



Department of
Education

Emotional Disturbance Evaluation Guidance

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Patti Wilson
Clarksville Montgomery
County Schools

Erika Christianson
Williamson County Schools

Angela Collins
Hamilton County Schools

Michelle Hopkins
Vanderbilt Kennedy Center/
TRIAD

Ashley Clark
Clarksville Montgomery
County Schools

Andrea Ditmore
Oak Ridge Schools

Robin Faircloth
Houston County Schools

Leslie Jones
The ARC of Tennessee (West)

Laria Richardson
The ARC of Tennessee
(Middle TN)

Lisa Rodden-Perinka
Wilson County Schools

Melanie Schuele
Vanderbilt University

Cathy Brooks
Disability Rights of Tennessee

Jenny Williams
Tennessee Disability
Coalition

Ron Carlini
Knox County Schools

Pamela Guess
University of Tennessee at
Chattanooga

Alison Gauld
Tennessee Department of
Education

Nathan Travis
Tennessee Department of
Education

Theresa Nicholls
Tennessee Department of
Education

Joanna Bivins
Tennessee Department of
Education

Kristen McKeever
Tennessee Department of
Education

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).¹

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),² and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.³

IDEA Definition of Emotional Disturbance

Per 34 C.F.R. §300.8(c)(4)(i) emotional disturbance means a *"condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:*

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.*
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*
- (C) Inappropriate types of behavior or feelings under normal circumstances.*
- (D) A general pervasive mood of unhappiness or depression.*
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.*

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

¹ <https://www.tn.gov/education/student-support/special-education/special-education-evaluation-eligibility.html>

² <https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-09.20171109.pdf>

³ Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

Section I: Tennessee Definition

Tennessee Definition of Emotional Disturbance

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

- A. An inability to learn that cannot be explained by intellectual, sensory, or health factors
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- C. Inappropriate types of behavior or feelings under normal circumstances
- D. A general pervasive mood of unhappiness or depression
- E. A tendency to develop physical symptoms or fears associated with personal or school problems

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

What does this mean?

Emotional disturbance is an umbrella term for different, but related, social-emotional deficits and disorders. These significant mental health and/or behavior issues manifest as dysregulation in thoughts, feelings, and/or behaviors. Simply put, students with an emotional disturbance demonstrate extreme ranges of emotions and/or behaviors that, without the extreme nature, would be considered normal in all children and adolescents. Students with an emotional disturbance have less ability to regulate their emotions and/or behaviors. Identification as having an emotional disturbance does not translate into any specific diagnosis(es). Although diagnosis(es) of emotional and/or behavioral disorders may assist teams in identifying deficits that are present to a “marked degree,” have persisted over an “extended period of time,” and/or have an adverse effect on a student’s educational performance.

When analyzing the definition of emotional disturbance, nine areas typically require clarification:

- to a marked degree,
- adverse effect,
- long period of time,
- inability to learn that cannot be explained by intellectual, sensory, or health factors
- inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behavior or feelings under normal circumstances,

- a tendency to develop physical symptoms or fears associated with personal or school problems,
- a general pervasive mood of unhappiness or depression, and
- social maladjustment.

To a Marked Degree

The definition of emotional disturbance indicates characteristics that must be noticeably present to a level that the regulation considers a heightened severity and intensity when compared to same-aged peers. The qualifying condition for severity requires documentation that the characteristics present are significant and apparent to parents/caregivers and school staff who have opportunity to observe the student across settings and situations. The team should compare the emotional characteristics of the referred student with those of the student's peer group (i.e., same age, gender, cultural group), noting if the behavior and emotions of the referred student are more severe and/or more frequent than typical.

Adversely Affects Educational Performance

An adverse effect on performance is determined by whether the emotional disturbance impacts the student's educational performance such that s/he **needs** the support of specially designed instruction or services beyond what can be provided within the regular educational environment. When considering how emotional disturbance adversely affects, teams should consider if the student requires specially designed instruction in order to benefit from his/her education program. This applies broadly to educational performance; teams should consider both quantity and quality of impact in any/all related areas—academic, emotional, and social.

Long Period of Time

When teams consider whether characteristics of emotional disturbance have been present for a long period of time, it is important to distinguish if a student's emotional reactions are related to a situational trauma (e.g., death of a loved one, change in residence, or family situation) or if they are more pervasive and prevalent than reaction to a specific episode. Additionally, it is important not to place a precise timeline on what constitutes a "long period of time." The research literature typically refers to several months as an appropriate standard; however, this should be interpreted as a guideline and not a mandated time period. When considering the effects of emotional dysregulation, teams should document evidence of characteristics being displayed over time, as well as across situations, that strategic intervention has not been effective in resolving. There is very little federal guidance⁴ on this criteria; however, eligibility must be determined based on "the unique facts and circumstances of the case" (Letter to Woodson, 213 IDELR 224, OSEP 1989).

⁴ Letter to Anonymous, 213 IDELR 247 (OSEP 1989)

Inability to Learn that Cannot be Explained by Intellectual, Sensory, or Health Factors

Emotional and mental health problems often impact a child's ability to function in multiple areas of his/her life. The difference between a typical developmental behavior that is maladaptive and mental health concerns (whether diagnosed or emerging) is related to the level of impact those behaviors or symptoms have on the person's life and well-being (i.e., for a long period of time to a marked degree). One area of life that may be impacted is school (and learning). When symptoms of mental health problems become more severe, they may impact a child's ability to learn. For examples, symptoms such as lethargy, obsessive thoughts, excessive irritability, mood swings, racing thoughts, an inability to manage daily tasks, or inability to concentrate may interfere with learning and adversely impact educational performance.

