

Standards for Special Education Evaluation & Eligibility

AUTISM

I. Definition

“Autism” means a developmental disability that significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3), which adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, a Pervasive Developmental Disorder, or Asperger’s Syndrome when the child’s educational performance is adversely affected. Autism may exist concurrently with other areas of disability.

A child could be found eligible as having Autism if the child manifests these characteristics in early childhood (as social demands increase). Children with Autism demonstrate the following characteristics:

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following:
 - (1) Deficits in social-emotional reciprocity (e.g., abnormal social approach, failure of normal back and forth conversation, reduced sharing of interests, reduced sharing of emotions/affect, lack of initiation of social interaction, poor social imitation);
 - (2) Deficits in nonverbal communicative behaviors used for social interaction (e.g., impairments in social use of eye contact, use and understanding of body postures, use and understanding of gestures; abnormal volume, pitch, intonation, rate, rhythm, stress, prosody, and/or volume of speech; abnormal use and understanding affect, lack of coordinated verbal and nonverbal communication, and lack of coordination nonverbal communication); and
 - (3) Deficits in developing and maintaining relationships appropriate to developmental level; ranging from difficulties adjusting behavior to social contexts, through difficulties in sharing imaginative play, to an apparent absence of interest in people.
- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
 - (1) Stereotyped or repetitive speech, motor movements, or use of objects (e.g., echolalia, repetitive use of objects, idiosyncratic language, simple motor stereotypies)
 - (2) Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (e.g., motor rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes)
 - (3) 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).
 - (4) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/heat/cold, adverse response to sounds or

textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

II. Evaluation

The characteristics identified in the Autism Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Parental interviews including developmental history;
- (2) Behavioral observations in two or more settings (can be two settings within the school) addressing characteristics related to Autism;
- (3) Health history;
- (4) Communication skills (language evaluation to include pragmatics);
- (5) Cognitive/developmental skills;
- (6) Adaptive behaviors;
- (7) Social-emotional and behavior functioning (to include social skills) that includes at least one standardized/normed instrument specific to autism;
- (8) Sensory processing;
- (9) Academic skills; and
- (10) Documentation, including observation and/or assessment, of how Autism adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism:

- (1) The parent;
- (2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) An occupational therapist;
- (6) A certified speech/language pathologist; and
- (7) Other professional personnel as needed (e.g., physical therapist, speech/language teacher, health care provider, or school counselor).

DEAF-BLINDNESS

I. Definition

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing either one of the impairments. A child with deaf-blindness shall have at least one of the following:

- A. Meets the criteria for Deafness/Hearing Impairment and Visual Impairment;
- B. Is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or
- C. Severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

II. Evaluation

The characteristics identified in the Deaf-Blindness definition are present.

A. Evaluation Procedures

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 to include the required evaluation procedures for Hearing Impairment/Deafness and Visual Impairment:

(1) Deafness/Hearing Impairment Procedures

- (a) Audiological evaluation;
- (b) Evaluation of speech and language performance;
- (c) School history and levels of learning or educational performance;
- (d) Observation of the child's auditory functioning and classroom performance; and
- (e) Documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely affects the child's educational performance and the need for specialized instruction (i.e., to include academic and/or nonacademic areas).

(2) Visual Impairment Procedures

- (a) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the visual impairment evaluation;
- (b) Written functional vision and media assessment* (assessment of learning media to determine primary learning style; including reading, writing, listening, and tactile skills) completed or compiled by a licensed teacher of students with visual impairments that includes:
 - i. Observation of visual behaviors at school, home, or other environments;
 - ii. Educational implications of eye condition based upon information received from eye report;

- iii. Assessment and/or screening of the nine expanded core curriculum areas (orientation and mobility**, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills);

**Orientation and mobility may be screened by a TVI; however, if a full assessment is needed, it must be completed by an orientation and mobility specialist.

- iv. School history and levels of educational performance; including student, teacher, and parent interviews; and
- v. Assessment of visual functioning.

*Non-traditional students (i.e., non-readers or nonverbal students, as well as those with cortical visual impairments) will need a modified functional vision assessment to determine their primary learning media as well as their visual, tactile, and auditory needs.

