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Fulfilling the Promise of IDEA

Making Music Therapy Happen in Public Education

Maryland Association
for Music Therapy
Sunday, October 15, 2017
11:00 am to 4:00 pm

Elizabeth K. Schwartz, MA, LCAT MT-BC

www.RaisingHarmony.com/idea2017

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Learner Objectives

For clients served in public education through the Individual with Disabilities Education Act (IDEA) course participants will learn to:

- I. A. 1. Utilize or develop appropriate referral protocol for population.
- I. C. 3. Draw conclusions and make recommendations based on analysis and synthesis of assessment findings.
- III. A. 6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
- IV. B. 9. Work within a facility's organizational structure, policies, standards, and procedures.

Agenda

- o 11:00 – 11:10 Introductions and Course Overview
- o 11:10 – 11:30 Brief Overview of IDEA (individuals with Disabilities Education Act) *Lecture*
- o 11:30 – 12:00 Music Therapy services under IDEA- Overview of current practice *Discussion*
- o 12:00 – 12:20 Break
- o 12:20 – 1:00 Documents supporting Music Therapy provision under IDEA part B *Lecture*
- o 1:00 – 1:20 Documents supporting Music Therapy provision under IDEA Part C *Lecture*
- o 1:20 – 1:50 Advocacy - Small group networking and brainstorming *Discussion*
- o 1:50 – 2:05 Break
- o 2:05 – 2:25 Assessment, Eligibility, Referrals and Documentation *Lecture*
- o 2:25 – 2:50 Funding and Reimbursement *Lecture*
- o 2:50 – 3:00 Break
- o 3:00 – 3:30 Creating and sustaining school based Music Therapy programs *Discussion*
- o 3:30 – 3:40 Future Directions for school based Music Therapy *Discussion*
- o 3:40 – 3:50 Comments, Questions and Sharing
- o 3:50 – 4:00 Wrap Up and Course Evaluation

<http://idea.ed.gov/>

IDEA Overview

**Individuals with Disabilities
Education Act**

IDEA

Individuals with Disabilities Education Act

2004

(Public Law 108-446)

- o Final regulations published -
 - o August 2006 (Part B for school-aged children)
 - o September 2011 (Part C, for babies and toddlers)

o“(1) Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.”

o(Public Law 108-446 www.ed.gov).

“(d) PURPOSES.

—The purposes of this title are—

- o “(1)(A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education , employment, and independent living;

- o “(B) to ensure that the rights of children with disabilities and parents of such children are protected; and
- o “(C) to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities;

Individuals with Disabilities Act

IDEA Part C

- o “to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first 3 years of life.”
- o “to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities;”

- o TITLE I / C / 631 (a) (1)
- o <http://idea.ed.gov>

IDEA

Individuals with Disabilities

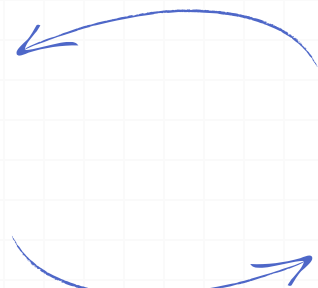
Education Act 2004 (Public Law 108-446)

Part B

- o 3 – 22
- o Free, appropriate education
- o Individualized Education Program (IEP)
- o Least restrictive environment
- o Access to education
- o Special education
- o Related services

Part C

- o Birth – 3
- o Address developmental delays
 - o Physical
 - o Cognitive
 - o Communication
 - o Social/Emotional
 - o Self-help
- o Individualized Family Service Plan (IFSP)
- o Natural environment
- o Services to meet developmental needs of the child or the family



americaneg.vo.llnwd.net/o16/musictherapy/parent_info_iep.mp3

Listen to Judy Simpson
share her story with parents.

Music Therapy in Special Education

Many Paths

One Goal

Music Therapy in Special Education

- Programmatic
 - Self-contained classes
 - Inclusion collaboration
 - Support service
- Direct Service
 - Related service
 - Individual pull out
 - Individual in group
 - Individual push-in
 - Consultation
- Staff Development
 - In-service training
 - Consultation

- Programmatic
- Direct Service
- Staff Development

IDEA Part B - Preschool and School Age

o Programmatic

o Related Service

o Consultation

Programmatic Music Therapy

- o Direct Service- Groups
- o Direct Service- Individual
- o Therapeutic Co-treatment
- o Educational Support
- o Music Education

Programmatic Music Therapy

- o Direct Service- Groups
- o Direct Service- Individual
- o Therapeutic Co-treatment
- o Educational Support
- o Music Education

Programmatic Music Therapy

- Operating Budget
- Grants
- State or LEA determines occupational regulations

Programmatic Music Therapy

- o LEA determines documentation
- o Access to regular curriculum including music education
- o Music Therapy not mandated

Related Service Music Therapy

“required to assist a child with a disability to benefit from special education in order for the child to receive FAPE [Free Appropriate Public Education].”

IDEA Related Service

- o Each child with a disability may not require all of the related services listed above. Furthermore, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services if they are required to assist a child with a disability to benefit from special education. Examples include artistic and cultural programs, art, music, and dance therapy.

- o <http://nichcy.org/schoolage/iep/iepcontents/relatedservices>

Related Service Music Therapy

- Direct Service – Individual
- Direct Service – Small Group
- Consultation

Related Service Music Therapy

- Determined by assessment
- Mandated
- Reimbursable

Related Service Eligibility Process

- Child is Identified As possibly needing service
- Child is Evaluated
- Eligibility is decided
- Child is found eligible/not eligible
- IEP Meeting is scheduled
- IEP Meeting is Held/ IEP is written
- Services are provided
- Progress is measured and Reported to Parents
- IEP is reviewed
- Child is reevaluated

Music Therapy Consultation

- o Direct Service
- o Staff Training
- o Staff In-Service
- o Program Planning
- o Materials and Resources
- o Family Support

LEAST RESTRICTIVE ENVIRONMENT

- o “(A) IN GENERAL.—To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.”

[www.musictherapy.org/
assets/1/7/MT_Special_
Ed_2006.pdf](http://www.musictherapy.org/assets/1/7/MT_Special_Ed_2006.pdf)

**Music Therapy
can be provided
under IDEA Part B**

**Music Therapists can provide
services under IDEA Part B**



QUESTIONS AND ANSWERS ON INDIVIDUALIZED EDUCATION PROGRAMS (IEPs), EVALUATIONS, AND REEVALUATIONS

REVISED JUNE 2010

Question E-1: Can artistic and cultural services, such as music therapy, be considered related services under the *IDEA*? If so, are there qualifications in the *IDEA* for personnel to provide such services as related services?

If a child's IEP Team determines that an artistic or cultural service such as music therapy is an appropriate related service for the child with a disability, that related service must be included in the child's IEP under the statement of special education, related services, and supplementary aids and services to be provided to the child or on behalf of the child. 34 CFR §300.320(a)(4). These services are to enable the child to advance appropriately toward attaining the annual goals, to be involved and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities, and to be educated and participate with other children with and without disabilities in those activities. 34

<https://www2.ed.gov/policy/speced/guid/idea/iep-qa-2010.pdf>

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- o September 21, 2015
- o Melody Musgrove, the Director of the Office of Special Education Programs (OSEP), which is in the U.S. Department of Education's Office of Special Education and Rehabilitative Services, shared an email with AMTA National Office that went to all state directors of special education affirming support of music therapy as a related service under IDEA.

New York State Clarification



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF P-12 EDUCATION: Office of Special Education
COORDINATOR SPECIAL EDUCATION POLICY AND PROFESSIONAL DEVELOPMENT
Room 309 EB, 89 Washington Avenue • Albany, NY 12234
www.p12.nysed.gov/specialed/

Telephone (518) 473-4818
Fax: (518) 473-5387

to benefit from special education. In accordance with section 200.4(d)(2)(v) of the Regulations of the Commissioner of Education, if a student's CSE determines that a service such as music therapy is an appropriate related service for the student, this recommendation would be indicated under the statement of the "Recommended Special Education Programs and Services" that will be provided for the student. On the New York State IEP form, related services recommendations that are not included in the list of drop-down related service options would be written in the text box that follows the list (*IEP Topic and Question Index*, <http://www.p12.nysed.gov/specialed/formsnotices/IEP/training/QA-411.pdf>, see Question 4 on page 25).

o http://www.musictherapy.org/assets/1/7/NYSED_Clarification_MT_as_Related_Service_2013.pdf

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**Music Therapy
can be provided
under IDEA Part C**

**Music Therapists can provide
services under IDEA Part C**

[https://
www.musictherapy.org/
assets/1/7/MTM14\(3\).pdf](https://www.musictherapy.org/assets/1/7/MTM14(3).pdf)
06.pdf

Music Therapy in Early Intervention

- Direct Service

 - Related service

 - Family groups

 - Consultation

- Staff Development

 - In-service training

 - Consultation

- Direct Service

- Staff Development

IDEA Part C Regulations

- o Section 303.13(d) clearly conveys that the early intervention services identified in §303.13(b) are not an exhaustive list and may include other developmental, corrective, or supportive services that meet the needs of a child as determined by the IFSP Team, provided that the services meet the criteria identified in §303.13(a) and the applicable State's definition of early intervention services.
- o *However, adding new definitions of additional services identified by the commenters, such as music therapy and respite care, is not necessary.*
- o Federal Register, September 28, 2011, pgs. 60146-60147

[www.musictherapy.org/
faq/#51](http://www.musictherapy.org/faq/#51)

**Music Therapy
can be FUNDED
under IDEA
Music Therapists can
be funded under IDEA**

Allowable Uses of Funds

IDEA Part B funds may be used for the following expenditures which are not also included in the tuition rate:

- Art and music therapies by part-time staff or contract services;
- To provide professional development that focuses on improving outcomes for students with disabilities.

