



OKLAHOMA STATE DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION SERVICES  
EVALUATION & ELIGIBILITY  
HANDBOOK

2022



OKLAHOMA  
Education

# Oklahoma State Department of Education

## Special Education Services

### Evaluation and Eligibility Handbook

### 2022

Conducting individual and comprehensive evaluations under the Individuals with Disabilities Education Act (IDEA 2004) is crucial to accurately identifying and providing appropriate services for students. The information in this Evaluation and Eligibility Handbook should be used to guide districts in the appropriate implementation of the initial evaluation and reevaluation procedures under the federal IDEA, including the Oklahoma Special Education Policies and Procedures.

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## INTRODUCTION

Conducting appropriate comprehensive evaluations is essential, under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), to ensure students with disabilities are identified timely and to accurately determine their educational needs. This handbook is intended to assist multidisciplinary qualified professionals and parents to address student needs related to the referral, evaluation, identification, and provision of special education and related services to students with disabilities. This handbook provides information on the regulatory requirements, as well as best practices for the evaluation and eligibility process that includes providing data regarding the student's strengths and educational needs as the baseline for those children eligible for special education and related services under the IDEA.

This handbook is a guide and is not intended to replace any existing regulation or policy. The information provided in this handbook is additional guidance, not regulations. The Evaluation and Eligibility Handbook should be used in conjunction with existing federal laws and state policies and procedures. However, this handbook has been updated and aligned to the Oklahoma Special Education Policies and Procedures approved by the State Board of Education in July of 2022, so that there is no confusion regarding the required evaluation components per disability category.

The Oklahoma State Department of Education, Office of Special Education Services gratefully acknowledges the time, effort, and resources given by this handbook's contributors and editors, who graciously developed this document to assist Oklahoma educators and parents to provide accurate evaluation processes and documentation under the IDEA.

### Evaluation Activities in Special Education

Special education services are regulated by federal and state regulations, in conjunction with the outcomes of litigation in state, district, and federal courts. Although, at times, burdensome and contradictory, these regulations exist to standardize educational decision-making and ensure equitable access to educational opportunities. It is the responsibility of qualified professionals to ensure that professional practices complement compliance requirements for the betterment of services to children.

For information regarding when it is reasonable to suspect a student may have a disability and to request informed parental consent for an initial evaluation, see Appendix E., When Should We Suspect a Student Has a Disability?

Evaluations for special education services answer three questions:

1. Is the student demonstrating sufficient key eligibility indicators of an education-related disability (meets criteria for identification); AND
2. Is the nature and severity of the disabling condition adversely affecting educational progress (which includes their ability to actively and effectively participate in classroom-based, group instructional activities); AND

3. Does the student need specially designed instructional support as a result of the disability?

The answers to these questions determine if it is necessary and appropriate to provide special education and related services for a student. **To be eligible for special education services, the answer to these three questions must be “Yes.”**

**Sometimes the answer to one or more of the questions is “No.”**

- When all the required information is compiled, reviewed, and analyzed, a multidisciplinary group may find that the student is **not** demonstrating sufficient key eligibility indicators to be identified as a student with a disability.
- It is also possible that the student may be demonstrating sufficient key eligibility indicators of a disability, but the student is **not** experiencing any adverse effects on their educational, behavioral, or functional performance.
- Finally, the multidisciplinary group may determine that a student does **not** need specially designed instruction and that the student’s educational, behavioral, or functional needs may be adequately addressed through general education accommodations and resources.

**When a student is found not eligible for special education and related services**, then it is required that the multidisciplinary group recommend how the student’s needs can be addressed. (These recommendations are documented on the MEEGs form.) Options to be considered include:

- Consideration of referring the student for a Section 504 evaluation.

NOTE: The results from the special education evaluation could be used as existing data for the 504 eligibility. However, the 504 team may determine a need to conduct additional assessments or gather additional information prior to determining 504 eligibility.

- Continue general education intervention services that may include:
  - Targeted academic skill instruction to help the student acquire the skills needed to work in and master grade-level curriculum.
  - Positive behavior supports to help the student acquire more effective classroom behaviors that support active engagement in classroom instruction.
- Implementation of differentiated instructional opportunities available through classroom instruction.

Information obtained through the completion of an eligibility evaluation should help the team determine the **most appropriate** supports and services for a student, those that can be provided through the general education program, and those that can only be provided through the application of special education supports and services. If a student is eligible, then an Individualized Education Program (IEP) will be developed with the parent using the evaluation results to document the student’s strengths and educational needs that ultimately are the base-line data for developing goals and benchmarks/short-term objectives.

The Least Restrictive Environment is a continuum of placement options for students with disabilities. The LRE may look different from student to student and is determined by the IEP team.

Decisions about a student's eligibility and need for special education services are based on valid and reliable data collected by qualified professionals and analyzed by a multidisciplinary group, including the parent. Evaluation activities include reviewing existing data, interviewing those who know the student (including the student), observing the student in a variety of settings, and testing/assessing to collect specific data about the nature and severity of skill deficits that could be contributing to a student's poor progress towards educational goals.

**The evaluation procedures described in the following pages have three purposes:**

1. To improve and maintain the quality of data considered by the student's team;
2. To clarify the specific criteria for disability determination; and
3. To enhance the quality of services recommended to address student's educational needs.

## **Team Members for Participation in Special Education Decisions**

The Oklahoma State Department of Education has developed a process for school districts to consider the need for assessment, for reviewing existing data, for required evaluation components based on the suspected disability, for documenting assessment data, and if the student is eligible, for developing an Individualized Education Programs (IEPs). As stated in the federal law, this process must be done in a multidisciplinary context.

1. ***Multidisciplinary Evaluation and Eligibility Group*** (34 C.F.R. § 300.306). This group is formed once consent is obtained from the parent. This group is formed to carry out the evaluation process, to make the determination of whether the child is a child with a disability as defined in IDEA (34 C.F.R. § 300.8) and determine the educational needs of the child. The members of this group are made up of a team of qualified professionals and the parent. While each evaluation group may differ, there are specific members and skills that must be represented in the decision-making process.
2. ***Individualized Education Program (IEP) Team*** (20 U.S.C. § 1414(a)(4)(A) and (34 C.F.R. § 300.321). This group is formed to make decisions regarding the development, review, and revision of the student's IEP. While each IEP team/group may differ, there are specific members and skills that must be represented in the decision-making process.



The following table outlines the team members needed to participate in special education decisions with regard to the Review of Existing Data (RED), Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS), and the Individualized Education Program (IEP) meetings.

Team Members Needed to Participate in Special Education Decision-Making			
TEAM MEMBER QUALIFICATIONS	RED *	MEEGS	IEP
<p><b>Parents or Adult Student (if Rights Have Transferred).</b> A “parent” includes:</p> <ul style="list-style-type: none"> <li>• Biological or adoptive parent(s).</li> <li>• Judicially decreed guardian (does not include state agency personnel if the student is a ward of the state).</li> <li>• Surrogate parent appointed by the LEA.</li> <li>• Person acting in place of a parent (grandparent, stepparent, or other relative with whom the student lives, persons who are legally responsible for student’s welfare).</li> <li>• Foster parent only when natural parent’s authority to make educational decisions for their child has been suspended/terminated by law) who has no interest (i.e., financial) that would conflict with the interests of the student.</li> <li>• If more than one biological or adoptive parent meets the definition of parent, the biological or adoptive parent may serve as the parent in the IEP process unless a judicial decree identifies a single person to make educational decisions for the student.</li> <li>• Adult student: student with a disability who is 18 years of age or older whose special education rights have transferred under the Individuals with Disabilities Education Act (IDEA). (The parent may attend the IEP meeting at the invitation of the adult student or the LEA. The LEA must notify the adult student prior to the meeting).</li> <li>• Special circumstances must be considered for children in foster care (See the Oklahoma Special Education Policies and Procedures Chapter 9, Section 2 for definition of a parent and Chapter 8, Part 3, Section 2 for more information about foster parent).</li> </ul>	Required Review and Signature	Required Attendance and Signature	Required Attendance and Signature

**Team Members Needed to Participate in Special Education Decision-Making**

TEAM MEMBER QUALIFICATIONS	RED *	MEEGS	IEP
<p><b>Student</b></p> <ul style="list-style-type: none"> <li>• Included as a member of the IEP team beginning with the first IEP that includes a transition plan.</li> <li>• The student must be invited upon turning 14 years of age or during the 8th grade year, whichever comes first. This will ensure that transition services are in effect before the beginning of the student’s ninth-grade year or on or before the student’s 15<sup>th</sup> birthday. If the student does not attend, the team must take steps to ensure that the student’s preferences and interests are considered.</li> <li>• Has knowledge and insight of self-interests and motivations to assist in IEP development.</li> <li>• Provides input regarding postsecondary goals and transition services needed to assist in reaching those goals.</li> </ul>	As Indicated	As Indicated	As Indicated
<p><b>Local Education Agency (LEA) Administrator</b></p> <ul style="list-style-type: none"> <li>• Qualified to provide or supervise the provision of special education services;</li> <li>• Knowledgeable about the general education curriculum; and</li> <li>• Knowledgeable about the availability of the LEA’s resources.</li> </ul>	Required Review and Signature	Required Attendance and Signature	Required Attendance and Signature
<p><b>General Education Teacher of the Student</b></p> <ul style="list-style-type: none"> <li>• Oklahoma Teacher Certificate in a content area.</li> <li>• Must serve as a member of the student’s IEP team, if the student is, or may be, participating in the general education environment.</li> <li>• Responsible for implementing a portion of the IEP if the student is, or may be, participating in the general education environment.</li> <li>• Designees at the preschool level may include a care provider, Head Start teacher, or community preschool</li> </ul>	Required Review and Signature	Required Attendance and Signature	Required Attendance and Signature



**Team Members Needed to Participate in Special Education Decision-Making**

TEAM MEMBER QUALIFICATIONS	RED *	MEEGS	IEP
<p><b>Qualified Professional (as appropriate)</b></p> <ul style="list-style-type: none"> <li>• Interprets the results, the instructional implications, and the recommendations of an evaluation.</li> <li>• At least one person qualified to conduct individual diagnostic evaluations. Qualifications must align with the types of assessment(s) administered.</li> <li>• Related service provider may be excused from MEEGS meetings. If they are unable to attend, arrangements should be made for an explanation of evaluation results to be provided to parents in writing. However, best practices indicate that all qualified professionals who administered evaluations should participate in the MEEGS meetings.</li> </ul>	<p>Required Review and Signature</p>	<p>Required Attendance and Signature</p> <p><b>**May be optional for reevaluation</b></p>	<p>As Needed</p>
<p><b>Representative of Transition Agency(s)</b></p> <ul style="list-style-type: none"> <li>• Invited to be a member of the IEP meeting if transition services will be discussed and likely to be responsible for providing or paying for transition services.</li> <li>• Steps should be taken to obtain participation from the agency in transition planning, even if a representative does not attend.</li> <li>• Requires parent consent prior to the agency representative participating in the meeting.</li> </ul>	<p>As Needed</p>	<p>As Needed</p>	<p>As Needed</p>
<p><b>Part C Coordinator (SoonerStart Representative)</b></p> <ul style="list-style-type: none"> <li>• May participate at the request of the parent.</li> <li>• The student previously was served under Part C and transitioning to Part B.</li> </ul>	<p>As Needed</p>	<p>As Needed</p>	<p>As Needed</p>
<p><b>Other Representatives</b></p> <p>At the discretion of the parent or LEA, other individuals who have knowledge or special expertise regarding the student. The determination of the knowledge and expertise of the individual must be made by the party who invited the individual to be a member of the IEP Team.</p>	<p>As Needed</p>	<p>As Needed</p>	<p>As Needed</p>

\*While team members listed above are required to review the existing data, reviewing existing data does not require a formal meeting (34 C.F.R. § 300.305(b)). It is recommended to meet with the parent to review the RED with the special education teacher, at least one qualified professional (e.g., certified school psychologist, certified school psychometrist, speech-language pathologist, remedial reading specialist, etc.), general education teacher, and an administrator to provide the parents an opportunity to ask questions as they review the data and possibly revise the information if inaccurate. The LEA is still responsible to fully inform the parent of the components that make up a comprehensive evaluation and all relevant information/activity(ies) for which consent is sought. Information must be provided in their native language, or mode of communication. In the case of a reevaluation, it is recommended to review the existing data as part of an IEP meeting.

## Review of Existing Data (RED)

As part of the evaluation for both an initial and reevaluation, the LEA must conduct a Review of Existing Data (RED) regarding the student. This data review includes, but is not limited to, existing evaluation results and information provided by parents and school personnel; current classroom-based, local, or State assessments; classroom-based observations, and data used to rule out for all disability categories as defined in 34 C.F.R. § 300.8(a): a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency (34 C.F.R. § 300.306(b)). The LEA must also consider any outside information or evaluation data provided by the parent.

The following individuals are required to review and sign the RED form:

- Parent(s) (at least one parent)
- Special Education Teacher; or when appropriate Speech-Language Pathologist (SLP).
- LEA Administrator
- General Education Teacher(s) (at least one teacher)
- Qualified Professional(s)

To review and document the existing data on the RED form does not require parent consent prior to this action, (OSEP Letter to Anonymous, August 2, 2018). A formal meeting is not required to discuss the information on the RED with the parent, thus signing dates may vary on the RED form. However, the LEA has the option to call a formal meeting with all the members listed above to review the existing data with the parent in order to clarify any questions the parent may have regarding the existing records/information. For a reevaluation, the IEP team may meet to make the determination whether additional data is necessary by consulting with the qualified professional(s) as part of a Review of Existing Data (RED) requirement.

For students who will be evaluated under the suspected disability category of Specific Learning Disability, the LEA must document on the RED form evidence-based interventions attempted and the data supporting the outcome of the student's response to the intervention(s). The LEA must also

document on the RED form the frequency and duration of the interventions implemented, including the integrity/fidelity data (e.g., using a fidelity checklist indicating the intervention was implemented as prescribed to ensure accuracy). See Oklahoma Special Education Policies and Procedures Chapter 10. "Behavior", Section 1. "Multi-Tiered System of Supports."

When reviewing existing data, the LEA must include relevant academic, behavioral, and functional information from home and school, or age-appropriate settings, to provide a comprehensive perspective of the child's educational needs. The existing data must be **one calendar year old or less** to be considered relevant and current data for an initial evaluation. This timeframe for existing data includes current classroom assessments, curriculum-based measurements, local or State assessments, classroom observations, assessments and evaluations provided by the LEA or by the parent. Background information regarding educational history or cultural information and other historical information may be older than one calendar year for an initial evaluation (for example, a student with a long-term chronic/acute health condition or a congenital condition such as sickle cell anemia, cystic fibrosis, etc., or the student's history of behavior or interpersonal relations). Assessment and other evaluation data may be older than one calendar year for all components that make up a reevaluation if the IEP team determines the data is relevant enough to make an eligibility determination. However, it is recommended to update the academic achievement data to determine the student's educational needs, present levels of academic performance, and whether any additions or modifications to the IEP are needed for the student to make appropriate progress towards their goals/objectives.

Lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency (LEP) must **not** be the determinant factor when making eligibility decisions for any of the suspected disability categories. These factors do not preclude the possibility that the student may have a disability. For example, while poor attendance contributes to limited educational progress, the team may determine the attendance issues are secondary to the student's physical or mental health challenges. Therefore, the health condition may be the primary factor both in poor attendance and lack of educational progress.

Moreover, the LEA may not deny an initial evaluation solely on the student's frequent absences as the basis for a lack of exposure to the core curriculum or a lack of appropriate instruction. Chronic or excessive absences could trigger the LEA's Child Find obligations to determine why the student is missing so many days of school. If the LEA's investigation determined the student's absences are not due to a medical or mental health condition but possibly a behavior issue, then the LEA may want to address the absences utilizing a targeted behavior intervention. For example, a Check In/Check Out intervention plan may be needed to motivate the student to attend school consecutively for a certain number of days with clear expectations, feedback, and support through reinforcement for reaching targeted goals. If the parent requests an initial evaluation and their child has excessive absences, the LEA must not deny the evaluation solely based on the absences. If after a Review of Existing Data, the LEA chooses not to move forward with the evaluation, the LEA must provide the parent with a Written Notice as to why the LEA is refusing to initiate an initial evaluation. As it relates to reevaluation, LEAs must not use lack of appropriate instruction based solely on attendance as a reason to dismiss a previously identified student with a disability as no longer being eligible for special education services.

If based on the existing data the determination is the child has a disability, the team still needs to determine if there is an adverse impact on the child's functional, developmental, behavioral, and/or,

academic educational performance, and is in need of special education and related services. Additional data may be necessary to assist the group in determining the child's educational needs beyond the existing academic performance, such as social, health, behavioral/emotional, communicative, physical, and other conditions adversely affecting the student's non-academic performance (OSEP Letter to Clarke, March 8, 2007).

LEAs are required to gather the following components for all preschool and school age students referred for an initial evaluation, or reevaluation for any of the suspected disability categories:

- Vision Screening
- Hearing Screening
- Observation (classroom or age-appropriate setting)
- Background (Cultural and Educational)
- Developmental History

The above components are vital in planning and determining a suspected disability for an initial evaluation and for completing a reevaluation. For example, a group of qualified professionals would not want to move forward with evaluating a student without first making certain there is existing information in the student's educational record regarding vision and hearing screening results. If this information is not available in the student's educational record nor provided by the parent, then obtain parent consent to have the student's vision/hearing screened to rule out sensory issues as a primary factor prior to moving forward with the remainder of the evaluation components for a suspected disability. However, parental consent is not required if universal screening of all students across the LEA for specific grade levels is conducted for vision and hearing.

### **Parent Disagrees with Existing Information**

Each LEA is responsible for informing parents of their rights under the Family Educational Rights and Privacy Act (FERPA) as amended and the IDEA regarding personally identifiable information which is maintained in the child identification process. Parents have a right under FERPA to seek an amendment of their child's educational record(s) which the parents believe to be inaccurate, misleading, or otherwise in violation of the child's privacy rights. As the LEA reviews existing data, clarify with the parent the accuracy of the information written within the RED form. Each LEA must have a Board Policy regarding student educational records and FERPA notification. The LEA's policy will contain procedures parents should follow when they wish to amend a record. If the LEA agrees with the parent to amend the existing information, then they may make that change to the educational record. If the LEA disagrees with the parent about amending the educational record and believes that the information is not inaccurate or misleading, then the parent has a right to place a statement in the record. The statement from the parent should provide the specific contested information and why they disagree with the LEA's decision. The LEA must maintain the parent's written statement with the contested part of the record for as long as the student's educational record is maintained. Also, the LEA is required to disclose the parent's statement with the portion of the record to which the statement relates when releasing confidential information (Refer to Oklahoma Special Education Policies and Procedures Chapter 9. "Procedural Safeguards", Section 6. "Confidentiality and Access to Records" for more information).

## **No Additional Data Needed**

If the team has collected all the required data, the group may determine that no additional assessments are needed. The LEA must have documented the existing data on the RED that meets all the required components that make up a comprehensive evaluation for the suspected disability(ies) and document the assessment data on the Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS). If the group determines that no additional assessments are needed, the LEA must notify the parents through a Written Notice:

1. Of that determination and the reasons for it; and
2. The right of the parents to request an assessment to determine whether the student is a student with a disability, and to determine the educational needs of the student.

During the reevaluation process, the IEP team may propose to make an eligibility determination based only on existing data. The existing data must meet the requirements for a comprehensive evaluation according to the suspected primary category of disability. The LEA must provide the parent a Written Notice after the IEP team meeting regarding the proposal to initiate the reevaluation using existing data, which includes the rationale and options considered by the IEP team such as why additional assessments were not needed.

A qualified professional is not a required group member for determining continued eligibility **if** the existing data being used by the IEP team has previously been interpreted and remains relevant (e.g., student with Other Health Impairment has a medical diagnosis). However, it is appropriate and necessary to include a qualified professional if:

1. An outside evaluation has been presented to the IEP team for consideration;
2. The IEP team is considering changing the disability category of a student;
3. The parent requests interpretation of any existing data provided by a qualified professional; or
4. If interpretation is needed to substantiate a key eligibility indicator.

LEAs may excuse members from the MEEGS meeting under the same conditions that excusal is allowed for the IEP team meeting:

34 C.R.F § 300.321(e) IEP Team attendance.

*(1) A member of the IEP Team described in paragraphs (a)(2) through (a)(5) of this section is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.*

*(2) A member of the IEP Team described in paragraph (e)(1) of this section may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if -*

- (i) The parent, in writing, and the public agency consent to the excusal; and*



*(ii) The member submits, in writing to the [parent](#) and the IEP Team, input into the development of the IEP prior to the meeting.”*

The IEP team must document on the MEEGS why a qualified professional was not needed to complete the reevaluation.

## **Additional Data Needed**

If the group has determined that additional data are needed, parental consent must be requested for the additional assessment components. For an initial evaluation the LEA may **not** assess the student without parental consent. However, in the case of a re-evaluation the LEA may move forward with the evaluation if unable to obtain parent participation in the determination (either the LEA cannot convince the parent, or the parent fails to respond to the LEA’s request to meet to discuss the reevaluation). The LEA must document the attempts to contact the parent and the various ways of obtaining the parent’s signed consent for a reevaluation (e.g., offering an option of having a virtual meeting and having the parent sign electronically or participate by phone conference). See Oklahoma Special Education Policies and Procedures Chapter 9. “Procedural Safeguards”, Section 3. “Informed Consent”, D. “Failure to Respond to a Request for Consent” for more information.

## **Timeline if Additional Data is Necessary**

The timeline between the date of the parent’s signature on the “Review of Existing Data” (RED) and the date of the parent’s signature on the “Special Education Parent Consent” form for additional assessments must be within 10 school days for initial evaluations.

Once the parent signs consent for an evaluation then the LEA will provide the parent a Written Notice summarizing the proposal to initiate an initial or a re-evaluation to gather additional data.

## **Initial**

Oklahoma has established a timeline of 45 school days from the date of the parent consent for the completion of an initial eligibility (20 U.S.C. § 1414(a)(1)(C)(i)(I). The initial eligibility determination must be completed within 45 school days beginning the date of the parent’s signature on the “Special Education Parent Consent” form and ending on the date of the Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) form where the group made the determination of eligibility for special education and related services.

The timeline of 45 school days for the initial evaluation does not apply to the child’s evaluation **if**: 34 CFR § 300.301(d)(e).

- The parent of the child repeatedly fails or refuses to produce the child for the evaluation.

OR

- A child enrolls in a new district after the evaluation has begun in the previous district yet before the determination of eligibility.

Upon electronic transfer of records through the online special education software system to the new LEA, the consent date from the previous sending district carries over and sets

the same compliance due date in the receiving district. It is important to note that the new or receiving LEA is required to make sufficient progress to ensure prompt completion of the evaluation. The receiving LEA must contact the parent to determine a completion date and document this discussion. If the decision is that the receiving district will complete the initial evaluation within the timeline of 45 school days, determined by the sending district, then the receiving LEA will move forward with the current documents to complete the evaluation. If the receiving LEA cannot meet the timeline within 45 school days determined by the sending district, the new LEA and the parent may agree to extend the compliance date beyond 45 school days. In this case, the receiving LEA will exceed the timeline requirement but is not held accountable as a transfer to a new district is an acceptable exception from the timeline requirement under IDEA (34 C.F.R. § 300.301(d)2)). The LEA will document the agreed upon extended timeline date on the MEEGS under the “Eligibility Timeline” panel within the special education online software system. In either case, the receiving LEA should **not** conduct a new RED and new parent consent to “reset” the timeline to avoid a timeline compliance conflict.

All of this will be followed by a Written Notice documenting these decisions.

Parents delaying a meeting date with the LEA for the eligibility determination is **not** an excused reason for going over the timeline of 45 school days from the date of parent consent. Determination of initial eligibility can be made without parents if the parent does not respond, or the LEA cannot persuade the parent to attend the meeting. Specific documentation and procedural steps must be taken if this occurs. Refer to Section 14. “Parent Participation in the MEEGS Meeting” in the Oklahoma Special Education Policies and Procedures for more information.

The time between the initial eligibility determination (i.e., signature date on the Initial MEEGS form) and the date of the initial Individualized Education Program (IEP) cannot exceed 30 calendar days.

## Reevaluation

The 45 school days from the date of parent consent is a timeline only used for the initial evaluation and does **not** apply to the reevaluation of students already identified as a student with a disability receiving services under IDEA. If the LEA determines that the educational or related service(s) needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or if the child’s parents or teacher requests a reevaluation (20 U.S.C. § 1414(a)(2)(A)), then a reevaluation may be conducted more often than once every three (3) years. Conducting the reevaluation in advance of the scheduled three-year timeline will effectively change the three-year anniversary date to reflect the new reevaluation due date.

The IEP team should make the determination of the need for a reevaluation prior to the three-year anniversary due date to provide sufficient time to conduct the needed assessments and complete the reevaluation before the anniversary date. Providing the group of qualified professionals sufficient time to gather the additional information, assessments, or evaluation will ensure the completion of the reevaluation on or before the three-year anniversary (i.e., based on the date signatures were obtained on the previous MEEGS form for eligibility determination).

## Qualified Professionals

There are a variety of individuals who make up a group of qualified professionals and the parent who determine whether the child is a child with a disability under IDEA (34 C.F.R. § 300.306). Eligibility determination cannot be determined solely by one single qualified professional. Indeed, it is the responsibility of a multidisciplinary group of qualified professionals who evaluate/assess, or bring information to the team for consideration as the basis for determining eligibility depending on the suspected disability or disabilities or concerns addressed through the RED. Within the context of comprehensive evaluations/assessments for special education services, different professional evaluators may contribute to the evaluation process by assessing the identified areas of concern within their professional competency. See “Professional Assessment Competency Areas” chart below for more information.

Please note that an individual professional may have additional certifications and/or training in an area not listed in this table, which allows them to administer the specific assessment area.

## Professional Assessment Competency Areas

EVALUATION COMPONENTS	GUIDE FOR QUALIFIED PROFESSIONAL EVALUATOR**								
	Hearing Specialist	Vision Specialist	School Nurse	Occupational Therapist	Physical Therapist	Certified School Psychologist	Certified School Psychometrist	Speech Language Pathologist	Special Education Teacher
Health/Medical*	X	X	X	X	X	X	X	X	X
Vision		X	X screening						
Hearing	X		X screening					X screening	
Motor				X	X				
Communication/ Language						X	X	X	
Academic Achievement						X	X		X
Intellectual/ Cognitive						X	X		
Perceptual/ Processing				X		X	X	X	
Developmental			X	X	X	X	X	X	X
Psychological (Emotional/ Mental Health Status)						X			
Behavior						X	X	X	X
Adaptive Behavior						X	X	X	X
Social/Emotional						X		X	
Background (Cultural and Educational)						X	X	X	X
Observations Classroom/Other	X	X	X	X	X	X	X	X	X
Transition/Vocational									X
Assistive Technology	X	X		X	X			X	X

\*Health/Medical information should be gathered and interpreted by specialists based on their scope of practice within their medical field.

\*\*Standardized evaluation tools require the qualified professional to have specific credentials designated by the test publishing company.

Assessments and other evaluation materials/instruments must be administered by qualified professionals in conformity with the instructions provided by the test publishers. Evaluators have the proper training to administer tests and interpret results which generally includes adequate graduate coursework combined with supervised experience. A group of qualified professionals including the parent, must synthesize data to determine if sufficient key eligibility indicators in one or more of the thirteen disability categories are met.

## Responsible Reporting of Evaluation Data

As part of the multidisciplinary evaluation process, the group of qualified professionals, including input from the parent, will complete the Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) form utilizing the obtained assessment and evaluation data and information gathered as part of the comprehensive process. The MEEGS section titled “Summary of Eligibility Determination” should be used to provide a detailed summary of the current evaluation and demonstrate that the student meets sufficient key eligibility indicators for the identified category(ies) of disability. All qualified professionals who administered an assessment during the evaluation should contribute to the Summary of Eligibility Determination section of the MEEGS document. In the case of a student who does not meet the key eligibility criteria for specially designed instruction, the narrative should include how the student did **not** meet sufficient key eligibility indicators for the suspected disability categories described in the RED along with any educational needs that may be adequately addressed through general education services and accommodations.

If an assessment is given, it should be reported unless the assessment session was deemed to be invalid. In this case, the qualified professional would need to describe why the assessment was not valid. All evaluation data should be used to help determine a student’s strengths and areas of need. Documented student behavior during the assessment that might influence the results (e.g., impulsivity, lack of engagement, noncompliance) should be considered during the assessment process. If a subtest is thought to be invalid because of a construct-irrelevant variance, the administration of a separate test is likely warranted. The narrative should include details about the student’s performance in the evaluation relevant to the suspected disability category and how this information could be used to determine specially designed instruction. When an examiner chooses to change administration standardization, the changes must be clearly described in the written report along with a statement of the potential impact the change could have on the assessment results.

Qualified professionals must administer assessments/evaluation tools, including scoring and interpreting results in conformity, with the instructions provided by the publisher. Selected assessment instruments should have validity and reliability that has been established for use with members of the population tested. When such validity or reliability has not been established, qualified examiners should describe the strengths and limitations of test results within the interpretation of results. Qualified professionals should use assessment methods that are appropriate to an individual’s language preference and competence unless the use of an alternative language is relevant to the assessment issues.

