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AUTISM

1. Definition

Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory 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, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger’s Syndrome when the child’s educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Retts or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age 3:

(1) difficulty relating to others or interacting in a socially appropriate manner;
(2) absence, disorder, or delay in verbal and/or nonverbal communication; and
(3) one or more of the following:
   (a) insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;
   (b) unusual or inconsistent responses to sensory stimuli.

2. Evaluation

The characteristics identified in the Autism Definition are present.

Evaluation Procedures

Evaluation of Autism shall include the following:

(1) parental interviews including developmental history;
(2) behavioral observations in two or more settings (can be two settings within the school);
(3) physical and neurological information from a licensed physician, pediatrician or neurologist who can provide general health history to evaluate the possibility of other impacting health conditions;
(4) evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and
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(5) documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child’s educational performance in his/her learning environment.

Evaluation Participants
Information shall be gathered from the following persons in the evaluation of Autism Spectrum Disorders:

(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) a licensed physician, neurologist, pediatrician or primary health care provider; and
(6) a certified speech/language teacher or specialist; and
(7) other professional personnel as needed, such as an occupational therapist, physical therapist or guidance counselor.
DEAF-BLINDNESS

1. 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 any one of the impairments. A child with deaf-blindness shall have at least one of the following:

(1) a child who meets criteria for Deafness/Hearing Impairment and Visual Impairment;
(2) a child who 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
(3) a child with 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.

2. Evaluation
The characteristics identified in the Deaf-Blindness Definition are present.

Evaluation Procedures
a. Evaluation of Deaf-Blindness shall include the required Evaluation Procedures for Hearing Impairment/Deafness and Visual Impairment and include the following:

(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 impacts the child's educational performance in his/her learning environment.

(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) a written functional vision and media assessment, 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 expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living,
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recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child’s reading and writing skills, needs, appropriate reading and writing media, and current and future needs for Braille; and

iv. school history and levels of educational performance.

(c) documentation, including observation and/or assessment, of how Visual Impairment adversely affects educational performance in the classroom or learning environment.

b. 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.

c. Additional evaluation of Deaf-Blindness shall include the following:

(1) expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;

(2) assessment of speech and language functioning including the child’s mode of communication;

(3) assessment of developmental and academic functioning; and

(4) documentation, including observation and/or assessment, of how Deaf-Blindness adversely impacts the child’s educational performance in his/her learning environment.

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 physician or audiologist;

(5) a licensed speech/language teacher or specialist;

(6) an ophthalmologist or optometrist;

(7) a licensed teacher of students with Visual Impairments; and

(8) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).
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DEAFNESS

1. 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. The 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.

2. Evaluation
The characteristics identified in the Deafness Definition are present.

Evaluation Procedures
Evaluation of Deafness shall 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 impacts the child’s educational performance in his/her learning environment.

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 physician or audiologist;
   (5) a licensed speech/language teacher or specialist; and
   (6) other professional personnel, as indicated.
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DEVELOPMENTAL DELAY

1. 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, 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. Local school systems have the option of using Developmental Delay as a disability category. Initial eligibility as Developmental Delay shall be determined before the child’s seventh birthday.

2. Evaluation
The characteristics identified in the Developmental Delay Definition are present.

Evaluation Procedures
Evaluation of Developmental Delay shall include the following:

a. 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):
   (1) physical development, which includes fine and gross motor skills combined;
   (2) cognitive development;
   (3) communication development, which includes receptive and expressive language skills combined;
   (4) social/emotional development; and
   (5) adaptive development.

b. Demonstration of significant delay in one or more of the above areas which is documented by:
   (1) performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean; 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
   (2) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean; 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
   (3) when one area is determined to be deficit by 2.0 standard deviations 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.
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c. Evaluation by appropriate team member(s) of the following:
   (1) documentation of identifiable atypical development;
   (2) measurement of developmental skills using individually administered procedures;
   (3) examination of developmental strengths and needs of the child gathered from observation(s);
   (4) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development,
   (5) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;
   (6) a review of any existing records or data, and
   (7) documentation, including observation and/or assessment, of how Developmental Delay adversely impacts the child's educational performance in his/her learning environment.

d. After the age of seven, when reevaluation for continued eligibility is determined appropriate by the IEP Team, the reevaluation shall include at a minimum a multi-measure diagnostic procedure which includes a comprehensive psycho-educational assessment that measures developmental skills, cognitive functioning, and/or additional areas as determined appropriate by the IEP Team.

