

Considering Trauma in Special Education Evaluations and IEP Development

This guidance addresses the consideration of trauma overall in the special education evaluation and IEP development process using tools and best practices defined below.

The [Special Education Standard Operating Procedures Manual \(SOPM\)](#) sets forth the DOE's special education policies and procedures. This guidance supplements the SOPM and is intended to guide IEP teams to be cognizant of how trauma may impact a student and how the evaluation, IEP process, and discussions with parents around delivery of services should be approached when a student may be impacted by traumatic or adverse experiences. While trauma is not a disability in and of itself, instances of physical or emotional trauma may be factors giving rise to a student's disability or may affect a student's needs with regard to an existing disability. The "best practices" contained in this guidance provide some strategies that IEP teams and providers can use and should consider to ensure that the student's disability-related needs are being met, along with ensuring that they are supported through their period of adversity and associated impacts.

According to the Centers for Disease Control and Prevention, some Adverse Childhood Experiences (ACEs) may cause students to experience short-term or long-term trauma. Such ACEs may include, but are not limited to: physical or sexual abuse; witnessing domestic violence; the suicide of a family member; sexual and/or gender-based harassment (including violence), bullying, discrimination, and/or intimidation; long-term illness; or housing instability. The impact of adverse experiences on a student is influenced by a variety of factors, including the number and intensity of such experiences, as well as the student's developmental level, life experiences, level of exposure, parents' reactions, and prior functioning levels.

It is important to note that, according to the American Psychological Association (APA), most students who experience ACEs that result in trauma-related symptoms ("traumatic events") exhibit resilience and, after a period of time (several weeks/months), resume typical development, returning to their baseline functioning, particularly if the traumatic event is not ongoing. Short-term reactions to trauma may be adaptive to cope with the traumatic event and are not considered maladaptive. There is, however, a substantial minority of students who exhibit trauma-related symptoms beyond this period of time that require attention and intervention.

When working with a student who is exhibiting ongoing symptoms of trauma (e.g., intrusive flashbacks and traumatic re-experiencing, hypervigilance, impacted concentration and memory, and emotional dysregulation), schools/CSEs must refer to the Reevaluation Referral Guidelines as well as this guidance, to assess and respond to changes in academic performance and learning functions, regression, behavior in and out of the class, demeanor, interactions with peers, absences/tardiness from school, or physical changes.

For information on supporting students experiencing trauma, generally, including outside the context of the special education evaluation and IEP development process, refer to the [Resources to support all students who have experienced trauma](#) section below.

Trauma-Informed Framework

All evaluations and IEP meetings must be approached in a trauma-informed, resilience-focused, and sensitive manner. If known in advance that the student has been struggling with the results of trauma, the school/CSE should consider whether staff members supporting the student's mental health needs (e.g., at-risk or IEP counseling provider) and/or staff members with whom the student or family is particularly close should participate in the meeting. This should be considered particularly when the student will participate in the IEP meeting (at a minimum, when the student is age 14 or older or transition planning will be discussed at the IEP meeting).

The school/CSE should consider the student as a whole including:

- How the student's functioning and behaviors, including learning functions and social-emotional functioning, have been suspected to be impacted by any traumatic or adverse experiences
- How to build resilience, trust, the feeling of safety in the school environment, self-regulation, and positive relationships with peers and staff, when needed by the student
- Focusing on their strengths

A trauma-informed approach promotes the following principles:

- Safety
- Trustworthiness
- Transparency
- Peer support
- Collaboration
- Empowerment
- Voice and choice
- Considerations around cultural and historical issues, race, gender, sexual orientation, and religious dynamics (following a culturally responsive-sustaining education framework)

Providers can give the student a sense of control, by explaining the assessment procedures while adhering to appropriate administration practices for standardized assessments, providing (when possible and appropriate) the opportunity for input (e.g., deciding which assessment measure to do first), and checking on the student's understanding of the process (during testing of limits in standardized assessments). In addition, the provider should consider how they are interacting with the student (e.g., promoting safety, trustworthiness, transparency, and collaboration) and interpreting the information, all in a culturally responsive manner.

