

Psychological Counseling

as a Related Service



Psychological Counseling as a Related Service

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This guidance document is designed to provide local educational agencies (LEAs) with the information needed to identify students who are eligible for Psychological Counseling as a Related Service, to implement these services, and to monitor students' progress as they receive the services.

Introduction

The Individuals with Disabilities Education Act (IDEA) ensures that students eligible to receive special education services are provided with the supports and services necessary to make progress in the general education curriculum. Included among these supports are related services. Related services are provided to students that receive special education services through their Individualized Education Programs (IEPs) and allow students to benefit from their education program.

Among the related services available through IDEA are Counseling and Psychological Services. This guidance document is designed to provide local educational agencies (LEAs) with the information needed to identify students who are eligible for Psychological Counseling as a Related Service, to implement these services, and to monitor students' progress as they receive the services.



Promotion of Mental Wellness for All Students

The most effective method of preventing students from requiring intensive supports and services, such as those offered by special education and psychological counseling as a related service, is to promote wellness of all students. Comprehensive, well-designed, and

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fully implemented prevention efforts reduce the incidence rate of students needing specialized supports and services (*Bradshaw et al., 2015). To that end, psychological services play an integral role in promoting mental wellness for all students, as well as offering necessary supports for those students with mental health challenges. The following areas of prevention promote mental wellness for all students:

- **Academic support** serves to ensure a match among state academic standards, students' academic needs, and the curriculum, instruction, and interventions delivered. Academic supports include universal screening, implementation of empirically supported academic curricula and interventions, and systematic monitoring of student progress toward academic standards. Alignment of the standards, needs, and instruction and intervention may increase academic success and, in turn, promote mental wellness among all students.
- **Behavioral support** is designed to create environments in which nonacademic barriers to learning are reduced or eliminated. At the preventative level, school-wide positive behavioral supports explicitly teach and reinforce prosocial behaviors; and, data systems are installed to identify social, emotional, or behavioral challenges. Behavioral supports and services are delivered along a continuum of intensity and frequency to address all students' needs based on systematically gathered data. Therefore, provision of effective behavioral supports promotes the mental wellness of all students.

*Bradshaw, C. P., Waasdorp, T. E., & Leaf, P. J. (2015). Examining variation in the impact of school-wide positive behavioral interventions and supports: Findings from a randomized controlled effectiveness trial. *Journal Educational Psychology*, 107, 546-557.



- **Data-based decision-making and accountability** includes collecting and interpreting data from multiple sources and methods to evaluate the strength of prevention efforts and identify students' needs. Academic, behavioral, social, and emotional data are the foundation on which decisions about instruction and interventions are made. Carefully designed data collection and review procedures provide a mechanism by which adequate academic and behavioral supports can be provided to promote the mental wellness of all students.
- **Family-School collaboration** supports healthy relationships between families and schools so that family perspectives are included in the provision of academic and behavioral supports. Specifically, families are actively and genuinely involved in the design, delivery, and evaluation of preventative academic and behavioral supports. Families of students for whom strategic or intensive academic or behavioral supports are necessary share ownership of the supports and services provided to their children. Consistency of purpose and efforts across home, school, and community improve mental wellness for all students.

- **Culturally responsive practices** infuse understanding of value for individual and groups' cultural differences and preferences into the design, implementation, and evaluation of practices and services. Fair and equitable supports are provided to students across all educational programs and services. Consideration of individual differences in the design, implementation, and evaluation of academic and behavioral supports creates a learning environment that is effective for all students. Consequently, establishing culturally responsive practices promotes the mental wellness of all students.

The mental wellness of all students is substantively enhanced with the provision of the above supports. There may be students for whom supportive services within the general education environment do not sufficiently meet their needs. For those students who receive special education services, individualized psychological counseling services can be included within their individualized education program (IEP). Such direct and indirect services, provided within a Multi-Tiered System of Support (MTSS), span across the broad domains of professional practice related to assessment, consultation, and intervention.

Legal Basis

Through the initial evaluation process and subsequent annual individualized education program (IEP) reviews, the IEP team is required to identify the strengths and needs of a student and design an individualized program. Each student's IEP outlines specially designed instruction, supplementary aids and services, and related services, and is designed to ensure the student receives a free, appropriate, public education.