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:
      (a) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner;
      (b) a licensed speech/language specialist;
      (c) a licensed related services and medical specialists; and
      (d) other personnel, as indicated.
EMOTIONAL DISTURBANCE

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

1. inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
2. inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
3. inappropriate types of behavior or feelings when no major or unusual stressors are evident;
4. general pervasive mood of unhappiness or depression;
5. 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 to children who are socially maladjusted, unless it is determined that they have 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.

2. Evaluation
The characteristics identified in the Emotional Disturbance Definition are present.

Evaluation Procedures
Evaluation of Emotional Disturbance shall include a multifactored evaluation for initial placement that includes, but is not limited to, the following:

(1) visual or auditory 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) specific behavioral data which includes
   (a) documentation of previous interventions, and
   (b) evaluation of the locus of control of behavior to include internal and external factors;
(4) direct and anecdotal observations over time and across various settings by three or more licensed professionals;
(5) individual assessment of psycho-educational strengths and weaknesses, which include
   (a) intelligence, behavior, and personality factors, and
   (b) take into account any exceptionality of the individual in the choice of assessment procedures;
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(6) individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student’s strengths and weaknesses;

(7) review of past educational performance;

(8) 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); and

(9) documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child’s educational performance in his/her learning environment.

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 (i.e., mental health service providers, and school social workers), as indicated.
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**FUNCTIONAL DELAY**

1. **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 Intellectual disability eligibility standards.

2. **Evaluation**
   The characteristics identified in the Functional Delay Definition are present.

   **Evaluation Procedures**
   Evaluation of Functional Delay shall include the following:
   a. Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
      (1) selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;
      (2) interpretation of test scores which take into account:
         (a) the standard error of measurement for the test at the 68th percent confidence level, and
         (b) factors that may affect test performance; including:
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i. limited English proficiency;
ii. cultural factors;
iii. medical conditions that impact school performance;
iv. environmental factors;
v. communication, sensory or motor disabilities; and

(c) determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.

b. Achievement evaluation with individual, standardized achievement test(s) in the areas of:
   (1) basic reading skills,
   (2) reading fluency skills,
   (3) reading comprehension,
   (4) mathematics calculation,
   (5) mathematics problem solving, and
   (6) written expression;

c. Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and

d. Documentation, including observation and/or assessment, of how Functional Delay adversely impacts the child’s educational performance in his/her learning environment.

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 senior psychological examiner, or licensed psychological examiner; and
(5) other professional personnel, as indicated.
HEARING IMPAIRMENT

1. 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;
(3) delayed speech and/or language development due to a Hearing Impairment.

2. Evaluation
The characteristics identified in the Hearing Impairment Definition are present.

Evaluation Procedures
Evaluation of Hearing Impairment shall 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 impacts the child’s educational performance in his/her learning environment.

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) an audiologist or licensed physician;
(5) a licensed speech/language teacher or specialist; and
(6) other professional personnel, as indicated.
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INTELLECTUALLY GIFTED

1. Definition
   “Intellectually Gifted” means a child whose intellectual abilities and potential for achievement are so outstanding the child’s educational performance is adversely affected. “Adverse affect” means the general curriculum alone is inadequate to appropriately meet the student’s educational needs.

2. Evaluation
   The characteristics identified in the Intellectually Gifted Definition are present.

   Evaluation Procedures
   Evaluation of Intellectually Gifted shall include the following:
   a. Assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility that includes evaluation and assessment of:
      (1) educational performance
      (2) creativity/characteristics of intellectual giftedness, and;
      (3) cognition/intelligence;
   b. Individual evaluation procedures that include appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments;
   c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:
      (1) Systematic Child Find and Individual Screening:
         (a) systematic child-find for students who are potentially gifted to include at least one grade level screening, and
         (b) individual screening of these students in grades K-12 in the areas of:
            i. educational performance, and
            ii. creativity/characteristics of giftedness; and
         (c) a team review of individual screening results to determine need for referral for comprehensive assessment;
      (2) Comprehensive Assessment:
         (a) individual evaluation of cognition or intellectual ability;
         (b) individual evaluation of educational performance and creativity/characteristics of giftedness, the need for expanded assessment and evaluation in each of these areas to be based on results of Individual Screening; and regardless of specific criteria used to determine or identify the student with Intellectual Giftedness;
         (c) completion of assessment procedures in the three component areas (cognition, educational performance and creativity/characteristics of giftedness) for program and services planning; and
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(d) documentation, including observation and/or assessment, of how Intellectual Giftedness adversely impacts the child’s educational performance in his/her learning environment.

