The First 90 Days as a Student Services Director

A Diagnostic Field Guide for Directors Navigating an Inherited Department

THE INCLUSIVE PRACTICE LLC

A Note Before You Begin

You've just accepted one of the most complex leadership roles in public education. Here's what nobody told you about the first 90 days.

The student services director — or special education director, depending on your district — sits at the intersection of compliance, clinical practice, budget pressure, legal exposure, and human complexity. You are accountable for the most regulated programs in the building, responsible for the most vulnerable students, and leading a team of professionals who have usually been through at least one leadership transition before yours. Many of them are already tired.

You probably walked in to find one of a few conditions:

- a department where the previous director was beloved and you're an unwanted replacement,
- a department where the previous director struggled and everyone wants you to fix everything immediately, or
- a department that's been running on autopilot so long that nobody's sure what's actually working. In most cases, you walked into some combination of all three.

This guide gives you a structured approach to the first 90 days. This is not a list of tasks. It is not a training checklist. This is a diagnostic roadmap — a way of understanding what you've actually inherited before you make any moves that are hard to undo.

How This Guide Works

It is divided into three phases, each with a distinct leadership posture and set of diagnostic actions.

1	2	3
Phase 1: Weeks 1–2	**Phase 2: Weeks 3–6**	**Phase 3: Weeks 7–12**
Listening and mapping — you are an anthropologist, not a fixer.	Diagnosing — running structured assessments of the seven operational domains that determine whether a student services department is healthy or fragile.	Your first strategic moves — acting on what you've learned in a way that builds credibility rather than burning it.

Each phase includes specific signals to watch for, questions to ask, mistakes to avoid, and tools to use. The phases are designed to be sequential — try to resist the urge to skip ahead to Phase 3 before you've done the diagnostic work of Phases 1 and 2.

The most common mistake new directors make is moving to strategy before they understand what they've actually inherited. It is extremely difficult to backtrack and turn things around once you've gone too far. Following this guide, step-by-step, phase-by-phase, will set you up on a pathway to sustainable impact for entire district community.

PHASE 1 — WEEKS 1–2

The Anthropologist

Listen before you diagnose. Observe before you conclude.

The single most damaging mistake a new student services director makes in the first two weeks is acting like a director. You don't know enough yet to act like a director...and that is absolutely OK.

You know what you were told in the interview. You know what the files show. You know what the outgoing director left behind — which is rarely the whole story.

What you don't know is the invisible architecture: who actually has influence, who the informal leaders are, which staff members people trust and which ones people manage around, what the real relationship is between your department and building principals, and what happened — really happened — before you arrived. You cannot learn any of that from a document. You learn it by watching and listening with your mouth mostly closed for two weeks.

Your goal in Phase 1 is not to be impressive. It is to be trustworthy. Those are not the same thing.

The Fractured Culture Problem

Most new student services directors walk into a department where the culture has already been damaged — by a difficult previous director, a long vacancy, a compliance crisis, or years of being underfunded and undervalued. The people you lead have learned to be cautious with new leadership; they've seen big promises disappear, and some are protecting themselves while others are protecting the department. This is not something you solve in week one — it's something you need to understand before you do anything else. **So, you listen.**

The Moves That Damage You in Phase 1

- Announcing changes before you understand what you're changing and why it exists
- Forming strong opinions about people based on what others tell you — everyone has an agenda in a transition
- Over-promising to staff who are testing whether you're worth trusting
- Signaling to central office that things are worse (or better) than they are before you have evidence
- Making your first staff meeting a presentation about yourself and your vision

What You're Actually Doing in Weeks 1–2

You are conducting a structured observation. Every conversation you have, every meeting you attend, every document you review is data. You're gathering it to build the map of what you've actually inherited.

The Listening Tour: Who to Meet & What to Listen For

Schedule 20–30 minute individual conversations with every member of your team in the first two weeks. Not group meetings — individual. People say different things when they're alone with you than when they're in a room with their colleagues. Use a consistent structure for each conversation:

> *I want to start by saying that I'm not here to evaluate anyone or make quick judgments. I'm here to listen and learn. I want to understand this department from your perspective — what's working, what's hard, and what you wish someone would pay attention to.*
>
> *I'll be having this conversation with everyone on the team. Everything you share with me individually stays with me. I won't attribute anything you say to you specifically.*
>
> *I have three questions, and I'm excited to hear what you have to say.* ***Ready?***

The Three Phase 1 Questions: Ask These in Every 1:1 Meeting

1

What does this department do really well — the things you're genuinely proud of?

