

PUBLIC INSTRUCTION

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(b) Not more than 30 days prior to the time set for the hearing, the board shall send a notice of the hearing stating the time and place of the hearing and the parent's rights to the parent under section 115.81 (4) and (5), Wis. Stats.

(c) The board may appoint a hearing officer, pursuant to section 115.81 (2) (d), Wis. Stats.

**Note:** The department strongly recommends the appointment of a hearing officer. That person shall not be an employe of the district and shall have a level A license and have training in hearing procedures. It is preferable to select a hearing officer who has training in the area of exceptionality evidenced by the child whose case is being heard.

(4) CONTENTS OF THE OFFICIAL RECORD. The board or hearing officer shall keep an official record of the hearing which shall contain:

(a) A verbatim record of the proceedings at the hearing together with all exhibits. The record of the hearing may be a tape recording, but shall be transcribed and available to parents upon request in the event of an appeal to the superintendent.

(b) A copy of the notice to the parent that a report will be made to the board, or documentation of the manner in which the parent was informed, pursuant to section 115.80 (1) (c), Wis. Stats. and any information reported to the board under section 115.80 (1) (a) or (b), Wis. Stats. The district shall obtain a copy of the notice or documentation of the manner in which the parent was informed.

(c) Written parental approval for M-team evaluation, pursuant to section 115.80 (3) (b), Wis. Stats.

(d) The written M-team recommendations, pursuant to section 115.80 (3) (e), Wis. Stats.

(e) A copy of the notice to the parent of the M-team recommendations pursuant to section 115.81 (2) (a), Wis. Stats. For recommended form of notice, see appendix C.

(f) A copy of the notice to the parent of the decision of the board or its designee for placement or removal from a special education program, pursuant to section 115.81 (2) (b) and (c), Wis. Stats. For recommended form of notice, see appendix D.

(g) Written parental consent to a change of program or, if no parental consent is given, written record of the board's reasons for changing the program prior to the hearing or pending the board's decision on appeal, pursuant to section 115.81 (3), Wis. Stats. Program change without parental consent shall be made only if the health or safety of the child or others would be endangered by delaying the change in assignment. For recommended forms of parental consent and early program change notice, see appendix E.

(h) A copy of the notice to the parent of the hearing. For recommended form of notice, see appendix F.

(i) Written parental request for a hearing on program placement or removal, pursuant to section 115.81 (1) (a), Wis. Stats.

(j) A copy of the referral form for EEN. For recommended form of notice, see appendix G.

(k) The written record of any independent examination of the child carried out at the parent's request, pursuant to section 115.81 (5), Wis. Stats., if submitted into evidence at the hearing or otherwise released to the board.

(5) PRESENTATION OF EVIDENCE. (a) The board of its designee shall present the evidence upon which the placement or removal decision was based.

(b) The parent or parent's advocate shall present any evidence relevant to the decision of the board or its designee.

(c) The parent shall be given an opportunity to examine and cross-examine witnesses. A presiding officer may, in order to develop the facts, or to reach a decision, examine any witness or call any witness, including any person skilled in the suspected area of exceptionality. Costs incurred in the provision of witnesses on the behalf of the board shall be the board's. The presiding officer may determine the order in which witnesses are called.

(6) POSTPONEMENT. The presiding officer may postpone, recess or adjourn the hearing for a period not to exceed 15 days. It shall not serve to extend the period by which the board shall hold the hearing beyond 60 days as provided in PI 11.06 (3) (a).

(7) HEARING OFFICER'S REPORT. If a hearing officer presides at the hearing, that person shall issue a written report which shall identify the parties, state the purpose of the hearing, review the evidence introduced, summarize the points of contention between the parties and recommend a decision. Copies of this report shall be sent to the parent and the board. The hearing officer shall issue a report within 5 days after the close of the hearing.

(8) BOARD DECISION. The board shall issue its decision within 30 days of the close of the hearing, pursuant to section 115.81 (6), Wis. Stats. The board shall, within 24 hours of its decision, mail a copy of such decision to the parent. The decision shall include a statement of facts and conclusions upon which the board's decision was based. The decision shall also specify the parent's right to appeal within 30 days from the day of issuance of the board's decision to the superintendent under section 115.81, Wis. Stats. If the board does not make a decision within 30 days after the parent has filed a written appeal, the placement decision shall be deemed affirmed.

