

# Rhode Island

## DOCUMENTS

Prepared for  
**The American Child**

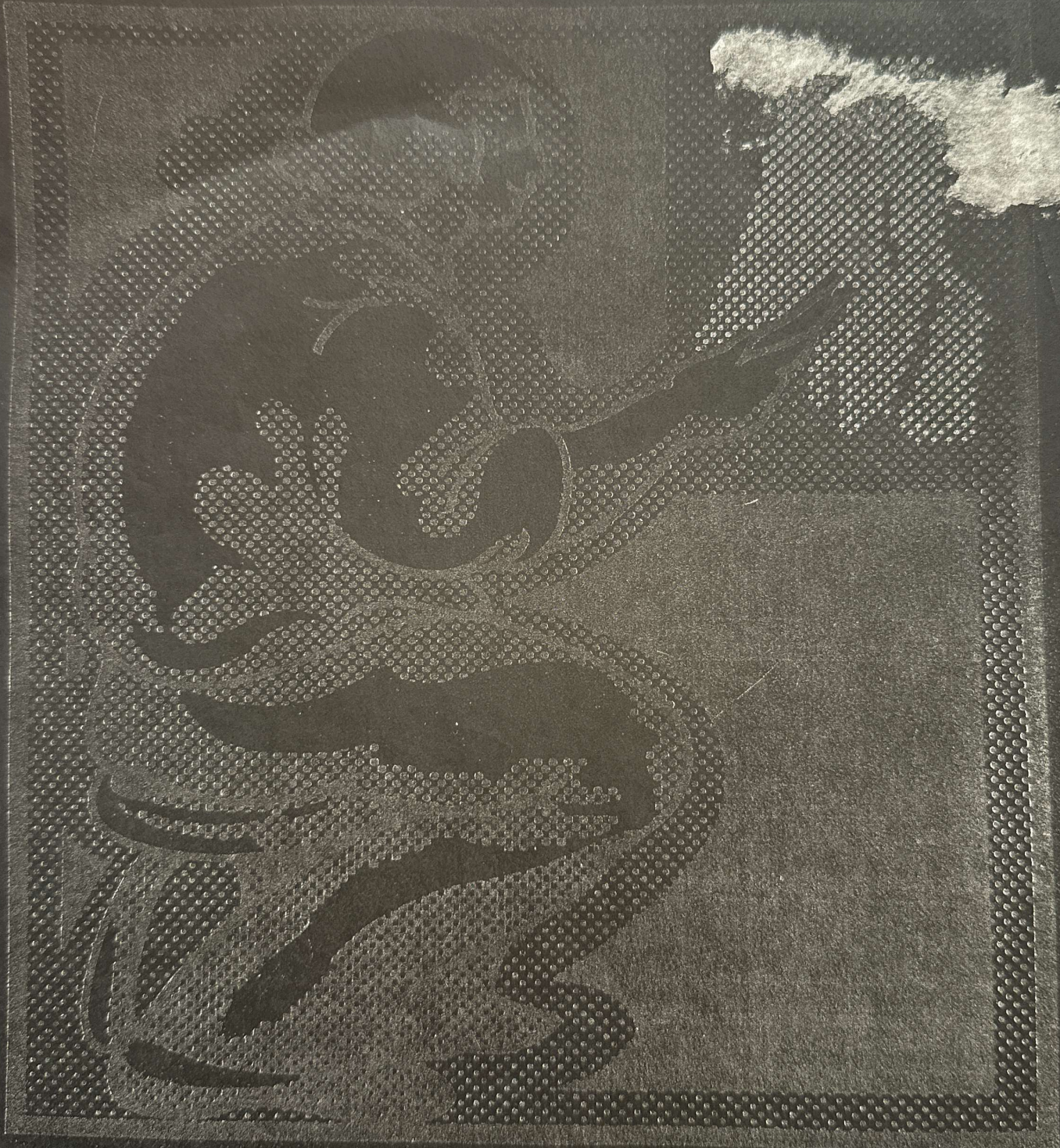
June 2001

Sheila Matthews, State of Connecticut 203-966-8419



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# THE ISLAND DEPARTMENT OF HEALTH HEALTH PLANNING GUIDE 1974



office of comprehensive health planning

**FOR REFERENCE**

Do Not Take From This Room



## PREFACE

In July, 1970, the Rhode Island Board of Regents for Education requested Engelhardt and Engelhardt, Inc., educational consultants, in cooperation with Dr. Joseph M. Cronin, Associate Professor of Education at Harvard University, to undertake a study and prepare a report on school district reorganization throughout the State. The study has been completed in accordance with the charge. This progress report is, in essence, a summary of our findings and recommendations.

In the opinion of the consultants, much excellent work is being accomplished in the State. The professional staff including teachers and administrators is, by and large, of high quality, experience, and training. Many innovative programs are being undertaken to improve the learning situation. Criticism of past performance has no place in the light of social upheaval and rapidly changing educational needs. This report with all of its findings, statements, and recommendations hopefully will be viewed as a constructive approach to developing opportunities to meet these needs through reorganization for future decades unharnessed by tradition or a pattern which served well in meeting the needs of former generations. We trust the study will be taken in this vein.

A massive number of data have been used in this study, including over two thousand computer sheets of tabulations and analyses, interview records covering discussions with school administrators and many other resource people, charts, graphs,

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Special Report

RHODE ISLAND STATE

1971

# **NEW PATTERNS FOR PUBLIC EDUCATION IN RHODE ISLAND**

**A Progress Report  
to the  
Board of Regents for Education**

**1971**

Engelhardt and Engelhardt, Inc., Educational Consultants  
and  
Joseph M. Cronin and Associates, Harvard University



EMMA PENDLETON BRADLEY HOSPITAL  
1011 Veterans Memorial Parkway  
Riverside, RI 02915  
401-434-3400

PRESIDENT OF THE  
CORPORATION:

Howard L. Curtis

CHIEF EXECUTIVE  
OFFICER:

Maurice W. Laufer, M.D.

PRESIDENT OF THE  
MEDICAL STAFF:

