

Standards for Evaluation and Eligibility Determination (SEED)



**SOUTH CAROLINA
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Mick Zais, PhD

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Introduction

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

Please use this document as a:

- Structured process for implementing evaluation and eligibility criteria;
- Reference document for questions;
- Staff development tool; and
- Source for resources of support and assistance.

Evaluation

The child find process is intended to identify children who may be in need of special education services. Child find includes screening and general education interventions for children between the ages of 3 and 21, including those enrolled in adult education. Information obtained from screening and general education interventions will assist teams in making decisions about referrals for initial evaluation. An appraisal of the extent of the presenting concern, the effectiveness of interventions tried, and the degree to which the interventions require substantial resources are important to consider when deciding whether a child should be referred for possible special education services, and are essential in planning and conducting the initial evaluation after a referral is made. When the team conducting general education interventions suspects that the child has a disability or suspects that the child may need special education and related services, a referral for an initial evaluation must be initiated. Implementation of interventions in the general education setting cannot be used to delay evaluation when the team suspects a disability.

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

During the evaluation process, the child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities (34 C.F.R. § 300.304(c)(4)). All assessment tools and strategies must provide relevant information that directly assists in determining the educational needs of the child (34 C.F.R. § 300.304(c)(7)).

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

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

The evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category

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

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

If the team determines that the child's need for having adapted content, methodology, or delivery of instruction is so great that it cannot be provided in regular education without the support of special education, the team must determine that the child needs special education and related services.

Comprehensive Evaluation

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

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

The purposes of evaluation are:

- To determine if the child meets the criteria to be a “child with a disability” as defined in IDEA;
- To gather information that will help determine the child's educational needs; and
- To guide decision-making about appropriate educational programming for the child.

The evaluation must answer these questions:

- Does the child have a disability that requires the provision of special education and related services for the child to receive a free appropriate public education (FAPE)?

- What are the child’s specific educational needs?
- How does the child’s disability affect his/her academic achievement and functional outcomes?
- What special education services and related services, then, would be appropriate for addressing those needs?

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

When conducting an initial evaluation, it is necessary to examine all areas of a child’s functioning (intelligence, language, speech, hearing, vision, fine and gross motor skills, social/emotional behavior) to establish baseline information on the child and to recognize areas of impairment. In other words, the team must examine information related to cognitive and behavioral factors; physical or developmental factors; all of the child’s special education and related services needs (whether or not those needs are commonly linked to the disability category in which the child has been classified); information related to enabling the child to be involved in and progress in the general education curriculum (or appropriate activities, for preschool children); and relevant functional, developmental, and academic information.

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

The following example is adapted from NICHY’s “Building the Legacy: A Training Curriculum on IDEA 2004:”

A first-grader with suspected speech and language problems is referred for an initial evaluation. In order to *fully* “gather relevant functional, developmental, and academic information” and “identify *all* of the child’s special education and related services needs,” evaluation of this child will obviously need to focus on speech and language, *as well as* cognitive, sensory, language, motor, and social/behavioral skills, to determine not only the degree of impairment in speech and language and related educational needs, but also:

- the impact of these impairments (if any) on the child in other areas of functioning, *and*
- if there are additional impairments in any other areas of functioning (including those not commonly linked to speech and/or language impairment).

In this example, the team is not conducting a “speech” evaluation, but rather an evaluation to identify the impact of the child’s speech-language problems on areas such as the child’s cognitive, social/emotional, and motor functioning.

The evaluation team begins by reviewing information that already exists in these areas. If there is information in an area that indicates there are no concerns, the team moves on to the next area. If the team doesn’t have information in an area, the team determines what information is needed and how it is to be collected. Any additional information necessary to determine the child’s eligibility and special education needs, consistent with § 300.305, must be obtained at no cost to the parent. The chart in Appendix A provides additional information concerning domains to be assessed, possible sources of existing information, and possible avenues for further investigation.

Eligibility Determination

The team must ensure that information obtained from all sources used in the evaluation is documented and carefully considered (34 C.F.R. § 300.306(c)(1)(ii)). The parents and other qualified professionals review the results of the initial evaluation to determine:

- (1) whether the child is a child with a disability as defined in federal and state laws and regulations and
- (2) the educational needs of the child (34 C.F.R. § 300.306(a)).

The team must ensure that the child meets the definition of one of the categories of disability and, as a result of that disability, needs special education and related services (34 C.F.R. § 300.8). If a child meets the definition of a disability category, but does not need special education and related services, he or she cannot be determined eligible under the IDEA. If the child has a need for special education and related services, but does not meet the definition of a disability category, he or she cannot be determined eligible. In the case of a child who is found to have a disability, but does not need special education and related services, a referral for a 504 evaluation should be considered.

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

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

The evaluation team must gather information that will assist in determining whether the child meets criteria under one or more of the disability-specific categories. Federal and state regulations are very clear with regard to the fact that a child must NOT be determined to be a child with a disability if the student’s problems are due to a lack of appropriate instruction in reading, including the essential components of reading instruction, a lack of appropriate instruction in math, or limited English proficiency and the child does not otherwise meet the

eligibility criteria as a child with a disability (34 C.F.R. § 300.306(b)). Evidence must show that this is not a child who is experiencing a slight or temporary lag in one or more areas of development or a delay which is primarily due to environmental, cultural, or economic disadvantage, or lack of experience in age appropriate activities.

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

- evidence from an evaluation of the school's basal curriculum and supplemental materials showing that the student's instruction addressed all five essential components of reading instruction and
- documentation showing that the student actually received instruction provided by highly qualified teachers using appropriate basal curriculum and supplemental materials;
- documentation of consideration of other factors such as frequent absences, frequent moves, incarceration, or substance abuse.

