Statewide Training updated by CDE August 2013

Overview Guidance Training:

ECEA Disability Categories, Definitions and Eligibility Criteria

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Together We Can

Vision

All students in Colorado will become educated and productive citizens capable of succeeding in a globally competitive workforce.

Mission

The mission of CDE is to shape, support, and safeguard a statewide education system that prepares all students for success in a globally competitive world.

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Webpage for Training Guidance Documents

The CDE has posted all of its training documents, including detailed, specific information on each of the eligibility criteria, on the ESSU website.

http://www.cde.state.co.us/cdesped/Training_ECEAEligibility.asp

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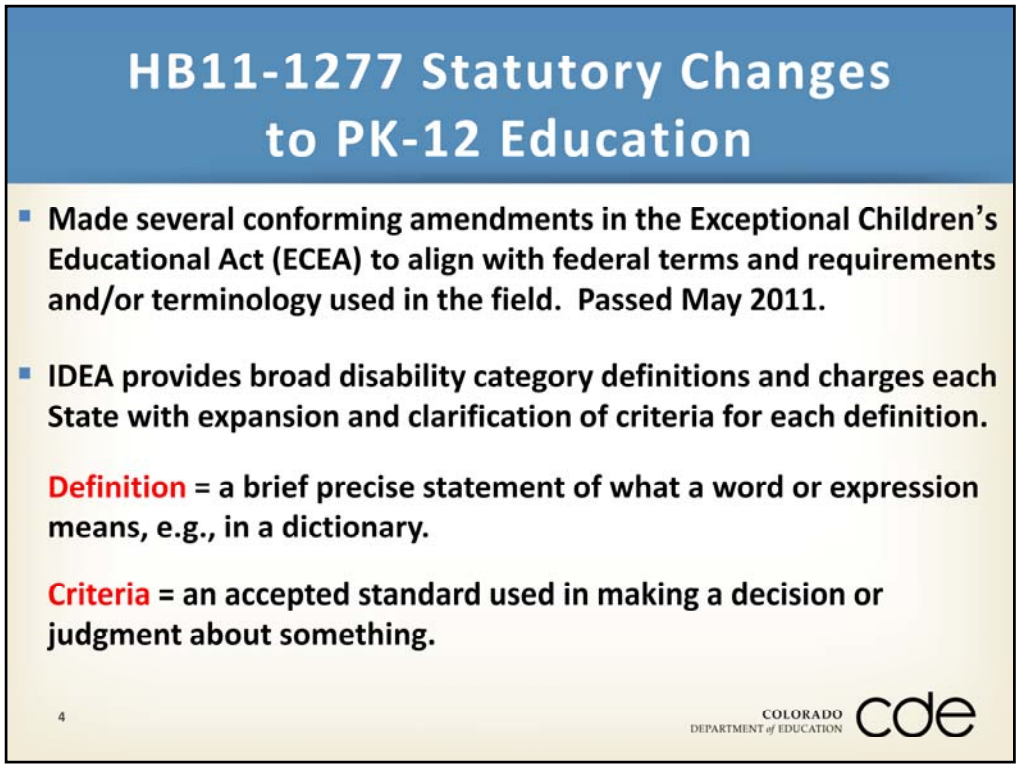
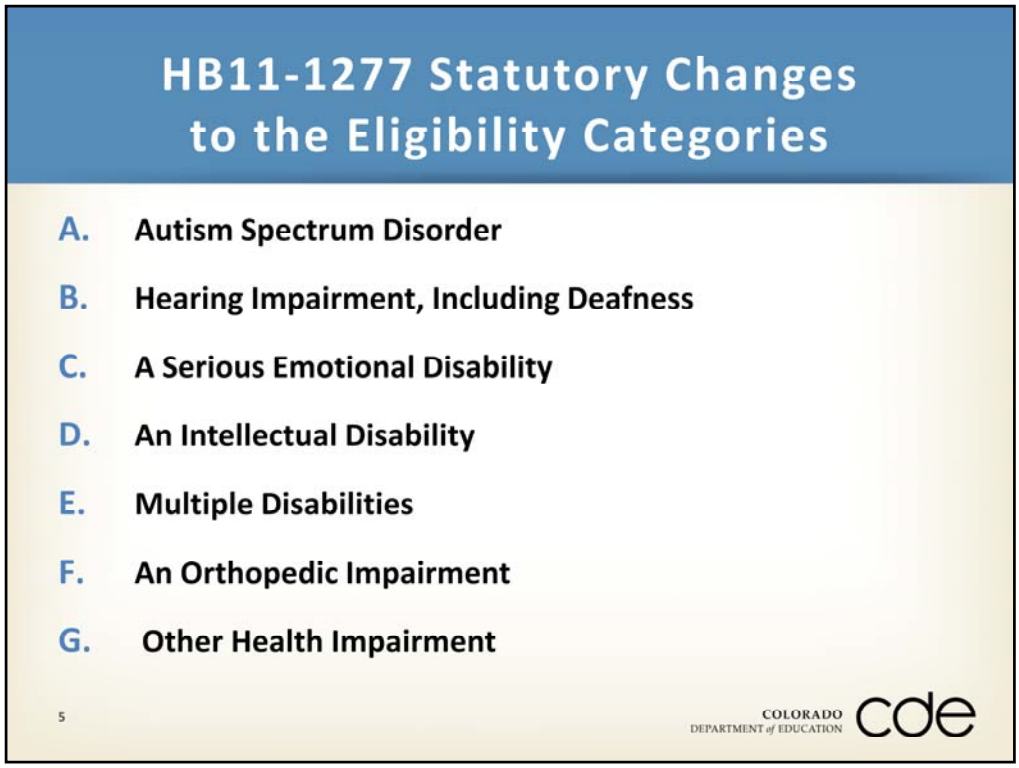
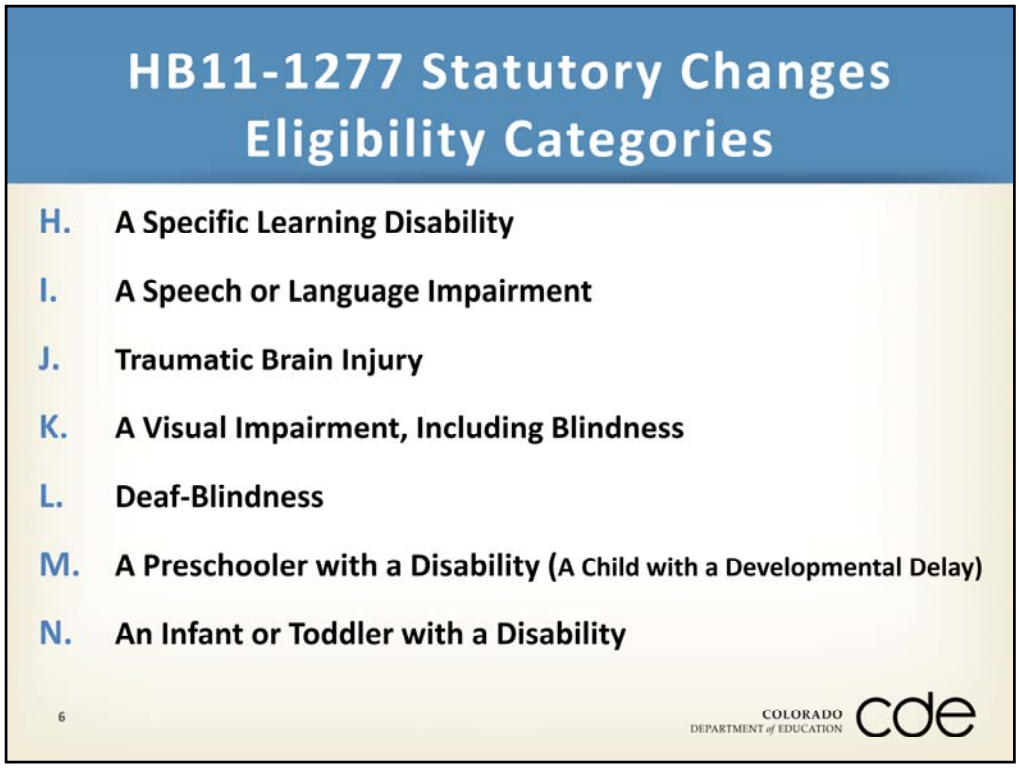


The specificity of the criteria is important as it gives guidance on which children are eligible as a child with a disability and which are not.



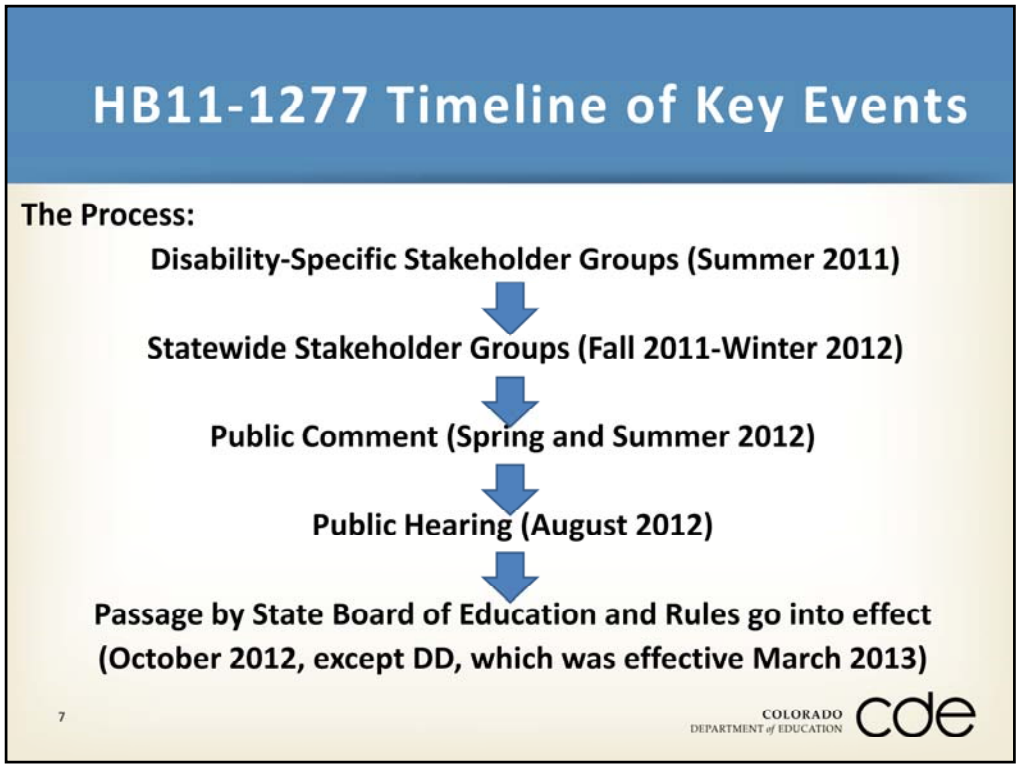
There are 13 disability categories for school-age learners and one specific to infants and toddlers. Three of the disability categories did not change their titles; the remaining 11 have title changes per alignment with the federal IDEA definitions.

Two broad existing categories (*multiple disabilities and physical disability) were further divided* into new categories. Deaf-blindness is now a self-standing definition and not merged within the category of multiple disabilities. Traumatic Brain Injury, Autism Spectrum Disorder, Orthopedic Impairment, and Other Health Impaired are now four distinct definition categories instead of falling under the former category of Physical Disability.



The HB11-1277 legislation changed "Preschool Child with a Disability" to "Preschooler with a Disability," but since the passage of HB11-1277, the 2012 Colorado legislature passed a new bill to change the definition category of Preschooler with a Disability to a Child with a Developmental Delay.

The definition and criteria for Child with a Developmental Delay was voted on by the State Board of Education in January 2013 and was effective on March 2, 2013.


HB11-1277 Timeline of Key Events
The Process:
Disability-Specific Stakeholder Groups (Summer 2011)
Statewide Stakeholder Groups (Fall 2011-Winter 2012)
Public Comment (Spring and Summer 2012)
Public Hearing (August 2012)
Passage by State Board of Education and Rules go into effect
(October 2012, except DD, which was effective March 2013)
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Changes to Eligibility Criteria

- Ten of the eligibility categories have substantive revisions to their eligibility criteria based on federal IDEA regulations and specific criteria determined by the Colorado stakeholders.
- Two of the disability categories (*specific learning disability and speech or language impairment)* do not have name or eligibility criteria changes other than an alignment of new terminology and format.
- *Infant and Toddler with a Disability* is defined by the Colorado Department of Human Services, which is the lead agency for Part C.

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Key Timelines

- The State Board of Education (SBE) adopted the definition changes into ECEA Rules on September 12, 2012, following stakeholder work and two public-comment periods.
- The new disability category and eligibility language went into effect on October 30, 2012. Developmental Delay went into effect on March 2, 2013.
- At this time, each Colorado administrative unit (AU) can / should begin the process of adopting the revised definitions.
- The new eligibility categories, definitions and criteria must be adopted in full by July 1, 2016.

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When May and Must AUs Use the Revised Eligibility Definitions

- Administrative units (AUs) have the flexibility to develop their own phase-in plan with the understanding that all AU must use the revised eligibility category labels, definitions, and criteria for every child identified with a disability by July 1, 2016.

- If every administrative unit adopts the revised eligibility labels, definitions, and criteria prior to July 1, 2016, then the CDE will cease using the former definitions and eligibility criteria on all CDE paperwork regarding the State Individualized Education Program, data collections, etc.

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How will the Revised Definitions be Applied to Current IEP Students?

- The CDE recommends that after an AU adopts the revised eligibility definitions and criteria, it apply those new definitions and criteria no later than at the students' next triennial evaluation, using the new updated eligibility checklists.
- These assignments of new categories to identified students will be reevaluations (not initial evaluations), and should be completed consistent with the regulations relating to reevaluations.
- An IEP team may determine that to continue a student's ID as a *child with a disability*, additional data or formal testing are required, or, conversely, may review the existing data and determine that additional data are not needed.

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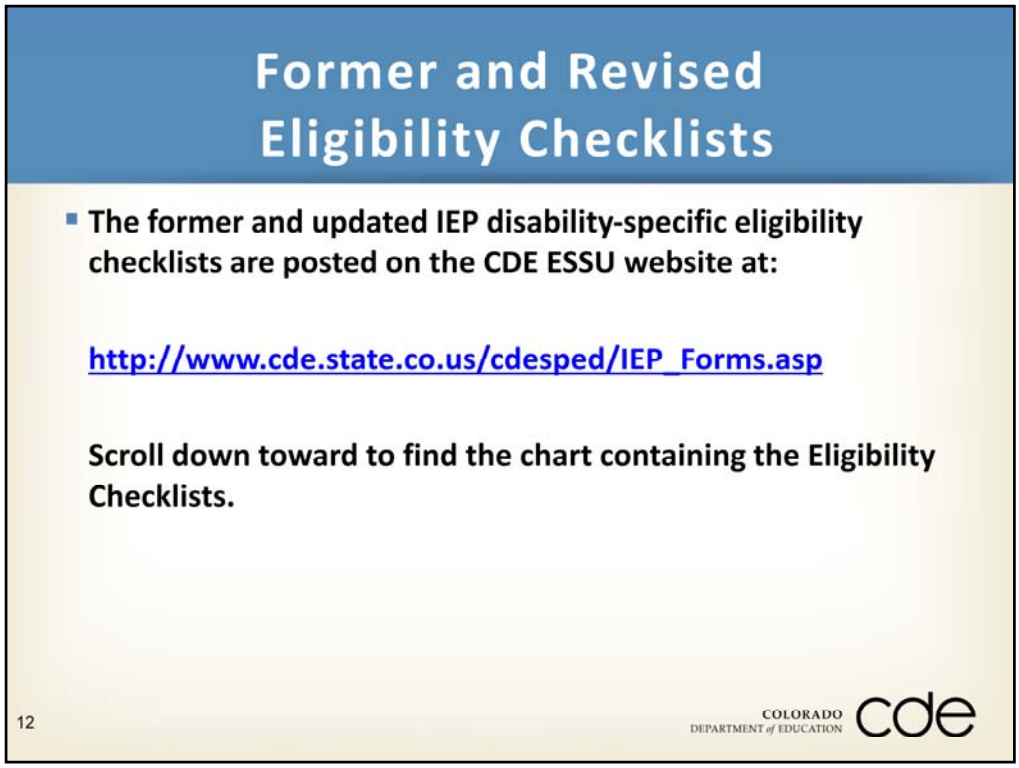

What if an AU would like to Continue to Use the Old Eligibility Checklists?

Administrative units will still have access to "old" eligibility checklists with the eligibility criteria that was in effect prior to the passage of HB11-1277 (May 2011).

These forms will also be posted on the CDE website until they are no longer being used by any Colorado administrative unit and/or before July 1, 2016. These forms have been adapted to include both the former and the new disability name of the eligibility category.

The web link for both the "old" and new eligibility checklists is:

http://www.cde.state.co.us/cdesped/IEP_Forms.asp

Exiting Students

If a student is no longer eligible for special education services based on the revised eligibility criteria, the AU should proceed with "exiting" the student from special education consistent with the IDEA's procedural safeguards, including providing prior written notice to the parents.

CDE Data Collections

How will the CDE Data Collections Be Managed?

Codes for both the "old" and the "new" category information are included in student data collections within CDE and the new State IEP system.

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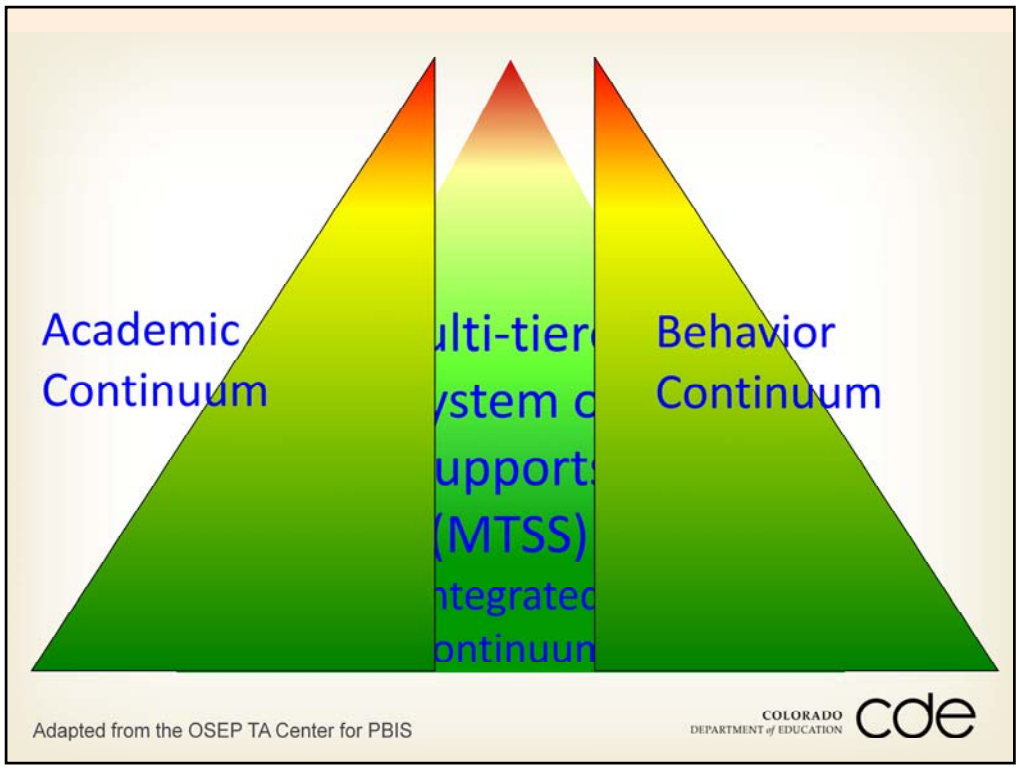
The MTSS will be important for the instruction of all students, including students who are suspected and/or confirmed as having an educational disability.

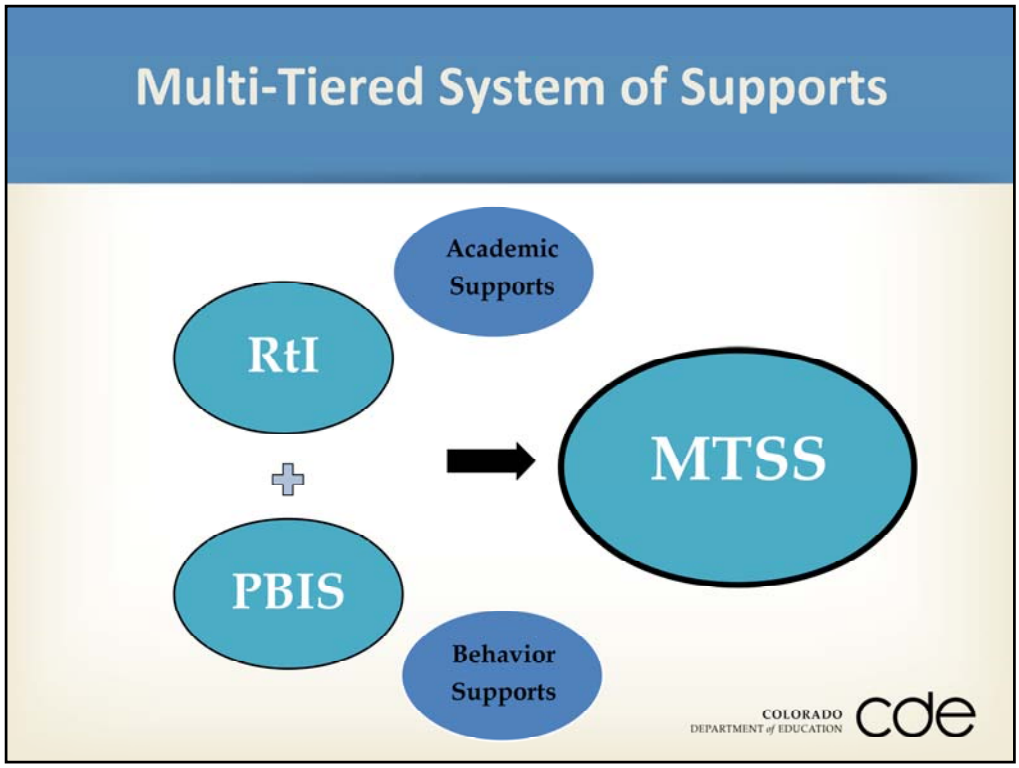


- A Multi-Tiered System of Supports (MTSS) is the framework for how we address needs for every student within the system.

- This includes all academic and behavior supports that are in place for all tiers (Universal, Targeted, Intensive)

- The idea is that there is ONE system and MULTIPLE supports.

- As we consider the eligibility for special education within the context of MTSS, this framework allows us to better address the statement, “The child can receive benefit from general education alone.”



Animated slide:

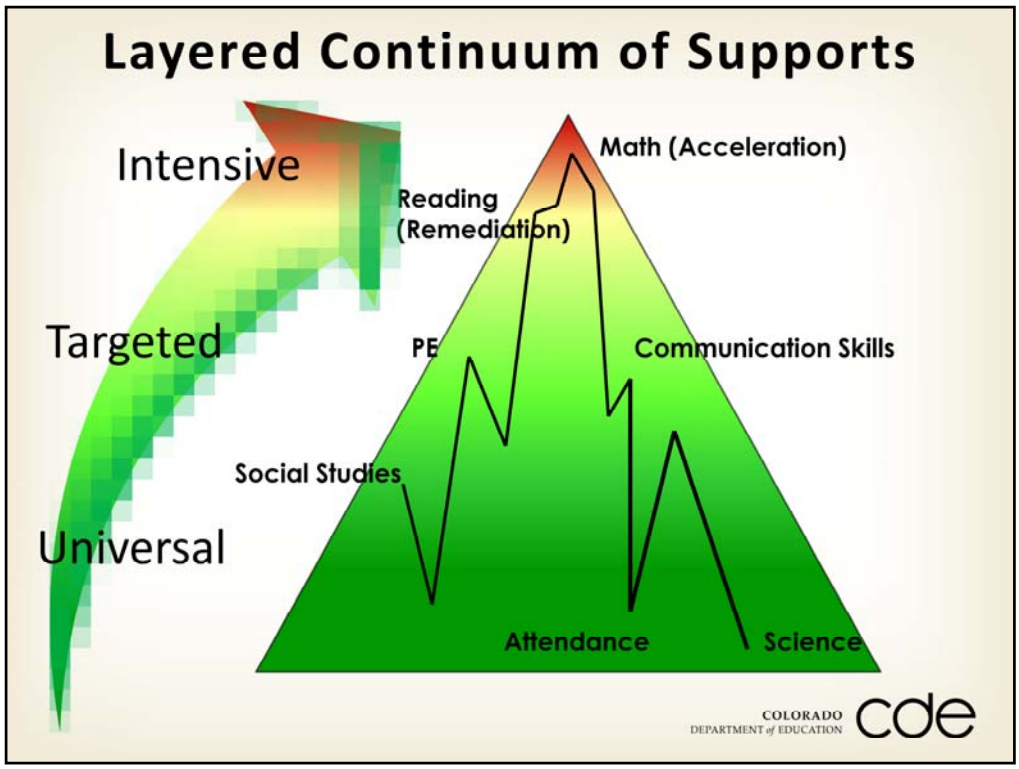
Click once to bring in the Academic & Behavior circles

Click again to allow all circles to move behind MTSS circle

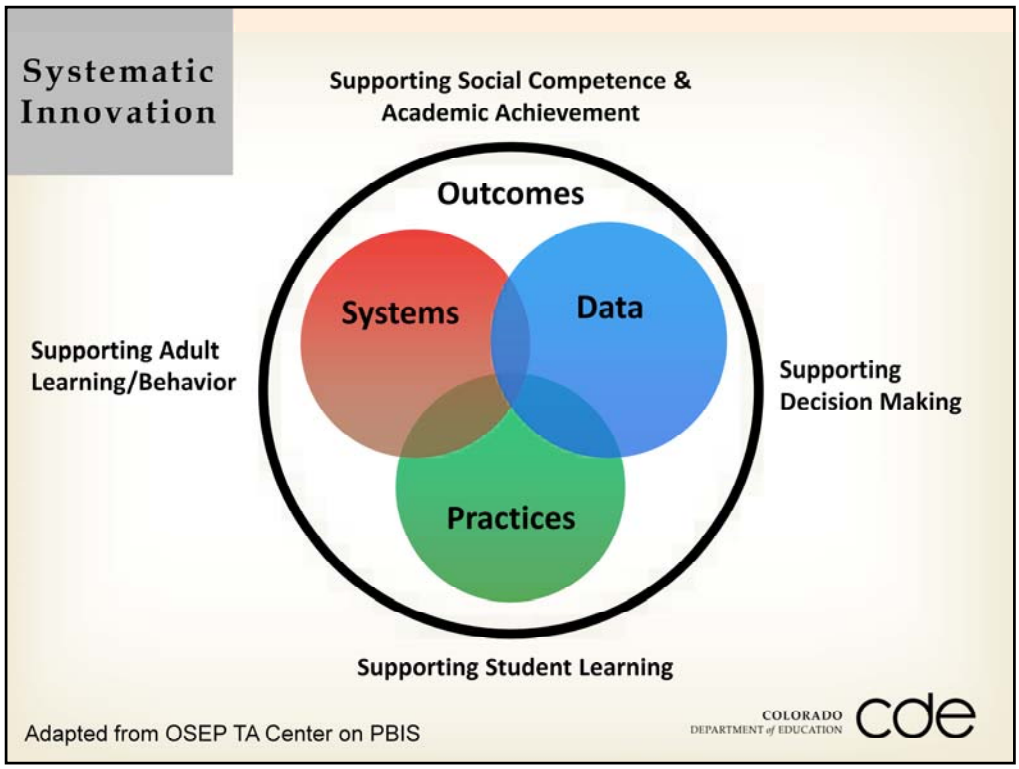
- MTSS pulls together both academic supports and behavior supports into a continuum of supports across tiers.

- RtI is part of MTSS and typically, in the past, has addressed academic supports. "RtI" lives in legislation in two places (ECEA regarding Specific Learning Disability (SLD) determination and the READ Act) in Colorado so it will not go away, it is simply integrated into the overall concept of MTSS. MTSS is not something separate.

- Positive Behavioral Interventions and Supports (PBIS) (in place in over 900 schools across Colorado) is also not separate but an integrated part addressing behavior supports within an MTSS framework. For schools not using the PBIS structure, the MTSS model must include behavioral supports across tiers.



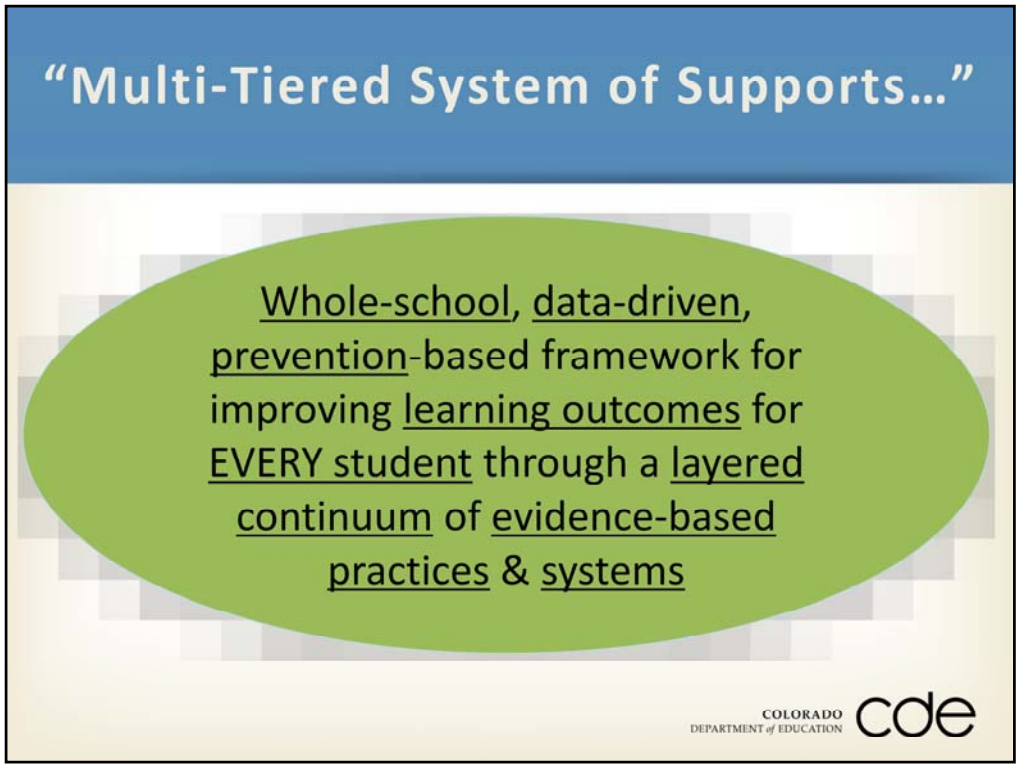
- Tiers represent the supports students receive, not the students.
- Here is an example of one student whose needs span across the tiers. This child would be requiring an intensive intervention of acceleration in math because he may be two years ahead, yet need an intensive remedial intervention for a reading deficit. Other needs can be addressed through targeted and/or universal supports.
- The primary message here is to label the supports not the students. For example: This could easily be the needs of a child with autism spectrum disorder and we would not refer to that child as a “tier three student”



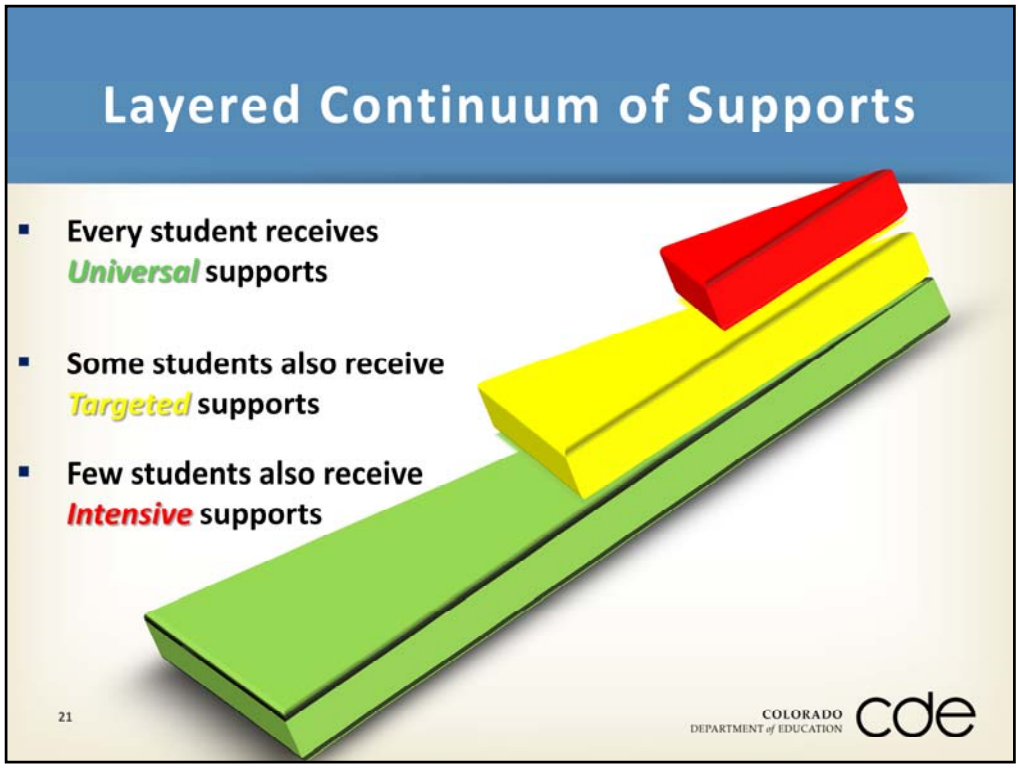
Adapted from Sugai (PBIS model)

- MTSS is about a systematic approach considering:
  - Data—supporting decision making
  - Practices—supporting student learning
  - Systems—supporting adult learning/behavior

- When these things are considered in a school system, student outcomes improve and more appropriate referrals and eligibility of students with disabilities occur



- This is the adopted working definition of MTSS for Colorado
- It includes the intentional use of the term "EVERY" because the term "ALL" has not always meant all
- This provides common language with the key terms underlined
- Layered continuum is particularly important



- The idea of layered continuum is that "every" student within the school receives universal supports.
- Some students ALSO receive targeted supports but their universal supports do not go away.
- Few students ALSO receive intensive supports
- Example of a blanket—everyone gets one layer, some need an extra blanket but we don't take the first one off to add the second or third.