Inability to Build or Maintain Satisfactory Interpersonal Relationships with Peers and Teachers

Another way in which mental/emotional health problems may impact a child's life is impaired interpersonal relationships. Again, the difference between common social differences is the degree of impact the child's emotional difficulties have on his/her relationships (i.e., for a long period of time to a marked degree). As stated in the definition, there are difficulties in building or maintaining interpersonal relationships with both peers and adults. Examples of symptoms that may lead to impaired relationships include actively avoiding others (i.e., isolation and withdrawal), impulsivity, frequent severe distress, paranoia/ suspiciousness, or negative cognitive beliefs about how others perceive oneself (e.g., "everyone hates me "no one wants to be around me").

Inappropriate Types of Behavior or Feelings under Normal Circumstances

Per federal guidance, there is no specific operational definition associated with the third characteristic of emotional disturbance (i.e., inappropriate types of behaviors or feelings under normal circumstances). This characteristic may include psychotic or bizarre behaviors. "The essential element is the student's inability to control his/her behavior and conform his/her conduct to socially acceptable norms".⁵ To safeguard against identifying students in situational or chronic states of stress (e.g., homeless, economically disadvantaged, immigration status) prematurely, teams should be vigilant in collecting extensive background and historical data from students and their families. Trauma is highlighted correlated to mental health problems and therefore should not be overlooked or used as a rule out. Many students would exhibit forms of emotional dysregulation when placed in highly stressful circumstances (e.g., loss of significant income, residing in a war zone). While students in such situations are not excluded from this category, as they may still be experiencing what constitutes an emotional disturbance, teams should be cautious to prevent the inappropriate identification of students who are reacting to a state of stress (e.g., typical grief cycle over a loss of parent).

⁵ Letter to Anonymous, 213 IDELR 247, OSEP 1989

A Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Per federal guidance, the term “tendency” includes “evidence of actual symptoms of fears, not a mere pre-disposition.”⁶ Examples of physical symptoms include gastrointestinal issues, headaches/migraines, shortness of breath, weakness, dizziness, rapid heartbeat, tremors, and chest pains. The combination of physical symptoms may appear during a panic attack. In some cases, fears become so severe that students demonstrate school refusal in order to avoid such feelings.

A General Pervasive Mood of Unhappiness or Depression

A diagnosis of depression is not required to meet this characteristic. The child only need to demonstrate general symptoms related to a pervasive mood (i.e., across areas of the child’s life) of unhappiness or depression for a long period of time to a marked degree. Symptoms related to depression include feelings of sadness, hopelessness, worthlessness, and sometimes irritability. Other symptoms include changes in weight, sleep, eating, loss of interests, fatigue, inability to concentrate, agitation, and recurring thoughts about death or suicide.⁷

There have been frequent questions on whether students who display various behaviors such as drug and/or alcohol usage can be included under this disability. Per OSEP,⁸ “students who are substance abusers do not qualify under this disability category unless they exhibit other behaviors consistent with the criteria of emotional disturbance, whether independent of the drug use or as a result of the drug use. While adverse behavior in the home environment may be useful in determining the existence of an emotional disturbance, this alone cannot form the basis for the disability. “

Social Maladjustment

Social maladjustment appears in the federal definition of emotional disturbance but is not defined. Some criteria in the definition (e.g., atypical behaviors under normal circumstances, inability to maintain or build interpersonal relationships) apply to both social maladjustment and emotional disturbance; social maladjustment alone cannot be the sole reason a student qualifies for services under the identification of emotional disturbance. Social maladjustment is typically considered to be willful intentional behaviors that lead difficulty meeting social

⁶ Letter to Hartman, 213 IDELR 252, OSERS 1989

⁷ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association

⁸ The Complete OSEP Handbook-2nd Edition (2007) Horsham, PA: LRP Publications

norms.^{9,10} The definition indicates team members/evaluators are to differentiate whether the student demonstrates characteristics of emotional disturbance or only social maladjustment.

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

General Pre-Referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the department supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The [MTSS framework](#) is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI²), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI²-B). Within the RTI² Framework and RTI²-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI² Manual](#), and [RTI²-B Manual](#)).

⁹ Merrell, K., Walker, H. (2004) Deconstructing a definition: social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools*, 41, 8

¹⁰ Sullivan, A. L., & Sadeh, S.S. (2014) Differentiating social maladjustment from emotional disturbance: an analysis of case law. *School Psychology Review*, 43 (4), 450-471. Retrieved June 23, 2017 from file: <http://www.nasponline.org/publications/periodicals/spr/volume-43/volume-43-issue-4/differentiating-social-maladjustment-from-emotional-disturbance-an-analysis-of-case-law>

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for EL students must include evidence-based practices for ELs.

Indicators of Emotional Disturbance

Characteristics of emotional disturbance can include internalizing and/or externalizing behaviors, such as dysregulation of attention (short attention span) and behavior (mood swings or depressed mood), immaturity, academic difficulties not otherwise explained by learning or intellectual disabilities, withdrawal, and aggression or self-injurious behavior. While all students may exhibit some of these characteristics at any point in time, the key to investigating the possibility of the pattern being indicative of an emotional disturbance lies in the severity, chronicity, and lack of response to focused intervention (e.g., the behavior does not improve with specific function-directed intervention). Teams are tasked with gathering evidence to distinguish between an emotional disturbance and typical childhood angst.