Evidence of lack of appropriate instruction in math may be:

- evidence from an evaluation of the school's basal curriculum and supplemental materials showing that the student's instruction addressed math calculation, problem solving, and conceptual understanding and
- documentation showing that the student actually received instruction provided by highly qualified teachers using appropriate basal curriculum and supplemental materials.
- documentation of consideration of other factors such as frequent absences, frequent moves, incarceration, or substance abuse.

Evidence of limited English proficiency may be:

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

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

The second prong of the test of eligibility is to determine whether or not the child needs special education and related services. It is helpful for teams to remember that by definition special education means specially-designed instruction (34 C.F.R. § 300.39(a)(1)), and, that specially-designed instruction means adapting the content, methodology or delivery of instruction to address the unique needs of a child that result from the child's disability to ensure access of the child to the general education curriculum in order to meet the educational standards that apply to all children (34 C.F.R. § 300.39(b)(3)(i) and (ii)). This means that to have a need for special education services, the child has specific needs which are so unique that they require specially-designed instruction to access the general education curriculum.

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

Data should be collected from across the six typical sources – general education curriculum progress, general education interventions, records review, interviews, observations, and tests. The following is a discussion of each of the six sources of data:

General Education Curriculum Progress: An evaluation team must understand how the child is progressing in general education curriculum across settings with the available supports. To do this they must understand the outcomes of the general education curriculum and how the skills represented in those outcomes relate to the needs of each child. Are the skills needed, for the child we are working with, different from the skills that general education children need? Is the instruction required for the child to learn those skills different? The general education curriculum outcomes and the supports available through general education are unique to each school. Gaining an understanding of what support is available and the level of support needed by the child is one of the most important parts of the evaluation.

General Education Interventions: Whether you are operating within an LEA that uses individual child problem solving (e.g., problem solving team, student assistance team, student intervention team, etc.) and/or a school-wide multi-tier model of interventions, when a child is referred for an initial evaluation there will be data on what scientific, research-based interventions have been used with the child, and specific data about the effectiveness and results of the implementation of the interventions. Federal and state regulations require that results of the interventions provided to the child prior to a referral for an initial evaluation are documented and provided to the parent. Documentation may be done through a written intervention plan developed by the problem-solving team, which may include data that the child was provided appropriate instruction in general education settings, including repeated assessments of achievement at reasonable intervals, reflecting formal assessment of child progress during instruction.

Records Review: The evaluation team should also include a review of records. These records would include information provided by the parents, current classroom-based assessments, and information from previous service providers, screenings, evaluations, reports from other agencies, portfolios, discipline records, cumulative files, and other records.

Interview: It is important to understand the perceptions of significant adults in the child's life and of the child himself. Parents, teachers, and the child can all typically provide insight into areas of strengths and needs. Interviews can also provide information about significant historical

events in the child's life as well as about his or her performance in the classroom and other settings.

Tests: A wide range of tests or assessments may be useful in determining an individual child's skills, abilities, interests, and aptitudes. Typically, a test is regarded as an individual measure of a specific skill or ability, while assessment is regarded as a broader way of collecting information that may include tests and other approaches to data collection. Standardized norm-referenced tests are helpful if the information being sought is to determine how a child compares to a national group of children of the same age or grade. Criterion-reference tests are helpful in determining if the child has mastered skills expected of a certain age or grade level. Tests typically provide specific information but are never adequate as a single source of data to determine eligibility for special education services.

Tests should be thoughtfully selected and used for specific purposes when data can not be obtained through other sources. Some test information may already have been collected during the general education intervention process, especially if the child attends a school that uses school-wide benchmark assessment. However, additional information may need to be collected during the initial evaluation. This might include curriculum-based assessments (e.g., curriculum based assessment, curriculum based measurement, or curriculum based evaluation), performance-based assessments (i.e., rubric scoring), or other skill measures such as individual reading inventories. The testing that needs to be done will vary depending on what information already has been collected and the needs of the individual child. Diagnostic testing might include measures of reading, math, written language, or other academic skills, or tests of motor functioning, speech/language skills, adaptive behavior, self-concept, or any domain of concern. As with all types of data collection, the information from testing needs to be useful for both diagnostic and programmatic decision-making.

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

Additional requirements for Specific Learning Disabilities

To determine eligibility as a child with a specific learning disability, federal and state regulations require that prior to referral for an initial evaluation the LEA must have data-based documentation of having provided appropriate instruction to the child and having implemented educational interventions and strategies for the child, along with repeated assessments of achievement at reasonable intervals, which reflect formal assessment of the child's progress during instruction. The results of which indicate that the child is suspected of having a disability and may require special education and related services. If the LEA is implementing a multi-tiered model of intervention, it will have data regarding the child's needs related to the intensity of instruction and supports required for the child to be successful.

An LEA must ensure the child is observed in the child's learning environment (including the regular education classroom setting) to document the child's academic performance and behavior in the areas of difficulty (34 C.F.R. § 300.310). In the case of a child of less than school age or out of school, a team member must observe the child in an environment appropriate for a child of that age. If the child is already in an educational setting the observation should be done in that setting, as opposed to bringing him or her into a different setting for observation. These observations could include structured observations, rating scales, ecological instruments, behavioral interventions, functional analysis of behavior and instruction, anecdotal records, and other observations (conducted by parents, teachers, related services personnel, and others). The

purpose of the observation is to help the evaluation team understand the extent to which the child's skills are impacting his or her ability to participate and progress in a variety of settings. Observations allow the team to see first hand how a child is functioning in naturally occurring settings. Observation data can also allow you to compare the child's' behavior to that of peers in the same setting. Observation data helps the team to understand not only the child's current functional performance but also the level of independence demonstrated which can help determine necessary supports.

Required Standards by Disability Category

Each of the following sections contains the eligibility criteria from the State Board of Education regulation 43-243.1 followed by a breakdown of where an evaluation/reevaluation team might find the evidence required to meet each criterion. The requirements are organized around the following questions:

- Where would you find the evidence to meet the disability criteria?
- Who must be involved in this process?

