

## HB 714 – Special Education – Learning Continuity Plan – Requirement

My name is Kim Tart. I live in District Heights, Maryland, Prince George's County, with my husband and 12-year-old son Montgomery. Monty has Down syndrome and attends Kettering Middle School. Monty is a curious and smart 7th grader who enjoys playing drums and loves to watch TV shows such as "Super Why" and "Teen Titans Go" on his iPad.

I respectfully ask for your support of HB 714 - Special Education – Learning Continuity Plan – Requirement

In March, when school officially closed, Monty continued to receive private speech and occupational therapy in a virtual setting. However, all related services performed by school speech and occupational therapists ceased. When we inquired about the continuation of speech and occupational services by a school therapist, we were informed that he will not be receiving related services largely because the school system did not have a continuity of operations plan in place.

The therapist explained that her hours were reduced significantly. The teacher explained, "Distance learning speech services will only be provided for speech only students. All other student related services have been changed to consult services (this was done via the speech department)." No one explained what "consult services" would entail. We hired a parent advocate to deal with the issue. The special education coordinator acquiesced and one a month speech therapy session (virtual) commenced in May. Yes, one session a month. The OT continued to provide "consult services" that involved emailing fine motor exercises. We are blessed that we have the resources and time to enable Monty to receive private services. Many families do not.

When the 2020/21 school year commenced, we were directly involved in developing Monty's IEP goals/objectives and ensured that all the related services (speech and occupational therapy) would continue in a virtual format. Fortunately, Monty is receptive and responsive during most sessions. And, we have materials and tools to assist.

No child is exactly alike, no matter if they have a disability or not. Special education teachers instruct kids with varying hurdles: autism, learning disabilities, language impairment, vision issues. It is imperative that an individual plan be in place that

addresses the individual child. Services, supports and assistance need to be in place so that our children can continue to develop – intellectually, physically and emotionally.

Not all accommodations can be delivered online. Not all students can learn or develop skills (speech, fine motor, gross motor) on-line. Absence of in-person learning has students with disabilities at an increased disadvantage when compared to general education students. Parents, teachers and therapist need to work together to develop a plan to enables the student to actively participate in related services in a format that will meet the needs of the student.

The option to have the parent to be actively involved in the creation of this emergency planning component as part of the IEP or 504 plan would be beneficial to all stakeholders. Advance planning would be an improvement over what we have had to do and to experience.

During the initial development of a distance learning IEP process/preparation, parent input was minimal. Basically, schools “modified” IEP goals and replaced in-person related sessions with “consults”. Our children were not afforded the services that they required. It has taken a toll on the students as well as the families. Think of a child who just reached a milestone of saying three-word sentences. Speech therapy services are suddenly suspended for weeks; the child regresses. Just imagine how devastating to the child and to the parents that is.

We can all make the best of this situation. In order for distance learning to be successful, the curriculum, the facilitator, the technology, and the student must be carefully considered and balanced in order to take full advantage of the strengths of this format and at the same time avoid pitfalls that could result from its weaknesses. Parents need to be directly involved in the process and in the decision making; we know what best works and what does not work for our child.

I wish to thank the committee for your consideration.

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