DOE IEP team members must maintain confidentiality of all information shared, including traumatic events that a student has experienced, sharing and documenting only the information necessary to allow the IEP team and providers to serve the student in an appropriate manner. To the extent that the student's experiences include information that must be reported in accordance with DOE policies and procedures, including Chancellor's Regulations, IEP teams must follow the mandatory reporting procedures and maintain confidentiality as set forth in those procedures. Any modifications to the IEP in response to a traumatic event must not divulge unnecessary details about the reported traumatic event. IEP teams should advise the parent and student of DOE policies and procedures that require reporting, prior to discussing the student's "trauma story."

Reevaluation

During a reevaluation, the IEP team must determine whether new assessments are needed to determine continued eligibility, special education needs, and whether any additions or modifications to the student's program or services are needed to enable the student to meet the goals on their IEP and to participate as appropriate in general education. Any meetings, communications, evaluations, and/or assessments should be performed using a trauma-informed approach.

Please note that the assessments listed below are only examples of assessments that may be appropriate; for any individual student, the IEP team must consider which assessments will in fact be warranted.

Social History Update

Among other assessments, a social history update may be utilized to explore, with the parent, any suspected areas of adversity or long-term distress that has been manifested from trauma exposure. During this update, as appropriate, the social worker, during the interview with the parent, may explore the ways that the student may be impacted by traumatic events (e.g., experience of hopelessness, vulnerability, loss of control, fear).

Psychoeducational Assessment

A trauma-informed assessment approach does not require using different assessment tools or measures. The school psychologist may consider including behavioral and socio-emotional assessments to assess the impact of adverse events on behavior and emotion across multiple domains and using multiple sources (e.g., the student, caregivers, teachers).

Childhood traumatic experiences can have a lasting impact during brain development and can inhibit the student's learning functions and academic performance. In a trauma-informed assessment practice, in addition to assessing antecedents, behavior, and consequences, the school psychologist can also assess the "DEFs": distress, emotional support, and family. During assessment, the clinician should consider the family history and functioning, any potential/known triggers to the student, and how to build trust with the student, among other things.

In interpreting the student's performance on assessments, the school psychologist should consider how the student approaches the assessments and interacts with the evaluator. The impacts of traumatic experiences may manifest during assessments as changes in performance, behavior, or functioning (e.g., avoidance, hypervigilance, inattention, dissociation, emotional dysregulation, mistrust of the evaluator, and performance insecurity). When writing the assessment report, the clinician should remember that the audience of this report is both the IEP team and the family. To build trust with the family, the report should focus on the student and the goal of empowering the family to understand what the assessment results mean. In addition to identifying areas of weakness, it should include a discussion of the student's strengths and resiliency factors (e.g., relationships, self-regulation, academic success, and physical health and safety). The report should also describe trauma reminders, strategies to mitigate the occurrence of trauma reminders, and skills to be mastered that promote resilience, such as emotion regulation and distress tolerance. The report must be free of any language that includes judgment and/or writer bias.

Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP)

An FBA may be warranted when a student's behaviors impede their learning or that of others. Whenever an FBA is being considered, the IEP team must complete the "Considerations of a Student's Need for Positive Behavior Supports, FBA or a BIP" form and fax into SESIS as a **Document Related to IEP** to ensure that the team considered ALL factors in determining the need for an FBA, including whether school-wide and/or classroom supports were consistently implemented and failed to adequately address the student's behavior.

Some students present with challenging behaviors that disrupt education, such as impulsivity, aggression, depression, dissociation, and inattention. An FBA can explore challenging behaviors and the function these behaviors serve, to help identify a plan of intervention to decrease these behaviors. An FBA should, among other things, identify the antecedent(s) to the behavior in order to support a plan that will effectively reduce problem behaviors by helping the student self-regulate. A trauma-informed FBA should, therefore, seek to identify the function of a behavior (e.g., a student's behavior may serve the function of restoring the student's feeling of safety) and consider and teach skills that will support and empower the student. While this will not change the function of the behavior, this will provide critical insight that should be considered as a part of the behavioral intervention plan (BIP), if applicable.

Refer to the [SOPM](#) for more information on FBAs.