Child Find ("Child Identification Process" ECEA 4.02)

Each AU shall develop and implement procedures for locating, identifying and evaluating all children ages birth to 21 who may have a disability and are eligible for early intervention services under either IDEA Part C Child Find (birth through age 2); or are eligible for special education services under IDEA Part B (ages 3 to 21) even though such children are advancing from grade to grade.

Child Find must be ongoing throughout the year to all children including children who have not yet entered school.

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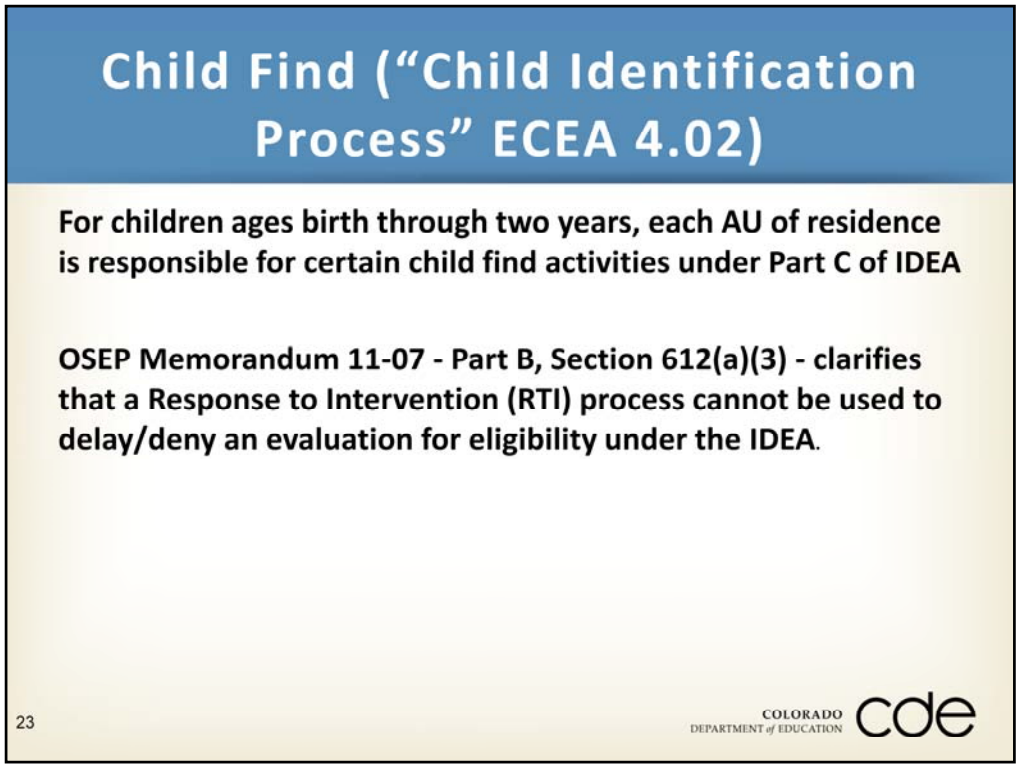
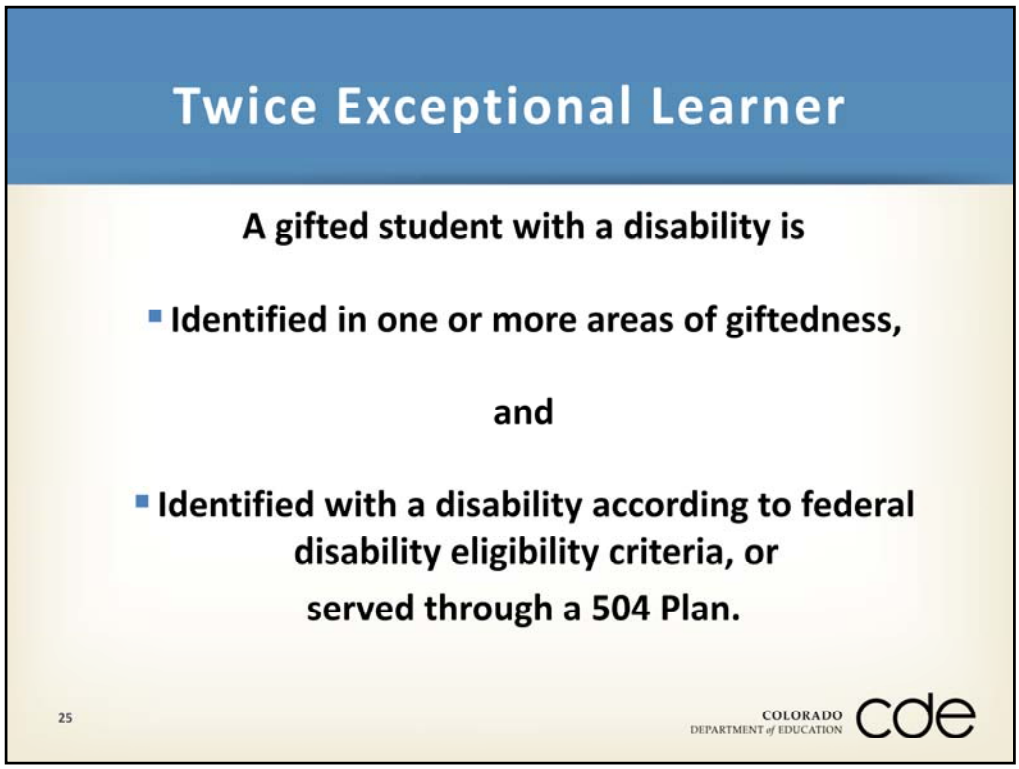


Please refer to the self-standing handout on the OSEP Memorandum 11-07 for more details.

If there are any questions about the definition and eligibility criteria for learners who are Twice Exceptional, please be in contact with Jacquelin Medina or Wendy Learner in the Office of Gifted Education under the Exceptional Student Services Unit.

If there are any questions about whether a specific child meets the established criteria for twice exceptional, please be in contact with the administrative unit's Special Education Director and the Gifted and Talented Director.



Some students will meet eligibility criteria for both special and gifted education programming.

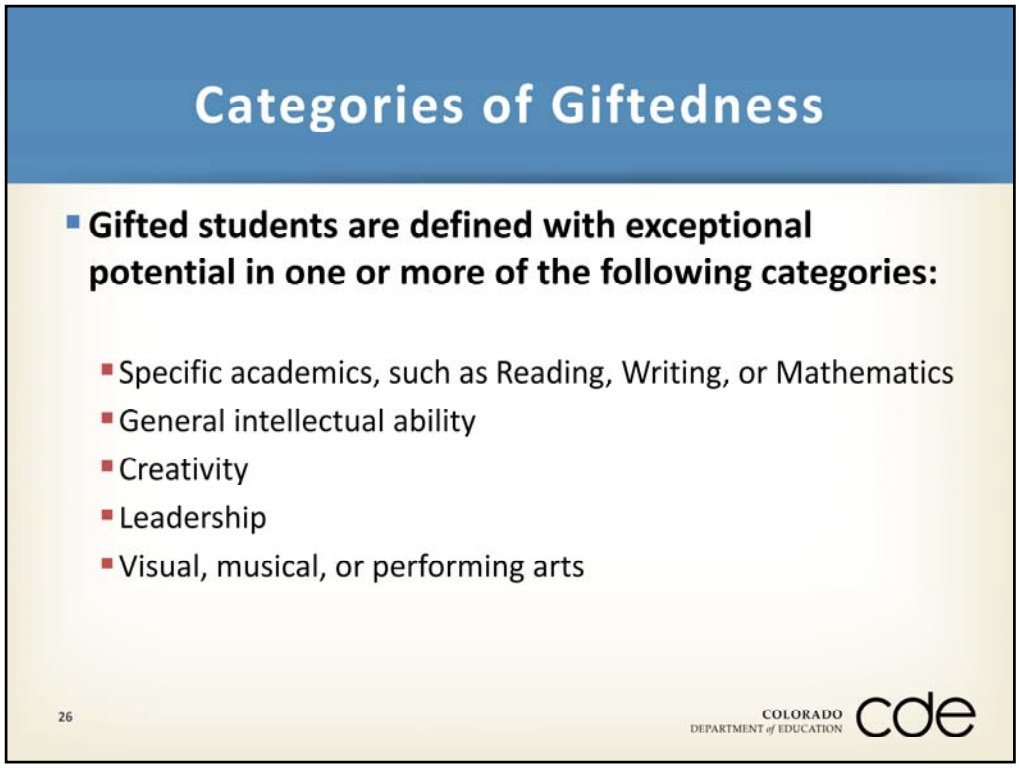
Students with disabilities may also have areas of exceptional potential. We call these students "twice exceptional." The slides you are going to see cover three broad areas:

(1) Definition

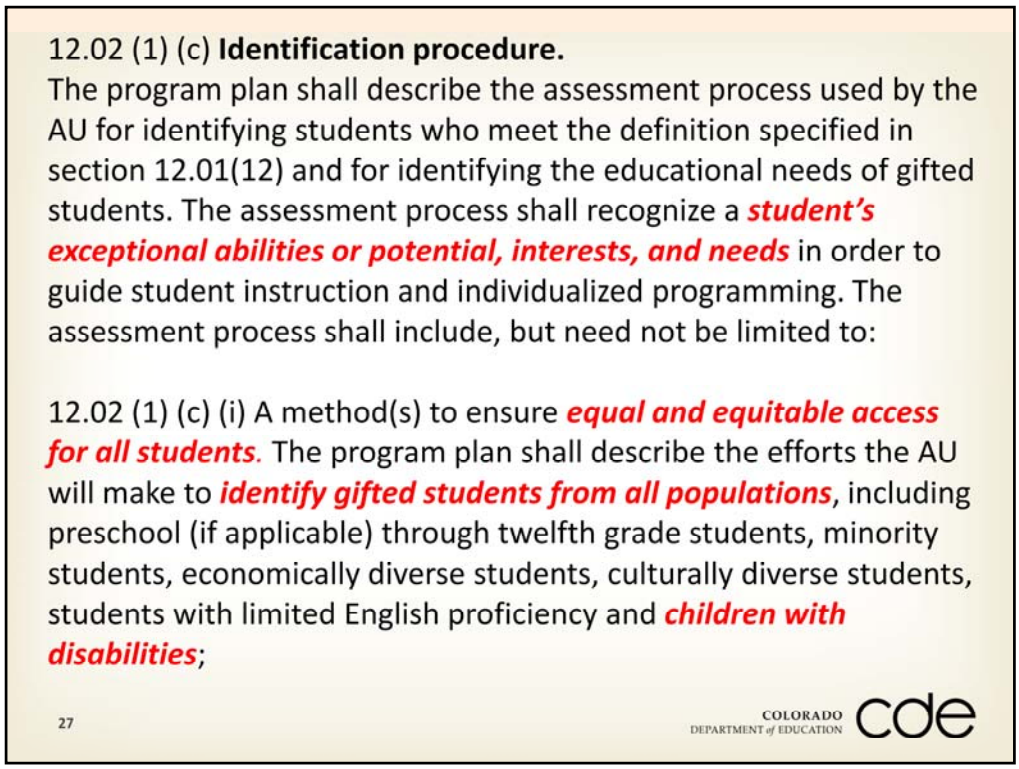
(1) Typical characteristics and traits you may see in students that lead you to further response and questioning

(1) Information about the collaborative response that is called for if clues are observed or if data demonstrate exceptional potential **and** disability

This slide gives the state definition of twice-exceptionality. The student must be identified as both gifted and having a disability in order to be labeled twice exceptional. The twice exceptional student has both an Advanced Learning Plan, or ALP, *and* an IEP or a 504 Plan.

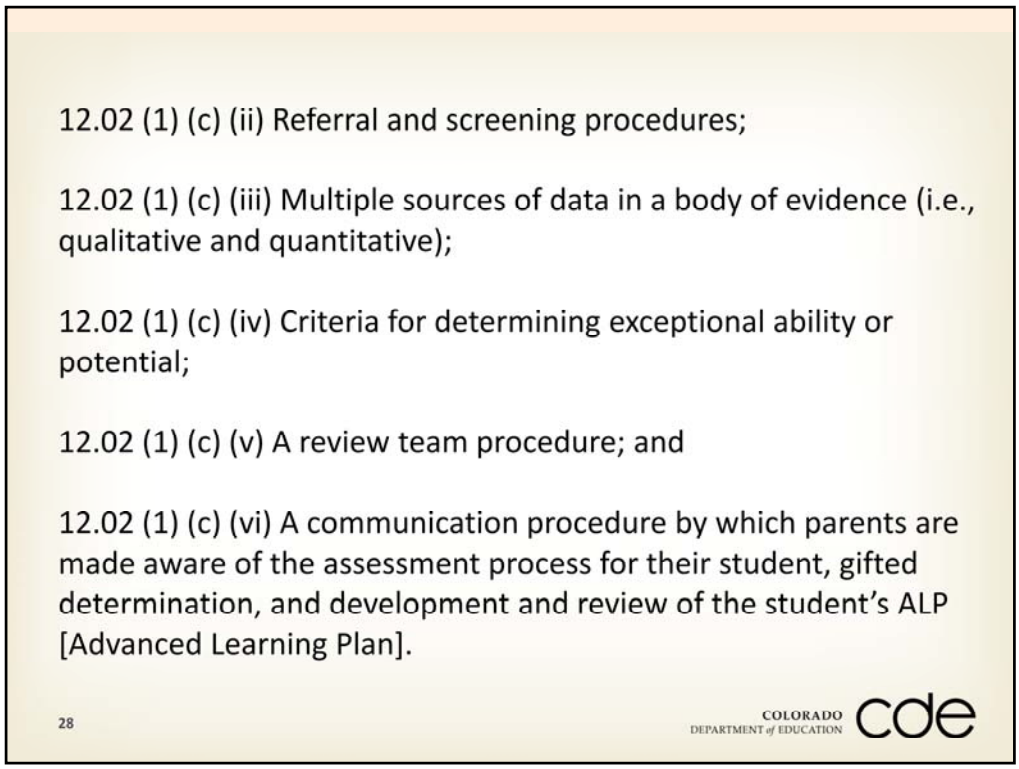


The Rules for the Exceptional Children's Educational Act tell us that giftedness is found in all subgroups of the population. In the state of Colorado, giftedness means exceptional **potential** in one or more of these areas. This high potential is identified through collection of a Body of Evidence, as we can see in the language of the Rules.

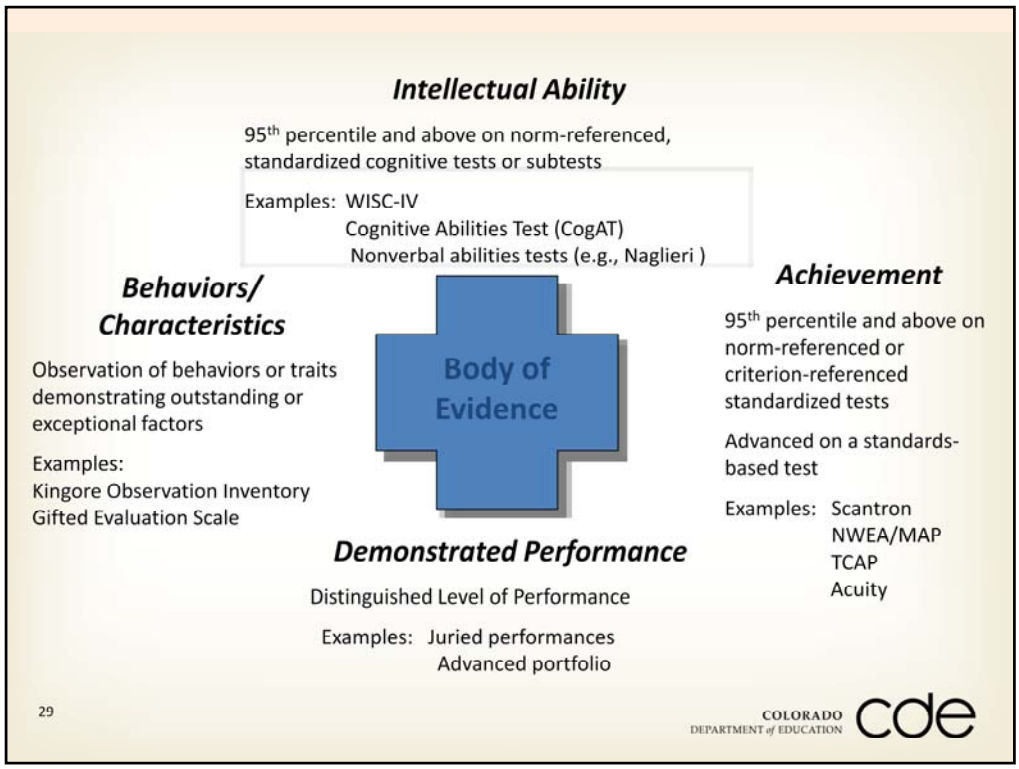


The bold type indicates the language in the Exceptional Children Education Act Rules that lets educators know that looking for evidence to identify twice-exceptional children is part of what schools do for exceptional children.

Words in red / italics are highlighted to tease out these key points.



The referral or screening process may give us clues about twice-exceptionality. A very important part of gifted identification is the use of multiple sources of evidence in a body of evidence. No one test score can be used to include or exclude a child from gifted identification. On the next slide, we'll see what a body of evidence for gifted identification might look like.



In order to be recognized as a student with exceptional potential, a body of evidence must be collected to determine area of strength(s) and interests. Identification also considers traits of learning like commitment, motivation and persistence. Typically, a student must have at least three pieces of evidence that meet the criteria in two or more of these four categories: Intellectual Ability, Academic Achievement, Behaviors and Characteristics, or Demonstrated Performance.

Meeting the criteria means that the data show advanced performance at or above the 95th percentile on a normed, standardized test, or a distinguished level of performance that is judged by experts to be two or more years above grade level for performance data. No one piece of data prevents identification, nor does one piece of data determine an area of giftedness.

Screening with a cognitive assessment can provide data about high reasoning ability and executive function to help make determinations about giftedness. Cognitive assessment results may also indicate high-potential students who need differentiated programming before a determination of giftedness can be made.

Paradoxical Characteristics

Strengths	Challenges
Superior vocabulary	Written expression
Advanced ideas	Lack of organization
High level questioning	Argumentative
Problem solving ability	Difficulty with social interactions
Intense interest in topic(s)	Easily frustrated

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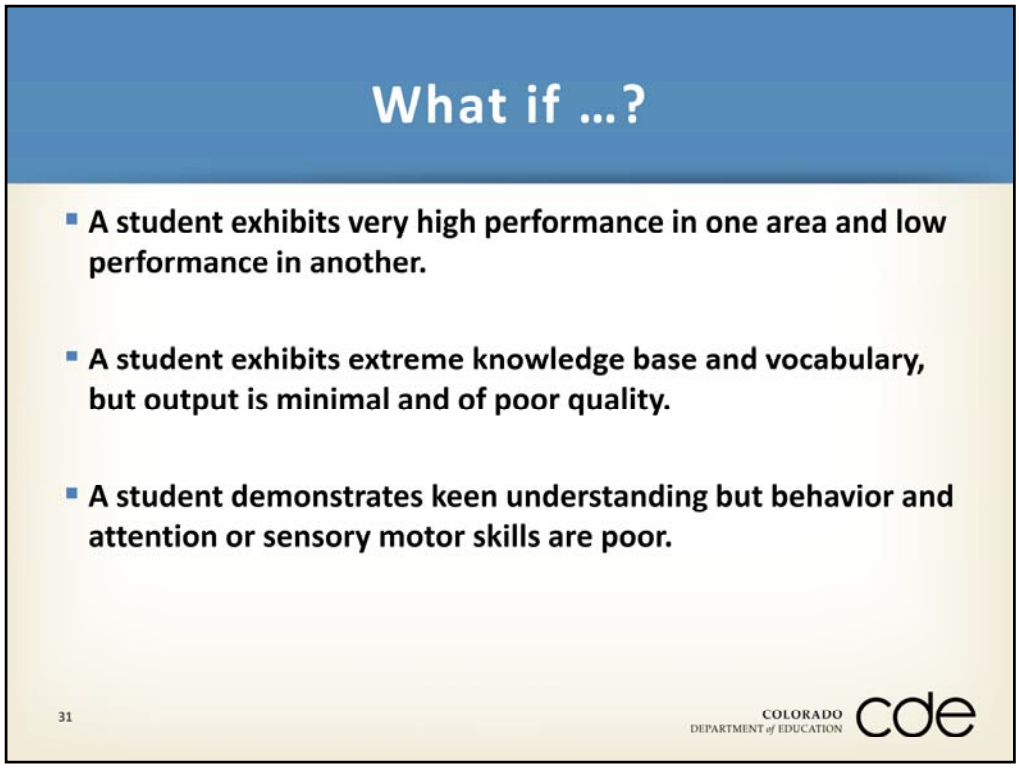
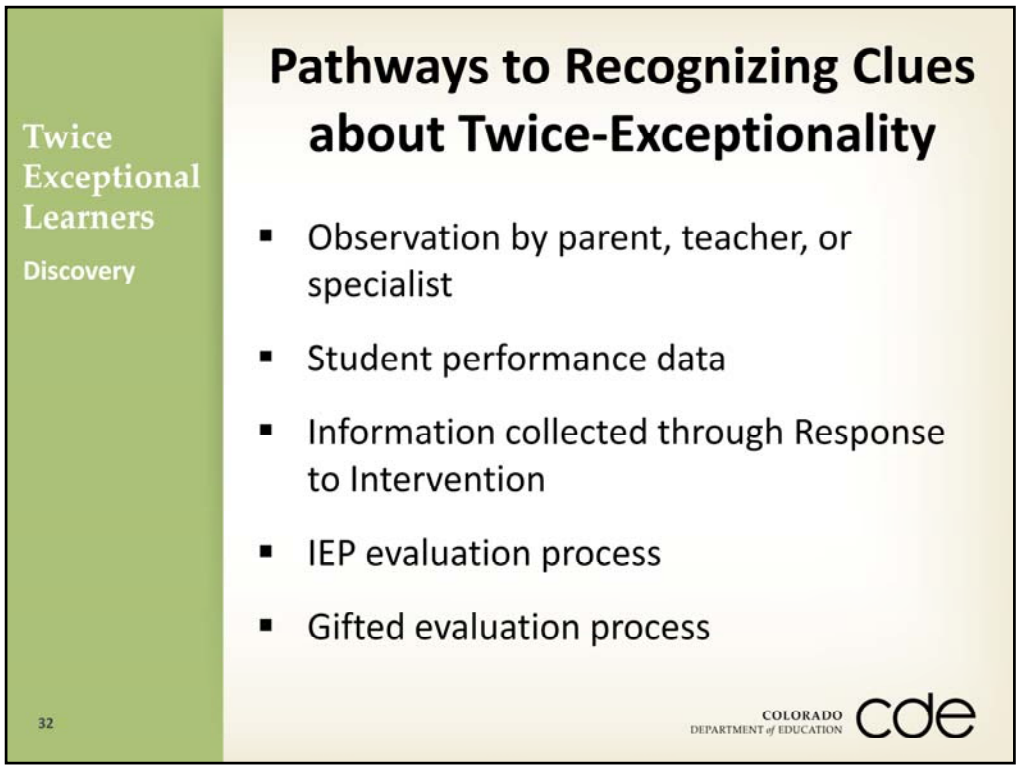
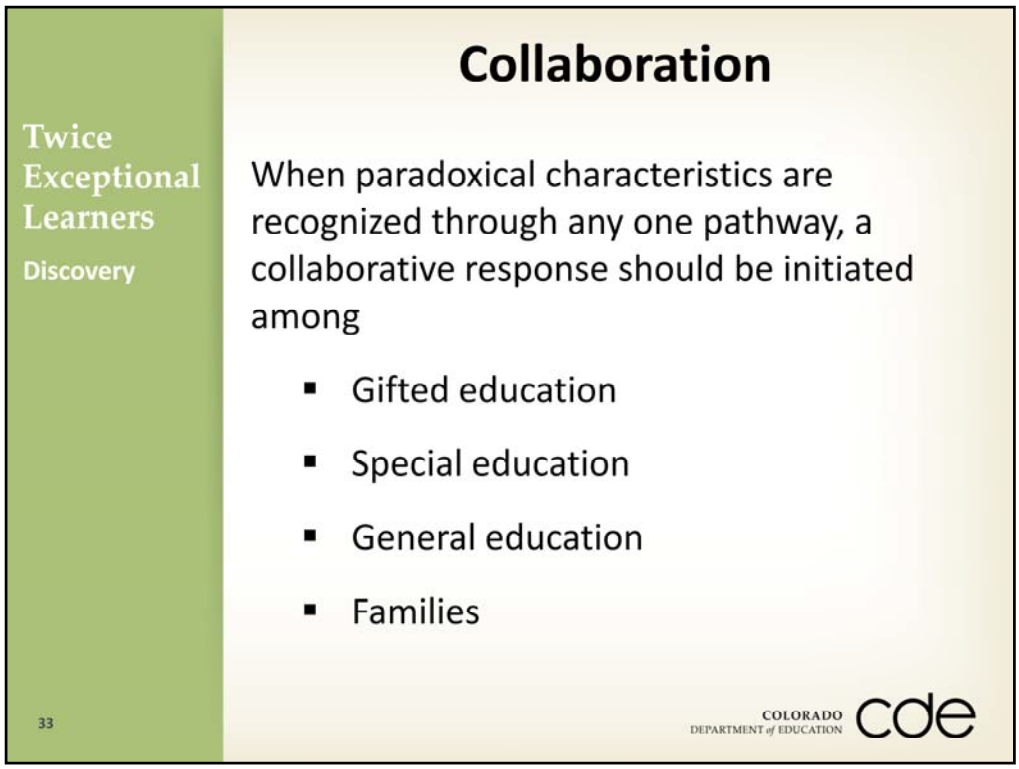
Generally speaking, twice exceptional students exhibit contrasting profiles of characteristics that we term "paradoxical." When teachers describe twice-exceptional students, they often say that their traits seem to conflict with each other. It is common to find a twice-exceptional student who speaks like a "little professor," but whose written work is of a much lower quality – a student who speaks well and understands well, but who struggles to demonstrate that understanding in writing. The twice-exceptional child may have any disability that is defined under federal criteria, except for an intellectual disability, so the paradoxical characteristics will vary. The contradiction for the child between what he or she knows and understands, and what that child is able to do, leads to tremendous frustration and, often, difficult behaviors.



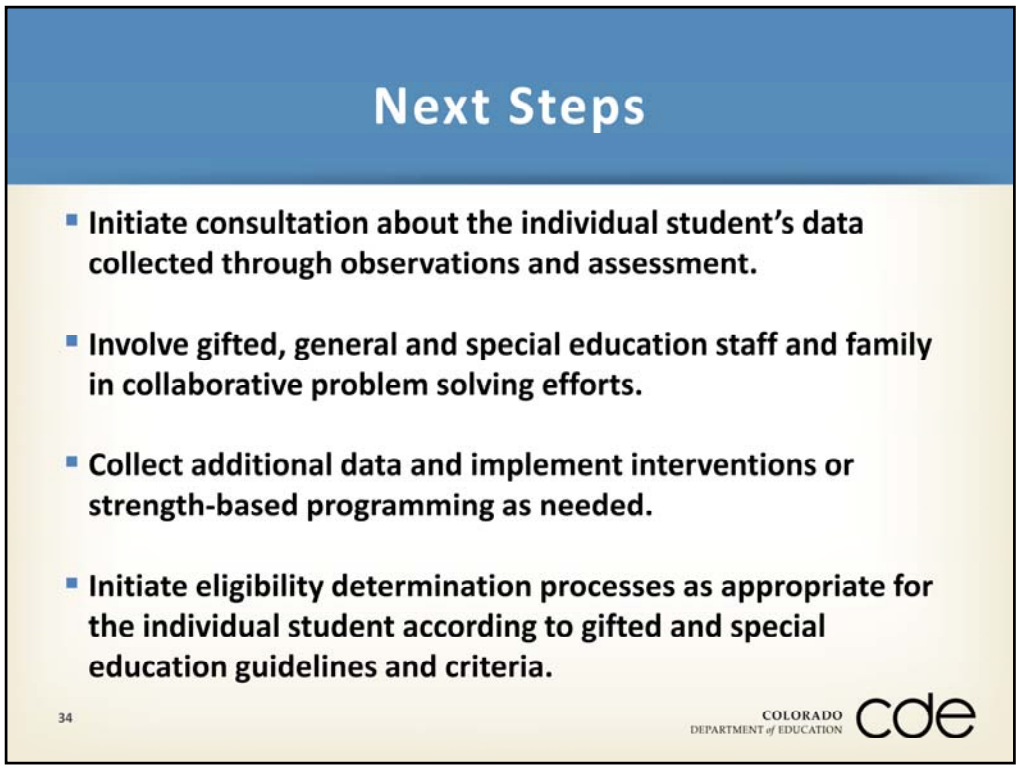
In any one of these cases, the person noticing the paradoxical characteristics should seek help from other educators so the child does not get overlooked.



