State of South Carolina

DEPARTMENT OF EDUCATION

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Standards for Evaluation and Eligibility Determination (SEED)

Office of Special Education Services
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Contents

SECTION ONE: Introduction

The Standards for Evaluation and Eligibility Determination (SEED) document is designed to be a companion to South Carolina State Board of Education regulation 43-243.1 (Criteria for Entry into Programs of Special Education for Children with Disabilities). The SEED contains standards designed to assist evaluation teams in implementing the regulation. It is a living document and will be updated on a regular basis as South Carolina receives further guidance from the United States Department of Education, Office of Special Education Programs, results of court decisions, changes in state statute and updated research as appropriate. For additional South Carolina special education regulations, please consult State Board of Education regulation 43-243.

Please use this document as a:

- structured process for implementing evaluation and eligibility criteria.
- reference document for questions.
- staff development tool; and
- source for resources of support and assistance.

1.1 Evaluation

The child find process is intended to identify children who may need special education services. Child find includes screening and general education interventions for children between the ages of three and twenty-one, including those enrolled in adult education. Information obtained from screening and general education interventions will assist teams in making decisions about referrals for initial evaluation. An appraisal of the extent of the presenting concern, the effectiveness of interventions tried, and the degree to which the interventions require substantial resources are important to consider when deciding whether a child should be referred for possible special education services and are essential in planning and conducting the initial evaluation after a referral is made. When the team conducting general education interventions suspects that the child has a disability or suspects that the child may need special education and related services, a referral for an initial evaluation must be initiated. Implementation of interventions in the general education setting cannot be used to delay evaluations when the team suspects a disability.

An initial evaluation involves the use of a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information to assist in determining if the child is eligible for special education services. There is a two-pronged process for eligibility: (1) whether the child is a child with a disability and by reason thereof, (2) has a need for special education and related services. This two-pronged process has driven eligibility decisions for many years. Current statute requires that evaluations must determine present levels of academic and functional performance (related developmental needs) of the child (34 C.F.R. § 300.305(a)(2)(i)-(iii)). This adds to the purpose of the initial evaluation to also determine what the child needs to enable him/her to learn effectively and to participate and progress in the general education curriculum.

During the evaluation process, 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 (34 C.F.R. § 300.304(c)(4)). All assessment tools and strategies must provide relevant information that directly assists in determining the educational needs of the child (34 C.F.R. § 300.304(c)(7)).

When conducting an evaluation, no single measure or assessment shall be used as the sole criterion for determining whether the child is a child with a disability and for determining an appropriate educational program for the child. When selecting assessment tools to assist in gathering the evaluation data across any of the six typical sources of data (general education curriculum progress, general education interventions, records review, interviews, observations, and tests), those conducting the evaluation must also ensure the following requirements are met (34 C.F.R. § 300.304(b) and (c)):

- The use of a variety of assessment tools and strategies.
- The use of technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- Materials and procedures used to assess a child with limited English proficiency shall be selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills.
- Assessments and other evaluation materials are:
    - selected and administered so as not to be discriminatory on a racial or cultural basis.
    - 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 do so.
    - used for the purposes for which the assessments or measures are valid and reliable.
    - administered by trained and knowledgeable personnel.
    - administered in accordance with instructions provided by the producer of the assessments Note: if an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.
    - tailored to assess specific areas of educational need and not merely those designed to provide a single general intelligence quotient; and
    - selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, motor 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, motor, or speaking skills (unless those skills are the factors that the test purports to measure).

The evaluation must be sufficiently comprehensive to identify all the child's special education and related service needs, whether or not commonly linked to the disability category being considered for the child. If the child is found eligible, this information translates into the present levels of academic achievement and functional performance and forms the basis for making all the decisions in the individualized education program (IEP). If the child is not found eligible, this information assists the local educational agency (LEA) in determining other appropriate supports for the child. Ultimately, at the close of an evaluation, the team should have enough information to support the child whether the child is found eligible for special education services or not. The team must be able to describe where the child is currently performing within the general education curriculum and standards as well as be able to describe how (or if) the child's unique learning characteristics are impacting his or her ability to access and make progress in the general education curriculum (or for early childhood, to participate in appropriate activities). Other issues that are impacting the child's ability to function in the learning environment must also be described so that the extent of the child's needs may be realized.

The team must review the evaluation data in such a way as to understand the extent of the child's needs regarding specially designed instruction. The team must be able to use the data to describe the intensity of the support needed to assist the child in accessing and progressing in the general education curriculum. It is only through this discussion that the team can determine whether the child's need for having adapted content, methodology, or delivery of instruction is so great that it cannot be provided without the support of special education services. If the team determines that the child's need for having adapted content, methodology, or delivery of instruction is so great that it cannot be provided in regular education without the support of special education, the team must determine that the child needs special education and related services.

1.2 Comprehensive Evaluation

The evaluation must be sufficiently comprehensive to identify all the child's special education and related service needs, whether or not commonly linked to the disability category being considered for the child. Support for a comprehensive approach to evaluation is found in the Analysis of Comments and Changes in the federal regulation:

> "Section 300.304(c)(4) requires the public agency to ensure that the child is assessed in all areas related to the suspected disability. This could include, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. This is not an exhaustive list of areas that must be assessed. Decisions regarding the areas to be assessed are determined by the suspected needs of the child."

The purposes of evaluation are:

- to determine if the child meets the criteria to be a "child with a disability" as defined in the Individuals with Disabilities Education Act (IDEA).
- to gather information that will help determine the child's educational needs; and
- to guide decision-making about appropriate educational programming for the child.

The evaluation must answer these questions:

- Does the child have a disability that requires the provision of special education and related services for the child to receive a free appropriate public education (FAPE)?
- What are the child's specific educational needs?
- How does the child's disability affect his/her academic achievement and functional outcomes?
- What special education services and related services, then, would be appropriate for addressing those needs?

Information gathered during the evaluation process is used to understand the educational needs of the child and to guide decision making about the kind of educational program that is appropriate for the child. From the evaluation, it must be possible to determine the nature and extent of the special education and related services the child needs, so that a comprehensive and appropriate IEP can be developed and implemented.

When conducting an initial evaluation, the team must not rely on a battery of standardized tests alone in identifying a child's educational needs, determining eligibility for special education services, and developing the child's IEP. Standardized tests alone will not give a complete picture of how a child performs or what he/she knows or does not know. The team must use a variety of tools and approaches to assess a child. These may include observing the child in different settings to see how he or she functions in those environments, interviewing individuals who know the child to gain their insights, and testing the child to evaluate his or her competence in whatever skill areas appear affected by the suspected disability, as well as those that may be areas of strength. There are also a number of other approaches used to collect information about children: curriculum-based measurement, ecological assessment, task analysis, and dynamic assessment. These approaches yield rich information about children, are especially important when assessing children who are from culturally or linguistically diverse backgrounds, and, therefore, are critical methods in the overall approach to assessment. Children with medical or mental health problems may also have assessment information from sources outside of the school and these evaluations may be an appropriate part of the school's evaluation plan for a child. Such information must be considered along with assessment information from the evaluation in making appropriate diagnoses, placement decisions, and instructional plans.

1.3 Eligibility Determination

The team must ensure that information obtained from all sources used in the evaluation is documented and carefully considered (34 C.F.R. § 300.306(c)(1)(ii)). The parents and other qualified professionals review the results of the initial evaluation to determine: (1) whether the child is a child with a disability as defined in federal and state laws and regulations and (2) the educational needs of the child (34 C.F.R. § 300.306(a)). The team must ensure that the child meets the definition of one of the categories of disability and, as a result of that disability, needs special education and related services (34 C.F.R. § 300.8). If a child meets the definition of a disability category, but does not need special education and related services, he or she cannot be determined eligible under the IDEA. If the child has a need for special education and related services but does not meet the definition of a disability category, he or she cannot be determined

eligible. In the case of a child who is found to have a disability, but does not need special education and related services, a referral for a 504 evaluation should be considered.

1.3.1 Prong 1 - Determining Whether the Child is a Child with a Disability

The team reviews the data to determine whether or not the child is a child with a disability. To do this, team members compare the data about the child to see if there is a match to one of the disability categories defined in SBE regulation 43-243.1. However, even when the data point to a particular area of disability, there are exclusionary factors that must be examined before determining whether the child is a child with a disability.