- (c) Documentation, including observation and/or assessment, of how visual impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
- (3) Evaluation of a child with a suspected degenerative condition or syndrome which will lead to Deaf-Blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.
 - (4) Additional evaluation of Deaf-Blindness shall include the following:
 - (a) Expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;
 - (b) Assessment of speech and language functioning including the child's mode of communication; and
 - (c) Assessment of developmental and academic functioning.
 - (5) Documentation, including observation and/or assessment, of how Deaf-Blindness adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deaf-Blindness:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner or audiologist);
- (5) A licensed speech/language pathologist;
- (6) An ophthalmologist or optometrist;
- (7) A licensed teacher of students with Visual Impairments; and
- (8) Other professional personnel, as indicated (e.g., speech-language teacher, low vision specialist, orientation and mobility instructor, school psychologist).

DEAFNESS

I. Definition

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing with or without amplification that adversely affects a child's educational performance. A deaf child has:

- (1) An inability to communicate effectively due to Deafness; and/or
- (2) An inability to perform academically on a level commensurate with the expected level because of Deafness; and/or
- (3) Delayed speech and/or language development due to Deafness.

II. Evaluation

The characteristics identified in the Deafness Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Audiological evaluation;
- (2) Evaluation of speech and language performance;
- (3) School history and levels of learning or educational performance;
- (4) Observation of classroom performance; and
- (5) Documentation, including observation and/or assessment, of how Deafness adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deafness:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist;
- (5) A licensed speech/language pathologist; and
- (6) Other professional personnel (e.g. school psychologist) as indicated.

DEVELOPMENTAL DELAY

I. Definition

Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical (i.e., gross and/or fine motor), cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

II. Evaluation

The characteristics identified in the Developmental Delay Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
 - (a) Physical development (assessments should include fine and gross motor skills);
 - (b) Cognitive development;
 - (c) Communication development which includes receptive and expressive language skills combined;
 - (d) Social/emotional development; and
 - (e) Adaptive development.
- (2) Demonstration of significant delay in one or more of the above areas which is documented by:
 - (a) Performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean (i.e., approximately 6th-7th percentile or less) with consideration of the measure's standard error of measure (SEM); or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas; or
 - (b) Performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean (i.e., 2nd % percentile or less) with consideration of the measure's SEM; or when standard scores for the instrument used are not available, a 40% delay based on chronological age in one of the developmental areas; and
 - (c) When one area is determined to be deficit by 2.0 standard deviations (i.e., 2nd % percentile or less) with consideration of the measure's SEM or 40% of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.
- (3) Evaluation by appropriate team member(s) of the following:
 - (a) A review of any existing records or data;

- (b) Interview with the parent to gain the child's developmental history and identify the noted strengths and needs in the child's development;
 - (c) Measurement of current developmental skills to include at least one individually administered standardized assessment
 - (d) Observation by a qualified professional in an environment developmentally appropriate for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development.
- (4) Documentation, including observation and/or assessment, of how Developmental Delay adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
- (5) A comprehensive re-evaluation for continued eligibility must be conducted for re-evaluations that occur after the age of seven in order to consider the existence of other disability categories that are more descriptive of the child's learning (i.e. a file review for continued eligibility is not permissible).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Developmental Delay:

- (1) The parent;
- (2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age),
- (3) A licensed early childhood special education teacher or special education teacher with pre-school experience and one or more of the following persons (as appropriate):
 - (a) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
 - (b) A licensed speech/language pathologist;
 - (c) A licensed related services provider; and/or
 - (d) Other personnel, as indicated.

EMOTIONAL DISTURBANCE

I. Definition

Emotional Disturbance means a condition exhibiting one or more of the following characteristics to a marked degree that adversely affects a child's educational performance over an extended period of time (during which time documentation of informal assessments and interventions are occurring):

- A. Inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
- B. Inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
- C. Inappropriate types of behavior or feelings when no major or unusual stressors are evident;
- D. General pervasive mood of unhappiness or depression; or
- E. Tendency to develop physical symptoms or fears associated with personal or school problems.