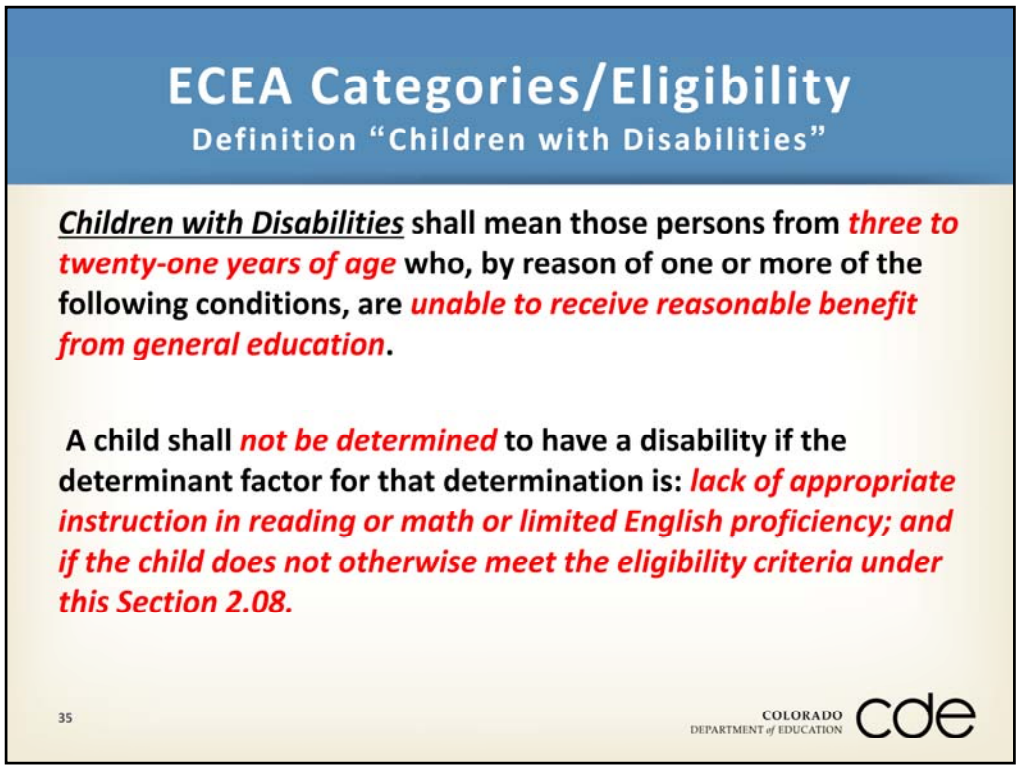
Twice-exceptional students may be recognized through a number of pathways. They may come to us identified as gifted, but with some significant learning or behavioral challenges. They might come to our attention through special education, where their difficulty has been identified, but their strengths are not being recognized or programmed for. But many twice exceptional students exhibit what is called “double masking.” Their strengths seem to partially compensate for their difficulties, and their learning challenges mask their strengths. Unless someone is attuned to that individual student, he or she may never get the appropriate educational supports.



Twice exceptional students have been researched extensively. They respond best to a combination approach that combines gifted education strategies that nurture the strength and special education strategies that provide compensation skills.



RtI problem solving teams have in place the processes needed to address the needs of twice-exceptional students. They can help the classroom teacher begin interventions right away and can begin to gather additional data about the student that can lead to identification.



The following information will be found in the Eligibility Checklists:

The team has addressed each of the following statements and has determined: IDEA 34 C.F.R. §§ 300.304(c)(6) and 300.306(b), ECEA 2.08(1) Yes No

1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category. (Answer must be "yes" in order for the child to be eligible for services.)
   Yes No

2. The child ***can*** receive reasonable educational benefit from general education alone. (Answer must be "no" in order for the child to be eligible for services.) Yes No

3. The child's performance: (All answers below must be "is not" in order for the child to be eligible for services.)

is ***is not*** due to a lack of appropriate instruction in reading, including the essential components of reading instruction

is ***is not*** due to a lack of appropriate instruction in math; and

is ***is not*** due to limited English proficiency.

ECEA Categories/Eligibility

Definition "Children with Disabilities"

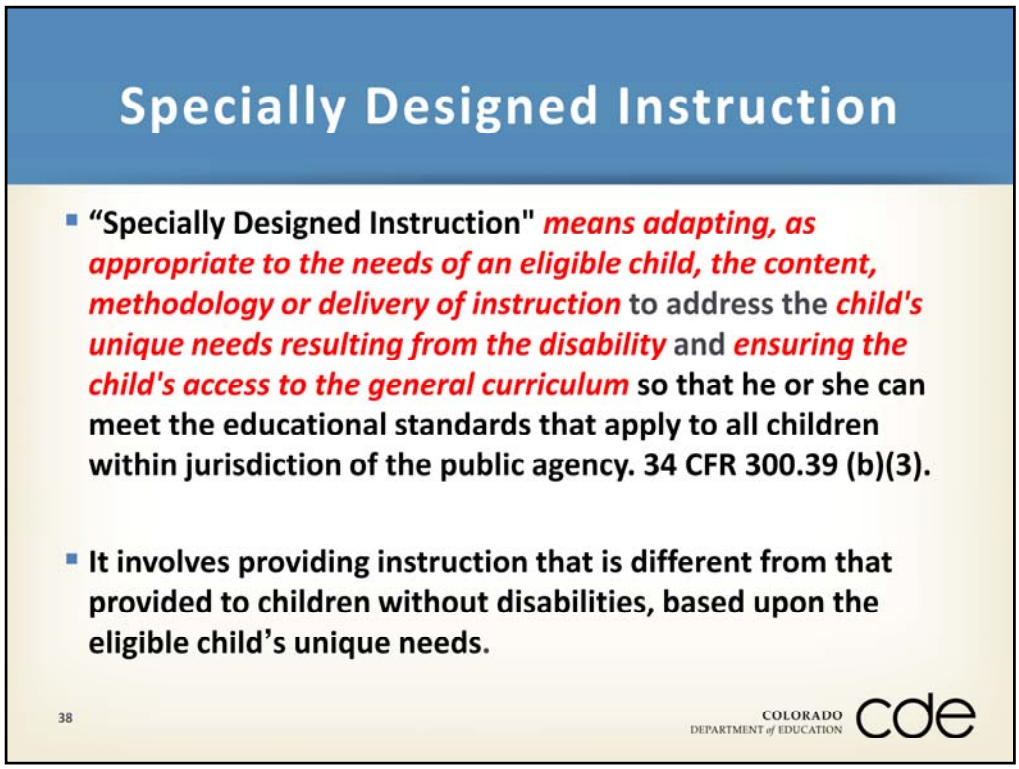
A child upon reaching his/her third birthday becomes eligible for services as of that date.

A child reaching the age of 21 after the commencement of the academic year has the right to complete the semester in which the 21st birthday occurs or attend until he/she graduates, whichever comes first. In such a case, the child is not entitled to extended school year services during the summer following such current academic year.

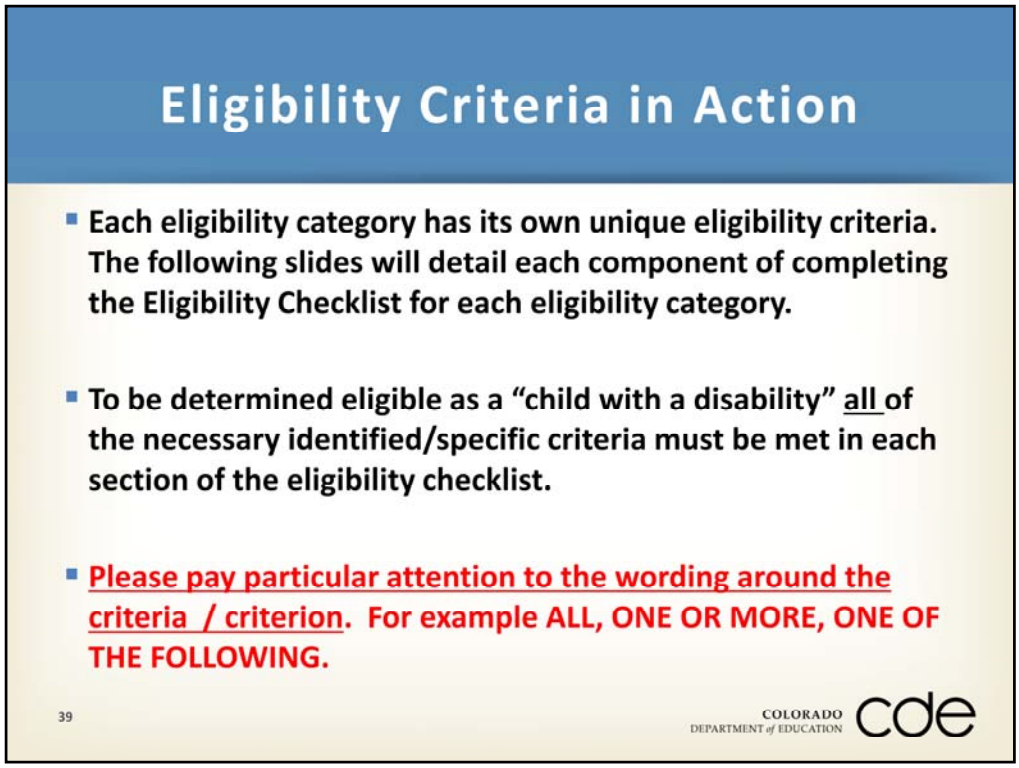
Children with Disabilities
(Definition continued)

If it is determined, through an appropriate evaluation, under Section 4.02(4) of these Rules, *that a child has one of the following disabilities but only needs a related service* (as defined in Section 2.37 of these Rules) *and not special education* (as defined in Sections 2.43 and 2.51 of these Rules), *then the child is not a child with a disability* under these Rules.

For purposes of Part C of IDEA Child Find activities, *Children with Disabilities* also means persons from birth to twenty-one years of age consistent with Section 22-20-103(5)(b), C.R.S.



To qualify as a child with a disability, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.



It will be important to carefully read the details within each Eligibility Worksheet to determine what exact criteria are required.

Here We Go!

- Please have your Eligibility Checklists ready to go!
- The design of this training is to provide you with sufficient detail so that you could complete the Eligibility Checklists for each disability category and its eligibility criteria.
- Please note that there are slides in each category that detail the current ECEA Rule language. We added them so we just have them on hand, as this information may be needed.

AUTISM SPECTRUM DISORDER

Autism Spectrum Disorder

(formerly under Physical Disability / or called Autism)

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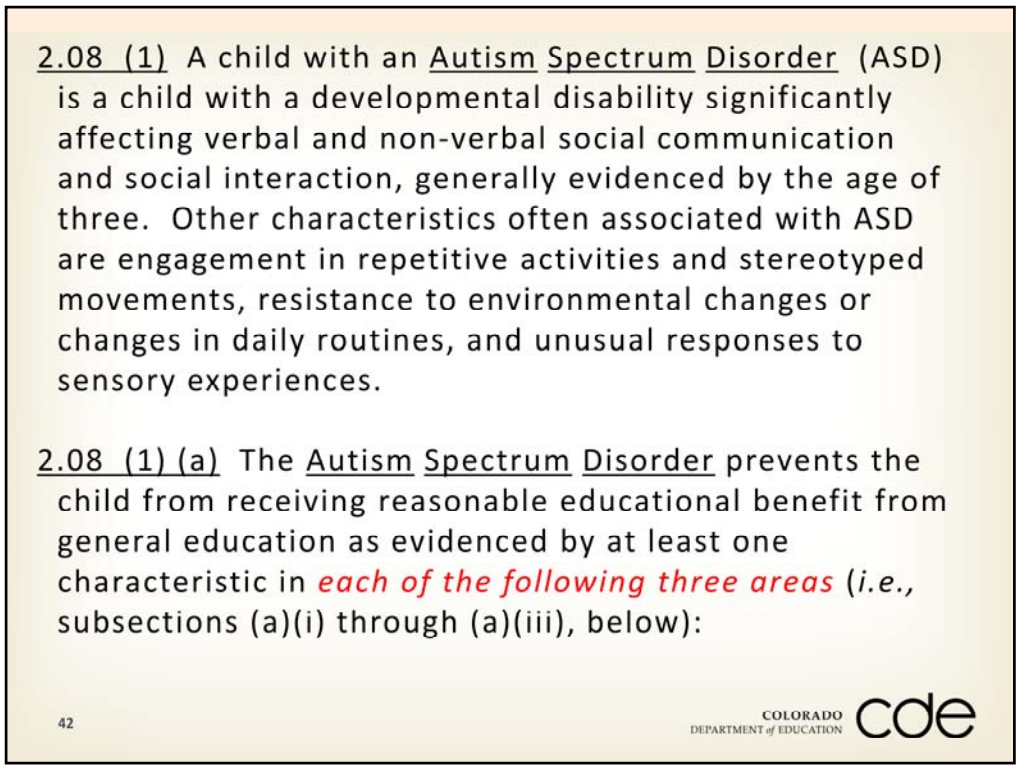


The next slides include the exact wording of a Child with a Autism Spectrum Disorder eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

2.08 (1) (a) (i) The child displays significant difficulties or differences or both in interacting with or understanding people and events. Examples of qualifying characteristics include, but are not limited to: significant difficulty establishing and maintaining social-emotional reciprocal relationships, including a lack of typical back and forth social conversation; and/or significant deficits in understanding and using nonverbal communication including eye contact, facial expression and gestures;

2.08 (1) (a) (ii) The child displays significant difficulties or differences which extend beyond speech and language to other aspects of social communication, both receptively and expressively. Examples of qualifying characteristics include, but are not limited to: an absence of verbal language or, if verbal language is present, typical integrated use of eye contact and

body language is lacking; and/or significant difficulty sharing, engaging in imaginative play and developing and maintaining friendships; and

2.08 (1) (a) (iii) The child seeks consistency in environmental events to the point of exhibiting significant rigidity in routines and displays marked distress over changes in the routine, and/or has a significantly persistent preoccupation with or attachment to objects or topics.

2.08 (1) (b) The following characteristics may be present in a child with ASD, but shall not be the sole basis for determining that a child is an eligible child with ASD if the child does not also meet the eligibility criteria set out in subsection (a) of this rule, above.

2.08 (1) (b) (i) The child exhibits delays or regressions in motor, sensory, social or learning skills.

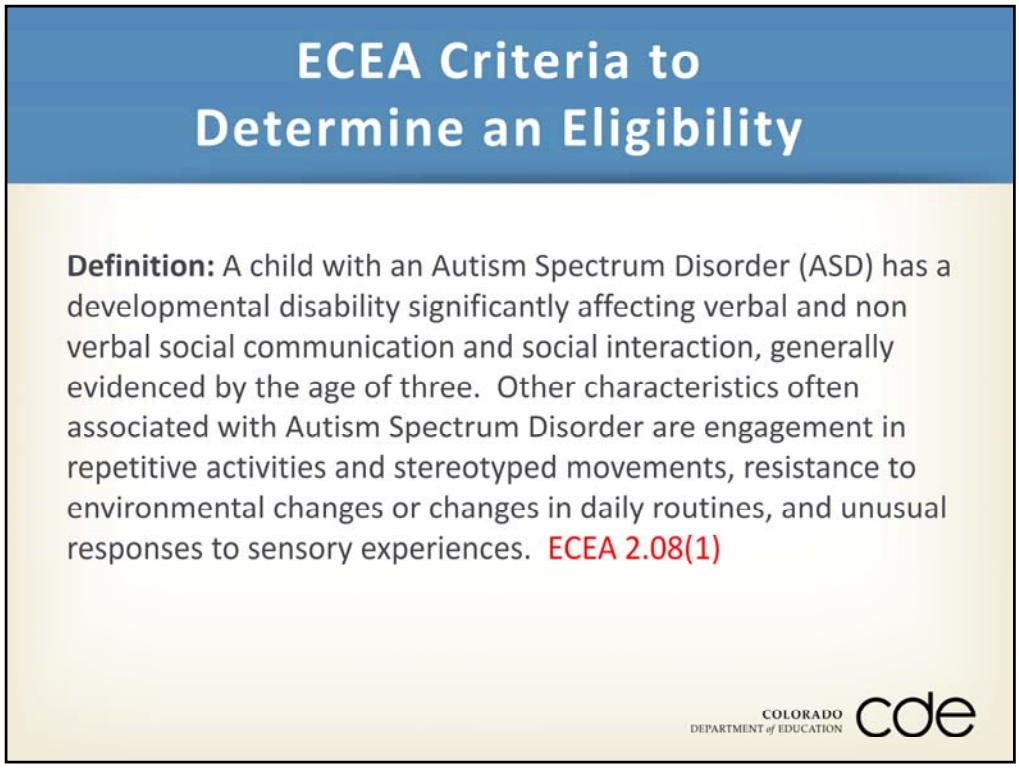
2.08 (1) (b) (ii) The child exhibits precocious or advanced skill development, while other skills may develop at or below typical developmental rates.

2.08 (1) (b) (iii) The child exhibits atypicality in thinking processes and in generalization. The child exhibits strengths in concrete thinking, awareness and judgment. Peseverative thinking and impaired ability to process symbolic information is present.

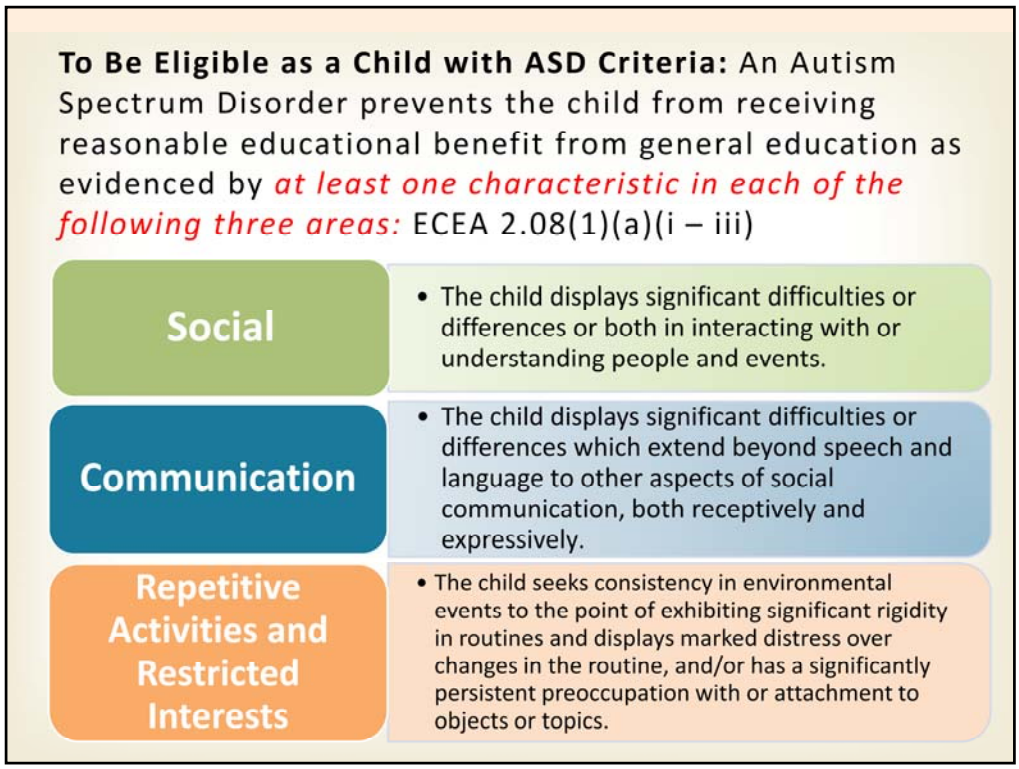
2.08 (1) (b) (iv) The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement.

2.08 (1) (b) (v) The child's capacity to use objects in an age appropriate or functional manner is absent or delayed. The child has difficulty displaying a range of interests or imaginative activities or both.

2.08 (1) (b) (vi) The child exhibits stereotypical motor movements, which include repetitive use of objects and/or vocalizations, echolalia, rocking, pacing or spinning self or objects.

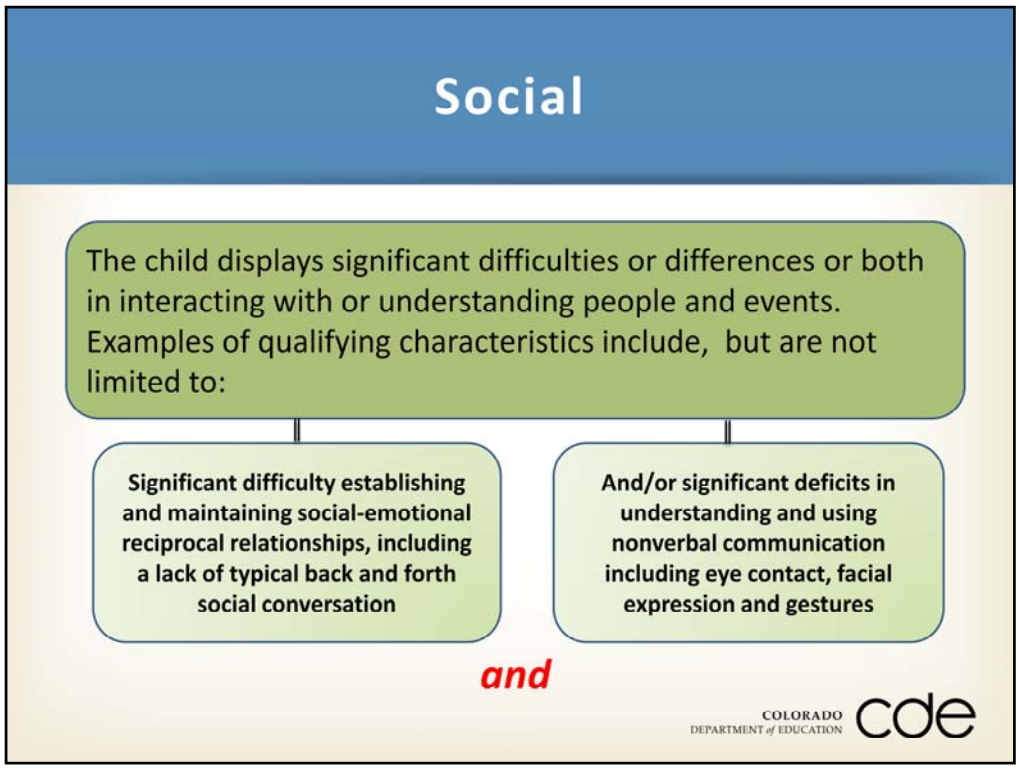


The definition is taken from the IDEA definition of autism with some changes to be consistent with the new definition in the DSM-V. The State Autism Task Force with additional school administrators determined that this definition written in 1992 and based on the DSM III-R is vague and outdated. It was decided to add additional definition to the ECEA rules that more explicitly defined Autism Spectrum Disorders. It was also decided to use the term Autism Spectrum Disorder in place of "Autism" since that is prevalent in the literature and will be the new term used in the DSM-V due to be published in May. There will no longer be separate categories for Autistic Disorder, Asperger Syndrome and Pervasive Developmental Disorder – Not Otherwise Specified.

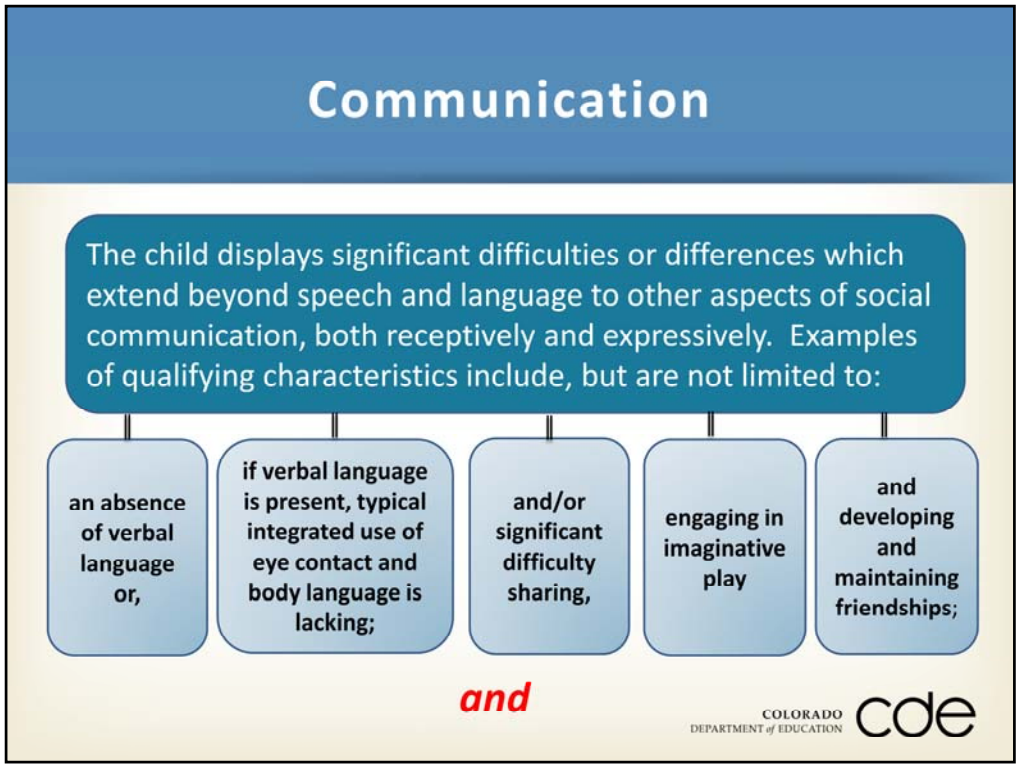


The triad of impairments has been used to describe Autism Spectrum Disorder. Since it is prevalent in the literature and the DSM-IV-R that there must be characteristics in each of these core areas, the committee retained the three areas knowing there is overlap in social communication and the DSM-V has collapsed these into one.

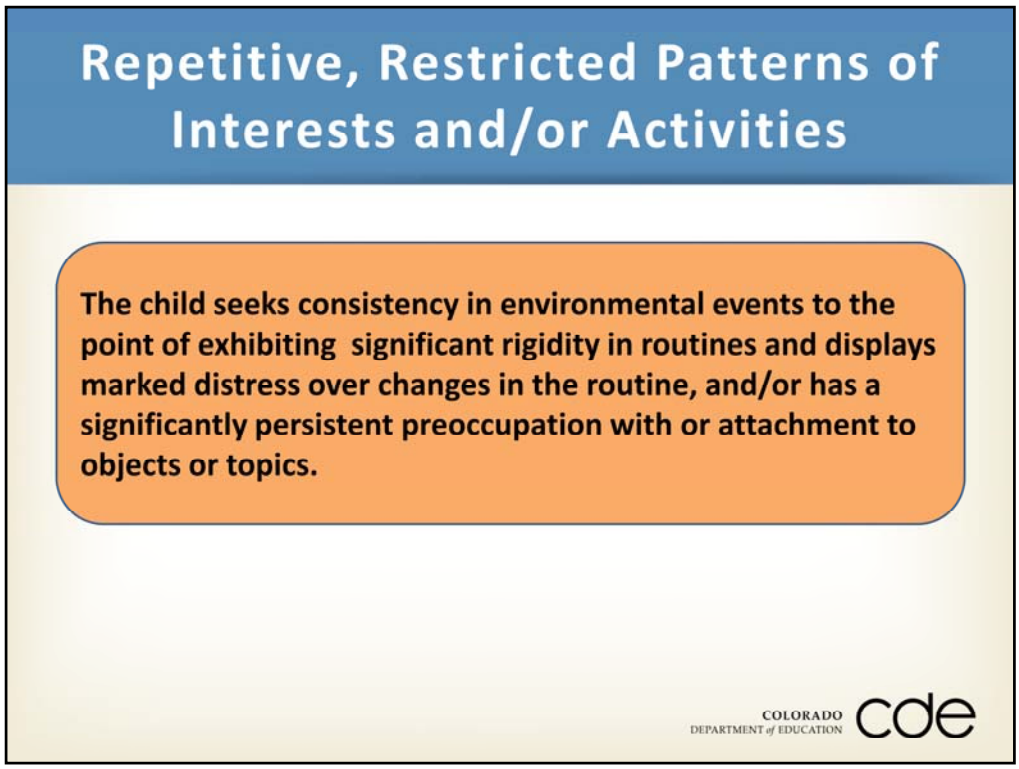
A student must have characteristics in each of the areas. When evaluating the receptive and expressive language of high functioning students, it is the functional use in the context of the educational setting that is where the breakdowns occur not necessarily within the context of a structured assessment. Students often have difficulty expressing their thoughts or explaining situations and misunderstand the expressions of others especially if the person is using inferences, idioms or other more abstract language.



In each area there are numerous ways that a student may be impacted. The general definition is followed by a few examples to help clarify the definition. This is far from an exhaustive list and the features a particular student may have in the area of social relatedness may not be listed, therefore the phrase, "but are not limited to" is used to indicate the student may qualify with features other than those listed but would still meet the general definition. A Guidance Document is being developed to aid teams in assessing and further defining each area.



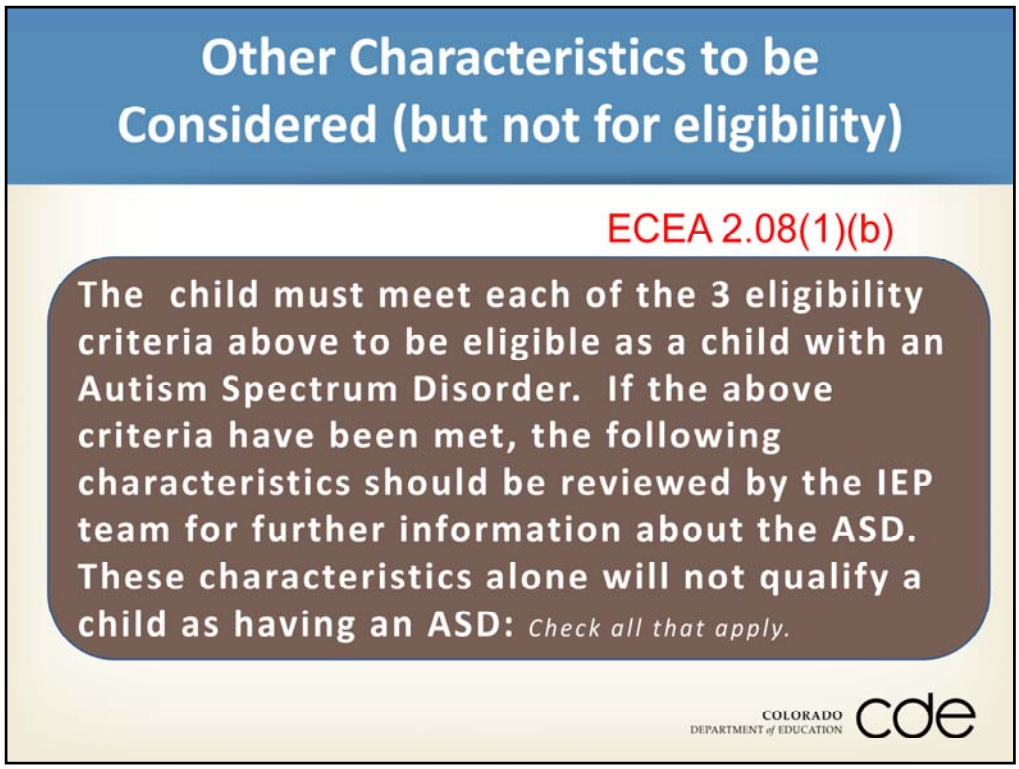
The area of communication has a wide range of challenges from students who are non-verbal and have cognitive impairment to high functioning students who have difficulty with pragmatics or the social use of language. While a student may score average to above average on Standardized assessments such as the CELF-5 or OWLS II with regards to language, they could still demonstrate an inability to use the language in a variety situations. Therefore, it is necessary to observe the student in a variety of educational and social settings to find the challenges of the individual student.



This area includes the rigidity in thinking and shifting attention, difficulty with information processing, executive functioning and theory of mind or perspective taking.