The evaluation team must gather information that will assist in determining whether the child meets criteria under one or more of the disability-specific categories. Federal and state regulations are very clear with regard to the fact that a child must NOT be determined to be a child with a disability if the student's problems are due to a lack of appropriate instruction in reading, including the essential components of reading instruction, a lack of appropriate instruction in math, or limited English proficiency and the child does not otherwise meet the eligibility criteria as a child with a disability (34 C.F.R. § 300.306(b)). Evidence must show that this is not a child who is experiencing a slight or temporary lag in one or more areas of development or a delay which is primarily due to environmental, cultural, economic disadvantage, lack of appropriate instruction in reading or math, or for preschool aged children a lack of experience in age-appropriate activities.

Evidence of lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development, reading fluency including oral reading skills, and reading comprehension) may be, but not limited to:

- evidence from an evaluation of the school's core curriculum and supplemental materials showing that the child's instruction addressed all five essential components of reading instruction.
- documentation showing that the child received instruction provided by qualified teachers using appropriate evidence-based core curriculum and supplemental materials.
- documentation of consideration of other factors such as frequent absences, frequent moves, incarceration, or substance abuse.
- Evidence of lack of appropriate instruction in math may be:
- evidence from an evaluation of the school's core curriculum and supplemental materials showing that the child's instruction addressed number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning.
- documentation showing that the child received evidence-based instruction provided by qualified teachers using appropriate core curriculum and supplemental materials.
- documentation of consideration of other factors such as frequent absences, frequent moves, incarceration, or substance abuse.

Evidence of limited English proficiency may be:

- evidence that the child who is an English language learner was provided with appropriate accommodations and interventions to address his/her language difficulties.
- documentation of consideration of the child's proficiency in English and in his/her native language.
- documentation of consideration of the amount of time the child has spent in this country.
- documentation of consideration of the level of education in the child's native country.
- evidence that the disability exists in the child's native language as well as in English.

1.3.2 Prong 2 - Determining Whether the Child Needs Special Education and Related Services

The second prong of the test of eligibility is to determine whether the child needs special education and related services. It is helpful for teams to remember that by definition special education means specially-designed instruction (34 C.F.R. § 300.39(a)(1)), and, that specially-designed instruction means adapting the content, methodology or delivery of instruction to address the unique needs of a child that result from the child's disability to ensure access of the child to the general education curriculum in order to meet the educational standards that apply to all children (34 C.F.R. § 300.39(b)(3)(i) (ii)). This means that to have a need for special education services, the child has specific needs which are so unique that they require specially designed instruction to access the general education curriculum.

Collecting relevant functional, developmental, and academic information related to enabling the child to be involved in, and progress in, the general curriculum (or for a preschool child, to participate in appropriate activities) requires that data be collected not only about the child, but about the child's interactions in the curriculum, instruction, and environment as well. Every evaluation should be approached and designed individually based on the specific concerns and the selection of assessment tools based on the information needed to answer the eligibility questions. It is inappropriate to use the exact same battery of assessments for all children or to rely on any single tool to conduct an evaluation.

Data should be collected from across the six typical sources – general education curriculum progress, general education interventions, records review, interviews, observations, and tests.

The following is a discussion of each of the six sources of data:

- **General Education Curriculum Progress:** An evaluation team must understand how the child is progressing in the general education curriculum across settings with the available supports. To do this they must understand the outcomes of the general education curriculum and how the skills represented in those outcomes relate to the needs of each child. Are the skills needed for the child we are working with different from the skills that general education children need? Is the instruction required for the child to learn those skills different?

- **General Education Interventions:** Whether you are operating within an LEA that uses individual child problem solving (e.g., problem solving team, student assistance team, student intervention team, etc.) and/or a school-wide multi-tiered system of supports (MTSS), when a child is referred for an initial evaluation there will be data on what scientific, research-based interventions have been used with the child, and specific data about the effectiveness and results of the implementation of the interventions. Federal and state regulations require that results of the interventions provided to the child prior to a referral for an initial evaluation are documented and provided to the parent. Documentation may be done through a written intervention plan developed by the problem-solving team, which may include data that the child was provided appropriate instruction in general education settings, including repeated assessments of achievement at reasonable intervals, reflecting formal assessment of child progress during instruction.
- **Records Review:** The evaluation team should also include a review of records. These records would include information provided by the parents, current classroom-based assessments, and information from previous service providers, screenings, evaluations, and reports from other agencies, portfolios, discipline records, cumulative files, and other records.
- **Interview:** It is important to understand the perceptions of significant adults in the child's life and of the child himself. Parents, teachers, and the child can all typically provide insight into areas of strengths and needs. Interviews can also provide information about significant historical events in the child's life as well as about his or her performance in the classroom and other settings.
- **Observations:** The child must be observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty. In the case of a child of less than school age or out of school, the child needs to be observed in an environment appropriate for a child of that age. If the child is already in an educational setting the observation should be done in that setting, as opposed to bringing him or her into a different setting for observation. These observations could include structured observations, rating scales, ecological instruments, behavioral interventions, functional analysis of behavior and instruction, anecdotal records, and other observations (conducted by parents, teachers, related services personnel, and others). The purpose of the observation is to help the evaluation team understand the extent to which the child's skills are impacting his or her ability to participate and progress in a variety of settings. Observations allow the team to see firsthand how a child is functioning in naturally occurring settings. Observation data can also allow you to compare the child's behavior to that of peers in the same setting. Observation data helps the team to understand not only the child's current functional performance but also the level of independence demonstrated which can help determine necessary supports.

- **Tests:** A wide range of tests or assessments may be useful in determining an individual child's skills, abilities, interests, and aptitudes. Typically, a test is regarded as an individual measure of a specific skill or ability, while assessment is regarded as a broader way of collecting information that may include tests and other approaches to data

collection. Standardized norm referenced tests are helpful if the information being sought is to determine how a child compares to a national group of children of the same age or grade. Criterion-referenced tests are helpful in determining if the child has mastered skills expected of a certain age or grade level. Tests typically provide specific information but are never adequate as a single source of data to determine eligibility for special education services. Tests should be thoughtfully selected and used for specific purposes when data cannot be obtained through other sources. Some test information may already have been collected during the general education intervention process, especially if the child attends a school that uses a school-wide benchmark assessment. However, additional information may need to be collected during the initial evaluation. This might include curriculum-based assessments (e.g., curriculum-based assessment, curriculum-based measurement), performance-based assessments (i.e., rubric scoring), or other skill measures such as individual reading inventories. The testing that needs to be done will vary depending on what information already has been collected and the needs of the individual child. Diagnostic testing might include measures of reading, math, written language, or other academic skills, or tests of motor functioning, speech/language skills, adaptive behavior, self-concept, or any domain of concern. As with all types of data collection, the information from testing needs to be useful for both diagnostic and programmatic decision-making.

These varied sources of data offer a framework in which to organize and structure data collection. A team will not necessarily use all data sources every time an evaluation is conducted. Thoughtful planning is necessary for each child to ensure that the team is using the appropriate tools to collect data useful both for making the eligibility determination and for program planning.

SECTION TWO: Required Standards by Disability Category

The following sections contain the information required for eligibility determination by category of disability. The requirements are organized around the following:

- definition
- criteria
- evaluation; and
- who must be involved in this process

IDEA (Sec. 300.321) requires certain people to be included in the eligibility meeting:

- parent(s)/guardian
- a general education teacher. (If the child doesn't yet have an assigned teacher, a general education teacher who teaches children of the same age can attend)
- a special education teacher
- a school administrator who knows about general and special education (This person needs to have the power to make decisions about school resources).
- the professional (or professionals) who evaluated the child (If that evaluator can't be at the meeting, there needs to be another professional there who is qualified to interpret the testing. The same requirement applies when the team is reviewing a private evaluation. Some of the professionals who might be there include an occupational therapist, speech-language pathologist, school psychologist or physical therapist).
- whenever appropriate the student.
- anyone else that the parent or the school district invites. (This person usually must know the child and have information to add to the discussion).