Students with emotional disturbance may not demonstrate a reality-based thought process. Typically, thoughts/behaviors are not goal directed, and if they are, they consist of illogical planning. As the impact of an emotional disturbance is pervasive, student behavior is similar across settings, consisting of actions that are generally inappropriate and result from unconscious mental forces. Due to ineffective coping strategies, students with emotional disturbance may attempt to resolve conflict through the use of verbal/physical aggression toward others or themselves (e.g., self-injurious behaviors). With a tendency to have poor social skills and possible attachment issues, students with emotional disturbance who engage with peers will often do so with younger peers and have minimal subculture affiliations.

Background Considerations

- Cultural or Racial Factors: Disproportionality is of public concern in regard to emotional disturbance, as it indicates there are a higher percentage of minority students identified

for special education compared to the overall school population. Disproportionate representation of students from racial and/or ethnically diverse backgrounds in special education has been a longstanding national issue for over four decades.¹¹ Research suggests a student's race and ethnic background have a significant influence on the probability s/he will be misidentified as a student with a disability, leading to lasting negative effects. Misidentification can increase the potential for more restrictive settings than in addition to possibly creating false impressions of a student's cognitive and/or achievement skills.

- Language Acquisition: As with disproportionality related to race/ethnicity, disproportionality related to English learners (ELs) is also of concern. When gathering information regarding how a student interacts with others and responds to differing social situations, the team should consider the role of the student's dominant social norm(s) as it/they impact(s) social relationships. Particular emphasis should be placed on whether there is a language acquisition issue, which may be the underlying factor for interpersonal relationship difficulties.

Teams should also consider information regarding a student's language skill in his/her dominant language, as deficits in communications skills (i.e., receptive, expressive and/or pragmatic language skills) are likely to have a significant impact on developing and maintaining social relationships.

- Lack of Instruction: Students who engage in challenging behavior may be more likely to miss instruction due to suspensions, detention, time spent in an administrator's office, or other procedures used following occurrences of disruptive behavior. During the evaluation process, the team should consider the student's access to core instruction and whether lack of access is the underlying factor in a student's underachievement/lack of skill acquisition.
- Vision/Hearing Issues: As with all evaluations, vision and hearing screenings are integral pieces of the pre-referral and evaluation process. Ensuring typical vision and hearing assists teams in focusing intervention and determining possible causes of difficulty. Students with emotional disturbance may experience visual and/or auditory hallucinations, a type of sensory misperception. It is imperative that the team determine whether hallucinations are evidence of a thought disorder (e.g., schizophrenia), or if they have been misidentified and are more likely self-talk and/or a product of a

¹¹ Gamm, S., *Disproportionality in Special Education: Identifying Where and Why Over Identification of Minority Students Occurs*, Bethesda, Md.: LRP Publications

student's inability to distinguish events occurring while dreaming and awake. Key questions for the team to consider are whether the hallucinations appear and disappear at the wish of the student, if they pose any form of threat or instead offer comfort, and if they can be described in detail.

- **Past Performance:** When reviewing a student's educational performance, pay special attention to dramatic changes in performance. Some warning signs of mental health issues include sudden changes in behavior, social relationships, emotional control, academic performance, and school attendance. It is also important to maintain documentation of interventions and the successes or continued struggles the child demonstrates in order to help teams make decisions on future programming needs.

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:¹²

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

Pre-Referral Considerations and/or General Education Accommodations

In order to prevent emotional regulation issues from becoming more severe, teams should intervene early to reduce chronicity and severity of emotions/behaviors. When a pattern of emotional/behavioral issues initially surfaces, teams should consider implementation of

¹² National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

positive behavior strategies to reinforce appropriate behavior and attempt to extinguish unwanted/targeted behaviors.

Since relationship building is a key factor in intervention effectiveness, teams should foster and promote respectful relationships between adults and children. School success can be linked to supportive relationships with adults. In addition to adult relationships, peer relationships should also be fostered through use of cooperative learning activities and tasks requiring student teamwork. For those with school-wide positive behavior supports in place, consider developing a framework for conflict resolution and peer mediation.

In order to adequately address differing levels and types of student need, a variety of services and supports should be considered. If previously attempted positive behavior strategies have proven ineffective, teams could consider conducting a [functional behavior assessment \(FBA\)](#) to explicitly define the target behavior and then develop a [behavior intervention/support plan \(BIP\)](#) based on those findings. In developing a plan to increase rates of expected behavior, teams should clearly define the skills a student needs to be taught based on the function (motivating reason) of the targeted behavior (i.e., problematic behavior). A specific plan should be designed that includes explicit instruction on teaching the strategy(-ies) in context, with frequent opportunities for practice that involve corrective feedback and reinforcement. Student goal setting should also be a part of this plan, as student accountability will increase ownership of the plan.

As emotional issues often extend beyond the school environment, attempts should be made to coordinate services with community agencies. Effective collaboration between home, school, and community agencies will not only reduce the likelihood of fragmented and ineffective services, but will also improve the likelihood of generalization of skills, understanding of available resources, and trust in school teams.

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan.

The following data from the general education intervention phase that can be used includes:

- 1) reported areas of concerns,
- 2) documentation of the problem,
- 3) evidence that the problem is chronic,
- 4) any provided medical history and/or outside evaluation reports,
- 5) records or history of educational performance (academic and disciplinary),
- 6) record of accommodations and interventions attempted,
- 7) summary of intervention progress, and
- 8) school attendance and school transfer information.