Determining Eligibility

- There must be impact in each of these three areas to qualify with an Autism Spectrum Disorder
- On the Eligibility Checklist for ASD, if any of the above areas has a box checked "no" the student does not qualify and the team does not go on to the next set of indicators
- The 2.08(1)(b) section was added to identify other areas that may impact the students education but are not features that qualify the student.



The following characteristics are often present with an Autism Spectrum Disorder and should be address as they can severely impact a students academic, social and emotional performance, but they shall not be used to determining that a child is an eligible child with an Autism Spectrum Disorder.

Characteristics Continued

- The child exhibits delays or regressions in motor, sensory, social or learning skills.
- The child exhibits precocious or advanced skill development, while other skills may develop at or below typical developmental rates.
- The child exhibits atypicality in thinking processes and in generalization. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverative thinking and impaired ability to process symbolic information is present.

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Characteristics Continued

- The child exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement
- The child's capacity to use objects in an age appropriate or functional manner is absent or delayed. The child has difficulty displaying a range of interests or imaginative activities or both.

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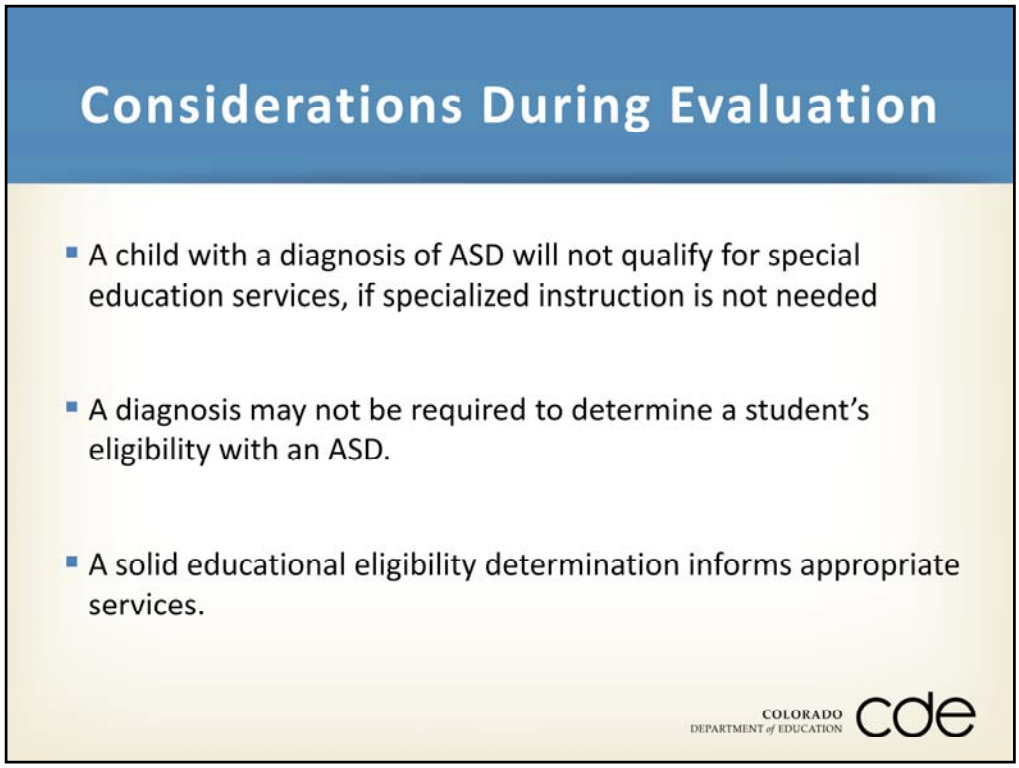

- A 504 Plan may provide accommodations, if needed

Essential Elements of an Evaluation

- **Developmental history**
  - Age of first concern
  - Adaptive skills
  - Existence and establishment of routines
  - Movement and motor skills including repetitive movements
  - Ability to handle change
  - Response to various types of sensory input

Guidance for the Educational Identification of Autism Spectrum Disorders in Colorado

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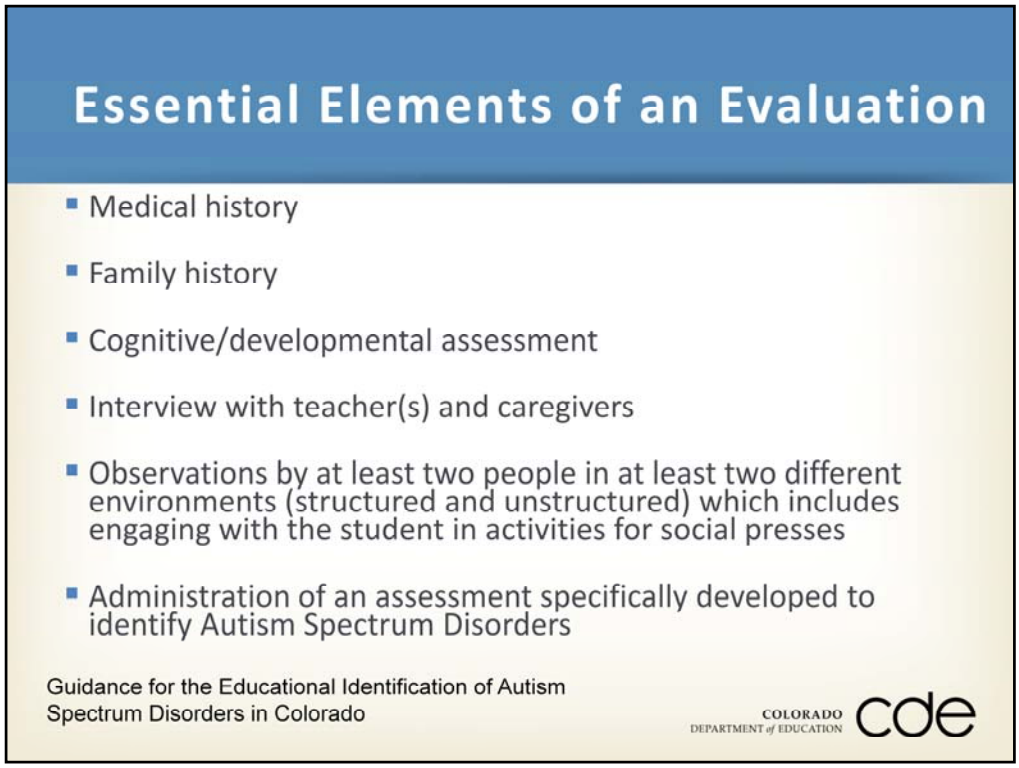
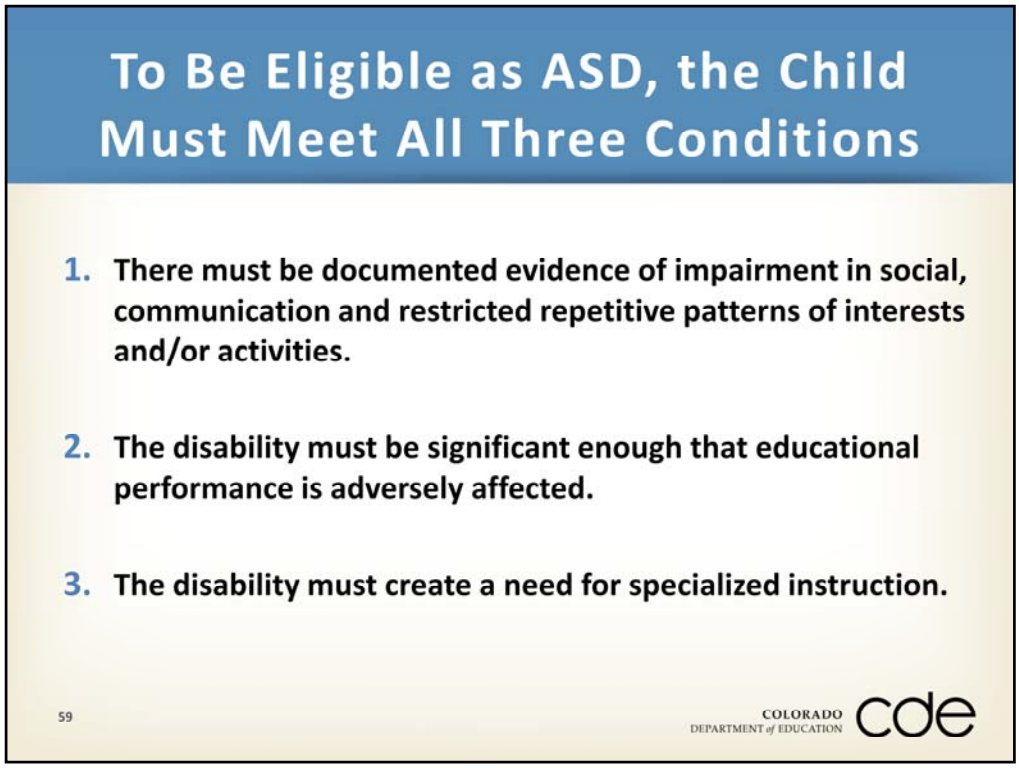


At least one assessment specific to the characteristics of ASD, such as the ADOS – 2 or ADI-R, must be administered to document the characteristics of the individual student.



According to the School Law Bulletin (2002):

"The term educational performance is not defined in IDEA or in the regulations, and OSEP has consistently chosen not to define it. Instead, OSEP directs school officials to consider both academic and nonacademic skills and progress in determining whether a child's impairment adversely affects his or her educational performance: "The assessment is more than the measurement of the child's academic performance as determined by standardized measures." (33. Letter to Lillie/Felton, 23 IDELR 714 OSEP 1994; in Grice, 2002).

HEARING IMPAIRMENT / DEAFNESS

Hearing Impairment, Including Deafness
(formerly Hearing Disability)

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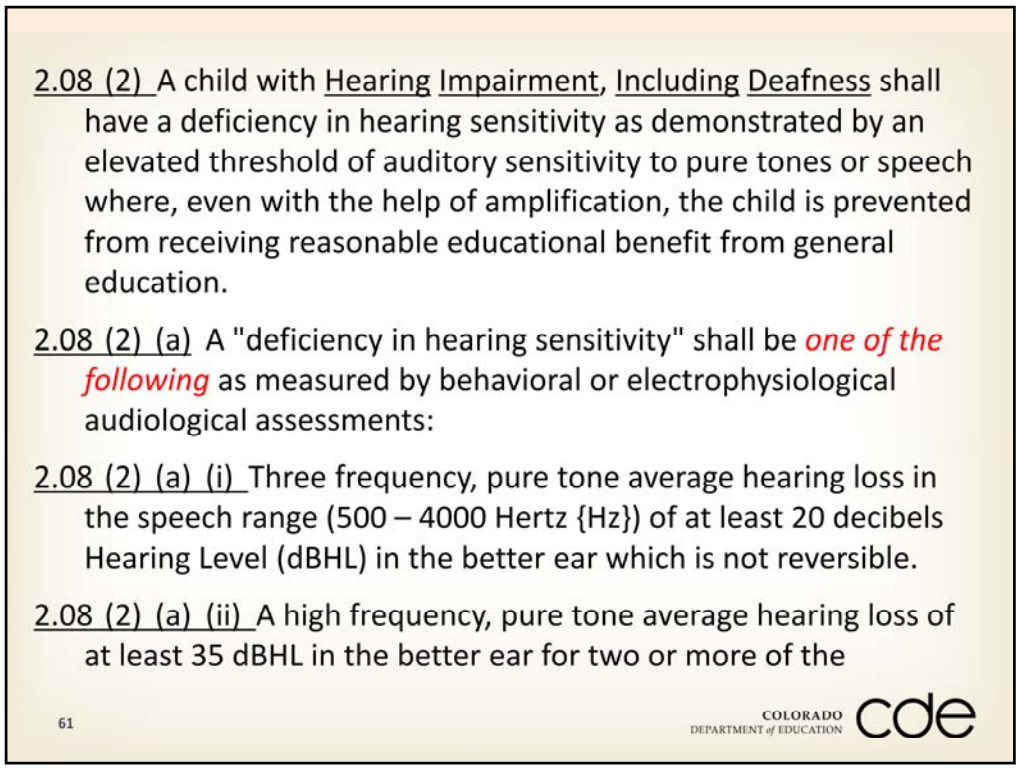

The next slides include the exact wording of a Child with a Hearing Impairment, Including Deafness eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

following frequencies: 2000, 3000, 4000 or 6000 Hz.

2.08 (2) (a) (iii) A three frequency, pure tone average unilateral hearing loss in the speech range (500 – 4000Hz) of at least 35 dBHL which is not reversible.

2.08 (2) (a) (iv) A transient hearing loss, meeting one of the criteria in (a)(i) – (a)(iii) above, that is exhibited for three (3) months cumulatively during a calendar year (i.e., any three months during the calendar year) and that typically is caused by non-permanent medical conditions such as otitis media or other ear problems.

2.08 (2) (b) The Hearing Impairment, Including Deafness, as described above, prevents the child from receiving reasonable

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educational benefit from general education as evidenced by one or more of the following:

2.08 (2) (b) (i) Delay in auditory skills and/or functional auditory performance including speech perception scores (in quiet or noise), which demonstrates the need for specialized instruction in auditory skill development or assistive technology use;

2.08 (2) (b) (ii) Receptive and/or expressive language (spoken or signed) delay including a delay in syntax, pragmatics, semantics, or if there is a significant discrepancy between the receptive and expressive language scores and/or function which adversely impacts communication and learning;

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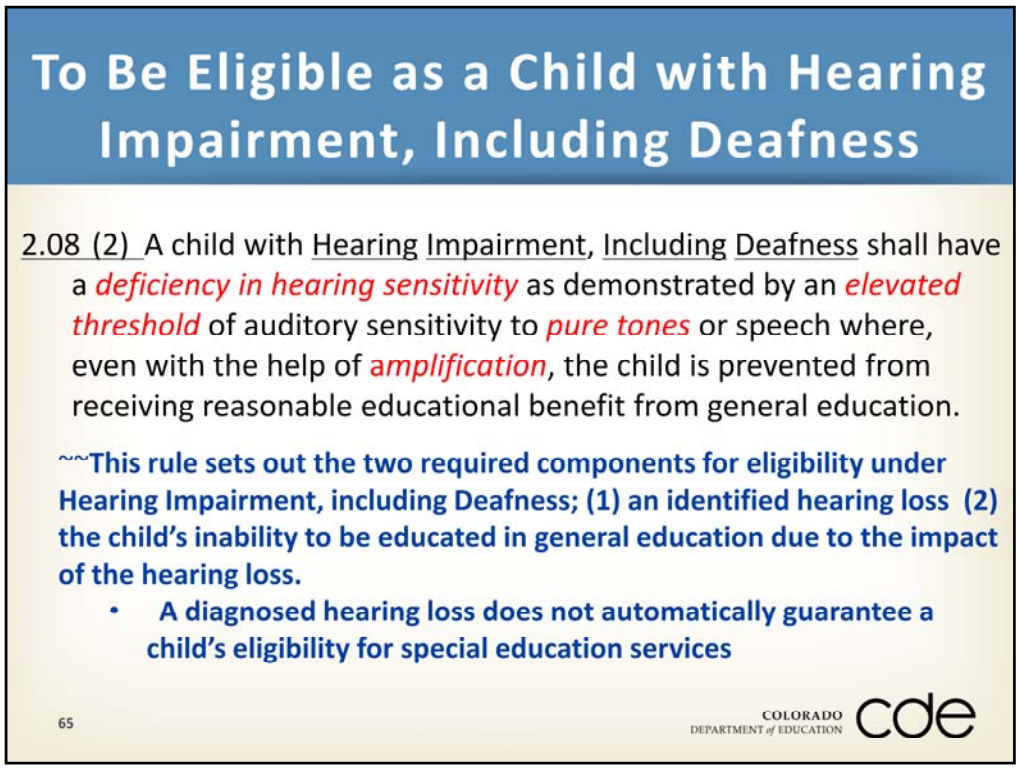
2.08 (2) (b) (iii) An impairment of speech articulation, voice and/or fluency;

2.08 (2) (b) (iv) Lack of adequate academic achievement and/or sufficient progress to meet age or state-approved grade-level standards in reading, writing, and/or math;

2.08 (2) (b) (v) Inconsistent performance in social and learning environments compared to typically developing peers; and/or

2.08 (2) (b) (vi) Inability to demonstrate self advocacy skills or utilize specialized technology/resources to access instruction.



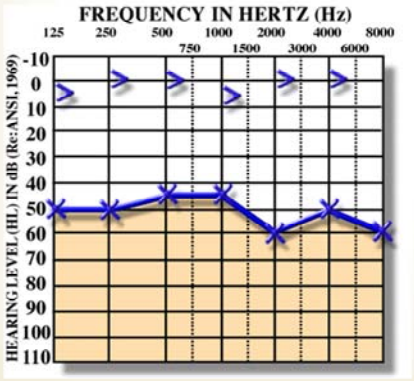
2.08 (2) The term "hearing disability" was changed to "Hearing Impairment, including Deafness."

- IDEA changed the language in 2004.
- The change established "Hearing Impairment" as a general term for a hearing disability. Specifically, the term was intended to include individuals with mild to moderate losses or who are typically referred to as hard-of-hearing.
- The term "Deafness" was intended to include individuals with severe to profound hearing loss.

GLOSSARY

~~deficiency in hearing sensitivity - a hearing loss

~~elevated threshold - refers to an increased decibel level as indicated on an audiogram. The range -10dB to +15dB is considered normal hearing. Any decibel threshold "elevated" beyond 20dB indicates a hearing impairment.



~~pure tones – tones at selected pitches (frequencies measured in Hertz [Hz]) from low to high. Much like a piano keyboard, the low tones are to the left and the high tones are to the right.

~~amplification – hearing aids, cochlear implants, FM systems, etc.

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~~amplification – hearing aids, cochlear implants, FM systems, etc.

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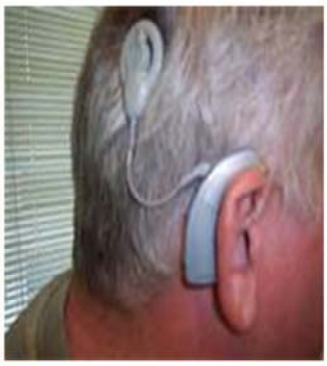
Cochlear Implants



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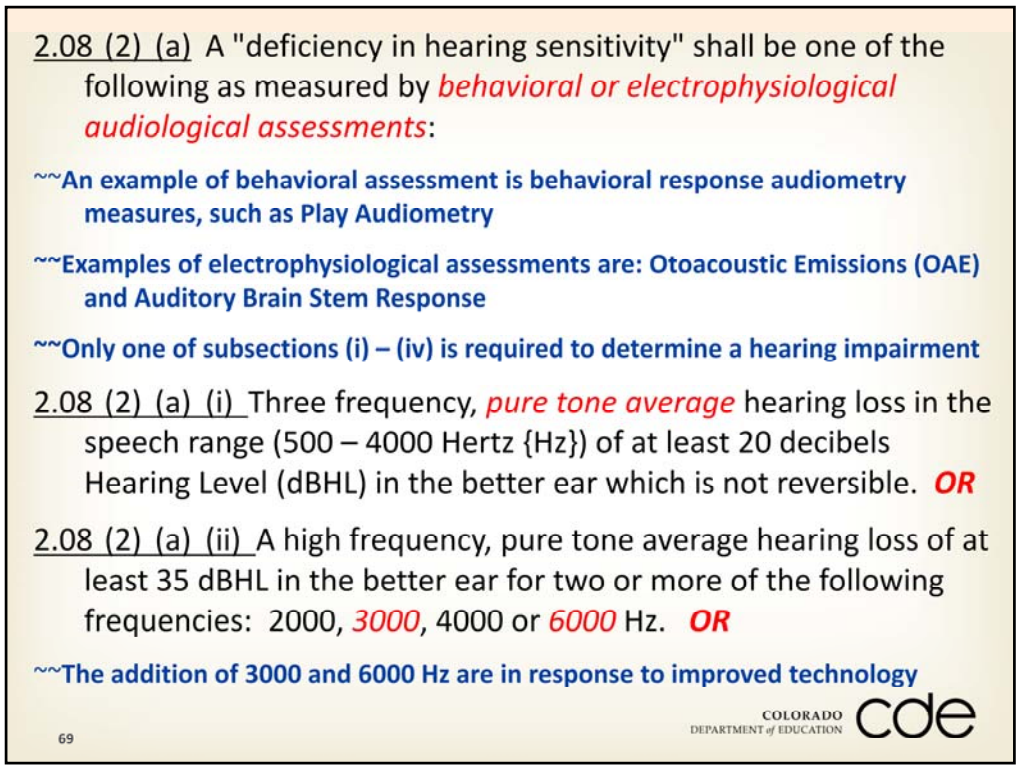


Key points are highlighted in red / italics

2.08 (2) (a) Behavioral response audiometry is a hearing test in an audiology booth by a certified audiologist where the child being tested is required to give some response to a stimulus that is a "pure tone" (e.g., putting a block in a container, raising a hand, eye blink, etc.)

- OAEs are used for newborn hearing screenings or for individuals who cannot accurately participate in Behavioral Response Audiometry

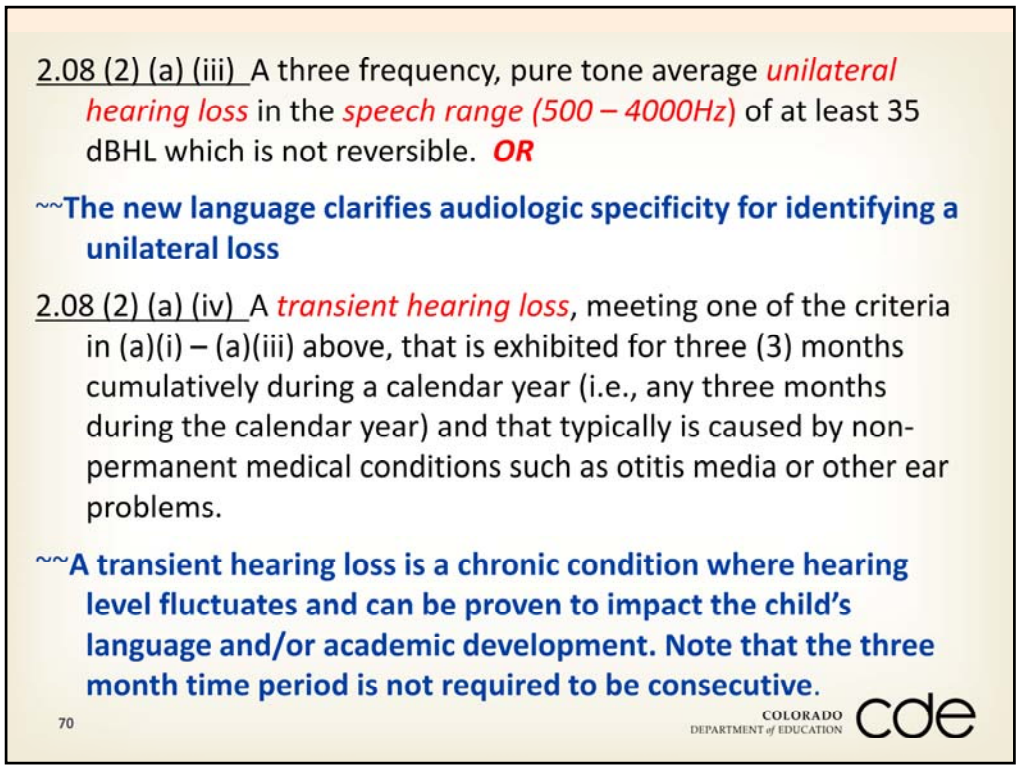
- Auditory Brain Stem Response tests the viability of the auditory nerves and can only be performed in a clinical setting

2.08 (2) (a) (i)

- A pure-tone air conduction hearing test determines the faintest tones a person can hear at selected pitches (frequencies), from low to high

- Averaging three frequencies is sufficient to determine a hearing loss

- A reversible hearing loss is caused by a non-permanent medical condition such as otitis media or other ear problem



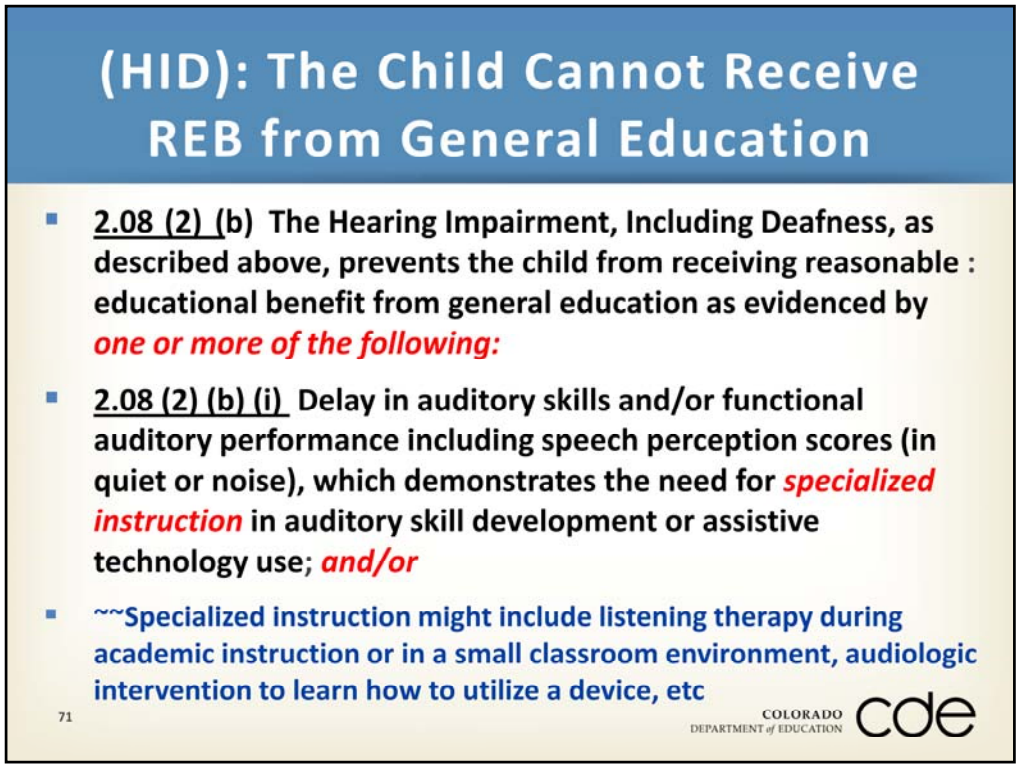
2.08 (2) (a) (iii)

- Unilateral hearing loss is a hearing loss in a single ear

- Speech range: this is new language to reflect increased access to additional frequencies through new technologies

2.08 (2) (a) (iv)

- A transient hearing loss is a chronic condition where hearing level fluctuates and can be proven to impact the child's language and/or academic development. Note that the three month time period is not required to be consecutive.

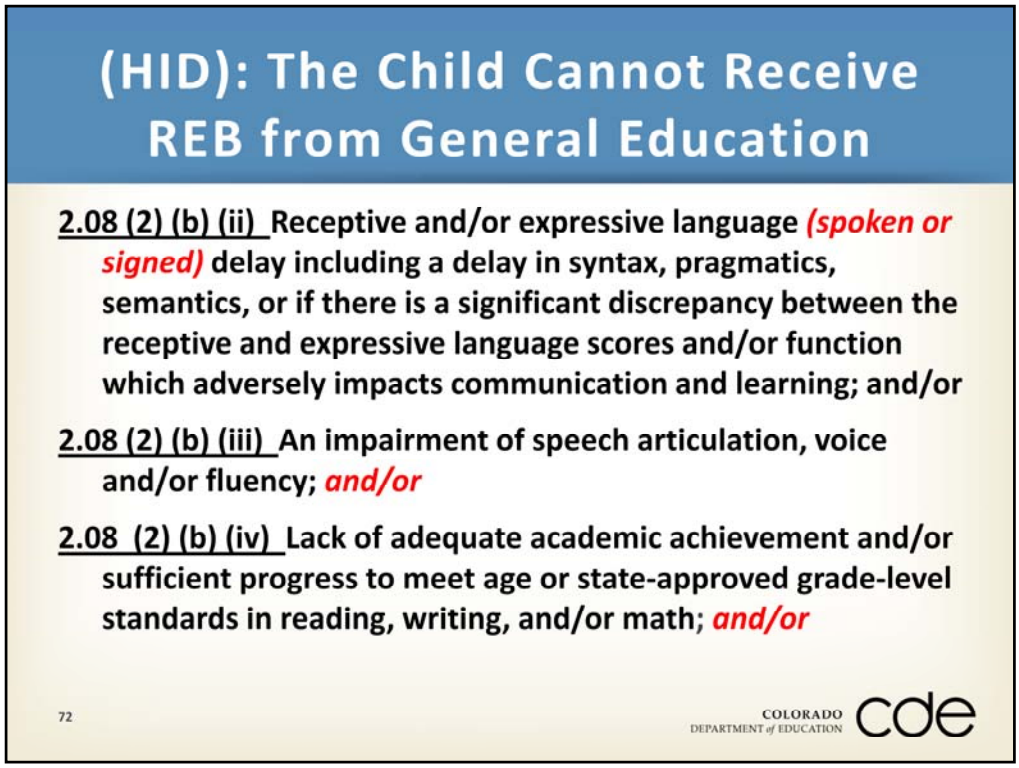


Reasonable **E**ducational **B**enefit = REB

To qualify as a child with Hearing Impairment, Including Deafness, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction. The specially designed instruction may involve training on the use of specialized equipment.

2.08 (2) (b)

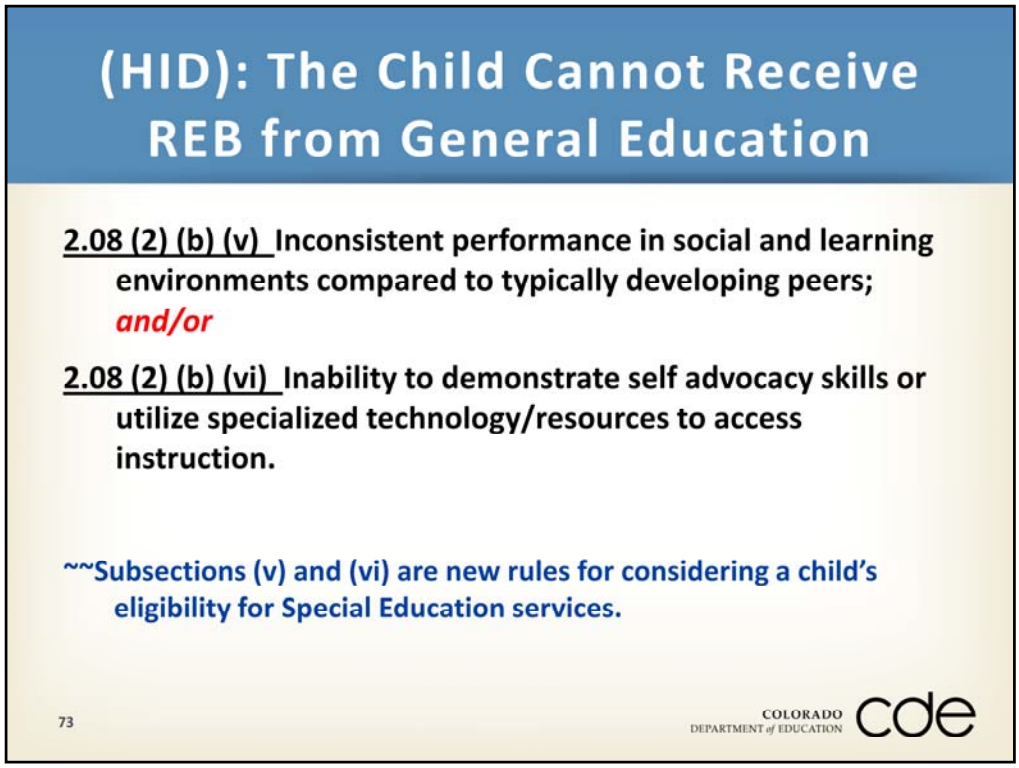
This section reminds us that there are two components for determining eligibility: (1) a delay as explained in subsections i – vi and (2) proof that delays have impacted the child's academic progress/access to the general education curriculum



Reasonable **E**ducational **B**enefit = REB

2.08 (2) (b) (ii)

The student's primary mode of communication may be either spoken or signed. The delay can occur in either mode. Historically, we have only looked at spoken communication.