2.1 Autism Spectrum Disorder (ASD)

A developmental disability characterized by significant deficits in social communication and interaction as well as significant restricted interests and repetitive behaviors that are not primarily caused by an emotional disability and are typically, though not always, evident before age three.

Criteria:

1) There is evidence that the child meets educational criteria for ASD indicated by:
    a. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following (currently or by history):
        i) deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions;
        ii) deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication; and

iii) deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

b. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following (currently or by history):

i) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping plates, echolalia, idiosyncratic phrases).

ii) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

iii) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transition, rigid thinking patterns, greeting rituals, needing to take the same route or eat the same food every day).

iv) Hyper-or hypo-activity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

c. These characteristics cannot be accounted for by an emotional disability. In cases where autism spectrum disorder and emotional disability may be comorbid, the above characteristics are in excess of what can be explained by an emotional disability alone.

2) These characteristics adversely impact educational performance as indicated by one or more of the following:

a. difficulties maintaining appropriate social behaviors across multiple environments;

b. difficulties initiating or maintaining positive interactions with peers and/or adults;

c. difficulties communicating ideas, wants, or needs verbally and/or in writing;

d. decreased ability to participate in age-appropriate activities;

e. difficulties with executive functioning skills such as planning, organizing, self-monitoring, and/or self-regulation; and/or

f. for school-age students: significantly subaverage academic achievement or notable difficulties with abstract learning tasks.

3) The adverse impact on the child's educational performance requires the provision of specialized instruction, and, if necessary, related services in one or more of the following areas:

a. academic performance;

b. social skills;

c. emotional regulation/coping skills;

d. classroom behavior;

e. adaptive skills (e.g., daily living, functional communication, work ethic, study skills, etc.); or

f. vocational skills

Evaluation:
Evidence to support the above criteria may be found in the following evaluation components. No single component should be used as the sole criterion for considering eligibility. Rather, the evaluation, as a whole, should establish significant patterns supporting the above criteria, such as consistency across measures, in different settings, and over time. If applicable, the evaluation should also account for any discrepancies across different sources of data for the multidisciplinary team (described below) to consider in making an eligibility determination.

1. A health and developmental history of significant milestones, experiences, and concerns across development. In cases where early developmental history is unknown, information regarding the history of concerns (e.g., nature, extent, age of onset) should be considered.
2. Review of school records (i.e., grades, attendance, discipline referrals).
3. A structured parent/guardian interview to gain information into areas such as family and socio-cultural background; educational history; social, play, and communication development; sensory, behavioral, and adaptive functioning; descriptions of how concerns manifest outside of the learning environment, and the developmental course of the concerns (e.g., onset of concerns, changes in concerns over time, provision of interventions from medical or community providers).
4. A structured teacher interview to examine information about the child's typical functioning in areas such as academic performance, social relationships, classroom behavior, communication, and adaptive skills. In the case of preschool or homeschooled children where a certified teacher may not be applicable, the interview may be conducted with other individuals knowledgeable of the child's typical behaviors, such as childcare or community service providers, if available and appropriate.
5. A minimum of three thirty-minute direct behavioral observations of the student in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers.
6. Two or more standardized measures of social-behavioral functioning. The measures must include at least one broadband measure and one measure specifically designed to capture features of autism spectrum disorders. These measures may include direct assessments, observational instruments, or standardized rating scales completed by the child's parent/guardian and teacher, if applicable. In the case of preschool or homeschooled children where a certified teacher may not be available, the assessments may include ratings from other individuals knowledgeable of the child's typical behaviors, such as childcare or

community service providers, if available and appropriate. These measures must be interpreted in consultation with a certified school psychologist, licensed psychologist, or licensed psycho-educational specialist with training in autism spectrum disorders.

7. A standardized adaptive behavior scale completed by the child's parent/guardian and teacher, if applicable. In the case of preschool or homeschooled children where a certified teacher may not be available, the assessments may include ratings from other individuals knowledgeable of the child's typical behaviors, such as childcare or community service providers, if available and appropriate. This may include comprehensive adaptive behavior scales or subscales of a broadband measure for those students whose adaptive needs can be appropriately assessed in this manner.
8. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation must include an assessment in the areas of pragmatic, and social/functional communication skills. Expressive and receptive language, articulation, voice, etc. may also be assessed, though are not required.
9. For school-age children, measures of academic achievement, which may include state or district-wide assessment data, curriculum-based measures, and/or standardized measures of academic achievement.
10. Data in any additional areas deemed necessary by the team to fully assess the educational needs of the child. These may include but are not limited to cognitive processing, achievement, CBMs, gross motor skills, fine motor skills, and sensory processing.

Who must be involved in this process?
The multidisciplinary team must include a certified school psychologist, licensed psychologist, or licensed psycho-educational specialist; a speech-language pathologist, a certified teacher with knowledge and expertise in educating students with autism spectrum disorders; a general education teacher; LEA Representative, and parent(s)/guardian(s) of the child. Other qualified professionals as appropriate (e.g., school counselor, BCBA, etc.) may be included at the discretion of the multidisciplinary team.

2.2 Deaf/Hard of Hearing (DHH)

A diminished sensitivity to sound or hearing loss, permanent or fluctuating, with or without amplification, that impacts the processing of linguistic information through hearing and adversely affects the child's educational performance, speech perception and production, social skills, and/or language and communication.

Criteria:

1. There is evidence that the child has a documented hearing loss of 20 dB or greater at any frequency including a permanent conductive, sensorineural, or mixed hearing loss, either unilaterally or bilaterally; or
2. There is a fluctuating hearing loss, either unilaterally or bilaterally; or

3. There is documentation of Auditory Neuropathy Spectrum Disorder (ANSD), unilaterally or bilaterally; and
4. There is an adverse effect of the disability on the child's educational performance; and
5. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that is sensitive to cultural, linguistic, and environmental factors or sensory impairments to document the presence of consistent evidence of the disability to include the following:

1. Audiological Evaluation
    a. A comprehensive audiological evaluation shall be conducted by a licensed audiologist within the past 12 months of the meeting date. The evaluation shall document that the child has one of the following:
        - 20 dB or greater hearing loss either unilaterally or bilaterally;
        - fluctuating hearing loss, either unilaterally or bilaterally; or
        - documented ANSD, unilaterally or bilaterally.
    b. A comprehensive audiological evaluation should also include:
        - frequency-specific hearing threshold levels determined by pure tone air & bone conduction testing, or electrophysiological assessment when developmentally appropriate;
        - speech reception thresholds or speech detection thresholds;
        - word recognition testing in quiet and in noise, when developmentally appropriate;
        - tympanometry, including reflex testing when appropriate; and
        - when aided, validation of hearing instrument fitting including aided speech sound field results, when developmentally appropriate.
    c. If critical measures of the audiological evaluation cannot be obtained (i.e., child is too young or has significant developmental delays is unable to fully participate, or ear anomalies prevent measure), additional measures should be employed such as Otoacoustic Emissions Test, or acoustic reflex testing to ensure accurate and comprehensive testing by the audiologist and/or otolaryngologist.
    d. A chronic fluctuating hearing loss may be evidenced in the following required evaluation components: a medical history documenting etiology and prognosis or condition, either unilaterally or bilaterally, obtained from a licensed physician (preferably an otolaryngologist) and audiological evaluations conducted by a licensed audiologist.

2. An evaluation of speech and language communication that include areas that the team determines are relevant to the individual student and will assisting the team in making an eligibility determination.
3. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones; and
4. An evaluation of academic and functional performance;

Evidence may include:

- Delay in auditory skills and/or functional auditory performance including speech perception scores (in quiet or noise), which demonstrates the need for specialized instruction in auditory skill development or assistive technology use: and/or
- Receptive and/or expressive language (spoken or signed) delay including syntax, pragmatics, semantics, or if there is a significant discrepancy between receptive and expressive language scores and or function which adversely impacts communication and learning; and/or
- An impairment of speech articulation, voice and/or fluency; and/or
- Lack of adequate academic achievement and/or sufficient progress to meet age or state-approved grade-level standards in reading, writing, and/or math directly related to hearing loss; and/or
- Inconsistent performance in social and learning environments including executive function, compared to typically developing peers; and/or
- Inability to demonstrate self-advocacy skills or utilize specialized technology/resources to access instruction.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a certified teacher of the Deaf and Hard of Hearing, and may also include other professionals knowledgeable in the impact of hearing loss and the assessment of deaf and hard of hearing children, which may include a licensed audiologist, speech-language pathologist, school psychologist, etc.