The term may include other mental health diagnoses. The term does not apply when social maladjustment is the primary cause of the atypical behaviors associated with an emotional disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.

II. Evaluation

The characteristics identified in the Emotional Disturbance Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Vision and hearing deficits ruled out as the primary cause of atypical behavior(s);
- (2) Physical conditions ruled out as the primary cause of atypical behavior(s);
- (3) Documentation of previous research/evidence based interventions including:
 - (a) Problem solving approach used to identify internalizing and/or externalizing behaviors and interventions
 - (b) Effectiveness of the interventions based on a data review;
- (4) Documentation that the Emotional Disturbance has existed for an "extended amount of time" (e.g., two-nine months) taking into account developmental differences and risk factors associated with the severity of the suspected disability. A shorter length of time may be considered when the severity results in the risk of harm to life despite current interventions;
- (5) Direct and anecdotal observations over time and across various settings by three or more licensed professionals; observations document that the criteria associated with the Emotional Disturbance is occurring at a significantly different frequency, intensity, and/or duration than the substantial majority of typical school peers;
- (6) Cognitive skills;

- (7) Behavior and social-emotional factors (to include self-rating scales when developmentally appropriate);
- (8) Academic skills (criterion and/or norm-referenced individual educational assessment, including direct measures of classroom performance and curriculum based measures to determine the student's strengths and weaknesses);
- (9) Review of past educational performance;
- (10) Comprehensive social history/assessment collected directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors which includes:
 - (a) Family history;
 - (b) Family-social interactions;
 - (c) Developmental history;
 - (d) Medical history (including mental health); and
 - (e) School history (including attendance and discipline records).
- (11) Documentation, including observation and/or assessment, of how Emotional Disturbance adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Emotional Disturbance:

- (1) The parent;
- (2) The child's general education classroom teacher(s);
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) Other professional personnel (e.g., mental health service providers, behavior specialist, health care provider, and/or school social workers), as indicated.

FUNCTIONAL DELAY

I. Definition

Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age, including:

- A. Significantly impaired intellectual functioning which is two or more standard deviations below the mean, and difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning:
 - (1) Limited English proficiency;
 - (2) Cultural factors;
 - (3) Medical conditions that impact school performance;
 - (4) Environmental factors;
 - (5) Communication, sensory or motor disabilities.
- B. Deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:
 - (1) Basic reading skills;
 - (2) Reading fluency skills;
 - (3) Reading comprehension;
 - (4) Mathematics calculation;
 - (5) Mathematics problem solving;
 - (6) Written expression.
- C. Home or school adaptive behavior scores that fall above the level required for meeting Mental Retardation eligibility standards.

II. Evaluation

The characteristics identified in the Functional Delay Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
 - (a) Selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;
 - (b) Interpretation of test scores which take into account:
 - i. The standard error of measurement for the test at the 68th percent confidence level, and
 - ii. Factors that may affect test performance; including:
 - 1) Limited English proficiency;
 - 2) Cultural factors;
 - 3) Medical conditions that impact school performance;

- 4) Environmental factors;
 - 5) Communication, sensory or motor disabilities; and
- iii. Determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.
- (2) Achievement evaluation with individual, standardized achievement test(s) in the areas of:
- (a) Basic reading skills;
 - (b) Reading fluency skills;
 - (c) Reading comprehension;
 - (d) Mathematics calculation;
 - (e) Mathematics problem solving; and
 - (f) Written expression.
- (3) Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and
- (4) Documentation, including observation and/or assessment, of how Emotional Disability adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Functional Delay:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) Other professional personnel, as indicated.

HEARING IMPAIRMENT

I. Definition

Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

A child shall have one or more of the following characteristics:

- (1) Inability to communicate effectively due to a Hearing Impairment;
- (2) Inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment; or
- (3) Delayed speech and/or language development due to a Hearing Impairment.

II. Evaluation

The characteristics identified in the Hearing Impairment Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Audiological evaluation;
- (2) Evaluation of speech and language performance;
- (3) School history and levels of learning or educational performance;
- (4) Observation of classroom performance; and
- (5) Documentation, including observation and/or assessment, of how Hearing Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Hearing Impairment:

- (1) The parent;
- (2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist;
- (5) A licensed speech language pathologist; and
- (6) Other professional personnel (e.g., speech language teacher, school psychologist), as indicated.