Autism

Criteria:

There is evidence that the child has any of the Pervasive Developmental Disorders, such as Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) as indicated in the following diagnostic references:

a) Asperger's Disorder:

1) There is evidence that the child demonstrates impairments in social interaction, such as marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction; fails to develop peer relationships appropriate to developmental level; lacks spontaneous seeking to share enjoyment, interests, or achievements with other people (i.e., by a lack of showing, bringing, or pointing out objects of interest); or lacks social or emotional reciprocity; and

2) Restricted repetitive and stereotyped patterns of behavior, interests, and activities, such as encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, apparently inflexible adherence to specific, nonfunctional routines or rituals, stereotyped and repetitive motor mannerisms, persistent preoccupation with parts of objects.

3) The adverse effects of the Asperger's Disorder on the child's educational performance require specialized instruction and/or related services.

b) Autistic Disorder

1) In addition to the characteristics listed in (a)(1) and (2) of this subsection, There also is evidence that the child demonstrates impairments in communication, such as a delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime). In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others, stereotyped and repetitive use of language or idiosyncratic language, or lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level is noted.

2) The adverse effects of the Autistic Disorder on the child's educational performance require specialized instruction and/or related services.

c) PDD-NOS

1) There is evidence that the child demonstrates any of the characteristics listed in a) or b) of this subsection without displaying all of the characteristics associated with either Asperger's Disorder or Autistic Disorder.

2) The adverse effects of the PDD-NOS on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

a) Asperger's Disorder

The child exhibits both characteristics:

- 1) Impairments in social interaction and

2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions.

The following are required:

1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers'. The social/developmental history must also help determine the age of onset of Asperger's.
2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers'.
3. A minimum of 3 thirty-minute direct behavioral observations of the student in at least 2 environments on 2 different days by more than 1 member of the multidisciplinary evaluation team. Observations should be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers'.
4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers'. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.
5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student's communication and social skills are significantly different from peers'.
6. A measure(s) of academic achievement that provides evidence that the student's disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum based measures.
7. Other areas which may yield evidence, but are not required, include fine and gross motor skills assessments, visual-motor skills assessments, sensory processing measures, curriculum based measures, and standardized achievement measures.
8. Evidence that the Asperger's has an adverse affect on the student's education performance. There must be evidence to link the student's disability to the difficulties in educational performance.

b) Autistic Disorder

The child exhibits all three characteristics:

- 1) Impairments in social interaction (see Asperger's Disorder above);
- 2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions (see Asperger's Disorder above); and
- 3) Impairments in communication.

The following are required:

1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from their peers. The social/developmental history must also help determine the age of onset of the disorder;
2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers';
3. A minimum of three thirty-minute direct behavioral observations of the student in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers'.
4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers'. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.
5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student's communication and social skills are significantly different from peers'.
6. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation should include assessment in the areas of receptive, expressive, pragmatic, and social/functional communication skills. The

documentation must provide evidence that the student's communication skills are significantly different from peers';

7. A developmental or cognitive assessment that includes both verbal and non-verbal components completed by a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.
8. A measure(s) of academic achievement that provides evidence that the student's disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum based measures.
9. Other areas which may yield evidence, but are not required, include sensory processing measures, curriculum based measures, and standardized achievement measures.
10. Evidence that the Autistic Disorder has an adverse affect on the student's education performance. There must be evidence to link the student's disability to the difficulties in educational performance.

c) Pervasive Developmental Disorder-Not Otherwise Specified

The child exhibits any of the following characteristics without displaying all of the characteristics associated with Asperger's Disorder or Autistic Disorder:

- 1) Impairments in social interaction (see Asperger's Disorder above);
- 2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions (see Asperger's Disorder above); and
- 3) Impairments in communication (see Autistic Disorder above).

The following are required:

1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers'. The social/developmental history must also help determine the age of onset of the disorder;
2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers'.;
3. A minimum of three thirty-minute direct behavioral observations of the student in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social

interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers’.

4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers’. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.
5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student’s communication and social skills are significantly different from peers’.
6. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation should include assessment in the areas of receptive, expressive, pragmatic, and social/functional communication skills. The documentation must provide evidence that the student’s communication skills are significantly different from peers’;
7. A developmental or cognitive assessment that includes both verbal and non-verbal components completed by a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.
8. A measure(s) of academic achievement that provides evidence that the student’s disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum based measures.
9. Other areas which may yield evidence, but are not required, include sensory processing measures, curriculum based measures, and standardized achievement measures.
10. Evidence that the Pervasive Developmental Disorder-Not Otherwise Specified has an adverse affect on the student’s education performance. There must be evidence to link the student’s disability to the difficulties in educational performance.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a speech-language therapist/pathologist and a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism as well as an autism specialist who is knowledgeable and experienced in the education of children with autism. The autism specialist could be a highly qualified teacher in the area of autism, or a certified school psychologist, a licensed psychologist, a licensed psycho-educational specialist, or a speech-language therapist or pathologist who is knowledgeable and experienced in the education of students with autism.

Deaf and Hard of Hearing

Criteria: The student has a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally, or

The student has a fluctuating hearing loss, either unilaterally or bilaterally.

The student's hearing impairment adversely affects his or her educational performance.

Where would you find the evidence to meet the disability criteria?

A hearing loss may be evidenced in the following required evaluation components:

- A written report of a current audiological evaluation conducted by a licensed audiologist/otolaryngologist that shows a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally and that includes:
 - frequency-specific hearing threshold levels determined by pure tone air & bone conduction testing, or electrophysiological assessment when developmentally appropriate.
 - speech reception thresholds or speech detection thresholds,
 - word recognition testing in quiet and in noise, when developmentally appropriate.
 - tympanometry, including reflex testing when appropriate, and
 - aided speech and frequency-specific soundfield results, when developmentally appropriate.