(9) APPEAL OF BOARD DECISION TO SUPERINTENDENT. (a) The parent may file a written appeal of the board decision to the superintendent within 30 days from the day of issuance of the board's decision, pursuant to section 115.81 (7), Wis. Stats. The appeal shall name the parties and shall give a brief statement of the parent's reasons for appealing. Upon receipt of an appeal, the superintendent shall request the official record from the board.

(b) The superintendent shall issue a decision based on the official record within 30 days after the parent has filed a written appeal. If the superintendent does not make a decision within 30 days after the parent has filed a written appeal, the decision appealed from shall be deemed affirmed. The official record shall be returned to the board after the superintendent has made a decision.

(10) **APPEAL OF THE SUPERINTENDENT'S DECISION TO THE COURT.** Pursuant to section 115.81 (8), Wis. Stats., within 30 days from the day of issuance of the decision of the superintendent, the parent may appeal the decision to the circuit or county court in which the child resides.

(11) **REPORT.** If no appeal to the superintendent is made within 30 days of issuance of the board's decision, the district shall send to the division a report including those elements listed in PI 11.06 (7).

**History:** Cr. Register, December, 1975, No. 240, eff. 1-1-76.

**PI 11.11 Director.** (1) **POLICY.** To ensure that all children with EEN receive appropriate special education services, the LEA may organize special education services into an administrative structure under a level A-certified director. Special education programs shall be implemented through one or more of the following administrative structures:

(a) *District.* Special education programs operated by a district and administered by a director directly employed by the district.

(b) *District.* Special education programs operated by districts and administered by a director employed by the CESA and contracted by the district. The director shall be considered a district director for each district. PI 11.11 (4) (a) shall be applicable to this section.

(c) *CHCEB.* Special education programs operated by a CHCEB and administered by a director employed by the CHCEB.

(d) *Cooperative agreement (66.30).* Special education programs operated by 2 or more districts or CHCEBs through a 66.30 cooperative and administered by a director employed under the 66.30 cooperative agreement.

(e) *CESA.* Special education programs operated by a CESA and administered by a director employed by the CESA.

(2) **ELIGIBILITY.** The services of a full or part-time director may be utilized when the LEA becomes eligible for reimbursement according to the following:

(a) A district operating special education programs attains the necessary personnel/programs required for state reimbursement of special education leadership personnel (Table 1 following PI 11.11).

(b) A district attains the necessary personnel/program criteria located within the district but operated by a combination of LEAs. Units shall not be duplicated for count for directors.

(c) An LEA operating the program shall obtain the necessary personnel/program units required for state reimbursement of special education leadership personnel (PI 11.11 (3)).

(d) In areas of potential program unit growth based on incidence, a director shall be considered for approval by the division for program development for one calendar year.

(3) **REIMBURSEMENT.** The department shall reimburse the employing LEA for the salary and fringe benefits of full-time special education leadership personnel at 70% when the program/personnel criteria are met and the director has assumed the responsibilities as

enumerated in PI 11.11 (4) (a) and (b). Operation of 10 program units or employment of 20 reimbursable special education staff shall qualify an LEA for reimbursement at the 70% level by the department.

(a) Reimbursement to the employing LEA for half-time directors shall be 70% of the 50% portion of time allocated to administering programs/services for children with EEN.

(4) **ROLE OF THE DIRECTOR.** The function of the director shall be to provide within legal and recognized professional standards an organizational framework in which efficient and appropriate special education leadership can be provided to plan, develop, implement and evaluate appropriate special education offerings to children with EEN. The director shall be the identified administrative leader responsible for all special educational services.

(a) *General responsibilities.* The director shall be responsible and accountable for the special education administrative structure to the administrator(s) or CHCEB, or both, and shall have requisite authority for budget preparation, administration and supervision of special education services staff; shall be responsible for development, placement, implementation and evaluation of programs and services for children with EEN and shall articulate special education with regular education.