Evaluation Participants

a. 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 ESL teacher, when the child is an English Language 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 psychological examiner, licensed senior psychological examiner, or licensed psychologist;

(5) other professional personnel, as indicated.

b. At least one of the evaluation participants [(2), (3), (4), or (5)] must be trained in the characteristics of gifted children.
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INTELLECTUAL DISABILITY

1. 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 affect a child’s educational performance.

2. Evaluation

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

Evaluation Procedures

Evaluation of Intellectual disability shall include the following:

a. Assessment of intelligence/cognitive abilities, adaptive behaviors at school and in the home, and developmental assessment as follows:

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

(2) significantly impaired adaptive behavior in the home or community determined by:

(a) a composite score on an individual standardized instrument to be completed with or by the child’s principal 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; and

(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 6 years – communication, self-care, social skills, and physical development;

ii. 6 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; and

(b) when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score 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; and

(4) Assessments and interpretation of evaluation results in evaluation standards 2.a.(1), 2.a.(2), and 2.a.(3) 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;
(e) communication, sensory or motor disabilities; and
(f) difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning, home, and school adaptive behavior.

b. 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.

c. Documentation, including observation and/or assessment of how Intellectual disability adversely impacts the child’s educational performance in his/her learning environment.

**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 senior psychological examiner, or licensed psychological examiner; and
(5) other professional personnel, as indicated.
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MULTIPLE DISABILITIES

1. 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.

2. Evaluation
The characteristics as identified in the Multiple Disabilities Definition are present.

Evaluation Procedures
Evaluation of Multiple Disabilities shall include the following:

a. Evaluation, following the procedures for each disability;

b. Determination of eligibility based on the definition and standards for two or more disabilities;

c. The nature of the combination of the student’s disabilities require significant developmental and educational programming that cannot be accommodated with special education programs by addressing any one of the identified disabilities; and

d. Documentation, including observation and/or assessment, of how Multiple Disabilities adversely impact the child’s educational performance in his/her environment.

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

1. Definition
Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, 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).

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

Evaluation Procedures
Evaluation of Orthopedic Impairment shall include the following:

(1) Medical evaluation of the child’s Orthopedic Impairment by a licensed physician;
(2) Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment; and
(3) Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely impacts the child’s educational performance in his/her learning environment.

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) a licensed physician; and
(5) other professional personnel as indicated (i.e., Occupational Therapist, Physical Therapist, or Assistive Technology Specialist).
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OTHER HEALTH IMPAIRMENT

1. 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.

2. Evaluation

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

Evaluation Procedures

Evaluation of Other Health Impairment shall include the following:

a. The evaluation report used for initial eligibility shall be current within one year and include the following:

   (1) an evaluation from a licensed health services provider* 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 as described in (1) (a).

   (2) a comprehensive psycho-educational assessment which includes measures that document the student’s educational performance in the following areas:
      (a) pre-academics or academic skills,
      (b) adaptive behavior,
      (c) social/emotional development,
      (d) motor skills,
      (e) communication skills, and
      (f) cognitive ability.
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b. documentation, including observation and/or assessment, of how Other Health Impairment adversely impacts the child’s educational performance in his/her learning environment.

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 health services provider (such as licensed physician, physician’s assistant or nurse practitioner);
(5) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist; and
(6) other professional personnel as indicated.
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SPECIFIC LEARNING DISABILITIES

1. Definition

“Specific Learning Disability” 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; environmental or cultural disadvantage.

