WHAT FAMILIES NEED TO KNOW WHEN NAVIGATING BOTH WORLDS

School-based vs medical model services

Many families pursue outside evaluations or private therapy over the summer and then return to school in the fall wondering why the recommendations look different. This is a common point of confusion in special education. Both systems employ qualified professionals who genuinely care about your child. The difference is that they operate under different laws, different goals, and different funding structures.

Understanding how and why they differ can help you advocate more effectively.

	School-based	Medical / private
Purpose	Provide access to education by addressing barriers to learning	Diagnose and treat a condition or disorder
Legal framework	Individuals with Disabilities Education Act (IDEA), a federal education law	Medical necessity standards, insurance guidelines, or private pay agreements
Eligibility	The disability must have an educational impact: a diagnosis alone is not enough	A diagnosis or documented clinical need is typically required
Who determines services	The IEP team, which includes parents or legal guardians, educators, and specialists	The treating provider, sometimes with insurance approval
Frequency and intensity	What is needed for educational benefit, not the maximum possible	What is clinically recommended for the individual's needs
Cost to families	Free: the district is required to provide a Free Appropriate Public Education (FAPE)	Billed to insurance, Medicaid, or paid out-of-pocket
Goals	Academic and functional goals tied to the general education curriculum	Clinical goals targeting the disorder or developmental area
Service schedule	During the school year (ESY may be available for some students)	Year-round, with scheduling flexibility depending on the provider

Why recommendations don't always match

> **A diagnosis is not a key.** Your doctor asks whether your child has a condition. The school asks whether it affects their access to education, and how.

When a private provider recommends two sessions per week and the school offers one, it does not mean one team is wrong: it means they are answering different questions.

Under IDEA, schools are required to provide a Free Appropriate Public Education (FAPE). Courts have consistently interpreted "appropriate" to mean meaningful educational benefit, not the ideal or maximum possible outcome. A medical or private provider is not bound by that standard. They can and should recommend what is clinically optimal for your child.

> The gap between those two recommendations reflects a difference in legal frameworks, not a difference in commitment to your child.

What you can do with outside recommendations

- [ ] Share the evaluation or report with your school and request that it be considered at your child's next IEP meeting or eligibility review
- [ ] Outside evaluations do not bind the school, but the IEP team is required to consider them as part of the decision-making process
- [ ] If you disagree with the school's own evaluation, you have the right to request an Independent Educational Evaluation (IEE) at the district's expense
- [ ] Outside goals and recommendations can be meaningful conversation starters: ask the team how they inform what is already being worked on
- [ ] Document everything: bring written reports to meetings and request that they be attached to the IEP or meeting notes

Both systems can work together. Private providers and school teams serve different purposes and can complement each other when families are informed and engaged.

> **Need help with the IEP process or an upcoming meeting?** Book a free 15-minute call: myaccessadvocacy.com | (804) 420-2273

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