Objectives

- Review reasons for current disability revisions
- Review proposed changes
  - Educational disability definitions
  - Educational disability standards
    • Evaluation procedures
    • Evaluation participants
- Discuss current status
- Discuss next steps
Disability Revision Process

- Task Force: first meeting March 15, 2016
- Stakeholder group input: April–June, 2016
- Task Force Revisions to definitions and standards: June, 2016
- State Board of Education first reading: July 22, 2016
- Public Hearing: September 23, 2016
- Comment period: July, 2016–November 1, 2016
- Task Force revisions: September 26, 2016
- Advisory Council: October 10, 2016
- State Board of Education final reading: March, 16 2017
- Evaluation procedures/participant changes: July, 2017
- Definition changes: finalized June 29, 2017
## Proposed Revision Areas

<table>
<thead>
<tr>
<th>Disability Category</th>
<th>Definition</th>
<th>Standards: Evaluation Procedures &amp; Participants</th>
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</thead>
<tbody>
<tr>
<td>Autism</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Deaf- Blindness</td>
<td></td>
<td>X</td>
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<tr>
<td>Deafness</td>
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<tr>
<td>Developmental Delay</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Emotional Disturbance</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Functional Delay</td>
<td>X</td>
<td></td>
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<tr>
<td>Hearing Impairment</td>
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<td>X</td>
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<tr>
<td>Intellectual Disability</td>
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<td>X</td>
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<tr>
<td>Intellectually Gifted</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Multiple Disabilities</td>
<td></td>
<td>X (minor wording)</td>
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<tr>
<td>Orthopedic Impairment</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Other Health Impairment</td>
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<td>X</td>
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<tr>
<td>Specific Learning Disability</td>
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<td>X (minor wording)</td>
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<tr>
<td>Speech Language Impairment</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Traumatic Brain Injury</td>
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<tr>
<td>Visual Impairment</td>
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</tbody>
</table>
Assessment Teams Members Impacted

- School psychologists (or associated specialists)
- Speech language pathologists
- Occupational therapists
- Physical therapists
- Special educators
- General education teachers
- Parents
- LEA designee
Disability Standards Policy Change

For initial evaluations, if consent is obtained on or after July 1, the school district must follow the new evaluation standards. For students who are being re-evaluated, the team should not automatically assume a comprehensive re-evaluation is needed due to a change in disability standards. The student’s previous eligibility should be honored; however, the team should review the following to determine whether the child continues to need special education and related services…

A comparison document of disability standards can be found here.
Discussion Tools

Forms

- Assessment Documentation Form(s)
- Summary Form
Past and current disability definitions and standards:


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Disability Evaluations and Eligibility

Disability Evaluations and Eligibility Resources for Consent received Prior to July 1, 2017

Vision-Hearing Screening & General Education Interventions Prior to Referral [DOC PDF]

- Autism
  - Autism Assessment Documentation
- Deaf-Blindness
  - D-B Assessment Documentation
Questions to Consider

What specific changes stand out most?

How will those changes impact your practice?

What do you need to meet new requirements?
- Who else needs to know this information, and how will you communicate it?

What are some challenges you expect to face?

How does this strengthen your practice?
General Revisions

- There are general formatting and rewording changes for consistency and clarity.
- Consistent wording within evaluation procedures regarding comprehensive evaluation expectations:
  - “A multi-disciplinary team approach to individual evaluation procedures that include varied sources of information and the appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following…”
Consistent wording within evaluation procedures regarding documented adverse effects:

- “Documentation, including observation and/or assessment, of how [insert disability category] 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).”

Consistent wording within evaluation participants to address:

- medical professionals included
- speech language pathologists vs. speech language teachers
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, a 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 Rett’s or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, a Pervasive Developmental Disorder, or Asperger’s Syndrome when the child’s educational performance is adversely affected. Autism may exist concurrently with other areas of disability.
<table>
<thead>
<tr>
<th>Prior to July 1, 2017</th>
<th>July 1, 2017</th>
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<tbody>
<tr>
<td><strong>After age three (3),</strong> a child could be <strong>diagnosed</strong> as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics <strong>prior to age 3:</strong></td>
<td>A child could be found <strong>eligible</strong> as having Autism if the child manifests <strong>these characteristics in early childhood (as social demands increase).</strong> Children with autism demonstrate both of the following characteristics:</td>
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</tbody>
</table>
Prior to July 1, 2017