You're listening for: what staff value, what they identify with, what they'll protect

2

What's the thing you wish someone would fix, or pay attention to, that keeps getting overlooked?

You're listening for: what's broken, what's been dismissed, what people are carrying quietly

3

What should I know about this department that I probably won't find in any file or document?

You're listening for: the invisible architecture — relationships, history, politics, trust gaps

Silence is data, too. If someone hesitates, deflects, or gives a very short answer to Question 3, note it. What people *don't* say in these conversations is often as revealing as what they do. Follow up privately if needed.

The Stakeholder Map — Beyond Your Team

Your listening tour is not limited to your direct reports. In the first two weeks, you also need 1:1 time with these people to understand the relational landscape:

Stakeholder	What You're Learning	Red Flags to Note
Superintendent or direct supervisor	What they actually expect from you vs. what they said in the interview. What problems they're already worried about. How much autonomy you really have.	Vague expectations, conflicting priorities, implication that 'things just need to calm down'
Building principals (all if possible; at least 3–4)	How they perceive the department. Whether they see it as a partner or a problem. What their students with IEPs actually experience.	'I just stay out of their way' or 'we've had issues' — both are signals
Team chairs or special ed coordinators	The institutional memory. What happened before you arrived. Who the leaders are.	Any protectiveness of the previous director or immediate coalition-building toward you
Union building rep or union president	Whether the contract language around special education is followed, contested, or ignored. Any recent or pending grievances.	Any mention of 'we've been waiting for someone to address…' is both an opportunity and a warning
Director of finance or business office	Whether the department budget makes sense. Any compliance liabilities pending.	Hesitation about budget transparency is a data point

What You're Looking For — Phase 1 Signals

As you listen, you're building a preliminary map across seven operational domains. You are not scoring or diagnosing yet; that happens in Phase 2. You are noticing what the signals are telling you.

Operational Domain	Phase 1 Signal to Watch For
Leadership Alignment	Do staff describe getting different directions from you versus building principals? Is there confusion about who makes which decisions?
System Stability	Do staff describe processes that are predictable? Or do they describe 'it depends' and 'we figure it out as we go'?
Data Health	Do people talk about data with confidence or with frustration? Is there a shared data platform everyone trusts, or a patchwork?
Staffing Fitness	Do you hear 'we're stretched' or 'we can never keep up'? Is anyone working obviously beyond what's sustainable?
Program Integrity	Can staff describe what your programs are supposed to do and whether they're doing it? Or is there vagueness and inconsistency?
Culture Strength	Is there openness or guardedness in conversations? Do people volunteer concerns or choose words carefully?
Partnership Health	How do staff describe relationships with families? With general education? With central office?

Phase 1 Completion Checklist: Before Moving to Phase 2

☒ Individual conversations completed with direct reports

Including paraprofessional leads and program coordinators — not just licensed staff

☒ Individual meeting held with superintendent

Focus on expectations and current concerns, not on reporting what you've found

☒ Introductory conversations with 3–4 building principals

Ask about their experience with the department, not your plans for it

☒ Meeting with union or president and/or reps

Introduce yourself, not your agenda. Ask what they need you to know.

☒ Meeting with finance/business office

Request department line-item detail — vagueness here is a red flag

☒ Preliminary stakeholder map drafted (private notes)

Who has influence, who has concerns, who is watching you carefully

☒ Phase 1 signal log completed for all 7 Domains

Observations only — not conclusions. This feeds Phase 2 diagnostic focus.

☒ No major announcements or public commitments made

If pressured to announce something, say: 'I want to make sure anything I commit to is something I can actually deliver. Give me a few more weeks.'

PHASE 2 — WEEKS 3–6

The Diagnostician

Map what's real. Separate performance from reality.

Phase 2 is where you shift from listening to structured assessment. You now have enough context to know which domains need the deepest investigation, and you have enough relational capital to ask harder questions than you could in week one.

