

**160-4-2-.32 STUDENT SUPPORT TEAM.**

**(1) DEFINITIONS.**

(a) **Dyslexia** - a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

(b) **Parent** - parent, legal agent, legal guardian, or kinship caregiver.

(c) **Student Support Team (SST)** - an interdisciplinary group that uses a systematic process to address learning and/or behavior problems of students, K-12, in a school.

**(2) REQUIREMENTS.**

(a) Each school shall have a minimum of one SST and shall establish support team procedures.

(b) Before a referral is made for other supplemental or support services an evaluation and/or assessment shall be conducted.

1. Prior evaluation(s) and/or assessment(s) of a student for a state or federal program shall be considered as having met this requirement.

(c) The SST shall include at a minimum the referring teacher and at least two of the following participants, as appropriate to the needs of the student:

1. Principal.
2. General education teacher.
3. Counselor.
4. Lead teacher.
5. School psychologist.
6. Subject area specialist.

7. ESOL teacher.
8. Special education teacher.
9. School social worker.
10. Central office personnel.
11. Section 504 coordinator.
12. Other appropriate personnel.

(d) Parents/~~guardians~~ shall be invited to participate in all meetings of their child's SST and in the development of interventions for their child.

(e) Each school shall include the following steps in the SST process:

1. Identification of learning and/or behavior problems.
2. Assessment, if necessary.
3. Educational plan.
4. Implementation.
5. Follow-up and support.
6. Continuous monitoring and evaluation.

(f) Documentation of SST activities shall include the following:

1. Student's name.
2. Names of team members.
3. Meeting dates.
4. Identification of student learning and/or behavior problems.
5. Any records of assessment.
6. Educational plan and implementation results.
7. Follow-up and, as appropriate, continuous evaluation.

(3) DYSLEXIA.

(a) When considering characteristics of dyslexia, screening in the areas of basic reading, reading fluency, and written expression help identify students who may need additional assessment to determine possible deficits related to the characteristics of dyslexia and the need for intervention.

(b) Beginning the 2024-25 school year, school systems will conduct initial universal screening of all students in kindergarten and grades 1 through 3 to assess for risk factors of dyslexia and other reading difficulties. At a minimum, school systems are required to screen kindergarten students annually each year, and first, second, and third grade students must be screened once a year in the fall, using measures of phonological awareness, letter-sound correspondences, and rapid naming.

1. Parent consent is not necessary for administering a test or other evaluation that is administered to all children unless, before administration of that test or evaluation, consent is required of parents of all children.

(c) The components of a universal screener to address reading difficulties must include, but are not limited to:

1. Phonological and phonemic awareness;

2. Sound symbol recognition;

3. Alphabet knowledge;

4. Decoding skills;

5. Rapid naming; and

6. Encoding skills.

(d) A list of dyslexia screening tools that include the components in Paragraph (3)(c) can be found in the Georgia Dyslexia Informational Handbook.

(e) The results of reading screenings shall be used to determine further need for dyslexia-specific screenings. It is recommended that students who score below benchmark expectations on reading screenings participate in dyslexia-specific screenings to determine further need for dyslexia-specific intervention.

1. Parent consent must be obtained prior to individualized assessments and/or screenings for dyslexia. The request for consent must be provided in the native language of the parent. Parent consent documentation shall remain on file as a part of the student's educational record. As part of this process, school systems will provide

parents with resources, information, and materials regarding dyslexia (i.e., Georgia Dyslexia Informational Handbook, International Dyslexia Association (IDA) Dyslexia Handbook).

2. When requested by a teacher or parent, the school system will conduct a dyslexia-specific screening of the student.

3. If the student demonstrates low risk for reading difficulties, continue evidence-based core reading instruction and monitor for reading difficulties and/or characteristics of dyslexia and related disorders.

4. If student demonstrates risk for reading difficulties, collect and review quantitative and qualitative data about the student.

5. If the screening data, and additional information, support that the student exhibits inconsistent reading difficulties with characteristics of dyslexia and related disorders, begin or continue academic intervention in a small group or individual setting and progress monitor to determine growth trajectory toward the student's learning goal. If the student does not demonstrate progress, expected growth, or both, adjust the frequency, dosage, and strength of the intervention, and continue to progress monitor.

6. If the screening data support that the student exhibits characteristics of dyslexia or related disorders, intensify the frequency, dosage, and strength of the intervention and individualize academic interventions and progress monitor more frequently to determine the student's growth trajectory toward their learning goal.

(f) If the individualized assessment and/or screening supports the identification of characteristics of dyslexia or other reading difficulties, student progress on prescribed evidence-based interventions should be monitored monthly or more often as needed. If there is a moderate risk for the characteristics of dyslexia or other reading difficulties, then student progress on prescribed evidence-based interventions should be monitored once per week. If there is a high risk for the characteristics of dyslexia or other reading difficulties, then the student may be a student suspected of having a disability shall follow the requirements as outlined in 160-4-7-.03 (Child Find Procedures) or Section 504.

**(34) EXCEPTIONS TO THE USE OF THE SST PROCESS.**

(a) School personnel and parents/~~guardians~~ may determine that there is a reasonable cause to bypass the SST process for an individual student. Documentation in the student's record shall clearly justify such action, including whether the parent-~~or guardian~~ agreed with such a decision. In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student.

(b) It is not necessary for students who transfer into the local school system/state

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operated program with a current Individualized Education Program or Section 504 plan to go through the SST process.

| Authority O.C.G.A. §§ 20-2-152; 20-2-159.6; 20-2-240.

| **Adopted: ~~September 14, 2000~~**

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