## What Should Be Reported with Assessment Results?

ITEM TO INCLUDE		DEFINITION/CONSIDERATIONS
<b>Essential</b>	Assessment Description	A brief description of the assessment conducted.
	Standard Scores	Transformed raw scores with predetermined means and standard deviations. Examples include: standard scores, scaled scores, T-Scores, Z-scores.  It may also be appropriate to include a confidence interval to assist with educational decision-making and an explanation of what a confidence interval means.
	Percentile Ranks	Derived score that determines position relative to standardization sample.
	Descriptions/Interpretations/Classification	Explain what score descriptions mean.
	Composite Scores	These scores are more reliable than individual subtest scores, and only reporting these would be a minimum requirement. Best practices would support reporting all subtest scores.
	Modifications to Standardization	Include a description of any modifications made to a standardized assessment, as well as if a student's behavior or attitude during the session negatively impacted the results.
<b>Potentially Useful</b>	Raw Scores	In some cases, it would be appropriate to report raw scores; however, if the assessment is standardized, the standard scores should be reported and not the raw scores.
	Age and Grade Equivalent	Scores which are determined by the average score obtained on a test by members of the same age or grade groups. These scores are psychometrically impure and should never be reported alone. Caution should be used when reporting and interpreting these scores.
	Other Score Types from a Specific Assessment	There are some assessments that have score types that do not fit the above classifications. The qualified examiners should use their judgment and training to determine what information should be reported.

## Consideration of Outside Evaluation Results

When a parent submits an evaluation report from a professional who is outside the school system, the multidisciplinary group of qualified professionals must consider the outside evaluation data and document the information from the outside evaluation on the REDS form.

A medical or mental health diagnosis, provided by an outside source, does not automatically qualify a student for special education services under the IDEA, because each suspected category must have multiple pieces of data collected to make up a comprehensive evaluation.

<b>Considerations for Determining if Additional Data is Needed</b>	
<b>Consideration</b>	<b>Explanation</b>
<b>Qualifications of Person Conducting the Evaluation</b>	The qualifications of the professional conducting the assessment will typically align with the qualified professional evaluator table outlined in this document. For example, a private practice Occupational Therapist may produce an evaluation report on the student’s motor and perceptual processing skills. Licensed psychologists would be able to evaluate in the component areas such as psychological, intellectual/cognitive, etc. which could be viewed in the table under the school psychologist column. The team should use caution when reports are submitted from professionals that do not align with the qualified professional evaluator table. For example, Occupational Therapists do not typically conduct evaluations of cognitive or academic ability. If the school receives a report in which there are questions regarding the qualifications of the examiner, the LEA should reach out to the outside evaluator to make certain of their unique training for administering certain evaluation components. If the person was not qualified to administer one or all the assessments, then the LEA would want to notify the parent in writing within a Written Notice as to why the evaluation (in part or in whole) would not be included in the MEEGS due to the evaluator’s qualifications did meet the established criteria set by the assessment publishing company. Also, even if the person met the qualifications to administer the assessments, were the most current edition of the assessment tools used?
<b>Applicability of Data to School Setting</b>	Since outside evaluations are conducted outside the school setting, there are sometimes discrepancies between the evaluation data and the existing school data. When the new evaluation data is inconsistent with what has been observed and measured in the school setting, the team may consider the collection of additional data to confirm the student’s current school functioning.
<b>Medical Diagnoses versus School Eligibility for Services</b>	Private practice professionals may utilize the medical Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) to make determinations about the student’s diagnosis and need for treatment. However, IEP teams will need to make decisions regarding the need for additional assessment and eligibility for services based on the IDEA categories outlined in this handbook. Therefore, although a student may have a diagnosis of a specific disorder based on the DSM-5 criteria, they may not be eligible to receive special education services within the school setting. The student will need to meet the IDEA eligibility criteria listed below for the specific category being considered.

## Recommended Steps for Reviewing Outside Evaluation Data

- Provide a copy of the report to the qualified examiner at the school that most closely matches the qualifications of the professional who conducted the evaluation. For example, Speech-Language Pathologists should review reports from outside Speech therapists.
- The school's qualified examiner(s) should provide the scored data into the assessment section of the Review of Existing Data for their qualified area. For example, updated IQ scores in the Intellectual/Cognitive assessment area.
- The school team will review the new information as it relates to the existing information and the suspected eligibility category
- For any required evaluation components not included as part of the outside evaluation team and not already documented in the student's records, the team will need to obtain additional data.
- For any required evaluation components that do not match the current school functioning and existing data, the school will need to consider if additional data is necessary to confirm functioning. If the school has recently conducted assessments, then it may not be necessary to obtain new data.
- If all required evaluation components are included in the outside evaluation, and the data is consistent with the student's functioning at school, then the team may proceed without collecting additional data.



## DEFINITIONS OF EVALUATION AND ASSESSMENT

The terms “evaluation” and “assessment” are often interchanged; however, there are significant differences between the meanings of the two terms. The IDEA evaluation encompasses both evaluation and assessment components.

**Evaluation.** An evaluation is a procedure, or a prescribed method, used to determine whether a student has a disability and the nature and extent of the special education and related services that the student needs. An evaluation component purpose is summative in order to understand the student’s learning or mastery of content in relation to determining eligibility under one of the disability categories of IDEA.

**Assessment.** An assessment component is a measurement that provides information regarding the student’s current levels, how the student learns, and the student’s negative or positive response to an intervention or teaching strategy (e.g., evidence-based interventions with progress monitoring data). Assessments may be standardized or non-standardized, criterion-referenced (e.g., curriculum-based measurement-CBM), or norm-referenced, and usually elicit responses from students to situations, questions, or problems to be solved. Assessment data also includes, but is not limited to, observations, interviews, medical reports, and other formal or informal data. An assessment purpose is formative and is the process of collecting, reviewing, and using data gathered over a period of time that provides feedback on the student’s deficits and areas of improvement.

Therefore, the LEA must ensure that assessments and evaluations are conducted as part of comprehensive initial or reevaluation covering all components related to the suspected disability or disabilities, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence (or cognitive abilities), academic performance, communicative status, and motor abilities (34 C.F.R. § 300.304(c)(4)). The initial evaluation must include sufficiently comprehensive information to identify the suspected disability and all of the student’s special education and related service(s) needs, whether or not commonly linked to the disability category.

**NOTE: The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation is not considered an evaluation for eligibility for special education and related services (20 U.S.C. § 1414(a)(1)(E)).**

## GENERAL EVALUATION CONSIDERATIONS

Every initial evaluation must be approached and designed individually based on the specific concerns, including the selection of assessment/evaluation tools and the information needed to answer the eligibility questions. It would be inappropriate to use the exact same battery of assessments or evaluations for all students or to rely on any single tool to conduct an evaluation.

The LEA conducts evaluations to gather data necessary to make an eligibility determination. During the evaluation process, the student is assessed in all areas related to the suspected disability, which may include the following, but not limited to:

### Health/Medical

- The Health/Medical component of the evaluation includes information regarding the child's health/medical history, current health/medical status, or medical diagnoses to determine a medically related disability.
- Medical information from a licensed physician, physician assistant, licensed psychiatrist, licensed psychologist, or advanced registered nurse practitioner (ARNP) can be a vital component in the evaluation for special education services, especially when a mental health, developmental, or medically related disability is suspected.
- The OSDE Medical Report may be completed by outside providers at the request of the multidisciplinary team and with written parent consent using the Consent for Release of Confidential Information Form, to gather additional health/medical information.
- Medical information and health history will also be essential when a student's condition is such that medications and medical/psychiatric treatments are prescribed. **However, a parent is not required to release this information to the LEA.** The parent may provide signed consent for a Release of Confidential Information to allow the school and the medical personnel to exchange written and verbal information about the student.
- A medical or mental health diagnosis does not automatically qualify a student for special education services under IDEA. The multidisciplinary team should consider the diagnosis as a component of the comprehensive evaluation. For example, an outside diagnosis under DSM-5 criteria does not automatically result in qualification under IDEA; however, an outside diagnosis may suggest additional data necessary for a comprehensive school-based evaluation, inform intervention strategies, or identify possible services/supports.
- A student should not be denied a medical evaluation (e.g., an audiological evaluation) if it is needed to clarify a student's educational needs or inform the team of additional components necessary to determine eligibility for special education services. Any available insurance may be used to offset the costs of the evaluation, with parent consent.

## **Vision**

- Information regarding visual acuity, field of vision, and vision functioning is necessary to determine a vision-related disability. If a student fails a vision screening, that information alone is not sufficient to determine eligibility under a vision-related disability. However, if a student passes a vision screening, that information is sufficient to rule out a vision-related disability.

## **Hearing**

- Information regarding hearing functioning and the extent of hearing impairment is necessary to determine a hearing-related disability. If a student fails a hearing screening that is not sufficient to document a hearing-related disability (e.g., Hearing Impairment or Deafness). However, if a student passes a hearing screening that is sufficient in ruling out a hearing-related disability.

## **Motor**

- Motor components include information regarding gross and/or fine motor skills and abilities in relation to educational needs.

## **Communication/Language**

- Communication/Language components include information regarding speech skills (articulation, voice, fluency, and oral motor) and/or receptive and expressive language skills (phonology, morphology, syntax, semantics, and pragmatics).
- Evaluation of the student's ability to communicate with others is essential, including general developmental and functional levels in communication/language, preferred modalities for receptive and expressive language, and acquisition of new language skills.

## **Academic Achievement**

- Information regarding academic achievement or developmental progress may include but is not limited to standardized norm-referenced achievement tests, and criterion-referenced tests (e.g., curriculum-based measurements/curriculum-based assessments, benchmarks, or district-wide assessments/common formative assessments).
- Academic performance, achievement (in meaningful contexts), and/or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.

## **Intellectual/Cognitive**

- Intellectual/Cognitive components include information regarding the child's overall mental ability and cognitive functioning.

- When selecting measures for cognitive abilities, the qualified professional should be informed of assessment data or information collected in other areas (i.e., interview, observations, social interactions, screeners (including screeners used to identify students who are English Learners-EL), speech-language evaluations or screening information, etc.) to eliminate selecting an instrument that is not appropriate or to reduce test bias.
- For children with severely limited abilities and/or impaired functional communication skills, standardized, individually administered cognitive assessments may not adequately capture their strengths and needs even with a nonverbal intelligence test. In such cases, the team should consider additional functional assessment options. Functional assessments may include formal observations, checklists or portfolios of the student's abilities, milestones, or parent interviews.
- When students have significant language deficits it is suggested to conduct language-free non-verbal intelligence test in order to obtain the student's true ability functioning level(s) and not utilize an intelligence/cognitive instrument that may weigh heavily in the area of language abilities.

### **Perceptual Processing**

- Perceptual processing component includes information regarding the student's ability to perceive or process information through visual, auditory, and sensorimotor means.

### **Developmental**

- Developmental components include information regarding the child's developmental history, skills, and abilities in relationship to age-based expectations.
- When evaluating for Developmental Disability category involving 3-, 4- and 5-year-old (not 5 years old on or before September 1) children, procedures must evaluate all five domains of developmental functioning (adaptive, cognitive, communication, social/emotional, and motor).

### **Psychological (Emotional/Mental Health status)**

- Psychological components include information regarding the student's emotional or mental health status, psychological concerns, and severe behaviors (not including intentional or willful behaviors associated with students who are solely identified as socially maladjusted).
- Information should be gathered through multiple modalities and across settings (e.g., home, community, and within the school environment including the gym, cafeteria, library, hallways, classroom, playground, etc.), using multiple sources (teachers, parents, other individuals involved with the student, and the student) to determine a pattern of behavior from multiple raters across environments. This includes but is not limited to, structured interviews, systematic behavioral observations (quantitative methods of observation), behavior checklists, rating scales, and self-report.

- Information gathered should include documentation regarding the student's ability or inability to build or maintain satisfactory interpersonal relationships with peers and teachers over a long period of time.
- Other examples of information that should be gathered should include but is not limited to, whether the student has unusual fears, physical symptoms where no medical reason is confirmed, severe pervasive moods, or severe depression associated with personal or school problems.

## **Social/Emotional**

- Information should include abilities in reciprocal social interactions compared to similar age peers.
- Data collected should include information regarding the student's understanding of social nonverbal behaviors (such as facial expression, body postures, or gestures/social cues to regulate social interaction) and the ability to understand the perspective of others, age-appropriate humor, non-literal language, or how their behavior impacts how others think or feel.
- Important information should be gathered from multiple sources (e.g., parents, teachers, and the student) and methods such as standardized assessments, norm-referenced measures, rating scales, observations, and interviews.

## **Background (Cultural and Educational)**

- Consideration of cultural factors including information related to family background, native language, mode of communication, cross cultural communication, and English proficiency.
- Consideration of family history related to disabilities, genetic disorders, learning issues, or exposure to adverse childhood experiences.
- Evaluation of culturally and linguistically diverse students should be conducted in the student's native language so as not to be discriminatory on a racial or cultural basis. Also, when selecting assessments or evaluation materials the LEA should take into consideration the student's mode of communication (e.g., sign language), or alternative communication system (e.g., augmentative communication device). Assessments and other evaluation materials used to assess a child must be in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to provide or administer (34 C.F.R. § 300.304(c)(1)(ii)).
- All student information should be interpreted in the context of school expectations with consideration given to the student's cultural background.
- The use of evaluations printed in the student's native language is preferred. Administered in the child's native language or other mode of communication and in the

form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer (34 C.F.R. § 300.304(c)(ii)).

- Consideration of environmental factors includes information related to educational history (including number of different school districts enrolled or intraschool district changes within the same elementary or secondary level, attendance records, historical grades, and repeated grades).

## Behavior

- Due to the complex nature of variables associated with behavior assessments, individuals who conduct a Functional Behavioral Assessment (FBA), or for those who conduct a Functional Analysis (FA) should have training on data collection and behavior assessment.
- Information should include explicit and measurable definitions of problem behaviors stated in specific, concrete, observable terms, described in sufficient detail where multiple people can identify the specific behavior.
- Data collected should provide a hypothesis of the function(s) of the problem behavior (for example attention, escape, or avoidance). The team should select age-appropriate targets or replacement behaviors that identify what specifically the student is expected to do and under what conditions.
- Relevant data to collect may include:
  - Settings or events
  - Triggering antecedents
  - Reinforcing consequences for the problem behavior
- An FBA or FA may be completed independently from a comprehensive evaluation in certain situations to develop a Behavior Intervention Plan (BIP). A BIP should include:
  - Antecedent and consequence strategies (how school personnel will respond to the behavior before and after the behavior occurs)
  - Instructional strategies (alternative skills to be taught)
  - Skill-building/reinforcement strategies
- Behavior does not always have to involve an FBA or FA but may also be assessed through norm-referenced rating scales across multiple sources or systematic observations (quantitative methods such as interval recording to determine the frequency of on-task vs. off-task behavior compared to same age/same gender peer group, or a specific repetitive behavior) or interviews.

For additional information, see Appendix H in this document “Guidance for Assessing Challenging Behaviors.”

## **Adaptive Behavior**

- Adaptive Behavior components include information regarding the student's level of functioning and general behavior in school and home settings in comparison to age-appropriate adaptive skill development. This data includes adaptive behavior ratings, behavioral observations, and parent/teacher reports of adaptive functioning across environments.

For additional information, see Appendix G in this document, "Guidance on the Continuum of Adaptive Skill Functioning."

## **Observations (Classroom/Other Environments)**

- The student must be observed in their learning environment related to the identified concern and suspected disability. For example, if a student is suspected of a Specific Learning Disability in the area of basic reading skills, an observation during a P.E. class might not be appropriate. Instead, the observation should occur during the basic reading skills instruction provided by the general education teacher.
- The observation must be conducted by at least one team member other than the child's general education teacher (including preschool settings, private schools, the general education classroom setting) to document the student's academic and behavior (for example, engagement) performance in the specific area(s) of difficulty or parental concerns.
- Information from an observation during routine classroom instruction or other settings conducted before the request for an evaluation, may be used as existing data as part of the evaluation which provides sufficient information about the student's behavior or academic performance.
- If new observational information is needed, parent consent must be obtained before conducting the observation that will be included as a component of the evaluation.
- If a child is less than school age or not in school, an observation of the child in an age-appropriate environments is required.
- Observations should be conducted in-person but may be conducted through live virtual observations across various environments, including interactions with same age peers.

## **Transition/Vocational**

- Vocational component includes transition assessments that gather information regarding the student's interests, aptitudes, and skills. Transition assessments are required annually as part of the IEP for students who are aged 15 and up, or younger, if necessary, and throughout their high school years.

## Assistive Technology (AT)

- Assistive technology components include assessments of a student's need for assistive technology devices and services and inform the team which tools may be most effective in supporting the student's receipt of FAPE. This component may be required as a part of the student's special education, related services, or supplementary aids and services based on the student's unique needs.

## Other

- Any other factors or information relevant to the suspected disability or disabilities that may assist the group of professionals, including the parent, in utilizing the additional information to determine if the student meets the criteria for eligibility under IDEA.

## Intervention Documentation

- Targeted skill intervention documentation should include a descriptive summary of the instructional or behavior change strategies implemented to address the following:
  1. A definition that is explicit involving the targeted skill deficit(s), as well as a specific goal for the expected level of performance that is observable and measurable.
  2. A description of high-quality evidence-based interventions selected to teach the targeted skill(s).
  3. An implementation plan including the number of opportunities the student is exposed to the intervention.
  4. The plan for progress monitoring at regular intervals over the duration of the intervention.
  5. Data-driven decision outcomes of intervention activities that may result in changes to the intensity of the intervention implementation or determine the selected intervention is working.
- Documentation for behavior skills should include a description of antecedent and consequence strategies to shape desired behavior as well as a description of generalization behaviors. The LEA should include a description of when generalization and maintenance of the targeted/expected behaviors should occur. The data collected surrounding these strategies drives intervention decision-making.
  - **Antecedent strategies** are preventions employed to reduce the occurrence of the targeted problem behavior(s).
  - **Consequence strategies** determine what responses or non-responses should be made to the targeted problem behavior once it occurs to minimize negative reinforcement, and ultimately reveal how to respond when the student is exhibiting the desired behaviors by increasing reinforcement to increase the likelihood the desired behavior will occur more frequently.



- **Generalization of Behaviors** occurs when the student is able to demonstrate a skill or behavior that has been mastered in isolation or in one setting and then apply the new skill mastered to other settings.
- **Maintenance of Behaviors** occurs when the student is able to demonstrate a mastered skill/behavior over time and across settings.
- Intervention integrity/fidelity should be addressed through verification that intervention strategies were implemented/delivered by qualified personnel as designed. Intervention integrity documentation should include data produced as part of the intervention (an observation using an intervention plan checklist to determine if the steps of the intervention were carried out as designed; or an interview with the person carrying out the intervention). Document the intervention accuracy, intervention exposure, and student's behavior during the intervention implementation.

## Selecting Assessments and Other Evaluation Materials

When selecting assessments and other evaluation materials to assist in gathering the data, those conducting the evaluation must also ensure the IDEA requirements are met:

34 C.F.R. § 300.304(b)(c) Evaluation procedures.

(b) Conduct of evaluation. In conducting the evaluation, the public agency **must**—

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

(i) Whether the child is a child with a disability under § 300.8; and

(ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

(2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

(c) Other evaluation procedures. Each public agency must ensure that—

(1) Assessments and other evaluation materials used to assess a child under this part—

(i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;

(ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

- (iii) Are used for the purposes for which the assessments or measures are valid and reliable;*
- (iv) Are administered by trained and knowledgeable personnel; and*
- (v) Are administered in accordance with any instructions provided by the producer of the assessments.*

*(2) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.*

*(3) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).*

*(4) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;*

*(5) Assessments of children with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with §300.301(d)(2) and (e), to ensure prompt completion of full evaluations.*

*(6) In evaluating each child with a disability under §§300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.*

*(7) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided."*

34 C.F.R. §300.306(c) Procedures for determining eligibility and educational need.

*(1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under §300.8, and the educational needs of the child, each public agency **must**—*

*(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and*

*(ii) Ensure that information obtained from all of these sources is documented and carefully considered.*

# AUTISM

## Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(1)(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Autism**, refer to the “Professional Assessment Competency Areas” chart.

## Required Components of a Comprehensive Evaluation for Autism

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation (Classroom / Other Environment)</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision Evaluation (e.g., Ophthalmic exam or Optometric/Vision exam)</li> <li>• Hearing Evaluation (e.g., Audiological Exam)</li> <li>• Motor</li> <li>• Perceptual/Processing</li> <li>• Psychological</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

**Note:** It is important to select and administer Autism specific evaluation tools for the required components.

## Considerations for the Evaluation Components for Autism

### **Communication/Language**

- When considering Autism as a primary category it is important to prioritize social communication in addition to other aspects of speech and language development.
  - Evaluation of the student's ability to communicate with others is essential, including general developmental and functional levels in communication/language, preferred modalities for receptive and expressive language, acquisition of new language, and speech prosody.
  - The evaluation should include assessment of both semantic and pragmatic use of language, including skills such as use and understanding of non-verbal communication, topic management (initiating, maintaining, and terminating relevant, shared topics), understanding non-literal language used in conversation, turn-taking, and providing appropriate amounts of information in conversational contexts. The information may also include descriptions of prosody, emotional affect, pitch, tone, rhythm, or rate.
- Information may also be gathered regarding evidence of repetitive or idiosyncratic language. Examples include pronoun reversal, referring to oneself by name, immediate echolalia (immediately repeating what others said) and delayed echolalia (repeating dialog from movies, television, or other media with no regard to the current topic of conversation).
- Communication is more likely to interfere with performance on an intellectual/cognitive measure for students with Autism; and therefore, consideration of the student's verbal and nonverbal responses should be analyzed prior to determining an intellectual/cognitive evaluation instrument to make certain of the student's ability.

### **Academic Achievement**

- Consideration of the student's academic achievement must consider the influence of social and adaptive skill development within the context of educational activities. Academic achievement includes the student's ability to participate meaningfully in academic instruction with typically developing peers and their ability to demonstrate progress on classroom-based academic tasks (in addition to standardized achievement results).
- Assessments selected and administered must accurately reflect the student's achievement level rather than reflecting the student's communication, engagement, behavior, and social reciprocity as it relates to the child's suspected disability of Autism.

### **Intellectual/Cognitive**

- Evaluation instrument selection for measuring cognitive abilities should be informed by data collected in other areas listed above (for example through interviews, observations, social interactions, speech-language evaluation) prior to selecting a tool to assess this component.

- Nonverbal instruments should be used for students with limited verbal language skills. The impact of a student's functional communication and basic language skills should be considered.

### **Developmental**

- Information from the parent is essential to obtain about the student's early developmental history, skills, and abilities.
- Knowledge of typical child development and developmental differences commonly associated with Autism is important to inform how the student's development has progressed in relation to the same age peers.

### **Social/Emotional**

- Information about social communication skills and Autism specific characteristics should be gathered from multiple sources (e.g., parents, teachers, the student) utilizing methods such as norm-referenced measures, rating scales, observations, and interviews.
- Information gathered should include reciprocal social interactions that include:
  - Nonverbal social cues (understanding of facial expression, body posture gestures such as a head nod, pointing, waving, or eye gaze to show engagement in conversation).
  - Play skills, appropriate initiating and maintaining interactions, with peers. Understanding of and following rules of a game, turn-taking, preference to play with peers or alone should be documented.
  - Shared interests, enjoyment, experiences, and achievement.
  - Perspectives taking and social understanding (i.e., understanding and recognizing the needs and feelings of others, understanding how behavior impacts how others think or feel, recognizing appropriate emotional responses).

### **Behavior**

- Information gathered from multiple sources through norm-referenced rating scales, systematic observations, and interviews should be considered as it relates specifically to Autism behavioral characteristics.
- Data reported should include any restrictive, repetitive, stereotyped patterns of behavior that are extreme and intense in nature compared to age peers. For example:
  - Inflexible to change when routines/schedules are altered.
  - Excessive and time-consuming rigid adherence to specific, detailed sequences in daily tasks or ritualistic actions/behaviors (dressing, bathing, eating foods, completing assignments) which severely impact transitions.

- o Preoccupations with specific items or conversational topics (repetitive interest in objects, parts of objects, topics, or unusual themes beyond developmentally appropriate levels).
  - o Repetitive motor movements or vocal behaviors often called self-stimulatory behaviors (flapping of hands, preoccupation with spinning or twirling objects, pacing, rocking, grinding teeth, chewing, self-injurious behavior, humming, or other vocalizations).
  - o Unusual responses to sensory stimuli (such as under- or overreaction to tastes, touch, pain/heat/cold, sounds, textures, smells, or lights).
- A Functional Behavioral Assessment (FBA) or Functional Analysis (FA) is not required for an Autism evaluation; however, many students with Autism display maladaptive behaviors that will benefit from a Behavior Intervention Plan (BIP) developed to address and reinforce desired behaviors.

### ***Adaptive Behavior***

- Norm-referenced rating scales in both the home and school setting (or other age-appropriate settings as needed) of adaptive behaviors are important. Difficulties in social and communication domains of adaptive behavior are prevalent among students with Autism. Discrepancies between the student's cognitive performance and adaptive functioning are also common for students in the Autism category.
- Assessment should include a measure of the student's ability to function independently at home, school, and in the community with daily living skills (self-care, personal grooming skills, toileting, personal health, safety), communication skills, social skills, functional academics, and leisure.

### ***Background (Cultural and Educational)***

- Information gathered should take into consideration the student's educational history in relation to the suspected disability category of Autism.
- Cultural and linguistic factors should be considered, as they relate to the child's development of social skills. Information from the parent can provide insight regarding how the student functions within the context of the family and culture.

### ***Observation in Classroom/Other Environment***

- In addition to standardized assessments that may not be sensitive to identifying specific Autism related characteristics, it is necessary to conduct direct observation of the student in the classroom and one other setting (unstructured/structured environments, gym, cafeteria, playground, auditorium) covering academic achievement, social, and behavior components listed above. Observations should be systematic/quantitative.
- Given the importance of observing a child in social contexts, for a child who is less than school age or not in school, an observation of the child in an environment with age-appropriate peers is needed. If not possible, then the observation must be in relation to the child's social interactions with family members.

## Health/Medical

- A medical diagnosis of Autism Spectrum Disorder is not required to determine whether a child is eligible for purposes of special education and related services under the IDEA. However, medical information may be necessary to gather if a student's medical condition may be a factor or a secondary concern.

## Key Eligibility Indicators for Autism

- Reciprocal social interaction difficulties such as relating to peers, understanding social expectations, or lack of interest in same age peers.
- Impairments in communication (nonverbal and verbal), such as use of gestures and facial expressions, semantic and pragmatic use of language, prosody, idiosyncratic language.
- Excessive repetitive activities or stereotyped movements, rigid resistance to environmental change or change in daily routines, or abnormal responses to sensory experiences.
- Sensory challenges alone are not sufficient to identify a student with Autism; however, the absence of sensory challenges does not exclude a student from meeting Autism eligibility criteria.
- Autism does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance. The LEA must include the psychological component if the team suspects the student has mental health issues in order to rule out emotional disturbance as the primary disability.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.
- Clarification of adverse impact on educational performance related to Autism:

In considering adverse impact on educational performance for children identified with Autism, it is important to consider skills or activities that may not be considered academic but may be related to a student's educational performance. Considerations common for students with Autism include:

- Ability to work in groups.
- Work completion (in-class/homework).
- Ability to follow societal norms and expectations.
- Ability to apply skills in a variety of ways or settings.
- Ability to engage in effective verbal and nonverbal communication.

## DEAF-BLINDNESS

### Definition

34 C.F.R. § 300.7 Child with a disability.

(c)(2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(Authority: 20 U.S.C. § 1401(3)(A)(B), (26))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Deaf-Blindness**, refer to the “Professional Assessment Competency Areas” chart.

### Required Components of a Comprehensive Evaluation for Deaf-Blindness

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Vision Evaluation (Ophthalmic or Optometric)</li> <li>• Hearing Evaluation (Audiological)</li> <li>• Health/Medical</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Social/Emotional</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural/Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Assistive Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Motor</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Behavior</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>



## Considerations for the Evaluation Components for Deaf-Blindness

### ***Vision***

- An ophthalmologist's or optometrist's report stating the diagnosis and description of the visual problems may be included.
- Indication of acuity with correction and field of vision is necessary for determining the special services needed.
- When no response to the visual stimuli can be elicited from the child, a physician's report or existing medical records could fulfill this requirement.

### ***Hearing Evaluation (Audiological)***

- An otologists/otolaryngologist's (ENT) or audiologist's report stating the diagnosis and description of the hearing problems may be included.
- An audiogram is required to help determine the special education and related services needed.
- Information may also include medical information from a qualified physician, if determined appropriate, to assess the effect of the child's hearing impairment on the child's eligibility and educational needs but cannot be used as the sole criteria.
- When no response to the auditory stimuli can be elicited from the child, a physician's report or existing medical records could fulfill this requirement.

### ***Health/Medical***

- Information regarding specific syndromes, degenerative diseases/pathologies, and special health problems, the student's hearing and vision, and the long-term medical prognosis for the student should be collected and considered.
- When no response to the visual and hearing stimuli can be elicited from the student, a physician's report or existing medical records could fulfill this portion of the evaluation.