INTELLECTUAL DISABILITY

I. Definition

Intellectual Disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

II. Evaluation

The characteristics as identified in the Intellectual Disability Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities that results in significantly impaired intellectual functioning (i.e. two or more standard deviations below the mean), with consideration given to the standard error of measurement (SEM) for the test at the 68th percent confidence level on an individually administered, standardized measure of intelligence.

In such cases where the SEM is used, there are significantly discrepant scores with a lower verbal index/measure compared to other index scores, or there are language concerns, a nonverbal measure of ability must also be administered.

- (2) Significantly impaired adaptive behavior in the home or community determined by:
 - (a) A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on an individual standardized instrument to be completed with or by the child's primary caretaker, which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and
 - (b) Additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting.
- (3) Significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
 - (a) Systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:
 - i. Birth to six years – communication, self-care, social skills, and physical development;

- ii. Six to 13 years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;
 - iii. 14 to 21 years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work;
- (b) When appropriate, an individual standardized instrument may be completed with or by the primary teacher of the child. A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score.
- (4) When discrepancies occur in adaptive ratings between settings (i.e., home and community/school), a systematic documented observation by a team member other than the original raters is needed to help provide clinical judgment in regards to adaptive functioning. Observations should include areas of conceptual, social, and practical adaptive functioning;
- (5) Assessment and interpretation of evaluation results shall take into account factors that may affect test performance, including:
 - (a) Limited English proficiency;
 - (b) Cultural factors;
 - (c) Medical conditions that impact school performance;
 - (d) Environmental factors; and
 - (e) Communication, sensory or motor disabilities;

Difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning or home and school adaptive behavior.

- (6) Developmental history which indicates delays in cognitive/intellectual abilities (intellectual impairment) manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays present in the child's' natural (home and school) environment.
- (7) Documentation, including observation and/or assessment of how Intellectual Disability adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Intellectual Disability:

- (1) The parent;
- (2) The child's general education classroom teacher;

- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) Other professional personnel, as indicated (e.g., speech language pathologist, occupational therapist, physical therapist).

INTELLECTUALLY GIFTED

I. Definition

“Intellectually Gifted” means a child whose intellectual abilities, creativity, and potential for achievement are so outstanding that the child’s needs exceed differentiated general education programming, thus requiring specifically designed instruction or support services. Children from all populations (e.g., all cultural, racial, and ethnic groups, English Learners, all economic strata, twice-exceptional, etc.) can be found to possess these abilities.

II. Evaluation

The characteristics identified in the Intellectually Gifted Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Review of multiple criteria and multiple assessment measures in procedures followed for:
 - (a) Systematic Child Find and Individual Screening:
 - i. Systematic child-find for students who are potentially gifted (e.g. a review of school wide and/or grade level screening data, teacher checklists, state assessment data, and etc.)
 - ii. Individual screening for students whose needs exceed differentiated general education programming in the areas of: educational performance and creativity/characteristics of giftedness; and
 - iii. A team review of individual screening results to determine the need for referral for comprehensive assessment.
- (2) Assessment through a multi-modal identification process (refer to the gifted assessment matrix grid), to include multiple sources of information that provide a collection of evidence measuring the following:
 - (a) Individual evaluation of cognition or intellectual ability with scores at the 94th percentile or above (refer to the gifted manual for guidance on the consideration of the standard error of measure as well as traditionally underrepresented populations);
 - (b) Educational performance;
 - (c) Creativity and/or Characteristics of giftedness (e.g., leadership, motivation, social-emotional functioning).
- (3) Documentation, including observation and/or assessment, of how Intellectual Giftedness adversely affects the child’s educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Intellectual Giftedness:

- (1) The parent;
- (2) The child's referring teacher, or a general classroom teacher qualified to teach a child of his/her age, who is familiar with the student (with a child of less than school age, an individual qualified to teach a child of his/her age, who is familiar with the child); and when appropriate, in collaboration with the EL teacher, when the child is an English Learner;
- (3) A licensed special education teacher and/or a licensed teacher who meets the employment standards in gifted education;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) Other professional personnel, as indicated.
- (6) At least one of the evaluation participants ((2), (3), (4), or (5)) must be trained in the characteristics of gifted children.