- If the student does not respond to all aspects of the audiological evaluation listed above, other appropriate measures – in consultation with an audiologist/otolaryngologist must be utilized.

Auditory Neuropathy Spectrum Disorder (ANSO) may be evidenced in the following required evaluation components:

- A written report of a current audiological evaluation conducted by a licensed audiologist that documents ANSD either unilaterally or bilaterally.

A fluctuating hearing loss may be evidenced in the following required evaluation components:

- A medical history documenting etiology and prognosis of condition, either unilaterally or bilaterally obtained from a licensed physician (preferably an otolaryngologist).

The diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the deafness or hearing impairment adversely affects the child's educational performance.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a certified teacher of deaf and hard of hearing students and other professionals skilled and experienced in the impact of hearing

loss and the assessment of deaf and hard of hearing students, which may include a licensed audiologist, speech-language pathologist, school psychologist, etc.

Deaf-blindness

Criteria:

There is evidence that the child meets the criteria for both the Deaf or Hard of Hearing category and the Visual Impairment category.

Deaf or Hard of Hearing Criteria:

- 1) There is evidence that the child has
 - a) has a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally, or
 - b) has a fluctuating hearing loss, either unilaterally or bilaterally.
- 2) The adverse effects of the deafness or hard of hearing impairment on the child's educational performance require specialized instruction and/or related services.

Visual Impairment Criteria:

Criteria:

- 1) There is evidence that the child has one of the following:
 - a) The visual acuity with correction is 20/70 or worse in the better eye; or
 - b) The visual acuity is better than 20/70 with correction in the better eye, and there is documentation of either of the following conditions: a diagnosed progressive loss of vision or a visual field of 40 degrees or less; or
 - c) The visual acuity is unable to be determined by a licensed optometrist or ophthalmologist, and the existence of functional vision loss is supported by functional vision assessment findings; or
 - d) There is evidence of cortical visual impairment.
- 2) The adverse effects of the visual impairment on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the deaf or hard of hearing disability criteria?

A hearing loss may be evidenced in the following required evaluation components:

- A written report of a current audiological evaluation conducted by a licensed audiologist/otolaryngologist that shows a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally and that includes:
 - frequency-specific hearing threshold levels determined by pure tone air & bone conduction testing, or electrophysiological assessment when developmentally appropriate.
 - speech reception thresholds or speech detection thresholds,
 - word recognition testing in quiet and in noise, when developmentally appropriate.
 - tympanometry, including reflex testing when appropriate, and
 - aided speech and frequency-specific soundfield results, when developmentally appropriate.

- If the student does not respond to all aspects of the audiological evaluation listed above, other appropriate measures – in consultation with an audiologist/otolaryngologist must be utilized.

Auditory Neuropathy Spectrum Disorder (ANSD) may be evidenced in the following required evaluation components:

- a written report of a current audiological evaluation conducted by a licensed audiologist that documents ANSD either unilaterally or bilaterally.

A fluctuating hearing loss may be evidence in the following required evaluation components:

- a medical history documenting etiology and prognosis of condition, either unilaterally or bilaterally obtained from a licensed physician (preferably an otolaryngologist).

The diagnosis may not used as the sole criterion for determining eligibility. There must be evidence that the deafness or hearing impairment adversely affects the child's educational performance.

Where would you find the evidence to meet the visual impairment criteria?

Evidence of the visual impairment may be found in the following required evaluation components:

- A written report of a current visual examination conducted by a licensed ophthalmologist or optometrist reflecting:
 - visual acuity with correction of 20/70 or worse in the better eye;
 - visual acuity better than 20/70 with correction in the better eye with either a diagnosed progressive loss of vision or a visual field of 40 degrees or less; or
 - if visual acuity is unable to be determined, a functional vision loss supported by functional vision assessment findings.
- For a diagnosed cortical visual impairment, the examination may be conducted by a neurologist.

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

Who must be involved in this process?

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

Developmental Delay

Criteria:

1) There is evidence that child is exhibiting a significant developmental delay in one or more of the following areas:

- a) physical development
- b) cognitive development
- c) communication development
- d) social or emotional development
- e) adaptive behavior development.

2) For children ages 6-8, there is evidence that the delay is not due to:

- a) Lack of appropriate instruction in reading, including the essential components of reading instruction (defined in section 1208(3) of the ESEA (NCLB);
- b) Lack of appropriate instruction in math;
- c) Limited English proficiency; or
- d) The presence of any other disability for children ages six through seven.

3) The adverse effects of the developmental delay on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence that a child through the age of seven years is exhibiting a significant developmental delay in one or more areas may be found in the following required evaluation components:

- A comprehensive norm-referenced or criterion-referenced developmental evaluation that assesses all five areas (physical, cognitive, communication, social/emotional, and adaptive behavior development) and that yields scores that are at least two standard deviations below the mean (+/- the standard error of measurement) in one area or at least one and a half standard deviations below the mean (+/- the standard error of measurement) in two or more areas;
- A developmental history of the child that includes a summary of his or her demographic, developmental, educational and medical history obtained from a parent or primary caregiver through an interview process; and
- A structured observation of the child in a typical or otherwise appropriate setting (wherever the child spends the majority of his/her day) by a member(s) of the multidisciplinary evaluation team. The setting might include the home, a day care, or classroom.

For children ages six through seven, the category of developmental delay may be used only if the child does not meet one of the other categories of disability (autism, intellectual disability, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairment, other health impairment, vision impairment, deaf or hard of hearing impairment, or speech-language impairment) and if the child meets the criteria for developmental delay.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate.

Additional Information:

A child age three through five may be identified as having a developmental delay even if he or she meets eligibility criteria under another disability category (with the exception of visually impaired or deaf/hard of hearing) at the discretion of the IEP team. A child age six through seven may only be identified as having a developmental delay if he or she does not meet criteria under another category of disability and meets criteria under developmental delay.