### ***Communication/Language***

- Evaluation of the student's ability to communicate with others is essential, including general developmental and functional levels in communication/language, preferred modalities for receptive and expressive language (spoken or signed), acquisition of new language skills, and speech articulation.

### ***Academic Achievement***

- Assessments selected and administered should accurately reflect the student's achievement level rather than reflecting the student's hearing and vision impairments.
- Evaluation procedures may range from standardized norm-referenced evaluations to a focus on basic developmental levels, or curriculum and functional skill-based criterion

referenced assessments. Screening data alone is not sufficient and an attempt to administer a standardized norm-referenced evaluation is warranted.

### ***Intellectual/Cognitive***

- Students who are deaf-blind have multiple barriers to learning and information gathering due to their combined hearing-vision loss, which may mask their cognitive abilities. Consequently, it may be helpful to identify the student's cognitive capabilities and vulnerabilities in relation to their learning.

### ***Developmental***

- Information regarding the age or developmental stage the child was at upon the diagnosis of the student's vision and hearing impairment or underlying medical condition or treatment implemented that may have affected the student's sensory functioning will provide information on what areas of development may have been delayed or interrupted. Undiagnosed sensory conditions will significantly impact the child's developmental progress.
- Early developmental stages involving the child's understanding of their environment and social cues will be valuable information for the team to consider (for example, motor skills impacted by not being able to visually locate and play with toys independently, or to interact with peers in a game).
- Developmental component includes information regarding the child's overall developmental history, skills and abilities in relationship to age-based expectations.

### ***Social/Emotional***

- Information should be gathered from multiple sources (parents, teachers, student) utilizing methods such as norm-referenced measures, rating scales, observations, and interviews.
- Information gathered should include the student's awareness of social cues such as gestures, body language, and the use of personal space. Many social skills are learned visually and auditorily, therefore a student with sensory impairments may struggle to understand social expectation and have a difficult time with incidental or group learning experiences.

### ***Adaptive Behavior***

- Adaptive behavior information must be assessed in a manner that reflects the ability of the student to compensate for the sensory losses (hearing and vision) in a variety of settings, including auditory and visual functioning.
- Information may be gathered by a hearing and/or vision specialist and should include auditory and visual functioning, as well as the student's mode of communication.
- Structured observations, which include considerations for hearing and vision in the educational setting may be utilized.

- Assessment should include a measure of the student's ability to function independently at home, at school and in the community with daily living skills (e.g., self-care, personal grooming skills, toileting, personal health, safety, etc.), communication skills, social skills, functional academics, and leisure.

### ***Background (Cultural and Educational)***

- Information gathered should take into consideration the student's educational history (school enrollments, attendance records, and grades repeated).
- Information regarding the child's cultural background in relationship to the child's linguistic factors should be considered as they relate to the child's development including the child's capacity to learn and use language.
- Consideration of cultural factors related to family background (family members use sign language, Braille or other modes of communication, cross-cultural communication).
- All student information should be interpreted in the context of school expectations with consideration given to the student's cultural background.
- The use of assessments and other evaluation materials must take into consideration the student's native language, alternative communication system, or mode of communication, including evaluations printed in the student's native language, or Braille if appropriate. An evaluator fluent in the student's native language or mode of communication is more valid and reliable than an interpreter (when possible). It is important to note if an interpreter is utilized in the administration of the evaluations to recognize the nature of the standardization procedures and any modifications provided. Evaluation manuals should be reviewed for best practices involving an interpreter.

### ***Observation in Classroom/Other Environment***

- Assessment must include direct observation of the student in the classroom and one other setting (gym, cafeteria, playground, or auditorium).
- Document the student's engagement, motivation, and how they navigate the environment from within the classroom setting, and other settings.
- Classroom observations should include how the student performs in the specific academic area(s) of difficulty or parent concerns.
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

### ***Assistive Technology***

- Depending on the individual student, the team should consider assistive technology for communication, daily living, recreation, mobility, computer access, environmental adaptations, hearing, and vision or Braille instruction needs.

## Key Eligibility Indicators for Deaf-Blindness

To qualify, students **must** meet one of the following conditions under the Degree of Vision Loss, **AND** one of the conditions listed under Hearing Loss, as listed below.

### ***Degree of Vision Loss***

- Low Vision (visual acuity of 20/70 to 20/200 in the better eye after the best possible correction)
- Legally Blind (visual acuity of 20/200 or less in the better eye after the best possible correction or field restriction of 20 degrees or less)
- Light Perception Only
- Totally Blind
- Cortical Visual Impairment – CVI
- Diagnosed Progressive Loss
- Documented Functional Vision Loss

### ***Hearing Loss***

- Mild (26-40 dB loss)
- Moderate (41-55 dB loss)
- Moderately Severe (56-70 dB loss)
- Severe (71-90 dB loss)
- Profound (91+ dB loss)
- Diagnosed Progressive Loss
- Documented Fluctuating Hearing Loss
- Cochlear Implants/Hearing Aids
- Auditory Neuropathy

A combination of concomitant hearing and vision impairments (dual sensory impairment) that causes severe communication and other developmental and learning needs that cannot appropriately be met in special education programs provided solely for students with deafness or blindness. The team should consider how the student's dual sensory impairments adversely impact the student's educational performance applied broadly to all areas (academic, social/emotional, communication, adaptive behavior, and daily living).

The IEP team must consider any medical documentation in the eligibility determination involving a degenerative condition or syndrome (degenerative disease or pathology such as a student who is deaf diagnosed with retinitis pigmentosa).

Weaknesses in visual perception, visual motor integration, or visual memory are not included in the diagnosis of cortical visual impairment which is damage to visual pathways or visual centers of the brain (CVI is not perceptual in nature).

According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## DEVELOPMENTAL DELAYS

Each year, as part of the LEA’s assurances, the LEA will select Developmental Delays as a primary category for children ages 3-9 for their district, except for the sensory disabilities, or select that all students determined eligible will be identified as having a specific primary category of disability within their district. Only districts who select Developmental Delays may utilize this category of disability. Refer to the Oklahoma Special Education Policies and Procedures Section 17. “Developmental Delays vs. Disability Category” for more information.

Definition
<p>34 C.F.R. § 300.8 Child with a disability.                      (b) Children aged three through nine experiencing developmental delays. The term child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111 (b), include a child                      (1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development.</p> <p>(Authority: 20 U.S.C. § 1401(30))</p>

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Developmental Delays**, refer to the “Professional Assessment Competency Areas” chart.

Required Components of a Comprehensive Evaluation for DD	
REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>● Motor</li> <li>● Communication/Language</li> <li>● Intellectual/Cognitive</li> <li>● Developmental</li> <li>● Social/Emotional</li> <li>● Adaptive Behavior</li> <li>● Background (Cultural/Educational)</li> <li>● Observation in Classroom/Other Environment</li> <li>● Vision Screening</li> <li>● Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>● Health/Medical</li> <li>● Vision Evaluation (Ophthalmic or Optometric)</li> <li>● Hearing Evaluation (Audiological)</li> <li>● Academic Achievement</li> <li>● Perceptual Processing</li> <li>● Psychological</li> <li>● Behavior</li> <li>● Assistive Technology</li> <li>● Other Intervention Documentation</li> <li>● Vocational</li> </ul>

Children ages 3 through preschool or those who turn 5 after September 1 of that school year, must be assessed using the five (5) domain areas for determining developmental delays which include: 1) motor, 2) communication/language, 3) intellectual/cognitive, 4) social/emotional, 5) adaptive

behavior. A screener for the five domain areas is **not** considered an evaluation for eligibility for special education and related services.

Students aged 5 through age 9 may be assessed using these five domain component areas **or** the specific components required for a suspected category of disability or disabilities.

## Considerations for the Evaluation Components for DD

### **General Considerations**

- Developmental delays reflect significant discrepancies in the acquisition of age-appropriate skills (performance levels outside the range of typical development not attributable to cultural/linguistic differences). These delays may or may not be resolved with the provision of special education services during early childhood and early elementary years.
- Sufficient data should be collected at the time of the initial eligibility evaluation to identify suspected disabilities, which will be confirmed or ruled out by comprehensive evaluation before the child turns ten (10) years of age.

### **Evaluation of Students Ages 3 through Preschool (Age 5 after September 1)**

- Areas of developmental assessment
  - Motor (Physical development) – includes skills involving coordination of both the large and small muscles of the body (e.g., gross, fine, and perceptual-motor skills);
  - Communication/Language development – includes skills involving expressive and receptive communication abilities, both verbal and nonverbal;
  - Intellectual/Cognitive development – includes skills involving perceptual discrimination, memory, reasoning, academic skills, and conceptual development;
  - Social/Emotional (Social or emotional development) – includes skills involving meaningful social interactions with adults and other students, including self-expression and coping skills;
  - Adaptive development – includes daily living skills (e.g., eating, dressing, and toileting) as well as skills involving attention and personal responsibility.
- Source of Information: Information should be obtained from a variety of sources and could include medical records, records from SoonerStart (or early intervention services), records/developmental screenings from childcare programs, parent and provider interviews, developmental inventories, observations in a variety of settings, and norm-referenced rating scales.

## ***Evaluation of Students Ages 5 (On or Before September 1) through 9***

- If the LEA has elected to utilize the category of “Developmental Delays,” the student may be evaluated and found eligible based on sufficient key eligibility indicators from the suspected disability category. However, their category of eligibility will still be “Developmental Delays” with the suspected category listed.
- If the LEA chooses to utilize the category specific evaluation components of students aged 5 through 9, instead of the five domains, the evaluation components will be the same as those of the suspected disability category.
- Do **not** use the label Developmental Delays if the student is eligible for services under the category of a sensory disability such as deaf-blindness, hearing impairment including deafness, or visual impairment including blindness.
- If a student is initially identified as meeting eligibility for Intellectual Disability before the age of 7, a re-evaluation with a formal assessment of cognitive and adaptive functioning should be conducted at the child’s first subsequent reevaluation.

## **Key Eligibility Indicators for DD**

### ***Evaluation of Students Ages 3 through Preschool (Age 5 after September 1)***

- Functioning one and a half (1.5) standard deviations below the mean in two developmental domains; OR,
- Functioning two (2) standard deviations below the mean in one developmental domain.
- At least two independent procedures/sources must be used to substantiate the delay and document the current levels of performance. One procedure must be a norm-referenced measure.
- In extraordinary cases, when a standardized score cannot be determined through a norm-referenced assessment that was attempted, a child may be determined to have Developmental Delays as their primary category based on functional assessments, existing data, observations, and the informed judgment of the multidisciplinary team.
  - The eligibility documents must include an explanation of the inability to obtain evaluation data from standardized, norm-referenced measures, and at least two independent sources of diagnostic information must be utilized to substantiate the delay.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency. For



preschool age children, a child must not be determined a child with a disability if the determining factor is a lack of appropriate instruction regarding early literacy and math development, including limited English proficiency. Questions and/or gathering of information about appropriate early literacy and math development in the home environments and/or other settings such as childcare or other environments will assist teams in determining if the child has been exposed to appropriate readiness skills. Questions for the family or other adults who provide care for the child might include: “Has the child been read to by adults?”, “Are there books in the home or does the family visit the library regularly?”, “What type of books or songs that include rhyming has the child been exposed to at home or in the daycare?”, “Is the child able to sort by color or by shapes?”, “Can the child count items (1:1 correspondence)?”, etc.

- All domains should be considered, and the evaluation must yield information needed to rule out any exclusionary criteria when making eligibility decisions. In addition to meeting sufficient key eligibility indicators under the Developmental Delays category, teams must also have sufficient evidence to identify the Suspected Disability using data. If the data from the two independent procedures/sources are contradictory; and therefore, make it difficult to make a determination, it is suggested to administer a third procedure/source for that specific domain. The team must ensure that each evaluation procedure is sufficiently comprehensive to identify all of the child’s possible special education and related services, if any.

### ***Evaluation of Students Ages 5 (On or before September 1) through 9.***

- May use five domain criteria (i.e., motor, communication/language, intellectual/cognitive, social/emotional, and adaptive behavior), OR
- Meet sufficient key eligibility indicators for any specific disability category using the evaluation components required for a comprehensive evaluation.

## **OSEP Guidance on Preschool Age Children for DD and SLD**

IDEA does not require an LEA to use an RTI approach before a referral for evaluation or as part of determining whether a 3-, 4-, or 5-year-old is eligible for special education and related services. The category of specific learning disability is generally not applicable to preschool children with disabilities. The IDEA and the Part B regulations do not address the use of an RTI model for children suspected of having other disabilities.

It is up to the State to develop criteria for determining whether a child qualifies as a child with a disability, under 34 C.F.R. § 300.8, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability, or for determining an appropriate educational program for the child. 34 C.F.R. § 300.304(b)(1)(2).

## EMOTIONAL DISTURBANCE

### Definition

34 C.F.R. § 300.8 Child with a disability.

(C)(4)(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Emotional Disturbance**, refer to the "Professional Assessment Competency Areas" chart.

### Required Components of a Comprehensive Evaluation for Emotional Disturbance

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Perceptual/Processing</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Pre-Referral Considerations for Emotional Disturbance

Although interventions are not required for the identification of emotional disturbance, data from interventions will help the team demonstrate that difficulties have occurred over an extended period of time and have been resistant to change.

Documentation of interventions should include:

- Target Behaviors and Goals
  - An operational definition of the students' current behavioral problems.
  - An operational definition of goals for replacement behaviors and reductions in maladaptive behavior.
  
- Functional Behavioral Assessment Results
  - Intervention strategies
    - Antecedent strategies to prevent the behavior from occurring.
    - Instructional strategies for alternative skills to be taught.
    - Skill-building/reinforcement strategies to encourage socially appropriate behaviors.
    - Corrective consequences, including reductive strategies appropriately matched to the function of the student's behavior.
  
- Implementation documentation, including fidelity of implementation.
  
- Documentation of plan reviews and revisions with recommendations for changes to the intervention strategies as needed.

Maladaptive behaviors can be difficult to address in the classroom; however, interventions should be implemented with fidelity and of sufficient duration to determine their effectiveness. It takes time for students to learn appropriate replacement behaviors and to generalize them across settings.

## Considerations for the Evaluation Components for Emotional Disturbance

### ***Academic Achievement***

- The team must document a demonstrable, causal relationship between the student's emotional condition and adverse effects on educational performance. The student may perform in the proficient range on standardized assessments revealing no academic deficits, yet the student's significant difficulties with behavior, and mental health needs may be significantly impacting the student's performance in the classroom.
  
- Information regarding academic achievement include but is not limited to standardized norm-referenced achievement evaluations, and/or criterion-referenced assessments (e.g., curriculum-based measurements, benchmarks, district-wide assessments/common formative assessments, etc.).

### ***Intellectual/Cognitive***

- Evaluation instrument selection for measuring cognitive abilities should be informed by data collected in other areas (i.e., interview, observations, social interactions, screeners, including screeners used to identify students who are English Learners-EL, speech-language evaluations, or screening information, etc.) to eliminate selecting a cognitive evaluation tool that is not appropriate or to reduce test bias.
- Review and compare cognitive evaluations from outpatient/inpatient settings with school setting evaluations. Cognitive abilities may fluctuate depending on the student's emotional status and possible traumatic events.

### ***Developmental***

- Developmental history information should include a review of a student's development over time to determine how any early childhood experiences (adverse or otherwise) may have impacted social/emotional development and functioning.

### ***Psychological (Emotional/Mental Health Status)***

- Norm-referenced rating scales in both the home and school setting (or other age-appropriate settings as needed) of psychological behaviors should include evaluation procedures to appropriately measure the nature and severity of problem behaviors as well as the functional impact of a student's behavior on their participation and performance in the classroom, school, and community setting. It is recommended, when applicable, a self-rating be administered with the student regarding the student's perspective.
- Information should be obtained from multiple raters across a variety of settings.
- Evaluation/Assessment data should provide an accurate picture of the nature, severity, and prevalence of problem behaviors as well as the adverse effects on educational performance and progress.

### ***Social/Emotional***

- Norm referenced rating scales in both the home and school setting (or other age-appropriate settings as needed) of social-emotional skills should include evaluation procedures to appropriately measure the nature and severity of resulting behaviors as well as the functional impact of a student's behavior on their participation and performance in the classroom, school, and community setting. It is recommended, when applicable, a self-rating be administered with the student regarding the student's perspective of their social-emotional status.
- Assessment data should provide an accurate picture of the nature, severity, and prevalence of problem behaviors as well as the adverse effects on educational performance and progress.
- Information regarding the student's previous experience being in social settings.

- Structured interviews should include, when applicable, the student, parent, and educators involved with the student. Play-based assessments may be conducted in lieu of a formal child interview.
- Gather and document information regarding the student's social history which may affect their likelihood of having an emotional disturbance. Key factors to consider are:
  - Social history and previous experience being in social group settings.

### **Behavior**

- Norm referenced rating scales to determine a pattern of behavior in the home and school environments. When applicable, it is recommended that self-ratings be administered with the student in order to obtain the student's perspective of their own behavior.
- Consideration of conducting a Functional Behavior Assessment (FBA). The process of conducting an FBA will include collecting data and analyzing the associated variables of the behaviors to develop a behavior intervention plan. A comprehensive Functional Behavioral Assessment will result in the following information:
  - Defined dimensions of the behavior:
    - Specific, observable, and measurable definitions of problem behaviors impacting participation, performance, and educational progress.
    - Setting events and antecedents for problem behavior.
    - Maintaining consequences for the problem behavior.
  - The hypothesized function of the behavior.
  - Age-appropriate and operationally defined behavioral goals.
  - Previously implemented strategies for changing the behavior.
  - Recommendations for a positive behavioral intervention plan that includes antecedent strategies, instructional strategies (alternative skills to be taught), skill-building/reinforcement strategies, and corrective consequences strategies, if needed.

For additional information, see Appendix H. "Guidance for Assessing Challenging Behaviors."

### **Adaptive Behavior**

- Information from multiple sources (describing functioning at home and school) to examine the impact of problem behaviors on emotional adjustment, social interactions, and personal independence.

### **Background (Cultural and Educational)**

- Gather and document information regarding if or how the student's family history may affect their likelihood of having an emotional disturbance. Key factors to consider are:
  - Exposure to adverse childhood experiences (abuse, neglect,) elevating the risk for emotional and behavioral issues.
  - Family history of mental health/emotional disturbance.

- Cultural factors should be considered as they relate to the student's development of social skills, emotional expression and responsivity, and age-appropriate social-emotional reciprocity.
- Consideration regarding the student's native language and proficiency in the English language, including differing social norms from the student's culture as factors to developing and maintaining social relationships.
- Consideration should be given to administer the test in the student's native language or the use of an interpreter, when appropriate.
- Review educational background (e.g., number of different school enrollments, number of discipline office referrals and suspensions, type of behavioral incidents, etc.) to determine if a pattern of behavior or emotional functioning has existed over a long period of time.
- Attendance and the number of removals from classroom to determine the student's exposure to the core curriculum instruction.

### ***Observation in Classroom/Other Environment***

- Assessment should include direct observation of the student's behavioral functioning (emotional adjustment, social interactions, and personal independence), preferably in multiple settings (i.e., unstructured, structured, in the classroom).
  - Interactions with peers and adults.
  - Response to instruction, direction, correction, and praise.
  - Response to classroom activities and events.
- Observation information should include comparison of the emotional characteristics of the student's peer group (i.e., same age, gender, cultural group, etc.) noting if the behavior and emotions of the student are more intense/severe and/or more frequent than typical peers.
- Information about behaviors that impact educational performance, such as classroom engagement/participation, motivation to complete tasks, study skills, etc.

### ***Health/Medical***

- Health/Medical information is not required; however, a review of existing medical conditions, that may cause atypical behavioral indicators, is suggested because it could be misunderstood as an emotional disturbance.
- The presence of a medical condition does not necessarily preclude placement under the category of Emotional Disturbance, but when present, the team should have sufficient documentation to rule out the condition as the primary cause of the student's emotional or behavioral difficulties.

- The team should gather current information about medications/treatments, which can have side effects that could be erroneously interpreted as an emotional disturbance.
- Students struggling with emotional issues may experience physical symptoms (e.g., headaches, stomach problems, shortness of breath, elevated heart rate). The manifestation of these symptoms should not be considered physically limiting factors that prevent qualification under IDEA.

## Key Eligibility Indicators for Emotional Disturbance

Student displays at least one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - This means the student is displaying an unsatisfactory rate of educational progress because of thoughts, feelings, and behaviors (e.g., anxiety, pervasive depression, or reality distortion) when other causes (such as learning disabilities, intellectual disabilities, and lack of motivation) have been considered and eliminated as the primary cause.
  - This inability to learn should not be confused with an unwillingness or disinterest in learning.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Examples of this include:
  - Inability to demonstrate age-appropriate sympathy, affection, empathy.
  - Inability to initiate and maintain a variety of social interactions, friendships at school, at home, and in the community.
  - Social isolation (e.g., anxiety-based or fear-driven avoidance of school-based interactions), immature attention-seeking behaviors; seeking negative attention from others, and/or lack of social awareness - violating social boundaries (e.g., overly affectionate).
  - Inability to be appropriately assertive, cooperative, and compromising in conflict situations.
  - Resistant to/non-accepting of adult instruction, direction, and correction.
- Inappropriate types of behavior or feelings under normal circumstances. Inappropriate behavior can be withdrawn, or extremely different or atypical in comparison to others in the same situation (considering developmental norms and peer comparisons), for example:
  - Flat, blunted, distorted or excessive affect.
  - Extreme changes or shifts in mood or feelings.
  - Rage reactions or violent temper tantrums out of proportion to the triggering event.
  - Extreme social withdrawal from typical activities with peers at school.
  - Pre-occupations, limited interests, perfectionistic expectations of self.
  - Aggressive response for unclear or unjustified reasons.

- A general pervasive mood of unhappiness or depression. Specific behaviors associated with depression include:
  - Flat, blunted, distorted, or negative affect; listlessness, apathy, fatigue.
  - Pessimistic, critical statements and self-perceptions (e.g., overly internalizing locus of control); expressing feelings of worthlessness, hopelessness.
  - Irritable mood; easily angered by activities of peers.
  - Loss of interest in age-appropriate activities.
  - Diminished ability to think, concentrate, or make decisions.
  - The manifestation of unhappiness that is pervasive, chronic, and observable in the school setting lasting beyond the time usually expected for reactions to a specific traumatic event or situation.
  
- A tendency to develop physical symptoms or fears associated with personal or school problems. Fears may range from incapacitating feelings of anxiety to specific and severe fear reactions and panic attacks to the degree that the student engages in consistent avoidance behaviors. Examples of this include:
  - Excessive and chronic physical symptoms that appear to have no known medical cause.
  - Physical reactions (increased heart rate, sweating, tremors) that appear to be linked to stressful events or conflict.
  - Worrying about learning or school performance to the degree that physical complaints are evident or result in the inability to function/participate.

The characteristic(s) must be displayed over a long period of time. This indicator requires the student to exhibit one or more of the behavioral characteristics long enough for concerns to be considered chronic. Chronic means behaviors may be demonstrated over a long period of time (e.g., six months), displayed very frequently over a short period of time, or through multiple acute episodes. A generally accepted definition of “a long period of time” is a range of two to nine months considering the chronological age of the student or intensity of the problem.

Shorter time periods might be appropriate for acute problems indicating a need for immediate intervention and support. However, this excludes short-term responses to situational stressors (e.g., death in the family, divorce, illness, birth of a sibling, family move) that are transitory and expected to subside over time under normal circumstances. When collecting data on the time period, the team should consider if problem behaviors have changed or improved after multiple interventions implemented in the school setting prior to referral.

The problem must be occurring to a marked degree. The team should consider the pervasiveness of behaviors across most settings (school, home, community), as well as the pattern of behaviors compared to others from the same age, gender, or cultural group. The severity/intensity of behavior must be clearly apparent to school personnel familiar with the student and not solely documented in psychological assessments or clinical settings.



Finally, the characteristics must adversely affect the child's educational performance. Manifestations of emotional problems must result in impairment of the student's ability to learn and/or perform academic or daily living tasks required in their educational program.

Considerations for education performance may include:

- Inability to pass from grade to grade;
- Work samples that show atypical thought processes or an inability to complete tasks;
- A demonstrably slower rate of skill acquisition/academic progress than that of typically progressing peers;
- Inability to attend, concentrate, follow directions, participate appropriately in classroom instructional activities that result from distorted thought processes or out-of-control emotions;
- Serious, recurring disciplinary problems that are related to key eligibility indicators and result in frequent removal from the educational setting;
- Must rule out other conditions as the primary cause of poor educational performance.

The term Emotional Disturbance includes students who are diagnosed with schizophrenia.

The term Emotional Disturbance does **not** include students whose primary cause of behavior is determined to be social maladjustment. Students with Emotional Disturbance and students with social maladjustment can display many similar characteristics. IDEA stipulates that a student who is solely socially maladjusted is not eligible for special education services as a student with a disability. However, a student who has a serious emotional disability along with social maladjustment could be identified as a student with a disability under the category of Emotional Disturbance, assuming sufficient key eligibility indicators are satisfied.

- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## **Social Maladjustment Considerations**

Multidisciplinary teams should assess for the presence of an Emotional Disturbance and then consider the degree to which social maladjustment is evident and impacting the student's behavior and educational progress. This process is supported by information from a functional behavioral assessment and data reflecting the student's response to positive behavior support strategies.

Social maladjustment is not specifically defined in federal guidelines. However, it is generally used to refer to a persistent pattern of violating social norms, persistent struggles with authority, poor motivation for schoolwork, and intentional/controlled, self-serving, or manipulative behaviors to avoid compliance with school/community expectations for student behavior.

Examples of socially-maladjusted behaviors may include, but are not limited to:

- Student understands but does not accept general behavioral standards;
- Student misses school by choice; achievement/educational progress influenced by truancy and/or a negative attitude towards school;
- Inappropriate behaviors may be goal-directed - student has an incentive to continue inappropriate behaviors to reach goals;
- Student may appear to have adequate self-esteem and self-concept; however, inappropriate behaviors may reflect an inflated self-concept, underdeveloped conscience (sense of empathy), feelings of inadequacy, or an external locus of control (blaming others for inappropriate behaviors);
- Student is frequently vigilant and intentional in efforts to avoid detection of misbehavior;
- Limited emotion attached to behavior; not disturbed by the violation of social norms;
- Accountability for inappropriate behavior may trigger explosive anger or rage in efforts to avoid consequences;
- May have family, peer, or neighborhood support for problem behaviors.

## HEARING IMPAIRMENT INCLUDING DEAFNESS

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

34 C.F.R. § 300.8 Child with a disability.

(c)(5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance, but that is not included under the definition of deafness in this section.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Hearing Impairment Including Deafness**, refer to the "Professional Assessment Competency Areas" chart.

### Required Components of a Comprehensive Evaluation for Hearing Impairment Including Deafness

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Hearing Evaluation (Audiological)</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Assistive Technology</li> <li>• Vision Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Evaluation</li> <li>• Motor</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual/Processing</li> <li>• Psychological</li> <li>• Social/ Emotional</li> <li>• Behavior</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

### Considerations for the Evaluation Components for Hearing Impairment Including Deafness

#### **Health/Medical**

- Information regarding specific syndromes and special health problems pertaining to the student's hearing and the long-term medical prognosis for the student should be collected and considered.

- Medical/Health history risk factors (e.g., ear infections, pre- and post-natal history, or other infections associated with risk factors involving a hearing loss such as rubella, meningitis or other neurological conditions resulting in vestibular damage.)
- If the medical/health history of a student reveals profound hearing loss from birth that may have affected the child's equilibrium, body awareness, and visual-motor functioning, the team may consider including the motor component as part of the evaluation.

### ***Hearing Evaluation (Audiological)***

- An otolaryngologist's (ENT) or audiologist's report stating the diagnosis and description of the hearing problems may be included.
- An audiogram is required to help determine the special education and related services needed.
- When no response to the hearing stimuli can be elicited from the child, a physician's report or existing medical records could fulfill this requirement.

### ***Communication/Language***

- Information gathered should include the student's language use, exposure, and preference.
- Evaluations of language should include areas of pragmatics, semantics, and syntax both receptively and expressively.
- Evaluations should include articulation and speech production.
- Information may also include descriptions of prosodic features such as stress, pitch, intonation, rhythm, or rate.
- Information should include speech intelligibility, and voice quality, including nasality.
- Assessments surrounding the student's spoken abilities to communicate will support determinations for possible assistive listening technologies, sign language, or a combination of supports. If the determination is assistive listening technologies, then the team may determine a need to add the Assistive Technology component to the evaluation.

### ***Academic Achievement***

- Assessments selected and administered must accurately reflect the student's achievement level rather than reflecting the student's hearing impairment.
- For preschool age children or not school aged, developmental readiness skills or pre-academic skills should be assessed to determine the baseline of foundational skills to build upon for instruction.

- Information regarding academic achievement includes but is not limited to standardized norm-referenced achievement tests and/or criterion-referenced tests (e.g., curriculum-based measurements, benchmarks, district-wide assessments/common formative assessments, etc.).

### ***Developmental***

- Undiagnosed hearing loss will significantly impact the child's developmental progress in language, social skills, motor balance, and possible other areas such as cognitive development. Information regarding the age or developmental stage the child was at upon the diagnosis of or the determination of a hearing loss or the identification of the underlying medical condition/treatment implemented that may have affected the student's hearing abilities will provide information on what areas of development may have been severely impacted or delayed or interrupted.
- Early developmental stages involving the child's understanding of their auditory environment or auditory social cues will be valuable information for the team to consider.
- Developmental component includes information regarding the child's overall developmental history, skills, and abilities in relationship to age-based expectations.