(1) difficulty relating to others or interacting in a socially appropriate manner;

(2) absence, disorder, or delay in verbal and/or nonverbal communication; and

July 1, 2017

(a) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following:

1. Deficits in social-emotional reciprocity…
2. Deficits in nonverbal communicative behaviors used for social interaction…
3. Deficits in developing and maintaining relationships appropriate to developmental level, ranging from difficulties adjusting behavior to social contexts, to difficulties in sharing imaginative play, to an apparent absence of interest in people…
Autism Definition

Prior to July 1, 2017

(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.

July 1, 2017

(b) Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two (2) of the following:

1. Stereotyped or repetitive speech, motor movements, or use of objects...

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change...

3. Highly restricted, fixated interests that are abnormal in intensity or focus....or

4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment ...
Autism Evaluation Procedures

Prior to July 1, 2017

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;

July 1, 2017

(1) parental interviews including developmental history;
(2) behavioral observations in two or more settings (can be two settings within the school) addressing characteristics related to autism;
(3) health history;
Autism Evaluation Procedures

Prior to July 1, 2017

4) evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and

July 1, 2017

(4) Pragmatic communication skills (further language evaluation if identified as an area of concern);
(5) Cognitive/developmental skills;
(6) Social-emotional and behavior functioning (to include social skills and adaptive behaviors) that includes at least one (1) standardized or normed instrument specific to autism and one (1) normative measure of general behavior/social-emotional functioning;
(7) Sensory; and
(8) Academic skills
Autism Evaluation Procedures

Prior to July 1, 2017

5) documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child’s educational performance in his/her learning environment.

July 1, 2017

9) documentation, including observation and/or assessment, of how Autism adversely affects the child’s educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
## Discussion: Notable Changes

<table>
<thead>
<tr>
<th>Observations</th>
<th>Health history</th>
<th>Pragmatics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism-specific scales</td>
<td>Sensory</td>
<td>Academic skills</td>
</tr>
</tbody>
</table>
Deaf-Blindness Changes: Highlights

Definition: No change

Evaluation procedures:

- Vision areas are updated to match visual impairment changes.
Developmental Delay Definition

Developmental delay refers to children aged three years, zero months (3:0) through nine years, eleven months (9:11) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical (i.e., gross motor and/or fine motor), cognitive, communication, social-emotional, or adaptive development that adversely affects a child’s educational performance. Other disability categories shall be used if they are more descriptive of a young child’s strengths and needs. Initial eligibility for developmental delay shall be determined before the child's seventh birthday. The use of developmental delay as a disability category is optional for local school districts.
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

2) Demonstration of significant delay in one or more of the above areas which is documented by:

(a) performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean (i.e., approximately 6th-7th percentile or less) with consideration of the measure’s standard error of measurement (SEM)
Scores falling within the standard error of measurement at the 90% confidence interval:

- case-by-case basis
- use is supported by the TnAISF and other supporting evidence
- use is recommended by the assessment specialist that is trained in intellectual functioning
Developmental Delay Evaluation Procedures

Prior to July 1, 2017

Evaluation by appropriate team member(s) of the following:
- measurement of developmental skills using individually administered procedures;

July 1, 2017

Evaluation by appropriate team member(s) of the following:
- measurement of current developmental skills to include at least one (1) individually administered standardized assessment;
Developmental Delay Evaluation Procedures

Prior to July 1, 2017

1) 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

July 1, 2017

(a) Performance on a standardized developmental evaluation instrument, which yields 2.0 standard deviations below the mean (i.e., 2nd percentile or less) with consideration of the measure’s SEM; or when standard scores for the instrument used are not available, a 40 percent delay based on chronological age in one of the developmental areas
Developmental Delay Evaluation Procedures

Prior to July 1, 2017

2) 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.