If a child has been identified initially as having a development delay prior to his or her eighth birthday, he or she may continue to receive services under this category through age nine. Prior to his or her tenth birthday, the IEP team must reevaluate the child to determine continued eligibility under another category of disability and need for continued special education and related services. A child may not be identified initially as having a developmental delay between the ages of eight and nine.

Note: An LEA may choose not to use the category of Developmental Delay but if used, must follow the above definition and criteria.

Emotional Disability

Criteria:

- 1) There is evidence that the child exhibits one or more of the following characteristics over a long period of time and to a marked degree:
- 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 in normal circumstances;
 - d) a general pervasive mood of unhappiness or depression; or
 - e) a tendency to develop physical symptoms or fears associated with personal or school problems.

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

- 2) The adverse effects of the emotional disability on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence that the child exhibits one or more of the characteristics to a marked degree may be found in the following required evaluation components:

- The student is rated within the highest level of significance on a valid and reliable problem behavior rating scale by both a certified teacher and another adult knowledgeable of the student. The scale(s) must be interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. If the rating scale is a multi-dimension scale then subtest scores may be used. However, if the rating scale is a single-dimension scale then the composite score will be used. In the event of discrepant ratings, additional ratings may be necessary in order to support a trend or pattern regarding a true emotional disability across settings. An explanation must be given for any discrepancies;
- A self-report behavior rating scale completed by the student and interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. If the rating scale is a multi-dimension scale then subtest scores may be used. However, if the rating scale is a single-dimension scale then the composite score will be used.
- Documentation that the student's observable school and/or classroom problem behavior is occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers, or the student is currently displaying behavior that is endangering his or her life or seriously endangering the safety of others; and
- A valid and reliable personality measure, when developmentally appropriate, administered by a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist where the student's score falls within the highest level of significance or there exists a significant discrepancy between the observed behavior and the student's performance on the personality measure. A report of a valid and reliable personality measure, when developmentally appropriate, that has been directly administered by a licensed clinical or counseling psychologist with training in the assessment of children and adolescents may be accepted by the school district.

- A structured student interview, when developmentally appropriate, to gain insight into the student's perception of the functionality of his/her behavior.

Evidence that the child exhibits one or more of the characteristics over a long period of time may be found in the following required evaluation components:

- Documentation that the problem behavior has existed for at least six months or that the behavior seriously endangers the student's life or seriously endangers the safety of others. This documentation includes the following required sources:
 - Anecdotal records collected over a period of at least ten school days within a period of thirty calendar days;
 - Three direct observations in at least two different settings, both of which may be school settings, by a certified school psychologist or a licensed psycho-educational specialist, and/or an observer with expertise in behavior intervention that provide evidence that the problem behavior occurs at a significantly different rate, intensity, or duration than in a substantial majority of typical school peers;
 - A structured parent/guardian interview to gain information not gathered through standardized assessment tools. This may include but is not limited to areas such as family background, functioning in the community, socio-cultural background, developmental history, educational history, special services and supports received, behavior, psychosocial functioning, and other developmental information. This is a person-to-person collection of information, supplemented by paper reporting and records;
 - Discipline referrals,
 - A current behavior intervention plan that has been developed in consultation with a certified staff member such as a special education teacher, guidance counselor or a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist with expertise in behavior intervention and the classroom teacher(s) and other appropriate staff members; the plan must have been implemented for a minimum of six weeks. This consultation period may be shortened if the student is currently displaying behavior that is endangering his /her life or seriously endangering the safety of others; and
 - Progress monitoring documentation showing that the specifically prescribed and consistently employed interventions in the behavior plan have not resulted in significant improvement in the student's problem behavior.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist, and other qualified professionals, as appropriate.

Intellectual Disability

Criteria:

- 1) There is evidence that the child has:
 - a) Significant limitations in intellectual functioning must be evidenced by scores on both verbal and nonverbal scales that are at least two standard deviations below the mean (+/- the standard error of measurement) on an individually administered intelligence test.
 - b) Significant deficits in adaptive behavior must be evidenced by a score at least two standard deviations below the mean (+/- the standard error of measurement) in at least two adaptive skill domains.
 - c) Significant deficits in educational performance (pre-academic, academic and/or functional academic skills) must be evidenced by significant delays in functioning when compared to the child's same aged peers.
- 2) The adverse effects of the intellectual disability on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Significant limitations in intellectual functioning may be evidenced in the following required evaluation components:

- A current, individually administered, norm-referenced full scale measure of intelligence with appropriate reliability, validity, and standardization characteristics with scores on both verbal and nonverbal scales that are at least two standard deviations below the mean (+/- the standard error of measurement).
- If, due to sensory, motor, language, communication, or other physical or cognitive conditions of the student, verbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of verbal intellectual functioning must be used, in addition to the nonverbal measures. Conversely, if nonverbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of nonverbal intellectual functioning must be used, in addition to the verbal measures. If both verbal and nonverbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of intellectual functioning must be used. These might include records, interviews, observations, and other relevant and appropriate data, and must address the child's skill levels and educational performance when compared to his/her peers, and skill development over an extended time period. The team must provide, through a written report, the nature of any substitutions made, and a clear rationale for not using a verbal and/or nonverbal measure.

Significant deficits in adaptive behavior may be evidenced in the following required evaluation components:

- A comprehensive and standardized adaptive behavior measure completed by the child's parent or primary caregiver with scores at least two standard deviations below the mean (+/- the standard error of measurement) in at least two adaptive skill domains.
- A social and developmental history that includes family background information on communication, social interaction, play, sensory development, and physical milestones to

assist in documenting the nature and extent of the child's difficulties and to help determine onset of the disability.

- If additional information is needed concerning the child's adaptive skills in an educational setting, an additional adaptive behavior measure may be completed by the child's teacher and/or another person who has significant knowledge of the child's behavior and skills in that setting.