2.3 Deaf-Blindness (DB)

A concomitant hearing and visual impairment, 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.

Criteria:

1. There is evidence that the child meets the criteria for both the Deaf and Hard of Hearing category and the Visual Impairment category.
2. There is an adverse effect of the disability on the child's educational performance.

3. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
See criteria for DHH and VI.

Who must be involved in this process?
The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must include a certified teacher of deaf and hard of hearing children and may also include other professionals skilled and experienced in the impact of hearing loss and the assessment of deaf and hard of hearing students, which may include a licensed audiologist, speech-language pathologist, school psychologist, etc. The team must also include a certified teacher of children with visual impairments and may also include other professionals knowledgeable of the educational needs of children with visual impairments.

2.4 Developmental Delay (DD)

A delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive behavioral development that adversely affects a child's educational performance. The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage or lack of experience in age-appropriate activities. The DD classification may be used for children from ages three through eight.

Criteria:

1. There is evidence that the child's performance is significantly below average in one or more developmental areas. A general guideline is 2.0 or more standard deviations below the mean in one area or at least 1.5 standard deviations below the mean in two or more areas (+/- standard error of measurement) and/or a 40% delay in one area or 25% or greater delay in 2 or more areas:
    a. physical development
    b. cognitive development
    c. communication development
    d. social or emotional development
    e. adaptive behavior development
2. There is evidence that the delay is not due to:
    a. limited English proficiency; or
    b. being Deaf, Hard of Hearing, and/or Visually Impaired; or

c. environmental, cultural, economic disadvantage, or lack of experience in appropriate activities.

3. There is an adverse effect of the disability on the child's educational performance; and
4. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
Evidence that a child is exhibiting a significant developmental delay can be found in the following evaluation components:

1. A development history that summarizes demographic, developmental, educational, and medical history obtained from a parent/primary caregiver through a structured interview process.
2. Results from evidence-based assessments were used to document significant delays of at least 1.5 standard deviations below the mean in 2 or more of the developmental areas or 2 standard deviations in at least one and/or a 40% delay in one area or a 25% delay in two or more areas.
3. A structured observation of the child in a typical or otherwise appropriate setting such as one with typically developing peers, by a member(s) of the multidisciplinary evaluation team. The setting might include the home, a daycare, or classroom.

The following also applies:

1. A child may be identified as having a developmental delay even if the child meets eligibility criteria under another disability category with the exception of visual impairment, deaf/hard of hearing or deaf blindness, at the discretion of the IEP team.
2. A child qualifying under the category of DD cannot qualify for SLI as a secondary disability as communication is one of the areas under the category of developmental delay.

Who Must Be Involved in the Process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. Depending on the areas of developmental delay this may include a speech-language pathologist, occupational therapist, certified school psychologist, LPES, licensed psychologist, etc.

2.5 Emotional Disability (ED)

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:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

- Inappropriate types of behaviors or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability.

Criteria:
There must be evidence of all of the following:

1. The child exhibits characteristics of a social-emotional, behavioral, or mental health condition (examples include anxiety disorders, mood disorders, disruptive behavior disorders, schizophrenia, etc.) that:
    a. Fall outside of expected age, ethnic, and cultural expectations with regard to frequency, duration, and/or severity; and
    b. Have persisted for at least 6 weeks within the school setting despite the provision of appropriate intervention except in the most extreme cases when there is clear evidence of a suspected disability (e.g., student's functioning poses a danger to self or others, concerns have required hospitalization or emergency services, etc.). These interventions may include but are not limited to functional behavior assessment/behavior intervention plans, counseling, social-emotional or behavioral interventions delivered through a multi-tiered system of supports, or other therapeutic interventions received outside of the school environment (e.g., intensive outpatient services, hospitalization, etc.).
2. These characteristics adversely impact the child's educational performance, as evidenced by one or more of the following:
    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 behaviors or feelings under normal circumstances;
    d. A general pervasive mood of unhappiness or depression; and/or,
    e. A tendency to develop physical symptoms or fears associated with personal or school problems.
3. There is an adverse effect of the disability on the child's educational performance.
4. The impact on the child's educational performance requires the provision of specialized instruction, and, if necessary, related services in one or more of the following areas:
    a. Academic performance;
    b. Social Skills;
    c. Emotional Regulation/Coping Skills;
    d. Classroom Behavior;

e. Adaptive Skills (e.g., daily living, functional communication, work ethic, study skills, etc.); or

f. Vocational Skills

Evaluation:
Evidence to support the above criteria may be found in the following evaluation components. No single component should be used as the sole criterion for considering eligibility. Rather, the evaluation as a whole should establish significant patterns supporting the above criteria, such as consistency across measures, in different settings, and over time. If applicable, the evaluation should also account for any discrepancies across different sources of data for the multidisciplinary team (described below) to consider in making an eligibility determination.

1. A health and developmental history of significant milestones, experiences, and concerns across development. In cases where early developmental history is unknown, information regarding the history of concerns (e.g., nature, extent, age of onset) should be considered.
2. Review of school records (e.g., grades, attendance, discipline referrals).
3. A structured parent/guardian interview to gain information into areas such as family and socio-cultural background, educational history, descriptions of how concerns manifest outside of the learning environment, and the developmental course of the concerns (e.g., onset of concerns, changes in concerns over time, provision of interventions from medical or community providers).
4. A structured teacher interview to examine information about the child's typical functioning in areas such as academic performance, social relationships, classroom behavior, and emotional regulation, as well as a description of the supports needed for the student to be successful in the learning environment. In the case of preschool or homeschooled children where a certified teacher may not be applicable, the interview may be conducted with other individuals knowledgeable of the child's typical behaviors, such as childcare or community service providers, if available and appropriate.
5. A structured child interview, when developmentally appropriate, to gain insight into the child's perception of their social-emotional or behavioral functioning.
6. Three direct observations in at least two different settings across two or more days. These may be completed by a certified school psychologist, licensed psychologist, or licensed psycho-educational specialist or another observer with knowledge and expertise in educating students with social-emotional or behavioral needs. These observations should document the nature, rate, intensity, and/or duration of concerns in comparison to age and environmental expectations.
7. Samples of behavior including anecdotal records and/or data collected regarding the frequency, duration, or intensity of concerns.
8. Social-emotional or behavioral rating scales completed by the child's parent/guardian and teacher, if applicable, that are elevated in relation to typical peers. In the case of preschool or homeschooled children where a certified teacher may not be available, the assessments may include ratings from other individuals knowledgeable of the child's typical behaviors, such as childcare or community service providers, if available and appropriate. The scales must be

interpreted in consultation with a certified school psychologist, licensed psychologist, or licensed psycho-educational specialist.

9. A self-report social-emotional or behavioral scale, if developmentally appropriate. The scale must be interpreted in consultation with a certified school psychologist, LPES, or a licensed psychologist.
10. For school-age children, measures of academic achievement, which may include state or district-wide assessment data, curriculum-based measures, and/or standardized measures of academic achievement.
11. Documentation of the nature, frequency, and duration of interventions as well as available progress-monitoring data. Interventions delivered inside and outside of the school setting may be considered but interventions must manifest in an education/school setting. Evidence should support at least six weeks of intervention within the school setting, except in the most extreme cases when there is clear evidence of a suspected disability (e.g., student's functioning poses a danger to self or others, concerns have required hospitalization or emergency services, and/or other interventions commensurate with the seriousness of the student's functioning have taken place).
12. May include data in any additional areas deemed necessary to fully assess the educational needs of the child. These include but are not limited to, cognitive processing, adaptive behavior, communication, sensory processing, and a psychometrically acceptable personality measure, if developmentally appropriate, administered by a certified school psychologist, LPES, or a licensed psychologist.

Who must be involved in this process?
The multidisciplinary team must include a certified school psychologist, LPES, licensed psychologist; a certified teacher with knowledge and expertise in educating students with social-emotional or behavioral needs; a general education teacher; LEA Representative, and parent(s)/guardian(s) of the child. Other qualified professionals as appropriate (e.g., school counselor, BCBA, etc.) may be included at the discretion of the multidisciplinary team.

