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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1339

02/16/2017 Authored by Erickson, Bly, Bennett, Gruenhagen and Kresha
The bill was read for the first time and referred to the Committee on Education Innovation Policy

1.1 A bill for an act
1.2 relating to education; early childhood; providing for assistive technology plans;
1.3 amending Minnesota Statutes 2016, sections 125A.08; 125A.32; 125A.57, by
1.4 adding a subdivision.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2016, section 125A.08, is amended to read:

1.7 125A.08 INDIVIDUALIZED EDUCATION PROGRAMS.

1.8 (a) At the beginning of each school year, each school district shall have in effect, for
1.9 each child with a disability, an individualized education program.

1.10 (b) As defined in this section, every district must ensure the following:

1.11 (1) all students with disabilities are provided the special instruction and services which
1.12 are appropriate to their needs. Where the individualized education program team has
1.13 determined appropriate goals and objectives based on the student's needs, including the
1.14 extent to which the student can be included in the least restrictive environment, and where
1.15 there are essentially equivalent and effective instruction, related services, or assistive
1.16 technology devices available to meet the student's needs, cost to the district may be among
1.17 the factors considered by the team in choosing how to provide the appropriate services,
1.18 instruction, or devices that are to be made part of the student's individualized education
1.19 program. The individualized education program team shall consider and may authorize
1.20 services covered by medical assistance according to section 256B.0625, subdivision 26.
1.21 Before a school district evaluation team makes a determination of other health disability
1.22 under Minnesota Rules, part 3525.1335, subparts 1 and 2, item A, subitem (1), the evaluation
1.23 team must seek written documentation of the student's medically diagnosed chronic or acute

2.1 health condition signed by a licensed physician or a licensed health care provider acting
2.2 within the scope of the provider's practice. The student's needs and the special education
2.3 instruction and services to be provided must be agreed upon through the development of
2.4 an individualized education program. The program must address the student's need to develop
2.5 skills to live and work as independently as possible within the community. The individualized
2.6 education program team must consider whether the student requires assistive technology
2.7 devices and services using a child-centered assistive technology plan. The individualized
2.8 education program team must consider positive behavioral interventions, strategies, and
2.9 supports that address behavior needs for children. During grade 9, the program must address
2.10 the student's needs for transition from secondary services to postsecondary education and
2.11 training, employment, community participation, recreation, and leisure and home living. In
2.12 developing the program, districts must inform parents of the full range of transitional goals
2.13 and related services that should be considered. The program must include a statement of
2.14 the needed transition services, including a statement of the interagency responsibilities or
2.15 linkages or both before secondary services are concluded. If the individualized education
2.16 program meets the plan components in section 120B.125, the individualized education
2.17 program satisfies the requirement and no additional transition plan is needed;

2.18 (2) children with a disability under age five and their families are provided special
2.19 instruction and services appropriate to the child's level of functioning and needs;

2.20 (3) children with a disability and their parents or guardians are guaranteed procedural
2.21 safeguards and the right to participate in decisions involving identification, assessment
2.22 including assistive technology assessment, and educational placement of children with a
2.23 disability;

2.24 (4) eligibility and needs of children with a disability are determined by an initial
2.25 evaluation or reevaluation, which may be completed using existing data under United States
2.26 Code, title 20, section 33, et seq.;

2.27 (5) to the maximum extent appropriate, children with a disability, including those in
2.28 public or private institutions or other care facilities, are educated with children who are not
2.29 disabled, and that special classes, separate schooling, or other removal of children with a
2.30 disability from the regular educational environment occurs only when and to the extent that
2.31 the nature or severity of the disability is such that education in regular classes with the use
2.32 of supplementary services cannot be achieved satisfactorily;

2.33 (6) in accordance with recognized professional standards, testing and evaluation materials,
2.34 and procedures used for the purposes of classification and placement of children with a

3.1 disability are selected and administered so as not to be racially or culturally discriminatory;
 3.2 and

3.3 (7) the rights of the child are protected when the parents or guardians are not known or
 3.4 not available, or the child is a ward of the state.