July 1, 2017

b) When one area is determined to be deficit by 2.0 standard deviations (i.e., 2nd percentile or less) with consideration of the measure’s SEM or 40 percent 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.
Developmental Delay Evaluation Procedures

Prior to July 1, 2017

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.**

July 1, 2017

A comprehensive re-evaluation for continued eligibility must be conducted for reevaluations that occur after the age of seven (7) **in order to consider the existence of other disability categories that are more descriptive of the child’s learning (i.e., a file review for continued eligibility is not permissible).**
Questions to Consider

- What specific changes stand out most?
- How will those changes impact your practice?
- What do you need to meet new requirements?
  - Who else needs to know this information, and how will you communicate it?
- What are some challenges you expect to face?
- How does this strengthen your practice?
Guidance

- Physical development
- Individually administered standardized assessment
- Standard error of measurement (SEM)
- Re-evaluations
Emotional Disturbance Definition

Prior to July 1, 2017

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:

July 1, 2017

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:
Emotional Disturbance Definition

Prior to July 1, 2017

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;

July 1, 2017

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

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

3) Inappropriate types of behavior or feelings under normal circumstances.
Emotional Disturbance Definition

Prior to July 1, 2017

(4) general pervasive mood of unhappiness or depression;
(5) tendency to develop physical symptoms or fears associated with personal or school problems.

July 1, 2017-no change

(4) A general pervasive mood of unhappiness or depression.
(5) A tendency to develop physical symptoms or fears associated with personal or school problems.
Prior to July 1, 2017

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.

July 1, 2017

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.
Emotional Disturbance Evaluation Procedures

Prior to July 1, 2017

- Visual/ Auditory deficit rule out
- Physical conditions rule out
- **Behavioral data**
  - Previous interventions
  - **Evaluation of locus of control**
- Observations (3)

July 1, 2017

- Vision/ hearing deficit rule out
- Physical conditions rule out
- Interventions-review
  - Evidenced based
  - **Target area of concern**
  - **Long period of time**
- **Characteristics of ED duration**
  - **Extended/ long period of time**
- Observations of characteristics
  - **Significantly different frequency, intensity, and/or duration**
Emotional Disturbance Evaluation Procedures

Prior to July 1, 2017

- Psychoeducational assessment
  - Intelligence, behavior, personality factors
- Educational assessment
- Past Educational performance
- Social history
- Documentation of adverse impact

July 1, 2017

- Cognitive
- Behavior/ Social-emotional factors
- Academic skills
- Past performance
- Social history
- Documentation of adverse impact
### Emotional Disturbance: Evaluation Participants

<table>
<thead>
<tr>
<th>Prior to July 1, 2017</th>
<th>July 1, 2017</th>
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<tbody>
<tr>
<td>(5) other professional personnel (i.e., mental health service providers, and school social workers), as indicated.</td>
<td>(5) Other professional personnel (e.g., mental health service providers, <strong>behavior specialist</strong>, <strong>licensed physician</strong>, <strong>physician’s assistant</strong>, <strong>licensed nurse practitioner</strong>, and/or school social workers), as indicated.</td>
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</tbody>
</table>
Questions to Consider

What specific changes stand out most?

How will those changes impact your practice?

What do you need to meet new requirements?
  • Who else needs to know this information, and how will you communicate it?

What are some challenges you expect to face?

How does this strengthen your practice?
Functional Delay Definition

No Changes

Functional delay is 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:

1) 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:
   a) Limited English proficiency;
   b) Cultural factors;
   c) Medical conditions that impact school performance;
   d) Environmental factors; and
   e) Communication, sensory or motor disabilities.

2) Deficient academic achievement, which is at or below the fourth percentile in two or more total or composite scores in the following areas:
   a) Basic reading skills;
   b) Reading fluency skills;
   c) Reading comprehension;
   d) Mathematics calculation;
   e) Mathematics problem solving; and
   f) Written expression.

3) Home or school adaptive behavior scores that fall above the level required for meeting intellectual disability eligibility standards.
4) Other disability categories shall be used if they are more descriptive of student strengths and needs. The team must determine that underachievement is not primarily the result of visual, motor, or hearing disability, intellectual disability, speech or language impairment, or a specific learning disability.
Questions to Consider

- What specific changes stand out most?
- How will those changes impact your practice?
- What do you need to meet new requirements? (Who else needs to know this information, and how will you communicate it?)
- What are some challenges you expect to face?
- How does this strengthen your practice?
No Changes

Intellectual disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance.
Prior to July 1, 2017

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.

July 1, 2017

1. Intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities that results in significantly impaired intellectual functioning (i.e., two or more standard deviations below the mean), with consideration given to the standard error of measurement (SEM) [...]