Reasonable **E**ducational **B**enefit = REB

2.08 (2) (b) (v)

Concerns about appropriate social performance might include impulsivity, distractibility, short attention span, inability to focus on tasks, disorganization, unwillingness to venture a guess, social withdrawal, etc.

2.08 (2) (b) (vi)

Concerns about appropriate self-advocacy skills in a deaf student might include the lack of understanding of the specifics of his/her disability, the unwillingness to communicate disability-specific needs (FM system, preferential seating, interpreting services, etc.), the inability to know how to tap into personal strengths, the timidity to communicate his/her needs and wants, lack of experience in the real world, etc.

In the Event of Deaf-Blindness

- If the child with Deaf-Blindness ***does not meet the exact eligibility requirements*** for Hearing Impairment, Including Deafness (HID), but the combination of an existing hearing loss and the documented vision loss adversely affects the student's educational performance that will prevent the child from receiving reasonable educational benefit from general education, ***there is a box on the HID eligibility checklist page for this situation.***

To Be Eligible as HID, the Child Must Meet All Three Conditions

1. Have evidence of a deficiency in hearing sensitivity, as measured by behavioral or electrophysiological audiological assessment conducted by an audiologist.
2. The deficiency of hearing sensitivity must be significant enough that even with the help of amplification, educational performance is adversely affected.
3. The deficiency of hearing sensitivity must create a need for specially designed instruction.

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SERIOUS EMOTIONAL DISABILITY

Serious Emotional Disability

(formerly Significant Identifiable Emotional Disturbance)

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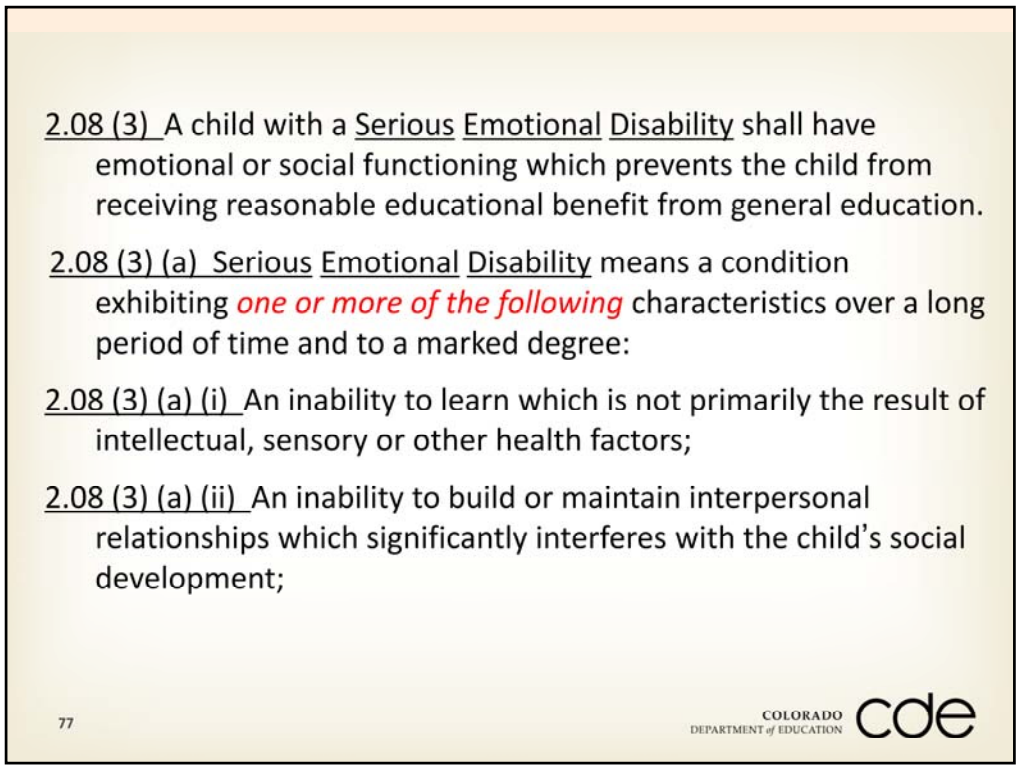
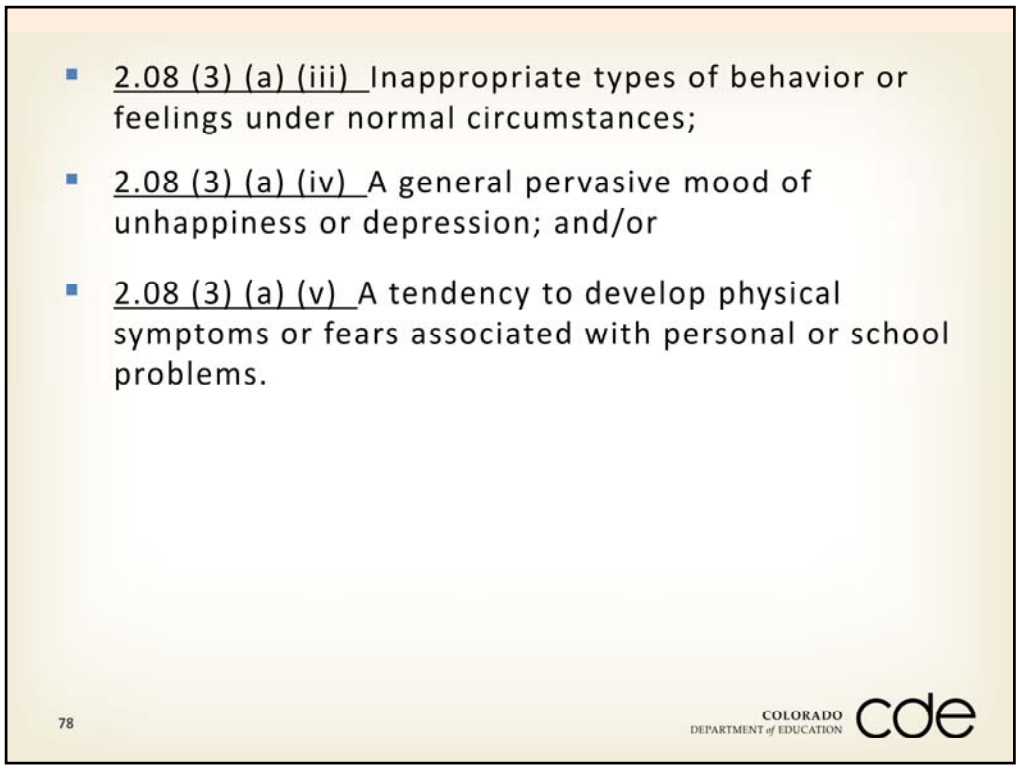


The next slides include the exact wording of a Child with a Serious Emotional Disability eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

SED criteria now align with the Federal language in IDEA

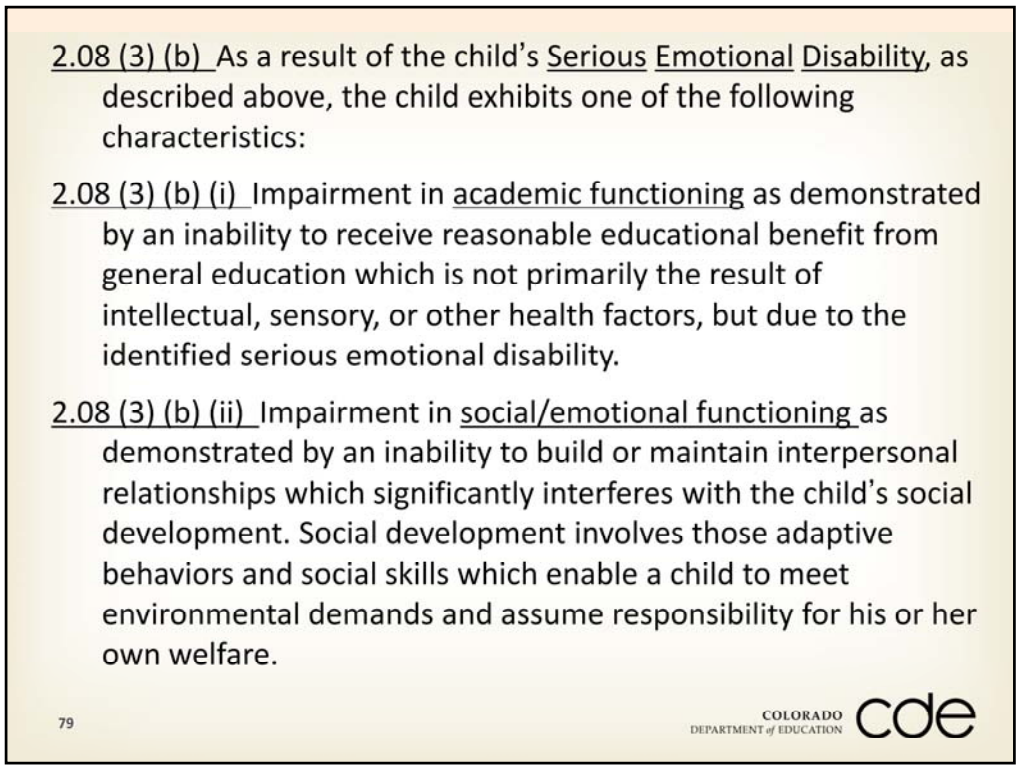
- Previous 12 Characteristics for SIED are replaced by 5 criteria
- 12 characteristics were descriptions of fairly specific behaviors
- 5 criteria are more global in nature



Final three of the five criteria in IDEA

Final two have direct relationship to former characteristics:

1. Exhibits pervasive sad affect, depression and feelings of worthlessness
2. Persistent physical complaints, not due to medical condition

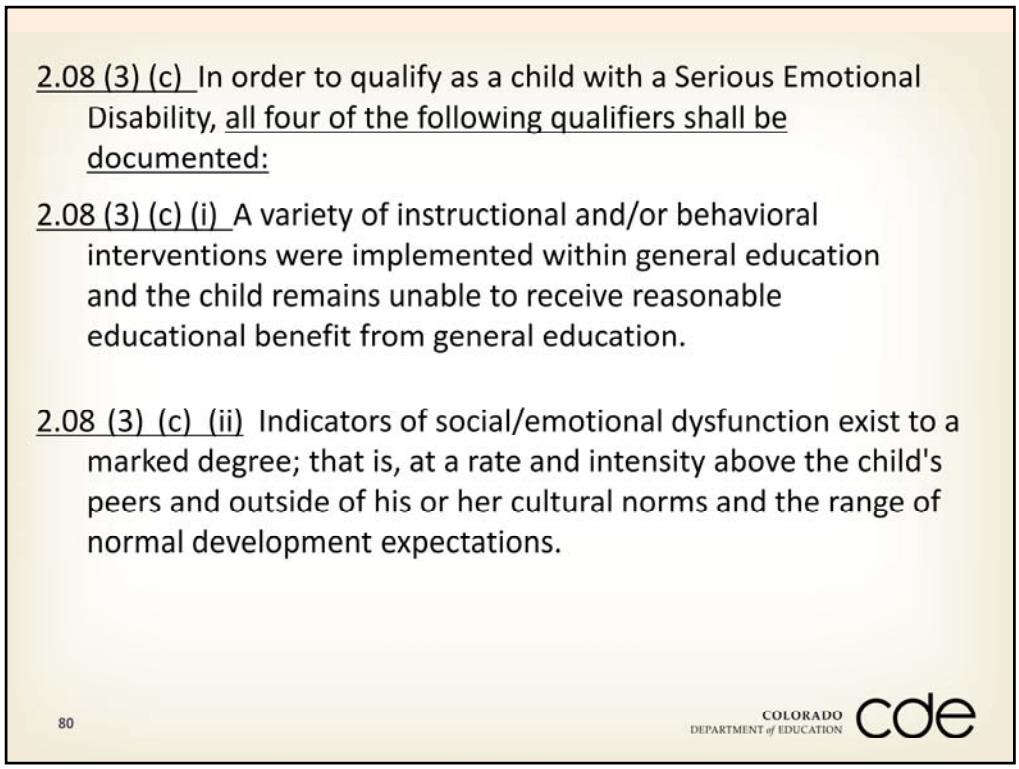


Because the federal criteria have been criticized for somewhat vague language, we retained the above two characteristics

and four qualifiers that were part of ECEA in the past, but modified the language in some instances.

These two characteristics emphasize that the child must have an impairment in academic functioning or social-emotional

functioning. These two characteristics have equal weight.

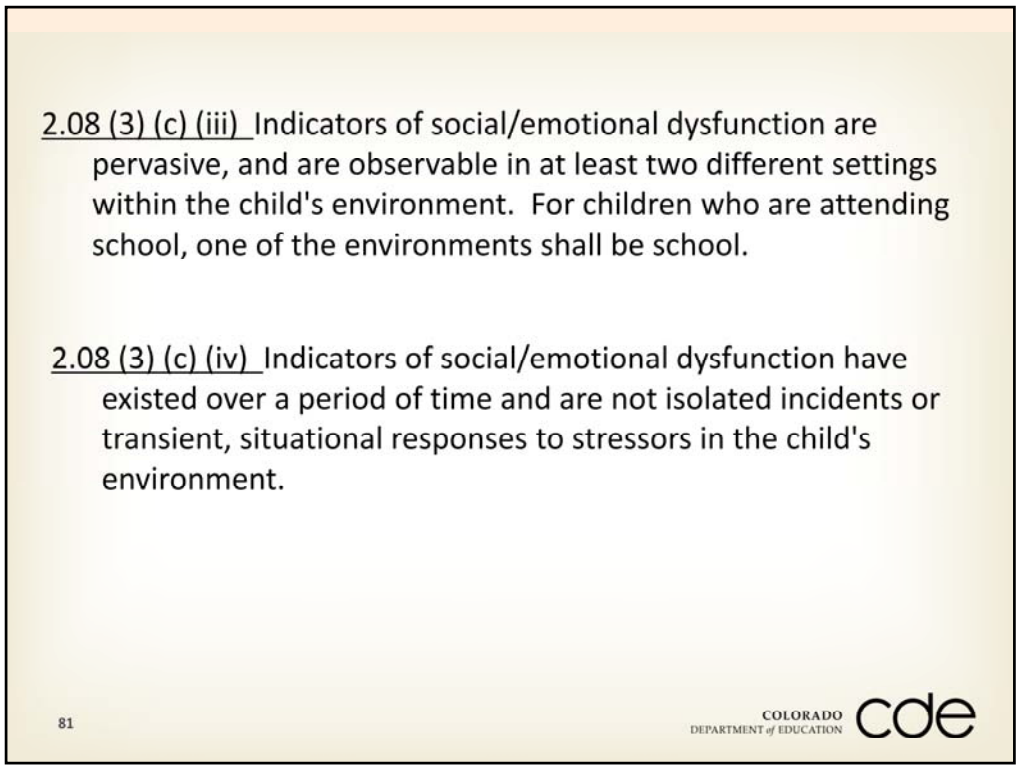


The intent of the four qualifiers remains the same.

A student must meet all four.

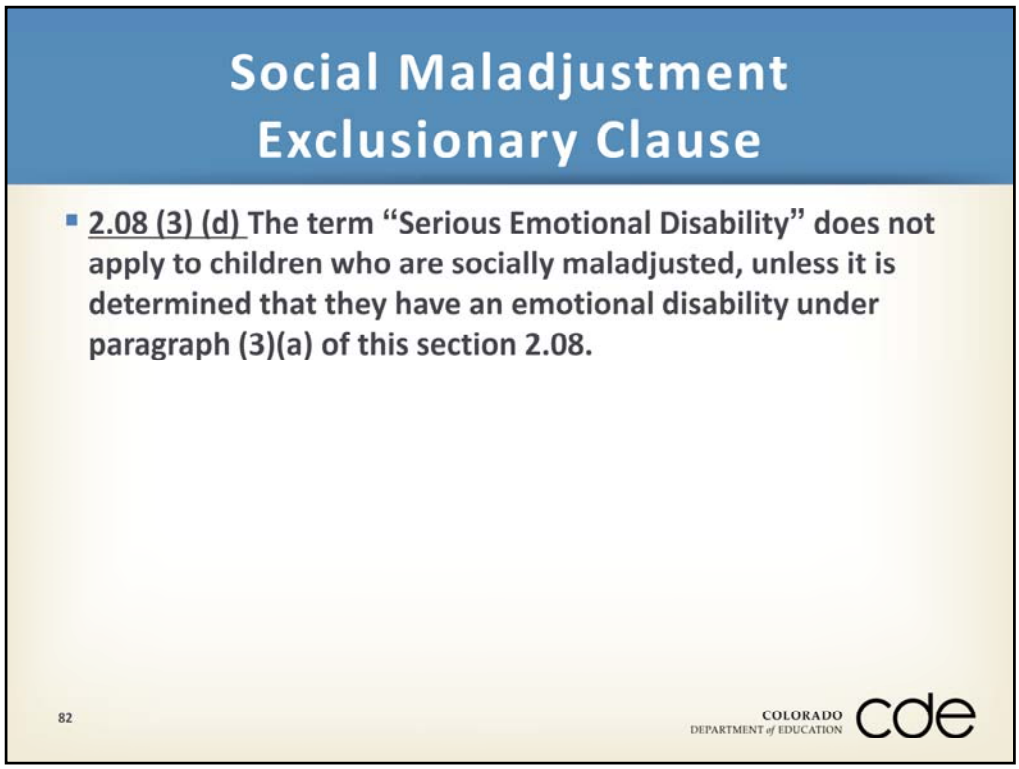
They require:

- 1. Pre-referral interventions (similar to SLD)
- 2. The social-emotional behaviors must be significantly different from peers when both cultural norms and level of development are taken into account.

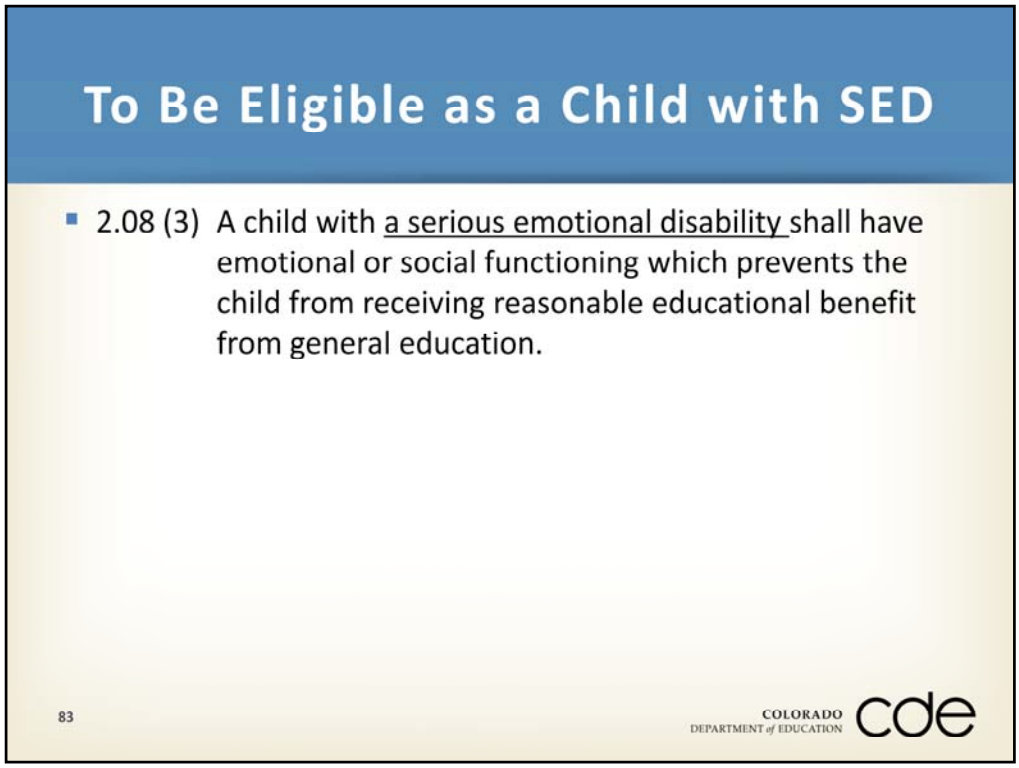


Two final qualifiers:

3. Pervasive across environments – one of which must be school
4. The behaviors are not transient reactions to specific situations.



This exclusionary clause represents the biggest change



This statement applies to each of the disability categories.

The process for SED:

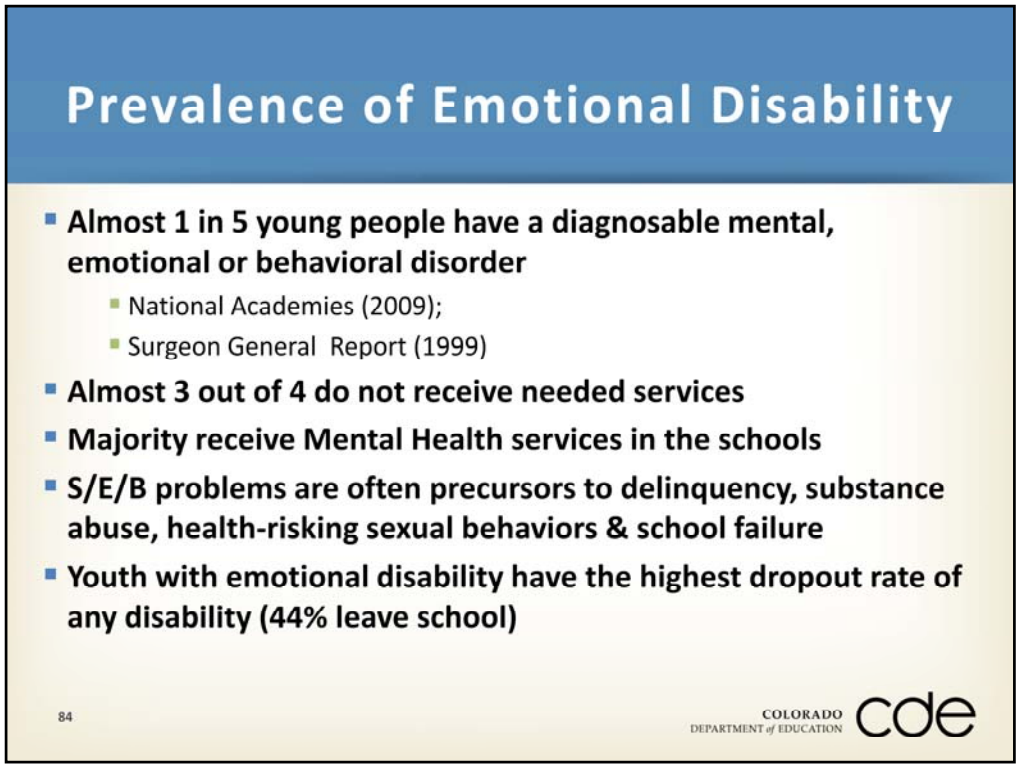
A previous task force was revising the SIED criteria to integrate with RtI/PBIS implementation (which is now known as

MTSS.) When the new criteria were adopted, a new task force continued to integrate a multi-tiered system of support approached with SED identification. Envision a referral and eligibility process somewhat similar to Specific Learning Disability

Integrates components of RtI/PBIS, such as:

- Universal screening for social-emotional problems
- Targeted interventions implemented for academics and behavior
- Progress monitoring
- And integrating family and school partnering throughout.
- Referrals for SED eligibility should be based on data

- SED will be determined through a Body of Evidence which includes:
    - Interviews with student, parents, teacher
    - Observation across at least 2 relevant settings
    - Progress Monitoring of interventions using CBM, time sampling, etc.
    - Results from state & local assessments
    - Behavior rating scales



•This slide provides the context for when SED is being considered

• These statistics include the incidence of depression, conduct disorder and substance abuse

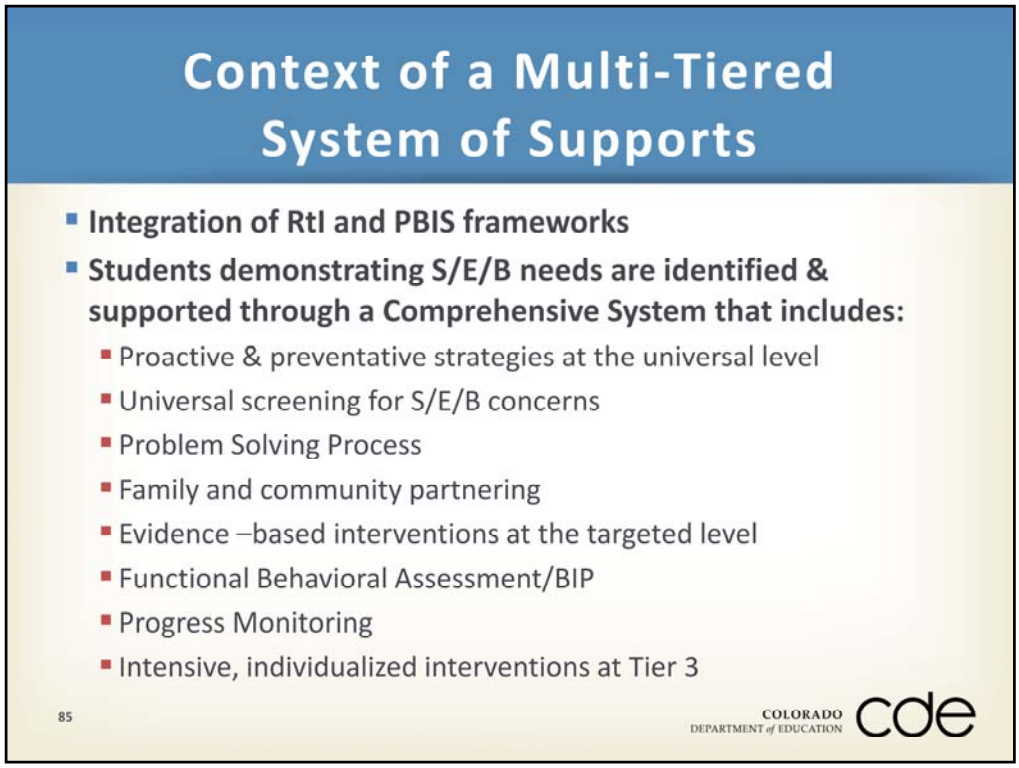
•Large numbers of young people are affected

•Many disorders have life-long effects that include high psychosocial & economic costs

•1 in 10 have a disability that causes significant impairment

•Students with ED are under-identified – only 1-2% of the overall student population are identified as SED

•SED is also associated with negative outcomes



RtI = Response to Intervention

PBIS = Positive Behavioral Interventions and Support

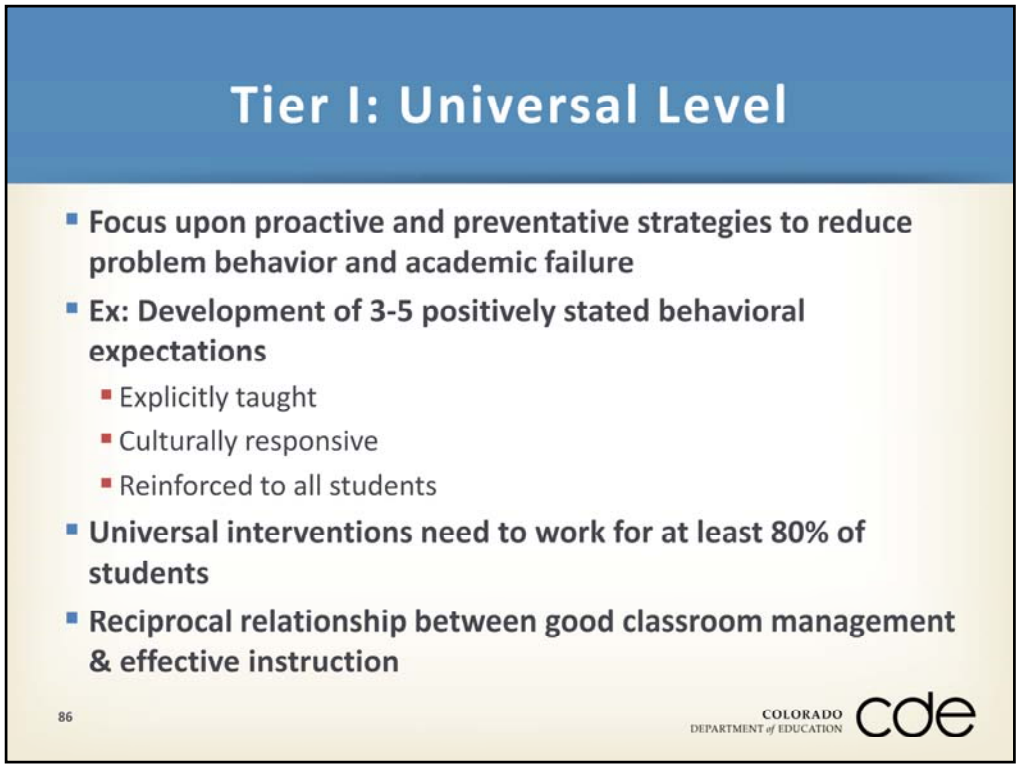
By having in place a well-defined, multi-tiered system of high-quality, evidence-based supports implemented with fidelity, a school/district can respond effectively to the needs of all students exhibiting a wide range of learning & behavioral needs.

Think about SED identification within this context. As MTSS components are described, think about how they fit with what your school/district has in place.

Universal level needs to be in place for academics and behavior and to be effective for 80% of students

Progress monitoring – CBM, structured observations, time sampling

Expanded information on the MTSS framework is included in the SED Guidelines



Schools need to have a framework for Social /Emotional /Behavioral interventions. Rx: PBIS or public health framework

Universal interventions aimed to be effective for at least 80% of students. A school simply can't do individualized interventions for 20% of their students

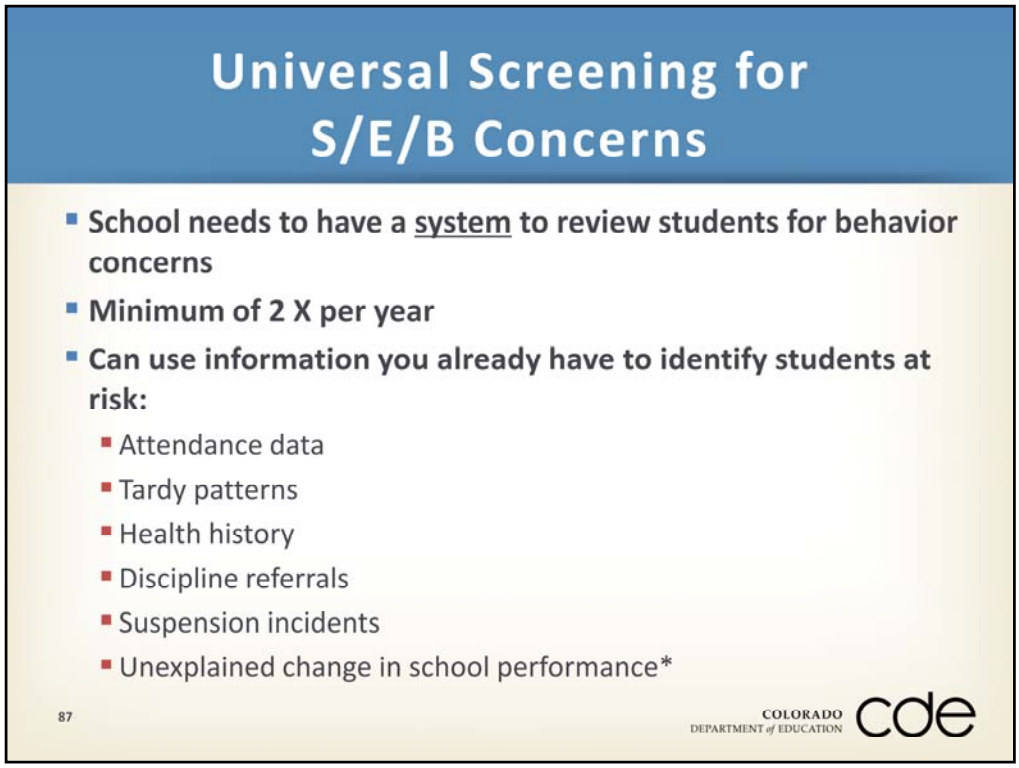
Well established that the classroom environment significantly affects student behavior.