Referral

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. **The use of RTI² strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.** For more information on the rights to an initial evaluation, refer to [Memorandum 11-07](#) from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see [Appendix A](#)). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;

- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an

English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving

appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
 - Oral English language proficiency level
 - English language proficiency literacy level
 - Formal education experiences
 - Native language literacy skills
 - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal**: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource**: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain**: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.
- **Multisetting**: Observations should occur in a variety of settings that provide an overall description of the student’s functioning across environments (classroom, hallway,

cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures (Standards)

A comprehensive evaluation is 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) Review and documentation of previous research/evidence based interventions that target identified concerns and occur over a period of time;
- (4) Documentation that the characteristics associated with emotional disturbance have existed for an “extended period of time”;
- (5) Direct and anecdotal observations over time and across various settings by three or more licensed professionals; observations that document characteristics associated with emotional disturbance occur 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); and
- (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).

Evaluation Procedure Guidance

Standard 1: Vision and hearing deficits ruled out as the primary cause of atypical behavior(s)

This standard is related to the first characteristic of emotional disturbance, which is an inability to learn that cannot be explained by intellectual, sensory, or health factors. Hearing and vision deficits can have a profound impact on student academic acquisition and performance. Unfortunately, many students have hearing and vision problems that have not been diagnosed. Approximately 25 percent of school-aged students have significant vision problems.¹³ Likewise, 2–3 children out of every 1,000 have hearing impairments evident at birth, but more develop after birth. These hearing deficits can impact language and speech development as well as a student’s overall well-being. Early intervention is paramount when dealing with hearing and vision problems. Schools should conduct vision and hearing screenings periodically. If a student fails in either hearing or vision at school, documentation from a trained professional of adequate hearing/vision should be obtained prior to completing a comprehension assessment when possible.

Standard 2: Physical conditions ruled out as the primary cause of atypical behavior(s)

This standard is related to the first characteristic of emotional disturbance, which is an inability to learn that cannot be explained by intellectual, sensory, or health factors. The evaluation should include a review of the student’s health history to help rule out physical conditions as the primary cause of a student’s atypical behavior and an inability to learn. As team members are not medical providers, additional student health information provided by a physician may be needed to help address this standard when it is questionable.

The primary objective is to consider known health conditions and to make sure the team is not inappropriately identifying a student with emotional disturbance when the atypical behaviors observed are caused by a medical condition or the student’s medication. In such cases, the disability [Other Health Impairment](#) should be considered. For example, a student with diabetes may demonstrate atypical behaviors when blood sugar is at certain levels. If the student’s blood sugar level is the primary cause of the change in behavior, then the behaviors are not due to an emotional disturbance. However, that same student may have times of atypical behaviors due to sugar levels and also struggle with other characteristics of emotional disturbance such as a pervasive mood of depression and therefore could qualify under emotional disturbance. Additionally, students who are taking psychotropic medications can have physical side effects from the medications. These side effects vary greatly from weight loss, poor appetite, headaches, blurred vision, and upset stomach. When trying to determine if a student’s physical condition is contributing directly to the emotional issue presented, the examiner must have a

¹³ Information obtained from: <https://www.medicaid.gov/medicaid/benefits/epsdt/v-and-h/index.html>

complete understanding of the student's physical condition and how it may contribute to their emotional well-being.

Consulting medical professional(s) and/or mental health providers may assist with understanding the impact of the student's physical condition as well as etiology of atypical behaviors. This may include but is not limited to, a diagnosis and/or evaluation records from a physician or mental health provider. Information from the student's parent or caregiver could also provide information on how the child's physical condition impacts their daily life at home.

Students struggling with emotional issues often have physical symptoms. These can include headaches, stomach problems, or panic attacks (i.e., shortness of breath, elevated heart rate). These issues are often secondary to the emotional disturbance in question rather than a contributing factor and thus do not apply to this standard in such cases. Additionally, students who are taking psychotropic medications can have physical side effects from the medications. These side effects vary greatly from weight loss, poor appetite, headaches, blurred vision, and upset stomach. When trying to determine if a student's physical condition is contributing directly to their emotional issue, the examiner must have a complete understanding of the student's physical condition and how it may contribute to their emotional well-being.

Standard 3: Documentation and review of previous research/evidence based interventions that target identified concerns and occur over a period of time.

While it is not required to have interventions prior to referral, information about any interventions implemented targeting areas of concern provides the evaluator and team with essential information. The collected data should include how the target behaviors were identified, identified triggers/antecedents of behaviors, and consequences. The type, frequency, and duration of interventions along with the student's responsiveness to intervention are important when deciding upon educational impact and need for services. Thus, the evaluation should contain a summary and analysis of the intervention problem-solving process implemented prior to referral and/or during the evaluation.

Interventions should be implemented for a duration sufficient to attest to their effectiveness, or their lack of effectiveness. While the exact time frame will vary, interventions should be in place for long enough to determine their impact. Interventions should include proven research-based strategies. Additionally, interventions should be focused on skill acquisition instead of problem reduction. These strategies may include reinforcement systems, like token-earn systems or points systems where the student earns tokens or points for engaging in prosocial behavior. Strategies may also include direct teaching of new, or replacement, behaviors. In addition to determining if the strategies have been implemented for enough time to determine their effectiveness, the team should also consider how closely their implementation matches the

evidence-based protocol. See the [RTI² B Manual](#) for more information about behavioral interventions.