2. Evaluation

The characteristics as identified in the Specific Learning Disabilities Definition are present.

a. Evaluation for Specific Learning Disabilities shall meet the following nine standards:
   (1) evidence that underachievement in a child was not due to a lack of appropriate (the child’s State-approved grade level standards) scientifically-validated instruction (instruction that has been researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies) in reading and math;
   (2) evidence that prior to, or as a part of, the referral process, the child was provided appropriate instruction in general education settings;
   (3) evidence that instruction was delivered by appropriately trained personnel;
   (4) data-based documentation of repeated formal assessment of student progress during instruction (progress monitoring data) that has been collected and recorded frequently (a minimum of one data point per week in each area of academic concern);
   (5) evidence that progress monitoring data was provided to the child’s parents at a minimum of once every four and one-half (4.5) weeks;
   (6) evidence that, when provided scientifically-validated instruction and appropriate interventions and learning experiences, the child did not achieve at a proficiency level or rate consistent with State-approved grade level standards or with the child’s age, in one or more of the following areas;
      (a) oral expression,
      (b) listening comprehension,
      (c) written expression,
      (d) basic reading skills,
      (e) reading fluency skills,
      (f) reading comprehension,
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(g) mathematics calculation, and
(h) mathematics problem solving;
(7) evidence that the child exhibits a pattern of strengths and weaknesses in
performance, achievement, or both, relative to State-approved grade-level
standards, the child’s age, or intellectual development that is determined to be
relevant to the identification of a Specific Learning Disability (as defined in the
definition of Specific Learning Disabilities); and
(8) evidence that the child's learning problems are not primarily due to Visual
Impairment, Hearing Impairment, Orthopedic Impairment; Intellectual disability;
Emotional Disturbance; limited English proficiency; environmental or cultural factors;
motivational factors; or situational trauma (i.e., temporary, sudden, or recent change
in the child’s life);

b. A child whose characteristics meet the definition of a child having a Specific Learning
Disability may be identified as a child eligible for Special Education services if:
(1) all the requirements of standards 2.a.(1) – 2.a. (8) have been met;
(2) the evidence and documentation is evaluated and results verify that the
characteristics exhibited by the child meet the definition of a Specific Learning
Disability; and
(3) documentation, including observation and/or assessment, of how Specific Learning
Disabilities adversely impacts the child’s educational performance in his/her learning
environment.

Evaluation Procedures
Evaluation and identification of students with Specific Learning Disabilities may be
conducted using either a State-Approved Responsiveness to Intervention (RTI) Method of
Identification or the State-Approved IQ/Achievement Discrepancy Method of Identification as
described in Procedural Addenda A and B, respectively, of the Specific Learning Disabilities
Standards.

Evaluation Participants
Information shall be gathered from the following persons in the evaluation of a Specific
Learning Disability:
(1) the parent;
(2) the child’s general education classroom teacher;
(3) a licensed special education teacher; a licensed school psychologist, licensed
psychological examiner, licensed senior psychological examiner, or licensed
psychologist;
(4) at least one person qualified to conduct an individual diagnostic evaluation (e.g.,
licensed special education teacher, licensed speech-language teacher/pathologist or
licensed remedial reading teacher/specialist); and
(5) other professional personnel as indicated (e.g., Optometrist or Ophthalmologist).
Disability Eligibility Standards

PROCEDURAL ADDENDUM A
The Responsiveness to Intervention (RTI) Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition
RTI is a set of systematic and data-based instructional processes for identifying, defining, and resolving students’ academic and/or behavioral problems. RTI is a multi-tiered approach that provides services and interventions to struggling learners at increasing levels of intensity. The RTI approach must use a systematic process with a continuum of intervention options to determine if the child responds to scientific, research-based interventions.

2. Evaluation
(1) A Response to Intervention Method of Identification may be used for the identification of students with Specific Learning Disabilities when the following requirements are met:
   (a) districts and/or schools must receive state approval from the Tennessee Department of Education, Division of Special Education, Office of Assessment, 710 James Robertson Parkway, Nashville, Tennessee, 37243 before using the RTI Method of Identification for Specific Learning Disabilities; and
   (b) the submitted plan must include, at a minimum, completion of the Tennessee RTI Action Plan template at the Division of Special Education website on the Special Education Assessment page: http://state.tn.us/education/speced/seassessment.shtml.