In such cases where the SEM is used, there are significantly discrepant scores with a lower verbal index/measure compared to other index scores, or there are language concerns, a nonverbal measure of ability must also be administered.
Prior to July 1, 2017

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 …

July 1, 2017

2) Significantly impaired adaptive behavior in the home or community is determined by:
(a) A composite score or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning on an individual standardized instrument to be completed with or by the child’s primary caretaker which measures two standard deviations or more below the mean…
Intellectual Disability: Evaluation Procedures

No Changes

2 (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.
Prior to July 1, 2017

3) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:

(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…

July 1, 2017

3) Significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:

(a) For school-aged children (and as appropriate for younger children), an individual standardized instrument completed with or by the primary teacher of the child. A composite score on this instrument shall or at least one domain score in areas associated with conceptual, social, or practical adaptive functioning measure two standard deviations or more below the mean. Standard scores shall be used…
Prior to July 1, 2017

3. 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 …
   ii. 6 to 13 years …
   iii. 14 to 21 years …

July 1, 2017-no changes

3. b) 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 …
   ii. 6 to 13 years …
   iii. 14 to 21 years …
When discrepancies occur in adaptive ratings between settings (i.e., home and community/ school), a systematic documented observation by an assessment specialist is needed to help provide clinical judgment in regards to adaptive functioning. Observations should include areas of conceptual, social, and practical adaptive functioning;
Assessment and interpretation of evaluation results shall take into account factors that may affect test performance, including:

- Limited English proficiency;
- Cultural factors;
- Medical conditions that impact school performance;
- Environmental factors; and
- Communication, sensory, or motor disabilities.

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

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.
Questions to Consider

- What specific changes stand out most?
- How will those changes impact your practice?
- What do you need to meet new requirements?
  - Who else needs to know this information, and how will you communicate it?
- What are some challenges you expect to face?
- How does this strengthen your practice?
**Prior to July 1, 2017**

“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.

**July 1, 2017**

“Intellectually gifted” refers to a child whose intellectual abilities, creativity, and potential for achievement are so outstanding that the child’s needs exceed differentiated general education programming, adversely affects educational performance, and requires specifically designed instruction or support services. Children from all populations (e.g., cultural, racial, and ethnic groups; English learners; all economic strata; twice-exceptional; etc.) can possess these abilities.
Prior to July 1, 2017

c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:

July 1, 2017

1) **Review of** multiple criteria and multiple assessment measures in procedures followed for:
Prior to July 1, 2017

(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...

July 1, 2017

(a) Systematic child find and individual screening:
   1. systematic child find for students who are potentially gifted (e.g., a review of school-wide and/or grade-level screening data, teacher checklists, state assessment data, etc.)
   2. individual screening for students whose needs exceed differentiated general education programing in the areas of educational performance and creativity/characteristics of giftedness...
Prior to July 1, 2017

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;

c. (2) Comprehensive Assessment;

July 1, 2017

2) Assessment through a multi-modal identification process (refer to the gifted assessment matrix grid), to include multiple sources of information that provide a collection of evidence measuring the following:
Prior to July 1, 2017

- individual evaluation of cognition or intellectual ability;

July 1, 2017

Individual evaluation of cognition or intellectual ability

- with scores at the 94th percentile or above
- with consideration of the standard error of measure within the 90th percent confidence level
when assessing traditionally underrepresented youth, consider alternate cognitive measures that reduce potential cultural and linguistic bias

– nonverbal assessments,
– general ability index
– refer to the gifted manual for guidance on the consideration of the standard error of measurement as well as traditionally underrepresented populations
Consider alternate measures for underrepresented youth:

- Tennessee Assessment Instrument Selection Form (TnAISF)
- Rule out factors that could impact test performance
- Nonverbal assessment instrument
- Identified alternate global composite measures that have a high reliability (e.g., approximately .90 or above) and are used as recommended by the assessment publisher
- Major component/composite area, with high reliability (e.g., approximately .90 or above), when that composite area score is 130 or above and it is a 1.5 standard deviations higher than another major component/composite area
Prior to July 1, 2017

(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

July 1, 2017

(b) Educational performance

(c) Creativity and/or characteristics of giftedness (e.g., leadership, motivation, social-emotional functioning).
Questions to Consider

What specific changes stand out most?