### ***Adaptive Behavior***

- Norm-referenced rating scales for both home and school may be utilized to collect data in areas such as self-help skills, daily living skills, independent functioning, and communication and social skills.
- Relevant adaptive behavior should be assessed in a manner that reflects the ability of the student to compensate for the loss of hearing.

### ***Background (Cultural and Educational)***

- Information should include cultural factors and family history including the hearing status of family members and their use of sign language if the student's mode of communication is sign.
- Evaluations and assessments must be administered in the student's native language or mode of communication, including sign language. It is important to note if an interpreter is utilized in the administration of the evaluations to recognize the nature of the standardization procedures and any modifications provided. Evaluation manuals should be reviewed for best practices involving an interpreter for the student who utilizes sign language.
- If the group of professionals involved in the evaluation determine to include the intellectual/cognitive component, the team may determine to use a nonverbal IQ test with a student who is deaf or hard-of-hearing instead of attempting to modify or break from standardization procedures in utilizing an interpreter.

### **Observation in Classroom/Other Environment**

- Structured observations, which include considerations for hearing in the educational setting and the distance and positioning of the student from sound sources, may be utilized.
- Classroom observations should include how the student performs in the specific academic area(s) of difficulty or parent concerns, including the degree of engagement/participation (e.g., number of times off task or provides no response when spoken to in class) and how the student's hearing loss is impacting their learning (e.g., holds head at an angle to place ear toward the person speaking or seems unable to locate the source of a sound or person speaking, etc.).
- Observations should include how the student accesses visual supports such as Closed Caption, deaf interpreter, cued speech, as well as if they have access to assistive listening devices (e.g., FM systems) for students with hearing aids or cochlear implants.
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

### **Assistive Technology/ Other Considerations**

- Assistive technology and communication needs, depending on the individual student, are additional special factors that should be considered in the evaluation process.

## **Key Eligibility Indicators for Hearing Impairment Including Deafness**

The audiological examination documents a student meets one or more of the following indicators, which adversely affect educational performance:

- Hearing loss measured within the range:
  - Slight (16-25 dB loss),
  - Mild (26-40 dB loss),
  - Moderate (41-55 dB loss),
  - Moderately Severe (56-70 dB loss),
  - Severe (71-90 dB loss),
  - Profound (91+ dB loss),
- Diagnosed Progressive Loss,
- Documented Fluctuating Hearing Loss,
- Cochlear Implants/Hearing Aids
- Auditory Neuropathy
- The IEP team must consider any medical documentation in an eligibility determination.

- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

For students who have a hearing impairment which does not adversely affect educational performance, teams should consider an initial evaluation under Section 504.

## INTELLECTUAL DISABILITY

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(6) Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Intellectual Disability**, refer to the "Professional Assessment Competency Areas" chart.

### Required Components of a Comprehensive Evaluation for Intellectual Disability

REQUIRED	AS NEEDED
<ul style="list-style-type: none"><li>• Communication/Language</li><li>• Academic Achievement</li><li>• Intellectual/Cognitive</li><li>• Developmental</li><li>• Adaptive Behavior</li><li>• Background (Cultural and Educational)</li><li>• Observation in Classroom/Other Environment</li><li>• Vision Screening</li><li>• Hearing Screening</li></ul>	<ul style="list-style-type: none"><li>• Health/Medical</li><li>• Vision Evaluation</li><li>• Hearing Evaluation</li><li>• Motor</li><li>• Perceptual/Processing</li><li>• Psychological</li><li>• Social/Emotional</li><li>• Behavior</li><li>• Assistive Technology</li><li>• Other Intervention Documentation</li><li>• Vocational</li></ul>

## Considerations for the Evaluation Components for Intellectual Disability

### Communication/Language

- If standardized norm-referenced tests do not yield valid results, consider evaluating communication competencies of receptive and expressive language and acquisition of new language skills, including the possible assessments of non-verbal communication, and use of assistive technology, as appropriate.
- Consideration of evaluating articulation skills both standardized and other sampling procedures to determine production of sounds (e.g., deletions, omissions, substitutions,



etc.), sounds in various word positions (e.g., initial, middle, and final) and connected speech (production of sounds in conversation).

### ***Academic Achievement***

- Present levels of performance in the general curriculum, achievement (in meaningful contexts), and age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.
- Measures of academic achievement indicate significant delays across subject areas, with consideration given to cultural or linguistic differences.
- Measures of educational performance include standardized norm-referenced achievement assessments and criterion-referenced assessments (e.g., benchmark and progress monitoring assessments-CBMs), curricular progress, records, interviews, and/or observations indicating the student's level of educational performance has been significantly below age or state-approved grade-level standards.

### ***Intellectual/Cognitive***

- Intellectual Functioning includes reasoning, problem-solving, planning, abstract thinking, judgment, learning from instruction and experience, and practical understanding.
- Intellectual functioning should be measured with individual, standardized, norm-referenced assessments. However, the abilities of students who possess severely limited abilities and/or functional communication skills may not be adequately captured with standardized assessments. In such cases, the team should consider other functional assessment options, such as existing records, previous assessments, current observations, and current performance levels.
- Consideration should be made to administer a non-verbal IQ instrument when there is a significant discrepancy between the verbal (being significantly lower) and nonverbal measures of the child's IQ scores.
- The use of rating scales, or developmental inventories cannot be used as a sole indicator for eligibility under this category.
- An IQ evaluation may result in a score that falls two or more standard deviations below the mean; and therefore, consideration of poor performance on the verbal, comprehension knowledge type of measures may be attributed to underdeveloped language skills/acquisitions or lack of vocabulary exposure. Consideration of a non-verbal IQ evaluation tool may be more appropriate.
- Part scores (i.e., scores representing subareas of cognitive ability) should not be used to determine intellectual disability.

- The student should be evaluated in their primary native language or mode of communication.
- If cognitive measures are significantly discrepant or inconsistent with adaptive behavior or educational functioning, further evaluation is necessary to determine the reason for the discrepancy and to ensure that the student's primary disability is within the general intellectual/cognitive area.
- Evaluators should minimize the impact of practice effects (i.e., inflated scores due to re-administration of the same or similar assessment) and the "Flynn effect" (i.e., overly high scores due to outdated test norms).
- Use a full-battery assessment designed to produce a comprehensive estimate of overall IQ. Brief intelligence screening tests or group tests are prone to error and not appropriate for identifying an Intellectual Disability.
- If a student is initially identified as meeting eligibility for Intellectual Disability before the age of 7, a re-evaluation with a formal assessment of cognitive and adaptive functioning should be conducted at the student's first subsequent reevaluation.

### ***Developmental***

- A thorough assessment of a child's developmental history, skills, and abilities in relation to expectations for the age group is an important component in determining if a student is displaying characteristics consistent with Intellectual Disability.

### ***Adaptive Behavior***

- Adaptive behavior includes the ability of the individual to perform daily activities independently required for personal and social sufficiency (e.g., eating, dressing, toileting, grooming, forming relationships, communication, safety, use of community resources, aware of other's feelings/interpersonal skills).
- Norm-referenced rating scales should evaluate adaptive behaviors of both the home and school setting (or other age-appropriate settings as needed).

### ***Background (Cultural and Educational)***

- To ensure appropriate identification of an individual with an Intellectual Disability, non-biased assessment procedures should be used. Various cultures may hold unique views regarding the level of functioning and skills expected of students at certain ages. Therefore, school teams must be culturally responsive in identifying a student with an Intellectual Disability. Non-biased assessment is not a particular test or instrument but rather a process of gathering information about an individual through a problem-solving approach that considers the influence of culture and language.
- Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's native language or mode of communication. It is important to note if an interpreter is utilized in the administration of the evaluations to

recognize the nature of the standardization procedures and document any modifications provided. Evaluation manuals should be reviewed for best practices involving an interpreter.

- Consideration of cultural factors related to family background, as well as the impact of the student's culture on their adaptive functioning skills.
- Information gathered should take into consideration the student's educational history (e.g., number of different school enrollments, attendance records, grades repeated, etc.).

### ***Observation in Classroom/Other Environment***

- Observations should include independent levels for practical skills (e.g., self-care, daily living skills, following routines or schedules, navigate a school building by themselves, etc.), social skills (e.g., interpersonal skills, social problem solving, ability to understand social safety dangers, etc.), and conceptual skills (e.g., decision making, understanding academic concepts, etc.) in relationship to same age peers.
- Observations must include the classroom setting and one other setting (e.g., playground, cafeteria, etc.) to determine differences in the student's adaptive domain areas (practical, social, and conceptual) across environments compared to same age peers.
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

### ***Health/Medical***

- Health/medical information is not required, but there may be additional information that needs to be addressed. Some students may have medical conditions which impact their stamina and engagement in learning tasks.
- For students who experienced head trauma/injuries, that were not related to birth trauma, nor are degenerative, nor present from birth, which may appear to be an intellectual disability, the LEA may instead want to consider the evaluation components for a suspected disability of Traumatic Brain Injury.
- Information regarding specific syndromes and special health problems pertaining to the student's cognitive and adaptive behavior functioning that pertain to the long-term medical prognosis for the student should be collected and considered, including any degenerative diseases/pathologies.

## Key Eligibility Indicators for Intellectual Disability

- Intellectual disability is a disorder that includes both intellectual **AND** adaptive functioning deficits that adversely affects the child's education performance. Eligibility criteria for Intellectual Disability include:
  - An intellectual disability is characterized as a significant delay in cognitive functioning **and** adaptive behavior.
  - Deficits in intellectual functioning, as measured by a standardized norm-referenced cognitive assessment. Specifically, the student achieves a standard score of two or more standard deviations below the mean on a measure of general IQ. A team may want to utilize the Standard Error of Measurement (SEM). A 95% confidence interval of the mean is a range which would indicate that the student's true score would be between SEM of an upper and lower limit  $\pm 5$ . The SEM may be used when the global scores of other measures fall two standard deviations below the mean, but the IQ score does not quite meet that measure. The SEM may indicate the student's true score falls within a range that includes two standard deviations below the mean allowing the team to make an eligibility determination of a severe cognitive delay.
  - Limitations in adaptive behavior domains (conceptual, social, and practical) is significantly impaired to the degree that ongoing support is needed for the person to perform adequately in one or more life settings (school, work, home, or in the community).
  - The overall adaptive behavior score must fall at least two or more standard deviations below the mean on a norm-referenced measure. Again, the team may want to use the same 95% confidence interval of the mean as used with the IQ regarding the student's true adaptive behavior score falling within the SEM of an upper and lower limit  $\pm 5$ .
  - If there are discrepancies in the rating scale results from home and school, the team should consider including an observation by a qualified professional to provide additional information about the student's independent adaptive functioning within the school and community environments. Also, the team should take into consideration the global scores of the other components measured (e.g., cognitive, academic achievement, etc.) as a systematic approach to determining if one of the rating results is an outlier of the overall evaluation results.
- A student with an Intellectual Disability may exhibit a sufficient number of or all of the following:
  - Difficulty with efficient and effective communication.
  - Difficulty with decision-making, behavior, social interactions, and participation in multiple learning environments.
  - A need for alternate methods to demonstrate their abilities and knowledge.
  - Uneven learning patterns in cognition, communication, socialization, and self-help domains.
  - Medical needs that impact health, stamina, and engagement in learning tasks.
  - Difficulty learning and maintaining new skills and generalizing skills to new environments.
  - Difficulty demonstrating problem-solving skills when new skills or information is presented in a traditional academic curriculum.

- A need for individualized methods of accessing information and demonstrating knowledge in alternative ways (tactile, visual, auditory, and multi-sensory).
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

Note: When there is a significant impact requiring special education programming to address more than one impairment, including intellectual disability, a Multiple Disabilities category may be considered.

## MULTIPLE DISABILITIES

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(7) Multiple disabilities means concomitant impairments (such as an intellectual disability and blindness, intellectual disability, and orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities category does **not** include deaf-blindness.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Multiple Disabilities**, refer to the “Professional Assessment Competency Areas” chart.

### Required Components of a Comprehensive Evaluation for Multiple Disabilities

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Assistive Technology</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Considerations for the Evaluation Components for Multiple Disabilities

### *Health/Medical*

- Multiple disabling conditions may occur, including intellectual disability, physical or orthopedic impairments, and sensory impairments/challenges.

- Health/medical information may inform the extent that medical needs impact health, stamina, and engagement in learning tasks.
- Additional information should be gathered if the child has epilepsy/seizures, trach, ventilator, feeding tube, etc.
- Any conditions diagnosed pre- and/or post-natal that may pertain to the long-term medical prognosis for the student should be collected and considered, including any degenerative diseases/pathologies.

### **Motor**

- Consideration of gross motor evaluation involving motor movement and the ability or limitations of accessing the educational environment (e.g., accessing playground equipment, climbing stairs, etc.), including the ability to participate fully in physical education (P.E.) or a need for adapted P.E.
- Consideration of fine motor evaluation involving performing daily living activities (e.g., eating, dressing-buttons/zippers, toileting, etc.), and manipulate materials required in the learning environment (e.g., picking up items, cutting with scissors, using technology, etc.).
- Information should include the student's range of motion, balance, strength, flexibility, coordination, muscle tone, muscle stamina, etc.
- Consideration of adaptive equipment for motor movement would require the expertise of qualified professionals in the fields of physical therapy and occupational therapy.

### **Communication/Language**

- It is important to plan the evaluation and gather information that may impact the evaluation tool selection process. Knowledge of the student's vision and hearing abilities is significant to the selection process since communication relies heavily on these sensory factors. However, additional information from the family or existing evaluations may disclose that student's vision abilities may allow them to receptively understand sign language, yet their fine motor skill deficits limit their ability to expressively produce the sign. In some cases, a student may be able to turn their head or elicit an eye gaze as a form of expressive communication.
- Consideration of evaluating communication competencies of receptive and expressive language and acquisition of new language skills, including the use of assessments of non-verbal communication, and the use of augmentative and alternative communication systems (AAC), as appropriate.
- Consideration of evaluating articulation skills, both standardized and other sampling procedures, to determine production of babbling, and possible sounds (e.g., deletions, omissions, substitutions, etc.), sounds in various word positions (e.g., initial, middle and final) and connected speech (production of sounds in conversation).

- When a standardized norm-reference evaluation does not produce valid results, it is recommended to utilize an interdisciplinary team approach to obtain as much functional communication information as possible for educational planning.

### ***Academic Achievement***

- Measures of educational performance include standardized achievement assessment, benchmark and progress monitoring assessments, curricular progress, records, interviews, and/or observations that indicate severe educational needs requiring highly specialized programming.

### ***Intellectual/Cognitive***

- The abilities of children who possess severely limited abilities and/or functional communication skills may not be adequately captured with standardized, individually administered cognitive assessments. In such cases, the team should consider other assessment options, such as existing records, previous assessments, current observations, and current performance levels.
- Caution should be used in only reviewing existing records or previous assessments or utilizing rating scales, developmental inventories, and assessments as a sole indicator for measuring intellectual/cognitive component.
- Consideration should be made to administer a non-verbal IQ evaluation instrument prior to determining other functional assessment options or gathering of information involving the child's intellectual functioning.
- When a standardized norm-reference evaluation does not produce a valid result, it is recommended to utilize an interdisciplinary team approach to obtain the necessary information regarding the student's cognitive functioning.

### ***Developmental***

- Information regarding the child's developmental history in physical (gross and fine motor), cognitive, adaptive, communication, and social/emotional areas should be used to determine the child's strengths and planning the evaluation, including educational needs.

### ***Adaptive Behavior***

- Norm-referenced rating scales should evaluate adaptive behaviors in both the home and school setting (or other age-appropriate settings as needed).
- A student with Multiple Disabilities generally demonstrates significant limitations in all three domains of adaptive behavior (practical, social, and conceptual).

### ***Background (Cultural and Educational)***

- Cultural and linguistic factors should be considered as they relate to the student's development, including use of native language, sign language, augmentative devices, or other modes of communication used by the family with the child in the home and community environment.



- Evaluation manuals should be reviewed for best practices involving an interpreter, modifications to the administration utilizing augmentative devices, etc.
- Collect information from the family regarding the student's special diets, or use of a food processor, etc.
- Educational history, including number of absences due to health-related conditions and/or number of hospitalizations that impacted the student's education, number of different school district enrollments, etc.

### **Observation in Classroom/Other Environment**

- Observations should include the child interacting with familiar people in familiar environments and unfamiliar individuals in unfamiliar settings to determine what factors stimulate communicative behavior regarding their vocal/verbal responses to actions and reactions, participation in the social interaction, etc.
- Consider setting up structured observations to elicit specific behaviors without adult support to determine the child's independent levels for practical, social, and conceptual adaptive functioning.
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

### **Assistive Technology**

- Depending on the individual student, the team should consider assistive technology for speech communication, learning/cognitive development, daily living, recreation, mobility, transportation modifications, computer access, environmental adaptations, hearing, and vision needs.

## **Key Eligibility Indicators for Multiple Disabilities**

- Multiple Disabilities are two or more concomitant severe impairments, one of which must include intellectual disability, such as intellectual disability and blindness, intellectual disability, and orthopedic impairment, etc.
- The combination of impairments together with a cognitive delay is evidenced through a multiplicity of severe educational needs.
- "Required" and "as needed" evaluation components will be determined by each suspected concomitant disability.
- An individual disability category paired only with Speech Language Impairment (e.g., Specific Learning Disability and Speech Language Impairment; Other Health Impairment and Speech Language Impairment) does not constitute eligibility under the category of Multiple Disabilities.

- Teams may only select multiple disabilities as a primary disability, and therefore, cannot list multiple disabilities as a secondary disability. However, one of the concomitant disabilities may be selected as a secondary disability, as appropriate.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## ORTHOPEDIC IMPAIRMENT

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Orthopedic Impairment**, refer to the "Professional Assessment Competency Areas" chart.

### Required Components of a Comprehensive Evaluation for Orthopedic Impairment

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Motor</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Assistive Technology</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Adaptive Behavior</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Considerations for the Evaluation Components for Orthopedic Impairment

### *Health/Medical*

- Medical information from a licensed physician, physician assistant (PA), or an Advanced Registered Nurse Practitioner (ARNP) providing relevant medical findings of orthopedic conditions, specific syndromes, health problems, medication, and any information deemed necessary for planning the child's educational program is required.

- Information gathered should include, if any, genetic disorders or degenerative diseases that severely impacts motor movement (e.g., muscular dystrophy), neuromotor impairments (e.g., spina bifida, cerebral palsy, injuries to the nervous system, spinal cord or brain), or musculoskeletal disorders (e.g., congenital condition such as clubfoot).
- Information regarding if the student is missing all or part of a limb due to a birth defect/disorder, disease, or a trauma induced event (e.g., amputation, accident, or burn causing severe damage to muscle, nerve, and bone).

### **Motor**

- Evaluation of motor functioning by a licensed physical therapist (PT) in the area of gross motor and/or occupational therapist (OT) in the area of fine motor, appropriate to the needs of the student, must be included.
- Information should include the student's visual motor skills, fine- and gross-motor coordination, body function or body structure (e.g., crossing the mid-line, grasping objects, using utensils, writing, buttoning, zipping, catching a ball with both hands, balance, posture, walking, climbing stairs, etc.) to assist in educational planning and supporting self-care, including play skills.
- Information should include the student's range of motion, balance, strength, flexibility, eye-hand coordination, muscle tone, muscle stamina, etc.
- Consideration of assistive technology and/or adaptive equipment for motor movement would require the expertise of qualified professionals in the fields of physical therapy and occupational therapy.

### **Academic Achievement**

- The effect the student's orthopedic impairment has on their present levels of performance in the general education curriculum, academic performance, achievement, or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.
- Information regarding academic achievement include but is not limited to standardized norm-referenced achievement evaluations, and/or criterion-referenced assessments (e.g., curriculum-based measurements, benchmarks, district-wide assessments/common formative assessments, etc.).

### **Developmental**

- Developmental history as it relates to the student's pre- and post-natal diagnosis of a neuromotor impairment, musculoskeletal disorder, genetic disorder, etc. and its impact on motor (head control, sitting up independently, crawling, walking), but also how the motor delay impacted other areas of development (speaking/communication language, adaptive behavior, social/emotional, and cognitive).
- Information as related to the age in which the motor condition occurred and the impact on the student's development at that stage in their life.

### ***Adaptive Behavior***

- Norm-referenced rating scales should evaluate adaptive behaviors (conceptual, social, and practical) in both the home and school setting (or other age-appropriate settings as needed).
- Information collected should include the student's independence levels compared to age peers in the areas of community use, occupation/transition skills, self-care, health safety, leisure/play, social, communication, etc.

### ***Background (Cultural and Educational)***

- Cultural and linguistic factors should be considered as they relate to the student's development. If these factors exist, then consider administering the evaluations in the student's native language or the use of an interpreter, or the use of nonverbal evaluations. Evaluation manuals should be reviewed for best practices involving an interpreter.
- Cultural background related to adult assistance or independence levels for daily living skills (e.g., feeding with utensils or using hands), and ways the family motivates the child to engage in motor activities.
- Educational history (e.g., difficulty completing assignments in a timely manner, absenteeism due to doctor visits/treatments or illness/chronic pain, number of different school district enrollments, etc.).

### ***Observation in Classroom/Other Environment***

- Observations should be conducted in the general education classroom to determine how the student's motor condition adversely impacts their education (e.g., completing tasks within a specified timeframe, participating with other students using classroom manipulatives, engagement, motivation, etc.).
- Observations in other settings should be included to determine the student's access to all school environments (even with accommodations or modifications in various settings such as the cafeteria, playground, and gym), including activities that might cause fatigue, attention/concentration, alertness (e.g., awkward balance or posture, forceful exertion, compensation with other limbs, repetitive motion, stiff or abnormal movements, etc.) that adversely impacts their ability to participate fully or their ability to learn.
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

### ***Assistive Technology***

- Assistive technology based on physical needs, depending on the individual student, are additional special factors that should be considered in the evaluation process.

### ***Other***

- Consider gathering information as to the type of accommodations or equipment necessary under emergency evacuations, daily living, field trips, etc. (e.g., student

utilizes a wheelchair or walker and attends classes on the second floor, then what type of equipment is necessary to transport the student in case of an emergency evacuation).

## Key Eligibility Indicators for Orthopedic Impairment

- The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
- The student has a severe orthopedic impairment caused by congenital anomaly, disease, or other causes, which adversely affects educational performance (e.g., motor condition that causes severe fatigue or endurance limitations that adversely impacts the student's ability to learn).
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

The need and subsequent eligibility for related services of physical therapy and occupational therapy do not automatically constitute eligibility under the Orthopedically Impaired category. Teams must determine through a comprehensive evaluation that a student meets sufficient key eligibility indicators in order to be identified as a student with an orthopedic impairment which adversely impacts the student's educational performance. If the student is not eligible under IDEA, then the LEA may consider referring the student for an evaluation under Section 504.

It is possible for a student to need and receive physical and/or occupational therapy as a related service on the IEP, and not meet eligibility criteria under orthopedically impaired as a primary or secondary disability. In this scenario, districts will receive secondary weighted funding based on the related service of PT/OT.

## OTHER HEALTH IMPAIRMENT

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that—

- (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (ii) Adversely affects a child’s educational performance.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Other Health Impairment**, refer to the “Professional Assessment Competency Areas” chart.

### Required Components of a Comprehensive Evaluation for Other Health Impairment

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Adaptive Behavior</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Considerations for the Evaluation Components for Other Health Impairment

### *Health/Medical*

- Health problems may include **but are not limited to** asthma, attention deficit hyperactivity disorder (ADHD), cancer, diabetes, epilepsy, fetal alcohol spectrum disorder (FASD), a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, stroke, or Tourette's Syndrome. (Note, Tourette's syndrome is a neurological disorder, not an emotional disorder).
- When physical health information is obtained, it should be from a licensed physician, physician assistant, or an Advanced Registered Nurse Practitioner (ARNP). Medical information should include relevant medical findings and diagnoses, health problems, medications, and other information needed to determine eligibility and plan for the student's educational program.
- Health information from the school nurse may also be useful to determine current functioning and student needs.
- Health history should include the degree and severity of the medical or health condition, including degenerative diseases.
- For some students, the group may need to gather information regarding health-related disorders. For example, a child with dysphagia (feeding and swallowing problems) may need additional information from a licensed physician and management by the SLP regarding procedures to minimize risks for choking and for aspiration during oral feedings. Students with feeding and swallowing problems (dysphagia) often present with unique and highly complex needs associated with management of their dysphagia that, if not properly managed, can have a negative effect on their ability to access an appropriate education. The SLP's role could include screening and gathering diagnostic information, communication and collaboration with caregivers, staff training and education, and the implementation and monitoring the medically prescribed dysphagia treatment plan. The SLP, OT, and nurse should consult with other team members of the school team (food services, paraprofessionals), parents/guardians, and outside medical providers to determine the nature of the services necessary (Refer to the Therapy Services Handbook regarding more information regarding services for students with dysphagia).

### *Academic Achievement*

- Current academic assessments should include reading, math, and written expression.
- Information regarding academic achievement includes but is not limited to standardized norm-referenced achievement evaluations, and/or criterion-referenced assessments (e.g., curriculum-based measurements, benchmarks, district-wide assessments/common formative assessments, etc.).



## ***Developmental***

- Developmental history should include pre- and post-natal birth medical or health conditions and the impact on all developmental domains (communication, cognitive, adaptive behavior, social/emotional, and motor).
- Information should also include how medications, if any, and/or health conditions affected the development of executive functioning, attention, memory, or the ability to process information.

## ***Background (Cultural and Educational)***

- Family history of similar health conditions or type of genetic disorders.
- Cultural and linguistic factors should be considered as they relate to the student's development. If these factors exist, then the consideration of administering the evaluations in the student's native language or the use of an interpreter, or the use of nonverbal evaluations. Evaluation manuals should be reviewed for best practices involving an interpreter.
- Educational history (e.g., chronic absences due to doctor visits, special health care treatments, hospitalizations, surgeries, etc. impacting exposure to the core curriculum; low grades due to late or missing assignments; grades repeated; number of different school enrollments, etc.).

## ***Observation in Classroom or Other Environment***

- Observations should be conducted in the general education classroom to determine how the student's health condition adversely impacts their education (e.g., concentration, engagement, starting tasks, attention to task, completing tasks, ability to follow multiple directions, memory, impulsivity, etc.).
- Observations in other settings should be included such as the cafeteria, playground, gym, etc., which may involve activities that cause fatigue, limited physical strength, alertness/distractibility, or vitality or stamina to sustain effort throughout the task.
- Information should include systematic observations/quantitative methods (e.g., interval recording to determine the frequency of a specific behavior such as time on-task vs off-task behavior compared to same age/same gender peer).
- If a child is less than school age or not in school, an observation of the child in an environment appropriate for a child of that age is required.

For additional information, see Appendix G in this document, "Guidance on the Continuum of Adaptive Skill Functioning."

## ***Special considerations for evaluation of services for ADHD***

- A medical diagnosis of ADHD is not necessarily required to determine whether a student is eligible for purposes of special education and related services under IDEA for an Other Health Impairment (OHI).
- Medical Physicians, Licensed Psychologists, LPCs or other mental health professionals are qualified to conduct evaluations for ADHD.

- A qualified professional from an LEA may conduct evaluations for the purpose of establishing the criteria for ADHD under OHI.
- Evaluations for ADHD, under the category of OHI for IDEA purposes, should be comprehensive and include both psychological, and social/emotional components utilizing norm-referenced rating scales for both home and school settings, including structured interviews and quantitative methods of observation.

## Key Eligibility Indicators for Other Health Impairment

- A medical diagnosis as the sole source of information is not sufficient to determine eligibility under IDEA. A comprehensive evaluation involving the required components is necessary to determine if there is an adverse impact on the child's educational performance. If there is not an adverse impact on the child's education, the LEA may consider referring the student for a Section 504 evaluation.
- The documented chronic or acute health impairment(s) must reveal an adverse impact on the student such as limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, resulting in limited alertness with respect to the educational environment.
- Health Impairment(s) are due to a chronic (i.e., for a long period of time or incurable or constantly recurring), or an acute health condition (i.e., sudden onset or short duration yet to a marked degree of intensity or severity). Examples of chronic or acute health conditions include asthma, attention deficit disorder or attention deficit hyperactivity disorder, central auditory processing disorder, near drowning, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome.
- While students with health/medical conditions may demonstrate skill ability in the average range on standardized achievement tests, significantly problematic behaviors resulting from the health condition may contribute to inconsistent performance of these skills in the classroom and may validate the presence of an educational need.
- An addiction or chemical dependency does not fall under a disability under IDEA solely by itself. However, if the use of the drug(s) creates a chronic or acute health condition that adversely impacts the student's education performance then the LEA must consider this independent health condition.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## SPECIFIC LEARNING DISABILITY

The OSDE has established options for determining a Specific Learning Disability (34 CFR § 300.307). At the beginning of each school year, as part of the district assurances, each LEA designates if they are using a **Scientific-Research Based Interventions** (Option 1 which is a Response to Intervention Processes) or **Traditional Discrepancy Model** (Option 2) for evaluating Specific Learning Disabilities. The LEA will use the selected option for all evaluations throughout the school year.