Maurice W. Laufer, M.D.

OWNERSHIP:

Non-profit

SERVICE:

Children's Psychiatric

STAY:

Long-term

BEDS:

56

CENSUS:

52

OCCUPANCY:

92.6%

PLANT AND EQUIPMENT:

\$1,370,656

BUDGET:

\$1,995,909

EMPLOYEES:

142

EMMA PENDLETON BRADLEY HOSPITAL  
1011 Veterans Memorial Pkwy.  
Riverside, Rhode Island 02915  
401-434-3400

APPROVALS: Accreditation by Joint Commission on Accreditation of Hospitals;  
Approved for Clinical Internship by American Psychiatric Association;  
Approved by Rhode Island Department of Education for Special  
Education Program;  
Certified Training Membership by American Association for  
Psychiatric Services for Children;  
Licensed Group Home (Swan House) by Rhode Island Department of  
Mental Health, Retardation and Hospital;  
Residency approved by American Medical Association and American  
Board of Psychiatry and Neurology.



Region: Statewide

\*\*Excludes Emergency or Accident Room Visits

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Regulations Governing the Education of  
Behaviorally Disordered

The following regulations are in addition to those General Regulations governing  
the Special Education of Handicapped Children.

Definitions

A. The Child with Mild Behavioral Disorders - a child who has a disorder  
in one or more of the following observable behavioral and/or learning  
dimensions:

1. an inability to learn which cannot be explained by intellectual,  
sensory, neurophysiological, or general health factors. This  
word 'inability' as applied to these regulations connotes present  
functioning. This inability to learn is demonstrated by performance  
in academic areas which is one to two years below that grade level  
commensurate with intellectual ability and related to difficulty  
in focusing and maintaining attention, motivational deficits,  
patterns of inactivity, memory deficits and/or low frustration  
tolerance;
2. an inability to establish or maintain satisfactory interpersonal  
relationships with peers and/or teachers which may be characterized  
by difficulty in developing trusting relationships, avoidance  
patterns, limited positive approach behaviors, or physical and/or  
verbal aggressiveness;
3. inappropriate or immature types of behavior or feelings under  
normal conditions which may be characterized by impulsivity, excessive  
emotional reactions, patterns of dependency upon adults, and/or  
constricted interactions with peers, excessive verbal and/or motoric  
activity;