MULTIPLE DISABILITIES

I. Definition

Multiple Disabilities means concomitant impairments (such as Intellectual Disability-Deafness, Intellectual Disability-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

II. Evaluation

The characteristics as identified in the Multiple Disabilities definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Evaluation, following the procedures for each disability;
- (2) Determination of eligibility based on the definition and standards for two or more disabilities;
- (3) The nature of the combination of the student's disabilities require significant developmental and educational programming that cannot be accommodated with special education services by addressing any one of the identified disabilities; and
- (4) Documentation, including observation and/or assessment, of how Multiple Disabilities adversely affect the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from those persons designated for each disability included in the evaluation of Multiple Disabilities.

ORTHOPEDIC IMPAIRMENT

I. Definition

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly (e.g. clubfoot, absence of some member), 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).

II. Evaluation

The characteristics as identified in the Orthopedic Impairment Definition are present.

A. Evaluation Procedures

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 to include the following:

- 1) Medical evaluation of the child's Orthopedic Impairment by a licensed medical provider (i.e., licensed medical physician, physician's assistant or licensed nurse practitioner);
- 2) Individually administered motor evaluation to address mobility and activities of daily living (e.g., maintaining and changing position, safety, movement through building, balance, self-care, eating, toileting, clothing management, vocation/transition);
- 3) Adaptive measure (e.g., communication, social, self-care; hygiene);
- 4) Educational Evaluation (may include individual and/or group educational achievement, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child's existing records, attendance, health); and
- 5) Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Orthopedic Impairment:

- (1) The parent;
- (2) The child's general education classroom teacher(s);
- (3) A licensed special education teacher;
- (4) An occupational therapist or physical therapist;
- (5) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner);
- (6) Other professional personnel as indicated (e.g., licensed school psychologist or Assistive Technology Specialist).

OTHER HEALTH IMPAIRMENT

I. Definition

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 such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is "Other Health Impaired" who has chronic or acute health problems that require specially designed instruction due to:

- (1) Impaired organizational or work skills;
- (2) Inability to manage or complete tasks;
- (3) Excessive health related absenteeism; or
- (4) Medications that affect cognitive functioning.

II. Evaluation

The characteristics as identified in the Other Health Impairment Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) An evaluation from a licensed medical provider (i.e., licensed physician, physician's assistant or nurse practitioner) that includes:
 - (a) Medical assessment and documentation of the student's health;
 - (b) Any diagnoses and prognoses of the child's health impairments;
 - (c) Information, as applicable, regarding medications; and
 - (d) Special health care procedures, special diet and/or activity restrictions.

*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation.
- (2) Developmental history;
- (3) Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history;
- (4) Pre-academics or academic skills;
- (5) Direct observations in multiple settings with peer comparisons;
- (6) Social/emotional development;
- (7) Informal or formal assessments to address the following, depending on referral concerns:

- (a) Motor/physical
 - (b) Communication skills
 - (c) Cognitive ability
 - (d) Adaptive behaviors.
- (8) Documentation, including observation and/or assessment, of how Other Health Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Other Health Impairment:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or nurse practitioner);
- (5) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (6) Other professional personnel as indicated (e.g., occupational therapist, speech language pathologist).

SPECIFIC LEARNING DISABILITY

I. Definition

The term *Specific Learning Disability* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child's educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include a learning problem that is primarily the result of Visual Impairment; Hearing Impairment; Orthopedic Impairment; Intellectual Disability; Emotional Disturbance; Limited English Proficiency; or, Environmental or Cultural Disadvantage.