2.6 Intellectual Disability (ID)

A condition characterized by significant deficits in adaptive behavior and cognitive functioning that manifest in the developmental period (i.e., childhood) and adversely affect a child's educational performance.

Criteria:
There must be evidence of all of the following:

1. A significant impairment in adaptive functioning that is at least two standard deviations below the mean (+/- the standard error of measurement) in at least two of the following adaptive skill domains.
    a. Communication – The ability to convey information from one person to another through words and actions. This involves the ability to understand others and to express oneself through words or actions.

b. Social skills – This refers to the ability to interact effectively with others. These skills include the ability to understand and comply with social rules, customs, and standards of public behavior. This requires the ability to process figurative language and detect unspoken cues such as body language.

c. Personal independence at home and/or in community settings – This refers to the ability to take care of oneself. Some examples are bathing, dressing, and feeding. It also involves the ability to safely complete day-to-day tasks without guidance. Some examples are cooking, cleaning, and laundry. This also includes routine acts performed in the community such as shopping for groceries and accessing public transportation.

d. School or work functioning - This refers to the ability to conform to the social standards at school or work. It includes the ability to learn new knowledge, skills, and abilities and apply this information in a practical, adaptive manner without excessive direction or guidance.

2. A significant limitation in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning by experience as indicated by a Full-Scale Intelligence Quotient (FSIQ), General Abilities Index (GAI), or equivalent that are at least two standard deviations below the mean (+/- the standard error of measurement) on a current, individually administered, norm-referenced measure of intelligence.
3. There is an adverse effect of the disability on the child's educational performance.
4. The impact on the child's educational performance requires the provision of specialized instruction, and, if necessary, related services in one or more of the following areas:
   a. pre-academic/cognitive readiness;
   b. academic performance;
   c. classroom behavior;
   d. adaptive skills (e.g., daily living, functional communication, social skills, etc.); or
   e. vocational skills.

Evaluation:
Evidence to support the above criteria may be found in the following evaluation components. If applicable, the evaluation should also account for any discrepancies across different sources of data for the multidisciplinary team (described below) to consider in making an eligibility determination. Additionally, when determining the severity of impairment, multidisciplinary teams should give emphasis to the degree of adaptive deficits, as these are more likely to reflect the level of support necessary for the student.

1. A health and developmental history of significant milestones, experiences, and concerns across development. In cases where early developmental history is unknown, information regarding the history of concerns (e.g., nature, extent, age of onset) should be considered.
2. At least one direct observation of the child. The observation(s) should document the child's functioning in comparison to age and environmental expectations.

3. A current, comprehensive, and standardized adaptive behavior measure completed by the child's parent or primary caregiver. If additional information regarding adaptive functioning is needed, a teacher, childcare or community service provider, or another individual with knowledge of the child's behaviors may also complete a comparable measure, but this is not required.
4. A current, individually administered, norm-referenced measure of cognitive ability. If, due to sensory, motor, language, communication, or physical conditions of the child, standardized measures are deemed inappropriate, alternative procedures (e.g., records review, observations, interviews etc.) may be used to assess the child's abilities in comparison to peers. These alternative procedures and the rationale for their use must be clearly described in the written evaluation report. Additionally, there must be evidence to support that any observed deficits are not due primarily to the child's sensory, motor, language, communication, or physical differences.
5. For school-age children, measures of academic achievement, which may include state or district-wide assessment data, curriculum-based measures, formative assessments, and/or standardized measures of academic achievement.

Who must be involved in this process?
The multidisciplinary team must include a certified school psychologist, licensed psychologist, or licensed psycho-educational specialist; a certified teacher with knowledge and expertise in educating students with cognitive and adaptive needs; a general education teacher; LEA Representative, and parent(s)/guardian(s) of the child. Other qualified professionals as appropriate (e.g., school counselor, BCBA, etc.) may be included at the discretion of the multidisciplinary team.

2.7 Multiple Disabilities (MD)

Multiple Disabilities means concomitant impairments (such as intellectual disability and blindness or intellectual disability and orthopedic impairment), 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 do not include Deaf-Blindness.

Criteria:

1. There is evidence that the child meets all eligibility requirements for two or more of the following disability categories:
    - Autism
    - Intellectual disability
    - Traumatic brain injury
    - Emotional disability
    - Specific learning disability
    - Orthopedic impairment
    - Other health impairment

- Vision impairment (Not to be combined with Deaf/Hard of Hearing)
- Deaf/Hard of Hearing (Not to be combined with vision impairment)
- Speech language impairment

2. The adverse effects of the multiple disabilities on the child's educational performance cannot be accommodated in special education programs solely for one of the disabilities and requires specialized instruction and if necessary related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services. The simple presence of eligibility under two disability categories does not qualify a child under the category of Multiple Disabilities. There must be evidence to document that the interaction of the disabilities creates the need for distinctly different programming and instruction than either of the two categories alone.

Evaluation:
See criteria for individual disability categories for requirements and sources of evidence. All criteria for each disability category must be met.

Who must be involved in this process?
See requirements for individual disability categories.

2.8 Orthopedic Impairment (OI)

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

Criteria:

1. A comprehensive written report from a licensed medical provider (i.e., licensed physician, physician's assistant, or licensed nurse practitioner) documenting a diagnosis of an orthopedic impairment;
   - caused by a congenital anomaly (e.g., clubfoot, absence of a member, etc.);
   - caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); or
   - resulting from conditions such as cerebral palsy, amputations, fractures, or burns that cause contractions, etc.
2. There is an adverse effect of the disability on the child's educational performance.
3. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
Evidence that the child's impairment adversely affects educational performance may be found in the following evaluation components:

1. A comprehensive written report from a licensed medical provider;
2. Individually administered motor (fine/gross) evaluations to address mobility and activities of daily living. (e.g., self-care, eating, movement through the building, etc.)
3. A standardized assessment of adaptive skills with information obtained from the parent and/or teacher.
4. Any additional evaluation assessments that may be necessary to help determine the child's educational needs. (e.g., achievement, classroom observations, review of attendance, health records, etc.)

A medical diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the orthopedic impairment adversely affects the child's educational performance.

Who must be involved in this process?
The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a certified teacher of children with orthopedic impairments and other professionals knowledgeable of the educational needs of children with orthopedic impairments.

2.9 Other Health Impairment (OHI)

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 is due to chronic or acute health problems and adversely affects a child's educational performance.

This chronic or acute health problem may include, but is not limited to asthma, attention deficit hyperactivity disorder (inattentive/hyperactive/impulsive/combined type), diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome, or anxiety and depression that does not rise to the level of an Emotional Disability. According to the Office of Special Education and Rehabilitative Services, Department of Education, "the list of acute or chronic health conditions in the definition of other health impaired is not exhaustive, but rather provides examples of problems that children have that could make them eligible for special education and related services under the category of other health impairment". (71 Fed. Reg. at 46550)

Criteria:

1. There is evidence that the child has a chronic or acute health problem (persistent or long lasting in its effects or worsens over time).
2. The diagnosed chronic or acute health problem results in at least one of the following:

- Limited strength - inability to perform typical or routine tasks at school
- Limited vitality - inability to sustain effort or endure throughout an activity
- Limited alertness – inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness

3. The chronic or acute health problem adversely affects a child's educational performance in one or more of the following areas:
   - Academic achievement
   - Behavior
   - Communication
   - Social/Emotional functioning
   - Adaptive behavior
   - Classroom performance
   - Motor skills
   - Vocational skills
   - Executive functioning
4. There is an adverse effect of the disability on the child's educational performance.
5. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments should include the following:

1. An evaluation performed by a licensed physician, physician assistant, or nurse practitioner within or outside of the state documenting a diagnosis of the chronic or acute health problem;
   - In the case of a child with attention deficit hyperactivity disorder (ADHD), the diagnosis may also be made by a certified school psychologist, LPES, or licensed psychologist. Outside providers can use the current diagnostic criteria contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders and school psychologists may use the results of this evaluation to make a diagnosis. The term ADHD includes the following subtypes.
     - ADHD – Inattentive Type
     - ADHD – Hyperactive Type
     - ADHD – Combined Type

2. A health and developmental history summarizing demographic, developmental, educational, and medical history obtained from a parent/primary caregiver through a structured interview process;
3. Informal or formal assessments from multiple sources such as a structured parent/guardian interview, parent/teacher rating scales, child rating scales and face-to-face interaction with the child when possible, and any other assessments the team feels are necessary to address the following areas depending on referral concerns:
    - academic achievement
    - behavior
    - communication
    - social/emotional functioning
    - adaptive behavior
    - classroom performance
    - motor skills
    - vocational skills
    - executive functioning
4. Documentation from at least two observations in the school setting or setting in which the child is receiving services that indicate the child's observable educational performance related to a chronic or acute health problem that are occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers.
5. Description of how the health problem is manifested at school, including the implications on learning and access to the general education curriculum.