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(10) Specific learning disability—

(i) General. Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Specific Learning Disability** refer to the “Professional Assessment Competency Areas” chart.

## Required Components of a Comprehensive Evaluation for Specific Learning Disability

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Adaptive Behavior</li> <li>• Developmental</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Other Intervention Documentation</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

### Pre-Referral Considerations for Specific Learning Disability

As part of the pre-referral considerations, the school should consider the results of available academic universal screening data to identify students at risk for not achieving grade-level skills. Screening data should be used to identify remediation and intervention supports appropriate to address areas of concern. Outcomes of general education interventions help inform decisions about whether or not it is appropriate to suspect a learning-related disability.

To ensure adherence to the IDEA, interventions must be evidence-based. The term evidence-based means that a strategy or intervention demonstrates a statistically significant effect on improving student outcomes (Elementary and Secondary Education Act, § 8101(21)(A)). Implementing evidence-based interventions includes documentation of the intervention and monitoring the student's progress toward their goal.

The intervention documentation must:

- Demonstrate that the student was provided an intervention matched to the student's instructional needs in the general education setting,
- Indicate the intervention was delivered by qualified personnel, and
- Include a description of scientific evidence-based intervention.
- Determine if an intervention is evidence-based, the team should ask the following questions:
  - Has a study regarding the intervention been published in a peer-reviewed journal or approved by a panel of independent experts?

- Have other scientists replicated the results of the study?
- Is there consensus in the research community that a critical mass of additional studies supports the study's findings?

Progress monitoring is a process of measuring student growth of skills over time and is used to determine if the student is progressing adequately. This process is done using alternate forms of general outcome measures (e.g., Curriculum Based Measurement) and conducted regularly with students, who are performing below the benchmark and receiving intervention instruction. More information regarding the intervention and progress monitoring process may be found in the OTISS Implementation Guide at [www.otiss.net](http://www.otiss.net).

As part of the Review of Existing Data (RED) process, the school **must** have documentation regarding these evidence-based intervention attempts at remediating academic deficits in the form of targeted interventions delivered in addition to the general education core curriculum. See Appendix A. "RED/MEEGS Intervention Documentation."

## Considerations for the Evaluation Components for Specific Learning Disability

### ***Academic Achievement***

- Source of data for academic achievement may include:
  - Universal screening. Benchmark testing of all students, typically administered three times per year, focusing on foundational skills and aligned with state standards.
  - Formative and progress-monitoring assessments aligned with grade-level state standards. The assessments are used to monitor what students are expected to learn when provided with robust instruction within the general education setting.
  - Performance on state assessments. These are the state's general assessments aligned to state academic content standards for the student's enrolled grade.
  - Norm-referenced evaluations of academic achievement.
- See Key Eligibility Indicators below for more information on how this data will be utilized to determine eligibility based on the selected method of eligibility determination.

### ***Intellectual/Cognitive***

- Information regarding intellectual development may include, but is not limited to:
  - Review of data reflecting the student's response to intervention;
  - Standardized measures of cognitive ability (such as intelligence tests); and
  - Multiple indicators of age-appropriate adaptive and/or cognitive skills may be used to rule out intellectual disability as the primary cause of learning difficulties.

### ***Adaptive Behavior***

- Norm-referenced rating scales may be utilized to determine functioning levels of adaptive behaviors (conceptual, social, and practical) in both the home and school setting, or other age-appropriate settings as needed.

For additional information, see Appendix G in this document, “Guidance on the Continuum of Adaptive Skill Functioning.”

### ***Developmental***

- Information regarding the child’s developmental history, skills, and abilities in relation to expectation for the age group.
- Information provided by the student’s parents regarding the student’s developmental/educational history of progress on age- or grade-level state standards, developmental history questionnaires, or other information.
- If developmental delays have been present in cognitive, adaptive behavior, motor, communication/language and/or social milestones, the LEA may consider including additional components as part of the comprehensive evaluation and discussing with the parent possible suspected disabilities other than Specific Learning Disability.

### ***Background (Cultural and Educational)***

- Consider the family history of learning issues.
- Limited English proficiency must be ruled out as a primary factor for a Specific Learning Disability. If another language is primarily spoken in the home, then the LEA must take into consideration the student’s cultural and linguistic factors as they relate to the student’s development. Consideration should be given to administering the evaluations/assessments in the student’s native language or mode of communication. It is important to note if an interpreter is utilized in the administration of the evaluations to recognize the nature of the standardization procedures and any modifications provided. Evaluation manuals should be reviewed for best practices involving an interpreter.
- Educational history regarding the number of absences or number of different school enrollments (inter and intra- enrollments), which may have adversely impacted the student’s exposure to the core instruction and interrupted the scope/sequence of the learning process or produced significant learning gaps.
- Office discipline referrals or suspension information may need to be reviewed to determine a pattern of behavior related to academic tasks.

### ***Observation in Classroom/Other Environment***

- Systematic observation (quantitative methods) should be used during the general education curriculum instruction and during intensive, scientific research-based/evidence-based interventions provided to the student that is in addition to the core instruction regarding the student’s engagement behaviors.
- Classroom observations should include the subject of one or more area(s) of concern involving basic reading skills, reading fluency, reading comprehension, written expression, math calculation, math problem solving, oral expression and listening comprehension.

- Additional information should be gathered regarding skill deficit(s) (i.e., acquisition/accuracy), fragile skill(s) (i.e., student has the necessary skill but lacks automaticity/fluency), or performance deficit (i.e., student has the necessary skills and fluency but lacks motivation).

## Key Eligibility Indicators for Specific Learning Disability

### *Indicators for ALL SLD Evaluations*

The following three criteria must be met and documented for all SLD evaluations.

#### 1. **Significantly below-average academic achievement.**

- Documentation that the student does not achieve adequately for the student's age or meet state-approved grade-level standards when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards in one of the following areas:
  - **Oral Expression:** relates to a student's ability to express ideas, explain thinking, retell stories, categorize, compare and contrast concepts or ideas, make references, and problem-solve verbally.
  - **Listening Comprehension:** relates to the understanding of the implications and explicit meanings of words and sentences of spoken language. This includes following directions, comprehending questions, and listening and comprehending in order to learn (e.g., auditory attention, auditory memory, and auditory perception). Listening comprehension also includes the ability to make connections to previous learning.
  - **Written Expression:** involves processes related to the transcription of ideas and thoughts into a written product. Required skills include using oral language, thought, grammar, text fluency, sentence construction, and planning to produce a written product.
  - **Basic Reading Skills:** includes sight word recognition, phonics, and word analysis. Essential skills include identification of individual sounds and the ability to manipulate them, identification of printed letters and sounds associated with letters, and decoding of written language.
  - **Reading Fluency Skills:** relates to the ability to read words and text accurately, using age-appropriate chunking strategies and a repertoire of sight words, and with appropriate rate, phrasing, and expression (prosody). Reading fluency facilitates reading comprehension.
  - **Reading Comprehension:** relates to the ability to understand and make meaning of written text and includes a multifaceted set of skills. Reading comprehension is influenced by oral language development, including new vocabulary acquisition, listening comprehension, working memory, application of comprehension-monitoring strategies, and understanding of text structure, including titles, paragraphing, illustrations, and other details.

- **Mathematics Calculation:** relates to the knowledge and retrieval of mathematical facts and the application of procedural knowledge in computation.
  - **Mathematics Problem Solving:** relates to the ability to apply mathematical concepts and understandings to real-world situations, often through word problems. It is the functional combination of computation and application knowledge and involves the use of mathematical computation skills and fluency, language, reasoning, reading, and visual-spatial skills in solving problems.
  - Academic achievement data should be collected for all areas of a suspected disability.
  - To determine the extent of student underachievement, the use of multiple measures for assessing student achievement is recommended. These measures may include assessments that are used to drill down into a student's academic skill deficiencies, reading and math diagnostic tests using multiple measures, including, criterion-referenced tests, norm-referenced tests and/or curriculum-based measurements.
2. **Documentation that underachievement is not due to a lack of appropriate instruction in identified areas of concern. Include both:**
- Data that demonstrates before, or as part of, the referral process, the student was provided appropriate instruction in general education settings, delivered by qualified personnel.
  - Data-based documentation of repeated assessments of achievement at reasonable intervals that reflect student progress during instruction. This refers specifically to the use of local or national progress monitoring systems (e.g., district CBMs, AIMSweb+, DIBELS, etc.).
3. **Observation in Classroom/Other Environment**
- An observation of the student's academic performance and behavior in the student's learning environment, including the general education classroom setting, has been conducted by an evaluation group member, in addition to the student's general education classroom teacher.
  - The team may decide to use observational data obtained prior to the referral or to conduct an observation after the student has been referred for an evaluation and parental consent has been obtained. (In the case of a student who is out of school, a team member must observe the student in an environment appropriate for a student of that age.)



***Indicators for Option 1:  
Additional Eligibility Indicators for Scientific-Research Based Intervention Model***

The evaluation group must decide using a convergence of multiple sources of data demonstrating **a lack of sufficient progress in response to scientific, evidence-based interventions in one or more of the academic areas listed above.**

Documentation of the intervention process should be accomplished through an intervention plan and progress monitoring data generated from the intervention process.

The documented components should include:

- The scientific evidence-based interventions used,
- Dates, frequency, and duration of the intervention(s),
- The targeted skill(s), including the present levels of performance and a measurable goal,
- Data on the integrity of implementation of intervention as planned (e.g., percent of integrity/fidelity with which the intervention was delivered),
- The results of intervention, including the student’s overall performance and rate of improvement compared to the overall goal and rate of improvement,
- If the student’s progress is sufficient to meet overall goals by the end of the specified period.

The eligibility group will use the above data to determine if the student meets the following criteria:

1. **Criterion 1:** The student’s level of performance in the area of academic concern is significantly below what is expected for their grade and educational setting; **and**
2. **Criterion 2:** Individual student learning requires resources beyond what typically can be provided in the general education curriculum in order to make adequate progress that is consistent with national or local growth rate comparisons.

***Indicators for Option 2:  
Additional Eligibility Indicators for Traditional Discrepancy Model***

The evaluation group must document, using assessments and procedures, **a severe discrepancy between ability and achievement.** Based upon individually administered assessments **and** other evaluation data reviewed, a severe discrepancy of 1.5 standard deviations exists between the **full-scale intellectual ability score** and the standard score from one or more of the **eight areas listed under evaluation considerations for SLD.** The LEA may choose to utilize the regression toward the mean method in determining the severe discrepancy using an “obtained” or “predicted” IQ score from the regression formula. The team must not use age equivalents, grade equivalents, or relative proficiency index (RPI), nor a single subtest score to determine a severe discrepancy.

## Summary of Key Eligibility Indicators for Specific Learning Disability

Regardless of the chosen method for SLD eligibility determination, the team must:

- Document the procedures utilized to determine the presence of a Specific Learning Disability and the adverse effects on educational performance. For additional information, see the Specific Learning Disability Evaluation Questions Section of Appendix B, Frequently Asked Questions in this document.
- Establish criteria and a process for such determinations and make this information available to the group, including the parent(s), as needed.
- The group may not identify a student as having a Specific Learning Disability if the student's performance is primarily the result of a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage, or LEP.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## Dyslexia as a Specific Learning Disability

Specific Learning Disability is the umbrella term that includes conditions such as dyslexia, dysgraphia, dyscalculia, etc. Dyslexia is a term frequently used to refer to a spectrum of reading skills deficits. Dyslexia can result in relatively mild delays in learning to read or can result in a severe, persistent, pervasive pattern of reading skill deficits indicative of a specific learning disability. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

**Oklahoma recognizes dyslexia as a disability under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act.** In October 2015, the United States Department of Education issued a Dear Colleague guidance letter to ensure a high-quality education for children with Specific Learning Disabilities (SLD). The purpose of the letter was to "Clarify that there is nothing in the IDEA, which would prohibit the use of the terms dyslexia, dyscalculia, and dysgraphia in IDEA evaluation, eligibility determinations, or IEP documents."

### Differential Identification Questions for Dyslexia:

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?
2. Is there a deficit in phonological processing/phonemic awareness (Underlying causes of dyslexia)?
3. Is the reading, spelling, and phonological deficits unexpected? Does the student demonstrate cognitive ability to support age-level academic learning?
4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?
5. What are the student's strengths that could be assets?
6. Is there a family history of a learning disability or dyslexia?
7. Are there indicators of coexisting disorders (e.g., ADHD, dysgraphia, dyspraxia, anxiety) that may complicate the response to intervention and may deserve further assessment for identification?

When a request has been made for an initial evaluation, a multidisciplinary group of qualified professionals (for example the group might consist of positions such as a certified school psychologist, certified school psychometrist, speech-language pathologist, general and special education teachers, and the parent) must conduct a review of existing data.

To be eligible for special education and related services, the student must have a disability under the IDEA (which includes Dyslexia as a Specific Learning Disability in Reading). The disability must have an adverse impact on their education, and their unique, disability-related needs must require specially designed instruction in order to access the general education curriculum. It is important to note that the definition of Specific Learning Disability is slightly different in the IDEA compared to that of the DSM-5 medical diagnosis of Specific Learning Disorder. Outside evaluations may not have all of the evaluation components required to determine eligibility for special education services, and the student's team may request parent consent to complete additional assessments as necessary. Similarly, a diagnosis of dyslexia, does not automatically determine eligibility under the IDEA as additional assessments may be necessary by the LEA.

If the student is not found eligible for special education services under the IDEA, the results of the evaluations conducted should still be used to provide feedback on the educational needs of the student. When a student is not eligible for a disability category under the IDEA, a referral for an evaluation under Section 504 of the Rehabilitation Act should be considered. If eligible, a Section 504 plan can provide accommodations or other supports for the student. Additionally, the team should consider how any identified educational needs may be addressed through evidence-based interventions with available school resources.

## SPEECH OR LANGUAGE IMPAIRMENT

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

(Authority: 20 U.S.C. § 1401(3)(A)(B), (26))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Speech or Language Impairment**, refer to the "Professional Assessment Competency Areas" chart.

### Required Components of a Comprehensive Evaluation for Speech Language Impairment

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Communication/Speech/Language/Voice/Fluency</li> <li>• DD Category (Five domains required for ages 3 to 5 not yet eligible for kindergarten. If KG through age 9 then the five domains are optional, and may use required evaluation components based on the Suspected Disability)</li> <li>• Developmental History</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Adaptive Behavior</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Considerations for the Evaluation Components for Speech Language Impairment

### **Communication/Language**

- More than one evaluation measure must be used to determine the existence of a speech and/or language impairment.

- At least one assessment tool must be a standardized measure. Other measures may be informal or functional, such as observations, checklists, and/or language samples.
- Any informal or functional evaluation measure must be documented in the evaluation summary, whether speech/language is the primary disability, secondary disability, or a related service.
- Evaluation of speech skills may include articulation, voice, fluency, and oral-motor skills.
- Language skills may involve receptive and expressive language, including phonology, morphology, syntax, semantics, and pragmatics.
- A speech or language impairment may be congenital or acquired.
- Children with voice/resonance impairment must have a medical evaluation to rule out physical structure etiology by a medical specialist either prior to a comprehensive evaluation or as part of a comprehensive evaluation. The presence of a medical condition (e.g., vocal nodules, polyps) does not necessitate the provision of voice therapy as special education or related service, nor does a prescription for voice therapy from a medical doctor. A written order from a medical practitioner is a medical opinion regarding the medical evaluation or treatment that a patient should receive. When directed to a school, these medical orders should be considered by the group as a part of the eligibility process. The group, not a medical practitioner, determines the need for an evaluation for special education services based on documented adverse effects of the voice impairment on the child's educational performance.

### ***Developmental (Required for Developmental Delays Category)***

- A thorough assessment of a student's developmental history, skills, and abilities in relation to expectations for the age group is an important component of determining if a student is displaying characteristics consistent with a speech or language impairment.
- When evaluating for the DD category, procedures must evaluate all five domains of developmental functioning (adaptive, cognitive, communication, social/emotional, and physical). Refer to Key Eligibility Components of the Developmental Delays (DD) category in this document.

### ***Background (Cultural and Educational)***

- Cultural and linguistic factors should be considered as they relate to the child's development of social and language skills.

### ***Observation in Classroom/Other Environment***

- Assessment should include observation of students' communication skills in the educational setting.
- Appropriate social behaviors to observe may include nonverbal behaviors (eye contact/gaze, facial expressions, gestures, physical proximity, joint attention), peer relationships (frequency and quality of peer interaction), and social reciprocity

(approaching others, sharing interests, taking turns in conversation, tolerating changes in topic or interests of others, showing awareness of others).

### ***Hearing Screening***

- A hearing screening should be conducted to rule out possible hearing loss as a contributing factor to speech or language impairment.

## Key Eligibility Indicators for Speech Language Impairment

- A child may be eligible for special education services in the category of speech language impairment if, following a comprehensive evaluation; the child demonstrates impairment in one or more of the following areas: speech sound, fluency, voice, or language that negatively impacts the child's ability to participate in the classroom environment. The presence of an adverse effect of the speech language impairment on the child's progress in the curriculum, including social and/or emotional growth, must be documented in writing and used to assist in determining eligibility. Evidence that the communication impairment has an adverse effect on educational performance must be gathered and considered along with background information before a determination of eligibility can be made.
- When interpreting assessment data for a disability in the area of speech language impairment, it is **suggested** that 1.5 standard deviations (SD) below the population mean (approximately the 7th percentile, a Standard Score of 77 or below, when the mean is a standard score of 100) be used as the threshold level for establishing the presence of a disability. The individual eligibility group should determine how the student's deficits impact adverse effects on education performance (some students who have scores fall 1.5 SD below the mean may not have evidence indicating the experience of an adverse effect on educational performance; and therefore, may not require specially designed instruction and consequently may not be determined eligible for special education services). This cutoff should be applied to composite scores of receptive and/or expressive measures, or to the overall test scores, rather than individual subtests. Eligibility should not be determined solely by comparing a composite or overall score to this cutoff level. The standard error of measurement (SEM) should be considered for the individual situation. When evaluating a student in the areas of articulation and phonology, SLPs should consider how the student performs in the school setting to determine their educational need and eligibility for specially designed instruction.
- For children to be determined eligible under the category of Developmental Delays with a Suspected Disability Category of Speech Language Impairment, a complete evaluation must be obtained to determine if the child also meets eligibility criteria for speech and language impairment.
- Language Impairment is characterized by impaired comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance.
- The term "language impairment" does **not** include:
  - Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.

- Children who have regional, dialectic, and/or cultural differences.
- Children who have auditory processing disorders not accompanied by language impairment.
- Children who have anxiety disorders (e.g., selective mutism) unless it is also determined that they have a speech language impairment. There must be a documented speech language impairment that adversely affects the educational performance of these children to qualify for special education services.
- The age and cognitive levels of the student, including the professional judgment of the SLP and the eligibility group should be considered.
- Fluency Impairment is the interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment. Excessive tension, struggling behaviors and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany dysfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include dysfluencies evident in only one setting or reported by one observer.
- Voice/Resonance Impairment is the interruption in one or more processes of pitch, quality, intensity, or resonance that significantly reduces the speaker's ability to communicate effectively. Voice/Resonance impairment includes aphonia or the abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or gender. The term voice/resonance impairment does not refer to:
  - Anxiety disorders (e.g., selective mutism).
  - Differences that are the direct result of regional, dialectic, and/or cultural differences.
  - Differences related to medical issues not directly related to the vocal mechanism (e.g., laryngitis, allergies, asthma, laryngopharyngeal reflux (e.g., acid reflux of the throat, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse, neurological pathology).
  - Vocal impairments that are found to be the direct result of or symptom of a medical condition unless the impairment impacts the child's performance in the educational environment and is amenable to improvement with therapeutic intervention.
- An articulation/phonological disorder exists when:
  - The disorder is exhibited by omissions, distortions, substitutions, or additions.
  - The articulation interferes with communication and calls attention to itself.



- The disorder adversely affects educational or developmental performance.
- An articulation/phonological disorder does not exist when:
  - Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment.
  - Children who exhibit tongue thrust behavior without an associated speech sound impairment.
  - Differences are due to culture, bilingualism, or dialect, or from being non-English speaking.
  - There are delays in developing the ability to articulate only the most difficult blends of sound or consonants within the broad range for the student's age.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.
- Caution is necessary when evaluating a student whose native language is other than English. The acquisition of the English language is not to be mistaken as a language impairment.

## TRAUMATIC BRAIN INJURY

### Definition

34 C.F.R. § 300.8 Child with a disability.

(c)(12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both that adversely affects a child’s educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital, degenerative or to brain injuries induced by birth trauma.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Traumatic Brain Injury**, refer to the “Professional Assessment Competency Areas” chart.

### Required Components of a Comprehensive Evaluation for Traumatic Brain Injury

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Communication/Language</li> <li>• Academic Achievement</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual/Processing</li> <li>• Developmental</li> <li>• Social/Emotional</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/ Other Environment</li> <li>• Vision Screening</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Evaluation</li> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Psychological</li> <li>• Behavior</li> <li>• Assistive Technology</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

# Considerations for the Evaluation Components for Traumatic Brain Injury

## *Health/Medical*

- Medical information from a licensed physician, physician assistant or an Advanced Registered Nurse Practitioner (ARNP) should be obtained regarding relevant medical and neurological findings, medications, the student's current status and prognosis, and any rehabilitative services that were/are being provided which might be pertinent to planning the student's educational program.
- Medical information is necessary to establish that the student has an acquired brain injury that occurred after birth and was caused by an external force.

## *Communication/Language*

- Traumatic Brain Injuries may impact a variety of neuropsychological factors, including communication and language. The student's current functioning for communication and language should be evaluated.
- Consideration of additional information regarding how the student's reciprocal social communication may have been affected by the TBI.

## *Academic Achievement*

- Present levels of performance in the general curriculum, academic performance, achievement (in meaningful contexts), or age-appropriate activities will be important information for the team to document and consider. Readiness and developmental activities would be appropriate for children in the early childhood years.

## *Intellectual/Cognitive*

- Formal norm-referenced evaluation of cognitive/intellectual should also be supported by the functional and ecological/executive functioning assessment of the student's ability to generalize and apply skills in various settings.

## *Perceptual/Processing*

- The abilities of the student to effectively perceive, process, integrate, recall, respond to information, and communicate are important considerations.

## *Developmental*

- Developmental history **before** the TBI occurred in all areas: cognitive, motor, communication/language, adaptive behavior, and social/emotional development.
- Parent interview regarding the development of skills **after** the TBI occurred in all areas: cognitive, motor, communication/language, adaptive behavior, and social/emotional development.

### ***Social/Emotional***

- Information should include the functional assessment of the student's social skills and behaviors in various settings.

### ***Adaptive Behavior***

- Information should include the functional assessment of the student's skills and behaviors in various settings.
- If the student has not yet returned to school, adaptive behavior norm-referenced rating scales may need to be assessed in response to tasks that are similar to the school setting or other age-appropriate settings as possible.

### ***Background (Cultural and Educational)***

- Cultural and linguistic factors should be considered as they relate to the student's development. If another language is primarily spoken in the home, then the LEA must take into consideration administering the evaluations in the student's native language or other mode of communication. Evaluation manuals should be reviewed for best practices involving an interpreter.
- Educational history **prior** to the Traumatic Brain Injury (e.g., grades, assignment completion, office discipline referrals, exams, state-wide assessments, attendance, etc.) compared to the student's performance and behaviors **after** the TBI occurred also provides important information for educational planning and expectations for prognosis.

### ***Observation in the Classroom or Other Environment***

- Observation in the classroom and at least one other setting (e.g., cafeteria, playground, etc.) should include information about the student's executive functioning/abilities related to memory/processing speed (e.g., word retrieval, follow multiple step directions, response time to questions asked of student) sensory stimuli (e.g., dismissal tones/bell, noises within the classroom), motor abilities (e.g., balance, coordination, cutting with scissors, transferring objects between hands), communication involving attention/concentration (e.g., maintain conversation, transition to new topic of conversation) and behavior (e.g., organized with materials, transitions from one task to another, impulsivity, motivation).
- Information should include systematic observations/quantitative methods (e.g., interval recording to determine the frequency of a specific behavior such as time on-task vs off-task behavior compared to same age/same gender peer).

## Key Eligibility Indicators for Traumatic Brain Injury

- An acquired brain injury caused by an **external physical force** that occurred after birth must be medically documented.
- The evaluation information must establish that total or partial functional disability or psychosocial impairment, or both, are due to the injury.
- Traumatic brain injury applies to open (penetration of the skull) or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual, and motor abilities, psychosocial behavior, physical functions, information processing, and speech.
- Traumatic brain injury does **not** apply to brain injuries that are congenital, degenerative or to brain injuries induced by birth trauma.
- The resulting impairment(s) adversely affects educational performance.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.

## VISUAL IMPAIRMENT INCLUDING BLINDNESS

### Definition

34 C.F.R. § 300.-8 Child with a disability.

(c)(13) Visual impairment including blindness, means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

(Authority: 20 U.S.C. § 1401(3), (30))

Evaluations should be conducted within the context of a multidisciplinary group of qualified professionals administering assessments/evaluations within their areas of expertise. In determining the make-up of the multidisciplinary team members who are qualified to gather data or information for the required components that make up a comprehensive evaluation for **Visual Impairment Including Blindness**, refer to the “Professional Assessment Competency Areas” chart.

### Required Components of a Comprehensive Evaluation for Visual Impairment Including Blindness

REQUIRED	AS NEEDED
<ul style="list-style-type: none"> <li>• Health/Medical</li> <li>• Vision Evaluation</li> <li>• Academic Achievement</li> <li>• Developmental</li> <li>• Adaptive Behavior</li> <li>• Background (Cultural and Educational)</li> <li>• Observation in Classroom/Other Environment</li> <li>• Assistive Technology</li> <li>• Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Evaluation</li> <li>• Motor</li> <li>• Communication/Language</li> <li>• Intellectual/Cognitive</li> <li>• Perceptual Processing</li> <li>• Psychological</li> <li>• Social/Emotional</li> <li>• Behavior</li> <li>• Other Intervention Documentation</li> <li>• Vocational</li> </ul>

## Considerations for the Evaluation Components for Visual Impairment Including Blindness

### ***Health/Medical***

- Information regarding specific syndromes, degenerative diseases/pathologies, and special health problems regarding the student's vision and the long-term medical prognosis for the student should be collected and considered.

### ***Vision Evaluation***

- This information could include medical information from a licensed physician, if determined appropriate, to assess the effect of the child's visual impairment on the child's eligibility and educational needs but cannot be used as the sole criteria.
- An ophthalmologist's or optometrist's report stating the diagnosis and description of the visual problems may be included.
- Indication of acuity with correction and field of vision is necessary for determining the special services needed.
- When no response to the visual stimuli can be elicited from the child, a physician's report or existing medical records could fulfill this requirement.

### ***Academic Achievement***

- Assessments selected and administered must accurately reflect the student's achievement level rather than reflecting the student's vision impairment.

### ***Developmental***

- Developmental component includes information regarding the child's overall developmental history, skills and abilities in relationship to age-based expectations.
- Information regarding the age or developmental stage the child was at upon the diagnosis of the student's vision impairment or underlying medical condition.
- Treatment implemented that may have affected the student's field of vision functioning will provide information on what areas of development may have been delayed or interrupted. Undiagnosed visual impairment will significantly impact the child's developmental progress.
- Early developmental stages involving the child's understanding of their environment and social cues will be valuable information for the team to consider (for example, motor skills impacted by not being able to visually locate and play with toys independently, or to interact with peers in a game).

### ***Adaptive Behavior***

- Norm-referenced rating scales of adaptive behaviors in the home and school setting (or other age-appropriate settings as needed) are important to inform the student's functional performance and unique needs.

- Adaptive behavior information may be assessed by a vision specialist using a functional vision assessment in a manner that will reflect the ability of the student to compensate for the loss of vision or visual condition.
- Structured interviews with the parent regarding their child's independence level with adaptive behavior skills (including safety, community access, etc.).

### ***Background (Cultural and Educational)***

- Cultural and linguistic factors should be considered as they relate to the student's development. If another language is primarily spoken in the home, then the LEA must take into consideration administering the evaluations in the student's native language or other mode of communication. Evaluation manuals should be reviewed for best practices involving an interpreter.
- Family history of any specific syndromes, degenerative diseases or pathologies that lead to vision impairment or blindness.
- Family members use of large print books or Braille or adaptive equipment in the home setting with their child.
- Educational history regarding the student's vision difficulties, even with the use of glasses (e.g., accessing the school environment, seeing information written on the board or displayed on a wall within the classroom, viewing information at their desk, etc.).

### ***Observation in the Classroom or Other Environment***

- Observations should be conducted in the classroom environment as well as in a variety of other school settings (auditorium, hallway, cafeteria, library), activities (whole group instruction involving manipulatives, gym/recess accessing equipment, field trips accessing new environments, etc.).
- Observations should also include both near and far vision requirements to complete tasks.
- Structured observations, which include considerations for lighting, the size of the print, or material to be identified visually, and the distance and positioning of the student from objects to be viewed, may be utilized.

### ***Assistive Technology/Other Considerations***

- Depending on the individual student, assistive technology may be needed for mobility, computer access, daily living, recreation, vision, and possibly Braille instruction which may be additional special factors that should be considered in the evaluation process.