II. Evaluation

The characteristics as identified in the Specific Learning Disabilities definition are present to include:

A. Evaluation Procedures

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 to include the following:

- (1) To ensure that underachievement in a student suspected of having a Specific Learning Disability is not due to a lack of appropriate instruction (i.e., empirically research-based instruction that is rigorous, systematic, and peer-reviewed) in the student's State approved grade level standards, the following must be obtained:
 - (a) Data that demonstrate that prior to, or as a part of, the referral process, the student was provided appropriate instruction (i.e., empirically research-based instruction that is rigorous and systematic throughout all Tiers of instruction/intervention) in regular education settings, delivered by qualified and appropriately trained personnel; and
 - (b) Data-based documentation of repeated assessments of achievement, reflecting formative assessment of student progress during intervention, which was provided to the student's parents at a minimum of once every four and one-half (4.5) weeks.
- (2) The LEA must ensure that the child is observed in the student's learning environment (including the regular classroom setting) to document the student's academic performance and behavior in the areas of difficulty. A pattern of strengths and weaknesses in performance shall be documented by two systematic observations in the area of suspected disability (one **must** be conducted by the certifying specialist and one may be conducted by the special education teacher):
 - (a) Systematic observation of routine classroom instruction; and
 - (b) Systematic observation during intensive, scientific research-based or evidence-based intervention.

In the case of a student who is in a placement outside of the local education agency, a team member must observe the student in an environment appropriate for a student of that age.

The student does not achieve adequately for the student's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or State-approved grade level standards:

- (a) Basic Reading Skills;
- (b) Reading Fluency Skills;
- (c) Reading Comprehension;
- (d) Written Expression;
- (e) Mathematics Calculation;
- (f) Mathematics Problem Solving.

An evaluation of Oral Expression and Listening Comprehension shall be completed pursuant to the Speech or Language Impairment eligibility standards if a SLD is suspected in either area. If a student has been evaluated by a Speech Language Pathologist and does not qualify as Language Impaired, then the IEP team may consider a Specific Learning Disability in either Oral Expression or Listening Comprehension if either continues to be a suspected area of disability; however, the rigorous intervention and progress monitoring standards must be met.

In order to document inadequate achievement, an individual, standardized, and norm-referenced measure of academic achievement must be administered in the area(s) of suspected disability (i.e., Basic Reading Skills, Reading Fluency, Reading Comprehension, Written Expression, Mathematics Calculation, and Mathematics Problem Solving).

- (3) The student does not make sufficient progress to meet age or State-approved grade-level standards in one or more areas (i.e., Basic Reading Skills, Reading Fluency, Reading Comprehension, Written Expression, Math Calculation, Mathematics Problem Solving) when using a process based on the student's responsiveness to scientific, research-based intervention in each area of suspected delay. A lack of sufficient progress should be established by examining the student's Rate of Improvement (ROI) including a gap analysis and should be based on the following criteria:
 - The rate of progress or improvement is less than that of his/her same-age peers; or
 - The rate of progress is the same as or greater than that of his/her same age peers but will not result in reaching the average range of achievement within a reasonable period of time.
- (4) The team must determine that underachievement is not primarily the result of Visual, Motor, or Hearing Disability, Intellectual Disability, Emotional Disturbance, Cultural Factors, Environmental or Economic Factors, Limited English Proficiency, or Excessive Absenteeism.

B. A student whose characteristics meet the definition of a student having a Specific Learning Disability may be identified as a student eligible for special education services if:

- (1) All of the aforementioned eligibility criteria are met; and
- (2) Documentation, including observation and/or assessment, of how Other Health Impairment adversely affects the child's educational performance in his/her learning environment and the

need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

C. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Specific Learning Disability:

- (1) The parent or guardian;
- (2) The student's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed School Psychologist; and
- (5) Other professional personnel as indicated (i.e., Speech Language Pathologist or Occupational Therapist).

D. Extension

Local education agencies may apply to the Tennessee Department of Education to extend the effective date for implementation of a research based instruction method until July 1, 2015 for grades 6-8. Approved local education agencies may continue to use a discrepancy method when determining whether a child in grades 6-8 has a specific learning disability until July 1, 2015, at which time a research based instruction method is mandatory for such grades. Local education agencies may apply to the Tennessee Department of Education to extend the effective date for implementation of a research based instruction method until July 1, 2016 for grades 9-12. Approved local education agencies may continue to use a discrepancy method when determining whether a child in grades 9-12 has a specific learning disability until July 1, 2016, at which time a research based instruction method is mandatory for such grades.