The critical discipline of Phase 2 is separating what looks good from what is good. Every department presents a version of itself that is more organized, more functional, and more compliant than it actually is. Binders get tidied when a new director arrives. Processes get described that haven't been consistently followed. Data gets cleaned up. Your job is to find out what the department looks like on a normal Tuesday, not on the Tuesday you arrived.

You are not auditing. You are building a picture of what you've actually inherited — so you can stabilize it honestly rather than manage it on false assumptions.

> Your job in Phase 2 is not to fix what's broken. It is to understand what's actually broken — and what only looks broken. Those require very different responses.

The Seven Domain Assessment

For each of the seven operational domains, there is a specific set of evidence you need to gather. This is not a comprehensive audit — it is a directional assessment designed to tell you where the health risks are and where your early attention needs to go.

Domain 1: Leadership Alignment

Domain 2: System Stability

Domain 3: Data Health

Domain 4: Staffing Fitness

Domain 5: Program Integrity

Domain 6: Culture Strength

Domain 7: Partnership Health

Domain 1 — Leadership Alignment

The question: do your staff, the building principals, and central office have consistent expectations about what your department does, who makes which decisions, and what success looks like?

Why it matters for you specifically: a new director who doesn't establish clear decision authority quickly will find that every ambiguous decision gets made by whoever was making it before — which may be a building principal, a senior staff member, or a loud parent advocate. Reclaiming decision clarity after it has been ceded is much harder than establishing it at the beginning.

- **Ask your team:** 'When a principal disagrees with one of your recommendations, what happens?' The answer tells you everything about whether your department has operational authority or just operational responsibility.
- **Ask three principals:** 'When you have a question about a student with an IEP, who do you call?' If the answer isn't you or your team, alignment is broken.
- **Ask your supervisor:** 'When there's a conflict between a building decision and a department decision, how is that resolved?' Vagueness here is a significant risk.

Common Alignment Traps for New Student Services Directors

> Building principals who have been making IEP-related decisions because the previous director was passive — they won't relinquish this willingly

> Central office who conflates 'compliance is happening' with 'the department is functioning well' — they may not know there's a problem

> Staff who have built workarounds because formal processes weren't working — they're not trying to undermine you, they're trying to serve students

Domain 2 — System Stability

The question: are the operational processes your department depends on predictable, documented, and consistently followed — or are they held together by institutional memory and individual heroics?

- **Request:** the IEP meeting schedule for the next 60 days. Is it planned? Is it realistic? Are meeting times built into staff schedules or added on top of them?

- **Request:** the evaluation timeline log for the current year. How many timelines have been met? How many are overdue? What's the pattern?

- **Ask your most experienced staff member:** 'What would happen if you were out for two weeks? Who would know what to do?' The answer tells you whether processes are in people's heads or in the system.

- **Look for:** staff who are described as 'the one who knows how everything works.' This person is a single point of failure and a system stability risk.

Domain 3 — Data Health

The question: can your department make decisions based on your data systems — or is the data incomplete, unreliable, or distrusted?

This domain carries the highest legal risk for a new director. If you sign off on compliance reports, staffing decisions, or budget requests that are built on unreliable data, you inherit the liability for those decisions. You need to know what you're signing before you sign it.

- **Run a basic data integrity check:** pull a random sample of 10–15 student records and verify that the services listed in the IEP match what's documented as delivered. Discrepancies are compliance exposure.
- **Ask your data system administrator or IEP platform contact:** what's the completion rate on progress notes district-wide? Rates below 80% are a compliance risk signal.
- **Ask staff directly:** 'When you need to answer a question about your caseload, do you go to the system or do you go to your own files?' Staff maintaining parallel records is a data health failure.

The New Director's Data Liability Trap

A common scenario: you arrive and are told everything is compliant. You accept this. Three months later, a compliance audit or due process hearing reveals data gaps that predate your arrival — but the decisions made from that data had your name on them.

Protect yourself: document the date and scope of your initial data review, note any discrepancies found, and formally communicate them to your supervisor in writing before taking action. This creates a clear record of what you inherited vs. what happened on your watch.

