



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Mobility Opportunities Via Education (MOVE)

NUMBER: BUL-2087.1

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PURPOSE: The purpose of this Bulletin is to provide updated guidelines for determining the appropriateness and implementation of the Mobility Opportunities Via Education (MOVE) program.

MAJOR CHANGES:

- This Bulletin replaces BUL-2087.0.
- Updates were made to the guidelines for determining the appropriateness of MOVE instructional strategies.

BACKGROUND: MOVE is a set of instructional strategies for students with moderate to severe physical disabilities. MOVE combines natural body mechanics with an instructional process to help students acquire increasing amounts of motor abilities necessary for sitting, standing, and walking.

If determined appropriate by the Individualized Education Program (IEP) team, MOVE strategies must be documented in a student’s IEP and should be used in conjunction with the required classroom curriculum (Unique Learning System) to support each student’s individual instructional needs.

The Division of Special Education provides annual* MOVE Basic Provider Training to teachers of students with moderate to severe disabilities who have been identified through an IEP team meeting as benefiting from MOVE instructional strategies.

*MOVE training opportunities will be announced via an annual memorandum announcing all alternate curriculum-related trainings.

GUIDELINES: A. Determination of Appropriateness of MOVE Instructional Strategies

MOVE is for students with moderate to severe physical disabilities.

The following procedures must be followed when considering the appropriateness of MOVE instructional strategies for a student:

<p>ROUTING</p> <p>Special Education Schools ESC Superintendents Instructional Directors Special Education Support Center Administrators Special Education School Administrators Special Education Teachers</p>
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GUIDELINES (cont.):

1. Parental consent must be obtained and uploaded to the student's Welligent record, as well as filed in the student's cumulative record (Attachment B).
2. Annual written authorization from the student's physician must be obtained and uploaded to the student's Welligent record, as well as filed in the student's cumulative record (Attachment A).
3. If a teacher or other service provider suspects that a student may benefit from MOVE instructional strategies, a Special Education Assessment Plan to explore the area of motor and health abilities is created and presented to the parent for their review and consent or non-consent.
4. The school nurse, student's teacher, occupational therapist, physical therapist and/or adaptive physical education teacher must complete an assessment in the area of health and motor abilities.
5. A current present level of performance must be completed by a school nurse indicating that a student's physician has approved the use of MOVE instructional strategies. The nurse should note any other health considerations in relation to a student's participation in the MOVE program.
6. The MOVE Basic Provider (special education teacher) completes the MOVE "Assessment Profile." The "Assessment Profile" is provided to teachers who participate in MOVE training. For teachers who are not yet trained, use the contact information below to get information about upcoming training opportunities.
7. A current present level of performance is created, based on assessment data, by the special education teacher, in consultation with the physical therapist, occupational therapist, and/or adaptive physical education teacher in the area of motor abilities.
8. An Individualized Education Program (IEP) team meeting must be convened to determine if a student could benefit from MOVE. When considering the appropriateness of MOVE, a student's gross motor needs should be discussed based on assessment data contained in their present level of performance(s) in the areas of health and motor abilities.
9. If the IEP team determines that MOVE is appropriate, it must be documented as part of the student's offer of Free and Appropriate Public Education (FAPE) in the "Accommodations, Modifications, and Supports" section (FAPE, Part 1).
10. If equipment is needed in order to provide MOVE, the equipment should be identified on the IEP. For students eligible for low incidence (LI) funding, the equipment should be documented on FAPE Part 1 in the Low



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GUIDELINES (cont.):

Incident Equipment section. If equipment is purchased using funds other than low incidence funding, equipment needs should be documented on FAPE Part 1 in the Assistive Technology section. For more information about low incidence funding, please refer to BUL-3666.1, "Policies and Procedures for the Use of Low Incidence Funds." Schools can contact the physical therapist assigned to their school for additional assistance.

11. An inventory of MOVE equipment is maintained at the school site.

12. The MOVE Assessment Profile and related IEP goals are updated annually to reflect student abilities and needs. The Profile form should be uploaded to the student's Welligent record.

B. Training

Annual MOVE Basic Provider Training will be provided by the Division of Special Education to teachers of students with moderate to severe disabilities who could benefit from MOVE instructional strategies. Training dates will be announced every year.

ATTACHMENTS: Attachment A: Physician Authorization for MOVE Participation
Attachment B: Parental Consent for MOVE Participation

RELATED RESOURCES:

- BUL-3666.1: "Policies and Procedures for the Use of Low Incidence (LI) Funds."
- MOVE International, <http://www.move-international.org>

ASSISTANCE:

For assistance or further information please contact Nathan Edson, Specialist, Division of Special Education, at 213-241-6701, or via email at nathan.edson@lausd.net.