The presence of a medical condition that causes limited strength, vitality or alertness is not enough. The condition and diminished alertness caused by the condition must also adversely affect the child's educational performance and therefore, require specialized instruction and, if necessary, related services.

Who must be involved in the process?
The multidisciplinary evaluation team must include the members of the IEP team, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist and other qualified professionals, as appropriate. This may include any outside service providers that may have considerable knowledge of the child and can contribute to the decision-making progress.

2.10 Specific Learning Disability (SLD)

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. Specific Learning Disability does not include learning problems that are primarily the result of: visual impairment, including blindness; hearing impairment, including deafness; orthopedic impairment; intellectual disability; serious emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.

Criteria:

1. **Significantly subaverage academic skills:** The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas:
    a. Basic reading skills
    b. Reading fluency
    c. Reading comprehension
    d. Math calculation
    e. Math problem-solving
    f. Written expression
    g. Oral expression
    h. Listening comprehension

2. Learning experiences: The child has been provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards in the area(s) of concern.
3. Exclusionary factors: The underachievement must not be the primary result of:
    a. Limited English proficiency;
    b. Visual, hearing or motor disability;
    c. Intellectual disabilities;
    d. Emotional disabilities;
    e. Cultural factors;
    f. Environmental or economic disadvantage;
    g. Atypical educational history such as irregular school attendance or attendance at multiple schools;
    h. Lack of appropriate evidence-based instruction in writing; spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression;
    i. Lack of appropriate evidence-based instruction in math; number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning; or
    j. Lack of appropriate evidence-based instruction in reading; explicit and systematic instruction in the essential components of reading instruction, phonemic awareness, phonics, reading fluency, vocabulary and reading comprehension.

4. There is an adverse effect of the disability on the child's educational performance.

5. The impact of the disability requires specialized instruction and, if necessary, related services.

Evaluation:

1. A health and developmental history summarizing demographic, developmental, educational, family history of learning disabilities, and medical history obtained from a parent/primary caregiver.
2. An education history that includes but is not limited to:
    a. classroom performance
    b. attendance
    c. behavioral adjustment to school
    d. discipline history
    e. state level assessments when available
    f. district assessments when available
    g. history of school changes
3. Instructional history
    a. Core instruction history - District/state assessments, universal screening data, data from interventions implemented within the core classroom.
    b. Intervention history - Data including: Targeted intervention meaning the use of screening data to design appropriate interventions provided in addition to core instruction, if a student's universal screening and other data results indicate that the student has not mastered a benchmark skill or grade level expectation. The interventions are evidence based and aligned to the child's specific skill deficits.
4. Individual student data that may be collected from these sources. This list is not exhaustive.
    a. progress monitoring data
    b. standardized, norm-referenced achievement tests
    c. cognitive assessment tools including full scale batteries and/or specific assessment tools measuring relevant cognitive processes
    d. social emotional
    e. adaptive
5. Observations: A minimum of two observations of relevant student learning behavior.

Who must be involved in the process?
The multidisciplinary evaluation team must include the members of the IEP team, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist and other qualified professionals, as appropriate. The team must include the child's general education

teacher, or if the child does not have a general education teacher, a regular classroom teacher qualified to teach a child his or her age; for a child aged three through four, the team must include an individual qualified to teach a child his or her age. The team must also include at least one person qualified to conduct and interpret individual diagnostic assessments of children such as a certified school psychologist, licensed psychologist, a licensed psycho-educational specialist, speech-language pathologist, or remedial reading/math teacher.

2.11 Speech-Language Impairment (SLI)

Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation (speech sound), language or voice impairment that adversely affects a child's educational performance.

A Speech or Language Impairment includes demonstration of impairments in one or more of the following areas: speech sound, language, fluency, or voice.

2.11.1 Speech Sound

Atypical production of phonemes characterized by substitutions, omissions, additions, or distortions that impairs intelligibility in conversational speech and adversely affects academic achievement and/or functional performance in the educational setting. Intelligibility levels and/or speech patterns that are below the performance of typically developing peers and interfere with successful verbal communication. The atypical production of speech sounds may also result from phonology, motor, or other issues and/or disorders.

The term phonological or articulation impairment does not include:

a. inconsistent or situational errors that do not have an impact on the child's ability to functionally communicate;
b. communication problems or speech sounds primarily from regional, dialectic, and/or cultural differences; and
c. speech sound errors at or above age level according to established research-based developmental norms, without documented evidence of adverse effect on educational or functional performance.

Criteria:

A child is eligible for special education services if there is evidence, based on evaluation resulting in all of the following:

1. There is documentation of delayed speech or speech sound production (at least two out of three must be met:
    a. three or more consonant speech sound errors when 90 percent of typically developing peers produce sound correctly according to current norms* (see consideration below); and/or presence of one or more disordered (developmental and non-developmental) phonological processes occurring at least 40 percent of the time;
    b. stimulability less than 59 percent;
    c. percent of consonants correct less than 84 percent.

2. The speech sound impairment must have an adverse effect impacting the child's ability to perform and/or function in the child's typical learning environment, thereby demonstrating the need for specialized instruction and, if necessary, related services.

*Consideration should be given to deviations of the oral mechanism/structure when determining the presence of a speech sound disorder and whether dental occlusion and specific tooth deviations, the structure of hard and soft palate (clefts, fistulas, bifid uvula), and function (strength and range of motion) of the lips, jaw, tongue, and velum may be amenable to specially designed instruction by the SLP alone. For example, "there is sufficient evidence that dental and occlusal anomalies have an impact on articulation…these speech errors are considered to be obligatory oral distortions in that they are made in response to an oral structural defect and are not typically amenable to speech therapy, but rather require orthodontic and/or surgical correction (Mason, K, 2020)".

Evaluation:
Speech Sound Impairment can be evidenced in the following evaluation components:

- Information is gathered from the child's parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of speech characteristics. This evaluation may be completed through various methods including interviews, checklists, or questionnaires;
- One documented and dated observation of the child's speech characteristics during connected speech or conversation by a primary evaluator. Observation(s) conducted through intervention and prior to obtaining consent for evaluation may be used to meet this criterion.
- An examination of the oral mechanism structure and function must be conducted.
- One standardized, norm-referenced instrument designed to measure speech sound production can be administered, but standard scores are not required. A phonemic inventory may be more appropriate for children with limited verbal output. Using a standardized, norm-referenced instrument will help to determine speech sound segmental production for which sounds do not meet norms for acquisition, phonological processes that occur in forty percent or more opportunities, stimulability and Percentage of Consonants Correct(PCC) which assists with determining severity.
- Intelligibility rating may be used to support adverse educational impact.
- Additional formal or informal phonological awareness assessments to support adverse educational impact; and
- Assessment of speech sound production accompanied by supplemental measures (such as a dynamic assessment) for students who are multilingual or bidialectal in order to discover whether the child is demonstrating a dialectal variation or having difficulty with specific features of speech sound development.

2.11.2 Language

Impaired comprehension and/or use of spoken language adversely affects the child's ability to participate in the primary learning environment. The language impairment may involve an

impairment in one or more of the following areas of language, in any combination to include the form of language (phonology, morphology, and syntax), the content of language (semantics) which affects the child's educational or functional performance.