Domain 4 — Staffing Fitness

The question: are your staffing levels and assignments sustainable — or are you managing a slow-motion burnout crisis that predates your arrival?

You likely won't be able to see this from caseload numbers alone. A caseload of 22 students can be sustainable or catastrophic depending on the complexity of those students, the documentation demands, the number of buildings, and the support structures in place. You need to go deeper.

- **Ask each staff member:** 'Walk me through a typical week — what does your time actually look like?' You're listening for the gap between what's on paper and what's real.
- **Ask:** 'Is there anything on your plate that you don't have enough time to do well?' This is where burnout signals surface.
- Look at sick time patterns over the past year — particularly in February through April, which is IEP season for many districts. Spikes are a workload signal.
- Look at turnover in the past two years. More than 20% in any single role category is a staffing fitness red flag.

> ## The Workload Framework Question to Ask Yourself
>
> Before the end of Phase 2, pull your staffing roster and do a rough workload estimate for your highest-caseload staff members. You don't need to run the full PULSE Workload Calculation Framework yet — but you need a directional sense of whether workloads are sustainable before you make any staffing commitments or promises.
>
> **If you see Utilization Rates above 100%, you have a staffing fitness crisis you inherited. Document it. You need this on record before budget season.**

Domain 5 — Program Integrity

The question: are the programs your department runs delivering what they're supposed to deliver — consistently, documentable, and in alignment with what's written in students' IEPs?

- For each major program model (self-contained, resource room, inclusion, related services): ask the program lead to describe how the program runs on a typical day. Then ask a staff member in that program the same question separately. Significant divergence is a program integrity signal.
- Pull a random sample of IEPs and verify that the service model written matches the service model being delivered. Setting discrepancies are common and represent LRE compliance exposure.
- **Ask:** 'How do you know whether a student is making progress in this program?' Programs that cannot answer this question with specific data are not running with integrity.

"Grandfathered" programs are your highest-risk inheritance. If a program has been running the same way for 3+ years without a formal review, assume it has never been evaluated against current student need. That's not a criticism of your predecessor; it's a structural reality of under-resourced departments. Your job is to document what you find, not to fix it all at once.

Domain 6 — Culture Strength

The question: is this a team that can have honest conversations, hold each other accountable, and raise concerns through legitimate channels — or is it a team that manages conflict through avoidance, workarounds, and informal alliances?

Culture is the hardest domain to assess because people perform for new leadership. The culture you see in week two is not the culture you'll be managing in month six. But there are signals that are hard to fake:

- Watch what happens when something goes wrong in a meeting — a missed deadline, a compliance error, a difficult parent situation. Does the team problem-solve together, or does silence and deflection take over?
- Notice who talks and who doesn't in group settings. Consistent silence from experienced staff in a team meeting usually means they've learned that speaking up doesn't go well.
- Pay attention to the language people use about the previous director. Either extreme — excessive protectiveness or excessive criticism — is a culture signal. Healthy teams can hold complexity.
- **Ask:** 'How do you raise a concern about a process that isn't working?' If the answer involves going around the formal structure, that's a culture health finding.

Domain 7 — Partnership Health

The question: does your department have functional, trust-based relationships with the families you serve, with the general education community, and with external stakeholders — or are those relationships characterized by conflict, avoidance, or transaction?

- Review the due process and complaint log for the past two years. Frequency, patterns by building, and patterns by disability category are all diagnostic information.

- **Ask your staff:** 'When a parent disagrees with a recommendation, what typically happens?' The answer tells you whether partnership is a value or a performance.

- Look at SEPAC (Special Education Parent Advisory Council) engagement. Is it active and collaborative, or is it conflict-driven or dormant? Dormant is often worse than conflict-driven.

- **Ask principals:** 'How do teachers in your building feel about working with our department?' Honest answers here are gold.

Phase 2 Completion Checklist: Before Moving to Phase 3

☒ 7 Domain Assessment completed with documented findings

Written notes, not just mental maps. This becomes your strategic planning foundation

☒ Data integrity spot-check completed on 10–15 student records

Document your findings and communicate any discrepancies to your supervisor in writing

☒ Evaluation timeline review complete; overdue timelines identified

Create action plans for overdue timelines and compliance issues

☒ Preliminary workload assessment completed for highest-caseload staff

Informational only — full workload analysis follows in Phase 3

☒ Program model review completed for programs

IEP setting vs. actual delivery comparison

☒ Due process & complaint logs reviewed for past 2 years

Patterns by building and category

☒ PULSE Organizational Health Snapshot drafted

Not shared publicly yet — internal working document for Phase 3 planning

☒ No public findings or changes announced

You have findings. You don't yet have a plan. Sharing findings without a plan creates anxiety without resolution.