(2) A State-approved RTI Method of Identification must include:
   (a) high-quality instruction and positive behavioral supports provided by appropriately trained personnel;
   (b) scientifically-validated interventions appropriate for suspected area of disability;
   (c) frequent, ongoing progress monitoring to evaluate the effectiveness of the interventions and inform instruction that includes:
      i. data-based documentation to illustrate the student’s response to the intervention(s);
      ii. data-based documentation of intervention integrity, fidelity to design, and intensity; and
      iii. periodic collaborative student support team review of student outcome data taking into account Local Education Agency-determined decision points.
Disability Eligibility Standards

(d) documentation of parental input; and, as appropriate, the child’s input; and
(e) documentation that the child’s learning problems are not primarily due to:
   i. lack of appropriate instruction in reading and math;
   ii. limited English proficiency;
   iii. Visual Impairment;
   iv. Hearing Impairment;
   v. Orthopedic Impairment;
   vi. Intellectual disability;
   vii. Emotional Disturbance;
   viii. environmental or cultural factors;
   ix. motivational factors; and
   x. situational trauma.

(3) Evaluation using a State-approved RTI Method of Identification must include:
   (a) data demonstrating the student’s non-responsiveness to scientifically-validated interventions supported by comprehensive, curriculum-based data;
   (b) documentation that rules out other disabilities or factors including the administration of a linguistically and culturally-fair individual, standardized scale of intelligence (short-form measures of cognitive ability established by the State as valid and reliable may be used); and
   (c) a comprehensive psycho-educational evaluation when the assessment results from the previous standards listed in (3)(a) and (3)(b) are inconclusive.
Disability Eligibility Standards

PROCEDURAL ADDENDUM B
The IQ/Achievement Discrepancy Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition
   The IQ/Achievement Discrepancy Method of Identification concludes there is a severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability. A severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability is defined by at least 1.5 Standard Deviations (considering Standard Error of the Estimate) when utilizing regression-based discrepancy analyses described in Tennessee’s guidelines for evaluation of Specific Learning Disabilities in the SLD Assessment Resource Packet: http://www.state.tn.us/education/speced/seassessment/.

2. Evaluation
   (1) The IQ/Achievement Discrepancy Method of Identification must include documentation that all the standards in the Specific Learning Disabilities Evaluation Section 2.a.(1) – 2.a.(8) and Evaluation Section 2.b.(1) through 2.b.(3) have been met.
   (2) Evaluation using the IQ/Achievement Discrepancy Method of Identification must also include:
      (a) an individual standardized multi-factored assessment of cognitive ability;
      (b) an individual standardized assessment of academic achievement;
      (c) documentation of performance on all of the following:
         i. group or individually administered achievement tests; and
         ii. criterion-referenced assessments or curriculum/performance-based assessments;
      (d) at least two documented observations of the child’s educational performance in the general education classroom including:
         i. an indirect observation by the child’s general education classroom teacher, and
         ii. a direct observation by a professional other than the person providing the indirect observation (observations shall address the child’s academic behaviors, academic performance, and relevant work samples);
      (e) documentation of parental input; and, as appropriate, the child’s input; and
      (f) documentation that the child’s learning problems are not primarily due to:
         i. lack of appropriate instruction in reading and math;
         ii. limited English proficiency;
         iii. Visual Impairment;
iv. Hearing Impairment;
v. Orthopedic Impairment;
vi. Intellectual disability;
vii. Emotional Disturbance;
viii. environmental or cultural factors;
ix. motivational factors; and
x. situational trauma.
Disability Eligibility Standards

SPEECH OR LANGUAGE IMPAIRMENT

1. Definition

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.

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

(1) Language Impairment – A significant deficiency not consistent with the student’s chronological age in one or more of the following areas:

(a) a deficiency in receptive language skills to gain information;
(b) a deficiency in expressive language skills to communicate information;
(c) a deficiency in processing (auditory perception) skills to organize information.

(2) Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech not consistent with chronological age.

(3) Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.

(4) Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectic differences.

2. Evaluation

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

Evaluation Procedures

Evaluation of Speech or Language Impairments shall include the following:

a. Language Impairment – a significant deficiency in language shall be determined by:

(1) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and

(2) a minimum of two measures shall be used, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples. At least one standardized comprehensive measure of language ability shall be included in the evaluation process.