Joseph Gallo

4. general pervasive mood of unhappiness characterized by patterns of inactivity or apathy, limited verbalized positive comments, periodic episodes of unmitigated crying, frequent facial and/or physical signs of dissatisfaction with self, peers, or adults;

5. transient psychosomatic complaints related to personal or school activities characterized by frequent requests to visit the nurse, or numerous excused or unexcused absences from school in the absence of physical etiology.

8. The Child with Moderate Behavioral Disorders - a child who has a disorder in two or more of the following observable behavioral and/or learning dimensions:

1. an inability to learn which cannot be explained by intellectual, sensorineurophysiological, or general health factors. This inability to learn is demonstrated by performance in academic areas which is from two to four years below that grade level commensurate with intellectual ability; such learning deficits are not remediable through conventional modes of instruction;

2. an inability to establish or maintain satisfactory interpersonal relationships with peers and/or adults which may be characterized by an inability to enter into meaningful and trusting relationships, an inability to demonstrate empathy and warmth toward others, and a serious limitation in independent functioning;

3. inappropriate or immature types of behavior or feelings under normal conditions which may be characterized by consistently uncooperative, negative, and/or aggressive behavior, objectionable attention-seeking behavior, or unusually shy or withdrawn behavior;

4. a general pervasive mood of unhappiness or depression characterized by prolonged social isolation, limited interaction with peers and

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5. a tendency to develop physical symptoms which are characterized by pains and/or unrealistic fears associated with personal and/or school related activities.

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In some cases behavior demonstrated by mildly and moderately behavior disordered children will appear qualitatively similar; however, indices related to the frequency, duration, and intensity of behavior collected through representative behavioral observations as part of the diagnostic process will indicate significantly stronger tendencies toward the aforementioned behaviors for moderately behavior disordered children as compared with mildly behavior disordered children. These qualitative and quantitative differences must be documented within the diagnostic procedures outlined in Section V.

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- C. The Child with Severe Behavior Disorders - a child whose behavior is consistently so debilitating, self-destructive, or disturbing to others that he cannot be educated with his normal peers. Such behavior is characterized by the following dimensions:

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1. an inability to learn which cannot be explained by intellectual, sensory, neurophysiological, or general health factors. Generally, severely disordered children will demonstrate at least four or more years of social and academic deficit in age-grade expectancy;
2. an inability to establish or maintain satisfactory interpersonal relationships which may be characterized by an inability to develop trusting relationships with parents, peers, and teachers, an extreme unresponsiveness, unrelatedness, or aloofness to people, and/or inability to discriminate between animate and inanimate objects;
3. inappropriate or immature types of behavior or feelings under normal conditions which is characterized by highly distorted perceptions of reality, thought processes, language usage, and ritualistic motoric patterns including repetitive, stereotyped acts such as rocking, self destructive behavior, serious developmental lags in speech and language processes, and/or extreme emotional responses which are unrelated to associated environmental events;

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4. a general pervasive mood of unhappiness or depression which occurs with a high degree of chronicity, frequency, intensity, and duration and which may be manifested in extreme acts of aggression or withdrawal;
5. a tendency to develop physical symptoms such as pains, or fears associated with personal and/or school related activities which are manifested in disturbances in biological functions including patterns of sleep, digestion, and elimination.