Related services are included in the IEP to ensure that students benefit from their special educational program and are intended to provide additional support to the student and parent. Examples of related services may include, but are not limited to:

- Speech and language services
- Interpreting services
- Orientation and mobility services
- Social work services
- Physical and occupational therapy

Included in the list of related services found in IDEA are Counseling Services and Psychological Services.

Counseling Services are defined in IDEA as:

Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. [§300.34(c)(2)]

Psychological Services are defined in IDEA as follows:

Psychological services include:

- (i) Administering psychological and educational tests, and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
- (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children

as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;

- (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and
- (vi) Assisting in developing positive behavioral intervention strategies. [§300.34(c)(10)]

Psychological Counseling as a Related Service includes psychological services as defined by IDEA, administered by the qualified personnel listed and designed to allow students to benefit from their special education. If, through assessment or annual review, the IEP team finds that a student would benefit from receiving psychological counseling, it must be included in the IEP, and delivered until it is demonstrated that the student no longer has the need.

In addition, as defined in IDEA, related services can be provided for both students and parents. If the IEP team concludes that providing the student's parents with services benefits the student's education, those services should be included in the student's IEP. Parent counseling and training, as defined in IDEA, includes:

- (i) Parent counseling and training means assisting parents in understanding the special needs of their child;
- (ii) Providing parent with information about child development; and
- (iii) Helping parents to acquire the necessary skills that will allow them to support the implementation of the child's IEP or IFSP [§300.34(c)(8)]

The parent, as a member of the IEP team, will be involved in the discussion and decision making regarding the need for such services. The IEP team may determine that psychological counseling services may be appropriate at any time during the year.

Assessment Process

The determination of need for Psychological Counseling as a Related Service begins with the assessment process to evaluate student strengths and needs. During initial evaluations, as well as reevaluations, comprehensive assessments are conducted that include (but are not limited to):

- Record Review
- Interview (Clinical/Diagnostic)
- Behavior ratings scales
- Direct observations
- Functional Behavioral Assessment



Each of the assessment methods listed above represents accepted practice and is completed across settings and across respondents. Examples of potential settings and respondents are noted below:

- Potential Settings
 - Classroom
 - School
 - Home
 - Community
- Potential Respondents
 - Student
 - Parent
 - Caregiver
 - Teacher
 - School Counselor
 - School Nurse
 - Community Provider
 - Outside Agency Support

Record Review

Based upon the results of the Record Review, the group will make a decision about whether new assessment data are needed. If new assessment data are needed, then permission to reevaluate must be sought.

Interviews

Structured interviews are typically recommended to ensure that the information obtained is specific to the nature of the assessment process. Providers may consider conducting interviews with the student, guardian/caregiver, teacher, and others. Various structured interview measures are available to describe the nature of the student's behaviors, social communication, social interactions, and overall student strengths. Interviews used with behavior checklists and direct observations may be used to support the need for psychological counseling as a related service.

Behavior Rating Scales

Behavior Rating Scales are empirically-based assessments, which provide a range of scores and severity indicators to help determine appropriate methods of service. Rating scales are available to gather information at either a comprehensive level or to assess specific areas of difficulty (e.g., depression, aggression). Many behavior rating scales are specific to various types of behaviors, including observable behaviors and internalized behaviors.

Observable behaviors, such as aggression, crying spells, impulsivity, and verbal outbursts are typically identified using comprehensive assessments. Internalized behaviors such as depression, anxiety, and psychosomatic behaviors, are not always outwardly observable; however, they suggest the presence of issues that impact a student's ability to learn. These behaviors are found through careful assessment and provide pertinent information about the student and the potential need for psychological counseling as a related service.

Direct Observations

School psychologists, school counselors, behavioral specialists, social workers, and other appropriately trained professionals may conduct direct observations of the behavior(s) of concern identified by the student's IEP team. Observations may take place during classroom instructional time, recess, lunch, and arrival/dismissals. These observations may occur over multiple settings and multiple days. Direct observations provide objective data to support the development of hypotheses regarding the occurrence and function of the student's behavior. When conducting a direct observation, the observer typically records events of targeted behaviors at varying intervals of time. The data obtained from direct observations typically support or call into question the potential functions of behavior and/or the results of behavior rating scales.