Standard 4: Documentation of the characteristics associated with emotional disturbance have existed for an “extended period of time”

Some students engage in challenging behavior temporarily, when life circumstances change or traumatic events occur, and behavior or emotional functioning may resolve after initial reactions subside or interventions are in place. Students with emotional disturbance will engage in these behaviors for an extended period of time. While an extended period of time is often considered to be two to nine months,¹⁴ it is not explicitly defined, and there is no hard-cut time frame that should be used. Considering an evaluation may take 60 days to complete, in some cases the time frame of the evaluation itself may be sufficient to determine the length of time that symptoms have been present. However, this should be considered on a case-by-case basis with thorough review of the duration of symptoms to help teams make informed decisions.

Data from previous school years, settings outside of school (e.g., before/after-school care), family, and multiple personnel should be considered when determining if the behaviors have existed for an extended period of time. Family members can contribute information regarding the student’s behavior patterns prior to entering school, as well as behavior in settings outside the school environment. Teachers can provide information about the behaviors exhibited under different circumstances in the classroom routine.

Standard 5: Direct and anecdotal observations over time and across various settings by three or more licensed professionals; observations document characteristics occurring at a significantly different frequency, intensity, and/or duration than the substantial majority of typical school peers;

This standard is related to all characteristics of emotional disturbance. Gathering direct and anecdotal observations provides the team with data on time specific (direct) and general (anecdotal) behavior patterns. It is important to collect holistic information, including details regarding the student’s environment, engagement/interaction with subject areas, social interactions with peers, relationships with adults, and accommodations in place that either promote or hinder success in the educational environment. Direct observations should include information about the types of behaviors observed, intensity, duration, and/or frequency. Anecdotal observations may include summary statements about previous events, including office discipline referrals, attendance rates, type of differentiation supports needed, and effective prevention strategies. This information should be weighed in comparison to typical peers. For example, the length of time a student demonstrates emotional reactions to

¹⁴ Letter to Anonymous, 213 IDELR 247 (OSEP 1989)

situations may be substantially longer or than same-aged peers. The intensity level may be much higher, with a typical peer's emotional reaction looking like crying over a situation for a few minutes or passive refusal by ignoring the adult, while a more intense level may include swearing at adults, leaving the classroom, destroying work, or engaging in unsafe behaviors.

As any student may exhibit maladaptive emotional and/or behavioral responses in relation to a time-specific crisis, it is important to document if those behaviors cease over time, or if time and intervention are not effective in teaching more appropriate ways to regulate social/emotional behavior. A hallmark of emotional disturbance is that inappropriate behaviors must occur over an extended period of time, and not simply be a temporary reaction to an isolated crisis/event.

Similar to documenting behavior occurring over an extended period of time, it is critical to document whether the behavior is setting specific, or occurs across various settings with a variety of people. Observations should occur in a variety of settings, such as different teacher's classrooms if the student receives instruction from more than one teacher as well as in a variety of settings. It is important to include structured classroom settings and less structured social times, such as lunch or recess. If the inappropriate behavior only occurs in certain settings or with/around certain people, this is valuable information for the team to consider when developing a positive behavior plan or behavior intervention plan. If behaviors occur only in certain settings or with/around certain people, there are likely interventions that can be put in place that will resolve the issue.

A variety of professionals such as psychologists, general education teachers, special educators, or other specialists should observe the student. Information from the parent(s) and/or guardian(s) should also be included. Each of the persons listed above have a unique perspective and background and can offer distinct insights into a student's emotional and behavioral pattern. Having a variety of observers assists the team with identifying patterns of consistency in behavior, as well as identifying areas where behavior is markedly different. Ensuring a variety of observers, time periods, and settings will help clarify if these behaviors are chronic, or if they are related to a specific life event (e.g., divorce, death in family).

Standard 6: Cognitive skills

This standard is related to the first characteristic of emotional disturbance, which is an inability to learn that cannot be explained by intellectual, sensory, or health factors. It is important that examiners consider more than the global performance on an intelligence assessment. Global scores assume that students have learned given pieces of information at the same time/rate as typically developing peers. However, a student's cognitive abilities will vary depending on the impact of their prior experiences, both culturally and linguistically, as well as their developmental rate. Students who have lived through traumatic experiences may have a slower

rate of cognitive growth. It is crucial to understand that cognitive abilities are not static, but can fluctuate over time depending on exposure to a variety of factors.¹⁵

When a student is undergoing a comprehensive assessment, the team must also consider prior performance on cognitive assessments as traumatic events may negatively impact a student's global intellectual performance. An extensive review of previous psychological evaluations from the school setting, outpatient, and inpatient settings should be considered during the assessment process.

One objective of this standard is to provide the team with additional information to help explain potential reasons for underperformance and related potential deficits that can lead to student frustrations if left unidentified.

Standard 7: Behavior and social-emotional factors (to include self-rating scales when developmentally appropriate);

This standard is related to characteristics two through five of emotional disturbance (i.e., impaired relationships, inappropriate behaviors in normal circumstance, mood of unhappiness or depression, and physical symptoms or fears). It is critical that behavior and social-emotional factors are assessed through multiple modalities and across settings, using multiple sources of information. This includes, but is not limited to, clinical or structured interviews, systematic observations, behavior checklists and rating scales, and self-reports. Behavior and social-emotional factors may be assessed through utilizing behavior rating scales to determine a pattern of behavior in the home and school environments. When applicable, it is recommended that self-ratings be administered with the student in order to obtain information as to the student's social-emotional status. Behavior checklists and rating scales should be completed by parents, teachers, and the student in order to determine the student's social-emotional status over a specified period of time.