PHASE 3 — WEEKS 7–12

The Strategist

Your first moves. Make them count.

Phase 3 is where you become visible as a leader. Not before. The credibility you've built by listening in Phase 1 and diagnosing carefully in Phase 2 is what makes your first moves land as intentional rather than impulsive. Directors who skip the first two phases and move straight to action in week one spend months recovering from the perception that they didn't understand what they walked into before they started changing it.

Phase 3 is not about fixing everything. It is about making three to five visible, specific improvements that demonstrate you understand the department, you listened to your team, and you can be trusted to lead with both care and competence. Those moves set the tone for everything that follows.

> Your first moves are not your most important moves. They are the moves that determine whether your team believes you're capable of making the important ones.

Choosing Your First Moves

Not all of your Phase 2 findings should drive Phase 3 action. Some problems take months or years to address and require political capital you haven't built yet. Some problems require board action, budget authority, or union negotiation that isn't possible in a 90-day window. Trying to address everything creates the impression of chaos, not competence.

Use this filter to identify your Phase 3 priority actions:

Criterion	Yes — Act in Phase 3	No — Hold for Later
Can I complete this within 60 days with current authority?	Small process fixes, communication improvements, scheduling changes	FTE changes, program eliminations, budget restructuring
Does this reduce a compliance risk I've now documented?	Data entry gaps, overdue timelines, missing documentation	Systemic IEP quality issues requiring full staff training
Will this be visible and meaningful to my team?	Removing a bureaucratic obstacle staff have complained about	Structural changes staff won't notice for months
Is this reversible if I'm wrong?	Try a new meeting structure for 30 days	Eliminate a program model that's been running for years
Does this demonstrate that I listened in Phase 1?	Address something specific that multiple staff raised	Implement something from your own experience that wasn't mentioned

The First Team Meeting That Matters

Somewhere in weeks 7–8, you hold the first meeting where you share what you've learned and what you're going to do about it. This meeting is the inflection point of your first 90 days.

Lead with confidence and compassion here; your teammates are eager to not only see your plan, but, more importantly, want to learn whether you truly heard their feedback in a way that they can trust.

01

Opening: Acknowledge the Work of Listening

"Over the past six weeks, I've had conversations with all of you individually, with principals, with central office, and with families. I want to share what I heard — and I want to be honest about both the strengths and the challenges."

02

What I Heard That I'm Proud Of

Name specific things staff told you they're proud of. Use their language, not yours. This signals that you actually listened.

03

What I Heard That Needs Attention

Name two or three specific systemic issues — not individual performance issues — that multiple people raised. Frame them as organizational problems, not people problems.

04

What I'm Going to Do About It

Announce your Phase 3 priority actions. Be specific about what, when, and how you'll know it's working. Do not over-promise.

The Budget Reality Conversation

If you're entering during a period of budget pressure — and over the next 2–3 years, most directors will be — Phase 3 is when you need to begin building the evidence base for every resource and staffing decision you'll be asked to defend.

This means three things specifically:

Complete the Full Workload Calculation Framework

For your highest-risk staff roles. You need the Utilization Rates & Weighted Caseload Scores documented before anyone asks you to cut a position — because once the conversation starts from 'we need to cut,' it's too late to build the evidence.

Map Every Program to a Cost and an Outcome

'This program costs X and serves Y students at Z complexity level, with the following documented outcomes.' Programs you cannot describe this way are programs you cannot defend.

Identify Your Compliance Cost Exposures

The conditions that, if they continue, will generate compensatory service obligations or due process costs. These are financial liabilities, and framing them as such in budget conversations changes the conversation.

The Sentence That Changes Budget Conversations

"I'm not asking for this FTE because my staff is stressed. I'm asking for it because our current Utilization Rate of 112% means we are legally unable to meet all mandated IEP minutes, which creates a compensatory service liability that will cost more to remedy than the position costs to fund."