Evaluation of language abilities shall include the following:

(a) hearing screening;
(b) receptive language: vocabulary, syntax, morphology;
(c) expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology; and
Disability Eligibility Standards

(d) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.

(3) documentation, including observation and/or assessment, of how Language Impairment adversely impacts his/her educational performance in his/her learning environment.

b. Articulation Impairment – a significant deficiency in articulation shall be determined by one of the following:

(1) articulation error(s) persisting one year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms;

(2) evidence that the child’s scores are at a moderate, severe, or profound rating on a measure of phonological processes; or

(3) misarticulations that interfere with communication and attract adverse attention.

Evaluation of articulation abilities shall include the following:

(a) appropriate formal/informal instrument(s);

(b) stimulability probes;

(c) oral peripheral examination; and

(d) analysis of phoneme production in conversational speech.

(4) documentation, including observation and/or assessment, of how Articulation Impairment adversely impacts his/her educational performance in his/her learning environment.

c. Voice Impairment – evaluation of vocal characteristics shall include the following:

(1) hearing screening;

(2) examination by an otolaryngologist;

(3) oral peripheral examination; and

(4) documentation, including observation and/or assessment, of how Voice Impairment adversely impacts his/her educational performance in his/her learning environment.

d. Fluency Impairment – evaluation of fluency shall include the following:

(1) hearing screening;

(2) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;

(3) oral peripheral examination; and

(4) documentation, including observation and/or assessment, of how Fluency Impairment adversely impacts his/her educational performance in his/her learning environment.

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;
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(3) a licensed school speech-language pathologist, a licensed speech-language pathologist, a licensed speech-language therapist, and a speech-language teacher if working under the direction of a licensed school speech-language pathologist or licensed speech-language pathologist;
(4) a licensed special education teacher, when appropriate;
(5) a licensed otolaryngologist (for voice impairments only); and
(6) other professional personnel, as indicated.
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TRAUMATIC BRAIN INJURY

1. 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:

(1) an insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and

(2) the insult to the brain induces a partial or total functional disability and results in one or more of the following:

(a) Physical impairments such as, but not limited to:
   i. speech, vision, hearing, and other sensory impairments,
   ii. headaches,
   iii. fatigue,
   iv. lack of coordination,
   v. spasticity of muscles,
   vi. paralysis of one or both sides,
   vii. seizure disorder.

(b) Cognitive impairments such as, but not limited to:
   i. attention or concentration,
   ii. ability to initiate, organize, or complete tasks,
   iii. ability to sequence, generalize, or plan,
   iv. flexibility in thinking, reasoning or problem solving,
   v. abstract thinking,
   vi. judgment or perception,
   vii. long-term or short term memory, including confabulation,
   viii. ability to acquire or retain new information,
   ix. ability to process information/processing speed.

(c) Psychosocial impairments such as, but not limited to:
   i. impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships,
   ii. impaired ability to cope with over-stimulation environments and low frustration tolerance,
   iii. mood swings or emotional lability,
Disability Eligibility Standards

iv. impaired ability to establish or maintain self-esteem,
v. lack of awareness of deficits affecting performance,
vi. difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),
vii. impaired ability to demonstrate age-appropriate behavior,
viii. difficulty in relating to others,
ix. impaired self-control (verbal or physical aggression, impulsivity),
ix. inappropriate sexual behavior or disinhibition,
xi. restlessness, limited motivation and initiation,
xii. 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.

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

Evaluations Procedures
Evaluation of Traumatic Brain Injury shall include the following:
(1) appropriate medical statement obtained from a licensed physician;
(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 Traumatic Brain Injury adversely impacts the child’s educational performance in his/her learning environment.

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 physician; and
(5) other professional personnel, as indicated.
VISUAL IMPAIRMENT

1. 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;
   (b) low vision – 20/50 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;
   (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.

2. Evaluation

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

Evaluation Procedures

Evaluation of Visual Impairment shall 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, completed or compiled by a licensed teacher of students with visual impairments that 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 expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child’s reading and writing skills, needs, appropriate reading and writing media, and current and future needs for braille;
   (d) school history and levels of educational performance; and

(3) documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.
Disability Eligibility Standards

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;
(6) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).