Psychologists are encouraged to conduct interviews with the parent(s) and student in order to determine if the behavior is consistent within the home and school environments. For young children, play-based assessments may be conducted in lieu of a formal child interview. Direct observations across multiple settings (e.g., gym, cafeteria, hallways, classroom, etc.) by multiple team members will enable the team to gather anecdotal information as well as determine possible antecedents to the behavior. Collecting data from multiple sources provides the team with the opportunity to determine if there are specific triggers for the student's behavior. The

¹⁵ Ortiz, S. O., Lella, S. A., Canter, A. (2010) Intellectual ability and assessment- a primer for parents and educators. Bethesda, MD: NASP obtained electronically:
[file:///C:/Users/ca19243/Downloads/Intellectual_Ability_and_Assessment%20\(1\).pdf](file:///C:/Users/ca19243/Downloads/Intellectual_Ability_and_Assessment%20(1).pdf)

team must analyze factors underlying the student's behavior or emotional responses by identifying the target behavior, the function or purpose of the behavior, and the factors maintaining the behavior. Establishing the level of difference of the child's behavioral or emotional responses through standard diagnostic procedures, interviews, checklists, case histories, observations, or the like will enable the team to develop an appropriate plan to support the student. Participants, including a behavior specialist, special educator(s), school counselor(s), therapist(s) and other outside agencies, the school psychologist, and parents/guardians can provide information in order to obtain a holistic view of the student.

Standard 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);

In order to determine the student's academic ability and the potential impact of emotional disturbances on learning, team members must gather evidence concerning educational/classroom performance. Academic skills should at minimum include a review of grades, academic-based universal screening process results, curriculum-based measures, documentation of any tiered academic interventions and the student's response to those interventions, and summative assessments (e.g., TNReady, ACT, end-of-course tests). Additional assessments may include work samples or portfolios of student work, objective data on classroom performance (e.g., grades on assignments and tests), and standardized achievement testing.

When interpreting scores on individually administered standardized achievement measures, it is crucial that the student's attention to task, level of cooperation, conversational proficiency, response to difficult tasks, and care in responding to test items are recorded. This information should be analyzed to determine the effort the student exhibited and the validity of the assessment.

Being able to determine the presence of an academic deficit capable of driving the behavior in question is a critical element when assessing a student for emotional disturbance. Some students may be acting inappropriately in response to academic weaknesses, so it is imperative that team members review the student's history to determine if there was a time in which academic performance was on par with peers but then fell behind peers. Participants, including a behavior specialist, special educator(s), school counselor(s), therapist(s) and other outside agencies, the school psychologist, and parents/guardians can provide information in order to obtain a holistic view of the student.

Standard 9: Review of past educational performance (to include a review of classroom performance, grades, attendance, discipline history review);

A review of past educational performance is important to help determine a pattern of behaviors or emotional functioning, and the impact of a possible disability over time. Attendance records should be reviewed to determine the student's exposure to academic instruction in order to help rule out whether the primary cause of academic underperformance is due to a lack of instruction. A review of the student's discipline history is necessary to determine a pattern of behavior in the educational setting. Documentation of behavior infractions is necessary in order to implement appropriate behavioral interventions in the school setting. Utilizing available discipline referral data helps characterize student behavior. The team should review and analyze trends in behavior incidents in order to determine whether the implemented supports/interventions had a positive impact on the student's behavior. Classroom teachers may provide a summary of current classroom performance; however, it is recommended that information is obtained from previous teachers, as well to aid in determining any changes in classroom performance over time.

Standard 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).

Information related to the student's developmental history; medical and health history; family dynamics (including recent situational trauma); strengths and weaknesses; prior educational opportunities; cultural and linguistic background; and functional abilities outside of the school setting is essential to completing a comprehensive evaluation. This information is typically best provided by the parent, guardian, and/or other family member. Collaboration among stakeholders is necessary to meet the diverse needs of students with emotional disturbance through individualized supports tailored to the student's unique needs. It is important to include information concerning the student's family and developmental history, health, cultural norms and expectations, and social and emotional functioning in the home and community. Team members should promote parent and teacher involvement throughout the intervention, referral, and evaluation processes.

Standard 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).

Documentation of adverse effect(s) in the learning environment is an essential component in determining the appropriate level of service. The evaluation summary should include a review

of the areas assessed that impair the student's educational performance. Make sure to indicate the severity (e.g., frequency, intensity, duration) of behaviors and the degree to which to educational performance is adversely impacted. Educational performance not only includes academic achievement; it also includes other areas the student needs in order to participate in and have access to general education instruction in order to be successful (e.g., communication skills, adaptive behaviors, social skills, emotion and behavioral functioning, physical development). Additionally, in order to help the IEP team with decision making regarding the need for special education and related services, a review of the prevention and intervention efforts should be included.

Additional Considerations Related to Social Maladjustment:

There are several standardized assessment measures developed to aid in the differentiation between emotional disturbance and social maladjustment.

Required 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, licensed physician, physician's assistant, licensed nurse practitioner, and/or school social workers), as indicated.

Evaluation Participants Guidance:

Below are examples of information participants may contribute to the evaluation.