II. Eligibility and Placement Procedures for Special Education of the Behaviorally Disordered.

- A. All children who are referred for assessment shall have an overall evaluation in accordance with the procedures specified in Section V.
- B. Compulsory screening of children attending regular classrooms should be initiated whenever any of the following characteristics are exhibited.
  1. school suspension of a child twice within any twenty-five school day period;
  2. frequent unexplained school attendance irregularities (i.e. 25% or more within a given month);
  3. frequent patterns of behavior representative of those behaviors listed in the subsection entitled "Definition" which result in a joint referral by the classroom teacher and the school principal.
- C. The evaluation process must include an assessment of affective dimensions which relate to the child's self concept, self-confidence, or similar characteristics.
- D. The evaluation process must include representative behavioral observations and detailed descriptions of the frequency, intensity, and/or duration of a child's relationship to his academic and non-academic activities, as well as his relationship to his peers and teacher(s);

- E. Special services shall be available upon a specific recommendation for placement by the community supervisor of Special Education on the basis of the overall evaluation;
- F. Placement of a Behaviorally Disordered child shall be in the most appropriate, least restrictive educational environment:
1. Regular classroom
  2. Resource Room
  3. Self contained classroom
  4. Public or Private Day School
  5. Residential School
  6. Alternative educational environment
- G. Specification of educational objectives should occur at three, six, and nine month intervals; such objectives should be stated so as to facilitate mobility within the continuum of services.
- H. The appropriateness of placement and educational objectives shall be subject to annual review by the evaluation committee and/or the child's parents or their representatives to insure educational progress occurs through the most appropriate, least restrictive educational environment. Parents may initiate a case review and other proceedings guaranteed through due process when a consistent and significant discrepancy exists between specified objectives and demonstrated progress in cognitive, affective, and psychomotor domains.
- I. Any child recommended for residential school placement shall be evaluated by a certified psychiatrist or clinical psychologist.
- II. Criteria for Educational Programs for the Behaviorally Disordered.
- A. The Child with Mild Behavior Disorders
1. In accordance with these regulations a mild behaviorally disordered child shall be maintained in a regular classroom environment whenever possible.



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When placement is indicated for a child...

2. Not more than three children with mild behavior disorders shall be concurrently assigned to any one regular classroom.
3. Any regular classroom teacher who has been assigned one or more children with behavior disorders shall be provided with consulting and/or supportive services consistent with the educational needs of such children as indicated by the evaluation procedure to include:
  - a. Physical Therapist
  - b. Occupational Therapist
  - c. Speech/Language Therapist
  - d. School Psychologist
  - e. Social Worker
  - f. Resource Room Teacher
  - g. Itinerant Special Education Teacher
  - h. Behavioral-Learning Consultant
  - i. Special Education Tutor
  - j. Other Specialists as needed
4. Children identified as mildly behavior disordered may be placed in a resource of self contained classroom up to 50% of the school day if such placement procedures are recommended by the evaluation team.
5. The maximum case load of consulting teachers and/or itinerant specialists shall not exceed twenty students at any given time.
6. The maximum case load for resource room teachers shall not exceed fifteen students at any given time and shall have the services of a full-time teacher aide when the group exceeds eight students.
7. Whenever a school has a minimum of eight referrals to the principal's office for disciplinary reasons, the school's district shall employ a Special Educator to function as a Behavioral-Learning Consultant for that school.
8. In rare instances children with mild behavior disorders may require limited placement in a self contained classroom. When the diagnostic team recommends such an arrangement the duration of the child's placement shall be limited to 30 to 45 school days with the immediate goal of returning the child to the least restrictive environment.

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When placement is indicated for children with mild to moderate behavior disorders in a self contained special class the following age group and enrollment figures shall maximally apply:

- a. pre-school group (C.A. 3-5) 6
- b. primary group (C.A. 7-9) 8
- c. intermediate group (C.A. 10-14) 10
- d. junior high group (C.A. 14-16) 10
- e. senior high group (C.A. 17-21) 21

Whenever group size exceeds six, a full-time teacher aide shall be employed. Whenever a child whose chronological age is two standard deviations from the mean age of each instructional group designated above is placed within one of the designated groups, the maximum class size shall be reduced by one student.