Functional Behavioral Assessment

A Functional Behavioral Assessment (FBA) is a process for identifying problem behaviors and developing interventions to improve or eliminate behaviors. An FBA includes data collection to determine antecedents (what happens before the target behavior) and consequences (what happens following the problem behavior) over a specified period of time. Hypotheses are developed based upon the data collection to determine the function of behavior. Functions of behavior broadly include getting something (e.g. attention, object) or avoiding something (e.g. academic task, undesirable activity).

The FBA process consists of three steps:

1. Interview – The IEP team, including individuals who have observed the behavior of the student in a variety of settings and conditions, completes the interview questions focusing on antecedents, behaviors, and consequences.
2. Direct Observation – Data collection is accomplished through direct observation in the student's natural environment. Direct observation provides objective data to support or refute the information obtained during the interview, leading to more accurate hypothesis formation. The observation and the data collection methods are determined by information gathered during the interview step.
3. Summary – The IEP team summarizes the interview information and the data collected during direct observation to form one or more hypotheses identifying the function(s) the behavior is serving for the student.

Assessment of the function of behavior aids in the development of positive behavior support plans, which outline interventions and strategies to reduce the targeted behavior. Ongoing analyses of data collected during the intervention phase of the positive behavior support plan guide the team in measuring progress, verifying the hypothesis and making necessary revisions.

Various structured interview measures are available to describe the nature of the student's behaviors, social communication, social interactions, and overall student strengths. Interviews used with behavior checklists and direct observations may be used to support the need for psychological counseling as a related service.

Guidance for IEP Teams

Psychological counseling as a related service differs from psychotherapy in a number of important ways. For example, psychological counseling as a related service is typically less intrusive than psychotherapy and is primarily focused on school-related issues such as appropriate classroom behavior, coping skills, or social functioning. School-based services are typically behavior-based, with an emphasis on practical and immediate application of skills rather than the development of insight. Further, psychological counseling must be deemed necessary for the student to make educational progress.

The Evaluation Report (ER)/Reevaluation Report (RR), and Present Level of Functional Performance should be carefully reviewed by the IEP team when

situation and desires change is likely to benefit from the service. The student should have adequate cognitive ability and adequate language skills to participate in sessions and learn alternative problem-solving and/or social skills to benefit from counseling services.

Psychological counseling services are viewed as a continuum of services, ranging from supports for all students through school-wide positive behavior interventions and supports (SWPBIS) to individualized services which include individual psychological counseling. Supports may be documented in a number of ways on the IEP. For example, supportive interventions such as SWPBIS and classroom behavior management plans might be noted on the

IEP under “Specially Designed Instruction” (SDI). An individualized positive behavior support plan might also be regarded as SDI, and would become a part of the IEP. Behavioral consultation might be documented on an IEP under “Related Services” and/or “Supports for School Personnel.”

More intensive services, such as group or individual psychological counseling, may warrant the development of student-specific IEP goals and objectives. The IEP team is charged with determining whether the student’s level of need requires a goal(s) in the IEP or the need can be appropriately addressed through

providing psychological counseling as a related service. If the IEP team determines a specific goal(s) is not warranted, the team is required to document the location and the frequency of the related service to be provided. Location refers to where the student will be receiving the related service. Frequency refers to how often the student will be receiving the related service.

determining whether psychological counseling is necessary to address social, emotional, and/or behavioral functioning to assist the student in benefitting from special education services.

When determining whether a student needs counseling as a related service, several factors may be considered. A student who is distressed about a



Documentation of frequency using vague terms such as “As needed” is not sufficient. The projected beginning date and the anticipated duration of the related service must be listed. Duration refers to the anticipated ending date for the service.

The student’s present levels as described on the ER/RR should provide observable data on the student’s behavior to assist in determining appropriate goals. The purpose of psychological counseling goals is to increase positive behaviors and decrease negative or counterproductive behaviors. If IEP goals are developed to meet student specific education needs, they should describe what a student is projected to achieve within one year. The goals also define the data collection system that will be used to measure the student’s progress. Counseling goals may be very similar or the same as those stated in the student’s behavior support plan.