SPEECH OR LANGUAGE IMPAIRMENT

1. Definition

A Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance, which may be congenital or acquired. Identified speech and/or language deficiencies cannot be attributed to characteristics of second language acquisition, cognitive referencing, and/or dialectic differences.

Speech or Language Impairment includes demonstration of impairments in the following areas of language, articulation, voice, or fluency.

- (1) Language Impairment – A significant deficiency in comprehension and/or use of spoken language that may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve any or a combination of the following: the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance.
- (2) Articulation (Speech Sound Production) Impairment – A significant deficiency in the ability to produce sounds in conversational speech not consistent with chronological age. This includes a significant atypical production of speech sounds characterized by substitutions, omissions, additions, or distortions that interfere with intelligibility in conversational speech and obstructs learning and successful verbal communication in the educational setting. Speech sound errors may be a result of impaired phonology, motor or other issues.
- (3) Voice Impairment – An excess or significant deficiency in pitch, intensity, resonance, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
- (4) Fluency Impairment – Abnormal interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment.

2. Evaluation

The characteristics as identified in the Speech or Language Definition are present.

A. Evaluation Procedures

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 to include the following:

- (1) Language Impairment – significant deficiency in the student's comprehension, form, content or use of language shall be determined by:
 - (a) Hearing screening;
 - (b) Comprehensive standardized measure of receptive language: vocabulary, syntax, morphology;
 - (c) Comprehensive standardized measure of expressive language: mean length of utterance, syntax, semantics, morphology;
 - (d) Pragmatics (if identified as an area of concern);
 - (e) Auditory perception: selective attention, discrimination, memory, sequencing, association, and integration;

- (f) An analysis of receptive, expressive, and/or language evaluation composite test scores that fall at least 1.5 standard deviations below the mean, with consideration to the assessment's standard error of measure;
 - (g) An assessment for augmentative/alternative communication (AAC) performed through a multidisciplinary team approach when assessing limited or non-verbal students; and
 - (h) Documentation, including observation and/or assessment, of how the Language Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
- (2) Articulation (Speech Sound Production) Impairment – a significant deficiency in articulation shall be determined by the following:
- (a) Articulation error(s) persisting at least 1 year behind expectancy compared to current developmental norms;
 - (b) Evidence that the child's scores are at a moderate, severe, or profound rating (i.e., severity rating scale) on a measure of phonological processes;
 - (c) Misarticulations that interfere with communication and/or attract adverse attention (with evidence from classroom and intelligibility rating scale);
 - (d) Appropriate formal/informal instrument(s); to include phonetic inventory and assessment of phonological processes as appropriate;
 - (e) Teacher checklist/input;
 - (f) Parent input;
 - (g) Stimulability probes;
 - (h) Oral peripheral examination;
 - (i) Analysis of phoneme production in conversational speech; and
 - (j) Documentation, including observation and/or assessment, of how Articulation Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
- (3) Voice Impairment – evaluation of vocal characteristics shall include the following:
- (a) Hearing screening;
 - (b) Examination by an otolaryngologist;
 - (c) Oral peripheral examination; and
 - (d) Documentation, including observation and/or assessment, of how Voice Impairment adversely affects his/her educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
- (4) Fluency Impairment – evaluation of fluency shall include the following:
- (a) Hearing screening;
 - (b) Information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;
 - (c) Oral peripheral examination; and

- (d) Documentation, including observations across multiple settings and/or assessment, of how Fluency Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed speech-language pathologist;
- (4) A licensed otolaryngologist (for voice impairments only); and
- (5) Other professional personnel (a licensed speech-language therapist, speech-language teacher; school psychologist), as indicated.