• <http://www.p12.nysed.gov/specialed/finance/2012-13-IDEAApplicationMemo.htm>

Who can provide music therapy under IDEA?

Occupational regulations are
determined at the state
government level.

[www.musictherapy.org/
assets/1/7/
bib_Special_Education.pdf](http://www.musictherapy.org/assets/1/7/bib_Special_Education.pdf)



QUESTIONS AND ANSWERS ON INDIVIDUALIZED EDUCATION PROGRAMS (IEPs), EVALUATIONS, AND REEVALUATIONS

REVISED JUNE 2010

provisional basis. 34 CFR §300.156(b)(2)(ii). Therefore, if a child's IEP includes an artistic or cultural service such as music therapy as a related service, the SEA would be responsible for ensuring that the child received that service from appropriately and adequately trained personnel, consistent with 34 CFR §300.156(b).

<http://www2.ed.gov/policy/speced/guid/idea/iep-qa-2010.pdf>

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Title 5

California Dept. of Education

STAFF QUALIFICATIONS

§ 3051.21. Music Therapy

- o (a) According to the Certification Board for Music Therapists “Music therapy is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions for people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs.”
- o (b) Music therapy shall be provided only by personnel who hold a Music Therapist – Board Certified credential from the Certification Board for Music Therapists (CBMT) on the completion of all academic and clinical training requirements, and after successfully passing the CBMT National Board Certification Examination.

NOTE: Authority cited: Sections 56100 and 56366.1, Education Code. Reference: Section 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Policy Update USA Taking Action in Times of Uncertainty

May 15, 2017 | Wakefield, Massachusetts



Elizabeth K. Schwartz, MA, LCAT, MT-BC
Alternatives for Children, Long Island, New York

The past year has been marked by policy uncertainty and concern over legal and regulatory supports for young children and their families. Shifts in administrative, congressional and regulatory leadership present us, as early childhood professionals, with the opportunity for taking action to assure that all children and families are given access to safe environments, quality healthcare, and appropriate education. The updates below give a brief overview of some of the key areas of new law or proposed change.

Education

Every Student Succeeds Act (ESSA)

The Every Student Succeeds Act (ESSA) was signed into law on December 10, 2015 and reauthorizes the Elementary and Secondary Education Act (ESEA) of 1985. The original law was meant to assure education for all children as a civil right. ESSA will now replace the prior reauthorization known as No Child Left Behind or NCLB.

ESSA 2015 continues the focus on high academic standards for all learners, access to quality educational programs, emphasis on early learning through increased access to high quality preschool, and continued measures for accountability.

ESSA 2015 provides for expanded Preschool Development Grants as well as a renewed focus on family engagement and high risk groups. In October of 2016, the Department of Education released guidance on how ESSA affects early learning programs. The entire document can be found at <https://www2.ed.gov/policy/elsec/leg/essa/essa/guidance10202016.pdf>. The document states in part:

The Department's strategic goal for early learning is to improve the health, social-emotional, and cognitive outcomes for all children from birth through third grade. This will ensure that all children, particularly those with high needs, are on track to graduate from high school college- and career-ready. This guidance is intended to remind State and local decision-makers about the importance of investing in early learning, highlight the opportunities available under the law to strengthen early education, and provide examples of how States and local communities may support young children's success in school.

ACTION

Respond to requests for comments and suggestions as regulations under ESSA are written and implemented.

Individuals with Disabilities Education Act (IDEA)
It is important to be aware that The Individuals with Disabilities Education Act or IDEA, last reauthorized in 2004, is still in effect. All of the regulations and clarifications on music therapy provision under IDEA also are still in effect. For further information, visit <https://sites.ed.gov/idea/>.

ACTION

Knowing current law and regulations is essential to insure local schools and programs maintain adherence to the safeguards of IDEA.

Federal Department of Education

The Federal Department of Education changed leadership early in 2017. A number of new initiatives have been proposed that will impact early services. One possible change may be an increase in the number of charter schools. To learn more about how children with disabilities would be affected by this change read: <https://www2.ed.gov/policy/speeed/guid/idea/memos/dolrs/faq-idea-charter-school.pdf>.

ACTION

Organizations that advocate for young children, such as NAEYC (www.naeyc.org); Zero to Three (www.zerotothree.org); and Council for Exceptional Children (<https://www.cec.sped.org/>) are monitoring actions by the new head of the Department of

Education. Join one of these larger groups to gain up-to-date information and action plans.

Healthcare

The current state of healthcare funding in the United States is fluid and complex. A number of proposed changes could have a significant and negative impact on young children and families. Of particular concern is the move to change Medicaid, often the lifeline for seriously ill young children. Up-to-date advocacy efforts that support access to quality healthcare for babies, infants and toddlers can be found through the American Music Therapy Association (<https://www.musictherapy.org/policy/grupdate/>) and at the Division of Early Childhood

of the Council for Exceptional Children (<http://www.cec-spced.org/>) among others.

ACTION

Keep apprised of proposed changes to healthcare and voice your opinion to legislators through letters, email, phone call or meetings.

Safety

Being safe and secure in the environment is key to physical, mental, emotional, social and academic health for young children. Poverty, violence, and discrimination all contribute to unsafe environments. All of the organizations listed above monitor legislation and practices that may affect the safety of children and families.

ACTION

Individual actions that support safe communities can be extremely effective. Join local groups that promote social justice, tolerance, inclusion and community. Step up on a daily basis to confront bigotry, discrimination and exclusion.

About the Author

Beth practices music therapy in New York State and frequently presents on issues relating to music therapy in public education. She is currently Chair of the Education and Training Advisory Board of the American Music Therapy Association and a member of the New York State Task Force on Occupational Regulations.

Contact: elschwartzmtbo@gmail.com

**CBMT
Board Certification
Domains
AMTA Standards of
Practice**

**Music Therapy
Assessment:
Music Therapy as a Related
Service in Schools**

Music Therapy as a Related Service

- Need is determined by an assessment conducted by a qualified professional, a Board Certified Music Therapist
- Recommendations from the assessment can then be considered for inclusion in a student's IEP

Music Therapy as a Related Service

- As with other related services, music therapy is recommended as a related service only if it is necessary for the child to benefit from his or her Individualized Education Program.
- *Many children love music.
Many children respond well to music.
This alone **does not** qualify a student for music therapy.*

Music Therapy Referral

- Requested by any member of the IEP team
- Team should consider and discuss
 - Student's current performance in non-musical settings
 - Any unique responses observed when music is used
 - Significant differences in behavior, memory, speech, communication or motor movements when music is used

Is a Music Therapy Assessment Appropriate?

Music is a **Unique Learning Tool** for the student

- Learns skills first or most quickly through music activities
- Displays an excellent recall for song lyrics

Music is a **Significant Motivator** for the student

- Frequently chooses music activities as a reward
- Demonstrates increased levels of engagement with music
- Will attempt and perform actions in songs or with musical instruments despite significant challenges when faced with motor tasks

Is a Music Therapy Assessment Appropriate?

Music Increases Attention and Focus

Music Increases Communication

- Student with limited spoken language abilities initiates communication through song
- Sings familiar songs or Imitating sung phrases
- Speech intelligibility and/or phrase length is considerably improved during singing activities

Is a Music Therapy Assessment Appropriate?

- Music **Increases Attention and Focus**
- Music **Addresses Behavioral Concerns**
- Music **Elicits an Extremely Strong Reaction,**
positive or negative

Special Education Music Therapy Assessment Process

- The SEMTAP is a nationally recognized and published evaluation to assess eligibility for Music Therapy as a Related Service
- A criterion-referenced evaluation

Special Education Music Therapy Assessment Process

The **Objective** of the Music Therapy Assessment

- Determine if music therapy interventions have a significant impact on the student's performance on specific IEP Goals and Objectives
- Measure performance on specific IEP Skills with and without music strategies

Steps in the SEMTAP

1. A formal request for a music therapy assessment from a parent or other member of the IEP team
2. A review of the child's IEP including goals and objectives
3. Interviews/consultation with the child's teacher and other members of the IEP team
4. An observation of the child performing IEP goals in non-musical settings
5. Administration of a specially designed music therapy assessment session focusing on the same targeted IEP goals
6. Presentation of a comprehensive report at an IEP team meeting with the Music Therapist

Measuring the Response to Music

COGNITIVE/ACADEMIC FUNCTION

- | | | | |
|--|-----|----|------|
| 1. Demonstrates increased alertness, attention (i.e., increased Respiration, physical arousal, turns head toward sound source) | yes | no | same |
| 2. Attends to task: Approximate length of time | yes | no | same |
| 3. Demonstrates increased ability to follow directions | yes | no | same |
| 4. Participates in/completes difficult or disliked tasks | yes | no | same |

COMMUNICATION

- | | | | |
|--|-----|----|------|
| 1. Demonstrates increased vocalization/verbalization | yes | no | same |
| 2. Demonstrates use of gestures/ signs(circle one) | yes | no | same |
| 3. Verbalizes/sings (circle one) single words to complete a phrase | yes | no | same |
| 4. Verbalizes/sings (circle one) complete phrases or sentences | yes | no | same |

SOCIAL/BEHAVIORAL FUNCTION

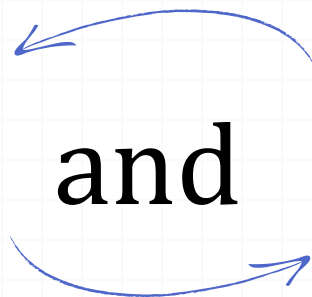
- | | | | |
|---|-----|----|------|
| 1. Demonstrates increased eye contact to staff/peer/parent | yes | no | same |
| 2. Remains in group setting for increased duration | yes | no | same |
| 3. Takes turns/ shares items | yes | no | same |
| 4. Demonstrates increased motivation to complete directed tasks | yes | no | same |

SENSORY/MOTOR FUNCTION

- | | | | |
|---|-----|----|------|
| 1. Grasps objects/instruments | yes | no | same |
| 2. Moves body in rhythm with music | yes | no | same |
| 3. Moves body in bilateral movements (clapping, marching) | yes | no | same |
| 4. Crosses midline | yes | no | same |

How do I Access Music Therapy Services?