Additional documentation is required for IEP goals and objectives. Progress toward annual goals must be provided to parents at least as often as parents are informed of the progress of children without disabilities. It is also recommended that direct service providers of psychological counseling services (i.e., school psychologists, school counselors, school social workers and other trained professionals) take additional steps to document their involvement in the implementation of the student’s IEP. A record of the dates and times of service provision, as well as cancellations and absences, should be maintained, along with a record of the specific goals/objectives worked on during the session and any session notes.

All service providers, including the providers of psychological counseling services, should be present at IEP meetings to report progress and to advise whether counseling should be continued. If counseling is no longer required and dismissal from counseling is recommended, documentation supporting this recommendation should be presented to the team. A formal evaluation may be performed,



but is not required for dismissal from a related service. Such decisions are made by the IEP team, including the parent, and should be based on data from a variety of sources, which may include teacher/therapist observations, parent input, progress on IEP goals/objectives, performance on statewide assessments, disciplinary referrals, and any other data deemed relevant to the decision. The decision, and supporting documentation, to exit a student from a related service is determined by the IEP team and documented in the student’s IEP. For example, an IEP revision specifying the names of those involved in the decision-making process would document that psychological counseling is no longer needed because the specific IEP goal(s) has been met. IEP team members may be excused from an IEP team meeting when this is agreed to in advance of the meeting and the service provider submits information to the team in writing.

IEP teams also must be aware that psychological counseling as a related service must be provided to the families of eligible students when this is determined necessary by the IEP team. At any point during the evaluation and IEP development process, the respective team may consider the necessity of such services. If deemed necessary, these services must be delineated in the student’s IEP.

Implementation in Schools



Local educational agencies (LEAs) are typically in good position to provide the times for psychological counseling to occur, the personnel qualified to provide these services, and the physical space within the school to offer these services to students and parents. The area in the school used for the provision of the psychological counseling services can include conference rooms, professional office space (e.g., the offices of the school counselor, school psychologist, or school social worker) and classrooms that are not in use. Psychological counseling should be provided in areas of the school that are quiet, free from distraction, and where confidentiality can be maintained and students can feel safe and comfortable.

The student's schedule should be examined to determine the best times for the student to receive these services during the school day, in a manner that is minimally disruptive to the student's academic program. At the elementary level, educators may have the flexibility to identify times for psychological counseling that can be built directly into the

student's daily schedule. At the secondary level, these services may be provided during times when the student has a study hall or when the student has elective courses. Often school counselors and school psychologists offer group counseling services that are built into the school's daily or weekly schedule for specific populations of students (e.g., students with depression, students with self-control issues). Students with disabilities may receive psychological counseling as a related

service through this structure, if appropriate to their needs. Parents may also receive psychological counseling by participating, with other parents of students with disabilities, in group counseling during the school day or during after-school hours in the school or in their home.

Psychological counseling services must be provided by qualified professionals who are employed by the LEA or contracted by the LEA. Qualified professionals may include school social workers, school nurses, school psychologists, school counselors, certified behavior analysts, and other qualified school employed personnel. Psychological counseling services can also be provided by licensed clinical social workers and other licensed mental health providers in private practice or employed by an agency. LEAs may collaborate with other agencies to facilitate the provision of needed related services or contract with community providers to support counseling services documented on the student's IEP. Of course, contracted providers must also be qualified to provide the needed services.

Determining Counseling Effectiveness and Continuing Need for Services

The measurement of counseling effectiveness is an essential component of the appropriate provision of this related service. Frequent assessment can produce several important outcomes that contribute to student mental wellness. Careful examination of treatment effectiveness gives service providers critical information and feedback regarding which aspects of psychological counseling are most effective and which are least effective. These data can be used to determine whether there is a need for intensification or changes to these services and conversely, whether the student has benefited from a particular counseling approach to the point where this approach is no longer needed. In this case, counseling can be phased out and/or new areas for counseling can be targeted. Analysis of treatment effectiveness allows for continuous and dynamic adjustment of the counseling strategies being implemented, thus improving counseling effectiveness. Observing treatment is another useful way to assess progress in counseling. Progress monitoring will inform the IEP team, including the parent, as to the progress or lack thereof made by the student. This observation can provide parents and other IEP team members with accurate information regarding the effectiveness of the counseling service, which allows them to effectively reinforce the generalization of skills learned in counseling to the natural environments of home, classroom, and community.