## Key Eligibility Indicators for Visual Impairment Including Blindness

- The vision examination must document that a student meets one or more of the following indicators, which adversely affect educational performance:
  - Low Vision (visual acuity of 20/70 to 20/200 or less in the better eye after the best possible correction),
  - Legally Blind (visual acuity of 20/200 or field restriction of 20 degrees or less in the better eye after best possible correction),
  - Light Perception Only,
  - Totally Blind,
  - Cortical Visual Impairment – CVI,
  - Diagnosed Progressive Loss,
  - Documented Functional Vision Loss.
- According to IDEA 34 C.F.R. § 300.306(b) Special Rule for Eligibility Determination: A child must **not** be determined a child with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction; lack of appropriate instruction in math; or limited English proficiency.
- The IEP team must consider any medical documentation in an eligibility determination.

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# APPENDIX A. EXAMPLE RED/MEEGS INTERVENTION DOCUMENTATION

## Example of a RED Intervention Documentation in EDPlan for a Reevaluation

DOCUMENTATION OF INTERVENTIONS: (only if suspected disability is SLD)		
<b>Targeted Behavior/Skill:</b>	Basic Reading Skills(decoding/phonics); sight words; oral reading fluency	
<b>Goal(s):</b>	<b>Was goal accomplished?</b>	<b>Recommended Action:</b>
After Tier 3 interventions, James will master 19 of 19 Lit First skills;	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James has mastered 13 of 19 phonics skills. His nonsense word reading fluency increased from 41 correct per minute to 59 correct per minute.
After Tier 3 interventions, James will accurately/fluently read 500 sight words	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James can accurately identify 160 of 500 sight words. James increased his word reading fluency from 33 words correct per minute to 43 words correct per minute.
After Tier 3 interventions, James will increase STAR Early Literacy score to 661 or greater; increase STAR reading score to 353 or greater	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James increased his score on the STAR reading from a scale score of 87 to a scale score of 226 (PR = 5).
After Tier 3 interventions, James will read grade-level text at a rate of 84 words correct per minute (winter norm for 4th grade).	<input type="radio"/> Yes <input checked="" type="radio"/> No	12/18/19: James can read 1st grade level text at a rate of 75 wcpm. He can read 2nd grade level text at a rate of 43 wcpm. James can read 3rd grade level text at a rate of 34 wcpm. James can read 4th grade level text at a rate of 42 wcpm (PR = 2). If he continues to increase skills at

<b>Interventions Attempted:</b>	James received Tier 3 intervention support which involves daily instruction (in addition to classroom instruction and individualization) for 30 minutes, targeting basic reading skills (phonics/decoding skills, sight word mastery, and oral reading fluency).
<b>Frequency and Duration:</b>	Tier 3 interventions are implemented daily for a minimum of 10 weeks (at least 40 sessions during that time). James started Tier 3 supports on 9/23/2019; progress was reviewed on 11/15/19. Outcomes were reviewed on 12/13/19 and it was recommended that James continue to receive Tier 3 intervention while results are reviewed with the parent and multidisciplinary team to consider need for Special Education services.
<b>Treatment Integrity Data:</b>	Attendance at school has been adequate to support skill remediation and progress towards educational goals. Logs of participation in Tier 3 activities reflect sufficient attendance/participation to benefit from additional instructional supports.
<b>Type of Measure Used to Define Outcome:</b>	<p><b>Measure:</b> During Tier 3 interventions, nationally-normed, curriculum-based skill probes are administered weekly to measure progress over time and compare to dual discrepancy criteria to consider further evaluation to determine eligibility for special education services in a specific curriculum area. Additional classroom-based assessments and district bench-marking assessments are also used to measure progress towards grade-level goals.</p> <p><b>Define Outcome:</b> Student performance falling at or above the 25th percentile represents performance within the range expected for students at a specific grade level. Performance at or below the 10th percentile after intensive, individual, Tier 3 intervention services indicates the need to consider special education services. James demonstrates indicators for suspecting an education-related disability in the area of reading because his rate of skill development and level of performance remains significantly below the performance of grade-level peers after intensive intervention activities.</p>

## Example of MEEGs Documentation of Intervention Data, Outcomes in EDPlan

ADDITIONAL PROCEDURES AND REQUIREMENTS FOR SPECIFIC LEARNING DISABILITIES	
<b>Identify the Model Used to Determine Eligibility</b>	<input type="radio"/> Discrepancy Model (a discrepancy of at least 1.5 standard deviations between intellectual ability and achievement exists in the board areas listed below) <input checked="" type="radio"/> Scientific Research-Based Intervention Model (described child-centered data below)
<b>Describe the method used and group findings (utilize "Documentation of Interventions for SLD")</b>	<p>James' received Tier 3 interventions (for 20 weeks) targeting basic word identification skills (decoding/phonics skills), fluent identification of high frequency words, and oral reading fluency. James received daily sessions which included direct skills instruction, guided practice, corrective feedback, and structured opportunities to generalize reading skills across text. Skill growth was monitored weekly using grade-level and below-grade-level skill probes. Additional assessments using classroom-based assessments and district benchmarking measures continued during Tier 3 intervention. (Specific Tier 3 outcome data are reported in the Assessment section of this document.) James' rate of improvement during intensive, individualized interventions remained below the typical rate of skill growth with this level of support, James' level of performance after intervention remained significantly below grade-level peers (PR &lt; 10) on multiple measures of reading skills.</p>
<b>Document any further information discovered during evaluation</b>	<p>Additional, summative assessments of reading skills using standardized, norm-referenced measures of basic reading skills, fluency, and comprehension, found significantly below grade-level skills in comparison with grade-level expectations/norms (PR &lt; 10).</p>
<b>Evaluation Comments:</b>	<p>Tier 3 interventions targeted word identification skills and oral reading fluency. Performance in these areas remained significantly below grade-level expectations for student performance and precluded monitoring of reading comprehension in grade-level text. Although reading comprehension skills were not monitored during Tier 3, it is recommended that James receive Special Education support for these skills. Poor performance on measures of oral reading fluency are highly correlated with reading comprehension skills, therefore, it is reasonable to conclude that James' reading reading comprehension skills will remain below grade-level expectations without individual instructional supports.</p>

## APPENDIX B. FREQUENTLY ASKED QUESTIONS

### General Eligibility Questions

#### When is it appropriate to include a secondary disability?

A primary disability is usually understood to be a student's major or overriding disability condition. When a student has more than one impairment or condition, the one that is most disabling typically is identified as "primary." The "secondary" is an additional disability that could be considered primary if the primary disability were to no longer be considered the major or overriding disability condition.

It is not uncommon for students who have a disability to have more than one disability, but the evaluation team must determine which is the major or overriding disability condition. If the two disabilities are concomitant, meaning the team cannot differentiate which disability is the overriding disability condition because they are both major, then it may be appropriate to consider whether the student meets eligibility criteria for the Multiple Disabilities category (Refer to pages 61-65). One of the concomitant disabilities **must be Intellectual Disability** for the student to have Multiple Disabilities.

#### When is it inappropriate to include a secondary disability?

It is inappropriate to have a secondary disability if the primary disability were to resolve, and there was insufficient data to support the secondary disability condition.

Exclusionary criteria exist that would prevent eligibility for some combinations of disabilities. For example, the IDEA mentions in the definition of a Specific Learning Disability (SLD) other categories of disabilities cannot be paired with a SLD category.

The IDEA federal regulations state:

34 C.F.R. § 300.8(c)(10)(ii).

(c)(10) Specific learning disability—

(ii) **Disorders not included.** Specific learning disability does **not** include learning problems that are primarily the result of **visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance,** or of environmental, cultural, or economic disadvantage.

(Authority: 20 U.S.C. § 1401(3), (30).

If a student has sufficient key eligibility indicators for one of the following disabilities to be determined the Primary Disability, then a Specific Learning Disability **cannot** be considered a Secondary Disability:

- Visual Impairment, including Blindness
- Hearing Impairment, including Deafness

- Deaf-Blindness
- Orthopedic Impairment
- Intellectual Disability
- Multiple Disabilities
- Emotional Disturbance

If one of the above disabilities is a Primary Disability then SLD would **not** be considered a Secondary Disability since the learning problems are primarily the result of either the visual, hearing, motor disabilities, as well as of intellectual disability, or of an emotional disturbance. Likewise, if SLD is a Primary Disability, then it would be inappropriate to list one of the above disabilities as a Secondary Disability to SLD.

A student's Primary Disability, as listed above, has an adverse impact on the student's academic performance causing an educational need (e.g. basic reading skills, reading fluency, or math calculation, or written expression) that would warrant academic service(s) on the IEP.

Autism is another category of disability that the IDEA defined with an exclusionary criterion. The IDEA federal regulations state:

34 C.F.R. § 300.8(c)(1)(ii)

(ii) "Autism does **not** apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance." Therefore, ED and Autism **cannot** be paired together as a primary and secondary disability.

Speech-Language Impairment as a Primary Disability with another category as a secondary disability is also inappropriate. SLI would move to the secondary disability if there were evidence of another disability impacting the student.

### **Can a student be determined eligible under IDEA if their only need is Occupational Therapy?**

In the IDEA 34 C.F.R. § 300.8(a)(2)(i) Child with a disability states the following:

(i) "Subject to [paragraph \(a\)\(2\)\(ii\)](#) of this section, if it is determined, through an appropriate [evaluation](#) under §§ 300.304 through 300.311, that a child has one of the disabilities identified in [paragraph \(a\)\(1\)](#) of this section, but only needs a related service and not special education, the child is **not** a child with a disability under this part."

If a disability exists, but the disability does not have an "adverse impact" and the student does not need specially designed instruction in special education, then the team might consider referring the student for a Section 504 evaluation.

## Specific Learning Disability Evaluation Questions

### **How do you complete the RTI process and not delay an evaluation request?**

In a memorandum from the US Department of Education to State Directors of Special Education dated January 21, 2011, the Office of Special Education Programs (OSEP Letter to Musgrove) stated that “states and LEAs have an obligation to ensure that evaluation of children suspected of having a disability is not delayed or denied because of implementation of an RTI strategy” (p.1). However, nothing in the guidance precludes the school from collecting RTI data as part of the evaluation process within the evaluation timeframe of 45 school days (approximately nine weeks of data collection).

### **Should I use intervention data to identify a 3 to 5-year-old as a child with a specific learning disability?**

In a memorandum from the US Department of Education dated June 2, 2010, that specifically addressed RTI data and the identification of children ages 3 to 5-year-olds, they stated that “No. It is not appropriate to require or encourage districts (LEAs) to use an RTI approach before referral of a 3 to 5-year-olds to determine eligibility for Special Education Services.” Furthermore, they noted that the Specific Learning Disabilities category is generally not appropriate for preschool children with other disabilities as instruction has either just begun or not yet been provided to 3 to 5-year-old children.

### **Can an LEA decline a Child Find referral from a Head Start program until the Head Start program monitors the child’s developmental progress using the RTI procedures?**

No. If a referral is received from a “Head Start program, the LEA must initiate an evaluation process to determine if the child is a child with a disability.” The LEA would first need to gain informed consent before conducting the evaluation. Once initial informed consent is obtained, the LEA would have 45 school days to complete the evaluation.

If the LEA does not suspect that the child has a disability and “denies the request for initial evaluation, the LEA must provide written notice to the parent explaining” why the LEA is refusing to evaluate and what information was used to form that decision. “Therefore, it would be inconsistent with the evaluation procedures for the LEA to reject a referral and delay the provision of an initial evaluation on the basis” of not implementing RTI.

### **Can data collected as part of the Reading Sufficiency Act (RSA) be used as intervention data to make a determination of eligibility for SLD?**

Data collected through the student’s RSA plan can be used as existing intervention data as a piece of information gathered that may be included as part of the comprehensive evaluation required to determine eligibility for special education services. Special education eligibility should **not** be determined based on one set of data alone. Additional testing would be required to determine eligibility (See SLD required evaluation components).

Qualified professionals are required to use a variety of assessment tools and strategies to gather relevant functional, developmental and academic information about the student, including information provided by the parent, as well as **cannot** use any one single measure or assessment as the sole criterion for determining whether a child is a child with a disability. Refer to 34 C.F.R. § 300.304(b)(1)(2).

**How does a multidisciplinary group determine specific learning disability (SLD) eligibility versus speech-language impairment (SLI) if the suspected disability is in oral expression or listening comprehension? What role should a speech-language pathologist play in the evaluation process?**

For students with a suspected disability in the areas of speech, language, or communication, the evaluation requirement is met with the inclusion of a speech-language pathologist as one of the qualified professionals on the multidisciplinary evaluation group. When the suspected disability is SLD in oral expression or an SLD in listening comprehension, the speech-language pathologist brings additional insight and information to the team and should routinely be included in the Review of Existing Data process to determine if there might be a suspected disability of SLI or if there is a need for additional data. Careful planning of the assessment battery is recommended so that the various members of the multidisciplinary team know what tests and subtests they are each administering. This Review of Existing Data and planning based on the suspected disability category(ies), by the qualified professionals and the parent, will minimize the over-testing and redundancy of testing in the various areas of the evaluation.

When there is conflicting assessment data, regardless of who administered or gathered the data, the multidisciplinary group of qualified professionals needs to collaborate to analyze the discrepancy. The type of language skills, area, modality, and task demand should be explored as possible explanations of the differences. Additional testing, either formal or informal, may be warranted to provide consistency or an explanation of the discrepancy.

To determine SLD versus SLI, the degree of significance of the adverse effect on academic performance is very important. If the academic needs are significant enough that speech therapy alone is not sufficient to help the student make academic progress, then an SLD diagnosis may be warranted.

A student can demonstrate communication differences, delays, or even impairments (e.g., articulation or fluency), without demonstrating an adverse effect on educational performance. Specific criteria for speech-language impairment must be met before a student can be found eligible as a child with a disability with speech-language impairment.



## **Can a student with Limited English Proficiency (LEP) or English Learner (EL) be referred for an initial evaluation for special education, and if eligible, qualify for services under the category of SLD?**

Students with Limited English Proficiency who may have a disability must be identified and evaluated for eligibility and services in a timely manner. A Dear Colleague Letter released by the Office of Civil Rights in January of 2015 noted that some school districts have a policy of delaying disability evaluations of English Learner (EL) students for special education and related services for a specified period of time based on their EL status. This policy is **not** permitted under the IDEA and federal civil rights laws.

Educators face an ongoing challenge in distinguishing the process of learning a second language from characteristics of a disability such as SLD (Butterfield, 2017). A student cannot be determined to have a disability if the “determinant factor” is limited English proficiency and if the student does not otherwise meet the definition under the IDEA of a “child with a disability.” Frequently, students at greatest risk of being misidentified as having an SLD are those who have received EL instruction long enough to acquire basic interpersonal communication skills (BICS) but who need more time to develop cognitive academic language proficiency (CALP), which takes approximately 5-7 years (Cummins, 2003; Thomas & Collier, 1997; Garcia & Ortiz, 2004). Time to develop academic language fluency depends on variables such as language(s) of instruction, academic proficiency in the native language, and degree of support for achieving academic proficiency.

To avoid inappropriately identifying EL students as having SLDs because of their limited English proficiency, EL students must be evaluated appropriately based on their needs and language skills. Members of the multidisciplinary group need to include professionals with training and expertise in second language acquisition and an understanding of how to differentiate between a student’s limited English proficiency and disability. While not always feasible, it is ideal for a bilingual school psychologist or speech pathologist to conduct a preliminary language proficiency assessment of an EL student in their native language and English to determine skill levels in both languages. The results of this preliminary assessment may help guide future assessment decisions such as which language(s) to conduct the cognitive, academic, speech and language, and other relevant portions of the assessment.

When determining whether an EL student may qualify for services under the category of SLD, the evaluation group of qualified professionals can consider these questions to inform decision making (Butterfield, 2017).

- 1) Has the student received intensive interventions using appropriate materials and strategies designed for ELs, and have they been implemented with fidelity over time and demonstrated little or no progress?
- 2) Does the team have data regarding the rate of learning over time to support that the difficulties are most likely due to a disability versus a language difference?
- 3) Has the team consulted with the parent regarding learning patterns and language use in the home?
- 4) Are there error patterns seen in the native language similar to the patterns seen in English?
- 5) Are the learning difficulties manifested across time and contexts?

**What is the recommended time for intervention(s) to be implemented to determine a student is demonstrating adequate growth?**

This will vary depending on the individual student, the skill targeted, the intervention selected, and the frequency of delivery. Research indicates academic interventions should occur for a minimum of 6-10 weeks, with some students requiring 10-20 weeks or more (Stoiber, 2014; Denton, 2012; Fletcher, Denton, Fuchs, & Vaughn, 2005). Additionally, it is generally recommended that if a student is not progressing after four weeks, then the intervention should be strengthened in duration, frequency, intensity, or skill being targeted (NCRTI, 2012). If parent consent for evaluation has been obtained, and interventions have not been started, then intervention data should be collected during the evaluation process, even if a full 20 weeks cannot be collected.

## APPENDIX C. EVALUATION COMPONENTS BY DISABILITY CATEGORY

	ASD	DB	DD	ED	HI	ID	MD	OI	OHI	SLD	SLI	TBI	VI
Health/Medical	○	●	○	○	●	○	●	●	●	○	○	●	●
Vision Evaluation	○	●	○	○	○	○	○	○	○	○	○	○	●
Vision Screening	●	N/A	●	●	●	●	●	●	●	●	●	●	N/A
Hearing Evaluation	○	●	○	○	●	○	○	○	○	○	○	○	○
Hearing Screening	●	N/A	●	●	N/A	●	●	●	●	●	●	●	●
Motor	○	○	●	○	○	○	●	●	○	○	○	○	○
Communication/ Language	●	●	●	○	●	●	●	○	○	○	●	●	○
Academic Achievement	●	●	○	●	●	●	●	●	●	●	○	●	●
Intellectual/Cognitive	●	●	●	●	○	●	●	○	○	●	○	●	○
Perceptual/Processing	○	○	○	○	○	○	○	○	○	○	○	●	○
Developmental History	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychological	○	○	○	●	○	○	○	○	○	○	○	○	○
Social/Emotional	●	●	●	●	○	○	○	○	○	○	○	●	○
Behavior	●	○	○	●	○	○	○	○	○	○	○	○	○
Adaptive Behavior	●	●	●	●	●	●	●	○	○	●	○	●	●
Background (Cultural & Educational)	●	●	●	●	●	●	●	●	●	●	●	●	●
Observations in Classroom/Other Environment	●	●	●	●	●	●	●	●	●	●	●	●	●
Vocational	○	○	N/A	○	○	○	○	○	○	○	○	○	○
Assistive Tech	○	●	○	○	●	○	●	●	○	○	○	○	●
Other Intervention Documentation	○	○	○	○	○	○	○	○	○	●	○	○	○

### LEGEND

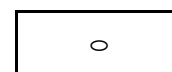
REQUIRED



Required for ALL



As Needed



## APPENDIX D. DOCUMENTATION FOR DIFFERENT EVALUATION SCENARIOS

FORMS/ DOCUMENTATION	EVALUATION SCENARIOS				
	Initial Evaluation	Additional Data Needed To Amend IEP	Re-Evaluation With No Further Assessments Needed	Re-Evaluation With Further Assessments Needed	Re-Evaluation To Dismiss Services
Record of Access/ Special Education File	Determined by District Policy				
Parent Contact Logged	Required				
REDS	Required	As Needed	Required	Required	Required
Parent Consent for Evaluation	If additional data needed Required. If using all existing data Not Required	As Needed	N/A	Required	As Needed
MEEGs	Required	As Needed	Required	Required	Required
Meeting Invitation	Required	As Needed	Required	Required	Required
Comment Form	As Needed				
Written Notice	Required				
Medical Report	As Needed				
Consent to Release/ Share Information	As Needed				
Parent Rights	Required upon initial referral or request for evaluation and at least annually thereafter.				

## APPENDIX E. WHEN SHOULD WE SUSPECT A STUDENT HAS A DISABILITY?

As a part of the Child Find process required in federal and state regulations, when a school team has data or is aware of facts and circumstances, which would reasonably lead one to believe the student's performance may be due to an education-related disability, then school personnel should refer the student for an initial evaluation. It is reasonable to suspect a student may have a disability in need of an initial evaluation if data is consistent with examples in the following scenarios:

**Scenario 1:** The student has a diagnosis of a health condition provided by an outside medical or mental health provider that is specifically listed in IDEA's disability categories or is included within one of IDEA's disability categories, and the condition has a discernible effect on the student's academic, behavior, and/or functional performance.

**Scenario 2:** The student has received high-quality behavior instruction and evidence-based behavior interventions, yet the student's challenging behavior(s) is/are not reducing, and the developmentally appropriate replacement response(s) is/are not increasing, which results in the continuing of having an impact on the learning of the student and others. However, the student is academically functioning on grade level when compared to peers on various academic assessments.

**Scenario 3:** The student has received high-quality instruction (general education core instruction and evidence-based supplemental instruction/intervention), and the student's academic performance is **not** meeting grade level standards. The student is meeting below grade level instructional levels, as well as is progressing towards meeting below grade level standards; however, the student requires continued and substantial resources to sustain adequate progress that may require the provision of special education and related services.

If the data indicates one of the scenarios mentioned above is occurring, summarize the data used on a RED form to reach a conclusion and cite this as a justification for seeking parental consent for an initial evaluation for the student.

If the existing data reveals there is no adverse impact on the student's academic, behavior and/or functional performance, then provide through a Written Notice to Parents, the rationale for the decision that a disability is not suspected under IDEA; and therefore, there is not a need to conduct an initial evaluation. (e.g., educational performance has improved using interventions at grade level; other, more plausible factors or exclusionary factors account for the student's performance; needs can be met through general education resources and interventions, etc.). This information can be used to support the district's refusal to conduct an initial evaluation.

## APPENDIX F. VIRTUAL ASSESSMENT GUIDANCE

Virtual service delivery (also referred to as telehealth) is defined as providing services remotely, where the practitioner and student are physically in two different locations, and services are provided using technology via the Internet. The following table outlines important considerations and guidance for virtual assessment. As more is learned and the practice of telehealth evolves, updates to best practice recommendations are expected. It is vital to remain current on legal mandates and ethical guidelines as they develop.

CATEGORIES	CONSIDERATIONS/GUIDANCE
<b>Practitioner Factors</b>	<p><b>Training and Competency</b></p> <ul style="list-style-type: none"> <li>● Practitioners should seek training to increase their understanding of potential risks and benefits associated with virtual assessment.</li> <li>● Additional training in the use of technology applications and/or virtually administered assessment tools may be needed before use.</li> </ul> <p><b>Credentials</b></p> <ul style="list-style-type: none"> <li>● Practitioners may consult with OSDE and professional associations as needed to ensure they are practicing within the limits of their credentials.</li> </ul>
<b>Student Factors</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>● Students with disabilities, students who are from economically marginalized communities, students in rural areas, and students in unstable home environments may encounter barriers to accessing virtual services.</li> <li>● Practitioners may need to engage in creative problem-solving to address barriers to student access when possible.</li> </ul> <p><b>Individual Needs</b></p> <ul style="list-style-type: none"> <li>● Practitioners should consider student needs on a case-by-case basis, and there is no one-size-fits-all approach to virtual assessment.</li> <li>● Individual student needs should be carefully considered when determining the appropriateness of virtual assessment.</li> <li>● Some assessments may be appropriate to complete with a student or parent virtually, while others may not.</li> </ul> <p><b>Student Safety</b></p> <ul style="list-style-type: none"> <li>● Emergency response plans need to be in place if students threaten harm to self or others during the course of a virtual assessment.</li> </ul>

CATEGORIES	CONSIDERATIONS/GUIDANCE
Technology	<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• A secure Internet connection and computer equipped with a camera, microphone, and speakers are needed.</li> <li>• Adequate privacy, lighting, and picture/audio quality are also important.</li> </ul> <p><b>Use</b></p> <ul style="list-style-type: none"> <li>• Students and parents may need training and assistance with virtual service delivery.</li> <li>• Practitioners should exercise the same level of professionalism when providing virtual services as would be provided in-person.</li> </ul>
Ethics and Law	<p><b>Privacy and Confidentiality</b></p> <ul style="list-style-type: none"> <li>• Federal laws guiding virtual service delivery include FERPA and HIPAA. While schools typically do not fall under HIPAA regulations, it is ideal to adhere to HIPAA guidelines.</li> <li>• Practitioners should ensure secure Internet access (not public WIFI) and video conferencing software with appropriate encryption.</li> <li>• Security measures should be in place to protect student information and dispose of data properly.</li> </ul> <p><b>Assessment Reliability and Validity</b></p> <ul style="list-style-type: none"> <li>• While publishing companies may allow practitioners to use assessment tools virtually as they deem appropriate, reliability and validity are of concern.</li> <li>• Assessment results may not hold up in a legal proceeding when test construction and norming samples did not include remote administration.</li> </ul> <p><b>Informed Consent</b></p> <ul style="list-style-type: none"> <li>• The parent must be informed of the risks and benefits of virtual assessment prior to providing their consent.</li> <li>• Parents must have the right to refuse virtual assessment.</li> </ul> <p><b>Problem-Solving</b></p> <ul style="list-style-type: none"> <li>• Practitioners should monitor and follow guidance from the U.S. Department of Education, Oklahoma State Department of Education, and local educational agencies.</li> <li>• Questions about specific cases should be directed to a supervisor or appropriate district-level administrator.</li> <li>• To determine the best course of action in individual cases: <ul style="list-style-type: none"> <li>○ Describe the problem situation</li> <li>○ Define the potential ethical-legal issues involved</li> <li>○ Consult available ethical and legal guidelines</li> <li>○ Confer with supervisors and colleagues</li> <li>○ Evaluate the rights, responsibilities, and welfare of all affected parties</li> <li>○ Consider alternative solutions and the likely consequences of each</li> <li>○ Elect a course of action and assume responsibility for this decision</li> </ul> </li> </ul> <p style="text-align: right;">(Armistead, Williams, and Jacob, 2011)</p>

## References

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## APPENDIX G. CONTINUUM OF ADAPTIVE SKILL FUNCTIONING

The level of severity should be based on adaptive functioning and not IQ scores. Adaptive functioning determines the supports that are required. IQ measures are less valid at the lower end of the IQ range.