The term language impairment does not include:

- anxiety disorders (e.g., selective mutism);
- children who have regional, dialectic, and/or cultural differences (no dialectal variety of English is to be considered a disorder);
- children who are learning English as a second language who do not exhibit difficulties in both languages;
- children who have auditory processing disorders not accompanied by language impairment; and
- children who have an isolated pragmatic language or phonemic awareness concern without an impairment of comprehension and/or spoken language.

Criteria:
A child is eligible for special education services if there is evidence, based on evaluation resulting in both of the following:

1. There is documentation of impaired language development (at least three must be met).
    a. Composite standard score of two deviations or more below the mean on a global assessment of language with consideration for the cut score for that specific assessment, sensitivity and specificity at that cut score, and confidence intervals.
    b. Two or more phonological awareness skills that do not meet age/grade appropriate norms.
    c. Narrative abilities that are greater than one year or more below chronological age.
    d. Language sample(s) with three or more skills in the areas of morphology, syntax, relational semantics, and/or pragmatics that do not meet age-appropriate norms.
    e. Dynamic assessment results that reveal a student is unable to complete any or only up to three steps of dynamic assessment for targeted skill(s), there is no or limited improvement noted, and/or requires moderate to substantial support.
2. There is an adverse effect of the disability on the child's educational performance.
3. The impact of the disability requires specially designed instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specially designed instruction, and if necessary, related services.

Evaluation:
Language Impairment can be evidenced in the following evaluation components:

- Information gathered from the child's parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of language skills. This may be completed through a variety of methods including interviews, checklists, or questionnaires.
- One documented and dated observation of the child's language skills must be conducted by a primary evaluator in one or more setting(s), which must include the child's typical learning environment, or an environment or situation appropriate for a child of that chronological age. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion.
- At least one assessment instrument must be a standardized, norm-referenced, and comprehensive measure of language when appropriate based on the needs of the student (i.e., current assessment with appropriate sensitivity and specificity, containing a normative sample representative of the student). The instrument must be administered and interpreted by a speech-language pathologist to determine the nature and severity of the language deficits with consideration for the cut score for that specific assessment, sensitivity and specificity at that cut score, and confidence intervals.
- Non-standardized scientific, research-based instruments, such as a functional communication profile, dynamic assessment, language sample, or other methods may also be utilized. The evaluation report must document the evaluation procedures used, including the rationale for use choice of instruments used, the results obtained, and the basis for recommendations.
- Assessments of language for a child who is multilingual must be administered in the child's native language or other mode of communication and in the form most likely to reveal accurate information unless it is clearly not feasible to do so. Standardized assessments that are not normed on multilingual populations are to only be used as informal probes with no accompanying scores. Standardized language assessments must be accompanied by supplemental measures such as dynamic assessment and/or language sampling for students who are multilingual or bidialectal.
- When dialect is a consideration, standardized assessments sensitive to dialect should be used. If using standardized assessments not sensitive to dialect, the assessment may focus on identifying and distinguishing contrastive features versus non-contrastive features. Standardized language assessments should be accompanied by supplemental measures for students who are multilingual or bidialectal.
- Formal or informal assessments of phonological awareness, narrative skills and expressive language samples with findings in the moderate range and beyond may be used to support adverse educational impact in addition to data collected from academic activities, tests, and related classroom data.

2.11.3 Fluency

Interruption in the flow of speech characterized by an atypical rate, or rhythm in sounds, syllables, words, and phrases that significantly reduces the child's ability to participate within the learning environment with or without his or her awareness of the disfluencies or stuttering. Excessive tension, avoidance behaviors, struggling behaviors and secondary characteristics (ritualistic behaviors or movements) may accompany fluency impairments.

Stuttering vs. Cluttering
Although cluttering and stuttering can co-occur, there are some important distinctions between the two. Children who stutter are more likely to be self-aware about their disfluencies and communication, and they may exhibit more physical tension, secondary behaviors, and negative reactions to communication. Children who clutter may exhibit more errors related to reduced speech intelligibility secondary to rapid rate of speech. This student does not sound fluent in the sense that they appear to not know what to say or how to say it. Along with fast rate, a high level of "typical disfluencies," such as interjections and revisions are often observed. A student who is demonstrating cluttering often appears to communicate in a disorganized manner with poor conversation skills and little awareness of his/her fluency and rate problems.

Criteria:
A child is eligible for special education services if there is evidence, based on evaluation resulting both of the following:

1. There is documentation of dysfluent speech (at least two must be met) *
    a. Frequency of dysfluency that is six to ten percent vocal dysfluencies per speaking minute, ten to fifteen percent of syllables stuttered or six to ten dysfluencies per minute.
    b. The dysfluency is described as frequent to habitual repetitions, prolongations, blocks, hesitations, interjections vocal tension, pauses of two seconds or greater, or five or more reiterations in a repetition.
    c. Presence of associated non-vocal behaviors that include at least one associated behavior that is noticeable and distracting.
    d. Avoidance of some speaking situations.
    *Consideration should be given concerning the period of normal disfluencies. As language skills are developing, many children between the ages of eighteen months to five years go through periods of disfluent-type behaviors typically characterized by interjections and easy whole word and phrase repetitions. Most are unaware and do not express concerns. However, if these children continue to exhibit these characteristics for more than six months and are not decreasing, intervention may be considered.
2. There is evidence of an adverse effect of the disability on the child's educational performance.
3. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services (at least two must be met).
    a. Evidence of educational struggles in most or all areas when compared to peers.
    b. Two observations revealing ability to verbally communicate is dissimilar to peers across half or more contexts, settings, environments, and/or circumstances.
    c. Score of 45-100 on the Overall Assessment of the Speaker's Experience of Stuttering (OASES).

Evaluation:
Fluency impairment can be evidenced in the following evaluation components:

- Information gathered from the child's parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of speaking behaviors. This may be completed through various methods including interviews, checklists, or questionnaires;
- At least two documented and dated observations in various settings to document the frequency, type, and duration of dysfluencies, and any secondary characteristics if appropriate; by a primary evaluator. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
- One standardized, norm-referenced instrument designed to measure behaviors characteristic of a fluency disorder. Assessments may also include connected speech sample, or informal assessments documenting the fluency issues.
- If the child is multilingual, dysfluencies must be observed consistently across both languages.
- Observations of the child speaking across a variety of contexts during school which reveal difficulties to effectively communicate in comparison to peers may be used to support adverse educational impact.
- Additional assessments such as the Overall Assessment of the Speaker's Experience of Stuttering (OASES) may be used to support adverse educational impact as well as presence of a disability.

2.11.4 Voice
Interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord function that significantly reduces the child's ability to communicate effectively. The term voice impairment does not refer to:

a. Differences that are the direct result of regional, dialectic, and/or cultural differences;
b. Differences related to medical issues not directly related to the vocal mechanism (e.g. allergies, asthma, laryngitis, laryngopharyngeal reflux);
c. Anxiety disorders (e.g. selective mutism); and
d. Differences due to temporary factors such as short-term vocal abuse or puberty.

Criteria:
A child is eligible for special education services if there is evidence, based on evaluation resulting in all of the following:

1. The interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord function that significantly reduces the student's ability to communicate effectively within the learning environment in addition to scores of 59 to 81 on the Pediatric Voice Index (Parent/Caregiver and/or Teacher version);
2. There is an adverse effect of the disability on the child's educational performance requiring specially designed instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-

appropriate activities require specially designed instruction, and if necessary, related services.

3. The child has received medical clearance from a doctor prior to determination of the need for specially designed instruction to ensure the source of the voice impairment is not an organic problem for which therapy is contraindicated (e.g., paralyzed vocal cords).

Physician's orders for speech therapy may not be used as the sole criterion for determining eligibility. There must be evidence that the vocal impairment adversely affects the student's educational performance.

Evaluation:
Voice impairment can be evidenced in the following evaluation components:

- Information gathered from the child's parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of vocal skills/behaviors including onset of the difficulties and factors surrounding the change in vocal status. This may be completed through various methods including interviews, checklists, or questionnaires;
- Two documented and dated observations of high and low vocal demand to assess vocal characteristics of loudness, pitch, quality, or resonance must be conducted by a primary evaluator in one or more setting(s), which must include the child's typical learning environment or an environment or situation appropriate for a child of that chronological age. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
- One criterion-referenced instrument designed to assess vocal production, or an assessment used to document the severity of the child's vocal impairment; and,
- Clearance from a medical doctor as well as a description of the child's vocal quality, intensity, resonance, and pitch are required.
- Observations of the child speaking across a variety of contexts during school which reveal difficulties to effectively communicate in comparison to peers may be used to support adverse educational impact.
- Additional formal or informal phonological awareness assessments may also be conducted to support adverse educational impact as well as presence of a disability.

