**Coordination of Services**

Involves a facilitator, on-going meetings and/or joint management of intervention plans to ensure that all distinct types of services are coordinated.

This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

**Examples**

- A facilitator, within the “Success for All” model, who takes a coordinating role (Shippen, 2006)

- A systems-level approach including on-going meetings amongst different professionals (McIntosh, 2011)

- Joint management by the core members of the educational team to create intervention plans for preschoolers with significant disabilities (Hunt, 2004)

**Evidence & Outcome**

In combination with other principles, coordination of services will lead to:

- Improved students’ social engagement, peer-interaction and overall communication (Hunt, 2004)

- Decreased levels of students’ referrals to office discipline and increase academic achievement (McIntosh, 2011)

- Reduced disruptive behaviors within an “Intensive Mental Health Program” in primary school children with severe emotional disturbances (Puddy et al., 2012)

**Application Ideas**

- Having external coaches or agents of change to facilitate leadership roles, provide ongoing communication, facilitate peer consultation and implement leadership teams

- Assigning a facilitator to oversee the service provision of different professionals to ensure cohesiveness

- Having regular team meetings to set joint objectives and to ensure all services are consistent

- Create a flow chart/map of all existing student health resources as a starting point to optimize services