Advocate!



Educate!

**AMTA
CBMT
STATE TASK FORCE**

**HOW CAN I MAKE
IT HAPPEN?**

**HOW CAN WE MAKE IT
HAPPEN?**

Advocacy

- o Know and understand laws and regulations
- o Maintain electronic and hard copies of supporting documents
- o Research key administrative, regulatory and legislative players
- o Create an advocacy plan
- o Identify issues for discussion and decision
- o Contact, call, visit
- o Follow up

Understanding the Educational System

o People

o Mission

o Money

o Laws

Finding Common Ground through Shared Purpose

- o Educational partners support a similar mission.
- o Educational partners focus first on the needs of the student.
- o Educational partners collaborate on supporting the student.
- o Educational partners cooperate, create opportunities and accept compromises.

Educational Mission

- o United States Department of Education: to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access. (www.ed.gov)*

Educational Mission

- *State Department of Education:* Under the leadership of the State Superintendent of Schools and guidance from the Maryland State Board of Education, the Department develops and implements standards and policy for education programs from pre-kindergarten through high school.
- OUR MISSION
 - BE EFFECTIVE. Provide every student with highly effective teachers and educational leaders.
 - BE INCLUSIVE. Engage with parents, families and community members to improve student outcomes.
 - BE INNOVATIVE. Integrate evolving technologies, instructional strategies, and emerging skills that enable all students to reach their fullest potential in a globally competitive environment.
 - BE ACCOUNTABLE. Enhance learning for every student through use of objective, data-driven measures of success determined by state and national standards.
 - BE SAFE. Promote a safe, healthy environment for students.

Educational Mission

- *Local Educational Agency:*
- Howard County Public School System
 - Concepts, values, and principles that guide the organization's work.
 - HCPSS believes in:
 - Achieving excellence in all we do
 - Developing each student's unique gifts
 - Engaging students in relevant, experiential, and personalized learning
 - Cultivating creative problem solving, critical thinking, and innovation
 - Promoting integrity, civility, and global citizenship
 - Enriching learning by honoring our diversity
 - Fostering a culture of collaboration, trust, and shared responsibility
 - Removing barriers to success
 - <https://www.hcpss.org/about-us/>

Educational Mission

- o Music Therapist:* (to) address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. (www.musictherapy.org)

Funding

- What agency pays for the student's education?
- What laws and regulations does that agency have to follow?

Laws

- What laws govern special education services?
- What regulations govern special education services?
- What are the accepted, common practices which govern special education?
- What agencies or organizations have influence over law and regulation that apply to special education?

Learn about and understand mission and goals of educational partner

- Web sites
- Printed material
 - Surveys
- Ask questions
 - Listen

Understand who you will be speaking with

- o Get names and titles
- o Know the role they play in the educational setting

Detail how your service fits the setting

- o Identify the type of service you provide
- o Identify which students benefit from your service

Specify your credentials, education and experience

- o Indicate music therapy credentials
- o Discuss music therapy education and training
- o Outline depth of experience

Describe how music therapy works

- Identify targeted music therapy goal areas
- Describe interventions and strategies
- Point out connections between music therapy interventions and non-musical goals
- Distinguish between music therapy and music education
- Give details about expected outcomes

Tell a story

- Illustrate what a typical session would look and sound like
- Provide a picture of the music therapy interaction
- Depict a moment that has emotional meaning
- Explain the impact of music therapy on the child's progress
- Connect the child's responses to responses with family or in class setting

Demonstrate music therapy

- Present video or audio samples of sessions
- Use still pictures with live music
- Experiential exercises

Provide evidence of effectiveness

- Supply research that supports your practice
- Present documentation of successful outcomes
- Give resource guides for further information
- Refer to sources outside of music therapy
- Present sample documentation

Refer to appropriate laws and regulations

- Cite relevant educational law supporting music therapy practice
- Know regulatory details that govern music therapy practice
- Know occupational regulations pertinent to music therapy

Clarify again how music therapy supports mission and goal of educational setting

- Multi-model learning
- Success oriented
- Efficient
- Research based
- Motivating to students
- Accessible to parents and community

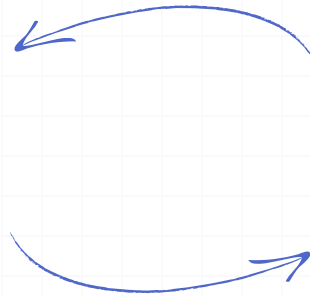
Music Therapy

Music Therapy is...

- Evidence based
- Purposeful
- Individualized
- Systematic
- Motivating

Music Therapy is not...

- Activity based
- Prescriptive
- Curricular
- Random
- Magic



Questions? Suggestions? Comments?

o **Thank you!**

Contact

o Elizabeth K. Schwartz, MA, LCAT MT-BC

o Elizabeth@RaisingHarmony.com

Resources

- <http://idea.ed.gov/>
- <http://www.parentcenterhub.org/nichcy-resources/>
- <http://www2.ed.gov/policy/speced/guid/idea/iep-qa-2010.pdf>
- [https://www.musictherapy.org/assets/1/7/MTM14\(3\).pdf](https://www.musictherapy.org/assets/1/7/MTM14(3).pdf)
- <http://www.musictherapy.org/about/standards/>
 - #EDUCATIONAL SETTINGS
- <http://americaneg.vo.llnwd.net/o16/musictherapy/>
 - [parent info iep.mp3](#)
- www.musictherapy.org/assets/1/7/MT_Special_Ed_2006.pdf
- www.musictherapy.org/faq/#51
- www.musictherapy.org/assets/1/7/bib_Special_Education.pdf
- http://www.musictherapy.org/assets/1/7/NYSED_Clarification_MT_as_Related_Service_2013.pdf
- <http://www.preludemusictherapy.com/schools.html>

2013

Thank you for the opportunity to provide clarification on music therapy as a related service in public education. Students across the country currently benefit from music therapy as part of their Individual Education Plan. The following information gives a brief overview of some of the recent key points about music therapy in schools.

- Music therapy consideration and/or provision as a related service is supported in both statute and regulation of the Individuals with Disabilities Education Act 2004 (IDEA) Part B.
<http://www2.ed.gov/policy/speced/guid/idea/iep-qa-2010.pdf>
http://www.musictherapy.org/assets/1/18/MT_and_IDEA_Regulations_2010.pdf
- Music therapy provision as an approved service is supported in both statute and regulation in IDEA 2004 Part C.
<http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/html/2011-22783.htm>
www.musictherapy.org OCT 14, 2011 Music Therapy Matters, Vol. 14, No. 3
- Music therapy consideration and/or provision as a related service is supported in both statute and regulation of the New York State.
- http://www.musictherapy.org/assets/1/7/NYSED_Clarification_MT_as_Related_Service_2013.pdf
- <http://www.p12.nysed.gov/specialed/formsnotices/IEP/training/answers-programs.htm>
- Consideration and provision of music therapy as a related service has been upheld by New York State Department of Education Office of Review.
<http://www.sro.nysed.gov/decisionindex/2004/04-020.htm>
- Current clinical and practice research supports the efficacy of music therapy interventions in assisting children to benefit from their placement in a free, appropriate public education.
http://www.musictherapy.org/assets/1/7/bib_Special_Education.pdf
http://www.musictherapy.org/assets/1/7/bib_autism10.pdf
- Music therapists in New York State may be licensed as professional mental health practitioners under the Office of Professions of the State Education Department.
<http://www.op.nysed.gov/prof/mhp/article163.htm>
- Music therapists in New York State may be nationally certified by the Certification Board for Music Therapy.
www.cbmt.org
http://mar-amta.org/pdf/unlicense_service_article_163.pdf
- Music therapy education and training assures that music therapists are competent in effectively addressing critical difficulties encountered by students with disabilities in public education.
http://www.musictherapy.org/about/standards/#EDUCATIONAL_SETTINGS
- Music therapy scope of practice includes music therapy assessment, treatment and evaluation.
www.cbmt.org Scope of Practice
- Music therapists are educated and trained to address issues of communication, cognition, regulation, social interaction and motivation through research based interventions and practice.
<http://www.musictherapy.org/about/musictherapy/>

I would welcome the opportunity to discuss further the educational opportunities that music therapists can bring to students with special needs.



QUESTIONS AND ANSWERS ON INDIVIDUALIZED EDUCATION PROGRAMS (IEPs), EVALUATIONS, AND REEVALUATIONS

REVISED JUNE 2010

Regulations for Part B of the *Individuals with Disabilities Education Act (IDEA)* were published in the *Federal Register* on August 14, 2006, and became effective on Oct. 13, 2006. In addition, supplemental Part B regulations were published on Dec. 1, 2008, and became effective on Dec. 31, 2008. Since publication of the regulations, the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education (Department) has received requests for clarification of some of these regulations. This is one of a series of question and answer (Q&A) documents prepared by OSERS to address some of the most important issues raised by requests for clarification on a variety of high-interest topics. Each Q&A document will be updated to add new questions and answers as important issues arise, or to amend existing questions and answers as needed.