FUNCTIONING LEVEL	CONCEPTUAL	SOCIAL	PRACTICAL
Below Average	<ul style="list-style-type: none"> <li>• Preschool: may have no noticeable difference.</li> <li>• School Age: Academic skill difficulties in one or more areas and requires support.</li> <li>• Older Children: Impaired abilities in abstract thinking, executive functioning, short term memory, and functional use of academic skills (ex. money management).</li> <li>• Generally, more concrete approaches to problem-solving than same-age peers.</li> </ul>	<ul style="list-style-type: none"> <li>• Immature social interactions when compared with same-age peers.</li> <li>• Communication, conversation, and language are more concrete and immature than same-age peers.</li> <li>• May have difficulties regulating emotions/behaviors expected for age</li> <li>• Limited understanding of risk in social situations.</li> <li>• Social judgment is immature for age.</li> <li>• At risk of being manipulated by others.</li> </ul>	<ul style="list-style-type: none"> <li>• May have age-appropriate personal care.</li> <li>• Some support is required for complex daily living tasks in comparison to same-age peers.</li> <li>• Recreational skills similar to same-age peers; however, judgment related to well-being and organization requires support.</li> <li>• Requires support to make important life decisions.</li> <li>• Usually able to learn a skilled vocation.</li> </ul>
Low	<ul style="list-style-type: none"> <li>• Student's development through all stages is markedly delayed from peers of the same age.</li> <li>• Preschool: Language and pre-academic skills develop slowly.</li> <li>• School Age: Progress in academic areas is very slow and limited compared to peers.</li> <li>• Older Children: Academic skills typically develop to an elementary level, and support is required for conceptual tasks in everyday life.</li> </ul>	<ul style="list-style-type: none"> <li>• Clear differences from same-age peers in social and communicative behaviors across development.</li> <li>• Spoken language is less complex than peers.</li> <li>• May not interpret social cues accurately.</li> <li>• Limited social judgment and decision-making skills.</li> <li>• Friendships with typically developing peers are impacted.</li> <li>• Significant support is necessary for social and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Extended period of teaching needed for personal care needs: eating, dressing, elimination, and hygiene, but can usually be achieved by adulthood.</li> <li>• Household tasks also require extended teaching but can usually be achieved by adulthood.</li> <li>• Maladaptive behaviors with some students can cause social problems.</li> <li>• Significant support is necessary.</li> </ul>
Extremely Low	<ul style="list-style-type: none"> <li>• Attainment of conceptual skills is limited and can generally involve the physical world instead of a symbolic process.</li> <li>• Generally, has little understanding of academic* tasks.</li> <li>• Requires extensive support for problem-solving throughout life.</li> </ul>	<ul style="list-style-type: none"> <li>• Spoken language is limited in vocabulary and grammar.</li> <li>• Speech may be single words or phrases.</li> <li>• Speech is focused on here and now.</li> <li>• Students have a limited understanding of speech and/or</li> </ul>	<ul style="list-style-type: none"> <li>• Supports required for all areas of daily living: meals, dressing, bathing, and elimination. Students may be able to participate in some aspects as they get older.</li> <li>• Require supervision at all times.</li> <li>• Skill acquisition involves long-term teaching and ongoing</li> </ul>

FUNCTIONING LEVEL	CONCEPTUAL	SOCIAL	PRACTICAL
	<ul style="list-style-type: none"> <li>• Students may use objects in a goal-directed way for self-care, work, and recreational activities.</li> <li>• Some visuospatial skills, such as matching and sorting based on physical characteristics can/may be acquired.</li> <li>• Co-occurring motor and sensory impairments may prevent the functional use of objects.</li> </ul>	<p>gestural communication.</p> <ul style="list-style-type: none"> <li>• Expresses wants and needs through mostly simple phrases, single words, and/or nonverbal, non-symbolic communication.</li> <li>• Enjoys relationships with family, caretakers, and familiar others.</li> <li>• May initiate and respond to social interactions through gestures and emotional cues.</li> <li>• Co-occurring sensory and physical impairments may prevent many social activities.</li> </ul>	<p>support.</p> <ul style="list-style-type: none"> <li>• May assist with some daily work tasks with support as they get older.</li> <li>• May participate in some recreational tasks with the support of others.</li> <li>• Co-occurring physical and sensory impairments may be barriers for participation.</li> <li>• Some students have maladaptive behaviors, which may include some self-injury.</li> </ul>

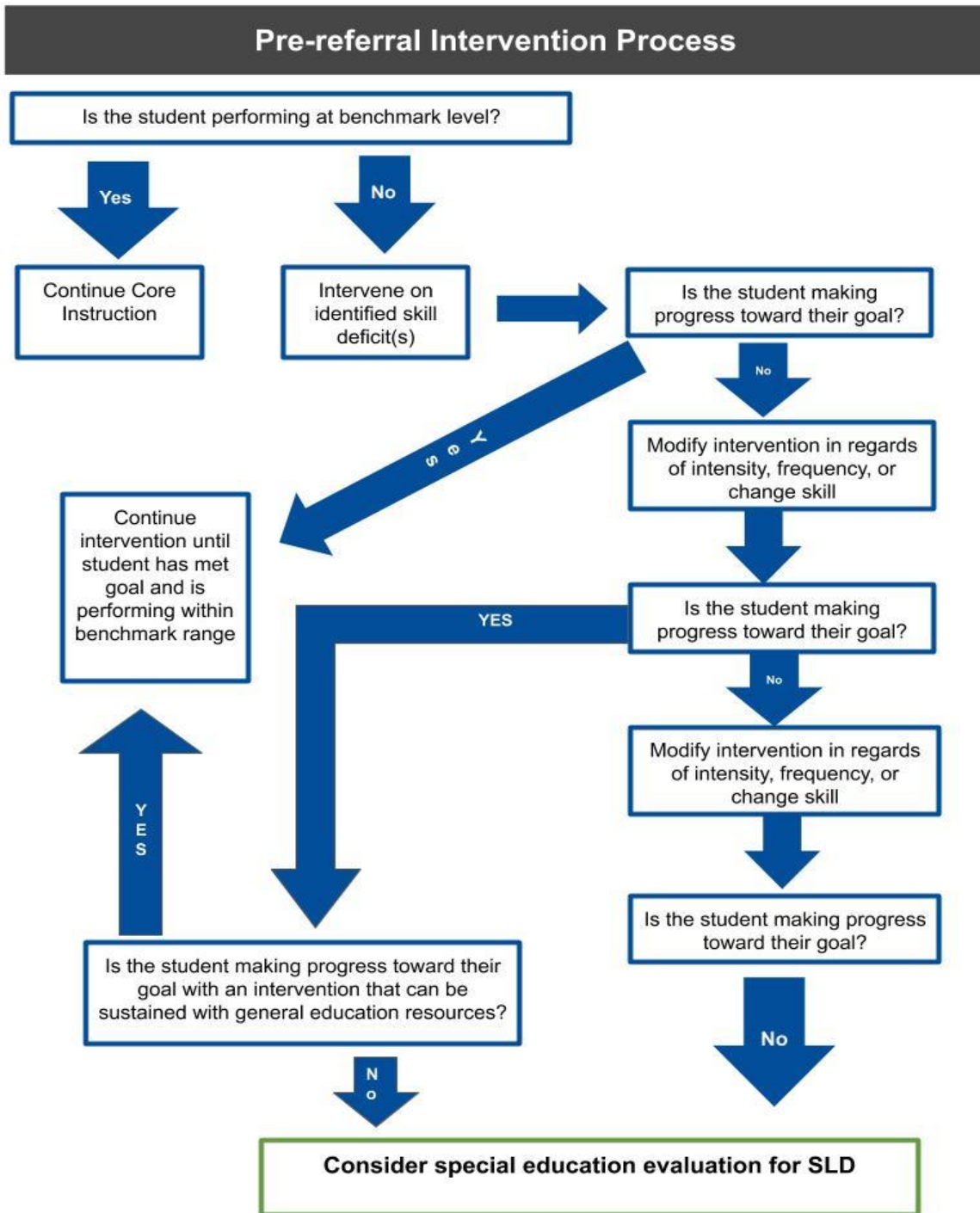
Note: \*Continuum of Adaptive Functioning chart adapted from American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.

## APPENDIX H. GUIDANCE FOR ASSESSING CHALLENGING BEHAVIORS

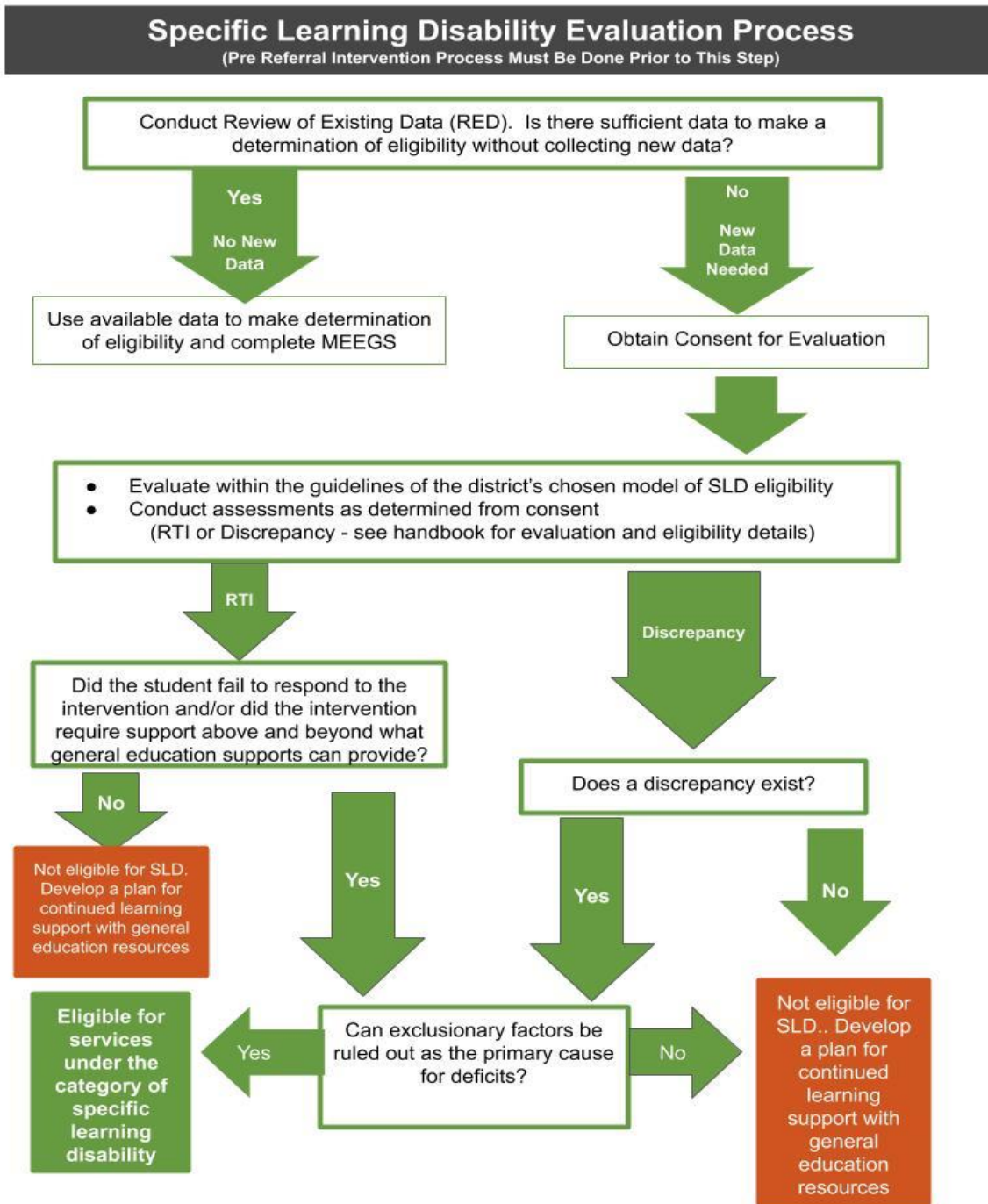
### Data-Based Considerations for Students with Challenging Behaviors

What do data tell us about the student's challenging behaviors?			
Does student display challenging behaviors to a "marked degree"?	Does student have a diagnosis that may impact educational progress?	Have challenging behaviors persisted "a long period of time" despite intervention?	Does student need substantial and sustained individual support to behave appropriately?
<p><b>Related data may include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>-Classroom observation with peer comparison</li> <li>-Skill v. performance deficit assessment</li> <li>-Norm-referenced parent and teacher ratings of behavior</li> <li>-History of office referrals, removals from setting, and disciplinary action (e.g., suspensions)</li> </ul>	<p><b>Diagnoses may include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>Mood disorders                             <ul style="list-style-type: none"> <li>-Anxiety</li> <li>-Depression</li> </ul> </li> <li>Disruptive Behavior Disorders                             <ul style="list-style-type: none"> <li>-DMDD</li> <li>-ODD</li> <li>-Conduct Disorder</li> </ul> </li> <li>Neurodevelopmental Disorders                             <ul style="list-style-type: none"> <li>-Autism</li> <li>-ADHD</li> <li>-ID</li> </ul> </li> </ul>	<p><b>Interventions may include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>-Academic intervention</li> <li>-Schoolwide positive behavior supports</li> <li>-Antecedent strategies</li> <li>-Accommodations</li> <li>-Reinforcement</li> <li>-Corrective strategies</li> <li>-Social skills group</li> </ul>	<p><b>Individual supports may include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>-Functional behavior assessment</li> <li>-Behavior intervention plan</li> <li>-Student safety plan</li> </ul>
<p><b>Do data suggest an adverse impact of challenging behaviors on...</b></p> <p style="margin-left: 40px;">Attendance or access to educational settings/opportunities? Academic engagement, performance, or progress? Interactions with peers or adults?</p> <p><b>Do data suggest challenging behaviors may be related to a suspected disability?</b> If "yes," request parent consent to consider eligibility for special education services.</p> <p><b>Consider:</b> While challenging behaviors can be associated with social/emotional skill deficits, not all challenging behaviors indicate an Emotional Disturbance. Depending on existing data, possible suspected disability categories could include:</p>			
<ul style="list-style-type: none"> <li>-Emotional Disturbance</li> <li>-Other Health Impairment</li> </ul>	<ul style="list-style-type: none"> <li>-Specific Learning Disability</li> <li>-Intellectual Disability</li> </ul>	<ul style="list-style-type: none"> <li>-Autism</li> <li>-Others</li> </ul>	
<p>If a student is found eligible for Special Education services, challenging behaviors can be addressed through the IEP in different ways regardless of the eligibility category.</p>		<p><b>The IEP may include, but is not limited to:</b></p> <ul style="list-style-type: none"> <li>-Accommodations</li> <li>-Positive Behavior Support Plans</li> <li>-Goals, Objectives</li> </ul>	

## APPENDIX I. PRE-REFERRAL INTERVENTION PROCESS FLOWCHART



## APPENDIX J. SLD EVALUATION PROCESS FLOWCHART



## APPENDIX K. FURTHER CLARIFICATION ON ADVERSE IMPACT

While an adverse impact that a disability has on an educational performance may imply a marked difference between the student's academic performance and reasonable (not optimal) expectations of performance, the definition of education performance cannot be limited to academics. This position is clarified by the Office of Special Education Programs (OSEP) in a March 8, 2007, Letter to Clark, 48 IDELR 77 where "educational performance" as used in the IDEA and its implementing regulations is defined as not limited to academic performance. Furthermore, based upon the IDEA definitions of a child with a disability in 34 C.F.R. § 300.8(a)(1) and specifically the definition of a child with an emotional disturbance, along with the definition of special education found in 34 C.F.R. § 300.39, it is clear that special education or specially designed instruction encompasses more than only academic instruction. Adverse effects on educational performance cannot, therefore, be based solely on discrepancies in age or grade level performance in academic subject areas. An adverse effect can be manifested through, for example, behavior, and social/emotional status. The adverse impact must be determined on a case-by-case basis and is dependent on the unique needs of the particular child. IDEA states (34 C.F.R. § 300.101(c)) that "*FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade and is advancing from grade to grade. The determination must be made on an individual basis by the group responsible within the child's LEA for making eligibility determinations.*" This guidance from the 2007 OSEP letter was validated when the U.S. District Court, Eastern District of California upheld an administrative decision in favor of the parent when the district determined the student was ineligible because the student's academic performance showed no deficits and ignored the student's significant difficulties with social, behavior, and mental health needs [*Rocklin Unified Sch. Dist. v. J.H., et al.*, No. 2:20-cv-01053-KJM-KJN (E.D. Cal. February 15, 2022)].

Indicators of educational performance can include present and past grades, report cards and reports of progress (social-emotional and/or academic), achievement test scores, and measures of ongoing classroom performance such as curriculum-based assessment (formative and summative assessments), work samples, and data relative to responses to tiered and targeted interventions. Various types of standards must be applied when making judgments about student progress to determine what constitutes an adverse impact on the student's educational performance. The student's overall performance should demonstrate a marked difference between actual and expected school performance. While determining a student's cognitive abilities and level of academic achievement may be useful, the focus should be placed on the student's overall performance in school and their response to interventions as illustrated in the data resulting from progress monitoring activities. Some students attain adequate achievement test scores but do not demonstrate appropriate academic progress. For example, when a severe and chronic pattern of failing to persevere with tasks and/or complete classroom assignments, which leads to an academic decline or failure in subject matter courses, a district may not deny an initial evaluation, based solely on a history of academic achievement success without considering other factors [*R.B., et al. v. North East ISD, SA-28-CV-01441-JKP* (W.D.Tex. February 16, 2022)].

The documentation of how the disability adversely impacts the student's educational performance must also substantiate that the educational deficiencies persist over time in spite of specific alternative strategies or the implementation of high-quality evidence-based interventions, which have been provided within the general education setting. The eligibility team should have evidence that tiered interventions and supports have been implemented with fidelity.

## APPENDIX L. ACRONYMS AND ABBREVIATIONS

504	Section 504 of the Rehabilitation Act of 1973
ABA	Applied Behavior Analysis
ABC	Antecedent, Behavior, Consequence
ABS	Adaptive Behavior Scale
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADM	Average Daily Membership
AEM	Accessible Educational Materials
APR	Annual Performance Report
ASD	Autism Spectrum Disorder
ASHA	American Speech-Language-Hearing Association
ASL	American Sign Language
ATAP	Assistive Technology Act Program
AT	Assistive Technology
AYP	Adequate Yearly Progress
BIP	Behavior Intervention Plan
CAP	Corrective Action Plan
CBM	Curriculum-Based Measurement
CD	Conduct Disorder
CEC	Council for Exceptional Children
CEIS	Coordinated Early Intervening Services
CFR	Code of Federal Regulations
CIP	Continuous Improvement Plan
COTA	Certified Occupational Therapist Assistant
CP	Cerebral Palsy
DB	Deaf-Blindness
DD	Developmental Delay
DHS	Department of Human Services

DIBELS	Dynamic Indicators of Basic Early Literacy Skills
DOC	Department of Corrections
DP	Due Process
DSM	Diagnostic and Statistical Manual of Mental Disorders
EC	Early Childhood
ECE	Early Childhood Education
ED	Emotional Disturbance
ESEA	Elementary and Secondary Education Act
EL	English Learner
ESSA	Every Student Succeeds Act
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
GED	General Educational Development
GEPA	General Education Provisions Act
GPA	Grade Point Average
GT	Gifted/Talented
HI	Hearing Impairment
HOUSSE	High Objective Uniform State Standard of Evaluation
IAES	Interim Alternative Educational Setting
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act 2004
IDELR	Individuals with Disabilities Education Law Report
IEE	Independent Educational Evaluation
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
IQ	Intelligence Quotient
ISP	Individualized Service Plan
LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment



MD	Multiple Disabilities
MEEGS	Multidisciplinary Evaluation and Eligibility Group Summary
MTSS	Multi-Tiered System of Supports
NAEP	National Assessment of Educational Progress
NASDSE	National Association of State Directors of Special Education
NS	Nonstandard Accommodation
OAC	Oklahoma Administrative Code
OAAP	Oklahoma Alternate Assessment Program
OCD	Obsessive-Compulsive Disorder
ODD	Oppositional Defiant Disorder
OCR	Office for Civil Rights
ODLC	Oklahoma Disability Law Center
OJA	Office of Juvenile Affairs
OHI	Other Health Impairment
OI	Orthopedic Impairment
OMB	Federal Office of Management and Budget
OPC	Oklahoma Parent Center
OSDE	Oklahoma State Department of Education
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services
OSTP	Oklahoma School Testing Program
OT	Occupational Therapy
OTISS	Oklahoma Tiered Intervention System of Support
PBIS	Positive Behavioral Interventions and Supports
PBS	Positive Behavioral Supports
PDD	Pervasive Developmental Delay
PP	Paraprofessional
PT	Physical Therapy
PTA	Physical Therapist Assistant
RDA	Results Driven Accountability
RED	Review of Existing Data
RtI	Response to Intervention
SBI	Serious Bodily Injury

SBE	State Board of Education
SBR	Scientifically Based Research
SD	Standard Deviation
SEA	State Education Agency
SES	Special Education Services
SIG	School Improvement Grant
SLI	Speech/Language Impairment
SLP	Speech-Language Pathologist
SLPA	Speech-Language Pathologist Assistant
SOP	Summary of Performance
SLD	Specific Learning Disability
SPP	State Performance Plan
SS	Standard Score or Scaled Score
SSIP	State Systemic Improvement Plan
STN	Student Testing Number
WWC	What Works Clearinghouse
TBI	Traumatic Brain Injury
VI	Visual Impairment

## APPENDIX M. GLOSSARY

**Academic Achievement.** A student's level of performance in basic school subjects, measured either formally or informally.

**Accessible educational materials (AEM).** AEM are print-based and technology-based educational materials, including printed and electronic textbooks, and related core materials that are designed or enhanced in a way that makes them usable across the widest range of learner variability, regardless of format (e.g., print, digital, graphic, audio, video).

**Accommodation.** Accommodations refer to applications that are intended to make educational opportunities more accessible. Accommodations do not lower the expectations or rigor of the educational curriculum. Accommodations include any changes that allow students with disabilities the same opportunities as students without disabilities. The IEP team should consider addressing barriers in the student's learning by making changes (if necessary) to the presentation, response, setting, and timing/scheduling, communication modality, equipment, and/or supplemental aids and services that help students overcome the barriers presented by their disability.

**Adaptation.** The broader application of altering curriculum to meet the needs of learners, either by providing accommodations or modifications to what is being taught. Changes to curriculum, instruction, or assessments that fundamentally alter the requirements but that enable a student with an impairment an opportunity to participate in general education. Adaptations include strategies that change the level of learning expectation.

**Adaptive Behavior.** Behavior that displays an age-appropriate level of self-sufficiency or daily living skills and social responsibility, which includes the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, direction, functional academic skills, work, leisure, health, or safety.

**Adequate Progress.** Based on an individual student's trajectory toward an identified goal developed from baseline data and expected growth rates.

**Adverse Educational Impact.** Any harmful or unfavorable influence that a disability has on a student's educational performance in academic (reading, math, communication, etc.), behavior, or non-academic areas of functional performance (e.g., daily life activities, mobility, pre-vocational and vocational skills, social adaptation, self-help skills, etc.).

**Adult Student.** A student with a disability, age 18 or older, to whom rights have transferred under the IDEA and Oklahoma Administrative Code or a student under the age of 18 declared an adult by a court of law.

**Age-Appropriate Activities.** Activities that typically developing children of the same age would be performing or would have achieved.

**Age of Majority.** The age at which, by law, a child assumes the responsibilities of an adult. In Oklahoma, the age of majority is 18. Beginning at least one year before the child reaches the age of majority, the LEA must notify the student and the parents of the transfer of rights.

**Aggregated Data.** Information that is considered as a whole. In this manual, the term refers to collective data on all students, including students with disabilities.

**Alternate Assessment.** The Oklahoma Alternate Assessment Program (OAAP) is intended for a very small population of students who have significant cognitive **AND** significant adaptive behavior deficits. The student must meet the state-established eligibility criteria which is determined on an individual basis by the IEP team. Due to the severity of the cognitive disability(ies) of this population of students, alternate achievement standards in all content areas are required in daily instruction, which differ in complexity from the Oklahoma Academic Standards.

**Annual Goals.** The student can reasonably accomplish these goals in a year. The goals can be broken down into short-term objectives or benchmarks. Goals may be academic, address social or behavioral needs, relate to physical needs, or address other educational needs. The goals must be measurable meaning that it must be possible to measure whether the student has achieved the goals.

**Articulation.** The ability to speak distinctly and connectedly. The formation of clear and distinct sounds in speech.

**Articulation Disorder.** Incorrect productions of speech sounds, including omissions, distortions, substitutions and/or additions that may interfere with intelligibility.

**Assessment.** The formal or informal process of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. It is an integral component of the evaluation process. A test is one method of obtaining credible new information within the assessment process. Assessment data may also include observations, interviews, medical reports, data regarding the effects of general education accommodations and adaptations and interventions, and other formal or informal data.

**Assistive Technology Device.** Any item, piece of equipment, or product system, whether acquired commercially, off a shelf, modified, or customized that is used to increase, maintain, or improve the functional capabilities of a student with a disability. Excludes surgically implanted medical devices.

**Assistive Technology Service.** Any service that directly assists a student with a disability with the assessment, selection, acquisition, or use of an assistive technology device.

**Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD).** A biologically based mental disorder that has these typical characteristics: inappropriate degrees of inattention or short attention span; impulsive, hyperactive, distractive behavior; difficulty following directions and staying on task; and an inability to focus behavior. The disorder comprises many skills needed

for academic success, including starting, following through with, and completing tasks, moving from task to task; and following directions.

**Audiologist.** A licensed health care professional who diagnoses hearing loss, selects and fits hearing aids.

**Autism.** An IDEA disability category in which a developmental disability, generally evident before age 3, significantly affects verbal and nonverbal communication skills and social interactions and adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism is a neurodevelopmental disorder characterized by impaired social interaction, impaired verbal and non-verbal communication, and restricted and repetitive behavior. Parents usually notice signs in the first two years of their child's life. These signs often develop gradually, though some children with autism reach their developmental milestones at a normal pace and then regress.

**Behavioral Intervention Plan (BIP).** An individualized plan comprised of the data following a student's functional behavior assessment (FBA) designed to teach and reward positive behaviors. The BIP describes the problem behavior, the reasons the behavior occurs, and the intervention strategies that will address the problem behavior. These strategies address preventative techniques, teaching replacement behaviors, how to respond or resolve behaviors, and crisis management, if necessary.

**Benchmark.** A standard or point of reference against which things may be compared or assessed. A major milestone which describes the progress the student is expected to make toward annual goals within a specified time period.

**Certified Occupational Therapy Assistant (COTA).** A professional who possesses an Oklahoma license and is charged with developing, recovering, and improving the skills needed for daily living and working. COTAs are directly involved in providing therapy to patients; COTAs typically perform support activities. COTAs work under the supervision of an Occupational Therapist.

**Change of Placement.** Removal of a child with a disability from the child's current educational placement. When the removal is for disciplinary purposes, regulations apply, 34 CFR §300.536.

**Change of Placement for Disciplinary Reasons.** A removal from the current educational placement for more than 10 consecutive school days or a series of removals that constitute a pattern when they total more than 10 school days cumulative in a school year. Factors such as the length of the removal, the proximity of the removals to one another, and the total amount of time the student is removed are indicators of a pattern.

**Child.** An individual who has not reached age 18.

**Child Find.** A process to locate, identify, and evaluate students who reside in the district and may be in need of special education. Mandated through IDEA, Child Find requires all school districts to identify, locate, and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child.

**Compensatory Services.** Additional services that may be required to remedy the loss of skills/regression as a result of a district not providing a Free Appropriate Public Education (FAPE) to a student with a disability as ordered through a formal state complaint or a due process. Compensatory services may also occur when a school district is unable to provide the student with a FAPE. For example, staff shortages and the inability to find related service providers for an extended period of time or during a prolonged school closure (e.g., pandemic, severe weather, school tragedy, etc.) and the district was not able to implement a contingency plan. The LEA and parent could agree to the compensatory services through an IEP meeting.

**Complaint.** A formal written statement submitted to the Oklahoma State Department of Education by an individual or organization that contains one or more allegations and the facts on which the statement is based that a district or agency has violated a requirement of Part B of the IDEA.

**Comprehensive Early Intervening Services (CEIS).** Services for students who need additional academic and behavioral support to succeed in a general education environment. These students have not been identified as having a disability.

**Consensus.** Has two common meanings.

1. A general agreement among the members of a given group or community, each of which exercises some discretion in decision making and follow-up action.
2. A decision-making process that not only seeks the agreement of most participants but also to resolve or mitigate the objections of the minority to achieve the most agreeable decision.

Consensus is usually defined as meaning both: a) general agreement and b) the process of getting to such agreement. Consensus decision-making is thus concerned primarily with that process.

**Consent.** Voluntary, written approval of a proposed activity, as indicated by a parent or adult student signature. The parent/adult student must be fully informed in their native language or other modes of communication and must understand all information relevant to the activity to make a rational decision.

**Core Academic Subjects.** These include English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography non-compliance defined in the ESEA.

**Critical Life Skill.** Skills that lead to independent functioning. Development of these skills can lead to reduced dependency on future caretakers and enhance students' integration with nondisabled

individuals. Skills may include such things as toileting, feeding, mobility, communication, dressing, self-help, and social/emotional functioning.

**Curriculum Based Measurements (CBM).** A CBM is a general outcome measure that is sensitive to change and is used to measure the effectiveness of instruction or an evidence-based intervention regarding a specific skill area. Teachers use the results of these measures to find out how students are progressing in basic academic areas such as math, reading, writing, and spelling to determine if they need to make changes in their instruction or the targeted interventions.

**Data-Based Decision Making.** The collecting of information that can be charted or graphed to document performance over time, followed by an analysis of the information to determine needed changes in policies, programs, or procedures.

**Deaf-Blindness.** An IDEA disability category in which a student demonstrates hearing and visual impairments, and where the combination of these two disabilities causes such severe communication and other developmental and educational needs that the student cannot be accommodated with special education services designed solely for students with deafness or blindness.

**Deafness.** An IDEA disability category in which a hearing impairment is so severe that the student, with or without amplification, is limited in processing linguistic information through hearing, which adversely affects educational performance.

**Detained Youth.** Anyone ages 3 through 21 who is being held for a crime regardless of whether or not that person has appeared before the court.

**Developmental Achievement.** Gains a student makes, which follow the pedagogic theory that all children learn in the same basic way and in the same sequence, although at different rates.

**Developmental Delay (DD).** An IDEA disability category used only for students ages 3 through 9 for whom a significant delay exists in one or more of the following skill areas: receptive/expressive language; cognitive abilities; gross/fine motor functioning; social/emotional development; or self-help/adaptive functioning. The use of this category is optional for districts.

**Disaggregated Data.** Information that is reported and/or considered separately on the basis of a particular characteristic. In this manual, the term refers to data on special education students as a group that is reported and/or considered separately from the same data on all students in a school, district, or state.

**Discipline.** A set of rules or techniques designed by a district for the purpose of minimizing disruption and promoting positive interaction.

**Disclosure.** The access to or the release, transfer, or other communication of education records or personally identifiable information contained in these records by oral, written, electronic, or other means.

**Discrepancy Formula.** A method of determining the difference between a student's expected level of academic achievement and intellectual ability, which is used to establish eligibility for special education under the category of specific learning disability.

**Disproportionality.** A disparity or inequality. In this manual, the term refers to a statistical range of data where students of a specific race or ethnicity are identified in either greater or fewer numbers than expected when compared to the representation of that race or ethnicity within the general school population. The areas addressed in the IDEA 2004 are (1) identification as a student with a disability; (2) identifications of a student with a specific category of disability; and (3) placement in a particular educational setting.

**Dropout.** A student who has left an education system before the completion of the graduation requirements for a standard high school diploma and is not known to be enrolled in any other educational program that will lead to a standard high school diploma. NOTE: A student who enrolls in a GED program is still considered a dropout for reporting purposes. A student who leaves without a diploma for a job corps program would also be considered a drop out. A student who leaves at age 21 or 22 without a diploma will be exited as "reached maximum age" and **not** a drop out.

