided by a qualified school nurse or other qualified person.

Social work services in schools consists of

- preparing a social or developmental history on a child with a disability;
- group and individual counseling with the child and family;
- working in partnership with parents and others on those problems in a child's living situation (home,

- school, community) that affect the child's adjustment in school;
- mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- assisting in developing positive behavioral intervention strategies.

Speech-language pathology services includes

- identification of children with speech or language impairments;
- diagnosis and appraisal of specific speech or language impairments;
- referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- provision of speech and language services for the habilitation or prevention of communicative impairments; and
- counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Transportation includes

- travel to and from school and between schools;
- travel in and around school buildings; and
- specialized equipment (e.g., special or adapted buses, lifts, ramps), if required to provide special transportation for a child with a disability.

Note. From IDEA Regulations, 34 C.F.R. §300.24; Authority: 20 U.S.C. § 1401(22)

Appendix B: IDEA Definition of Assistive Technology Service

Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

The term includes

- (a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- (f) training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services, employ, or are otherwise substantially involved in the major life functions of that child.

Note. From IDEA Regulations, 34 C.F.R. §300.5; Authority: 20 U.S.C. § 1401(2)

Appendix C: Organizational Resources

- Alliance for Technology Access.** 2175 East Francisco Boulevard, Suite L, San Rafael, CA 94901. Telephone: (800) 455-7970; (415) 455-4575; TTY: (415) 455-0491; Fax: (415) 455-0654; e-mail: atainfo@ataccess.org; Web: www.ataccess.org
- American Academy of Audiology.** 11730 Plaza America Drive, Suite 300, Reston, VA 20190. Telephone: (800) AAA-2336; (703) 790-8466. Web: www.audiology.org/
- American Alliance for Health, Physical Education, Recreation and Dance.** 1900 Association Drive, Reston, VA 20191-1598. Telephone: (800) 213-7193; (703) 476-3400. Web: www.aahperd.org/
- American Art Therapy Association, Inc.** 1202 Allanson Road, Mundelein, IL 60060-3808. Telephone: (888) 290-0878; (847) 949-6064; Fax: (847) 566-4580; e-mail: info@arttherapy.net; Web: www.arttherapy.org/
- American Counseling Association.** 5999 Stevenson Avenue, Alexandria, VA 22304. Telephone: (800) 347-6647; (703) 823-9800; TDD: (703) 823-6862; Fax: (800) 473-2329. Web: www.counseling.org/
- American Dance Therapy Association.** 2000 Century Plaza, Suite 108, 100632 Little Patuxent Parkway, Columbia, MD 21044. Telephone: (410) 997-4040; Fax: (410) 997-4048; e-mail: info@adta.org; Web: www.adta.org
- American Foundation for the Blind.** 11 Penn Plaza, Suite 300, New York, NY 10001. Telephone: (800) 232-5463; (212) 502-7661; Fax: (212) 502-7777; e-mail: afbinfo@afb.net Web: www.afb.org
- American Music Therapy Association.** 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910. Telephone: (301) 589-3300; Fax: (301) 589-5175; e-mail: info@musictherapy.org; Web: www.musictherapy.org/
- American Occupational Therapy Association.** PO Box 31220, 4720 Montgomery Lane, Bethesda, MD 20824-1220. Telephone: (301) 652-2682; TTY: (800) 377-8555; Fax: (301) 652-7711. Web: www.aota.org
- American Physical Therapy Association.** 1111 N. Fairfax St., Alexandria, VA 22314-1488. Telephone: (800) 999-2782; TTY: (703) 683-6748; Fax: (703) 684-7343; e-mail: practice@apta.org; Web: www.apta.org
- American Psychological Association.** 750 First Street NE, Washington, DC 20002-4242. Telephone: (800) 374-2721; (202) 336-5510; TTY: (202) 336-6123. Web: www.apa.org
- American Rehabilitation Counseling Association.** 5999 Stevenson Avenue, Alexandria, VA 22304-3300. Telephone: (800) 545-2223; Fax: (703) 823-0252. Web: www.nchrtm.okstate.edu/arca/
- American School Counselor Association.** 801 N. Fairfax St., Suite 310, Alexandria, VA 22314. Telephone: (800) 306-4722; (703) 683-2722. Web: www.schoolcounselor.org/
- American School Health Association.** 7263 State Rt. 43, PO Box 708, Kent, OH 44240. Telephone: (330) 678-1601; Fax: (330) 678-4526; e-mail: asha@ashaweb.org; Web: www.ashaweb.org/
- American Speech-Language-Hearing Association.** 10801 Rockville Pike, Rockville, MD 20852. Telephone: (800) 498-2071 (Voice or TTY); e-mail: actioncenter@asha.org; Web: www.asha.org
- American Therapeutic Recreation Association.** 1414 Prince Street, Suite 204, Alexandria, VA 22314. Telephone: (703) 683-9420; Fax: (703) 683-9431; e-mail: atra@atra-tr.org; Web: www.atra-tr.org
- Association for Education and Rehabilitation of the Blind and Visually Impaired.** 1703 N. Beauregard Street, Suite 440, Alexandria, VA 22311. Telephone: (703) 671-4500; Fax: (703) 671-6391. Web: www.aerbvi.org/welcome.htm
- Certification Board for Music Therapists.** 506 E. Lancaster Avenue, Suite 102, Downingtown, PA 19335. Telephone: (800) 765-2268; e-mail: info@cbmt.com; Web: www.cbmt.com/
- The Council for Exceptional Children.** 1110 North Glebe Road, Suite 300, Arlington, VA 22201-5704. Telephone: (888) CEC-SPED; (703) 620-3660; TTY: (866) 915-5000 (text only); Fax: (703) 264-9494. Web: www.cec.sped.org
- National Arts and Disability Center.** UCLA University Affiliated Program, 300 UCLA Medical Plaza, Suite #3310, Los Angeles, CA 90095-6967. Telephone: (310) 794-1141; Fax: (310) 794-1143. Web: nadc.ucla.edu/
- National Association of School Nurses.** PO Box 1300, Scarborough, ME 04070-1300. Telephone: (877) 627-6476; (207) 883-2117; e-mail: nasn@nasn.org; Web: www.nasn.org
- National Association for School Psychologists.** 4340 East West Highway, #402, Bethesda, MD 20814. Telephone: (301) 657-0270; TTY: (301) 657-4155; e-mail: center@naspweb.org; Web: www.nasponline.org/index2.html
- National Association of Social Workers.** 750 First Street NE, Suite 700, Washington, DC 20002-4241. Telephone: (800) 638-8799; (202) 408-8600. Web: www.naswdc.org