OSERS issues this Q&A document to provide States, State educational agencies (SEAs), local educational agencies (LEAs), parents, and other stakeholders with information regarding the *IDEA* requirements relating to individualized education programs (IEPs), evaluations, and reevaluations. This Q&A document represents the Department's current thinking on this topic. It does not create or confer any rights for or on any person. This guidance does not impose any requirements beyond those required under applicable law and regulations. This Q&A document supersedes the Department's guidance, entitled: Questions and Answers on Individualized Education Programs (IEPs), Evaluations and Reevaluations, January, 2007.

The revised Part B regulations include significant changes related to:

- (1) IEPs for children with disabilities who transfer from one public agency to another within the same school year;
- (2) allowing IEP Team participants to be excused from attending IEP Team meetings;
- (3) specifying when other agency representatives that are responsible for providing or paying for transition services must be invited to IEP Team meetings;
- (4) parental consent for initial evaluations and reevaluations for determining eligibility for Part B services; and

- (5) timelines for conducting the initial evaluation for determining whether the child qualifies as a child with a disability under Part B of the *IDEA* and what the educational needs of the child are.

Generally, the questions and corresponding answers presented in this Q&A document required interpretation of the *IDEA* and its implementing regulations; the answers are not simply a restatement of the statutory or regulatory requirements. The responses presented in this document generally are informal guidance representing the interpretation of the Department of the applicable statutory or regulatory requirements in the context of the specific facts presented and are not legally binding. The Q&As in this document are not intended to be a replacement for careful study of the *IDEA* and its implementing regulations. The *IDEA*, its implementing regulations, and other important documents related to the *IDEA* and the regulations are found at <http://IDEA.ed.gov/explore/view/p/%2Croot%2Cregs%2C>.

If you are interested in commenting on this guidance, please e-mail your comments to OSERSguidancecomments@ed.gov and include IEPs, Evaluations and Reevaluations in the subject of your e-mail, or write to us at the following address:

Patricia Guard
U.S. Department of Education
Potomac Center Plaza
550 12th Street, SW, Room 4108
Washington, DC 20202

E. RELATED SERVICES

Authority: The requirements for related services are found in 34 CFR §300.34.

Question E-1: Can artistic and cultural services, such as music therapy, be considered related services under the *IDEA*? If so, are there qualifications in the *IDEA* for personnel to provide such services as related services?

Answer: 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. Related services can include artistic and cultural services that are therapeutic in nature, regardless of whether the *IDEA* or the Part B regulations identify the particular therapeutic service as a related service. The Department's long-standing interpretation is that the list of related services in the *IDEA* and the Part B regulations is not exhaustive and may include other developmental, 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. As is true regarding consideration of any related service for a child with a disability under Part B of the *IDEA*, the members of the child's IEP Team (which include the parents, school officials, and whenever appropriate, the child with a disability) must make individual determinations in light of each child's unique abilities and needs about whether an artistic or cultural service such as music therapy is required to assist the child to benefit from special education.

If a child's IEP Team determines that an artistic or cultural service such as music therapy is an appropriate related service for the child with a disability, that related service must be included in the child's IEP under the statement of special education, related services, and supplementary aids and services to be provided to the child or on behalf of the child. 34 CFR §300.320(a)(4). These services are to enable the child to advance appropriately toward attaining the annual goals, to be involved and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities, and to be educated and participate with other children with and without disabilities in those activities. 34 CFR §300.320(a)(4)(i)-(iii). If the child's IEP specifies that an artistic or cultural service such as music therapy is a related service for the

child, that related service must be provided at public expense and at no cost to the parents. 34 CFR §§300.101 and 300.17.

Regarding the question about personnel qualifications for providers when an artistic or cultural service such as music therapy is considered a related service, Part B of IDEA does not prescribe particular qualifications or credentials for personnel providing special education and related services. Under 34 CFR §300.156(a), each SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of Part B of the IDEA are appropriately and adequately prepared and trained. This responsibility includes ensuring that the qualifications for related services personnel and paraprofessionals are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services. 34 CFR §300.156(b)(1). In addition, the SEA must ensure that related services personnel who deliver services in their discipline or profession meet applicable State qualification standards and have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis. 34 CFR §300.156(b)(2)(ii). Therefore, if a child's IEP includes an artistic or cultural service such as music therapy as a related service, the SEA would be responsible for ensuring that the child received that service from appropriately and adequately trained personnel, consistent with 34 CFR §300.156(b).

Question E-2: Is a public agency responsible for paying for mental health services if the IEP Team determines that a child with a disability requires these services to receive FAPE and includes these services in the child's IEP?

Answer: The IEP Team for each child with a disability is responsible for identifying the related services that the child needs in order to benefit from special education and receive FAPE. These services must be included in the child's IEP in the statement of special education, related services, and supplementary aids and services, to be provided to, or on behalf of, the child to enable the child to: advance appropriately toward attaining the annual goals, be involved and make progress in the general education curriculum, participate in extracurricular and other nonacademic activities, and be educated and participate with other children with and without disabilities in those activities. 34 CFR §300.320(a)(4)(i)-(iii). Mental

health services provided as a related service must be provided at no cost to the parents. 34 CFR §§300.101 and 300.17.

An IEP Team may consider whether mental health services are provided as counseling services (34 CFR §300.34(c)(2)) or social work services in schools (34 CFR §300.34(c)(14)). Under 34 CFR §300.34(c)(2), counseling services are defined as including services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. Under 34 CFR §300.34(c)(14)(ii), social work services in schools includes group or individual counseling for the child and family. However, under 34 CFR §300.34(c)(5), the public agency would not be responsible for paying for mental health services that constitute medical treatment for a child by a licensed physician except to the extent that the services are for diagnostic and evaluation purposes only.

From: "Musgrove, Melody" <Melody.Musgrove@ed.gov>

Date: September 21, 2015 at 11:15:09 AM EDT

Subject: Music Therapy

Dear State Directors:

I am writing to address questions we have received regarding the inclusion of music therapy as a related service under section 602(26) of the Individuals with Disabilities Education Act and §300.34(a) of the Part B regulations. 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. Attached for your reference is OSEP's June 9, 2000 Letter to Farbman. (Note that Letter to Farbman includes citations to the 1999 Part B regulations.) This letter reiterates the Department's long-standing position that the list of services in the definition of related services is not exhaustive and may include other developmental, 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. If the IEP Team determines that music therapy is an appropriate related service for a child, the Team's determination must be reflected in the IEP, and the service must be provided at public expense and at no cost to the parent. This position was restated in the 2006 Part B regulations at 71 Fed. Reg. 46539, 46569 and in Question E-1 of the document "Questions and Answers On Individualized Education Programs, Evaluations, and Reevaluations" September 2011 available at <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C3%2C>

If you have any additional questions please do not hesitate to contact me.

All best,

Melody Musgrove, Ed.D.



American Music Therapy Association

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Music Therapy as a Related Service in Special Education

Related services are defined within IDEA under Part B as those services deemed necessary to help a child benefit from special education. Appropriate related services are to be specified in the Individualized Education Program (IEP). A school district is required to supply those services that will enable a child to receive a free and appropriate special education (FAPE). IDEA procedures for IEPs outline that the related services offered are to be based upon the child's needs, not the availability of services.

Music Therapy is an established related service profession in which music is used within a therapeutic relationship to address educational, behavioral, social, psychological, communicative, physical, sensory-motor, and/or cognitive functioning. After assessment of the strengths and needs of each student, qualified music therapists provide indicated interventions and participate as members of the IEP team to support a vast continuum of outcomes.

Qualified music therapists have been providing music therapy as a related service to literally thousands of children with disabilities in every state of the nation over the course of the thirty-seven plus years since the passage of Public Law 94-142.

The **U.S. Department of Education** continues to provide policy guidance regarding recognition of music therapy as a related service under IDEA, most recently in a June 2010 document titled, "Questions and Answers on Individualized Education Programs (IEPs), Evaluations, and Reevaluations." <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C3%2C>

- Music Therapy is considered a related service under the Individuals with Disabilities Education Act (IDEA).
- When music therapy is deemed necessary to assist a child benefit from his/her special education, goals are documented on the Individualized Education Program (IEP) as a related service intervention.
- Music therapy can be an integral component in helping the child with special needs attain educational goals identified by his/her IEP team.
- Music therapy can offer direct or consultant services as determined by the individual needs of the child.
- Music therapy involvement can stimulate attention and increase motivation to participate more fully in other aspects of the educational setting.
- Music therapy interventions apply the inherent order of music to set behavioral expectations, provide reassurance, and maintain structure for children with special needs.
- Music therapy can adapt strategies to encourage a child's participation in the least restrictive environment.

Hello Elizabeth,

Thank you for contacting NICHCY, the National Dissemination Center for Children with Disabilities. Yes, music therapy **can** be a related service **if** the IEP or IFSP team agrees.

Our Web site nichcy.org is a good source of information on disability topics, the education rights of children with disabilities, state specific agencies and organizations, and many other resources. Read about IEP Related Services at <http://nichcy.org/schoolage/iep/iepcontents/relatedservices>. Read about IFSPs at <http://nichcy.org/babies/ifsp#contents>.