**Due Process Hearing.** An administrative hearing conducted by an OSDE-appointed hearing officer to resolve disputes on any matter related to identification, evaluation, educational placement, or the provision of a free appropriate public education.

**Dyscalculia.** Dyscalculia is a specific learning disability in math that impairs an individual's ability to learn number-related concepts, perform accurate math calculations, reason and problem solve, and perform other basic math skills.

**Dysgraphia.** Dysgraphia is a specific learning disability that affects writing abilities. It can manifest itself as difficulties with spelling, poor handwriting, and trouble putting thoughts on paper.

**Dyslexia.** Dyslexia is a specific learning disability in reading that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

**Early Intervention.** Services for at-risk children from birth to their third birthdays, as mandated by the Individuals with Disabilities Education Act (IDEA).



**Education Record.** A student's record maintained by an educational agency or institution or by a party acting for the agency or institution, which may include, but is not limited to print, handwriting, computer media, video or audiotape, film, microfilm, and microfiche, but is not within the exceptions set out in FERPA.

**Educational Services Agency, other public institution, or agencies.** (1) An educational service agency, as defined in 34 CFR §300.12; and (2) Any other public institution or agency having administrative control and direction of a public elementary school or secondary school, including a public nonprofit charter school that is established as an LEA under State law.

**Elementary School.** The term 'elementary school' means a nonprofit institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under State law, 34 CFR §300.13.

**Emotional Disturbance.** An IDEA disability category in which a student has a condition exhibiting one or more of five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects educational performance. The term does not include students who are socially maladjusted unless it is determined they have an emotional disturbance. The term emotional disturbance does include students who are diagnosed with schizophrenia.

**Essential Components of Reading Instruction.** The term means explicit and systematic instruction in:

- Phonemic awareness
- Phonics
- Vocabulary development
- Reading fluency, including oral reading skills and
- Reading comprehension strategies.

**Evaluation.** A term that means using all required procedures to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

**Evaluation Group.** A group of people, including the parent/adult student, charged with the responsibility to make decisions regarding evaluation, assessments, and eligibility. This team includes the same membership as the IEP team (although not necessarily the same individuals) and other qualified professionals as appropriate.

**Evidence-based Instruction.** Evidence-based instruction refers to instructional practices that have a record of success and have been proven by systematic, objective, valid, and peer-reviewed research to lead to predictable gains in student achievement. Other similar terms are research-based instruction and scientifically based research instruction.

**Expedited Due Process Hearing.** An administrative hearing conducted by an Oklahoma Special Education Resolution Center (SERC)-appointed hearing officer to resolve disputes concerning discipline for which shortened timelines are in effect in accordance with the IDEA.

**Extended School Year (ESY).** A service to provide special education and related services to a student with a disability beyond the conventional number of instructional days or minutes in a school year and at no cost to the parents. A need for ESY services must be based on an IEP team decision.

**Extracurricular Activities.** Programs sponsored by a district that are not part of the required general education curriculum but are offered to further the interests and abilities of students (e.g., sports, band, orchestra, etc.).

**Family Educational Rights and Privacy Act (FERPA).** A federal law protecting the privacy of students and parents by mandating that personally identifiable information about a student contained in education records must be kept confidential. FERPA also contains provisions for access to records by parents, students, staff, and others.

**Fluency Disorder.** Stoppages in the flow of speech that are abnormally frequent and/or abnormally long. These interludes take the form of repetitions of sounds, syllables, or single-syllable words, prolongations of sounds, or blockages of airflow and/or voicing in speech.

**Free Appropriate Public Education (FAPE).** A basic IDEA requirement which states that special education and related services are provided at public expense (free); in conformity with an appropriately developed IEP (appropriate); under public supervision and direction (public); and include preschool, elementary, and secondary education that meets the education standards, regulations, and administrative policies and procedures issued by the State Department of Education (education).

**Functional Achievement and Performance.** Gains made by a student, which include programming in community living, reading, communication, self-care, social skills, domestic maintenance, recreation, employment, or vocational skills. Also called independent living skills.

**Functional Behavioral Assessment (FBA).** A systematic process for defining problem behavior and gathering medical, environmental, social, and instructional information that can be used to hypothesize about the function of student behavior. FBA assessment is used for students with emotional or behavioral problems that are interfering with their educational progress or the progress of other students. The FBA can be used to develop a positive Behavior Intervention Plan (BIP) and IEP goals for improving the students behavior, or to provide information for verification of a disability.

**General Education Curriculum.** The curriculum that is designed for all students usually consisting of a common core of subjects and curriculum areas adopted by a district that are aligned to the

Oklahoma Academic Standards or district standards. The general education curriculum is defined by either the Oklahoma Academic Standards or the district content standards if they are as rigorous.

**General Education Interventions.** Educational interventions designed to address 95% of the students using the core and supplemental curriculum interventions. Such interventions use whole-school approaches, scientifically-based programs, and positive behavior supports, including accommodations and instructional interventions conducted in the general education environment. These interventions may also include professional development for teachers and other staff to enable such personnel to deliver scientifically-based literacy instruction and/or instruction on the use of adaptive and instructional software.

**Goal.** A measurable statement that includes behavior, evaluation procedures, and performance criteria and describes what the student is reasonably expected to accomplish from the specialized education program within the time covered by the IEP (generally one year).

**Graduation.** The point in time when a student meets the minimum state and district requirements for receipt of a regular high school diploma.

**Guardianship.** A judicial determination under which a competent adult has the legal right and duty to deal with problems, make decisions and give consent for an adult with a disability (at least 18 years of age) who cannot act on their own behalf. The court will specify the nature and scope of the guardian's authority.

**Hearing Impairment (HI).** An IDEA disability category in which a student has a permanent or documented fluctuating hearing loss or diagnosed progressive loss that adversely affects the student's educational performance.

**Highly Qualified.** The standard, which personnel must possess with the appropriate certification, endorsement, licensure, coursework, training, skills, and qualifications to provide direct instruction in a core content area.

**Homeless Children and Youth.** Children and youth who lack a fixed, regular, and adequate nighttime residence.

**Honig vs. Doe Injunction.** A court order to remove a special education student from school or current educational placement due to factors of dangerousness. Districts are required to continue with the provision of FAPE.

**Inclusion/Inclusive Classroom.** Inclusion in education is an approach to educating students with special educational needs through the use of differentiated instruction, accommodations, etc., to meet the disability related needs of the student while in the general education setting. Under the inclusion model, students with special needs spend most or all of their time with non-special needs

students. Inclusion rejects the use of special schools or classrooms to separate students with disabilities from students without disabilities. Inclusion is **not** in the IDEA law, but instead the Least Restrictive Environment (LRE) requirement is in the law as the criteria for the IEP team to determine to the maximum extent appropriate a student with a disability is educated with peers who are non-disabled.

**Independent Educational Evaluation (IEE).** One or more assessment(s) conducted by a qualified professional who is not employed by or contracted by the public agency or district responsible for the education of the student in question.

**Individualized Education Program (IEP).** A written document (developed collaboratively by parents and school personnel) which outlines the special education program for a student with a disability. This document is developed, reviewed, and revised at an IEP meeting at least annually.

**Individualized Education Program (IEP) Team.** Established by the IDEA, an IEP team is responsible for determining a student's placement, developing the student's IEP, and reviewing/revising the student's IEP and placement at least annually. An IEP team is comprised of required members identified in IDEA and the Oklahoma State Special Education Policies and Procedures; the IEP team may include other stakeholders, when appropriate.

**IEP Teacher of Record (TOR).** A member of the evaluation and/or IEP team (usually the special education teacher) who is designated to perform administrative functions for the team, including: (1) setting up meetings; (2) ensuring appropriate forms are completed; (3) ensuring timelines are met; (4) notifying participants of the times and dates of meetings; and (5) possesses the appropriate certification for the student's disability.

**Individualized Family Service Plan (IFSP).** A written individualized plan for an infant or toddler with a disability that is developed by a multidisciplinary team, including the parents, reference Public Law 108-446, Section 636(C). In the State of Oklahoma, SoonerStart is the Part-C program providing services for infants and toddlers from birth up to age 3.

**Individualized Services Plan (ISP).** A written statement that describes the special education and related services the LEA will provide to a parentally-placed child with a disability enrolled in a private school, who has been designated to receive services, including the location of the services and any transportation necessary, consistent with Section 34 CFR §300.132, and is developed and implemented in accordance with Sections 34 CFR §300.137 through 34 CFR §300.139, 34 CFR §300.37.

**Initial Provision of Service.** The first time that a child with a disability is provided with special education services under Part-B of IDEA. This is also referred to as the "initial placement" and means the first time a parent is offered special education and related services for their child after an initial evaluation.

**In-lieu of Transportation.** An alternate method of transporting students to and from school.

**In-School Suspension (ISS).** A disciplinary technique considered a less restrictive alternative to sending a student home that involves excluding the student from the regular classroom and assigning them to a temporary location where students work and receive a minimum amount of privileges.

**Instructional Intervention.** An action or strategy based on an individual student's problem that is designed to remedy, improve, or eliminate the identified problem.

**Intellectual Disabilities (ID).** An IDEA disability category in which sub-average intellectual functioning exists concurrently with significant deficits in adaptive behavior (scores are at least two standard deviations from the mean for both adaptive behavior and intellectual/cognitive abilities). These deficits are manifested during the student's developmental period and adversely affect the student's educational performance. The term "mental retardation" was previously used to refer to this condition.

**Interagency Agreement.** A written document that defines the coordination between the state and/or public/private agencies and/or districts with respect to the responsibilities of each party for providing and funding programs and services.

**Interim Alternative Educational Setting (IAES).** The educational setting for a temporary placement of a student who has been suspended, or otherwise removed, long-term (more than 10 school days consecutively or cumulative over the school year) from their current educational placement for disciplinary reasons in which the student continues to receive educational services to enable the student to continue to participate in the general education curriculum and to progress toward meeting their goals set out in the student's IEP. An IAES may also be ordered by a due process Hearing Officer based upon evidence that maintaining the current placement is substantially likely to result in injury to the student or others.

**Interim IEP.** A short-term IEP (30 calendar days or less) with all the components of a standard IEP developed by the IEP team. It may be used for students transferring from other Oklahoma districts pending the development of the standard IEP.

**Interpreting Services.** Oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and special interpreting services for children who are deaf-blind. (34 CFR §300.34.4.i)

**Interventions.** Sets of teaching procedures paired with a specific skill used by educators to help students succeed in the classroom who are struggling with a targeted skill or a specific lesson concept.

**Language Impairment.** An IDEA disability category in which a delay or disorder exists in the development of comprehension and/or the uses of spoken or written language and/or other symbol systems and which adversely affects the student's educational performance. A language impairment may involve any one or a combination of the following: the form of language (morphological and syntactic systems), the content of language (semantic systems), and/or the function of language in communication (pragmatic systems).

**Least Restrictive Environment (LRE).** The IDEA 2004 included an LRE requirement that students with disabilities, including those in public or private institutions or other care facilities, be educated with students who are nondisabled to the maximum extent appropriate. Special classes, separate schooling, or other removal of children with disabilities from the general educational environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. The student must benefit from the LRE to make satisfactorily progress and fully participate in the general education curriculum with the support of accommodations.

**Limited English Proficient (LEP).** Students from language backgrounds other than English who need language assistance services in their own language or in English in the schools and who meet one or more of the following conditions: (1) the student was born outside of the United States, or their native language is not English; (2) the student comes from an environment where a language other than English is dominant; or (3) the student is American Indian or Alaskan Native and comes from an environment where a language other than English has had a significant impact on their level of English language proficiency. The student also has sufficient difficulty speaking, reading, writing, or understanding the English language to deny them the opportunity to learn successfully in English-only classrooms. Also known as English Learners (EL).

**Local Education Agency (LEA).** A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

**Manifestation Determination.** A determination by the IEP team of whether or not the misconduct of a student with a disability WAS or WAS NOT:

- Caused by the student's disability, or had a direct and substantial relationship to the student's disability; **AND**
- The direct result of the Local Educational Agency's failure to implement the IEP as written.

**McKinney-Vento Homeless Assistance Act.** This law is designed to address the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school. Under this program, state educational agencies (SEAs) must ensure that each homeless child and youth has

equal access to the same free, appropriate public education, including public preschool education, as other children and youth.

**Measuring Progress for IEP Goals.** The IEP must state how the child's progress will be measured and how parents will be informed of their progress.

**Mediation.** A voluntary, informal process in which an impartial third-party mediator helps parents and the district, or agency personnel, resolve a conflict. Mediation usually results in a written agreement that is mutually acceptable to both parties.

**Medicaid Services (School-Based).** Those related services, assessment, and plan development for students receiving Medicaid, which school districts may bill for reimbursement.

**Migrant Student.** A student of compulsory school attendance age who has not graduated from high school or completed a high school equivalency certificate and resides within a family that is composed of migrant fisher or agricultural workers. The student has moved within the preceding 36 months in order for the family to obtain or seek this type of temporary or seasonal employment that is a principal means of livelihood.

**Multiple Disabilities (MD).** An IDEA disability category in which two or more impairments co-exist (excluding deaf-blindness), whose combination causes such severe educational problems that the student cannot be accommodated in special education services designed solely for one of the impairments. Multiple disabilities are generally lifelong, significantly interfere with independent functioning, and may necessitate environmental accommodations and adaptations to enable the student to participate in school and society. For example, Multiple Disabilities must have two or more concomitant severe impairments, one of which **must** include intellectual disability, such as intellectual disability and blindness, intellectual disability and orthopedic impairment. The combination of impairments together with a cognitive delay is evidenced through a multiplicity of severe educational needs.

**Native Language.** The language or mode of communication normally used by an individual or, in the case of a student, the language normally used by the student's parents. In direct contact with a student, the native language would be the language or mode of communication normally used by the student and not the parents if there is a difference between the two.

**Nonpublic School.** An educational institution providing instruction outside a public school, including but not limited to a private and/or parochial schools.

**Nursing Services.** See "School health services."

**Objectives.** Measurable, intermediate steps that describe the progress the student is expected to make toward an annual goal in a specified amount of time, similar to a benchmark.

**Occupational Therapist.** A professional licensed through the Bureau of Occupational Licenses as an occupational therapist (OTR/L) or certified occupational therapy assistant (COTA) who, in a school setting, is responsible for assessing fine motor skills, including student’s use of hands and fingers, and developing and implementing plans for improving related motor skills. The occupational therapist focuses on interventions to improve sensory regulation, and/or activities of daily living skills such as eating, dressing, schoolwork, play, and leisure.

**Oklahoma Academic Standards (OAS)** Oklahoma Academic Standards serve as expectations for what students should know and be able to do by the end of the school year that drives instruction in the classroom consistently across the state.

**Office of Special Education Programs (OSEP).** The branch of the Office of Special Education and Rehabilitative Services (OSERS) within the U.S. Department of Education, which is responsible for administering programs relating to the free appropriate public education to all eligible beneficiaries.

**Other Health Impairment (OHI).** An IDEA disability category in which a student exhibits limited strength, vitality or alertness, including heightened alertness to environmental stimuli that is due to chronic or acute health problems (such as asthma, ADD or ADHD, cancer, diabetes, epilepsy, Fetal Alcohol Syndrome, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome and stroke, etc.) to such a degree that it adversely affects the student’s educational performance.

**Orthopedic Impairment (OI).** An IDEA disability category that includes physical impairments that adversely affects a student’s educational performance and are caused by congenital anomaly (e.g., clubfoot, absence of an appendage, etc.); disease (e.g., poliomyelitis, bone tuberculosis, etc.); or from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contracture).

**Parent.** A biological, adoptive, or foster parent, a legal guardian, a person acting as a parent, or a surrogate parent who has been appointed by the district. The term “acting as a parent” includes persons such as a grandparent or stepparent with whom the student lives, as well as persons who are legally responsible for a student’s welfare. The term does not include state agency personnel if the student is a ward of the state.

A foster parent may act as a parent if the biological parent’s authority to make education decisions on behalf of their child has been terminated by legal action and the foster parent meets the criteria outlined below:

1. Parent and/or adult student;
2. A biological or adoptive parent of a child;
3. A foster parent;
4. A guardian generally authorized to act as the child’s parent or authorized to make educational decisions for the child (but not the State if the child is a ward of the State);



5. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
6. A surrogate parent who has been appointed by the school district. If the child is a ward of the state, the judge overseeing the child's case may appoint the surrogate. The surrogate may not be an employee of the state or local education agency or any other agency that is involved in the education or care of the child, has no personal or professional interest which conflicts with the interest of the child, has knowledge and skills that ensure adequate representation of the child.

**Part B.** Part of the IDEA that relates to the assistance to states for the education of students with disabilities who are ages 3 through 21.

**Part C.** Part of the IDEA that relates to the assistance to states for the education of children with disabilities and the early intervention programs for infants and toddlers, ages birth to three (3), with disabilities. In Oklahoma, Part C program is titled SoonerStart.

**Peer-Reviewed Research.** A higher level of non-biased research, which has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

**Personally Identifiable Information.** Includes but not limited to, student's name, name of parent or other family members, address of student or family, social security number, student number, list of personal characteristics that would make the student's identity easily traceable, or other information that would make it possible to identify the student with reasonable certainty.

**Phonology.** The process used in our language that has common elements (sound patterns) that affect different sounds.

**Phonology Disorders.** Phonology disorders are errors involving phonemes, sound patterns, and the rules governing their combinations.

**Physical Therapist (PT).** A professional licensed through the Bureau of Occupational Licenses as a physical therapist (PT) or a physical therapist assistant (PTA) who, in the school setting, assesses students' needs and provides interventions related to gross motor skills. In working with students with disabilities, the physical therapist provides treatment to increase muscle strength, mobility, endurance, physical movement, and range of motion; improve posture, gait, and body awareness; and monitor function, fit and proper use of mobility aids and devices. School-based physical therapy is different from medical-based physical therapy. Physical therapy within a school environment is to support the student to travel throughout the school environment (e.g., traveling from class-to-class, stairs, restrooms, cafeterias, access playground equipment, etc.). School-based physical therapy is not intended to meet all the student's therapeutic needs, but to ensure the student has physical access to their educational environment.

**Positive Behavioral Interventions and Supports (PBS/PBIS).** Positive reinforcers, rewards, or consequences provided to a student for specific instances of behavior that impede learning or the learning of others (or refraining from behavior) as appropriate for the purpose of allowing the student to meet their behavioral goals/benchmarks. PBIS is a framework for teaching all students appropriate behavior using a common language so that students understand behavioral expectations in various environments across the building (e.g., classroom, recess, cafeteria, bus, library, etc.), then layering levels of behavioral interventions for students who struggle to meet the behavior expectations taught to all students.

**Power of Attorney.** The designation, in writing, by a competent person of another to act in place of or on behalf of another person.

**Present Levels of Performance.** A statement of the student's current level of achievement (baseline data) or development in an area of need and how the student's disability affects their involvement and progress in the general education curriculum. Present levels of academic achievement and functional performance (PLAAFP), typically shortened to 'present levels' is a central component of the IEP and is intended to comprehensively describe a child's abilities, performance, strengths, and needs. It is based on all the information and data previously collected and known about the child, most especially the full and individual evaluation of the child that must be conducted in accordance with IDEA's evaluation/eligibility provisions.

**Private School.** A school that is not funded by or under federal or state control or supervision.

**Procedural Safeguards.** The formal requirements of Part B of the IDEA 2004 that are designed to allow a parent/adult student to participate meaningfully in decisions concerning an appropriate educational program for a student with a disability and, if necessary, dispute such decisions—also referred to as special education rights.

**Progress Monitoring.** Is used to assess students' academic performance, to quantify a student rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction.

**Professional Development.** High-quality, comprehensive programs that are essential to ensure that persons responsible for the education or transition of students with disabilities possess the skills necessary to address the educational and related needs of these students. These should be scientifically-based and reflect successful practices, including strategies for recruiting, hiring, preparing, and retaining personnel.

**Public Expense.** When a district or public agency either pays for the full cost of an evaluation or special education services or ensures that it is otherwise provided at no cost to the parent, for example, through joint agreements with other state agencies.

**Reading Components.** The term “reading” means a complex system of deriving meaning from print that requires all of the following skills, which are the essential components of reading instruction:

1. Phonemic awareness: The skills and knowledge to understand how phonemes, or speech sounds are connected to print;
2. Phonics: The ability to decode unfamiliar words;
3. Reading fluency: The ability to read fluently;
4. Vocabulary development: Sufficient background information and vocabulary to foster reading comprehension; and
5. Reading comprehension: The development of appropriate active strategies to construct meaning from print.

**Reasonable Measures.** A combination of recorded written and/or oral documentation to meet notification requirements of the district to parents/adult students.

**Reevaluation.** A periodic evaluation conducted at least every three years, or more frequently if conditions warrant, or if the student’s parent or teacher requests an evaluation of a student already identified as eligible for services under the IDEA 2004. Reevaluations may occur not more than once a year unless the parent and the district agree otherwise.

**Related Services.** Refers to transportation and such developmental, corrective, and other supportive services required to assist a student with a disability to benefit from special education and includes the following, but not limited to: speech therapy, language therapy, audiology services, psychological services, physical therapy, occupational therapy, recreation, therapeutic recreation, early identification and assessment of disabilities in children, counseling services, rehabilitation counseling, orientation and mobility services, interpreting services, medical services for diagnostic or evaluation purposes, school health/nursing services (excluding surgically implanted medical devices), social work services in schools, and parent counseling and training.

**Response to Intervention (RtI).** A framework for a formal process regarding a student’s response to scientifically research-based interventions, consisting of the core components of (1) problem identification through a universal screening, (2) applying evidence-based interventions targeted to the skill deficit, (3) progress monitoring on a regular basis (e.g., weekly), and (4) problem analysis using data to drive decision-making. Fidelity is important component of the process to determine if the interventions are being implemented as prescribed.

**Resolution Session.** A preliminary meeting involving the parents, relevant members of the IEP team, and a representative of the district who has decision-making authority, required prior to a due process hearing if the parent has requested the due process hearing. Within 15 days of receiving notice of the parent’s due process complaint, and prior to the initiation of a due process hearing under § 300.511, the district must convene a meeting with the parent. This meeting may not include an attorney of the district unless the parent is accompanied by their attorney. The purpose of this meeting is for the parent of the child to discuss the due process complaint, and the facts that form

the basis of the due process complaint, so that the district has the opportunity to resolve the dispute that is the basis for the due process complaint (34 C.F.R. § 300.510).

**School Age.** Includes all persons five years of age who are eligible for Kindergarten (i.e., turns five years of age on or before September 1st), through twenty-one years old who reside in Oklahoma.

**School Day.** Any day, including a partial day that students are in attendance at school for instructional purposes. School day has the same meaning for all children in school, including children with and without disabilities in the same grade level.

**School Health Services.** School health services and school nurse services mean health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

**School Psychologist.** A professional who holds an Oklahoma Teaching Certificate with an endorsement in School Psychology and is often Nationally Certified through the National Association of School Psychologists (NASP). They are responsible for conducting assessments, providing direct support and interventions to students, consulting with teachers, families, and other school employed mental health professionals to improve support strategies, working with school administrators to improve school-wide practices and policies, and collaborating with community providers to coordinate needed services.

**School Psychometrist.** A professional who holds an Oklahoma Teaching Certificate with an endorsement in Psychometry and is charged with the responsibility of administering and interpreting both formal and informal diagnostic evaluations for educational program placements and planning purposes.

**Scientifically Based Research (SBR).** The term scientifically-based research means research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to core academic development, instruction, and difficulties; and includes research that: (a) employs systematic, empirical methods that draw on observation or experiment; (b) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; (c) relies on measurements or observational methods that provide valid data across evaluators and observers and across multiple measurements and observations; and (d) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

**Screening.** An informal, although organized process of identifying students who are not meeting or who may not be meeting Oklahoma Academic Standards (OAS).

**Secondary School.** The term ‘secondary school’ means a nonprofit institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under State law, except that it does not include any education beyond grade 12 (34 CFR §300.36).

**Serious Bodily Injury (SBI).** Bodily injury which involves (a) a substantial risk of death; (b) extreme physical pain; (c) protracted and obvious disfigurement; or (d) protracted loss or impairment of the function of bodily member, organ, or mental faculty.

**Setting.** The location where special education services are received.

**Socially Maladjusted.** A child who has a persistent pattern of violating societal norms with truancy, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative, *Doe v. Board of Education of the State of Connecticut*, (D. Conn. Oct. 24, 1990).

**Special Education.** Specially designed instruction or speech/language therapy at no cost to the parent to meet the unique needs of a student with a disability, including instruction in the classroom, the home, hospitals, institutions, and other settings; instruction in physical education; speech therapy and language therapy; transition services; travel training; assistive technology services; and vocational education. Special education services are determined on an individual basis through the IEP team process.

**Special Education Paraprofessional.** A credentialed individual who is employed by a district and who is appropriately trained and supervised in accordance with State standards to assist in the provision of special education and related services under the general direction and supervision of a certified or licensed professional staff.

**Special Education Placement.** Refers to the provision of special education services, rather than a specific place, such as a specific classroom or school. The balance of setting and services to meet an individual student’s needs.

**Specially Designed Instruction.** Adapting the content, methodology, or delivery of instruction to address the unique needs of an eligible student that result from the student’s disability and to ensure access to the general education curriculum so that the student can meet the education standards of that district that apply to all students. As defined in IDEA, specially designed (tiered) instruction is the unique set of supports provided to an individual student based on their learning needs to remove barriers that result from the student’s disability. The supports are reflected in the student’s individual educational plan (IEP) and are infused throughout the student’s learning experiences and environments as described in the IEP.

**Specific Learning Disability (SLD).** An IDEA disability category in which a specific disorder of one or more of the basic psychological processes involved in understanding or in using spoken or written language may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do

mathematical calculations, adversely affecting the student's educational performance. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include a student who has needs that are primarily the result of visual, hearing, or motor disabilities; cognitive impairment; emotional disturbance; or environmental, cultural, or economic disadvantage.

**Speech or Language Impairment (SLI).** An IDEA disability category that includes articulation/phonology, voice, and fluency disorders.

**Speech-Language Pathologist Assistant (SLPA).** A professional supervised under a Speech-Language Pathologist. Examples of work performed include, but are not limited to, assisting the SLP with speech, language, and hearing screenings without clinical interpretation and following documented treatment plans or protocols developed by the supervising SLP.

**Speech-Language Pathologist (SLP).** A professional holding an Oklahoma Teaching Certificate who can assess and treat persons with speech, language, voice, and fluency disorders. This professional coordinates with and may be a member of the evaluation and IEP teams.

**Student (School Age).** For resident children with disabilities who qualify for special education and related services under the federal individuals with disabilities education act (IDEA) and subsequent amendments thereto, and applicable State and federal regulations, 'school age' begins at kindergarten for mandatory attendance. However, students with disabilities who are eligible for IDEA services begin at age 3 and may possibly continue through the age of 21 years.

**Stay Put.** A requirement that a district or agency maintain a student with a disability in their present educational placement while a due process hearing, or subsequent judicial proceeding is pending unless the parties agree otherwise.

**Summary of Performance (SOP).** A document given to secondary students when a student exits special education as a result of earning a diploma or aging out, whichever comes first. This document describes the academic achievement and functional performance along with recommendations to assist the student in meeting postsecondary goals.

**Supplementary Aids and Services.** Accommodations and adaptations that must be made to the general education classroom and/or curriculum to ensure the satisfactory participation of a student with a disability, including supports to the general education teacher.

**Surrogate Parent.** An individual assigned and trained by a district or an agency to assume the rights and responsibilities of a parent under the IDEA 2004 when no parent can be identified or located for a particular student or when the child is a ward of the state.

**Suspension.** A temporary stop, delay, interruption, or cessation of educational services.

**Teacher of Record (TOR).** A special education teacher assigned to oversee the educational programming of students with disabilities and carries a caseload of IEPs aligned to their area of certification.

**Transition Services.** A coordinated set of activities for a student with a disability designed within an outcome-oriented process. Services are based on individual student needs addressing instruction, related services, community experiences, employment, post school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

**Traumatic Brain Injury (TBI).** An IDEA disability category that refers to an injury to the brain caused by an external physical force and resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perception and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to congenital or degenerative brain injuries or to brain injuries induced by birth trauma.

**Travel Training.** Providing instruction to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to: (i) Develop an awareness of the environment in which they live and (ii) Learn the skills necessary to move effectively and safely from place to place within that environment (e.g., orientation and mobility).

**Twice Exceptional.** Twice-exceptional students are identified as gifted and talented in one or more areas of exceptionality (specific academics, general intellectual ability, creativity, leadership, visual or performing arts) and identified with a disability that qualifies the student for an IEP or a 504 plan.

**Unilateral Placement.** A decision by a parent, at their own discretion, to remove their child with a disability from a public school and enroll the student in a private facility because the parent believes that the district did not provide FAPE in a timely manner.

**Universal Design.** A concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly usable (without requiring assistive technologies) and products and services made usable with assistive technologies.

**Visual Impairment (VI), including blindness.** An IDEA disability category characterized by an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes partial sight, which refers to the ability to use vision as one channel of learning if educational materials are adapted, and blindness, which refers to the prohibition of vision as a channel of learning, regardless of the adaptation of materials.

**Written Notice.** A written statement provided by the district to a parent/adult student within a reasonable amount of time proposing or refusing to initiate or change the identification, evaluation, educational placement, or the provision of FAPE.