#### The Child with Moderate Behavior Disorders

1. Children designated as moderately behavior disordered in accordance with the evaluation of the diagnostic team shall receive the same services including consultant and supportive services, as well as class size and age restrictions as those specified for the mildly behavior disordered.
2. Moderately behavior disordered children shall be placed in part-time special education classes with some academic instruction occurring within the regular classroom, full-time self contained classes, special day school classes, special boarding school or residential classes, or short term diagnostic classrooms (maximum of 30 days).
3. Placement in part-time special education classes with some academic instruction occurring within the regular classroom shall not exceed more than 75% of the child's school day to be spent in a special education classroom for behaviorally disordered children.
4. Full-time placement in self contained classrooms shall include all academic instruction. The child may however return to the regular classroom for non-academically oriented activities including physical education, art, and music whenever the evaluation team specifically recommends such an arrangement as consistent with the child's educational and psychological needs.



5. Placement in a special day school for moderately disordered children include special education centers which are within a public school district; such placement shall be arranged for 100% of the child's school day.
6. Placement in a special boarding school or residential facility for moderately behavior disordered children shall include placement in a public or private residential educational/treatment facility on a twenty-four per day basis with participation in special education programs for a minimum of five hours per day, 230 days per year.
7. Consistent with the procedures specified for mildly behavioral disordered children, educational assessment, diagnosis, and instructional and placement recommendations, for moderately behavior disordered children shall attempt to maximize the child's opportunity to succeed socially and academically in the least restrictive environment. Resources and supportive services shall be utilized as soon as the child appears able to profit from such arrangements.

C. The Child with Severe Behavior Disorders

1. Placement for severely behavior disordered children shall include special boarding or residential school classes, hospital instruction, or home-bound instruction.
2. Placement in a special boarding or residential school for severely behavior disordered children shall be equivalent to those service provided for moderately behavior disordered children. The children who are educated in such facilities shall receive consistent educational approaches within the total milieu of the residential facility where they are involved in a treatment program. Such approaches shall be an integral part of the child-care, recreational, and social rehabilitative services provided to these moderately and severely behaviorally disordered children.

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3. Placement in hospital instruction shall be designated as placement in a special hospital school program five hours per day, 230 days per year unless another arrangement is so specified by the chief psychiatrist in a given institution.
4. Placement in homebound instruction when recommended by the evaluation team shall occur five days per week, 230 days of the year unless another arrangement is so specified by a consulting psychiatrist or clinical psychologist. Such placement shall be automatically subject to evaluation and review every three months by the placement and evaluation team of the child's neighborhood school with the intention of enrolling the child in a less restrictive educational environment as soon as the child demonstrates a readiness to participate in such a program.
5. All children who are moderately or severely disordered and who are educated in either a special day school, boarding or residential facility, hospital school program, or home-bound instruction, shall be provided with an itinerant Behavior-Learning Consultant whose function is to work with the child's special education teacher and parents to increase the child's capacity to function more normally. The Behavioral-Learning Consultant shall be limited to a caseload of ten such children.
6. When placement in a public or private residential or hospital program is indicated for children with severe behavior disorders, the following age groups and enrollments shall maximally apply:
  - a. pre-school group (C.A. 3-6 ) 5
  - b. primary group (C.A. 7-9 ) 5
  - c. intermediate group (C.A. 10-14) 6
  - d. junior high group (C.A. 14-16) 6
  - e. senior high group (C.A. 17-21) 6

A teacher aide shall be employed on a full-time basis whenever group size exceeds the minimum number for each age group and an additional full-time teacher aide whenever a child whose chronological age is two



or more standard deviations from the mean age of each institutional group.

7. When placement in the above facilities for moderately and severely behavior disordered children include more than two severely behavior disordered children, the criteria for class size and use of instructional aides shall follow the requirements stated in the preceding sub-section (III, C, 6).

#### IV. Community Placement Alternatives

- A. Communities having a sufficient number of behaviorally disordered children to establish a full hierarchy of services consistent with established criteria shall do so.
- B. Communities not having sufficient numbers of behaviorally disordered children to establish a full hierarchy of services consistent with established criteria shall join neighboring communities in the development of a comprehensive hierarchy; or
- C. A community may utilize educational services operated by other communities or other agencies whose programs are approved by the Commissioner of Education.
- D. When the needs of any behaviorally disordered child dictate placement in a public and/or private special day, boarding, residential, hospital, or home-bound instructional program (outside the child's school district) according to the results and recommendations of the evaluation team, local school districts shall reimburse such facilities for educational costs.
- E. The local school district shall employ Behavioral-Learning Consultants to function in the manner previously described in sub-section III, C, 5, whenever a behaviorally disordered child is educated in a school/treatment setting outside of the school district.