Significant deficits in educational performance (pre-academic, academic and/or functional academic skills) may be evidenced in the following required components:

- Norm-referenced and/or curriculum-based measures showing significant delays in functioning in the core academic areas when compared to the child's same aged peers.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist and other qualified professionals, as appropriate.

The following score ranges must be utilized in reporting a child with an intellectual disability under the South Carolina Education Finance Act:

Intellectual Standard Score*

mild	48-70±
moderate.....	25-48±
severe	0-25±

*assumes mean of 100 and standard deviation of 15.

For funding purposes only, under the South Carolina Education Finance Act, students falling within the mild category are reported as EMH (educable mentally handicapped), and students falling within the moderate and severe categories are reported as TMH (trainable mentally handicapped).

Multiple Disabilities

Criteria:

- 1) There is evidence that the child meets all eligibility requirements for two or more disabilities. The term does not include developmental delay, deaf-blindness, or speech/language impairment.
- 2) The adverse effects of the multiple disabilities on the child's educational performance cannot be accommodated in special education programs solely for one of the disabilities and require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence that the child meets two or more of the following disability categories:

- autism
- intellectual disability
- traumatic brain injury
- emotional disability
- specific learning disability
- orthopedic impairment
- other health impairment
- vision impairment
- deaf or hard of hearing impairment

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

Who must be involved in this process?

See requirements for individual disability categories.

Orthopedic Impairment

Criteria:

- 1) There is evidence that the child has a severe orthopedic impairment.
- 2) The adverse effects of the orthopedic impairment on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence of a severe orthopedic impairment may be found in the following required evaluation component:

- A comprehensive written report from a licensed physician documenting a diagnosis of an orthopedic impairment caused by disease such as poliomyelitis or bone tuberculosis and impairments from other causes such as cerebral palsy, amputations, and fractures or burns that cause contractures.

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

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a certified teacher of students with orthopedic impairments and other professionals knowledgeable of the educational needs of students with orthopedic impairments.

Other Health Impairment

Criteria:

- 1) There is evidence that the child has a chronic or acute health problem.
- 2) There is evidence that the diagnosed chronic or acute health problem results in limited alertness to the educational environment due to limited strength, limited vitality, limited or heightened alertness to the surrounding environment.
- 3) The adverse effects of the other health impairment on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence of a chronic or acute health problem may be found in the following required evaluation component:

- A comprehensive written report from a licensed physician documenting a diagnosis of the chronic or acute health problem;
- In the case of a child with Attention Deficit Hyperactivity Disorder (ADHD), the diagnosis may be made by a licensed physician, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. A term ADHD includes several subtypes. One of those subtypes is "predominantly inattentive type," formerly described as Attention Deficit Disorder (ADD).
 - In the case of a child with ADHD, the student is rated within the highest level of significance on a valid and reliable problem behavior rating scale in areas related to the diagnosis of ADHD by both his classroom teacher and parent.
 - Documentation that the student's observable school and/or classroom problem behaviors related to ADHD are occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers.

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

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate.

Specific Learning Disability

Criteria:

1) There is evidence that the child does not achieve adequately for his/her age or to meet state-approved grade level standards in one or more of the following areas: Basic reading skills, Reading fluency, Reading comprehension, Mathematics calculation, Mathematics problem-solving, Written expression, Oral expression, or Listening comprehension; and either

a) does not make sufficient progress to meet age or state-approved grade-level standards when using a process based on the child's response to scientific, research-based intervention

OR

b) exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments.

2) The child's underachievement is not due to: Visual, hearing, or motor disability; intellectual disability; Emotional disability; Cultural factors; Environmental or economic disadvantage; Limited English proficiency; or Lack of appropriate instruction in reading or math.

3) The adverse effects of the specific learning disability on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

Evidence from multiple sources of data indicates that the student does not achieve adequately for his or her age or to meet state-approved grade level standards. These sources include the following requirements:

- Documentation of prereferral, or as part of the referral process, instruction based on scientifically-based instruction in reading and math in general education settings; the interventions must be matched to the referral problem and should include a description of the type, intensity, and duration of the intervention provided.
- Documentation of instruction based on state-approved grade level standards in general education settings;
- Data-based documentation of severe academic skill deficits when compared to peers gathered from multiple sources including:
 - measures of achievement showing significantly lower performance than peers on measures such as individual, standardized achievement measures, state and district achievement measures, and ;
 - progress monitoring data from curriculum-based and/or criterion-referenced measures showing slow rate of growth in at least one academic domain despite intensive instruction/intervention in the area(s);
 - individual, standardized achievement measures, and
 - state and district achievement assessments.

- At least one observation of the child's academic performance in the area(s) of difficulty in his or her learning environment and information concerning how the child's suspected disability impacts his or her performance in this area.

Evidence of one of the following is also required:

- (1) Evidence that the child does not respond to scientific, research-based interventions or
- (2) Evidence that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development that is relevant to the identification of a specific learning disability.

If the team is using a process based on the child's response to scientific, research-based interventions, (requirement 1) then there must be evidence that the child does not make sufficient progress to meet age or state-approved grade-level standards when using a process based on the child's response to scientific, research-based intervention. This includes the following requirements from multiple sources:

- Data-based documentation of a lack of sufficient progress as evidenced by the results of repeated formal assessments administered over reasonable intervals; best practice would dictate this to typically be weekly data points gathered over an intervention period of at least six weeks; rate of progress Documentation may come from the following sources:
 - progress monitoring data from curriculum-based measures showing slow rate of growth compared to peers;
 - individual, standardized achievement measures showing significantly subaverage performance when compared to peers,
 - a comparison of the child's rate of progress to peers.
- Documentation that the results of the repeated formal assessments were shared with the child's parents.