National Clearinghouse for Professions in Special Education. 1110 N. Glebe Road, Arlington, VA 22201-5704. Telephone: (800) 641-7824; TTY: (866) 915-5000 (toll-free); e-mail: ncpse@cec.sped.org; Web: www.special-ed-careers.org

National Coalition of Creative Arts Therapies Associations. c/o AMTA, 8455 Colesville Rd., Suite 1000, Silver Spring, MD 20910. Telephone/fax: (201) 224-9146; e-mail: miriam.berger@nyu.edu; Web: www.nccata.org

National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID). School of Physical Education, Wellness and Sport Studies, University of South Florida, 4202 E. Fowler Ave.—PED 214, Tampa, FL 33620-8600. Telephone: (813) 974-3443; Fax: (813) 974-4979; e-mail: ellery@coedu.usf.edu; Web: http://ncperid.usf.edu/

National Federation of the Blind. 1800 Johnson Street, Baltimore, MD 21230. Telephone: (410) 659-9314; e-mail: nfb@nfb.org; Web: www.nfb.org

National Information Center for Children and Youth with Disabilities. PO Box 1492, Washington, DC 20013. Telephone: (800) 695-0285 (Voice/TTY); (202) 884-8200 (Voice/TTY); Fax: (202) 884-8441; e-mail: nichcy@aed.org; Web: www.nichcy.org

National Institute of Art and Disabilities (NIAD). 551 23rd Street, Richmond, CA 94804. Telephone: (510) 620-0290; e-mail: redden@niadart.org; Web: www.niadart.org

National Rehabilitation Information Center (NARIC). 4200 Forbes Boulevard, Suite 202, Lan-

ham, MD 20706. Telephone: (800) 346-2742; (301) 459-5900; TTY: (301) 459-5984; e-mail: narinfo@heitechservices.com

National Resource Center for Paraprofessionals. 6526 Old Main Hill, Utah State University, Logan, UT 84322-6526. Telephone: (435) 797-7272; e-mail: info@nrpara.org; Web: www.nrpara.org

National Therapeutic Recreation Society (a branch of National Recreation and Park Association). 22377 Belmont Ridge Road, Ashburn, VA 20148-4501. Telephone: (703) 858-0784; e-mail: ntrsrnpa@nrpa.org; Web: www.nrpa.org/branches/ntrs.htm

Nutrition Assistance Programs. U.S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302. Telephone: (703) 305-2062; e-mail: webmaster@fns.usda.gov; Web: www.fns.usda.gov/fns/

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). 1700 N. Moore Street, Suite 1540, Arlington, VA 22209-1903. Telephone: (703) 542-6686; TTY: (703) 524-6639; e-mail: natloffice@resna.org; Web: www.resna.org

TR (Therapeutic Recreation) Directory. Web: www.recreationtherapy.com/rt.htm

Note. This list of organizations originally appeared in the National Dissemination Center for Children with Disabilities (NICHCY, 2001). It has been updated and amended for this article. This information is copyright free. Readers are encouraged to copy and share it, but please credit NICHCY. Please share your ideas and feedback by writing to the NICHCY editors.