

Special Services Job-Alike

May 28, 2020



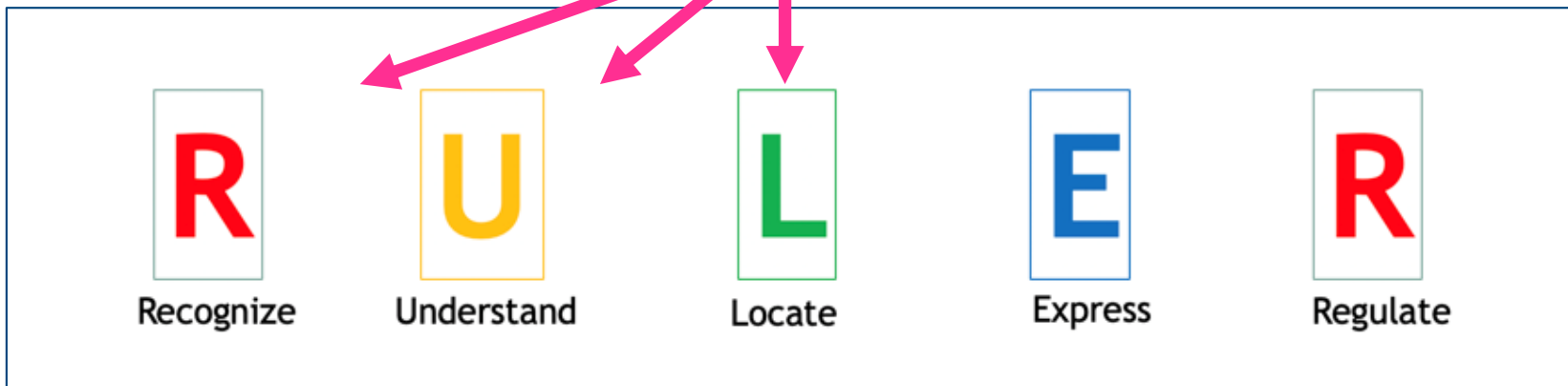
Check-ins & Self Care

Check -in:

- Choose one of the sentence starters below to share your thoughts/experiences in the chat box:
 - *“A success I recently had ____ .”*
 - *“One thing that’s new about ____ .”*
 - *“One interesting thing that I observed this week is ____ .”*

Self-Regulation Strategy

P	A	U	S	E
Pay Attention to your body!	A few deep breaths!	USE thoughts to name your emotions	SURVEY what you need to regulate	EXPRESS what you need (support) to regulate



EMOTIONS



(EXRR Elem. Case Managers)

Time	Activities
2:30 – 2:40	Check-ins & Self-Care Ideas
2:40 – 3:10	ESY
3:10 – 3:15	WA-AIM Test Security Assurance Form
3:15 – 3:30	Helpful Tips to Share; Q & A and Next Steps

Outcomes

- ❑ Discuss ESY Updates
- ❑ Establish use of available resources
- ❑ Share ideas and helpful tips





SPECIAL SERVICES

- Executive Director's Message
- Overview
 - Disability & Special Education Acronyms
 - School Board Policies
 - Special Education Law
- Programs and Services
 - Child Find
 - Home Services
- Guidance for Families
- For Staff
- Transition
- Helpful Websites
- COVID-19 Information for Staff**
 - Updates
 - Archived Updates

Special Education Update

5/28/2020 11:45 am

[ESY Guidance Packet \(2020\)](#)

[ESY Addendum \(2020\) Fillable](#)

For all documents, login to [special services docushare](#)

Special Education Update

4/20/2020 1:30am

[Guidance Document for Continuous Learning Plan](#)

[Sample Continuous Learning Plan PWN Language](#)

[Sample Continuous Learning Plan](#)

[CLP Virtual Walkthrough](#)

Other sample logs:

- [log by caseload](#)
- [log by student](#)

For all documents including logs in word format login to [special services docushare](#)

WA-AIM TSA Form

Test Security Staff Assurance Report– After Testing Washington Comprehensive Assessment Program (WCAP)

To be completed at the end of testing by all staff who have responsibility in the administration of state assessments or access to secure testing materials. All “NO” responses must be explained below and reported to your SC. Submit the completed form with signature to your SC at conclusion of testing.

Immediately alert your SC of any testing incident or security breach. The SC must consult with the District Test Coordinator as soon as an incident is discovered, or suspected, for guidance regarding the investigation and possible score invalidation.

Use the space below to note incidents, if any.

☐ Attachments (Submit any additional sheets and/or documentation with this report)

YES NO NA*

- ☐ ☐ Did you follow your chain of custody, as described in your school's *Test Security and Building Plan* (TSBP), for all test materials?
- ☐ ☐ Did you always keep secure assessment materials in a locked, limited-access storage area?
- ☐ ☐ Were materials that might provide students an advantage covered or removed from the testing environment?
- ☐ ☐ Did you check out and check in test materials to students, including ancillary materials?
- ☐ ☐ As documented, were students provided access to required accessibility features?
- ☐ ☐ If assistive technologies were used, were student responses transcribed into a standard form test booklet or the Data Entry Interface, and was secure information deleted from the computer and network?
- ☐ ☐ Did all testing occur during your school's district approved test schedule?
- ☐ ☐ Have you reported all security improprieties, test incidents, and appeals to your SC?
- ☐ ☐ Have you submitted all school required documents to the SC, if applicable?
- ☐ ☐ Have all secure assessment materials been returned to your SC, following the chain of custody in your TSBP?

* NA=Not Applicable

I have read and understand the non-disclosure restrictions that apply to secure assessment materials, as described in this document. I did not read, reveal, or disclose information about secure test content and I did not engage in activities that would violate the security of the state assessments or cause student achievement to be inaccurately represented or reported. I state that the above information is true and correct to the best of my ability.

Staff Member Name (please print)

Signature

____/____/____ Date

- Must be signed and submitted to me by before June 19th .



Share
ideas
Start
something
good