At the classroom level, evidence-based management strategies should be implemented.

Proactive classroom management strategies should:

- Identify, teach & reinforce behaviors that will lead to student success
- Prevent problem behaviors
- Facilitate academic success

- George Sugai: Best behavior management strategy is academic engagement. Conversely, academic interventions have best results when paired with behavior strategies.



S / E / B = Social/ Emotional / Behavioral

Attendance and tardy information can reveal students with a variety of social and behavioral challenges, e.g., poor health, lack of transportation, avoidance of academic failure, or a need for support outside of school.

With PBIS is being implemented, the analysis of Office Discipline Referrals (ODR) data can be used to identify students needing targeted interventions

Colorado's Academic standards and benchmarks for Comprehensive Health and PE can be used as guidelines for S-E expectations across grade levels.

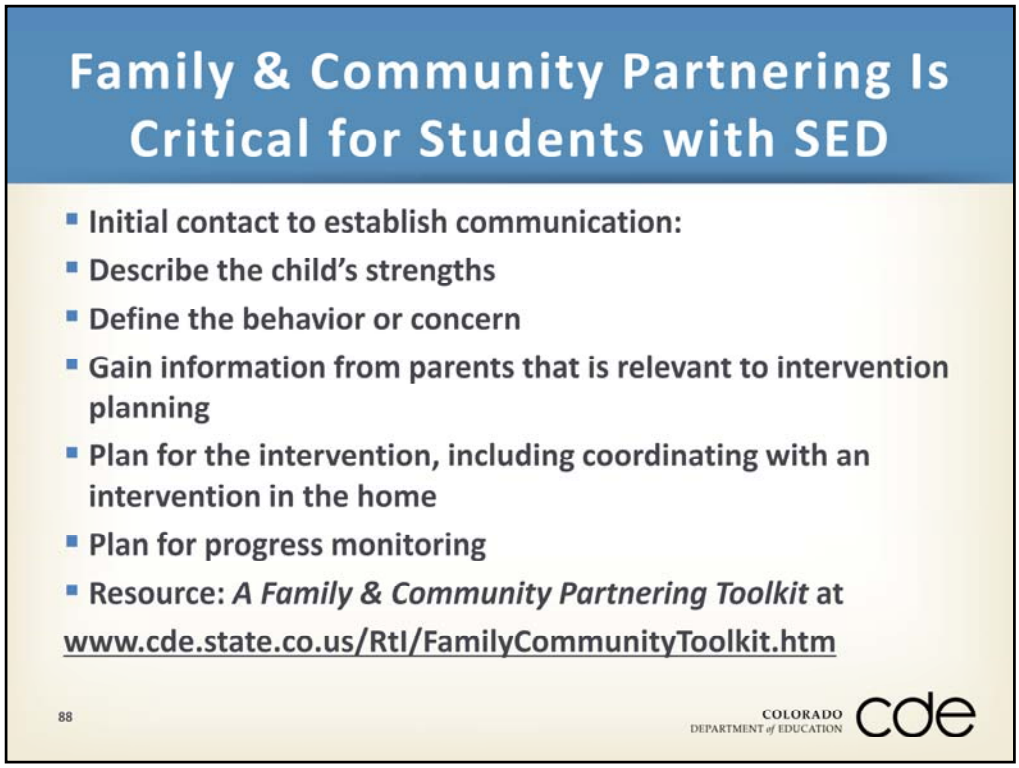
*Institute of Medicine Report, 2009 : ½ of all MI occur by age 14 (school aged population)

We need to be able to recognize these students

One sign: is precipitous drop in school performance

Early intervention is key for S/E/B problems. Best to remediate before behavior is engrained.

IDEA allows 15% of special education funds to be used for Early Intervening Services.



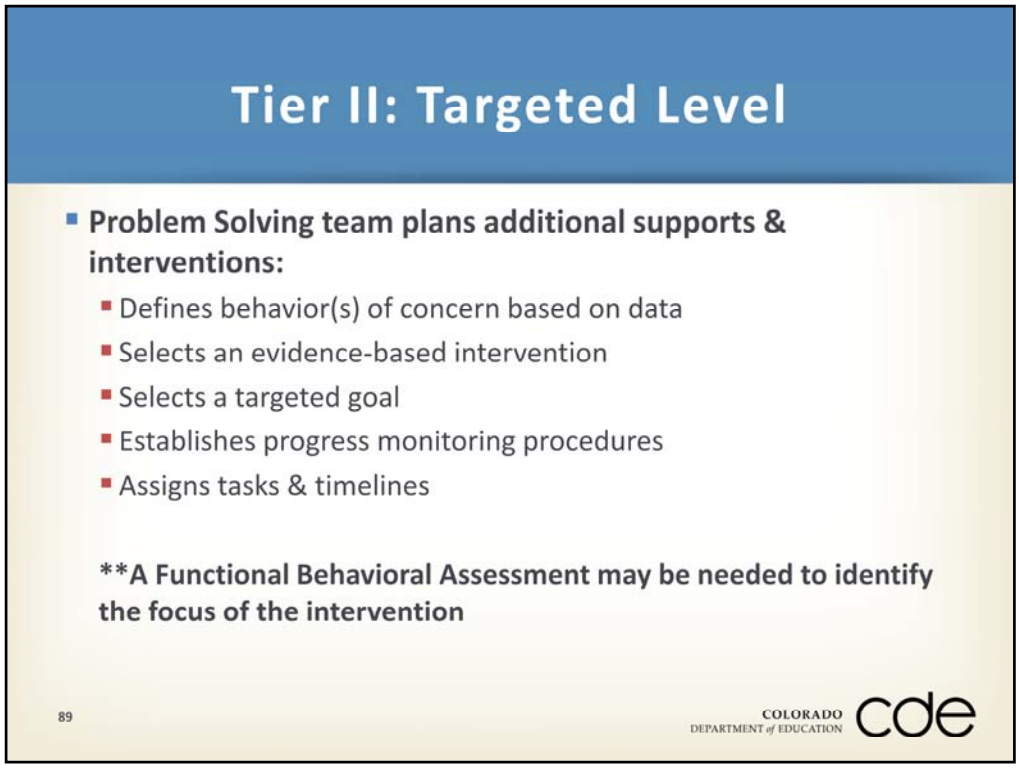
"Building Bridges" grant developed "scripts" for calling parents. Mesa School District policy dictated that the first call is to parents, prior to referral to the Problem Solving (PST).

Always best practice to obtain parent input and permission for small group and/or individual interventions, particularly if they involve removal from the general education classroom.

Schools often use a "Parent Partnership" form to obtain permission. Different from a consent form for special education

Example: for a Social Skills group, should provide for parents:

- Explanation of the student's needs (why selected)
- Type of intervention to be provided and how
- Expected outcomes
- How the family can partner in the intervention – need consistency between school & home for behavior change



MTSS = Multi-Tiered System of Supports

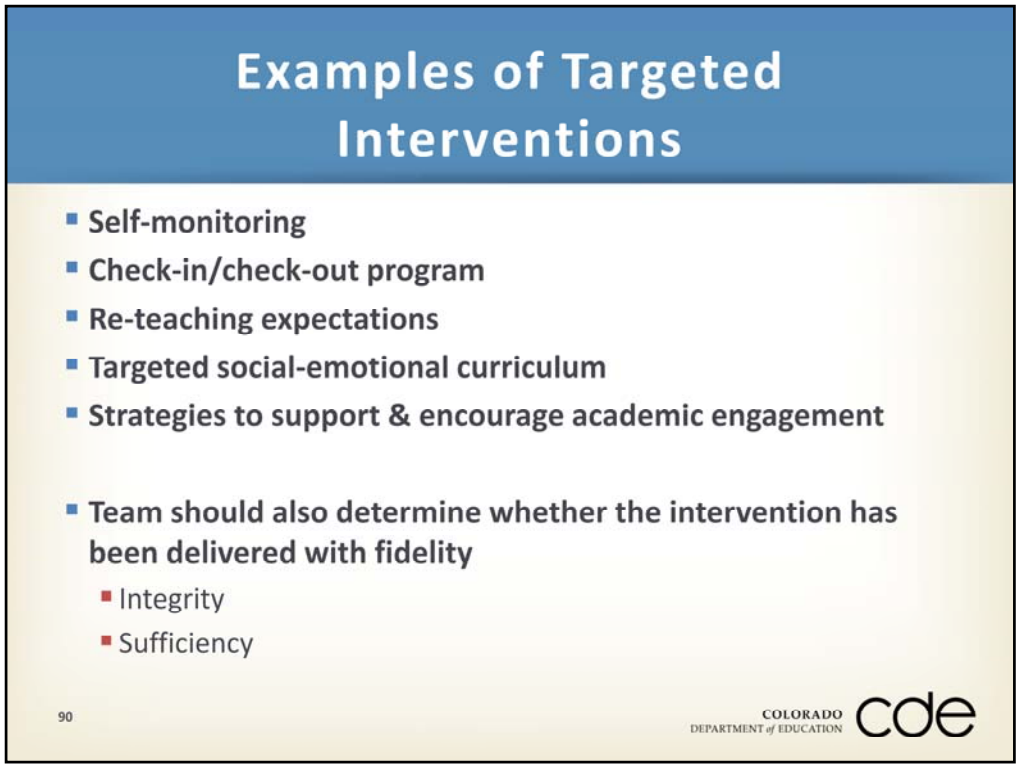
MTSS makes the assumption that schools have a Problem Solving Team (PST) in place. (Can use previous SIT team or Student Support Team.)

Both RtI and SED guidelines provide detailed descriptions of problem solving process

At the targeted level, need to have standard protocol interventions in place for students needing more supports (5-15%)

Do FBAs earlier. Consider use of an Functional Behavioral Assessment (FBA) at the targeted level – most efficient way of planning interventions

"Practical FBA" CDE offered 3 workshops during fall 2012. Sheldon Loman, Ph.D., from OSU has a manual for Practical FBA. To be used with mild to moderate behavioral problems.



Interventions do not need to be complex.

Multiple school personnel can provide the interventions: classroom teacher, intervention specialist, related service providers or other staff within general education.

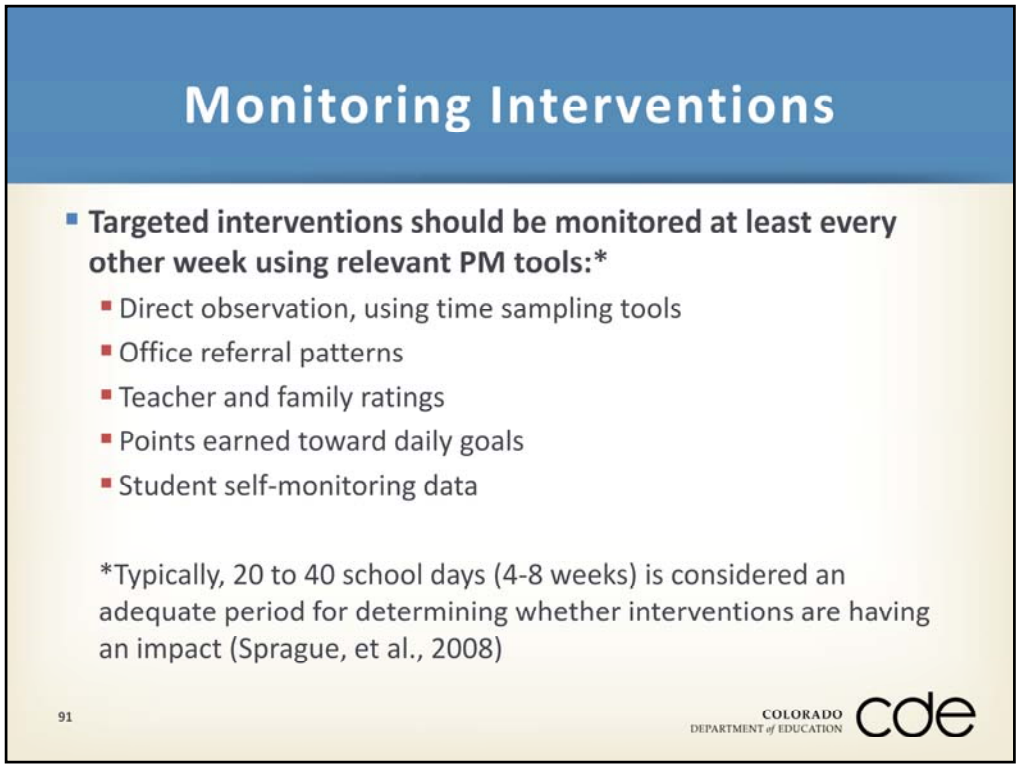
Standard protocol interventions involve small group, supplemental supports.

Student progress should be monitored and discussed regularly between the Problem Solving Team, interventionist and family.

If student does not respond to 1st intervention, the PST may modify the plan by either changing the intervention or increasing its intensity

Social Skills training has best overall research results

CASEL (Collaborative for Academic and Social Emotional Learning) website has a great resource which provides comprehensive information on manualized interventions.



Assessment of behavior through direct observation provides the most precise and accurate data on which to base intervention decisions.

Observations should take place in relevant settings where problems are occurring as well as in those settings where the behavior is less likely to occur.

Observations can be of short duration – 10 to 20 minutes. Because children's behavior varies, it is important to do several observations over different days

Observing 1 or 2 children matched on sociocultural characteristics helps to establish whether the behavior is substantially different from the child's age or grade level peers

George Batsche: need to reach at least 75% compliance with behavior for teacher acceptance.

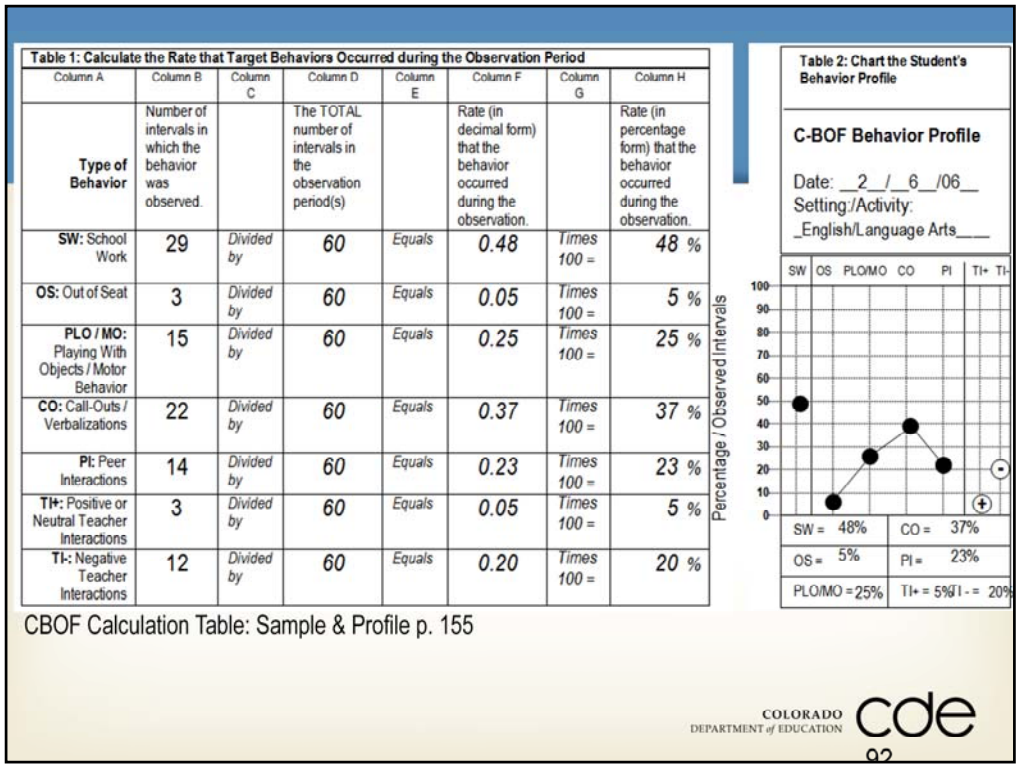


Table 1: Calculate the Rate that Target Behaviors Occurred during the Observation Period

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Type of Behavior	Number of intervals in which the behavior was observed.		The TOTAL number of intervals in the observation period(s)		Rate (in decimal form) that the behavior occurred during the observation.		Rate (in percentage form) that the behavior occurred during the observation.
SW: School Work	29	*Divided by*	60	*Equals*	0.48	*Times 100 =*	48 %
OS: Out of Seat	3	*Divided by*	60	*Equals*	0.05	*Times 100 =*	5 %
PLO / MO: Playing With Objects / Motor Behavior	15	*Divided by*	60	*Equals*	0.25	*Times 100 =*	25 %
CO: Call-Outs / Verbalizations	22	*Divided by*	60	*Equals*	0.37	*Times 100 =*	37 %
PI: Peer Interactions	14	*Divided by*	60	*Equals*	0.23	*Times 100 =*	23 %
TI+: Positive or Neutral Teacher Interactions	3	*Divided by*	60	*Equals*	0.05	*Times 100 =*	5 %
TI-: Negative Teacher Interactions	12	*Divided by*	60	*Equals*	0.20	*Times 100 =*	20 %

CBOF Calculation Table: Sample & Profile p. 155

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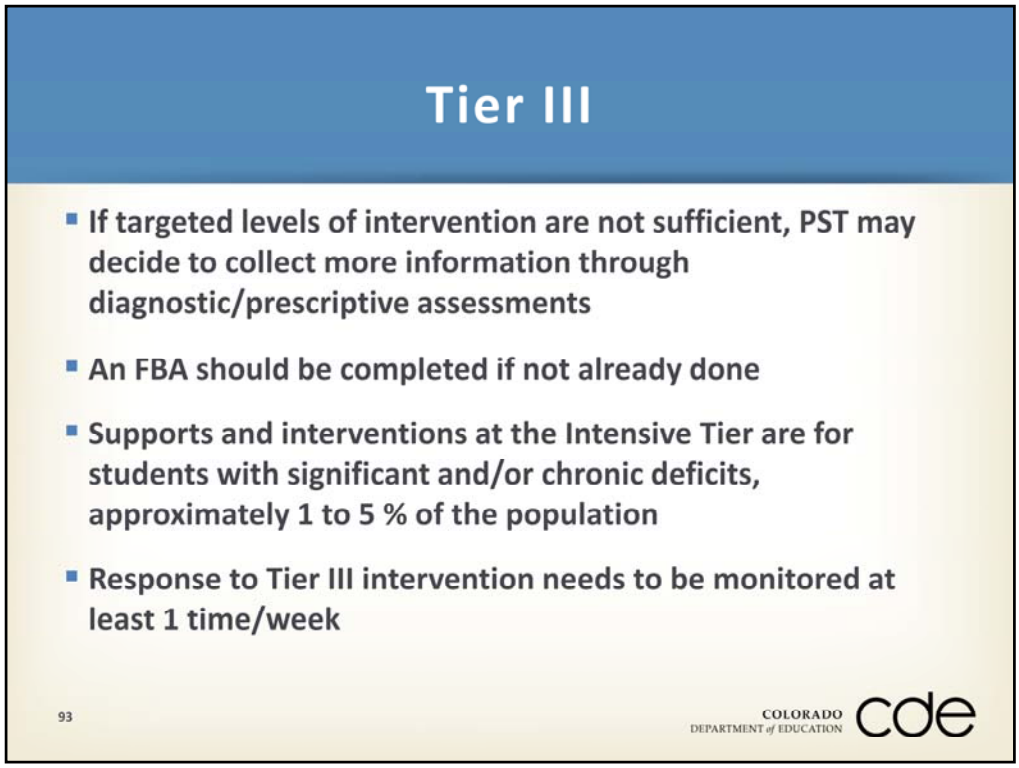
92

15 minutes X 15 second intervals (4 samples per minute)

60 data points per behavior

Often the goal is academic engagement so need to monitor work performance (i.e., seat work – left column) to see if it is improving.

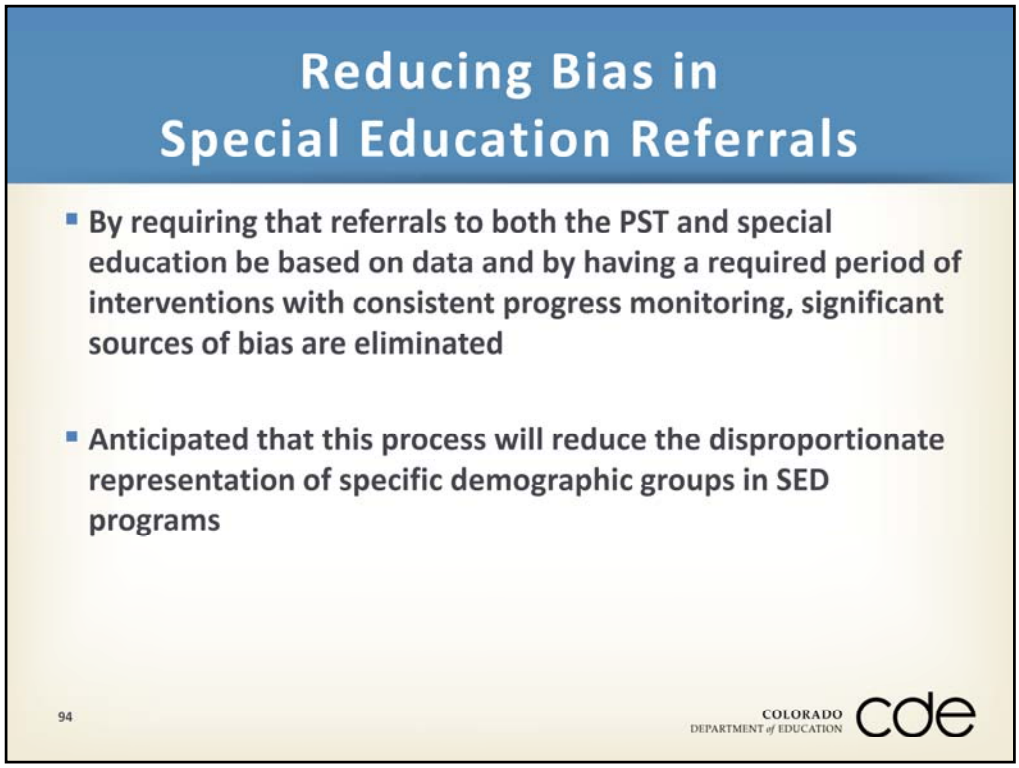


FBA = Functional Behavioral Assessment

Not “diagnosing” a disability but informing interventions

Interventions are still evidenced based, but designed to be more intense and address individual needs

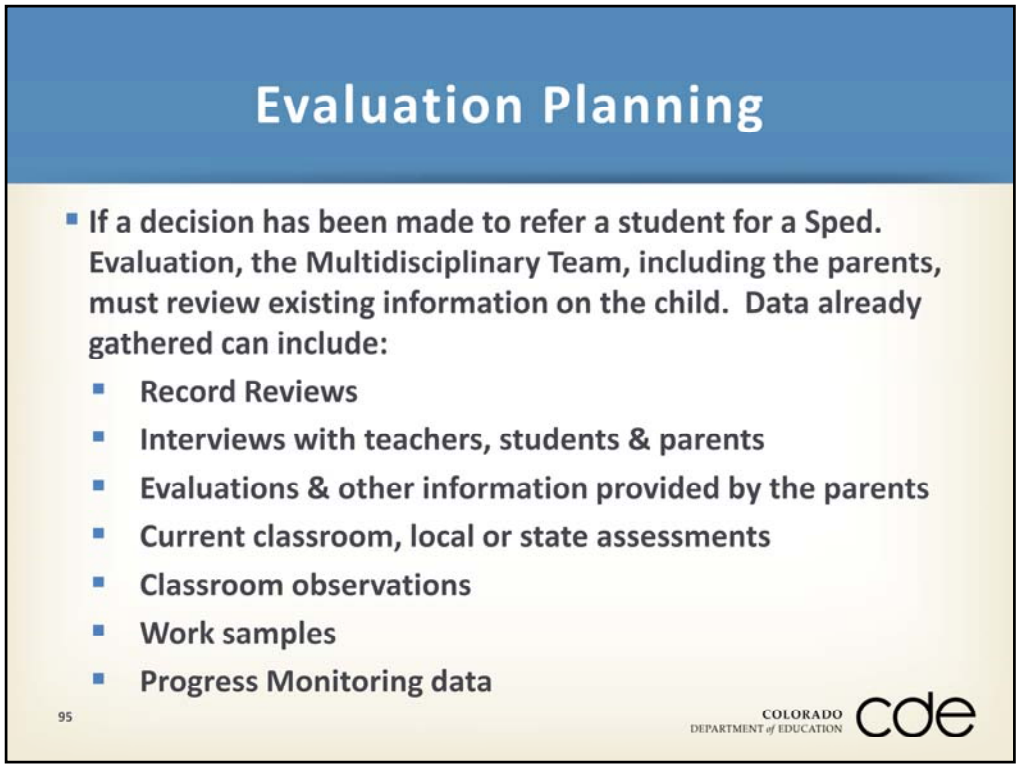
Increased intensity = smaller group, more frequent



Another concern is related to disproportionality in Special Education or in specific disability categories (indicator 9 & 10 in the State Performance Plan)

SED has traditionally been a category where overrepresentation of minority groups has occurred.

At the same time, the MTSS process is not intended to delay SED eligibility if a disability is suspected.



At this point, quite a bit of data has already been gathered:

Parent interview, medical/psychiatric evaluations and health or developmental history. Obtain outside evaluations whenever possible

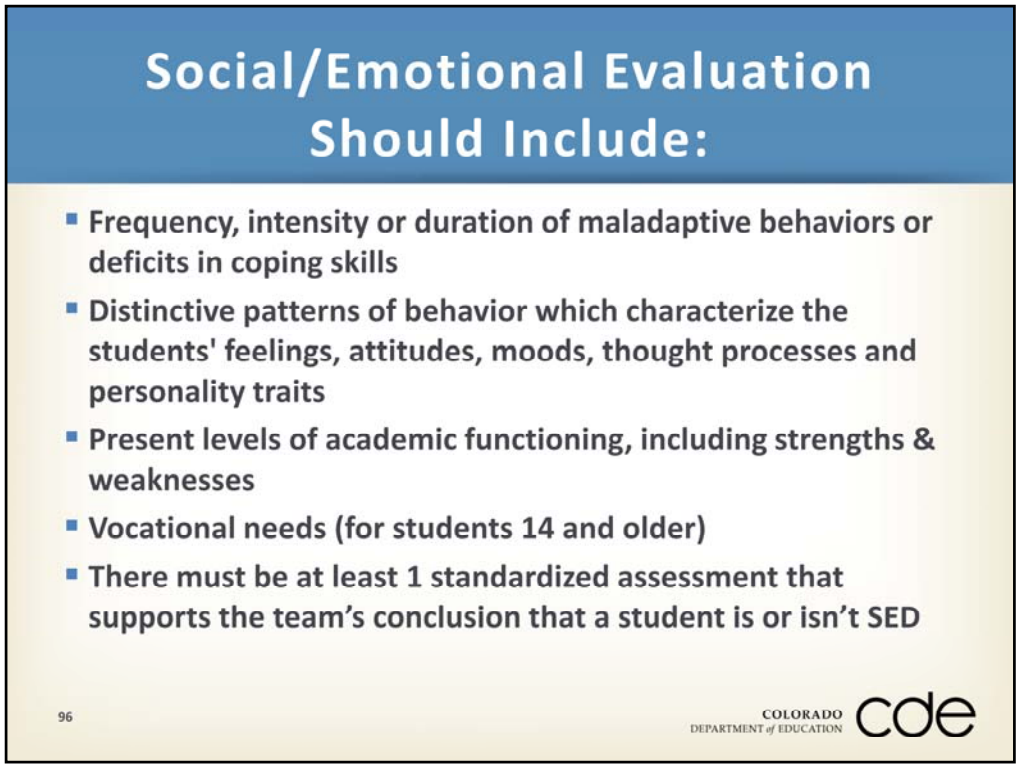
Other data already gathered as part of the intervention process, including structured observations, interviews or an FBA

In many cases, there may be only a few remaining questions about whether a student is eligible

Team must decide what further information is needed for a full and individual evaluation

Helpful for the team to review the Determination of Disability Form to decide what additional questions may need to be answered

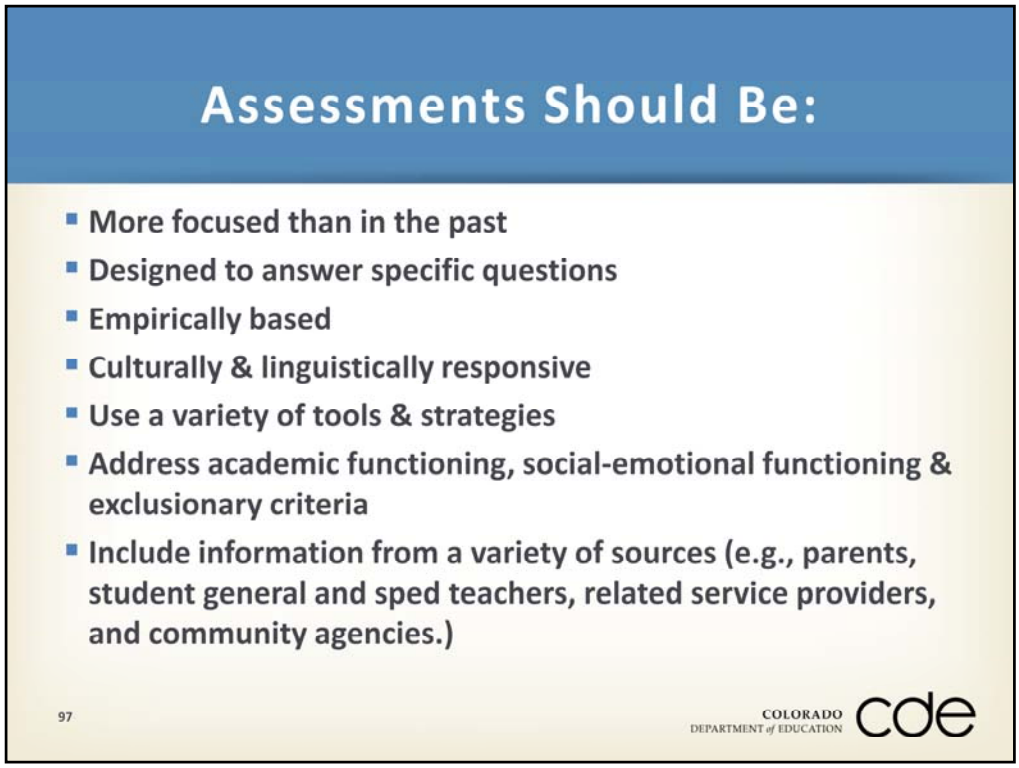
Utilize the Prior Written Notice and Consent to Evaluate Form



Basically, gathering a Body of Evidence

Evaluation must use multiple methods and multiple source, e.g., multiple measures, settings and informants should be used

Including family members' knowledge of their child can enhance the validity of the assessment process



Evaluation still must be sufficiently comprehensive to identify all of the child's needs for sped and related services, whether or not linked to the primary disability category.