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Regulations Governing the Education  
of the Mentally Retarded

The following regulations are in addition to the General Regulations governing the Special Education of Handicapped Children.

Definitions

- A. The Mild Mentally Retarded - a child who at the time of school evaluations obtains a score on an individually administered test of intelligence between 2 and 3 standard deviations below the mean (52 to 68 on the Stanford-Binet and 55 to 69 on the Wechsler Scales); and who manifests a pervasive mild impairment in adaptive behavior as measured by appropriate instruments supplemented by clinical observations and judgements.
- B. The Moderate Mentally Retarded - a child who at the time of school evaluation obtains a score on an individually administered test of intelligence between 3 and 4 standard deviations below the mean (36 to 51 on the Stanford-Binet and 40 to 54 on the Wechsler Scales); and who manifests a pervasive moderate impairment in adaptive behavior as measured by appropriate instruments supplemented by clinical observation and judgement.
- C. The Severe and Profound Mentally Retarded - a child who at the time of school evaluation obtains a score on an individually administered test of intelligence 4 or more standard deviations below the mean [35 and below on the Stanford-Binet and 39 and below on the Wechsler Scales (extrapolated)]; and who manifests a pervasive severe or profound impairment in adaptive behavior as measured by appropriate instruments supplemented by clinical observation and judgement.



## II. Eligibility and Placement Procedures for Special Education for the Mentally Retarded.

- A. An overall evaluation in accordance with procedures previously described in this document (Section V-E Eligibility for Special Education).
- B. A specific recommendation for placement by the community supervisor of special education on the basis of the overall evaluation.
- C. Placement of a mentally retarded child shall be in the most appropriate, least restrictive educational environment:
  1. Regular class
  2. Resource room
  3. Self contained class
  4. Other appropriate educational arrangement
- D. Placement of a mentally retarded child in an educational alternative inconsistent with the child's measured intelligence or adaptive behavior rating shall be with the informed consent of the child's parent(s) or legal guardian.
- E. Placement of a child who fails to meet the criteria of mental retardation as previously defined in a class designated for the mentally retarded shall be with the informed consent of the child's parent(s) or legal guardian.

## III. Criteria for Educational Programs for the Mentally Retarded

- A. Mentally Retarded Children in Regular Classes.
  1. No mentally retarded child shall be placed in a regular class with children who are more than two (2) years below the chronological age of said child.
  2. Not more than two (2) mentally retarded children shall be concurrently assigned to any one regular class.
  3. The regular class teacher who has been assigned one (1) or more mentally retarded children shall be provided with consulting services

consistent with the educational needs of the child (children) as indicated by the evaluative procedure from the following consulting personnel: (Section X Personnel)

- a. Physical Therapist
- b. Occupational Therapist
- c. Speech/Language Therapist
- d. School Psychologist
- e. Social Worker
- f. Special Education Consultant
- g. Other Specialist as needed.

4. A mentally retarded child assigned to a regular class shall be provided with services from the following supportive personnel (Section X Personnel) consistent with the educational needs of the child as indicated by the evaluative procedure:

- a. Physical Therapist
- b. Occupational Therapist
- c. Speech/Language Therapist
- d. School Psychologist
- e. Resource Room Teacher
- f. Itinerant Special Education Teacher
- g. Guidance Counselor
- h. Other Specialist as needed.