How will those changes impact your practice?

What do you need to meet new requirements?
  • Who else needs to know this information, and how will you communicate it?

What are some challenges you expect to face?

How does this strengthen your practice?
Orthopedic impairment is a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly (e.g., 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).

*New language in bold*
Orthopedic Impairment Evaluation Procedures

Prior to July 1, 2017

(1) Medical evaluation of the child’s Orthopedic Impairment by a licensed physician;

July 1, 2017

(1) Medical evaluation of the child’s orthopedic impairment by a licensed medical provider (i.e., licensed medical physician, physician’s assistant, or licensed nurse practitioner);
## Orthopedic Impairment Evaluation Procedures

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<th>Prior to July 1, 2017</th>
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<tr>
<td>2) Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment;</td>
<td>(2) Individually administered motor evaluation to address mobility and activities of daily living (e.g., maintaining and changing position, safety, movement through building, balance, self-care, eating, vocation/transition);</td>
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<td>(3) Adaptive measure (e.g., communication, social, self-care; hygiene);</td>
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</table>
Orthopedic Impairment Evaluation Procedures

July 1, 2017

(3) Educational evaluation (may include individual and/or group educational achievement, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child’s existing records, attendance, health)
Orthopedic Impairment Evaluation Participants

Prior to July 1, 2017

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

July 1, 2017

4) An occupational therapist or physical therapist
5) A licensed medical provider (i.e., licensed physician, physician’s assistant or licensed nurse practitioner)
6) Other professional personnel as indicated (e.g., licensed school psychologist or Assistive Technology Specialist).
Questions to Consider

What specific changes stand out most?

How will those changes impact your practice?

What do you need to meet new requirements?
  - Who else needs to know this information, and how will you communicate it?

What are some challenges you expect to face?

How does this strengthen your practice?
Other Health Impairment Definition

No Changes

Other health impairment refers to the condition of 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, or Tourette’s Syndrome that adversely affects a child’s educational performance.

A child is “Other Health Impaired” if he or she 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
Prior to July 1, 2017

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.

July 1, 2017

1. An evaluation from a licensed medical provider (*i.e., licensed physician, physician’s assistant or nurse practitioner*) that includes:
   a) medical assessment and documentation of the student’s health;
   b) any diagnoses and prognoses of the child’s health impairments;
   c) information, as applicable, regarding medications; and
   d) special health care procedures, special diet and/or activity restrictions.
Other Health Impairment Evaluation Procedures

Prior to July 1, 2017

2. Developmental history;
3. Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history;
4. Pre-academics or academic skills;
5. Direct observations in multiple settings with peer comparisons;

July 1, 2017
Other Health Impairment Evaluation Procedures

Prior to July 1, 2017

(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.

July 1, 2017

6. Informal or formal assessments to address the following, depending on referral concerns:

a) motor/physical;
b) communication skills;
c) cognitive ability;
d) adaptive behaviors; and
e) social-emotional development/ functioning.
Questions to Consider

- What specific changes stand out most?
- How will those changes impact your practice?
- What do you need to meet new requirements?
  - Who else needs to know this information, and how will you communicate it?
- What are some challenges you expect to face?
- How does this strengthen your practice?
## Speech or Language Impairment Definition

### Prior to July 1, 2017

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.

### July 1, 2017

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

Speech or Language Impairment includes demonstration of impairments in the following areas of language, articulation, voice, or fluency.
Prior to July 1, 2017

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

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

July 1, 2017

Language Impairment – A significant deficiency in

- comprehension and/or use of spoken language that may also impair written and/or other symbol systems and is negatively impacting the child’s ability to participate in the classroom environment.

- may involve any or a combination of the following:
  - the form of language (phonology, morphology, and syntax),
  - the content of language (semantics) and/or
  - the use of language in communication (pragmatics) that is adversely affecting the child’s educational performance.
Speech or Language Impairment Definition

Prior to July 1, 2017

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

July 1, 2017

Articulation *(Speech Sound Production)* Impairment – A significant deficiency in the ability to produce sounds in conversational speech not consistent with chronological age.