For example, if depression is suspected (related to 4th criteria,) utilize depression scales.

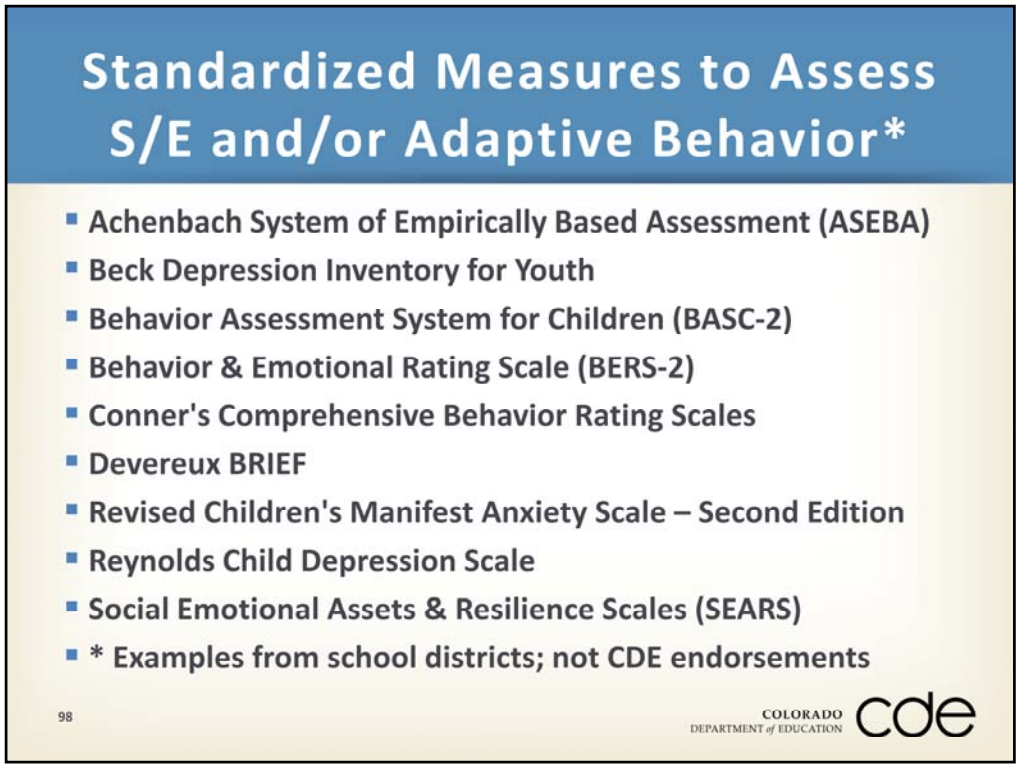
Reduced reliance on formal, standardized assessments is presumed

Convergence of data from a variety of sources

Team may not use any single measure or assessment as the sole criterion

For determination of SED, progress monitoring data alone is not sufficient

Evaluation of culturally & linguistically diverse students should be conducted in the student's dominant spoken language whenever possible

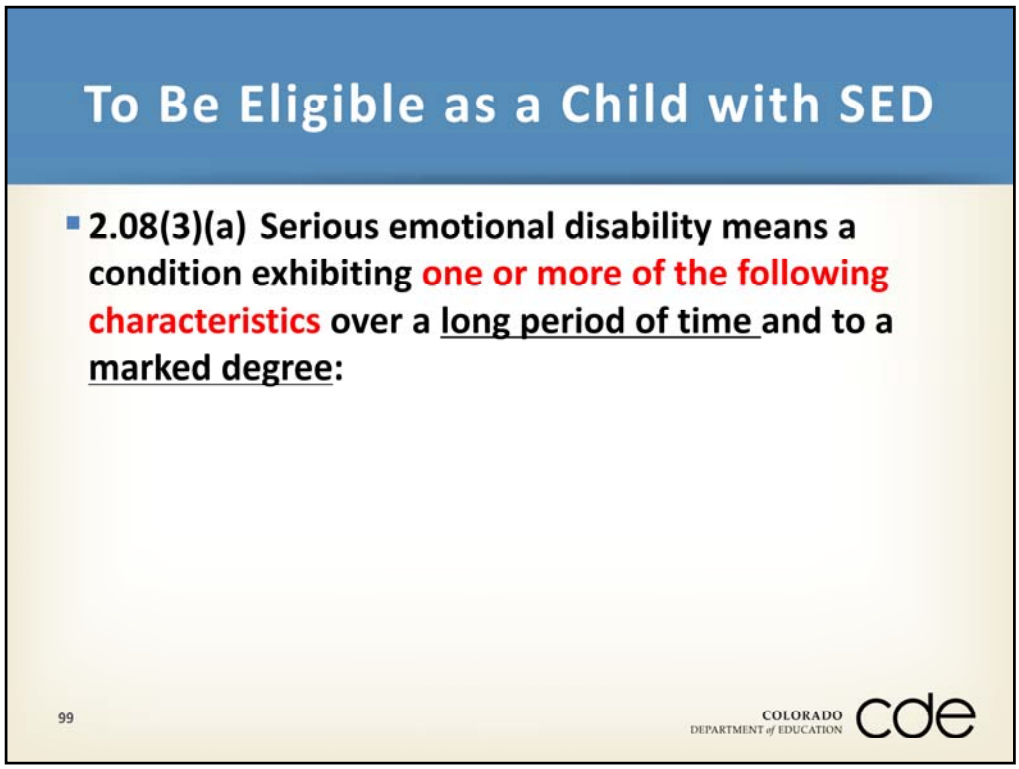


This slide shows instruments typically used, according to SED Task Force.

Sometimes adaptive measures are also utilized, e.gh., Vineland, ABAS, Ages and Stages (for up to age 7)

Looking for corroborative evidence.

Most projective measures do not offer sufficient reliability and validity to be used for special education decision making. The inadequacy and educational irrelevance of personality tests have led to increasing reliance on more objective procedures.



Implementing the criteria:

Federal criteria do not define either long period of time or marked degree. The qualifier "a long period of times" requires that the student must exhibit one or more of the characteristics long enough to be considered chronic. In DSM 5 this means that they are manifested for around 6 months, or displayed by a high frequency or occurrences over a shorter period of time. In general a school semester might be considered as a long period of time.

At same time, "Long period of time" is very individual. Intent is to avoid labeling a student who is reacting to a situational trauma. A long period is very different for six year old compared to a 16 year old.

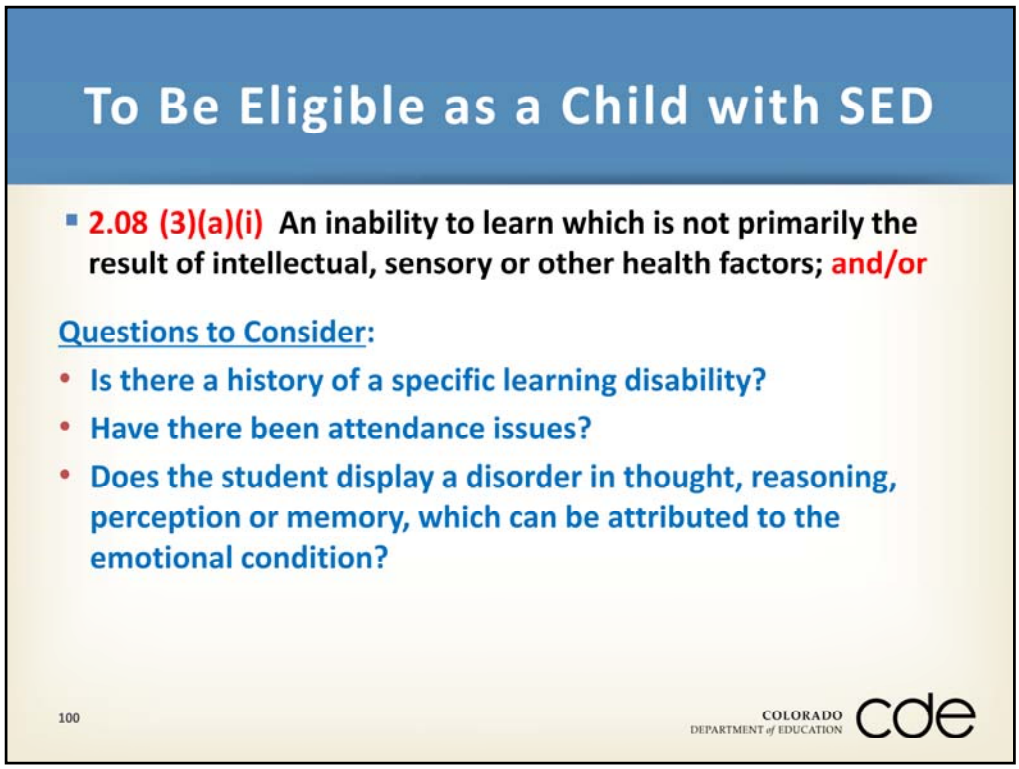
One caveat is intensity of the behavior. For example, a team wouldn't want to wait an extended period on a child exhibiting severe depression. It is also assumed that preliminary interventions have been implemented and proven ineffective during that period.

To a "marked degree" means that a student is significantly different than peers that are "matched" (e.g., age, sex, culture).

Should take into consideration: (a) different environments; (b) child's developmental stage; (c) evidence of the behavior should be observed by more than one person across a variety of settings and environments. It should occur in noticeable patterns and should be considered significant in rate, frequency, intensity, or duration; (d) behaviors must be more severe or frequent than the normally expected range for students of the same age, gender, and cultural group; and

The problem behaviors have not changed or improved after implementation of at least two planned and documented interventions.

Finally, the behavior is not the result of a developmental phase or due to ethnic or cultural issues.



Inability to learn:

- Demonstrated by a failure to attain a satisfactory rate of educational progress which cannot be explained by intellectual, sensory, health, cultural or linguistic factors.

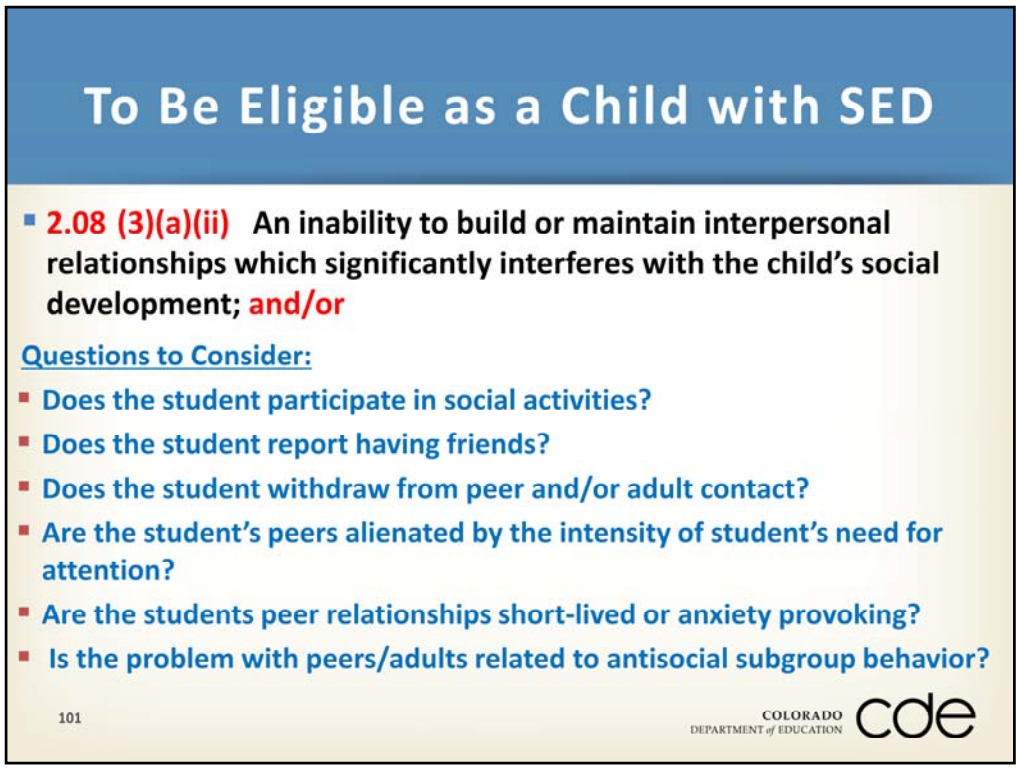
- Child has so severe an emotional disability that he/she cannot learn despite appropriate educational interventions. Inability to learn should not be confused with an unwillingness or disinterest in learning.

- The team must rule out a Specific Learning Disability, Intellectual Disability, Autism Spectrum Disorder, Traumatic Brain Injury, or other neurological impairment, or a communication disorder

- The team must rule out poor attendance (e.g., lack of opportunity to learn)

- The team must look at issues like whether there is a thought disorder that interferes with learning.

- Underlying thoughts and feelings associated with ED may manifest themselves in behaviors like being disorganized, quitting, or giving up easily, or difficulty retaining material. There may also be discrepant achievement or uneven patterns of performance.

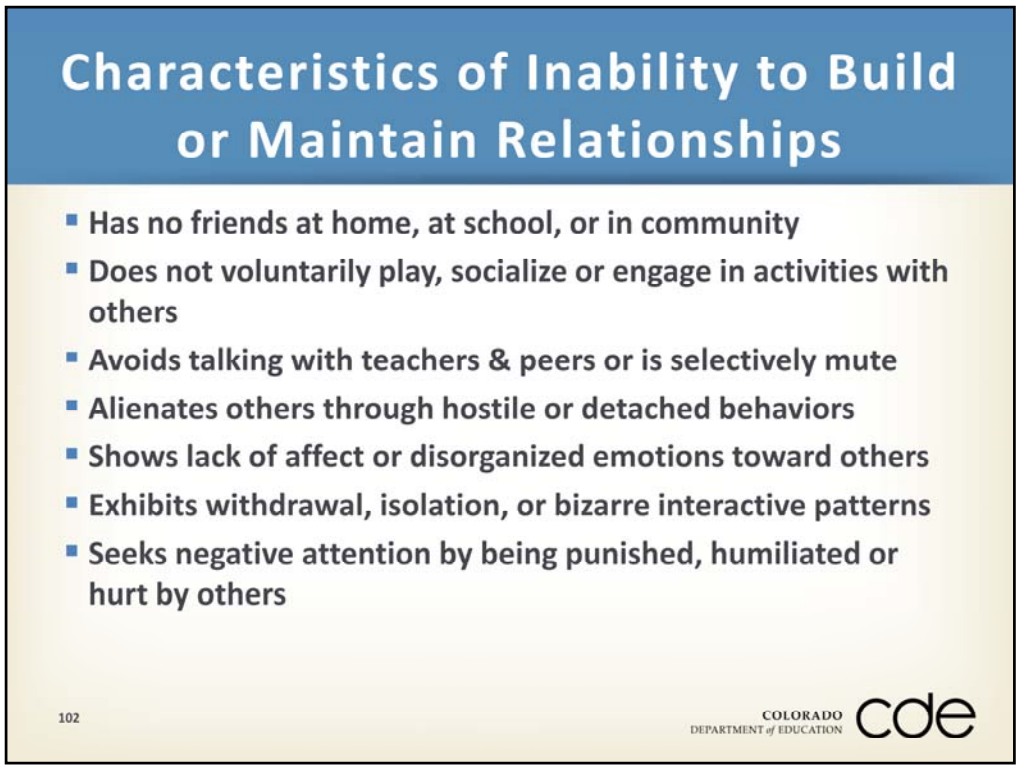


This criterion requires documentation that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peer and adults in multiple settings. Looking for a pervasive inability to develop relationships with others across settings & situation (e.g., more than one teacher, peer, or peer group.) Examples of student characteristics include: (a) verbal/physical aggression when approached; (b) lack of affect or disorganized affect; (c) demands or need for constant attention from others; and (d) withdrawal from all social interaction It is not an issue of getting along with others. It is a question of whether the student has an impairment that negatively affects his/her ability to interact with others (e.g., demonstrating empathy to others, initiating positive interactions, enjoying working and playing with others, etc.)

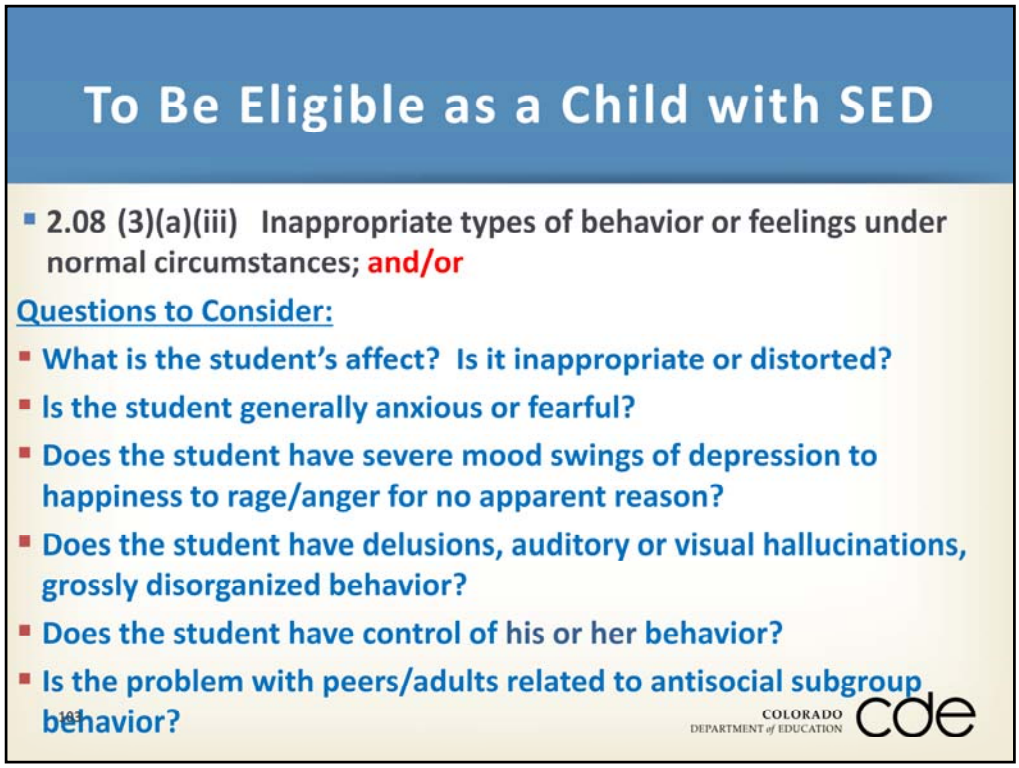
Assessment, including interviews, should: (1) Search for any friendships or involvement in activities and, if present, examine their nature (e.g., are they universally problematic.) and (2) Always ask in a clinical interview, if the child has a friend.

- Consider whether the student is unable or unwilling to initiate or maintain relationships.
- Are conflicts with adults primarily with authority figures or involve control issues or power struggles?
- Does the student almost always choose solitary activities? Or are they participating in anything? Sports may be an area of competence.
- Are relationships sometimes chaotic? Or filled with upheaval?
- Is there social isolation? Or extreme withdrawal?
- Are problems related to antisocial subgroup associations?

Other factors should be ruled out, such as social maladjustment, social immaturity, or another disability category



Additional characteristics from research literature to look for

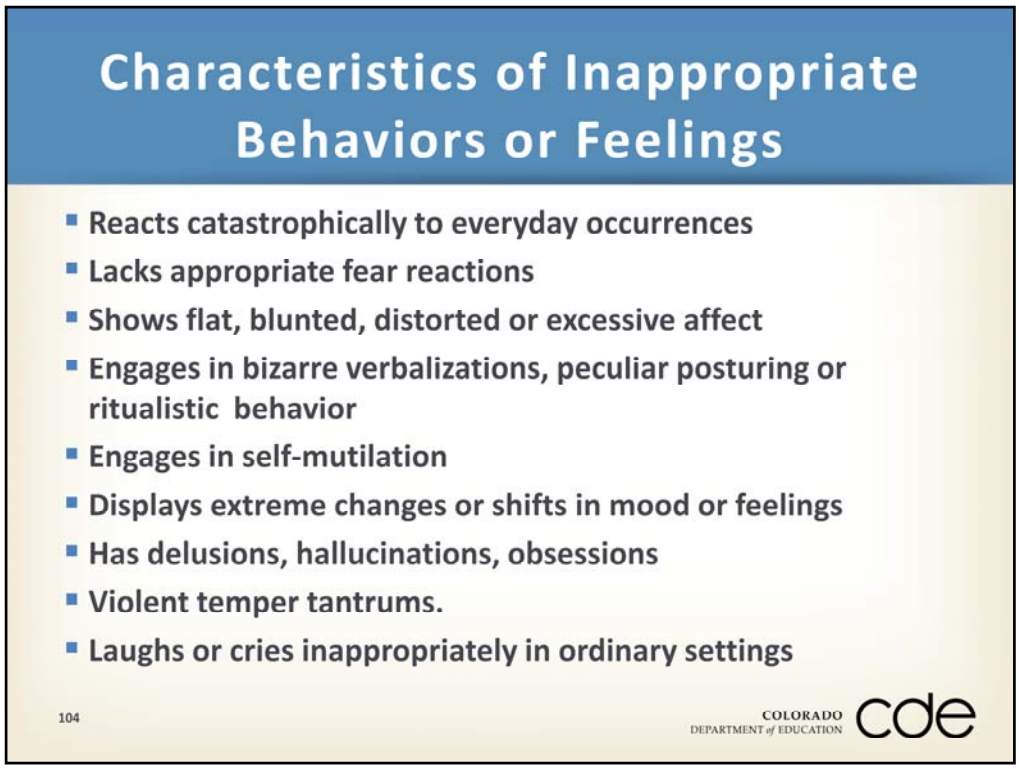


This criteria requires that the child's behavior deviate significantly from expectations for the child's age, sex, and culture. Additionally, if significantly deviant, behaviors must be due to an emotional condition. Inappropriate behaviors or feelings refer to behaviors that make the student appear strange or unusual compared to others in the same situation. Inappropriate behavior can be withdrawn, deviant, or bizarre, not just aggressive or acting-out behavior. Some children express their inappropriate behavior or feelings through confused verbalizations, fantasizing, or preoccupation with emotional conflict in their art work, written expression, or other outlets. Child should be compared to peers in similar circumstances or to developmental norms. In some cases, consider whether symptoms of mental illnesses or other disorders are interfering with functioning. Behaviors should occur under normal conditions. Teams should consider whether the child's home or school situation is disrupted by stress, recent changes, or unexpected events – although this evidence does not necessarily disqualify an eligibility determination

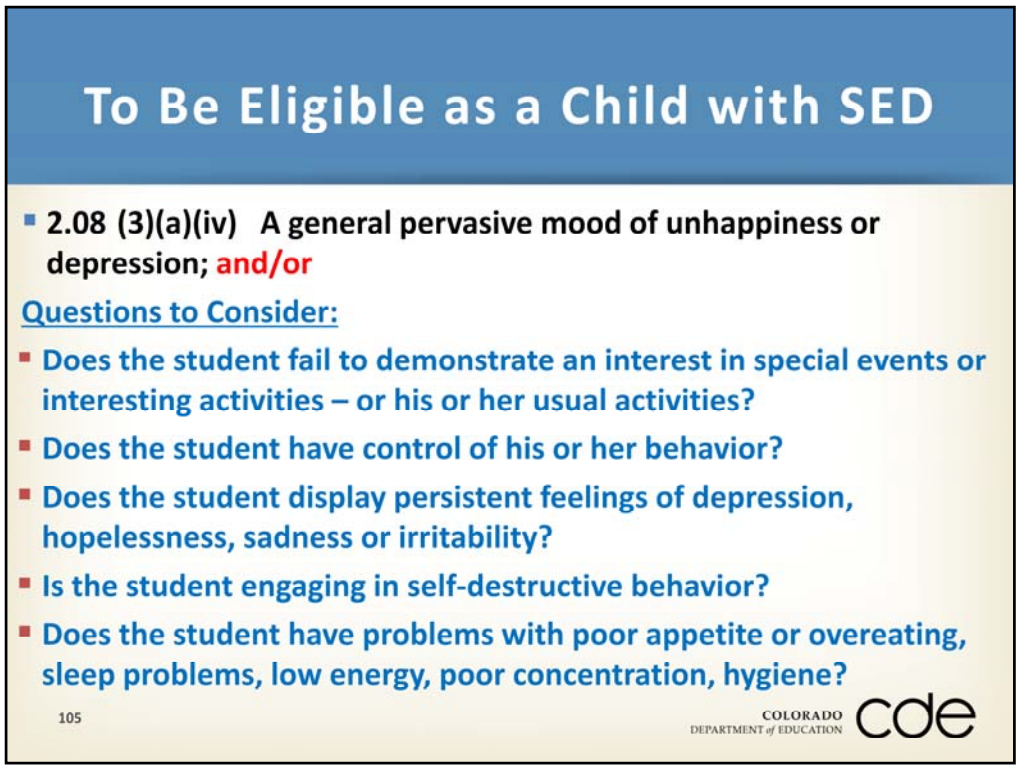
This category does not include behaviors that would be described as solely oppositional in nature. It also does not include behaviors that are willful and understood by the student. It does include behaviors that are bizarre or psychotic, such as compulsions, preoccupations, delusions, ritualistic body movements, etc.

Teams should consider if: (a) There is inappropriate affect; (b) Thought disorder with delusions or auditory or visual hallucinations?; (c) Is there disorganized speech? (d) Does the student display a marked illogical thinking or loose associations?; (e) Are they reality oriented?; (f) Does the student accept responsibility for their behavior or are they confused?; (g) Does the student display bizarre ideas or statements?; (h) Is behavior disorganized or out of control?; (i) Does the student display unexplained rage reactions, or explosive, unpredictable behavior?; and (m) Again, differentiate if behaviors are associated with antisocial subgroup activities or expectations.

3 components: Once it is established that behaviors are significantly deviant, it also must be determined that they are due to an emotional condition. The team must also determine wither the student's inappropriate responses are occurring "under normal circumstances."



Critical question is whether child's reactions to everyday occurrences are appropriate in relation to how the child's peers would react.

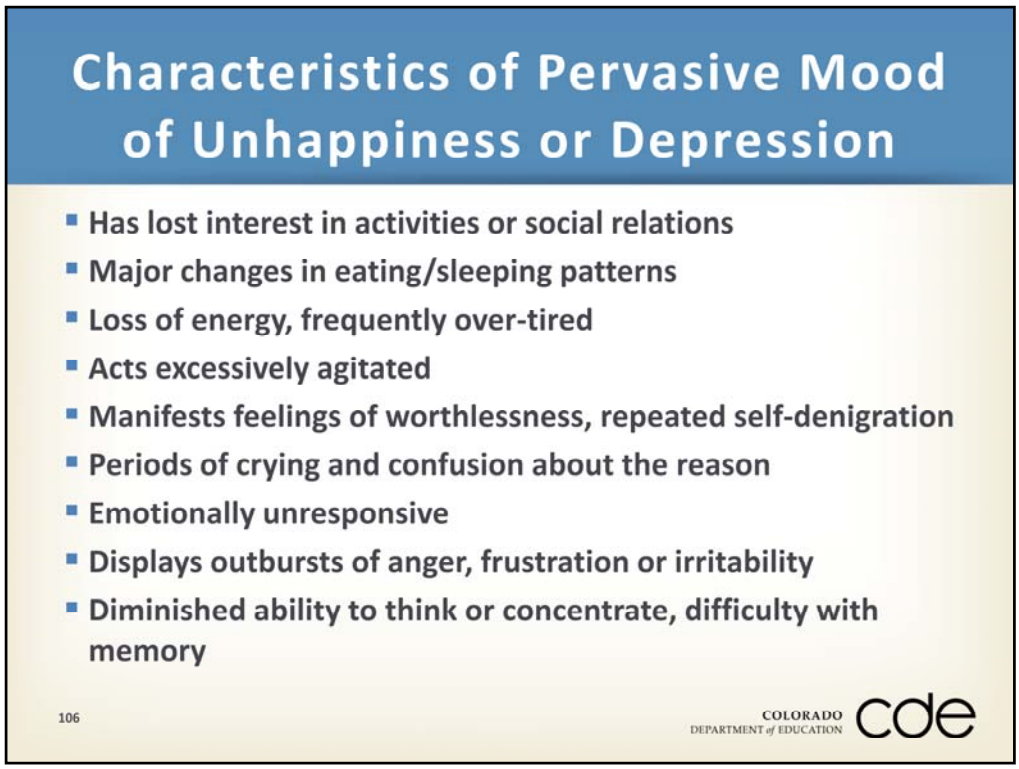


To meet this criteria, the student must demonstrate actual symptoms of depression which typically involves changes in four major areas: affective, motivational, physical and motor functioning, and cognitions. The student's manifestation of unhappiness must be pervasive, chronic and observable in the school setting. This criteria requires that the child's unhappiness or depression occurs across most, if not all, of the child's life situations and is interfering with functioning.

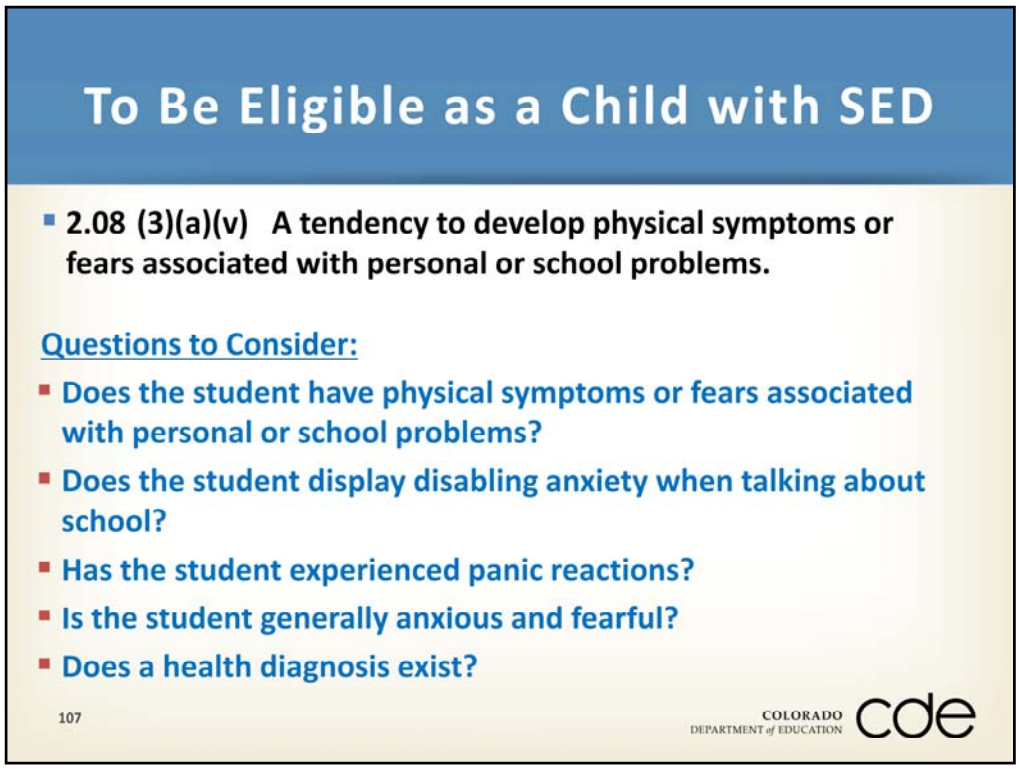
Looks at depressive symptomatology, e.g., changes in behavior associated with depression: (a) problems with eating, demonstrated weight loss or weight gain, problems with sleeping, low energy or fatigue, personal hygiene; (b) often these students look different; (c) does the student report problems with concentration?; (c) sudden drop in grades?; (d) lack of interest in activities previously enjoyed?; (e) Is the student displaying behaviors associated with poor self-esteem or inadequate self concept (e.g., blames self for inadequacies, real or imagined?; (f) does the student report recurrent thoughts of death or suicide?; and (g) is the student engaging in self-destructive behavior?