#### B. Mentally Retarded Children in Self Contained Classes

##### 1. Mildly Retarded

- a. The class size for the suggested age groups shall not exceed the following:



- (1) Pre-School group (C.A. 3-6) 10
- (2) Primary Group (C.A. 7-9) 10
- (3) Intermediate group (C.A. 10-13) 12
- (4) Junior High group (C.A. 14-16) 12
- (5) Senior High group (C.A. 17-21) 16

- b. Each class shall have one full-time teacher's aide.
- c. Each class shall be located in a building which houses normal children of the same age range.
- d. The facilities shall be comparable to other classes in the community for normal children.
- e. The length of the school day shall be a minimum of five (5) hours at the pre-school level.
- f. The length of the school day with the exception of the pre-school level, shall be the same as for all other normal children of the same age in the community.
- g. The following supportive personnel (Section X Personnel) shall be assigned to each class consistent with the educational and developmental needs of the children as indicated by the evaluative procedure.

- (1) Physical Therapist
- (2) Occupational Therapist
- (3) Speech/Language Therapist
- (4) School Psychologist
- (5) Social Worker
- (6) Other Specialist as needed

- h. The following specialized services shall be provided to each class consistent with services provided normal children of the same age in the community:

- (1) Music Teacher
- (2) Art Teacher
- (3) Physical Education Teacher
- (4) Library Science Educator
- (5) Industrial Arts
- (6) Home Economics

(7) Guidance and Counseling

(8) Other specialized services offered to normal children in the community appropriate for mildly retarded children.

i. The length of the school year shall be 180 days.

## 2. Moderately Retarded

a. The class sizes for the suggested age groups shall not exceed the following:

(1) Pre-School group	(C.A. 3-6)	8
(2) Primary group	(C.A. 7-9)	8
(3) Junior Intermediate group	(C.A. 10-13)	10
(4) Senior Intermediate group	(C.A. 14-16)	10
(5) Young Adult group	(C.A. 17-21)	12

b. Each class shall have one full time teacher and a full time teacher's aide.

c. The length of the school day shall be a minimum of five (5) hours at the pre-school level.

d. The school days with the exception of the pre-school level shall be the same as the school day for normal children of the same age in the community. Five and one-half hours (5½) is the minimum school day at the secondary level and five (5) hours at the elementary level.

e. The physical facilities and equipment shall be designed to



accommodate and foster the developmental and educational needs of the children assigned to the class.

f. The following supportive personnel (Section X Personnel) shall be assigned to each class consistent with the needs of the children, as indicated by the evaluative procedure:

(1) Physical Therapist

(2) Occupational Therapist

(3) Speech/Language Therapist

(4) School Psychologist

(5) School Social Worker

(6) Other Specialist as needed

g. The following specialized services shall be provided to each class consistent with services provided normal children of the same age in the community:

(1) Music Teacher

(2) Art Teacher

(3) Physical Education Teacher

(4) Library Science Educator

(5) Industrial Arts

(6) Home Economics

h. The length of the school year shall be 180 days.

### 3. Severely and Profoundly Retarded

a. The class size for the suggested age groups shall not exceed the following:

(1) Pre-School group	(C.A. 3-6)	6
(2) Primary group	(C.A. 7-9)	6
(3) Junior Intermediate group	(C.A. 10-13)	6
(4) Senior Intermediate group	(C.A. 14-16)	6
(5) Young Adult group	(C.A. 17-21)	6

- b. Each class shall have one full time teacher and a full time teacher's aide.
- c. The length of the school day shall be a minimum of five (5) hours at the pre-school level.
- d. The school day, with the exception of the pre-school level, shall be the same as the school day for normal children of the same age in the community. Five and one-half hours is the minimum school day at the secondary level and five (5) hours at the elementary level.
- e. The physical facilities and equipment shall be designed to accommodate and foster the developmental and educational needs of the children assigned to the class.
- f. The following supportive personnel (Section X Personnel) shall be assigned to each class consistent with the needs of the children as indicated by the evaluative procedure:

- (1) Physical Therapist
- (2) Occupational Therapist
- (3) Speech/Language Therapist
- (4) School Psychologist
- (5) Social Worker
- (6) Other Specialist as needed

The following supportive personnel shall be assigned to each class one day per week:

- (1) Physical Therapist
- (2) Occupational Therapist
- (3) Speech/Language Therapist

- g. The length of the school year shall be 230 days.