If the team is using a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development that is relevant to the identification of a specific disability (requirement 2), the following evidence is required:

- Severe discrepancy between ability and achievement as evidenced through standardized, individually administered measures of intellectual ability and academic achievement;
- Corroborating evidence of significantly low academic performance as evidenced through progress monitoring data from curriculum-based and/or criterion-referenced measures, through a documented history of poor performance, and through state and district achievement assessments;
- Measures of academic achievement showing average or above average performance in some domains and significantly low performance in others.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include the child's regular teacher, or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child

his or her age; for a child age three through four, the team must include an individual qualified to teach a child his or her age. The team must also include at least one person qualified to conduct and interpret individual diagnostic assessments of child such as a certified school psychologist, licensed psychologist, a licensed psycho-educational specialist, speech-language pathologist, or remedial reading teacher.

Speech-Language Impairment

Criteria:

- 1) There is evidence that the child has one or more of the following:
 - a) Fluency - interruption in the flow of speech characterized by an atypical rate, or rhythm in sounds, syllables, words, and phrases that significantly reduces the child's ability to participate within the learning environment with or without his or her awareness of the dysfluencies or stuttering
 - b) Articulation - atypical production of phonemes characterized by substitutions, omissions, additions or distortions that impairs intelligibility in conversational speech and adversely affects academic achievement and/or functional performance in the educational setting
 - c) Language – impaired comprehension and/or use of spoken language which adversely affects written and/or other symbol systems and the child's ability to participate in the classroom environment
 - d) Voice – interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord function that significantly reduces the child's ability to communicate effectively
- 2) The adverse effects of the speech-language impairment on the child's educational performance require specialized instruction and/or related services

Where would you find the evidence to meet the disability criteria?

Fluency

Significant limitations in fluency may be evidenced in the following required evaluation components:

- Record review, interview, observations, and assessments document the frequency, type, and duration of dysfluencies, describe the student's fluency patterns in at least two settings by two different observers, and document the student's secondary characteristics, if appropriate.
- Assessments that may include standardized test(s), connected speech sample, informal assessments document the fluency issues.
- Record review and/or interviews document a history of academic and functional difficulty relative to fluency skills.
- Information from multiple sources of data document that the student exhibits a fluency impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

Articulation

Significant limitations in articulation may be evidenced in the following required evaluation components:

- Record review, interview, observations, and assessments document that the student's articulation skills are significantly below age appropriate expectations.
- Assessments that include norm-based or standardized tests, connected speech samples, a phonetic inventory, an oral peripheral exam, a phonological analysis, or stimulability testing document the articulation issues.

- Record review and/or interviews document a history of academic and functional difficulty relative to articulation skills.
- Information from multiple sources of data documents that the student exhibits an articulation impairment which adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

Language

Significant limitations in language may be evidenced in the following required evaluation components:

- Language assessments that include a combination of screening, norm-based, standardized, curriculum-based, functional communication (augmentative communication), informal, and language sampling measures document that the student's language skills are significantly below age appropriate expectations.
 - Standardized test results must be at least 1.5 standard deviations below the mean.
 - The language assessment profile documents evidence of the student's difficulties in receptive and expressive language skills in the areas of semantics, syntax, morphology, phonology, and social/pragmatic language functioning.
 - Record review and/or interviews document a history of academic and functional difficulty relative to language skills.
 - Information from multiple sources of data documents that the student exhibits a language impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

Voice

Significant limitations in voice may be evidenced in the following required evaluation components:

- Clearance from a medical doctor as well as a description of the student's vocal quality, intensity, resonance, and pitch are required.
- Assessments that include standardized test(s), connected speech samples, and informal assessments document the student's significant difficulties in this area.
- Record review and/or interviews document a history of academic and functional difficulty relative to voice skills.
- Information from multiple sources of data documents that the student exhibits a voice impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

The medical clearance may not be used as the sole criterion for determining eligibility. There must be evidence that the speech-language impairment adversely affects the child's educational performance.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must include a certified speech-language therapist or speech-language pathologist.

Traumatic Brain Injury

Criteria:

- 1) There is evidence that the child had a traumatic brain injury.
- 2) The adverse effects of the traumatic brain injury on the child's educational performance require specialized instruction and/or related services.

Where would you find the evidence to meet the disability criteria?

A traumatic brain injury may be evidenced in the following required evaluation components:

- A medical diagnosis of a traumatic brain injury by a licensed physician.
- In the absence of an existing medical diagnosis or a prior diagnosis of a brain injury, both of the following are furnished:
 - a documented history (e.g., parent/caregiver interview, medical history, brain injury screening) that evidences trauma to the head resulting in impairments according to the definition of the term “traumatic brain injury” and
 - a cognitive profile that is consistent with the brain injury to include assessment of the student's language processing and use (not receptive or expressive vocabulary tests), memory, attention, reasoning, abstract thinking, judgment, problem-solving skills, academic achievement, adaptive behavior, auditory perception, and visual perception.
- The diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the traumatic brain injury adversely affects the child's educational performance.

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a traumatic brain injury specialist who is knowledgeable and experienced in the education of children with traumatic brain injuries. The traumatic brain injury specialist could be a highly qualified teacher, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist, a neuropsychologist, or a speech-language therapist or pathologist who is knowledgeable and experienced in the education of students with traumatic brain injuries.

Visual Impairment

Criteria: One of the following:

The visual acuity with correction is 20/70 or worse in the better eye; or

The visual acuity is better than 20/70 with correction in the better eye, and there is documentation of either of the following conditions: a diagnosed progressive loss of vision or a visual field of 40 degrees or less;

The visual acuity is unable to be determined by a licensed optometrist or ophthalmologist, and the existence of functional vision loss is supported by functional vision assessment findings; or

There is evidence of cortical visual impairment, and

The student's visual impairment adversely affects his or her educational and functional performance. The adverse effects of the visual impairment on the child's educational performance require specialized instruction and related services.