Other assessments

DOE members of the IEP team should use trauma-informed practices when considering and conducting these assessments. Depending on the individual student, other appropriate assessments **may** include:

- Speech and Language Assessment: Many students experiencing trauma have receptive and expressive language delays and have challenges with age-appropriate perspective taking and social cueing.
- Occupational Therapy Assessment: This assessment can help identify any developmental delays, as well as identifying what modifications may be needed in the student's learning environment to support the student's ability to self-regulate and to ensure the learning environment is safe, supportive, and predictable.
- Psychoeducational Assessment: This assessment can help explore the student's academic skill development, intellectual functioning, strengths and challenges in cognitive/learning processes and social, emotional, behavioral, and adaptive functioning. (See above for more detail.)
 - A neuropsychological assessment may also be considered, if, as determined to be necessary by the IEP team, additional information is needed beyond that collected in the psychoeducational assessment.

IEP Meeting

Strategies during the IEP meeting

While an IEP team is charged with determining a student's eligibility for special education and creating an IEP that offers the student a free appropriate public education (FAPE) in light of the student's disability, the IEP team must consider the student as a whole.

To ensure a culturally responsive and trauma-sensitive approach for both the student and the parent (who may also have experienced adversity and/or trauma), the IEP team should allow the student (or parent, if the student is not present) to express, to the extent the student or parent feels comfortable, how the traumatic experiences may have impacted the student and what support the student feels they need to navigate those

trauma impacts in the school environment. The DOE members of the IEP team should be willing to discuss the impact trauma may have had on the student at the IEP meeting. The DOE members of the IEP team should promote a conversation about the whole student; this includes the impacts of trauma on the student and skills that the student can use to feel empowered when faced with anxiety. Parents are required to be full members of the IEP team, and their input must be taken into consideration throughout the discussion of the IEP.

The team should not challenge or minimize the student's description of the experiences or how it has impacted them and should not ask the student or parent to disclose information they do not feel comfortable disclosing. The team must take into consideration the student and/or parent's suggestions for how they would like to be supported.

If a student is found ineligible, the IEP team and/or school should consider other ways to support the student, as discussed in [After the IEP meeting](#).

Considerations on the IEP

Present Levels of Performance

The IEP team must consider the parent's and student's educational concerns that may be impacted by trauma and the skills that the student should use to promote emotion regulation and distress tolerance. These should be documented on the IEP in the ***Present Levels of Performance*** section to the extent that they impact the student's experience in school. The IEP team should document in this section of the IEP (in general terms sufficient to convey information on a need-to-know basis to IEP team members and providers, as appropriate) that a parent, student, or DOE staff member raised a traumatic event during the meeting.

Management Needs

The IEP team should carefully consider the student's management needs. Management needs include the nature and degree to which environmental modifications, human resources, or material resources are required to enable the student to benefit from instruction. The IEP team should work to understand the student's trauma-related triggers and how to promote a feeling of empowerment in the student so that the student will engage in the learning environment. The IEP team should provide the student with skills that support emotion regulation and distress tolerance so that the student may fully participate in the learning environment. Expectations in the classroom should be clearly shared, and the teacher should provide cues to use learned skills if the student is exhibiting an anxious response. The IEP team should identify antecedents that tend to cause an anxious response in the student and provide skills to the student that will improve the student's ability to navigate these situations from an empowered perspective. The IEP team should also identify aspects of the learning environment that contribute to dysregulation and recommend alterations/modifications. Some examples of management needs responsive to the student's experience with trauma may include:

- If the student has reduced concentration, consider what environmental or other classroom modifications may help improve concentration and reduce sensory overload, such as:
 - Classroom seating that is responsive to the student's trauma reminders and needs (e.g., seating student in the back or side of the class)

- Considering attentional prompts and/or regular check-ins for regulation from the teacher or other classroom staff that are sensitive to the student’s needs and reactions (e.g., discrete tap on the desk if verbal redirection or tap on the shoulder may be a trigger)
- Modifying or shortening assignments
- Providing regular breaks
- If the student has reduced memory, consider:
 - Organizational tools
 - Offering homework or other reminders
- If the student experiences dysregulation or challenging behaviors after exposure to trauma-related triggers, consider strategies for supporting the student’s use of skills that build feelings of empowerment such as:
 - Grounding or mindfulness exercises
 - Distress tolerance and/or emotion regulation strategies (e.g., have students label emotions and remind students that these feelings are natural; remind students that they do not need to avoid/run away from negative feelings; provide students with opportunities to practice these skills and develop mastery)
 - Any other modifications to support the student’s full participation in the classroom setting

Reminder: These are only examples that may be implemented, but these may not be appropriate for every student. It is important to discuss with the family and IEP team members what strategies have proven successful or unsuccessful with this individual student.