- (1) The parent(s) or legal guardian(s)
 - Developmental & background history
 - Social/behavioral development
 - Current concerns
 - Other relevant interview information
 - Rating scales
- (2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher)
 - Observational information
 - Academic skills
 - Rating scales

- Work samples
 - RTI² progress monitoring data, if appropriate
 - Behavioral intervention data
 - Other relevant quantitative and/or qualitative data
- (3) The student's special education teacher(s) (e.g., IEP development teacher/case manager)
- Observational information
 - Rating scales
 - Work samples
 - Pre-vocational checklists
 - Transitional checklists/questionnaires/interviews
 - Vocational checklists/questionnaires/interviews
 - Other relevant quantitative data
 - Other relevant qualitative data
- (4) The school psychologist, senior psychological examiner, clinical or counseling psychologist, or psychological examiner (under the direct supervision of a licensed psychologist)
- Direct assessments (e.g., cognitive, achievement)
 - School record review
 - Review of outside providers' input
 - Observations in multiple settings with peer comparisons
 - Interviews
 - Rating scales
 - Other relevant quantitative data
 - Other relevant qualitative data
- (5) Other professional personnel (e.g., mental health service providers, behavior specialist, licensed physician, physician's assistant, licensed nurse practitioner, and/or school social workers), as indicated
- Direct assessment
 - Functional behavior assessments/behavior intervention plans
 - Rating scales
 - Observations in multiple settings with peer comparisons
 - Medical information
 - Clinical information
 - Other relevant quantitative data
 - Other relevant qualitative data

Components of Evaluation Report:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns

- Previous evaluations, findings, recommendations (e.g., school-based & outside providers)
- Relevant developmental and background history (e.g., developmental milestones, family history and interactions)
- School history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, intervention history)
- Medical history
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Current assessment results and interpretations
 - observations
 - cognitive assessment
 - behavioral/ social-emotional rating scales
 - achievement assessment (if completed)
 - intervention data review
- Tennessee’s emotional disturbance disability definition
- Educational impact statement: Review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely impacts the student’s educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team’s decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
 - **Prong 1:** Do the evaluation results support the presence of an educational disability?

- The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
- Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
 - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
 - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations Related to Emotional Disturbance

When considering eligibility under the emotional disturbance disability category, teams often struggle with the concept of social maladjustment. It is important to remember social maladjustment should not be seen as a rule out, meaning a child can exhibit co-morbid issues (e.g., a child can have depression and demonstrate socially maladjusted behaviors such as drug usage). In order to meet criteria for an emotional disturbance, a student must demonstrate both and not solely demonstrate socially maladjusted behaviors. If a student does demonstrate only socially maladjusted behaviors, the team should make sure to address student behaviors in proactive ways to promote positive behavioral choices and decisions. See the [MTSS framework](#) for more information regarding supports that may be considered.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration

of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the

student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).

- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations for Emotional Disturbance Re-evaluations

When completing the Re-evaluation Summary Report (RSR), it is not required that teams obtain updated information for any treatment provider (when applicable) for every re-evaluation. However, parent input collected should include any psychological or medical changes that have occurred within since the last re-evaluation to help the team determine if a further evaluation is needed.

Appendix A: TN Assessment Instrument Selection Form (TnAISF)

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name _____ School _____ Date ____/____/____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

CONSIDERATIONS FOR ASSESSMENT		
THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM	LANGUAGE	<input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English <input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
	ECONOMIC	<input type="checkbox"/> Residence in a depressed economic area and/or homeless <input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch) <input type="checkbox"/> Necessary employment or home responsibilities interfere with learning
	ACHIEVEMENT	<input type="checkbox"/> Student peer group devalues academic achievement <input type="checkbox"/> Consistently poor grades with little motivation to succeed
	SCHOOL	<input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period) <input type="checkbox"/> Attends low-performing school <input type="checkbox"/> Transience in elementary school (at least 3 moves) <input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready
	ENVIRONMENT	<input type="checkbox"/> Limited experiences outside the home <input type="checkbox"/> Family unable to provide enrichment materials and/or experiences <input type="checkbox"/> Geographic isolation <input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest
	OTHER	<input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) <input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category
	OTHER CONSIDERATIONS FOR ASSESSMENT	
___ May have problems writing answers due to age, training, language, or fine motor skills ___ May have attention deficits or focusing/concentration problems ___ Student's scores may be impacted by assessment ceiling and basal effects ___ Gifted evaluations: high ability displayed in focused area: _____ ___ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions ___ Is extremely shy or introverted when around strangers or classmates ___ Entered kindergarten early or was grade skipped ____ year(s) in ____ grade(s) ___ May have another deficit or disability that interferes with educational performance or assessment		

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure: _____	Assessment Category/Measure: _____	Assessment Category/Measure: _____
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Appendix B: Assessments