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ATTACHMENT A

(SCHOOL LETTERHEAD)

Physician Authorization for MOVE Participation

MOVE (Mobility Opportunities Via Education) is a program designed to teach students basic, functional motor skills needed for relative independence within the school, home, and community environments. Activities are designed to assist students in developing the physical skills necessary to sit independently, bear weight on their feet, and take reciprocal steps. The program uses instructional techniques and specialized equipment designed to assist students, to the maximum extent possible, to achieve head control, sitting balance, progressive standing ability, and progressive ambulation ability, skills needed to move from one place to another, self-feed, self-toilet, and participate in leisure-time activities. MOVE affords students, who would otherwise be in a wheelchair or reclining position, the opportunity to be upright and to participate more actively in the instructional program. A physical therapist is available to consult with the teachers to assure safe implementation of the MOVE program.

Student Information (PLEASE PRINT LEGIBLY)

Date: _____
Name of Student: _____ Date of Birth: ____/____/____

Attending Physician's Statement (PLEASE PRINT LEGIBLY)

Diagnosis: _____
Description of Student's Medical Condition: _____

Additionally, based on history and physical examination, does the student have any of the conditions listed below that would in any way impact the student's participation in MOVE activities? Provide a brief description:

- Dislocated hip _____
- Hip flexion contractures _____
- Knee contractures _____
- Ankle contractures _____
- Scoliosis _____
- Heart/circulatory problems _____
- Other (please describe) _____

Indicate below if there are any known medical contraindications to the above named student participating in the program described above, which could include some or all of the following: being placed in a seated position, being placed in a progressive weight bearing, standing position, and beginning ambulation program?

- Yes, there are contraindications. Please specify: _____
- No contraindications are noted at this time.

Physician's Signature _____, M.D. Date _____

Physician's Name (Print) _____, M.D. Phone: (____) _____

Psychiatrist: Yes No FAX: (____) _____

Address _____ City _____ Zip _____

For further information regarding MOVE, please call _____ at _____

Please return original form to (address of school of attendance): _____

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ATTACHMENT B-1

(School Letterhead)

Parental Consent for MOVE Participation

Name of Student

Date of Birth

Your child has been identified as a candidate for the Mobility Opportunities Via Education (MOVE) Program. MOVE is a program designed to teach students basic, functional motor skills needed for relative independence within the school, home, and community environments. It combines natural body mechanics with an instructional process designed to help students acquire increasing amounts of motor abilities necessary for sitting, standing, and walking. The participation criteria are:

- Your signed consent for your son or daughter to engage in sitting, standing, and/or walking instruction;
- Annual written authorization from your child's physician granting MOVE participation.

Positioning supports are used in MOVE instruction and are solely for the safety of the student and not for the purpose of behavior management. These aids are part of the program and will be used for positioning purposes only. The use of these aids is for a limited time daily and with an adult supervising the child.

Please indicate your interest in your child's participation in the MOVE Program.

_____ **I would like my child to participate in the MOVE Program.**

_____ **I do not want my child to participate in the MOVE Program.**

_____ **I need more information about MOVE before making my decision.**

Please complete and return form to: _____.

Parent Signature

Date

Parent Name (Printed)

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ATTACHMENT B-2

(School Letterhead)
Permiso de padres para la participación en el Programa MOVE

Nombre del estudiante

Fecha de nacimiento

Su hijo/a ha sido identificado como candidato para participar en el programa Oportunidades Motrices vía Educación (MOVE). MOVE es diseñado para la enseñanza de destrezas motrices básicas necesaria para un nivel de independencia relativa adentro de la escuela, el hogar y la comunidad. Combina los movimientos naturales del cuerpo con una instrucción que ayuda a los estudiantes aumentar sus habilidades necesarias para sentarse, pararse y caminar. Para participar necesitamos:

- Su firma por escrito que su hijo/a puede participar en la enseñanza de sentarse, pararse, y o caminar;
- Permiso anual por escrito del medico de su hijo/a dando permiso que participe en el programa MOVE.

En la enseñanza del programa MOVE se usan varios soportes que son usados solamente con el propósito de la seguridad de los estudiantes no para manejar el comportamiento. Estos soportes son parte del programa y serán usados solamente para obtener la posición del estudiante. Se van a usar por un tiempo limitado durante el día y bajo la supervisión de un adulto.

Por favor indique su interés en la participación de su hijo/a en el programa MOVE.

_____ **Deseo que participe mi hijo/a en el programa MOVE.**

_____ **No deseo que participe mi hijo/a en el programa MOVE.**

_____ **Necesito mas información sobre MOVE antes de hacer mi decisión.**

Complete y entregue el formulario a: _____

Firma de padre

Fecha

Nombre de padre