Where would you find the evidence to meet the disability criteria?

Evidence of the visual impairment may be found in the following required evaluation components:

- A written report of a current visual examination conducted by a licensed ophthalmologist or optometrist reflecting:
 - visual acuity with correction of 20/70 or worse in the better eye;
 - visual acuity better than 20/70 with correction in the better eye with either a diagnosed progressive loss of vision or a visual field of 40 degrees or less; or
 - if visual acuity is unable to be determined, a functional vision loss supported by functional vision assessment findings.
- For a diagnosed cortical visual impairment, the examination may be conducted by a neurologist.
- A Functional Vision Assessment conducted by a certified teacher of the visually impaired.
- An assessment conducted by a certified teacher of the visually impaired to determine appropriate learning media and to evaluate the need for instruction of Braille.
- An assessment of the Expanded Core Curriculum (ECC) conducted by a certified teacher of the visually impaired. For a student with multiple disabilities, alternative assessments may be considered in lieu of the ECC assessment.

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

Who must be involved in this process?

The multidisciplinary evaluation team must include the members of the IEP team and other qualified professionals, as appropriate. The team must also include a certified teacher of students with visual impairments and other professionals knowledgeable of the educational needs of students with visual impairments.

Appendix A

Domain	Screening and existing information review	If initial information indicates the need for more information,	Possible Decision
Health	<ul style="list-style-type: none"> • Developmental history • Nurse • Records review 	<ul style="list-style-type: none"> • Referral for medical evaluation 	<ul style="list-style-type: none"> • Medical condition • Possible 504/special education
Vision	<ul style="list-style-type: none"> • Developmental history • Nurse • Records review • Vision screening 	<ul style="list-style-type: none"> • Ophthalmologic evaluation 	<ul style="list-style-type: none"> • Correction • Possible 504/special education
Hearing	<ul style="list-style-type: none"> • Developmental history • Nurse • Records review • Hearing screening 	<ul style="list-style-type: none"> • Otologic/ Audiological evaluation 	<ul style="list-style-type: none"> • Correction • Possible 504/special education
Intelligence	<ul style="list-style-type: none"> • Records review including attendance and discipline records • Teacher ratings • Achievement tests • Group ability tests • Developmental history to include adaptive behavior information 	<ul style="list-style-type: none"> • Individual intellectual functioning assessment; • Adaptive behavior assessment 	<ul style="list-style-type: none"> • More intensive interventions • Possible 504/special education
Reading	<ul style="list-style-type: none"> • Developmental history • Records review including attendance and discipline records • Class work • Teacher evaluation • CBM • Group achievement tests 	<ul style="list-style-type: none"> • Individual, diagnostic tests • Observations 	<ul style="list-style-type: none"> • More intensive interventions • Possible 504/special education

Evaluation Domains

Domain	Screening and existing information review	If initial information indicates the need for more information,	Possible Decision
Math	<ul style="list-style-type: none"> • Developmental history • Records review including attendance and discipline records • Class work • Teacher evaluation • CBM • Group achievement tests 	<ul style="list-style-type: none"> • Individual, diagnostic tests • Observations 	<ul style="list-style-type: none"> • More intensive interventions • Possible 504/special education
Adaptive Behavior	<ul style="list-style-type: none"> • Developmental history • Records review including attendance and discipline records • Teacher checklist • Parent interviews 	<ul style="list-style-type: none"> • Observations • Standardized measure of adaptive behavior 	<ul style="list-style-type: none"> • More intense interventions • Possible 504/special education
Written Language	<ul style="list-style-type: none"> • Developmental history • Records review including attendance and discipline records • Class work • Teacher evaluation • CBM • Group Achievement tests 	<ul style="list-style-type: none"> • Individual, diagnostic tests • Observations 	<ul style="list-style-type: none"> • More intensive interventions • Possible 504/special education
Communication	<ul style="list-style-type: none"> • Developmental history • Records review including attendance and discipline records • Teacher observation • Group achievement tests 	<ul style="list-style-type: none"> • Individual, diagnostic tests • Observations 	<ul style="list-style-type: none"> • More intensive interventions • Possible 504/special education
Behavior	<ul style="list-style-type: none"> • Developmental history • Teacher observations • Checklists • Discipline referrals • Records review including attendance and discipline records 	<ul style="list-style-type: none"> • Observations • Interviews • FBA 	<ul style="list-style-type: none"> • More intense interventions • Individual interventions (BIP)

Domain	Screening and existing information review	If initial information indicates the need for more information,	Possible Decision
Emotional/ Behavioral	<ul style="list-style-type: none"> • Developmental history • Teacher observations • Checklists • Discipline referrals • Records review including attendance and discipline records 	<ul style="list-style-type: none"> • Observations • Interviews • FBA 	<ul style="list-style-type: none"> • More intense interventions (BIP) • Possible 504/special education
Motor	<ul style="list-style-type: none"> • Developmental history • Physical evaluation • Teacher observations (including PE teacher) • Records review including attendance and discipline records 	<ul style="list-style-type: none"> • Medical evaluation 	<ul style="list-style-type: none"> • More intense interventions • Possible 504/special education
Cultural factors, environmental or economic disadvantage	<ul style="list-style-type: none"> • Developmental history • Teacher observations • Records review • Parent interview • Records review including attendance and discipline records 	<ul style="list-style-type: none"> • Universal screening • Tiered instruction 	<ul style="list-style-type: none"> • More intensive interventions
Limited English proficiency	<ul style="list-style-type: none"> • Home Language Survey • Developmental history including length of time in the US and prior educational experiences • Teacher observations • Records review • Parent interview • Records review including attendance and discipline records 	<ul style="list-style-type: none"> • Measure of English proficiency (one of the 4 state-approved language proficiency tests) • Acculturation screening • English Language Learner Plan 	<ul style="list-style-type: none"> • More intensive interventions