It is also important to examine the management needs that had been previously recommended to ensure that they are still appropriate in light of the effect on the student. If these environmental or other modifications to the classroom setting are not having a positive effect, the IEP team must explore alternatives.

Measurable Annual Goals

Students who have experienced trauma may benefit from goals aligned to their disability that relate to improving self-regulation and distress tolerance skills, strengthening self-advocacy, developing better coping skills, cultivating a positive self-image, improving social-emotional skills, and developing relationships with peers and staff. The IEP team should consider goals that address an underlying cause, not necessarily the observable behavior. For example, students who have experienced trauma often express feelings of being overwhelmed or having a lack of self-regulation. If a student frequently interrupts the teacher, the IEP team might create a goal to limit the number of interruptions. However, that would be targeting the behavioral consequences of trauma, rather than the root cause. To target the underlying issues, the IEP should focus on building self-regulatory skills and/or identifying alternative positive behaviors that help the student address the need(s) they are experiencing when they interrupt the teacher.

When it is appropriate to invite the student to the IEP meeting, the IEP team must work collaboratively with the student to develop these shared goals.

Recommended Special Education Programs and Services

Programs and services should be targeted to address the issues and effects relating to a student’s disability. A student’s response to trauma will not necessarily require services to be recommended on an IEP, except where that response impacts learning in a way that cannot be addressed through other interventions.

If counseling may be appropriate to address the impacts of trauma, the school should discuss the availability of at-risk counseling with the family. This conversation can take place at an IEP meeting, even if *at-risk* counseling is not a recommendation that is made on the IEP. If the student's experience with trauma appears to be resulting in mental or emotional health issues that negatively impact the student's ability to make educational progress, counseling may instead be recommended on the IEP as a related service, as appropriate.

- Counseling providers, whether at-risk or through an IEP recommendation, should consider evidenced-based trauma-informed interventions. See the resources section below regarding strategies for such interventions. **Note:** The specific interventions to be used during counseling should not be specified on the IEP, but teams may recommend the general use of trauma-informed approaches.
- Depending on the student's needs, the counseling providers should also work on building a student's social skills and peer supports, and in teaching skills relating to conflict resolution, turn-taking, accepting criticism, etc.

The student's IEP may recommend trauma-related management needs, supports, and interventions with which staff require training. To support staff's ability to work effectively with the student, the IEP team may recommend Supports for School Personnel on Behalf of the Student as a related service (covered in the SOPM), as appropriate. Supports may include, but are not limited to, information about the student's disability and implications for instruction, training in the use of particular interventions, or consultation with a school psychologist or school social worker.

If the parent is seeking additional academic support, the IEP team can discuss the request with the family at the IEP meeting and consider what tiered interventions (e.g., targeted academic intervention services (AIS), training for staff on behalf of the student, partnership with a community-based organization) might be appropriate. Where it is not appropriate to recommend special education programs or services, the school will determine what supports and services might be warranted and how to make these supports available.

Behavioral Intervention Plan (BIP)

Consistent positive behavioral interventions should be used for all students. A BIP may be needed – based on the results of an FBA – for a student with an IEP who is experiencing trauma and whose behaviors are negatively impacting their learning or that of others. As noted above, certain behaviors such as attention-seeking and avoidance, may result from trauma. For background information on BIPs, review the [SOPM](#).

A trauma-informed BIP should lay out a proactive plan that will effectively reduce problem behaviors by helping the student address the underlying cause of the behavior, e.g., to help them self-regulate, ground themselves after traumatic re-experiencing or flashbacks, and/or exercise prosocial strategies to re-establish safety, agency, and control. Keep in mind when developing a BIP for a student who has experienced trauma that positive reinforcements will help promote a safe learning environment.