This list may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Cognitive	<i>Bayley Scales of Infant and Toddler Development-III</i> <i>Wechsler Preschool and Primary Scale of Intelligence - IV</i> <i>Wechsler Intelligence Scale for Children-V</i> <i>Wechsler Adult Intelligence Scale-IV</i> <i>Wechsler Nonverbal Scale of Ability</i> <i>Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition</i> <i>Universal Nonverbal Intelligence Test - II</i> <i>Reynolds Intellectual Assessment Scales – Second Edition</i> <i>Leiter-3 International Performance Scale - III</i> <i>Comprehensive Test of Nonverbal Intelligence - II</i> <i>Kaufman Assessment Battery for Children-2</i> <i>Differential Ability Scales-2</i> <i>Stanford Binet Intelligence Scales-V</i> <i>Test of Nonverbal Intelligence – Fourth Edition</i> <i>Primary Test of Nonverbal Intelligence</i>
Behavior/Emotional/Social	<i>Behavior Assessment System for Children-3 (BASC-3)</i> <i>BASC-3 Student Observation System (SOS)</i> <i>Beck Youth Inventories-2</i> <i>Conners Comprehensive Behavior Rating Scales</i> <i>Social Skills Improvement Rating Scales</i> <i>Behavior Rating Inventory of Executive Functions (BRIEF)</i>
Academic Achievement	<i>Diagnostic Achievement Battery- 4</i> <i>Kaufman Test of Educational Achievement-III</i> <i>Wechsler Individual Achievement Test-III</i> <i>Woodcock Johnson Tests of Achievement-IV</i>
Emotional Disturbance/ Social Maladjustment Scales	<i>Clinical Assessment of Behavior</i> <i>Emotional Disturbance Decision Tree</i> <i>Scale for Assessing Emotional Disturbance - Second Edition</i> <i>Emotional and Behavior Problem Scale</i> <i>Differential Test of Conduct and Emotional Problems</i>

Appendix: C: Sample Release of Information

Student: _____	School: _____
Date of Birth: _____	Parent/Guardian: _____
Address: _____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/practice: _____

Address: _____

Phone Number: _____ Fax number: _____

- Medical
 Psychological/ Behavioral
 Vision/ Hearing
 Other: _____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____) _____ for clarification.

I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

I do not authorize the above provider to release information about my child to the _____ school system.

Parent/ Guardian Signature

Appendix D: Medical Information Form

AUT EMD OHI OI TBI

PHYSICIAN: This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at <http://state.tn.us/education/speced/seassessment.shtml#INITIAL>. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

Autism Spectrum Disorder – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

Emotional Disturbance – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

Orthopedic Impairment – The impairment will primarily impact (please circle): mobility daily living other: _____

Describe/Specify: _____

Other Health Impairment: (check all that apply) ADHD-predominately inattentive ADHD-predominately Impulsive/Hyperactive ADHD-Combined Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions:

Traumatic Brain Injury – Specify: _____

The injury causes the following impairment(s) (please check): physical cognitive psychosocial other: _____

Please Describe: _____

General Health History and Current Functioning: _____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning?

Recommendation: _____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? Yes No If yes, explain:

Physician's Name Printed: _____

Address: _____

Physician's signature: _____ Date: _____

Appendix E: Sample Developmental History

CONFIDENTIAL PARENT QUESTIONNAIRE

To Be Completed by Parent or Parent Interview

Student Information

Name: _____ Form completed by: _____ Date: ___/___/___

Date of birth: _____ Age: _____

Parents/Legal Guardians (Check all that apply.)

With whom does this child live?

Both parents Mother Father Stepmother Stepfather

Other: _____

Parents'/Legal Guardians' Name(s): _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

List names/ages/relationships of people at home: _____

Are there any languages other than English spoken at home? Yes No

If yes, what language(s)? _____ By whom? _____ How often? _____

Areas of Concern (Check all that apply.)

- Behavioral/emotional Slow development Listening
 Immature language usage Difficulty understanding language Health/medical
 Slow motor development Vision problems Development inconsistent
 Speech difficult to understand Other: _____

Why are you requesting this evaluation? _____

Did anyone suggest that you refer your child? Yes No

If yes, name and title: _____

Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child? Yes No

Was a diagnosis determined? Yes No Please explain: _____

Preschool History (Check all that apply.)

Preschool/daycare programs attended

Name: _____ Address: _____ Dates _____

Name: _____ Address: _____ Dates _____

List any special services that your child has received (e.g., Head Start, TIPS, TEIS, therapy, etc.)

Type of service: _____ Age: _____ Dates: _____ School/agency: _____

Type of service: _____ Age: _____ Dates: _____ School/agency: _____

If your child has attended a preschool or daycare and problems were discussed with you concerning his/her behavior, explain what was tried and if you think it worked.

Developmental History

Pregnancy and Birth

Which pregnancy was this? 1st 2nd 3rd 4th Other _____ Was it normal? Yes No

Explain any complications: _____

Was your child Full term? Premature? What was the length of labor? _____

Was the delivery: *Spontaneous?* Yes No *Induced?* Yes No *Caesarian?* Yes No

Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.):

Motor Development (*List approximate ages*)

Sat alone _____ Crawled _____ Stood alone _____

Walked independently _____ Fed self with a spoon _____

Toilet trained _____ Bladder _____ Bowel _____

Medical History

List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).

List any medications taken on a regular basis.

Speech and Language (*List approximate ages*)

_____ Spoke first words that you could understand (other than *mama* or *dada*)

_____ Used two-word sentences

_____ Spoke in complete sentences

_____ Does your child communicate primarily using speech?

_____ Does your child communicate primarily using gestures?

_____ Is your child's speech difficult for others to understand?

_____ Does your child have difficulty following directions?

_____ Does your child answer questions appropriately?

Social Development

What opportunities does your child have to play with children of his/her age? _____

What play activities does your child enjoy? _____

Does s/he play primarily alone? Yes No With other children? Yes No

Does s/he enjoy "pretend play"? Yes No

Do you have concerns about your child's behavior? Yes No If yes, please explain.

How do you discipline your child? _____

Thank you for providing the above developmental information on your child. Please return to _____ . If you have any questions, please feel free to contact _____ at _____ .

