

To: Mr. Watts, Superintendent  
Ms. Malone, Chairperson of the Board  
Members of Newport Board of Education

April 18, 2025

## **Special Education Services and Programming**

### **1. Autism Spectrum Disorder (ASD) Focus**

April is recognized nationally as Autism Awareness Month—a time to deepen understanding, promote inclusion, and celebrate the strengths and contributions of individuals with autism spectrum disorder. We have honored this month by doing what matters most—continuing our daily commitment to evidence-based practices and individualized support to remove barriers that hinder student’s access to general curriculum and student success.

In Newport Independent Schools, our staff works collaboratively to meet the diverse academic, communication, sensory, and social-emotional needs of our students with autism across all grade levels and settings.

#### **District Data Snapshot: Autism Eligibility**

As of April 2025, 17% of our special education population is identified under the eligibility category of autism. This makes autism the second most prevalent disability category in our district’s special education program, following speech/language impairments at 18%.

These figures continue to underscore the need for comprehensive, individualized supports, including robust programming, social skills instruction, and access to related services such as speech therapy, occupational therapy, and physical therapy.

#### **Professional Daily Practices: Evidence-Based Strategies: Specially Designed Instruction and Modifications Implemented**

At Newport Independent Schools, our educators, related service providers, and support staff engage in specialized daily practices that directly serve the needs of students with autism. These practices reflect a high level of training, planning, and collaboration, and they are implemented consistently across general and special education environments.

Below are examples of key instructional focus areas that guide our practice—each tied to student needs and aligned with federal and state guidance on supporting students with ASD.

### *1. Executive Functioning and Self-Regulation Supports*

Why: Many students with autism experience challenges with organizing their thoughts, managing time, transitioning between tasks, and controlling emotions.

How:

- Teachers implement visual checklists, first-then schedules, and timer-based transitions to help students' complete routines independently.
- Staff guide students in using self-monitoring tools (e.g., token systems or behavior charts) to track on-task behavior or emotional regulation.
- Calming spaces or "cool-down areas" are created in classrooms to help students de-escalate and return to learning.
- Mental Health Therapist support emotional and well being by individualize therapy sessions and daily check-ins.

### *2. Sensory Integration and Environmental Accommodations*

Why: Sensory processing difficulties are common in students with autism and can impact learning and behavior.

How:

- Occupational therapists conduct sensory profiles and recommend tools like fidget items, weighted lap pads, or noise-canceling headphones.
- Classrooms incorporate movement breaks, quiet zones, and visual de-cluttering to reduce sensory overload.
- Staff collaborate with families to align in-school supports with strategies used at home.
- Sensory Motor Rooms-designated rooms designed to address sensory and motor needs.

### *3. AAC (Augmentative and Alternative Communication) and Language Interventions*

Why: Many students with ASD are minimally verbal or nonverbal and require AAC tools to communicate effectively.

How:

- Speech-language pathologists assess communication needs and match students with appropriate AAC devices, such as Proloquo2Go, and Touch chat on iPads.
- Utilize core vocabulary boards, PECS, and voice-output devices during school routines—classroom, transitioning to and from classes, playground, lunch and school events.
- Teachers and support staff model language on the student's AAC system to reinforce vocabulary and sentence structure.

#### *4. Visual Supports and Task Analysis*

Why: Visual learners benefit from seeing information presented clearly and sequentially, which reduces anxiety and increases independence.

How:

- Students are given visual schedules to outline daily routines, reducing confusion and helping with transitions.
- Academic and life skills are taught using task analysis, where steps are broken into manageable parts with visual prompts.
- Staff use social stories and behavior cue cards to prepare students for new experiences or changes in routine.

### **Collaborative Staff Teaming to Support Strong Outcomes for Students with Autism**

The success of our autism programming in Newport Independent Schools is built on intentional collaboration and shared ownership among educators, related service providers, and support staff. We recognize that no single role works in isolation—students thrive when adults work as a cohesive, informed team with consistent strategies across all environments.

Our interdisciplinary teaming model ensures that each student with autism has access to a network of professionals who bring diverse expertise, coordinated planning, and unified implementation of supports.

Below is an outline of each team member's role and an example of how they contribute to improved student outcomes:

#### **Special Education Teachers**

- Serve as case managers for students with autism, ensuring IEP implementation and goal progress monitoring
- Design individualized instruction and environmental modifications to meet sensory, academic, and behavioral needs
- Collaborate with therapists, I.A.s, and general educators to create cohesive plans for instruction and regulation
- Embed evidence-based strategies (visual supports, reinforcement systems, task analysis) into daily classroom practice
- Lead the coordination of data collection across settings

## Speech-Language Pathologists (SLPs)

- Provide direct and consultative support to develop communication goals for students, especially those using AAC.
- Train staff—including teachers and I.A.s—on how to model, prompt, and respond using AAC tools like PECS or iPad-based apps.
- Support functional language development (requesting, rejecting, labeling, commenting) embedded into classroom routines.
- Collaborate in building core vocabulary access across instructional environments.
- Participate in problem-solving teams to support pragmatic language and social interaction goals.