Specifying the Anticipated Counseling Results

The importance of specifying the purpose of counseling in the IEP as part of service provision

cannot be over emphasized. It is important to identify the student's unique psychological counseling needs, exactly what psychological counseling services will be used to address these needs, and what the student will be able to do as a result of the provision of these related services. The aim or purpose of counseling must be stated in measurable terms. It is useful to include a broad purpose with specific aims to move the student's functioning toward achievement of mental wellness. It is imperative to include criteria by which the effectiveness of treatment and the continuing need for services may be assessed and/or determined.

Strategies for Analyzing Treatment Effectiveness

The process of analyzing the effects of the psychological counseling provided as a related service is critical to effective service delivery. Once clearly stated counseling purposes and aims are established for the related service, baseline data needs to be collected. It is helpful to use an approach that includes both summative and formative assessment measures. Summative assessments typically include broadband, standardized rating scales that assess the overall mental wellness of the student. These measures typically have the advantages of having established reliability and validity. Their main disadvantages are that they often require a long time to complete and, to maintain their reliability and validity, they cannot be administered more frequently than every few months. These rating scales could be used to assess the precounseling and postcounseling effects on the mental health status of a student.

It is imperative to include criteria by which the effectiveness of treatment and the continuing need for services may be assessed and/or determined.

Service providers should also use formative assessment tools that involve brief ratings of a target behavior or group of behaviors, following a specified observation period (e.g., class activity, a school day, a school week). These rating scales often use a type of Likert rating and have many advantages, which make them useful as tools to evaluate the effects of the psychological counseling services being provided. They are flexible and can be used for the assessment of a wide variety of behaviors that reflect the purpose of providing psychological counseling. They can be easily individualized for a wide variety of purposes, contexts, and behaviors. They are efficient and easy to complete. These rating measures can be completed by those individuals who are most likely to observe the positive effects of psychological counseling (e.g., teacher, parents) and the ratings can be collected in brief periods of time (i.e., few seconds or minutes), resulting in minimal disruption to the student's educational program. They are easily repeatable, which facilitates ongoing data collection within and across occasions and settings. The data from these ratings can then be graphically portrayed, thus providing a clear record of student gains in response to counseling, which can guide teams in decision-making about when to increase or decrease counseling intensity. Graphing programs can be easily used to assist in summarizing and interpreting the data obtained from these ratings. These assessment methodologies enhance communication by facilitating the sharing of information among the key stakeholders in a child's life (e.g., teacher-child, home-school, teacher-teacher). They provide immediate and consistent feedback about student behavior, foster shared responsibility for the student's welfare, establish shared aims for treatment across settings and individuals, and increase the student's opportunities for positive feedback and positive attention.

The purpose of psychological counseling is to help students develop the skills that will allow them to benefit more effectively from their program of SDI and to develop these skills to the point where they can function independently and no longer require



these services. Ongoing analysis of counseling effectiveness is a critical component of this effort. It provides information on the impact the psychological counseling is having on the student's mental wellness and identifies which aspects of counseling are most effective for the student and which are least effective. This process can be used to make important decisions regarding the need for intensification or fading of the counseling effort. It makes progress visible to the students and their parents, which may enhance student motivation. Critical to this effort is the process of identifying the purpose of counseling in specific and measurable terminology. Identifying clear mastery criteria for this purpose will serve to move the student toward greater independence. Ongoing analysis of the effectiveness of counseling may include both summative assessment measures, such as standardized rating scales given at the beginning and at the end of counseling, and formative assessments consisting of brief targeted behavior ratings administered frequently. Graphically displayed, formative assessments should be used to make ongoing decisions regarding the nature and intensity of the counseling services and inform providers and team members about the impact of these related services.

Fidelity of Service Delivery

When psychological counseling is implemented for students who require it, the IEP team should consider ways of ensuring there is fidelity in its delivery. In this context, fidelity of implementation is described as the accurate and consistent delivery of a service as agreed upon by the IEP team.