(b) *Specific responsibilities.* A state-funded director shall be responsible and accountable for the development, implementation and evaluation of the following:

1. Placement decision, admission, programming, termination and follow-up for individual children with EEN served by special education programs.

2. Administration, supervision and coordination of special education instructional and ancillary personnel for all aspects of programs and services for children with EEN.

a. The development, administration and operation of the M-team(s) and reports on children with EEN.

3. A comprehensive continuum of coordinated programs and services for children with EEN including communication channels for the interface between special and regular education, parents and liaison with other agencies.

4. Staff development including inservice and continuing education programs for special education instructional and ancillary personnel, regular education personnel, other district personnel, parents and other community personnel.

5. Appropriate facilities, special transportation and resources for pupils, staff, programs and services.

6. Budget preparation, implementation and fiscal accountability.

by 7. All special education report forms and district plans as required the department and the division.

(4) **ADMINISTRATION/SUPERVISION.** The director or the program designee shall be administratively responsible for the development and implementation of the program or services or both.

(5) **DIVISION RESPONSIBILITIES.** (a) The division shall provide consultative assistance to LEAs in the development of the physical therapy and occupational therapy service plan.

(b) The division shall formally approve the LEA's plan of services.

(c) The supervisory and consultative services shall be the joint responsibility of the bureau for exceptional children and the bureau for crippled children within the division.

(d) The LEA shall receive 70% reimbursement for the salaries and fringe benefits of qualified personnel, transportation of children and youth and specially approved therapy materials and equipment.

**Note:** A maximum of \$1,000 per new physical therapy/occupational therapy unit for non-fixed equipment shall be allowed. Any exceptions to this limitation shall be negotiated in advance with the division program area supervisor.

(6) **SERVICE CONSIDERATIONS.** (a) Any child who has been determined by the M-team to have EEN shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in PI 11.05 (2) (e) 7. Any child who has a congenital or acquired disease or condition of such severity that achievement of normal growth and development may be hindered shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in PI 11.05 (2) (e) 7. ✓

(b) The physical facilities shall be commensurate with the role and function service to be performed. Each district shall identify the facilities wherein the treatment is to take place. The industrial commission codes shall be adhered to regarding the physical space required to perform the activities. The facilities shall be determined to be appropriate for the delivery of health treatment services. This determination shall be made by the department.

(7) **PHYSICAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING.** (a) **Licensure.** A physical therapist shall be a graduate of an accredited school.

**Note:** After July 1, 1977, full-time and half-time employed physical therapists shall hold department licensure as a physical therapist.

(b) **Programming.**

1. The type of disability and requirements for physical therapy shall be considered in determining the therapist caseload. Twelve children shall be a minimal daily caseload for a full-time physical therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The physical therapist shall be an M-team member if the child is being evaluated for possible physical therapy supportive services.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. The physical therapist shall have medical prescription and adequate medical information from an orthopedist, physiatrist or pediatrician before a child is enrolled in the program. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel who are concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition, e.g., surgery, casting, etc.

5. Each child receiving treatment shall have a complete and current treatment record. In order to have a descriptive profile of the child, an initial assessment of the physical condition shall be made by the physical therapist soon after enrollment into a program or at the beginning of treatment. This information, including established treatment goals, shall be incorporated into the child's permanent behavioral record. Instructions given to the parent for a home program shall also be recorded.

(8) OCCUPATIONAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING.

(a) *Licensure.* The occupational therapist shall be currently registered with the American occupational therapy association.

*Note:* After July 1, 1977, full-time and half-time employed occupational therapists shall hold department licensure as an occupational therapist.

(b) *Programming.* 1. The type of disability and requirements for occupational therapy shall be considered in determining the therapist caseload. Twelve children shall be a minimal daily caseload for a full-time occupational therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The occupational therapist shall be an M-team member if the child is being evaluated for possible occupational therapy supportive services. In addition to providing a treatment program for the child, the occupational therapist may work in conjunction with the physical therapy and educational personnel in the school setting to provide an overall developmental program. The occupational therapist shall have medical prescription and medical information from an orthopedist or physiatrist or pediatrician before a child is enrolled in the program. The prescription shall be renewed annually.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition. PI 11.05 (2) (e) 7. requires medical prescriptions to substantiate any health treatment service pursuant to subchapter IV, chapter 115, Wis. Stats.