Common BIP strategies that are helpful and effective for some students may be inadvertently triggering for students experiencing the results of trauma. The BIP must be individualized to help students achieve mastery over their behaviors and develop tolerance with their full range of emotions, including those that may arise from traumatic experiences, and to avoid interventions that may trigger trauma reactions.

After the IEP Meeting/Reevaluation

As appropriate, the school can schedule a separate meeting with the family at a later date to explore trauma prevention and intervention strategies if the conversation would be best held with a different group of individuals (e.g., including any at-risk counseling providers, other staff not taking part in the IEP meeting) or after an exploration of available school and community resources, as well as tiered interventions for both academic and behavioral support.

To increase consistency and predictability, it is important to ensure that all of the student's teachers/providers are informed as to any strategies that will be used or of any changes to a student's educational needs.

Resources for supporting students with IEP with trauma-informed practices

- National Association of School Psychologists resources:
 - *Supporting Students Experiencing Childhood Trauma: Tips of Parents and Educators*, available at <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/trauma/supporting-students-experiencing-childhood-trauma-tips-for-parents-and-educators>.
 - *Trauma: Brief Facts and Tips*, available at <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/trauma>.
- American Psychological Association, *Creating trauma-informed individualized education programs*, available at <https://www.apa.org/pi/families/resources/newsletter/2018/11/trauma-teaching>.
- Federation for Children with Special Needs and the Recruitment, Training and Support Center for Special Education Surrogate Parents, *Trauma Sensitivity During the IEP Process*, available at <http://fcsn.org/rtsc/wp-content/uploads/sites/2/2013/11/Trauma-Sensitivity-During-the-IEP-Process.pdf>
- National Center on Safe Supportive Learning Environments, *Trauma Sensitive and Planning Checklist*, available at https://safesupportivelearning.ed.gov/sites/default/files/Building_TSS_Handout_6assessment_and_planning.pdf

Resources to support all students who have experienced trauma

- DOE resources
 - Social-emotional learning (including around supporting students experiencing trauma), available at <https://infohub.nyced.org/in-our-schools/programs/race-and-equity/social-emotional-learning>.
 - Social-Emotional & Mental Health Contacts for Support: BCO Student Services Team Resources, available at https://infohub.nyced.org/docs/default-source/doe-employees-only/school-experience-survey_resources-and-supports.pdf (for DOE staff only).
 - Crisis Support, available at <https://infohub.nyced.org/nyc-doe-topics/students-and-families/crisis-support> (for DOE staff only) and <https://www.schools.nyc.gov/school-life/special-situations/crisis-or-traumatic-event> (public facing).
- The National Child Traumatic Stress Network, *Addressing Race and Trauma in the Classroom: A Resource for Educators*, available at https://www.nctsn.org/sites/default/files/resources/addressing_race_and_trauma_in_the_classroom_educators.pdf.

- National Association of School Psychologists, *Managing Strong Emotional Reactions to Traumatic Events: Tips for Families and Teachers*, available at <https://drive.google.com/file/d/1OrPOTkalidOLZDM1t8itylBjbXBZyJyf/view>.
- New York State Education Department guidance, *Resources for Mental Health and Talking to People About COVID-19*, available at <http://www.nysed.gov/common/nysed/files/programs/coronavirus/talking-about-covid-19-memo-3-26-2020.pdf>.
- National Center for School Crisis and New York Life Foundation guidance, *Resources from the Coalition to Support Grieving Students*, available at <https://grievingstudents.org/>.
- Trauma and Learning Policy Institute, *Helping Traumatized Children Learn*, available at <https://traumasensitiveschools.org/tlpi-publications/> and *The Solution: Trauma Sensitive Schools*, available at <https://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/> (the entire website is filled with helpful and pertinent resources)
- Education Law Center, *Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools*, available at <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>
- American Psychological Association, *Children and Trauma Update for Mental Health Professionals*, available at <https://www.apa.org/pi/families/resources/children-trauma-update>.
- Centers for Disease Control and Prevention, *Violence Prevention*, available at <https://www.cdc.gov/violenceprevention/aces/index.html> and <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.