The medical clearance may not be used as the sole criterion for determining eligibility. There must be evidence that the vocal impairment adversely affects the child's educational performance and therefore, requires specialized instruction, and if necessary, related services. The IEP team should consider how the child performs in the learning environment in order to determine their educational need for specially designed instruction.

Note: It is not necessary to open a re-evaluation to reestablish eligibility if another area of speech-language is suspected as an area of need (i.e., student was initial classified as SLI based on language, but now fluency is a concern). The SLP should, however, conduct appropriate assessments to collect data that supports the additional area(s) of need and goals. This information should be documented within the IEP and PWN. In addition, the SLP must adhere to

Medicaid requirements related to documentation that supports the addition of a new diagnosis and changes to the treatment plan.

Who must be involved in this process?
The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must include a certified speech-language therapist or speech-language pathologist.

2.12 Traumatic Brain Injury (TBI)

An acquired injury to the brain resulting in a 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, deceleration injuries, chemical/toxic, hypoxia, tumors, infections, and stroke, resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgement; 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 or degenerative, or to brain injuries induced by birth trauma.

Criteria: (All must be met.)

1. The child must have an acquired injury to the brain that occurred following a period of normal development.
    - The acquired injury may not be due to congenital causes (such as Down syndrome, or Phenylketonuria) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke).

2. The child's brain injury was caused by an acquired brain injury in one of the following ways:
    - **Open head injury (also called penetrating)** - This results when the scalp/skull is broken, fractured, or penetrated. This may occur when a foreign object (e.g., a bullet) goes through the skull, enters the brain, and damages specific parts of the brain. This focal, or localized, brain damage occurs along the route the object has traveled. Symptoms following an open TBI vary depending on the part(s) of the brain that is (are) damaged.
    - **Closed head injury** – This results when an outside force impacts the head, but the skull is not broken, fractured, or penetrated. This may occur, for example, when the head strikes the windshield or dashboard in a car accident. Damage is typically widespread or diffuse. Symptoms following a closed TBI vary depending on the extent of the damage to the brain.
    - **Deceleration injuries (also known as diffuse axonal injury)** – This typically happens when a rapidly moving skull is abruptly stopped (e.g., an auto accident, shaken baby syndrome), while the brain continues forward and impacts directly below the site where the skull stops.
    - **Chemical/Toxic (also known as metabolic disorders)** – This happens when harmful chemicals damage the neurons. Chemicals and toxins can include insecticides, solvents, carbon monoxide poisoning, lead poisoning, etc.

- **Hypoxia (also called lack of oxygen)** – This happens if the blood flow is depleted of oxygen, which can cause irreversible brain injury from anoxia (no oxygen) or hypoxia (reduced oxygen). It may take only a few minutes for this to occur. This condition may be caused by heart attacks, respiratory failure, drops in blood pressure and a low oxygen environment. It may also be caused by a near drowning incident or strangling.
- **Tumors** – Tumors caused by cancer as well as benign tumors can grow on or over the brain. Tumors can cause brain injury by invading the spaces of the brain and causing direct damage. Damage can also result from pressure effects around an enlarged tumor. Surgical procedures to remove the tumor may also contribute to brain injury.
- **Infections** - The brain and surrounding membranes are very prone to infections if the special blood-brain protective system is breached. Viruses and bacteria can cause serious and life-threatening diseases of the brain such as encephalitis, meningitis, staph infections and post-covid syndrome.
- **Stroke** - If blood flow is blocked through a cerebral vascular accident (stroke), cell death in the area deprived of blood will result. If there is bleeding in or over the brain (hemorrhage or hematoma) because of a tear in an artery or vein, loss of blood flow and injury to the brain tissue by the blood will also result in brain damage.

3. The child's educational performance is adversely affected due to total or partial functional disability or psychosocial impairment, or both, in one or more of the following areas. (When examining the child's educational performance, consider both academic and nonacademic skills and progress.)
   - cognition
   - memory
   - reasoning
   - communication
   - problem solving
   - speech and language
   - attention
   - abstract thinking
   - judgement/decision making
   - sensory, perceptual, and motor abilities
   - information processing
   - physical functions
     - muscle movement
     - muscle coordination
     - sleep
     - hearing
     - vision
     - taste

    - smell
    - touch
    - fatigue
    - weakness
    - balance
    - speech
    - seizures
- Psychological or social functioning
    - emotional control and mood swings
    - appropriateness of behavior
    - reduced self-esteem
    - depression
    - anxiety
    - frustration
    - stress
    - reduced self-awareness (often misunderstood as denial)
    - self-centeredness
    - anger management
    - coping skills
    - self-monitoring remarks or actions
    - motivation
    - irritability or agitation
    - excessive laughing or crying

- Executive functions (e.g., organizing, planning, evaluating, and goal directed activities)

4. There is an adverse effect of the disability on the child's educational performance.
5. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation

- a medical diagnosis of a traumatic brain injury or a documented medical history that evidences trauma to the head resulting in impairments (e.g., concussion, stroke, hypoxia, tumor, infection, etc.) by a licensed medical provider (e.g., licensed physician, physician's assistant, or licensed nurse practitioner);
- parent/guardian interview;
- educational history (current and past levels of educational performance);
- speech/Language evaluation components, if determined appropriate by the team;
- evaluation in the areas of fine and/or gross motor, if determined appropriate by the team; and
- additional assessments that relate to the individual child's TBI and address suspected areas adversely affected due to total or partial functional disability or psychosocial impairment (i.e., cognitive, achievement, social/emotional/behavioral, adaptive behavior, etc.)

Who must be involved in the process?
The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a person who is knowledgeable and experienced with traumatic brain injuries. That person could be a medical professional, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist, a neuropsychologist, or a speech-language therapist or pathologist who is knowledgeable and experienced in the education of children with traumatic brain injuries.

2.13 Visual Impairment (VI)

Visual Impairment, including blindness, means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Criteria:

1. Visual Impairment includes at least one of the following:
   a. visual acuity in the better eye or both eyes with best possible correction:
      - legal blindness – 20/200 or less at distance and/or near; or
      - low vision - Visual acuity between 20/70 and the definition of legal blindness at distance and/or near; or
      - medical and educational documentation of progressive loss of vision, which may in the future affect the child's ability to learn visually.
   b. visual field restriction with both eyes:
      - legal blindness – remaining visual field of 20 degrees or less; or
      - low vision – remaining visual field of 40 degrees or less; or
      - medical and educational documentation of progressive loss of vision, which may in the future affect the child's ability to learn visually.
   c. other visual impairment, not visual processing in nature, resulting from a medically documented condition.
   d. Cortical Visual or Cerebral Visual Impairment
2. There is an adverse effect of the disability on the child's educational and functional performance.
3. The impact of the disability requires specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Evaluation:
Evidence to establish a verified visual examination may be found in the following evaluation components.

- A written report of a visual examination conducted within one year by a licensed ophthalmologist or optometrist; or a written report from a neurologist conducted within one year of a diagnosis of cortical or cerebral vision impairment.
- Assessments conducted by a certified teacher of the visually impaired (TVI) to include:
    - a functional vision assessment;
    - an assessment to determine appropriate learning media and to evaluate the need for instruction in Braille;
    - an assessment of the expanded core curriculum to include the nine areas (orientation and mobility, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills); and
    - a screening for orientation and mobility by a TVI; however, if a full assessment is needed, an Orientation and Mobility Specialist must complete it.

Some children (i.e., non-readers or non-verbal children, as well as those with cortical/cerebral visual impairments) will need modified functional vision, learning media, expanded core curriculum assessments to determine primary learning media as well as visual, tactile, and auditory needs.

Who must be involved in this process?
The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a TVI and other professionals knowledgeable of the educational needs of children with visual impairments.