5. Each child receiving treatment shall have a complete and current record. An initial assessment of the child's abilities and the identification of treatment goals shall be completed after enrollment or prior to the beginning of treatment. Instruction given to parents for

a home program shall also be recorded. This information shall be included in the child's permanent behavioral record.

(9) RE-EVALUATIONS. (a) Physical therapy. A yearly re-evaluation of the child shall be made. Such re-evaluations shall include:

1. General physical condition —general behavior.
2. Physical development pattern — head control, independent sitting, use of extremities.
3. Functional self-care— independent feeding, able to hold pencil, dressing — independent, assisted, to what extent, toilet trained — assistance needed.
4. Effective speech — how are wants made known, response to verbal directions.
5. Ambulation — crutches, canes, special equipment, wheelchair.
6. Progress toward independence —measure of independent skill the child has achieved since the previous evaluation, as well as changes in behavior.

(b) The yearly re-evaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(c) Occupational therapy. A yearly re-evaluation of the child shall be made. Such re-evaluation shall include:

1. General physical condition — general behavior.
2. Physical development pattern — head control, independent sitting, use of arms and hands.
3. Functional self-care — eating, dressing, toileting, transfers, school-related skills and homemaking.
4. Effective communication — ability to understand directions and ability to make needs known.
5. Progress toward independence in self-care — communication and hand skills.

(d) The yearly re-evaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(10) TREATMENT EQUIPMENT AND MATERIALS (a) Proposed expenditures for treatment equipment and materials shall require advance approval of the division. Examples of equipment considerations may include:

1. Treatment tables.
2. Adjustable parallel bars.
3. Standing table.
4. Wheelchair.

(b) Material considerations may include:

1. Paper sheets.
2. Turkish towels.
3. Disposable diapers.
4. Cleansing agents.

(11) **STUDENT SPECIAL TRANSPORTATION.** (a) Educational and medical treatment program. Sections 121.54 (3) and 115.88 (2), Wis. Stats. specify the responsibility of the LEA to provide transportation for children with EEN and the means for financial reimbursement, concerning attendance in either regular school or special school programs. A district may elect to enroll qualified youngsters in the regular school program which houses the medical treatment unit so as to enhance the availability of such service.

(b) Boarding home placements. Refer to PI 11.18 (8) (b).

(c) Transportation. Refer to PI 11.18 (8) (c).

**History:** Cr. Register, December, 1975, No. 240, eff. 1-1-76.

**PI 11.20 Diagnostic teacher.** (1) **POLICY.** To assist LEAs, the division shall, under certain circumstances, approve the employment of a diagnostic teacher. Utilization of a diagnostic teacher shall be contingent upon prior employment or contract with a director in the LEA operating special education programs. A diagnostic teacher may be employed through a variety of administrative structures (PI. 11.11 (1) (a) through (e)).

(2) **ELIGIBILITY.** In order to qualify for reimbursement of the position, the LEA shall meet the following requirements:

(a) To be eligible for a diagnostic teacher, the LEA operating the special education program shall have employed/contracted for the services of a level A director when the total number of programs reaches the requirements established by the division (Table 1, following PI 11.11).

(b) The position shall be reimbursed on a half-time or full-time basis in an LEA.

(c) Teachers employed in this position shall spend 100% of their time with children with suspected and identified EEN in appropriate program areas.

(d) The district shall submit data to the division regarding the backlog of M-team referrals in specific program areas.

(e) This position shall not be used in lieu of the development of other special education program types.

(3) **REIMBURSEMENT.** See PI 11.11 (3).

(a) Written plan. Refer to PI 11.15 (3) (a).

(b) Prior approval. See PI 11.15 (3) (b).

(4) **DIAGNOSTIC TEACHER REQUIREMENTS.** The diagnostic teacher shall meet the requirements stated in PI 11.15 (4) (a) through (e).