## Occupational and Physical Therapists (OT/PT)

- Conduct sensory profiles to identify sensory sensitivities or regulation needs impacting classroom performance.
- Design and model the use of sensory supports such as movement breaks, calming tools, or specialized seating.
- Assist in developing fine and gross motor supports for students needing help with handwriting, self-help, or mobility.
- Co-develop visual systems and structured environments aligned with TEACCH-informed approaches.
- Work closely with families to align school-based strategies with routines used at home.

## Mental Health Therapists

- Deliver individual and group counseling to support emotional regulation, stress management, and coping skills.
- Collaborate with school teams on the development **of** Behavior Intervention Plans (BIPs) and crisis prevention strategies.
- Provide targeted interventions using evidence-based approaches such as CBT (Cognitive Behavioral Therapy), Zones of Regulation, and social-emotional learning frameworks.
- Offer classroom observations and consult with staff to implement trauma-informed practices and proactive de-escalation strategies.
- Support families with referrals and connections to outside mental health services when needed.
- Play a vital role in addressing co-occurring anxiety, trauma, and behavioral health needs often associated with autism.
- Partner with I.A.s and teachers to build and sustain emotionally supportive environments throughout the day.

### Instructional Assistants (I.A.s)

- Provide consistent, daylong implementation of behavior plans, visual supports, and communication systems.
- Serve as a bridge between general and special education settings, ensuring students are supported during transitions, specials, and unstructured times.
- Reinforce instructional content, communication modeling, and social interaction strategies taught by teachers and therapists.
- Offer individualized prompting and errorless learning opportunities to support independence and confidence.
- Develop trusted relationships with students, often serving as the adult with the most one-on-one contact throughout the day.
- Participate in ongoing professional learning to improve understanding of autism-specific strategies and regulation techniques.

### General Education Teachers

- Create welcoming, inclusive environments for students with autism to access grade-level instruction and peer interaction.
- Collaborate with special educators to modify curriculum and embed supports into the general education setting.
- Co-teach w/special education teachers, consult with I.A.s and therapists for implementation of the IEP.
- Help promote social inclusion, often facilitating structured social opportunities (cooperative group work ).
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### School Psychologist

- Conduct psychoeducational evaluations to determine autism eligibility and related learning needs.
- Interpret assessment data to guide instructional and behavioral planning.
- Support the development of Functional Behavior Assessments (FBAs) and Behavior Intervention Plans (BIPs).
- Serve as key contributors in ARC meetings and multi-tiered support teams.
- Consult with staff to address executive functioning, attention, and emotional-behavioral concerns.
- Support early identification, progress monitoring, and program adjustments based on data.
- Provide training on understanding autism characteristics, co-occurring conditions, and effective interventions.

## Families and Caregivers

- Provide invaluable insight into students' communication preferences, strengths, hobbies, behavioral triggers, and sensory needs.
- Help develop and reinforce shared goals across community, home and school, ensuring consistency in language, routines, and expectations.
- Participate actively in ARC meetings, ongoing communication with teachers, and transferring of skills taught at home to home and community environments.
- Collaborate with school teams to celebrate growth and adjust supports based on student response and needs.

## Foundational Professional Expertise:

All staff who support students with autism bring professional knowledge and specialized training developed through:

- Undergraduate and graduate coursework in special education, communication disorders, occupational therapy, physical therapy and psychology.
- Ongoing professional learning provided by the district, Kentucky Department of Education and Northern Kentucky Cooperative.
- Independent professional research to stay current on best practices for autism instruction and support.

## How It All Comes Together

Our collaborative model ensures that supports for students with autism are:

- Consistent across people and environments
- Individualized based on data and student needs
- Embedded into natural routines, not isolated interventions
- Strengths-based, building on each student's abilities
- Including parent/guardian in the educational planning process

Collaboration happens through:

- Weekly team meetings or PLCs to review student data and adjust plans
- Shared documentation systems to track behavior, communication use, or academic progress
- Professional learning opportunities designed for whole teams (teachers, I.A.s, therapists) to learn and grow together

- Behavior Intervention Planning and regulation supports that all staff implement as part of a unified response to student’s emotional and wellness needs.
- IEP Team Meetings.

### Looking Ahead (Programming and Services for Population Qualifying Under the Category of Autism)

As the number of students identified with autism continues to grow, we remain committed to:

- Providing high-quality training for staff on autism-specific supports and AAC tools.
- Expanding our use of communication technology and sensory regulation resources.
- Strengthening general education inclusion practices.
- Deepening family engagement in the IEP and transition planning process.

## 2. District Special Education Eligibility Snapshot & Implications for Funding and Service Delivery

The following snapshot outlines the distribution of primary eligibility categories among students receiving special education services in our district. This data is critical for informed decision-making regarding resource allocation, staffing, training, and program development for the 2025-26 School Year.