Best wishes,

Sarah

National Dissemination Center for Children with Disabilities

1825 Connecticut Ave. NW

Washington, DC 20009

[\(800\) 695-0285](tel:8006950285) (V/TTY)

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INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) PART C FINAL REGULATIONS

On September 6, 2011, the U.S. Department of Education announced the release of the final regulations for the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). Many of you may recall when the draft IDEA Part C Regulations were initially posted in 2006, AMTA led a call-to-action for members and advocates to submit comments requesting the specific listing of music therapy as a recognized service in early intervention. Although the Department did not create a new listing of music therapy, a response published in the Federal Register clearly indicates music therapy can qualify as an early intervention service under IDEA Part C.

Additionally, many commenters requested that music therapy be included in the definition of early intervention services. . .

Discussion: The specific early intervention services that are listed in §303.13(b) are those identified in section 632(4)(E) of the Act... However, as noted in the preamble to the NPRM and in the definition of early intervention services in the regulations, this list is not exhaustive. Specifically, §303.13(d) states that “(t)he services and personnel

identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services.” Further, §303.13(d) states that “[n]othing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in paragraph (a) of this section.”

Section 303.13(d) clearly conveys that the early intervention services identified in §303.13(b) are not an exhaustive list and may include other developmental, corrective, or supportive services that meet the needs of a child as determined by the IFSP Team, provided that the services meet the criteria identified in §303.13(a) and the applicable State’s definition of early intervention services. We added the previous definitions of nursing services and nutritional services to these final regulations because these definitions are defined in the current regulations and relied upon by the field. However, adding new definitions of additional services identified by the commenters, such as music therapy and respite care, is not necessary.

(Federal Register, September 28, 2011, pgs. 60146-60147)

This clarification that music therapy may be considered an early intervention service under IDEA Part C will hopefully assist families more easily access music therapy services for their young children. ❖



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COMBATING AUTISM REAUTHORIZATION ACT OF 2011

President Obama recently signed into law the Combating Autism Reauthorization Act (CARA) of 2011. This legislation, originally enacted in 2006, provides multiple supports and resources for individuals diagnosed with autism spectrum disorders. CARA was sponsored by Rep. Chris Smith (R-NJ) and Rep. Mike Doyle (D-PA) in the House of Representatives and Sen. Robert Menendez (D-NJ) and Sen. Mike Enzi (R-WY) in the Senate. Although passage required significant advocacy from families and professionals across the country, CARA passed unanimously in both the House and Senate despite the on-going debate regarding the federal budget. The new law continues the federal government’s commitment to autism research, services and treatment at current levels, authorizing \$693 million over the next three years. The original act provided nearly \$945 million over five years.

community settings, and must be consistent with the provisions of § 303.126.

(Authority: 20 U.S.C. 1432, 1435, 1436)

§ 303.27 Parent.

(a) *Parent* means—

(1) A biological or adoptive parent of a child;

(2) A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;

(3) A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);

(4) An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or

(5) A surrogate parent who has been appointed in accordance with § 303.422 or section 639(a)(5) of the Act.

(b)(1) Except as provided in paragraph (b)(2) of this section, the biological or adoptive parent, when attempting to act as the parent under this part and when more than one party is qualified under paragraph (a) of this section to act as a parent, must be presumed to be the parent for purposes of this section unless the biological or adoptive parent does not have legal authority to make educational or early intervention service decisions for the child.

(2) If a judicial decree or order identifies a specific person or persons under paragraphs (a)(1) through (a)(4) of this section to act as the "parent" of a child or to make educational or early intervention service decisions on behalf of a child, then the person or persons must be determined to be the "parent" for purposes of part C of the Act, except that if an EIS provider or a public agency provides any services to a child or any family member of that child, that EIS provider or public agency may not act as the parent for that child.

(Authority: 20 U.S.C. 1401(23), 1439(a)(5))

§ 303.28 Parent training and information center.

Parent training and information center means a center assisted under section 671 or 672 of the Act.

(Authority: 20 U.S.C. 1401(25))

§ 303.29 Personally identifiable information.

Personally identifiable information means personally identifiable information as defined in 34 CFR 99.3, as amended, except that the term

"student" in the definition of personally identifiable information in 34 CFR 99.3 means "child" as used in this part and any reference to "school" means "EIS provider" as used in this part.

(Authority: 20 U.S.C. 1415, 1439)

§ 303.30 Public agency.

As used in this part, *public agency* means the lead agency and any other agency or political subdivision of the State.

(Authority: 20 U.S.C. 1435(a)(10))

§ 303.31 Qualified personnel.

Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

(Authority: 20 U.S.C. 1432(4)(F))

§ 303.32 Scientifically based research.

Scientifically based research has the meaning given the term in section 9101(37) of the Elementary and Secondary Education Act of 1965, as amended (ESEA). In applying the ESEA to the regulations under part C of the Act, any reference to "education activities and programs" refers to "early intervention services."

(Authority: 20 U.S.C. 1435(a)(2))

§ 303.33 Secretary.

Secretary means the Secretary of Education.

(Authority: 20 U.S.C. 1401(28))

§ 303.34 Service coordination services (case management).

(a) *General.* (1) As used in this part, *service coordination services* mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

(2) Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services required under this part across agency lines; and
(ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and

(ii) Coordinating the other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(b) *Specific service coordination services.* Service coordination services include—

(1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

(2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;

(3) Coordinating evaluations and assessments;

(4) Facilitating and participating in the development, review, and evaluation of IFSPs;

(5) Conducting referral and other activities to assist families in identifying available EIS providers;

(6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;

(7) Conducting follow-up activities to determine that appropriate part C services are being provided;

(8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;

(9) Coordinating the funding sources for services required under this part; and

(10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

(c) *Use of the term service coordination or service coordination services.* The lead agency's or an EIS provider's use of the term *service coordination or service coordination services* does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of §§ 303.501 through 303.521 (Payor of last resort provisions).

(Authority: 20 U.S.C. 1432(4), 1435(a)(4), 1436(d)(7), 1440)

toddler with a disability and the child's family to receive early intervention services.

(17) *Vision services* mean—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

(c) *Qualified personnel*. The following are the types of qualified personnel who provide early intervention services under this part:

- (1) Audiologists.
- (2) Family therapists.
- (3) Nurses.
- (4) Occupational therapists.
- (5) Orientation and mobility

specialists.

(6) Pediatricians and other physicians for diagnostic and evaluation purposes.

(7) Physical therapists.

(8) Psychologists.

(9) Registered dietitians.

(10) Social workers.

(11) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness).

(12) Speech and language pathologists.

(13) Vision specialists, including ophthalmologists and optometrists.

(d) *Other services*. The services and personnel identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in paragraph (a) of this section or of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the requirements in § 303.31.

(Authority: 20 U.S.C. 1432(4))

§ 303.14 Elementary school.

Elementary school means a nonprofit institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under State law.

(Authority: 20 U.S.C. 1401(6))

§ 303.15 Free appropriate public education.

Free appropriate public education or *FAPE*, as used in §§ 303.211, 303.501, and 303.521, 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 State educational agency (SEA), including the requirements of part B of the Act;

(c) Include an appropriate preschool, elementary school, or secondary school education in the State involved; and

(d) Are provided in conformity with an individualized education program (IEP) that meets the requirements of 34 CFR 300.320 through 300.324.

(Authority: 20 U.S.C. 1401(9))

§ 303.16 Health services.

(a) *Health services* mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services.

(b) The term includes—

(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

(c) The term does not include—

(1) Services that are—

(i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);

(ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or

(iii) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

(A) Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.

(B) Nothing in this part prevents the EIS provider from routinely checking

that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly;

(2) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1432(4))

§ 303.17 Homeless children.

Homeless children means children who meet the definition given the term *homeless children and youths* in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 *et seq.*

(Authority: 20 U.S.C. 1401(11))

§ 303.18 Include; including.

Include or *including* means that the items named are not all of the possible items that are covered, whether like or unlike the ones named.

(Authority: 20 U.S.C. 1221e-3)

§ 303.19 Indian; Indian tribe.

(a) *Indian* means an individual who is a member of an Indian tribe.

(b) *Indian tribe* means any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaska Native village or regional village corporation (as defined in or established under the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 *et seq.*).

(c) Nothing in this definition is intended to indicate that the Secretary of the Interior is required to provide services or funding to a State Indian Tribe that is not listed in the **Federal Register** list of Indian entities recognized as eligible to receive services from the United States, published pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a-1.

(Authority: 20 U.S.C. 1401(12)-(13))

§ 303.20 Individualized family service plan.

Individualized family service plan or *IFSP* means a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant's or toddler's family that—

(a) Is based on the evaluation and assessment described in § 303.321;

(b) Includes the content specified in § 303.344;

(c) Is implemented as soon as possible once parental consent for the early

early intervention service provided that the service meets the criteria identified in paragraph (a) of this section.”

Section 303.13(d) clearly conveys that the early intervention services identified in § 303.13(b) are not an exhaustive list and may include other developmental, corrective, or supportive services that meet the needs of a child as determined by the IFSP Team, provided that the services meet the criteria identified in § 303.13(a) and the applicable State's definition of early intervention services. We added the previous definitions of nursing services and nutritional services to these final regulations because these definitions are defined in the current regulations and relied upon by the field. However, adding new definitions of additional services identified by the commenters, such as music therapy and respite care, is not necessary.

Changes: We have added new § 303.13(b)(6) to define nursing services to include the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and the administration of medications, treatments, and regimens prescribed by a licensed physician.