- This includes a significant atypical production of speech sounds characterized by
  - substitutions, omissions, additions, or distortions that interfere with intelligibility in conversational speech and
  - obstructs learning and successful verbal communication in the educational setting

- Speech sound errors may be a result of impaired phonology, motor or other issues.
Speech or Language Impairment Definition

Prior to July 1, 2017

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

July 1, 2017

- Fluency Impairment – Abnormal interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker’s ability to participate within the learning environment.
Speech or Language Impairment Evaluation Procedures

Prior to July 1, 2017

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

July 1, 2017

1) Language Impairment - significant deficiency in the student’s comprehension, form, content or use of language shall be determined by:

a) Hearing screening

b) A minimum of one comprehensive standardized measure of receptive and expressive language (vocabulary, syntax, morphology, mean length of utterance, syntax, semantics, morphology) that falls at least 1.5 standard deviations below the mean, with consideration to the assessment’s standard error of measurement. This could be based on the test as a whole or the composite receptive/expressive language scores. Individual subtest scores shall not be used;
Speech or Language Impairment Evaluation Procedures

Prior to July 1, 2017

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.

July 1, 2017

d) An additional standardized measure to support identified areas of delay that fall at least 1.5 standard deviations below the mean with consideration to the assessment’s standard error of measure;
Prior to July 1, 2017

2) 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
   d. auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.

July 1, 2017

d) **Pragmatics** (if identified as an area of concern)

   e) Auditory perception: selective attention, discrimination, memory, sequencing, association, and integration

   f) **Teacher checklist**

   g) **Parent Input**
(2) Articulation (speech sound production) impairment—a significant deficiency in articulation shall be determined by all of the following:

(a) Hearing screening;
(b) Articulation error(s) persisting at least one year behind expectancy compared to current developmental norms (See state-approved norms in guidance document.);
(c) An appropriate standardized instrument to include phonetic inventory (required) and assessment of phonological processes (as appropriate). (See state-approved norms in guidance document.);
(d) Evidence that the child’s scores are at a moderate, severe, or profound rating (i.e., severity rating scale);
(e) Teacher checklist/input;
(f) Parent input;
(g) Stimulability probes;
(h) Oral peripheral examination; and
(i) Analysis of phoneme production in conversational speech;

*New language in bold
No Major Changes
Questions to Consider

What specific changes stand out most?

How will those changes impact your practice?

What do you need to meet new requirements?
- Who else needs to know this information, and how will you communicate it?

What are some challenges you expect to face?

How does this strengthen your practice?
Prior to July 1, 2017

Visual impairment includes at least one of the following:

1) Visual acuity in the better eye or both eyes with best possible correction:
   (a) Legal blindness – 20/200 or less at distance and/or near; or
   (b) Low vision – 20/50 or less at distance and/or near.

July 1, 2017

Visual impairment includes at least one of the following:

1) Visual acuity in the better eye or both eyes with best possible correction:
   (a) Legal blindness – 20/200 or less at distance and/or near; or
   (b) Low vision – 20/70 or less at distance and/or near.
Visual Impairment Evaluation Procedures

Prior to July 1, 2017

A written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:

- 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.

July 1, 2017

A written functional vision and media assessment* to determine primary learning style, including reading, writing, listening, and tactile skills, to be completed or compiled by a licensed teacher of students with visual impairments and includes:

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

Prior to July 1, 2017

- School history and levels of educational performance; and

July 1, 2017

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

- School history and levels of educational performance including student, teacher, and parent interviews; and

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

- What specific changes stand out most?
- How will those changes impact your practice?
- What do you need to meet new requirements?
  - Who else needs to know this information and how will you communicate it?
- What are some challenges you expect to face?
- How does this strengthen your practice?
Next Steps

- Guidance documents
- Trainings
Guidance Documents: In Development

- Deaf Blindness and Visual Impairment Evaluation Guidance
- Developmental Delay Evaluation Guidance
- Speech or Language Impairment Evaluation Guidance
- Intellectual Disability Evaluation Guidance
- Emotional Disturbance Evaluation Guidance
- Autism Evaluation Guidance
- Traumatic Brain Evaluation Guidance
- Other Health Impairment Evaluation Guidance
- Vision Impairment Evaluation Guidance
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Districts and schools in Tennessee will exemplify excellence and equity such that all students are equipped with the knowledge and skills to successfully embark on their chosen path in life.