3.5 (c) For all paraprofessionals employed to work in programs whose role in part is to
 3.6 provide direct support to students with disabilities, the school board in each district shall
 3.7 ensure that:

3.8 (1) before or beginning at the time of employment, each paraprofessional must develop
 3.9 sufficient knowledge and skills in emergency procedures, building orientation, roles and
 3.10 responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin
 3.11 meeting the needs, especially disability-specific and behavioral needs, of the students with
 3.12 whom the paraprofessional works;

3.13 (2) annual training opportunities are required to enable the paraprofessional to continue
 3.14 to further develop the knowledge and skills that are specific to the students with whom the
 3.15 paraprofessional works, including understanding disabilities, the unique and individual
 3.16 needs of each student according to the student's disability and how the disability affects the
 3.17 student's education and behavior, following lesson plans, and implementing follow-up
 3.18 instructional procedures and activities; and

3.19 (3) a districtwide process obligates each paraprofessional to work under the ongoing
 3.20 direction of a licensed teacher and, where appropriate and possible, the supervision of a
 3.21 school nurse.

3.22 Sec. 2. Minnesota Statutes 2016, section 125A.32, is amended to read:

3.23 **125A.32 INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP).**

3.24 (a) A team must participate in IFSP meetings to develop the IFSP. The team shall include:

3.25 (1) a parent or parents of the child, as defined in Code of Federal Regulations, title 34,
 3.26 section 303.27;

3.27 (2) other family members, as requested by the parent, if feasible to do so;

3.28 (3) an advocate or person outside of the family, if the parent requests that the person
 3.29 participate;

3.30 (4) the service coordinator who has been working with the family since the initial referral,
 3.31 or who has been designated by the public agency to be responsible for implementation of
 3.32 the IFSP and coordination with other agencies including transition services;

4.1 (5) a person or persons involved in conducting evaluations and assessments; and

4.2 (6) as appropriate, persons who will be providing early intervention services under the
4.3 plan to the child or family.

4.4 (b) The IFSP must include:

4.5 (1) information about the child's developmental status;

4.6 (2) family information, with the consent of the family;

4.7 (3) measurable results or major outcomes expected to be achieved by the child with the
4.8 family's assistance, that support the child's social emotional development, address any
4.9 behavioral concerns, and include developmentally appropriate preliteracy and language
4.10 skills for the child, and the criteria, procedures, and timelines;

4.11 (4) specific early intervention services, including assistive technology, based on
4.12 peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the
4.13 child and the family to achieve the outcomes;

4.14 (5) payment arrangements, if any;

4.15 (6) medical and other services that the child needs, but that are not required under the
4.16 Individual with Disabilities Education Act, United States Code, title 20, section 1471 et
4.17 seq. (Part C, Public Law 108-446) including funding sources to be used in paying for those
4.18 services and the steps that will be taken to secure those services through public or private
4.19 sources;

4.20 (7) dates and duration of early intervention services;

4.21 (8) name of the service coordinator;

4.22 (9) steps to be taken to support a child's transition from infant and toddler intervention
4.23 services to other appropriate services, including convening a transition conference at least
4.24 90 days or, at the discretion of all parties, not more than nine months before the child is
4.25 eligible for preschool services; and

4.26 (10) authorized signatures of the agencies responsible for providing, paying for, or
4.27 facilitating payment, or any combination of these, for infant and toddler intervention services.

5.1 Sec. 3. Minnesota Statutes 2016, section 125A.57, is amended by adding a subdivision to
5.2 read:

5.3 Subd. 3. **Child-centered assistive technology plan.** "Child-centered assistive technology
5.4 plan" means a plan to guide the assistive technology consideration and implementation
5.5 process to address the individual needs of a child with a disability.