We have also added new § 303.13(b)(7) to define nutrition services to include: (i) Conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences; (ii) developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and (iii) making referrals to appropriate community resources to carry out nutrition goals. Subsequent definitions have been renumbered accordingly.

Types of Early Intervention Services—Assistive Technology Device and Service (§ 303.13(b)(1))

Comment: Two commenters recommended that we modify the definition of *assistive technology device* to include the language from the preamble of the NPRM that, under certain circumstances, part C funds may be used to pay for a hearing aid.

Another commenter requested that the Department explicitly state in the regulations or in a memorandum or policy letter issued to part C lead agencies that hearing aids and

appropriate related audiological services may be considered, under certain circumstances, an appropriate early intervention service and an assistive technology device.

Discussion: The definition of *assistive technology device* does not identify specific devices; including an exhaustive list of assistive technology devices in the definition would not be practical. Whether a hearing aid or an appropriate related audiological service is considered an assistive technology device or an early intervention service, respectively, for an infant or toddler with a disability depends on whether the device or service is used to increase, maintain, or improve the functional capabilities of the child and whether the IFSP Team determines that the infant or toddler needs the device or service in order to meet his or her specific developmental outcomes. Therefore, we have not revised this definition.

Changes: None.

Comment: Several commenters requested further clarification of the definition of *assistive technology device and service* in § 303.13(b)(1). These commenters stated that the definition should be revised to specifically exclude prosthetic limbs because these are personal devices for daily use.

Discussion: The definition of *assistive technology device and service* in § 303.13(b)(1) aligns with the definitions of those terms in section 602(1) and (2) of the Act and 34 CFR 300.5 and 300.6 of the part B regulations. These definitions provide sufficient clarity about what types of devices or technologies are included in the definition and, therefore, indicating that a specific device or technology is excluded is unnecessary. Additionally, we note that, while part C lead agencies are not responsible for providing personal devices meant for daily or personal use, such as eyeglasses, hearing aids, or prosthetic limbs, to an infant or toddler with a disability, these devices may be an early intervention service if the device is not surgically implanted (§ 303.13(b)(1)(i) specifically excludes medical devices that are surgically implanted), and the IFSP Team determines that the infant or toddler with a disability requires such a personal device to meet the unique developmental needs of that infant or toddler.

Changes: None.

Comment: One commenter recommended that we modify the definition of *assistive technology device and service* to be consistent with the Assistive Technology Act (Pub. L. 105–394).

Discussion: The definitions of *assistive technology device and service* in § 303.13(b)(1) align with section 602(1) and (2) of the Act. The definitions in section 602(1)(A) and (2) of the Act are substantially similar to the definitions of assistive technology device and assistive technology service in section 3(3) and (4) of the Assistive Technology Act of 1998 (Pub. L. 105–394) (AT Act), but the language in section 602 of the Act is more specific to the needs of children with disabilities. Furthermore, unlike the AT Act, section 602(1)(B) of the Act expressly excludes from the definition of assistive technology device those medical devices that are surgically implanted or the replacement of such devices. Thus, while the definitions are similar, it is not appropriate to include in these regulations the specific language from the AT Act.

Changes: None.

Comment: A few commenters supported our clarification in the preamble to the NPRM that the optimization (e.g., mapping) of surgically implanted medical devices is not the responsibility of the lead agency or the EIS program.

Many commenters, however, opposed our proposal to exclude optimization (e.g., mapping) of surgically implanted medical devices, including cochlear implants, from the definition of *assistive technology device*. Commenters stated that excluding optimization (e.g., mapping) of surgically implanted medical devices, including cochlear implants, from the types of early intervention services that could be provided under the Act contradicts the intent of Congress. Many of these commenters also stated that excluding optimization (e.g., mapping) services from the definition of *assistive technology device* would preclude funding of these services under this part and thus some infants and toddlers with cochlear implants would not receive mapping services, ultimately jeopardizing their ability to hear and learn. Another commenter suggested that setting and evaluating a surgically implanted medical device, particularly a cochlear implant, is the same as setting a listening device, which is a covered service.

Discussion: The term “mapping” refers to the optimization of a cochlear implant, and more specifically, to adjusting the electrical stimulation levels provided by the cochlear implant that are necessary for long-term post-surgical follow-up of a cochlear implant. Although the cochlear implant must be mapped properly for the child to hear well while receiving early intervention



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August 8, 2013

Elizabeth K. Schwartz LCAT MT-BA
Alternatives for Children, Music Therapy Program
14 Research Way
Setauket, New York 11733

Dear Ms. Schwartz:

I am writing in response to July 29, 2013 letter regarding consideration of music therapy as a related service on a student's individualized education program (IEP). In your letter, you indicated that you had been provided clarification from the Department via email in the fall of 2011 regarding music therapy as a related service, but are now requesting this information on official letterhead.

"Related services" are defined in section 200.1(qq) of the Regulations of the Commissioner of Education as "developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech-language pathology, audiology services, interpreting services, psychological services, physical therapy, occupational therapy, counseling services, including rehabilitation counseling services, orientation and mobility services, medical services as defined in this section, parent counseling and training, school health services, school nurse services, school social work, assistive technology services, appropriate access to recreation, including therapeutic recreation, other appropriate developmental or corrective support services, and other appropriate support services and includes the early identification and assessment of disabling conditions in students..." (<http://www.p12.nysed.gov/specialed/lawsregs/sect200.1.htm>).

The list of related services in section 200.1(qq) of the Regulations is not exhaustive and may include other developmental, corrective, or supportive services (such as music therapy), if they are required to assist a student with a disability to benefit from special education in order for the student to receive a free appropriate public education. The members of the student's committee on special education (CSE) must make an individual determination, in light of each student's unique abilities and needs, about whether a service such as music therapy is needed to assist the student to benefit from special education. In accordance with section 200.4(d)(2)(v) of the Regulations of the Commissioner of Education, if a student's CSE determines that a service such as music therapy is an appropriate related service for the student, this

recommendation would be indicated under the statement of the "Recommended Special Education Programs and Services" that will be provided for the student. On the New York State IEP form, related services recommendations that are not included in the list of drop-down related service options would be written in the text box that follows the list (*IEP Topic and Question Index*, <http://www.p12.nysed.gov/specialed/formsnotices/IEP/training/QA-411.pdf>, see Question 4 on page 25).

Additional information regarding related services can be found in the *Continuum of Special Education Services for School-Age Students with Disabilities* (<http://www.p12.nysed.gov/specialed/publications/policy/schoolagecontinuum.pdf>), and the *Guide to Quality Individualized Education Program (IEP) Development and Implementation* (Revised December 2010) (<http://www.p12.nysed.gov/specialed/publications/iepguidance/IEPguideDec2010.pdf>). Written guidance regarding related services under the Individuals with Disabilities Education Act (IDEA) is also available at the U.S. Department of Education's *Building the Legacy: IDEA 2004* website <http://idea.ed.gov/explore/view/pl%2Croot%2Cdynamic%2CQaCorner%2C3%2C>, see question E-1)

Thank you for contacting the New York State Education Department. I hope this provides the clarification you need. If you have questions or concerns about a specific school district's policies and practices or about a specific student, you may wish to contact the Special Education Quality Assurance (SEQA) Long Island Regional Office at (631) 952-3352 and speak to the Regional Associate assigned to the school district in question.

Sincerely,



Patricia J. Geary

c: Joanne LaCrosse
Eileen Taylor



Special Education

Questions and Answers on Individualized Education Program (IEP) Development, The State's Model IEP Form and Related Documents

Recommended Special Education Programs And Services - Updated April 2011

The following questions and answers address some of the important issues raised by requests for clarification of the federal and State requirements for IEPs. This document will periodically be updated. This guidance does not impose any requirements beyond those required under applicable law and regulations. This document supersedes any previously issued guidance on this topic.

If you have questions regarding the IEP form and related requirements, you may submit them to the following mailbox: SEFORMS@mail.nysed.gov.

- 1. Page 13 in Attachment 3: General Directions to Use the State's Model IEP, Recommended Special Education Programs and Services section, provides examples of how integrated co-teaching, CT services and resource room program could be listed. Does the example provided meet the State's regulations for minimum level of service requirement for resource room and consultant teacher?**

The example included a typographical error and has since been corrected.

- 2. Why is it that "teacher of the visually impaired" and "teacher of the deaf" are not included in the drop-down option list of related services?**

Teachers of the visually impaired and teachers of the deaf are individuals who provide specific services. There is no regulatory requirement that an IEP identify the qualifications of the individual providing services to a student.

- 3. Where can additional information be found about special education services and programs included within the continuum?**

The following is a link to the April 2008 Policy Memorandum entitled Continuum of Special Education Services for School-Age Students with Disabilities:

<http://www.p12.nysed.gov/specialed/publications/policy/schoolagecontinuum.html>.

For information on the preschool continuum of services, see

<http://www.p12.nysed.gov/specialed/publications/preschool/guide/>.

- 4. In the Recommended Special Education Programs and Services section of the State IEP form, could "Music Therapy" be an option to write in the text box that follows the list of drop-down related service options?**

Yes, if recommended by the Committee.

- 5. Do speech and language services have to be a minimum of two 30-minute sessions per week during the Extended School Year Program?**

No. The Regulations of the Commissioner of Education were amended, effective December 8, 2010, to repeal the requirement that such services be provided for a minimum of two 30-minute sessions each week. (Revised 3/11)

that, following the development of an IEP in which CT services are recommended, the general education teachers of the student for whom the service will be provided must be given the opportunity to participate in the instructional planning process with the CT to discuss the objectives and to determine the methods and schedules for such services. Therefore, there is no requirement that the IEP specify separately the frequency and duration of direct versus indirect consultant teacher services.