Primary Eligibility Category	Percent of Special Education Population
Speech/Language Impairments	18.61%
Autism	17.32%
Other Health Impairment	13.85%
Mild Mental Disability	12.99%
Specific Learning Disability	12.12%
Developmental Delay	12.55%
Emotional Behavior Disorders	8.66%
Functional Mental Disability	1.73%
Multiple Disabilities	.87%
Visual Impairments	.87%
Traumatic Brain Injury	.43%

## **Implications for Funding, Staffing, and Services:**

### **1. Speech/Language Impairments (18.61%) – Highest Category**

#### **Implications:**

- Maintain speech-language pathology services.
- Invest in assessment tools, language intervention materials, tech devices and apps.
- Continue collaboration with general education teachers for push-in therapy models and general classroom communication supports.

### **2. Autism (17.32%) – Second Highest**

#### **Implications:**

- Prioritize evidence-based practices such as visual supports, structured teaching, and social narratives.
- Fund AAC devices and apps (e.g., Proloquo2Go, and TouchChat).
- Ensure staff have access to professional learning opportunities to support professional knowledge and growth.
- Allocate OT, PT, and behavioral services appropriately, considering sensory, communication, and regulation needs of the student population.

### **3. Other Health Impairments (13.85%)**

#### **Implications:**

- Includes students with ADHD, medical conditions, and other chronic health issues.
- Provide professional learning in the science of learning and executive functioning , and flexible accommodations in general education environments.
- Provide professional learning opportunities in managing inattention, student fatigue, and physical limitations within classroom routines.



#### 4. Mild Mental Disability (12.99%)

##### Implications:

- Support functional academic programming, life skills instruction, and adaptive behavior curricula.
- Increase availability of modified curriculum materials, real-world application lessons, and community-based instruction (CBI).
- Provide professional learning on task analysis, scaffolding, and differentiated instruction.

#### 5. Developmental Delay (12.55%)

##### Implications:

- Mostly preschool and primary grades—requires early intervention focus.
- Utilize play-based assessments, communication supports, and supply sensory materials in learning environments.
- Ensure collaboration between special education teachers, speech therapists, and parents on early learning outcomes.

#### 6. Specific Learning Disabilities (12.12%)

##### Implications:

- Expand training on explicit, systematic instruction in reading, writing, and math (e.g., Orton-Gillingham).
- Utilize diagnostic tools and progress monitoring software like i-Ready.
- Prioritize co-teaching models and resource support at the middle and high school levels.

#### 7. Emotional Behavior Disorders (8.66%)

##### Implications:

- Allocate resources to behavior specialists, mental health supports, and trauma-informed care.
- Utilize positive behavior interventions and supports (PBIS) and social-emotional curriculum like Second Step, or Check-In/Check-Out systems.
- Support restorative practices and professional development in de-escalation strategies.

## 8. Functional Mental Disability (1.73%)

### Implications:

- Fund highly individualized programs focused on self-care, functional academics, vocational training, and community experiences.
- Support transition planning beginning at age 14.
- Support Post-Secondary Outcomes & programming to support goals beginning at age 16.
- Ensure collaboration with adult agencies and community partners for life after high school (e.g. Vocational Rehabilitation Services).

## 9. Multiple Disabilities (0.87%)

### Implications:

- Requires coordinated, interdisciplinary teams to address complex needs.
- Ensure access to assistive technology, adaptive equipment, and modified instructional materials.
- Plan for increased support ratios and nursing/health services as appropriate.

## 10. Visual Impairments (0.87%)

### Implications:

- Provide access to Braille instruction, screen reader software, and large print or tactile resources.
  - Ensure staff have support from Teachers of the Visually Impaired (TVI) or consultants as needed.
  - Modify learning environments for accessibility and orientation/mobility needs.<sup>11</sup>
- Traumatic Brain Injury (0.43%).

## 11. Traumatic Brain Injury (0.43%)

### Implications:

- Highly individualized supports based on cognitive, physical, and emotional impact.
- Fund re-evaluation protocols, medical consultation, and transitional services.
- Prioritize flexible scheduling, memory strategies, and classroom accommodations.

## Strategic Planning Takeaways for 2025-26 School Year:

- 80%+ of our special education population falls under six eligibility categories: Speech/Language, Autism, OHI, MMD, DD, and SLD. This reflects the need to focus professional development, services, and supports in these areas.
- Resource allocations ensures a balance between high-frequency needs (e.g., speech, autism) and low-incidence, high-intensity needs (e.g., FMD, TBI, VI).
- Emphasis will be placed on interdisciplinary collaboration, inclusive practices, evidence-based professional learning and data-driven programming.
- Continue investment in technology tools, assistive devices, early literacy programs, and social-emotional learning to align with these district eligibility trends.

### 3. Special Education Service Programming Rates:

#### Special Education Population

231 Students

#### Related Service Enrollments:

Speech & Language-	148
Occupational Therapy –	40
Physical Therapy –	7
Mental Health Therapy-	19

#### Alternate Service Locations:

- Regional Schools – 9 Students
- Home/Private School Students – 1 Student
- Newport School of Innovation- 4 Students
- Campbell Regional Detention - 10 Students

#### 504 Programming Rates – 34 Students

- NPS- 6
- NIS – 14
- NHS – 14
- NSOI- 0

Respectfully Submitted,

Lisa Swanson