TRAUMATIC BRAIN INJURY

I. Definition

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

Traumatic Brain Injury may include all of the following:

- A. An insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and
- B. The insult to the brain induces a partial or total functional disability and results in one or more of the following:
 - (1) Physical impairments such as, but not limited to:
 - (a) Speech, vision, hearing, and other sensory impairments;
 - (b) Headaches;
 - (c) Fatigue;
 - (d) Lack of coordination;
 - (e) Spasticity of muscles;
 - (f) Paralysis of one or both sides; and
 - (g) Seizure disorder.
 - (2) Cognitive impairments such as, but not limited to:
 - (a) Attention or concentration;
 - (b) Ability to initiate, organize, or complete tasks;
 - (c) Ability to sequence, generalize, or plan;
 - (d) Flexibility in thinking, reasoning or problem solving;
 - (e) Abstract thinking;
 - (f) Judgment or perception;
 - (g) Long-term or short term memory, including confabulation;
 - (h) Ability to acquire or retain new information; and
 - (i) Ability to process information/processing speed.
 - (3) Psychosocial impairments such as, but not limited to:
 - (a) Impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships;
 - (b) Impaired ability to cope with over-stimulation environments and low frustration tolerance;
 - (c) Mood swings or emotional ability;
 - (d) Impaired ability to establish or maintain self-esteem;
 - (e) Lack of awareness of deficits affecting performance;

- (f) Difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence);
- (g) Impaired ability to demonstrate age-appropriate behavior;
- (h) Difficulty in relating to others;
- (i) Impaired self-control (verbal or physical aggression, impulsivity);
- (j) Inappropriate sexual behavior or disinhibition;
- (k) Restlessness, limited motivation and initiation; and
- (l) Intensification of pre-existing maladaptive behaviors or disabilities.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

II. Evaluation

The characteristics as identified in the Traumatic Brain Definition are present.

A. Evaluations Procedures

A multidisciplinary team approach to individual evaluation procedures that include varied sources of information and the appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Appropriate medical statement obtained from a licensed medical provider;
- (2) Parent/caregiver interview;
- (3) Educational history and current levels of educational performance;
- (4) Functional assessment of cognitive/communicative abilities;
- (5) Social adaptive behaviors which relate to Traumatic Brain Injury;
- (6) Physical adaptive behaviors which relate to Traumatic Brain Injury; and
- (7) Documentation, including observation and/or assessment, of how Visual Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Traumatic Brain Injury:

- (1) The parent;
- (2) The child's general education teacher;
- (3) A licensed special education teacher;
- (4) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner); and
- (6) Other professional personnel (e.g., school psychologist, occupational therapist, physical therapist), as indicated.

VISUAL IMPAIRMENT

I. Definition

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.

Visual Impairment includes at least one of the following:

- (1) Visual acuity in the better eye or both eyes with best possible correction:
 - (a) Legal blindness – 20/200 or less at distance and/or near; or
 - (b) Low vision – 20/ 70 or less at distance and/or near.
- (2) Visual field restriction with both eyes:
 - (a) Legal blindness – remaining visual field of 20 degrees or less;
 - (b) Low vision – remaining visual field of 60 degrees or less; or
 - (c) Medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.
- (3) Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition (i.e., cortical visual impairment).

II. Evaluation

The characteristics as identified in the Visual Impairment Definition are present.

A. Evaluation Procedures

A multi-disciplinary team approach to individual evaluation procedures that include varied sources of information and the appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- (2) A written functional vision and media assessment* to determine primary learning style, including reading, writing, listening, and tactile skills, to be completed or compiled by a licensed teacher of students with visual impairments and includes:
 - (a) Observation of visual behaviors at school, home, or other environments;
 - (b) Educational implications of eye condition based upon information received from eye report;
 - (c) Assessment and/or screening of the nine expanded core curriculum areas (orientation and mobility**, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills);
**Orientation and mobility may be screened by a TVI; however, if a full assessment is needed, it must be completed by an orientation and mobility specialist.
 - (d) School history and levels of educational performance including student, teacher, and parent interviews; and

*Non-traditional students (i.e., non-readers or nonverbal students, as well as those with cortical visual impairments) will need a modified functional vision assessment to determine their primary learning media as well as their visual, tactile, and auditory needs.

- (3) Documentation, including observation and/or assessment, of how Visual Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

B. Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Visual Impairment:

- (1) The parent;
- (2) The child's general education classroom teacher; and
- (3) A licensed teacher of students with Visual Impairments;
- (4) A licensed special education teacher;
- (5) An ophthalmologist or optometrist; and
- (6) Other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).