17. Does the minimum number of hours for CT services include both direct and indirect services?

Yes. The minimum number of hours for CT services, two hours per week, applies to direct and indirect services, in any combination.

18. May school districts continue to use other terms to identify integrated co-teaching services in a student's IEP?

No. It is required that all districts use the term "integrated co-teaching", consistent with the regulatory requirements, so that the level of services to be provided to a student is clear and consistent among school districts. To clarify for parents that a previously recommended service means the same as integrated co-teaching, terms such as collaborative team teaching (CTT), blended class or inclusion class may also be indicated in the IEP. For example:

Recommended Special Education Programs and Services					
Special Education Program and Services	Service Delivery recommendations	Frequency How often provided	Duration Length of session	Location Where service will be provided	Projected Beginning/Service Date
Special Education program					
Integrated co-teaching services (Collaborative Team teaching)		5 days a week	40 minute class periods	English	

19. What specific information must be in the IEP to specify the class size?

Class size means the maximum number of students who can receive instruction together in a special class or resource room program and the number of teachers and supplementary school personnel (i.e., teaching assistants and/or teacher aides) assigned to the class. For example, the IEP could specify: 12 students to one special education teacher and one teaching assistant (12:1+1).

20. What types of services are included in the definition of related services?

Related services means developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech-language pathology, audiology services, interpreting services, psychological services, PT, OT, counseling services, including rehabilitation counseling services, orientation and mobility services, evaluative and diagnostic medical services to determine if the student has a medically related disability, parent counseling and training, school health services, school nurse services, school social work, assistive technology

services, appropriate access to recreation, including therapeutic recreation, other appropriate developmental or corrective support services, and other appropriate support services and includes the early identification and assessment of disabling conditions in students. This list is not exhaustive and may include other developmental, corrective or supportive services if they are required to assist a student with a disability to benefit from special education in order for the student to receive FAPE.

21. Regarding parent training and education – what is it and where does it go in the IEP? Can parent training and education be as simple as a list of resources? Is it a related service? How would frequency, duration and location be indicated for the services?

Parent counseling and training is a related service and, if recommended for a student, should be listed in the IEP under the IEP form section Related Services. Parent counseling and training means 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. Examples include, but are not limited to:

- providing parents with information about cognitive and speech and language development;
- counseling the parents about how to respond at home to a student’s behavior in a manner consistent with the in-school behavior management program;
- training parents to use the same mode of communication (e.g., sign language) the child would be using at school; and
- training on how to operate assistive technology devices at home.

The State’s model IEP form provides a list of drop-down options for related service recommendations. Related service recommendations, including parent counseling and training, require the identification of the frequency, duration, location and projected beginning date (end dates are optional). The chart below illustrates how such service would be documented using the State’s model IEP form.

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
Special Education Program/Services	Service Delivery Recommendations	Frequency How often provided	Duration Length of session	Location Where service will be provided	Projected Beginning/ Service Date(s)
Related Services Parent Counseling and Training	Group instruction on sign language and use of communication boards	One day/ week for five weeks	60 minutes	School Library	10/5/10 – 11/2/10

22. Where should student-owned physical or medical equipment be listed in the IEP (such as an augmentative communication device or a wheelchair)?

If a student needs a particular assistive technology device in order for the student to receive FAPE, this recommendation should be included on the State’s IEP form under Assistive Technology Devices and/or Services. If the district wishes to

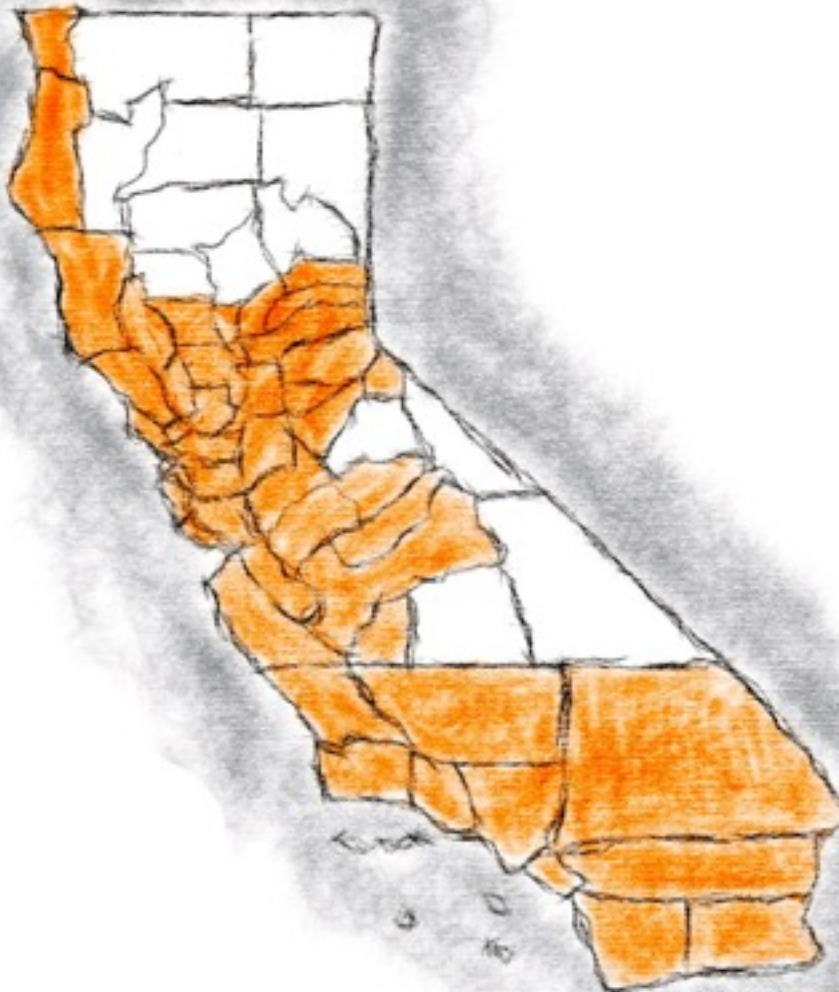
MUSIC THERAPY

California



- ◆ *433 practicing board-certified music therapists practice in California.*
- ◆ *55,500 individuals received music therapy services in 2012.*
- ◆ *Two universities in California, including a California State University, offer undergraduate and post-graduate degrees in music therapy.*
- ◆ *21 out of 188 post degree clinical training sites are in California.*
- ◆ *656 special education students are being served through IEPs across 31 school districts.*

Music Therapy Services by County



Background Information Regarding The Proposed Amendment to Title 5, California Code of Regulations, Section 3065-Staff Qualifications-Related Services.

Whether provided by school district employees or contractors, all IEP-driven services (e.g., music therapy, speech and language pathology, physical therapy, occupational therapy, etc.) are determined by the IEP team. This team knows and understands the unique needs of the child and is legally mandated to include the student, as well as the student's parent(s)/guardian(s), special education teacher, district program specialist(s), other school treatment personnel (e.g., the SLP, OT, PT, MT), psychologists and student evaluators, independent contractors for related services (e.g., music therapy), other pertinent district representatives, and any other person the parent(s)/guardians(s) request. All services, including music therapy, are only incorporated into a child's IEP if the team determines they are **necessary**, not just beneficial, for the child to be successful in his/her educational setting. The language newly recommended by ACSE regarding music therapy aligns this portion of the CA Code with the language in the federal Individuals with Disabilities and Education Act (IDEA).

A few school districts in California employ music therapists, but most music therapists who work in special education serve as independent contractors with affiliated districts or Local Education Areas (LEAs). Contracting music therapy services is often the preferred choice, as school districts consider it to be the most cost-effective route to serve the special education student body currently identified as needing music therapy services. Technically, districts that contract out services to **any** type of provider are required to use providers that are NPA/NPS certified by the Department of Education-Special Education Division. In the past, music therapists were able to easily obtain this NPA certification. While music therapy was not specifically listed in the NPA/NPS regulation language, music therapists were able to secure NPA/NPS certification easily through existing regulatory language that allowed for case-by-case approval by the CDE. However, several years ago, the CDE arbitrarily dispensed with this case-by-case regulatory language without public input, and contractual music therapists that had previously held the NPA/NPS certification were rescinded. This CDE action created a huge discrepancy between employment versus NPA-contractor eligibility that did not and has never existed for professionals in any other discipline, who are more often employed and not contracted. Please note that this is not an issue regarding employment versus contracting. This is about protecting options for the school districts that already exist for all other disciplines (except music therapy) and about protecting the consumers' right to access music therapy services from NPA/NPS providers. The CDE's sudden policy shift created confusion for schools districts in aligning Federal IDEA language with the needs of the special education students receiving music therapy services (656 currently being served and 251 students pending referrals for music therapy assessments across 31 school districts). This confusion continues today. Furthermore, students who have been identified as needing music therapy

in their IEPs must legally receive music therapy. Therefore, the regulations must match this legal obligation set upon a district.

This amendment will do just that. We need to make sure that students receive the music therapy services they deserve and that contracted music therapists can continue their work without hesitation or question. You may notice that the proposed regulation amendment cites the music therapy credential. By doing so, the Department invokes the legally defensible CBMT Scope of Practice regarding what a music therapist does and assures further protection for the consumer that competent and qualified personnel are delivering music therapy services.

The inclusion of MT in this portion of the CA Code echoes other longstanding language throughout other California Code of Regulation Titles (9, 17, 22), state civil service job codes, accrediting bodies, insurance, CPT coding, and more.