Regardless of the credentials of the professional selected by the IEP team to deliver this service, it can be beneficial to see that certain checks and balances are in place. These measures can periodically reaffirm that a student's psychological counseling is implemented at the frequency and duration intended by the IEP team. They also reaffirm that the student is accessing and is engaged in the service on a consistent basis, and that the IEP team receives reliable information to evaluate the effectiveness of the service. Without incorporating a method for validating these three components, it can be difficult for an IEP team to determine whether a student's demonstrated progress, or lack thereof, is attributed to the service

implemented, or whether certain changes to the service plan may be warranted.

Psychological counseling, like other related services, is a type of educational intervention; it is a strategy designed in response to a problem, to enhance a student's ability to access the general education curriculum and to benefit from daily instruction. As with all interventions, outcome data can be most useful for IEP teams when there are ways to verify that the intervention is being delivered according to design. Some tools that can allow for this verification may include, but are not limited to, session logs, program fidelity checklists, progress notes, observational data, and team input. The overall intention of using tools such as these is to increase the likelihood that all members of the IEP team can be confident that the service was implemented for the agreed upon amount of time, as delineated in the IEP.

Local educational agencies (LEAs) may want to consider and prepare for certain scenarios that may impact the consistent progression of a student's psychological counseling delivery. For instance, it may be useful to plan for an alternative arrangement should either the student or the service provider miss a scheduled session. Similarly, it could also help to set up parameters for the IEP team to hold a meeting in the event the student demonstrates minimal engagement in psychological counseling within a specified number of sessions. Having a comprehensive plan in place to allow for maximum continuity of service will greatly support fidelity of implementation.

When the IEP team meets to review the outcome data from the student receiving psychological counseling, the tools a school has used to assure fidelity of service will be very valuable. A variety of data sources is beneficial for a team as they review the student's progress, determine the overall effectiveness of psychological counseling, and most importantly, make a decision about the student's educational program moving forward.



Monitoring Continued Need for Services

The continued need for psychological counseling as a related service is contingent upon the demonstration that the identified need of the student has been resolved or the manifestation of the expected skill has not occurred. Within a multi-tiered system of supports (MTSS), data-based decision-making is a critical component. The IEP team should use a problem-solving, data-informed decision-making process to assess the effectiveness of the intervention or strategy across the tiers and when determining continued need of the service. The student's response to psychological counseling and the subsequent approaches and/or strategies

guide how long the related service should continue. When monitoring performance, the skill being addressed must be acquired by the student, maintained over time, and generalized across settings and situations. The monitoring of performance also will inform the need to increase the level of support or to fade the level of support dependent on student need. School psychologists, school counselors, and social workers will identify the areas in need of improvement, evaluate the effectiveness or ineffectiveness of the intervention, and determine ultimate need for continued service.



Partnering With Community Providers

Commitment to including counseling services outside the school setting is an integral component of the continuum of psychological services. Identification of and collaboration and communication with outside agencies is an inherent requirement of the IEP team and ensures that students are receiving the services of practitioners working within the scope of their training and practice.

Such interagency involvement and collaboration involves a working relationship among schools, intermediate units, parent, students, agencies, and others to achieve a seamless system of care for students. Establishing communication with outside agencies requires learning about the services these agencies provide, their process and follow-up strategies. Identification of services and process affords the IEP team opportunities to suggest and describe outside agency involvement. This level of clarity will lead to a more efficient and effective partnership, which ultimately best serves students and families. Such outside agencies could include, but not be limited to, Department of Human Services caseworkers, social service and social welfare agencies' mental health providers, vocational rehabilitation counselors, and medical professionals.

An interagency liaison should be identified to coordinate the interaction and enhance the public's awareness of the services and programs available to students who receive special education services. The interagency liaison would also provide information for the families and schools and facilitate referrals for services. A liaison can expedite needed services.

When establishing communication with outside agencies, representatives should come together to:

- Establish a structure/process for working together
- Establish the parameters of the relationship



- Establish a process of agreed-upon group sharing and problem solving
- Consider procedures for input from parents in determining and agreeing to goals
- Establish meaningful and effective communication "before the fact" among personnel in all agencies and facilities involved with a given child

Such interagency collaboration involves a working relationship among schools, intermediate units, parents, students, agencies, and others to achieve a seamless system of care for students.

Commonwealth of Pennsylvania

Josh Shapiro, Governor