That is the difference between an advocacy argument and a financial argument. School boards respond to financial arguments.

Establishing Your Governance Rhythm

By the end of week 12, you should have a recurring operational structure in place — a governance rhythm that you'll maintain for as long as you lead this department — because a department without a governance rhythm drifts. And drift, in student services, becomes compliance risk.

Meeting / Review	Cadence	Purpose	Non-Negotiable
Department leadership team meeting	Bi-weekly	Review active issues, upcoming timelines, escalating concerns	Yes — this is where systemic problems surface before they become crises
Data integrity review	Monthly	Spot-check IEP service delivery logs, timelines, progress note completion	Yes — this is your compliance protection
Workload check-in	Monthly (first 6 months)	Staff workload temperature check; flag anyone approaching critical utilization	Yes until you have a stable baseline
Program review	Quarterly	Each program: outcomes, fidelity, cost, concerns	Yes — programs drift when nobody's watching
Stakeholder / SEPAC meeting	Quarterly minimum	Relationship maintenance with family advocacy community	Yes — SEPAC relationships go cold fast when there's no structure
1:1 with supervisor	Bi-weekly (first 6 months)	Alignment with central office expectations; early flagging of emerging issues	Strongly recommended; you need this channel open

Phase 3 Completion Checklist — Your 90-Day Milestone

☒ PULSE Organizational Health Snapshot completed and shared with supervisor

This is your documented baseline — it is the evidence of what you inherited

☒ Phase 3 priority actions announced to team and in progress

3–5 specific, visible improvements based on Phase 2 findings

☒ Workload Calculation Framework completed for highest-risk roles

Essential if any budget conversations are on the horizon

☒ Compliance risk log documented and submitted to supervisor

All identified compliance risks needs to be in writing before you're accountable for it

☒ Program cost and outcome map completed for all major programs

Directional — not a full program evaluation, but defensible summary level

☒ Governance rhythm established and on the calendar

Meetings are on the calendar, not just planned

☒ Individual check-in completed with all staff (second round)

'Now that I've been here 60 days — is there anything you want me to know?'

☒ Written summary of 90-day findings prepared for supervisor

This document is your professional protection and your strategic planning foundation

After Day 90 — What Comes Next

The first 90 days give you a map. What you do with it determines whether you build something sustainable or spend the next two years reacting.

Most student services directors who burn out don't burn out because the job is too hard. They burn out because they never had a structured way to understand what they'd inherited, never built the operational foundations that would have made the job manageable, and never had a framework for measuring whether things were getting better or worse. They worked harder and harder on the wrong things, or the right things in the wrong order, and eventually ran out of capacity.

What you now have, at the end of 90 days, is a documented organizational health baseline for your department. You know where the health risks are. You know what your team experiences that leadership may not see. You know whether your staffing model is sustainable. You know whether your data can be trusted. You know whether your programs are working.

That knowledge is not just situational awareness. It is the foundation of every strategic decision you'll make for the next several years. Protect it. Update it. Use it to build the case for the resources your students and your team need.

> **The job doesn't have to be as hard as everyone told you it would be. It's hard when you're flying without instruments. This is your instrument panel.**

Introducing the PULSE System

The PULSE System for Student Services Organizational Health

This field guide is an introduction to the PULSE system — a comprehensive organizational health framework built specifically for student services and special education departments.

PULSE provides the full diagnostic architecture referenced in this guide: the seven Vital Signs with structured measurement tools, the Workload Calculation Framework for staffing defensibility, the Staff Reality Pulse for capturing what staff actually experience, and a complete suite of stabilization and sustainment protocols.

If you're a new director who wants ongoing support through your first year — or an experienced director looking to establish a structured health monitoring system for your department — the PULSE system was built for exactly this work.

The Inclusive Practice, LLC

Supporting student services and special education leaders with the frameworks, tools, and strategic guidance needed to build healthy, sustainable departments.

Diagnostic Frameworks

Structured tools for organizational health

Leadership Coaching

Ongoing support for new and experienced directors

Compliance Strategy

Evidence-based approaches to sustainable compliance

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