Members of the California Music Therapy State Recognition Task Force, in collaboration with the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT), have worked diligently over the last few years to get NPA/NPS recognition language re-established in the Title 5 regulations and are more than pleased that it is now specified. A massive amount of people hours, data collection and testimony have occurred to bring us collectively to this point. This regulatory language is a huge step forward in the process of ensuring that children have fair and reasonable access to related services in CA and will help set a precedent for other states. Additionally, the CDE must be held accountable to remain compliant with the Federal IDEA. This regulation amendment will do just that. Your actions will help accomplish this.

***Please note---**while a personalized email would be greatly appreciated we understand that your time is limited. Therefore, the portion of the email samples that are bolded/underscored should be in your email communication. Those noted bare-bone sections could be simply cut and pasted into your email along with our suggested Subject Line. Your name and title would be helpful to send. However, if you are willing to spend a little more time in crafting a message here are some samples.

INDEX of Email Samples

Email 1-MT working in special ed/IEP system in CA

Email 2-MTs in general and wish to support

Email 3-Parents/Guardians/Families

Email 4-Associated Professionals/Agencies

Email 5-General Public/Electorate

1-Email sample for MTs currently or attempting to work special ed/IEP system in CA

Subject Line: Music Therapy-Public Comment-Title 5, California Code of Regulations Amendments

Dear ACSE Commission Members:

Hello, my name is _____ and I am a credentialed, board-certified music therapist (MT-BC) working in the greater _____ (insert your primary regional area e.g. Sacramento, Los Angeles, San Diego, San Francisco-Bay area, northern/southern CA). I am currently serving _____ (insert number) students in music therapy through IEP goals. Over the past _____ (insert number) of years I have contracted with several special education departments and their assigned school districts to provide necessary music therapy assessment and IEP driven services. **I am writing to support your recent Initial Statement of Reasons and proposed regulatory amendments specific to special education and music therapy (Title 5, California Code of Regulations, Section 3065 (I) Staff Qualifications-Related Services (music therapy).**

Qualified music therapists have been providing music therapy as a related service to literally thousands of children with disabilities in every state of the nation over the course of thirty-five years since the passage of Public Law 94-142. Through the use of the nationally recognized SEMTAP (Special Education Music Therapy Assessment Process), Board Certified-credentialed music therapists are able to determine if music therapy is "necessary" to assist a child with a disability within his/her special education. Reported in a November 2012 survey conducted by the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists, Inc (CBMT) there are 433 music therapists in California. As with any therapeutic discipline, these therapists work in a myriad of health and educational settings. Currently, of those music therapists working in special education programs, 31 school districts are serving 656 students via music therapy IEP related services. While a few music therapists work as employees of a given district, the majority of districts do not host a specific Music Therapy department and choose to contract out for music therapy services. This has proven to be their most cost effective route related to the percentage of the CA special education student body currently identified as needing music therapy related services. **Your inclusion of language that defines a qualified music therapist and NPA/NPS contractor remedies any discrepancies between those in-house and contracted music therapists while establishing quality assurance protections for both districts and students.**

Your regulatory language brings the CA Department of Education's Title 5, Code of Regulations into compliance with Federal GSA scheduling and IDEA regulations for a Free Appropriate Public Education (FAPE). Additionally, this amendment mirrors long standing music therapy regulatory language that exists in the CA Welfare and Institution Code; other CA Title Codes, state civil job descriptions and other independent health and education accrediting bodies.

Thank you for your diligence and protecting access to quality related services and specifically, music therapy, for the children of our state.

Signature items---Name, professional credentials, agency if appropriate

2-Email sample for MTs in general --not affiliated in work in special education but wish to lend general support

Subject Line: Music Therapy-Public Comment-Title 5, California Code of Regulations Amendments

Dear ACSE Commission Members:

My name is _____ and I am a credentialed, board-certified music therapist (MT-BC) working in the greater _____ *(insert your primary regional area e.g. Sacramento, Los Angeles, San Diego, San Francisco-Bay area, northern/southern CA).*

I am writing to support your recent Initial Statement of Reasons and proposed regulatory amendments specific to special education and music therapy (Title 5, California Code of Regulations, Section 3065 (I) Staff Qualifications-Related Services (music therapy). Music therapy is an established research/evidenced-based profession that addresses goal areas typically looked at for children within the special education setting. Therefore, music therapy has been and continues to be a related service that district personnel may choose to meet the unique needs of children in their care. It is important then that regulatory language accurately reflect our profession. Your inclusion of this segment in your regulation revisions accurately defines a qualified music therapist and a NPA/NPS. Thank you for establishing quality assurance protections for both districts and students.

Signature items---Name, professional credentials, agency if appropriate

3-Email for Parents/Families/Guardians

Families---we are laying out an idea for you to work with in your narrative to the commission. We are not trying to put words in your mouth but we do want you to talk outcome specific and not just that you and your child like music therapy. This is very important. This email sample has been crafted to illustrate how you might want to proceed.

Subject Line: Music Therapy-Public Comment-Title 5, California Code of Regulations Amendments

Dear ACSE Commission Members:

Our names are _____ or My name is _____ and I/we am a parent/guardian (s) of a child/son/daughter with special needs. His/her diagnosis and related matters are _____ **(Consider listing what those needs are and how they manifest themselves).** We have a music therapist as a member of our IEP related services team. The music therapy assessment and subsequent educational goals specifically target my child's communication, sensory and cognitive challenges. We also have support from other disciplines like OT and SLP. When music therapy was introduced into his/her/name treatment routine things really began to change. Music therapy strategies such as applied instrument play tasks have produced functional movement patterns and NAME can engage in personal self care tasks now. Receptive music techniques like music listening were tailored for him/her and have helped NAME attend for greater periods of time, regulate habitual patterns and develop coping skills when sensory experiences have overloaded his/her system. Our music therapist addressed his/her non-verbal/vocal goals with therapeutic singing tasks and caused him/her to purposefully vocalize for the first time and then move on to applying vocal volume and resonance in order to effectively communicate in his classroom. He/She/Name must make a range of decisions in his music therapy sessions as well. Things like managing and operating equipment, making choices and more. All of these things I/we have shared have generalized to his/her/name day to day classroom and home environment. His/her other therapy staff have now adapted his/her/name goals because of the achievements he/she has made in music therapy. Very efficient for our school staff and of course cost effective for our district.

Everyone can benefit from music therapy no doubt, but there are children throughout our state that require it to meet their educational goals. My child is one of those. We support any regulatory language that would protect and insure access to music therapy services when necessary. I/we are aware of your recent amendment language to the NPA/NPS Staff Qualifications-Related Services language. Our music therapist would fall under these regulations and I understand most of those serving throughout the state would as well. I am writing to support your specific mention of music therapy and a qualified provider in your Title 5 amendment revisions--Section 3065 (I). Thank you.

Signature items---Name etc.

4-Email for Associated Professionals (e.g., SLP, OT, PT, Doctors, Social Workers, Psychologists)

Associated Professionals...we do not want to put words in your mouth either. We want you to share your specific reasons why Music Therapy is important to you in your work and how you see it relating to your students or the people you know receiving special education music therapy services.. In turn, why you feel it needs protection based on all the background

information we have already shared. Our sample email is merely a springboard for you to work from. We do ask that whatever you share in your email that you share educational/outcome driven in your statements. Its possible you do not work in Special Education...that is fine. Simply tailor your experience with what would need to be globally addressed.

Subject Line: Music Therapy-Public Comment-Title 5, California Code of Regulations Amendments

Dear ACSE Commission Members:

My name is _____ and I am a _____ (name your occupation and credentials as needed) working in the greater _____ (insert your primary regional area e.g. Sacramento, Los Angeles, San Diego, San Francisco-Bay area, northern/southern CA). I have worked (pick what applies).....side by side, on a IEP team, collaboratively, in co- treatment with music therapists in the _____ (name setting and/or conditions). I have found the Board Certified Music Therapy colleagues to be an invaluable member of our (treatment, educational) team. They have been able to not only reach but produce educational outcomes for students in most instances where other disciplines could not. Add anything else you think is pertinent. Music therapy is an established research/evidenced-based profession that addresses goal areas typically looked at for children within the special education setting. This is why it continues to be a related service that district personnel may call upon to meet the unique needs of its students. I feel strongly that music therapy deserves regulatory protection in the education code for special education and your additions to the NPA/NPS providers of related services will do just that. Please proceed with the inclusion of your amendment language regarding music therapy housed in **Title 5, California Code of Regulations, Section 3065 (I) Staff Qualifications-Related Services (music therapy).**

Signature items---Name, professional credentials, agency if appropriate

5-Email Sample for General Public Supporters/Electorate

Subject Line: Music Therapy-Public Comment-Title 5, California Code of Regulations Amendments

Dear ACSE Commission Members:

My name is _____ and I am concerned citizen and consumer of health and educational services (edit your id info as needed). I am aware of your efforts to revise Title 5, California Code of Regulations, specifically Special Education. You have put forth clear and concise reasons for these amendments. **I am specifically writing to add my support for the inclusion of music therapy providers in your NPA/NPS staff qualifications, Section 3065(I).** Music therapy has a long standing history throughout the US and CA as a related service in special education. It continues to be a therapeutic modality that districts can call upon to address the sensory, cognitive and communication needs of its special education students. You are wise and I support your upgrade and student protection language that lists qualified music therapy providers in your staff qualifications for related services listing.

Signature items---Name, professional credentials, agency if appropriate