This pattern should NOT be: (a) a temporary response to situational factors or a medical condition (e.g., hypothyroidism)'; (b) attributable to substance abuse or medication; and (c) the effect of normal bereavement

Feelings of depression are considered natural reactions when they are a response to traumatic events such as parental divorce or death of a family members. Such reactions should be evaluated in the context with special attention given to their intensity and duration. If mild or moderate or of short duration and tied to a specific situation, they should be addressed using non-special education interventions, e.g., individual counseling or referral. If depression seems unusually intense or has generalized to other situations, this could indicate an ED. Talk about death or desire to commit suicide would indicate a severe reaction that needs to be addressed immediately through referral to a mental health professional.



Caution: What is a common symptom of depression in adolescents? Irritability



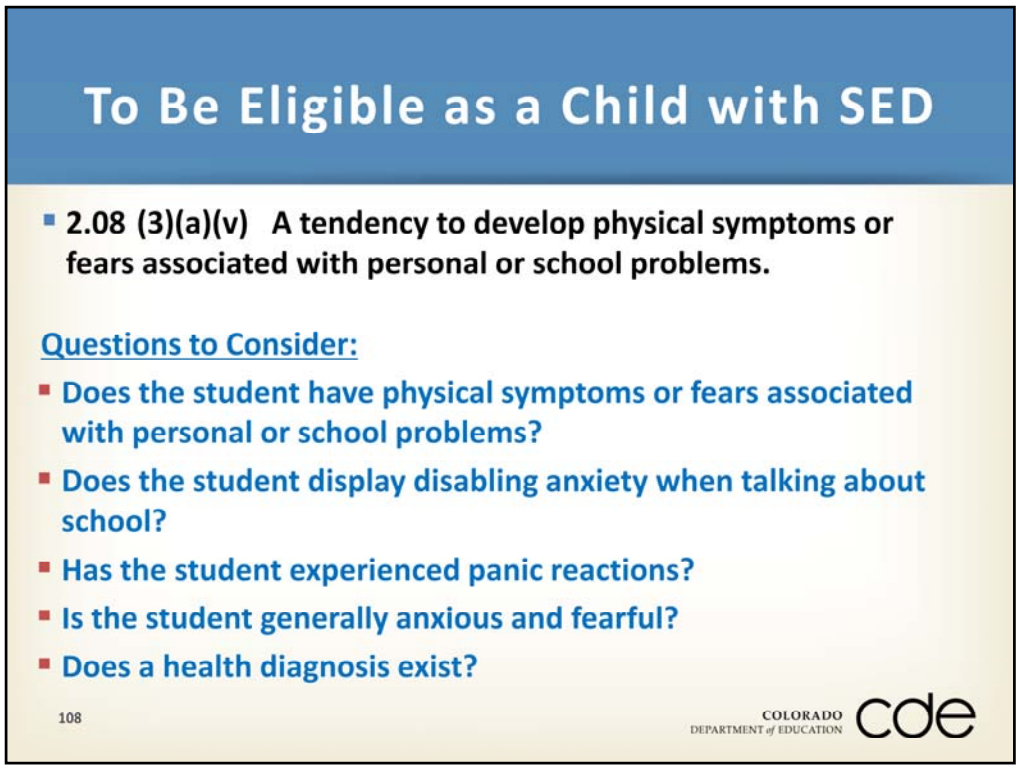
This category represents physical symptoms of fears that develop as reactions to emotional problems that have no known medical cause.

This criterion requires that the child exhibit physical symptoms or fears associated with his/her personal or school life. Biological or medical conditions such as allergies, neurological syndromes and effects of medications should be ruled out. Fears may range from incapacitating feelings of anxiety to specific and severe phobic reactions and panic attacks. Examples of physical symptoms include without a known medical cause include: (a) headaches; (b) gastrointestinal problems- nausea, stomach aches, cramps or vomiting; and (c) cardiopulmonary symptoms. There can also be physical reactions or behaviors that are not under voluntary control, such as tics, eye blinking, or unusual vocalizations

Does the student display symptoms of an anxiety disorder? (a) avoidance; (b) poor concentration; (c) sleep problems; (d) physical symptoms that appear linked to stress: racing heart rate, tremors, stomach aches, hyperventilating; (e) visits to school nurse?; and (f) worries excessively about school performance to the point where somatic problems result in an inability to function

<u>Examples of fear-related behaviors include;</u>

- Physical reaction when something (e.g., object, activity, individual, or situation) cannot be avoided
- Persistent & irrational fear reaction to objects or situations
- Intense fear or irrational thoughts related to separation from primary caregivers
- School phobia (termed separation anxiety disorder) may fit under this category. The evaluation must clearly differentiate between school phobia and truancy.



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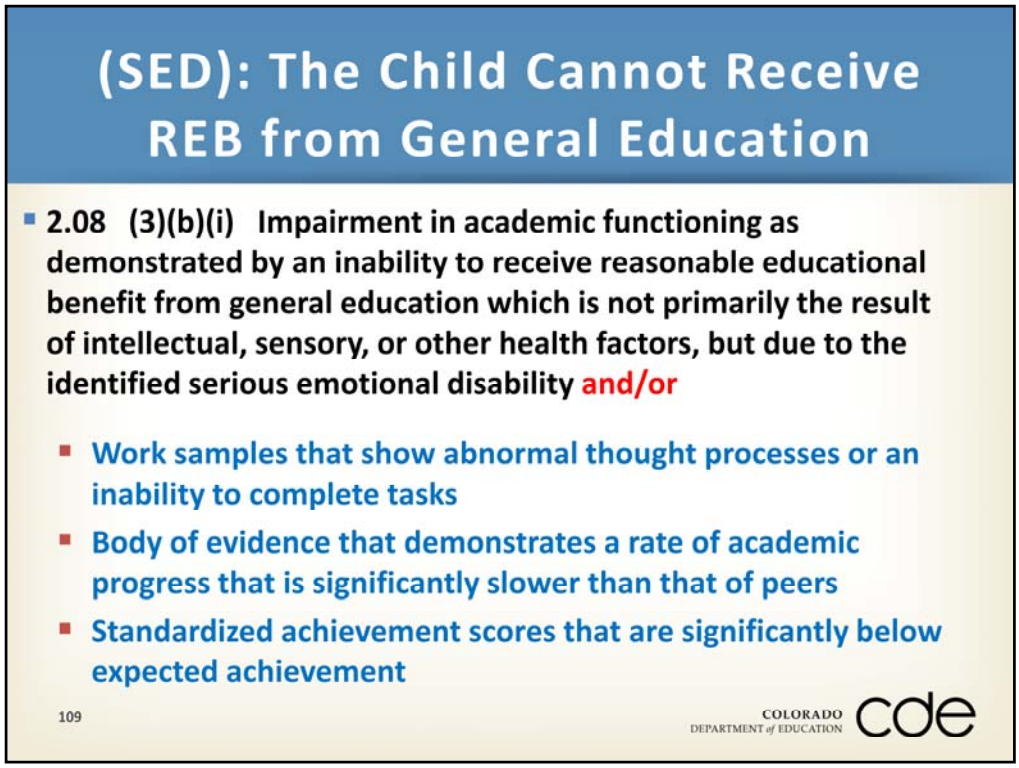
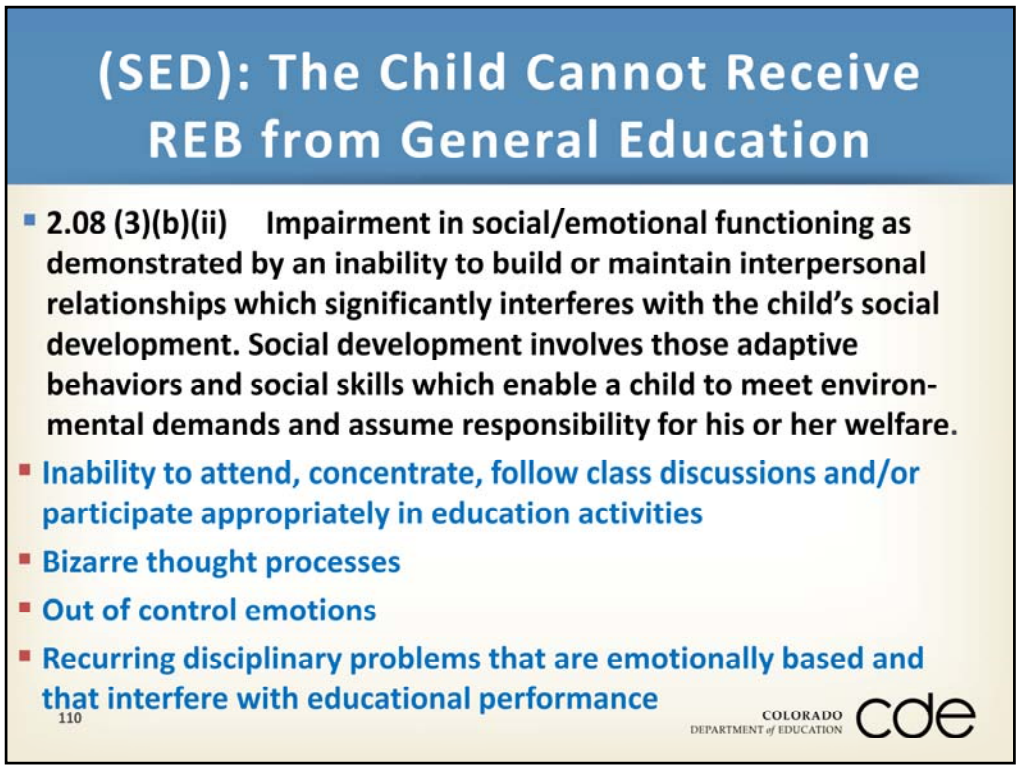


Reasonable **E**ducational **B**enefit = REB

To qualify as a child with Serious Emotional Disability, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

- This is 1st of 2 characteristics that were previously in ECEA. Child must have an impairment in academic functioning or social-emotional functioning.
- Multidisciplinary Team needs to make a determination that a student's social emotional functioning is having an adverse impact on academic performance.
- There needs to be evidence that effective instruction was provided along with appropriate interventions
- Information needs to be derived from a variety of sources: CBM, parent & teacher interviews, failing grades, achievement tests

Rule out: (a) limited cognitive ability; (b) Autism Spectrum Disorder or other sensory disorders; (c) Other health or medical conditions, including Traumatic Brain Injury (d) Specific Learning Disability; and (e) linguistic differences



This 2nd characteristic has equal weight. Impairment in S-E functioning means the student can't develop or maintain relationships with peers and teachers

Distinguish from problems with authority figures

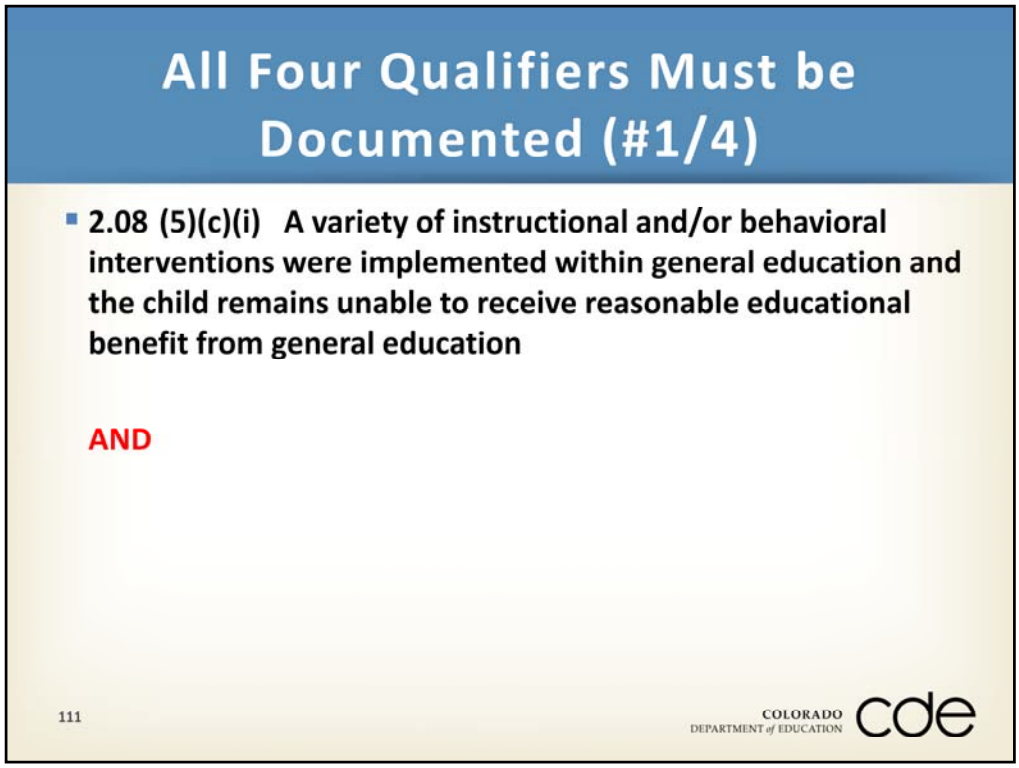
Looking for problems that affect daily functioning, ability to cope

Social development is defined as adaptive behavior and social skills

When working within an MTSS framework, the multi-disciplinary team must gather data & monitor the child's progress with positive behavioral interventions and supports

Ex: Evidence based interventions: Social skills training –teaches desired behaviors

Check In/Check Out (CI/CO) intervention – lead to decrease in conflicts?



Before referring to Special Education, must ensure that both instructional & behavioral interventions have been attempted & evaluated

Remember: academic engagement is one of the best behavioral interventions

Other evidence-based practices: Social Skills training, Why Try, Second Step, I Can Problem Solve, Good Behavior Game, Brain Wise, PEACE curriculum. Others?

Documentation must reflect that child is not responding to Evidence-based strategies over a period of time

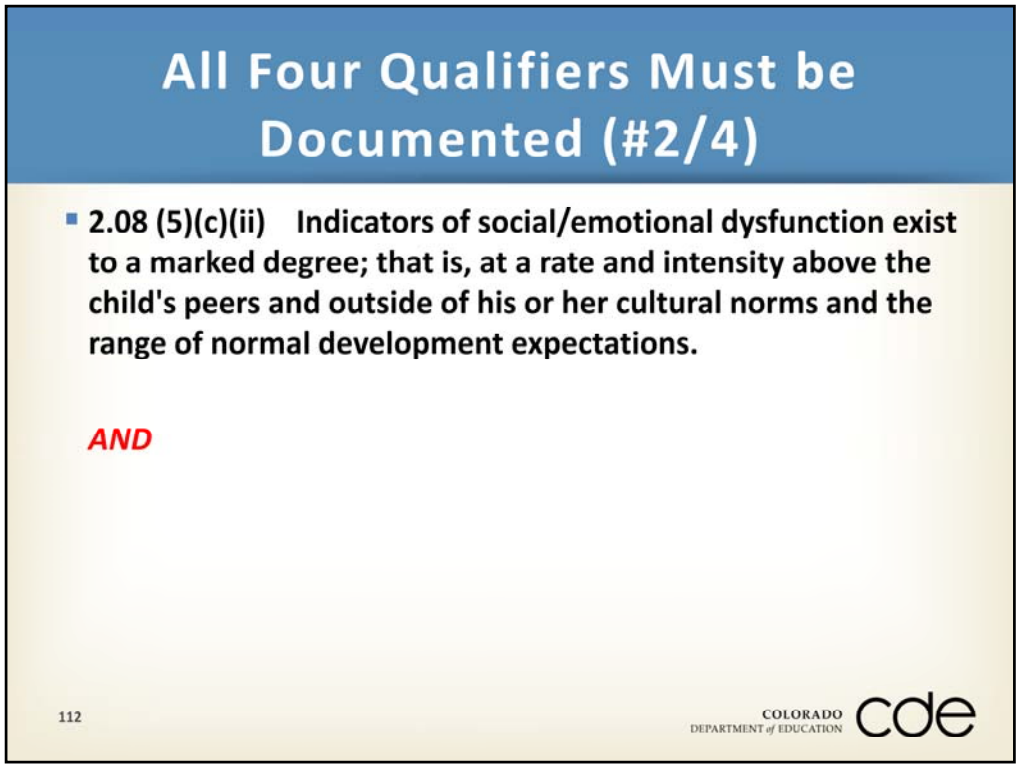
Ex: 2 or more trials of interventions for a reasonable period of time – 4 to 8 weeks each

In most cases, FBA and BIP should be utilized to plan intensive interventions

The evaluation summary must include documentation of:

1. Intervention
2. Progress monitoring data

This also applies to Specific Learning Disability

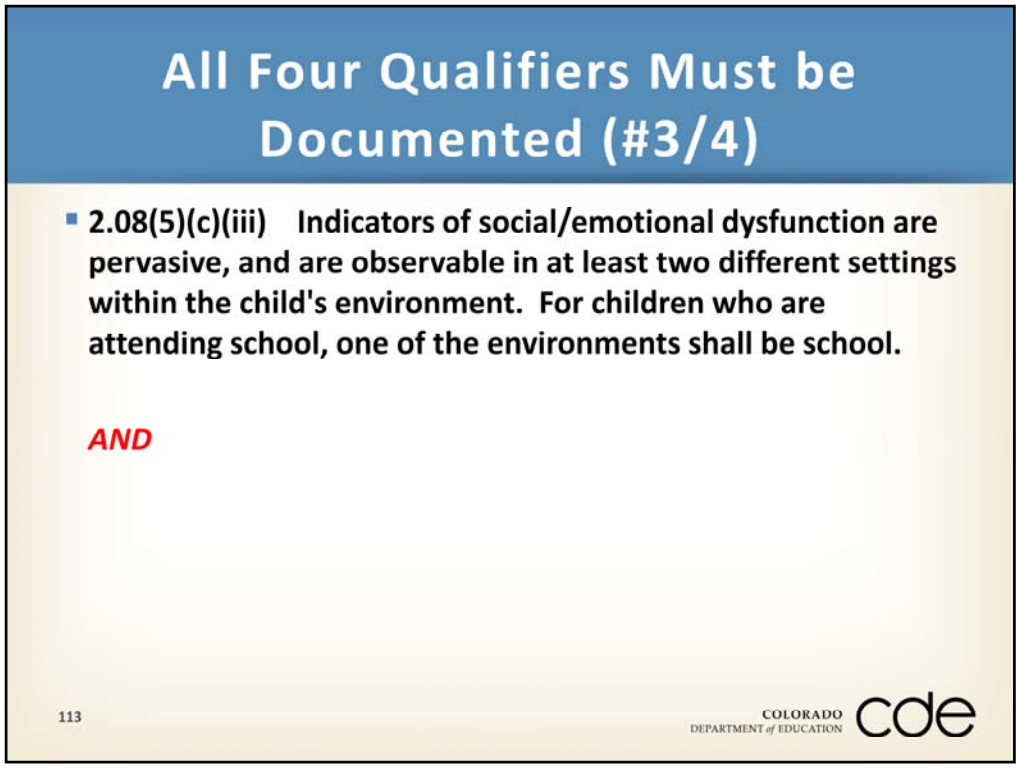


Evidence that a focused assessment or a standardized assessment supports that an emotional disorder is significant.

For example, depression scales, anxiety scales, or the Behavior Assessment System for Children (BASC)

Practitioners must carefully interpret assessment data for culturally & linguistically diverse populations

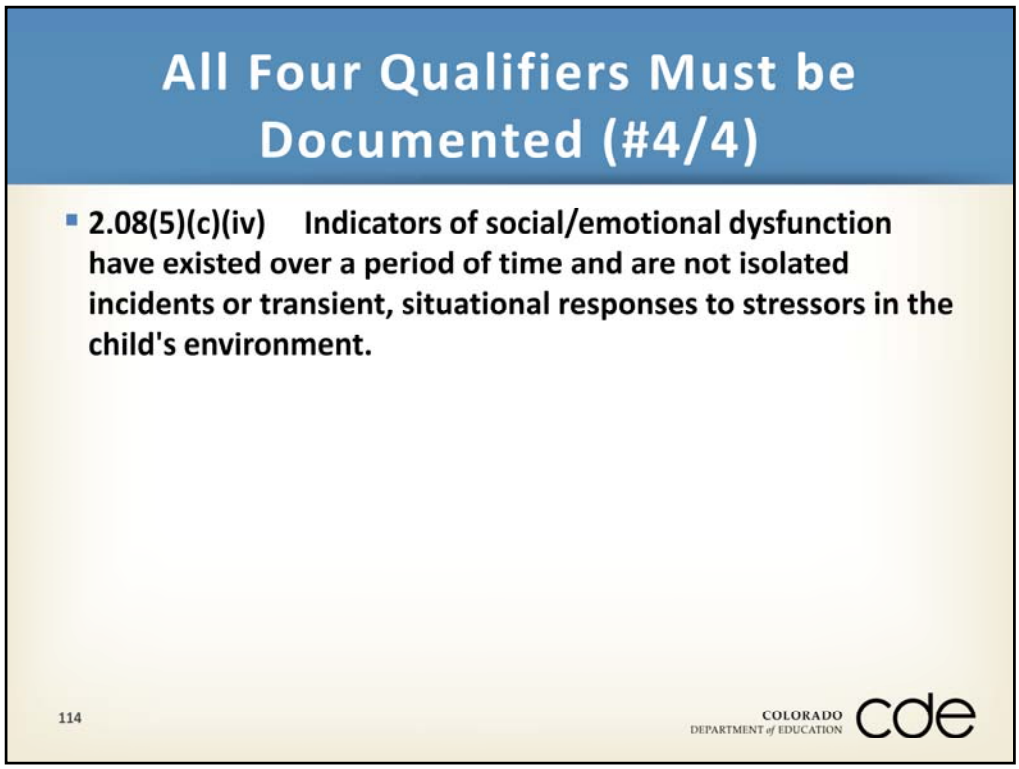
All data must be analyzed within a student's culture



Evidence that the behavior is not focused within a specific classroom or setting.

In general, means behavior occurs in school plus someplace else, e.g., home and/or community

Term “pervasive” includes notion that frequency, intensity and duration of a behavior exceed developmental & cultural expectations

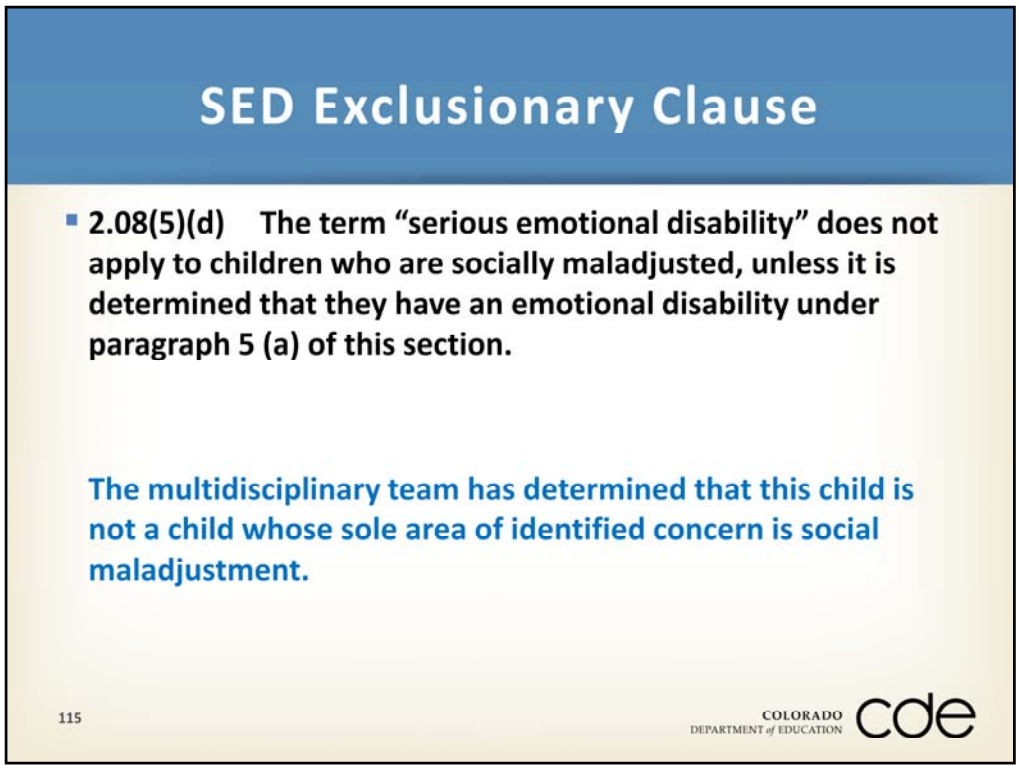


Following traumatic events,, it is not uncommon for children to develop behaviors associated with emotional disability.

This qualifier is designed to prevent children experiencing short-lived, acute, undesirable behavior from having those behaviors considered an emotional disability.

No definition of “period of time.” General guidelines suggest a school semester which may allow Problem Solving Team (PST) to evaluate a child’s response to intervention.

In some cases, that may be too long



This exclusionary clause has been the source of much controversy, particularly due to lack of a universally accepted, working definition of social maladjustment. There is no federal guidance. Many students with social maladjustment also have a co-occurring emotional disability. This exclusionary clause only applies when the social maladjustment exists in isolation.

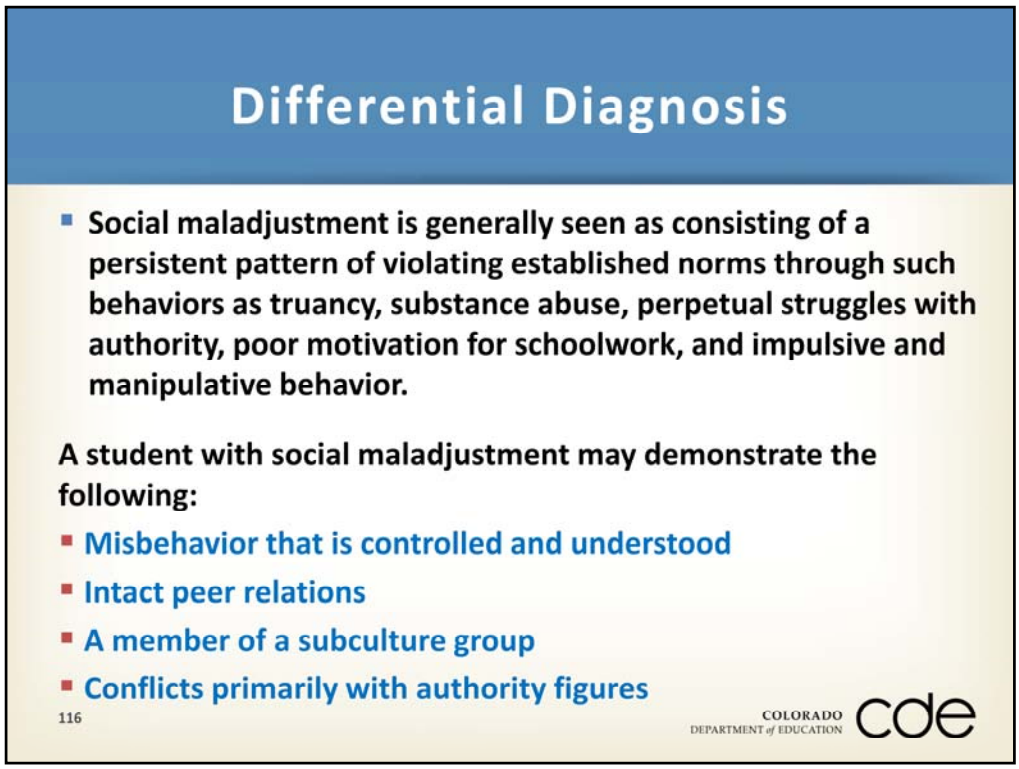
Largest difference with CO previous characteristics

1. Persistent pattern of stealing, lying or cheating
2. Consistent pattern of aggression to objects or persons
3. Pervasive oppositional, defiant, or non-compliant responses

There is considerable overlap between emotional disability (ED) and socially maladjusted (SM) which has caused further confusion. For example: children with SM often have problems with mood disorders, such as depression or anxiety. Because of overlap, it's hard to use an emotional disability versus social maladjustment strategy for identification of SED

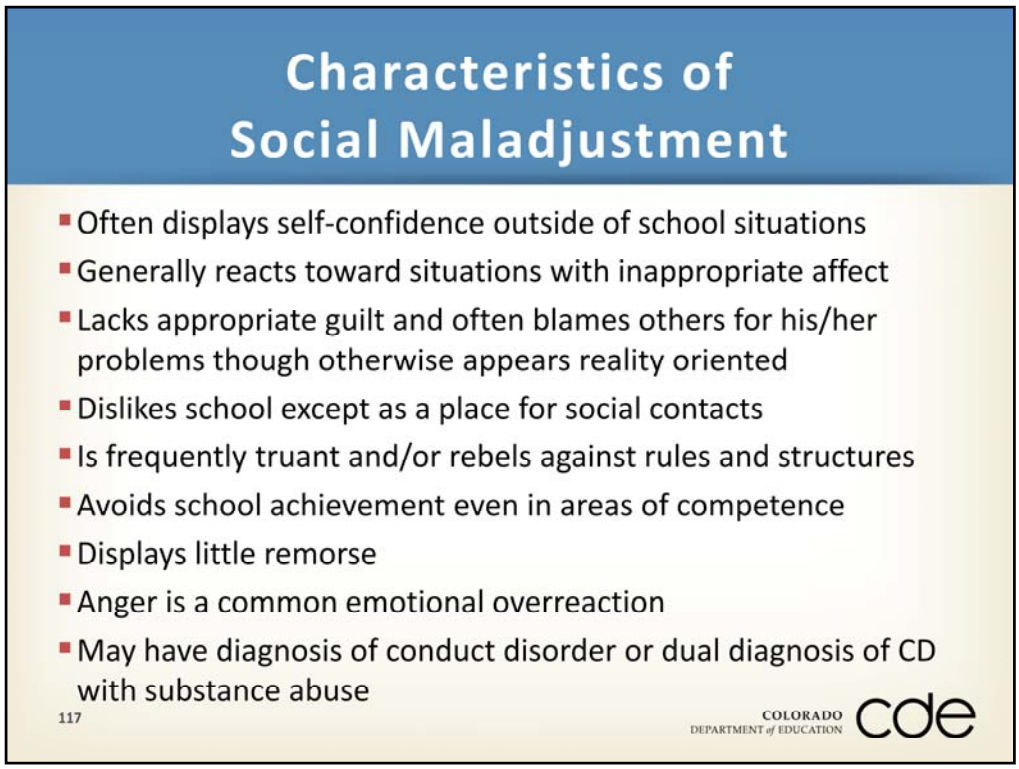
Instead Multidisciplinary Teams should identify ED first and secondly consider whether social maladjustment is present.

One assessment that attempts to differentiate between S-M and ED is the Emotional Disturbance Decision Tree (PAR, 2007) Another assessment that is specifically based on the federal criteria is the Scales for Assessing Emotional Disturbance (ProEd, 2010) School teams will need to evaluate these tools to see if they meet local needs. They are not endorsed by CDE.



Sometimes look at whether behavior is volitional versus out of the student's control.

School teams have given feedback that students raised in an obviously criminal sub-culture may meet the definition of social maladjustment.



However, a psychiatric diagnosis of conduct disorder does not necessarily equal social maladjustment in this context. The law does not equate conduct disorder with social maladjustment

Many task force members told us there were very different treatments needed for emotional disability versus socially maladjusted students and that it can be difficult to have students with social maladjustment in same class with students with a mental illness or emotional disability.

Although there are a few students with social maladjustment who are currently in the SIED eligibility category, we do not anticipate large changes in the SED population.

Process for districts: Announce change in criteria then prepare for any change in placement for students. Current SIED students should be reviewed at their triennial evaluation

Districts need to prepare for changes:

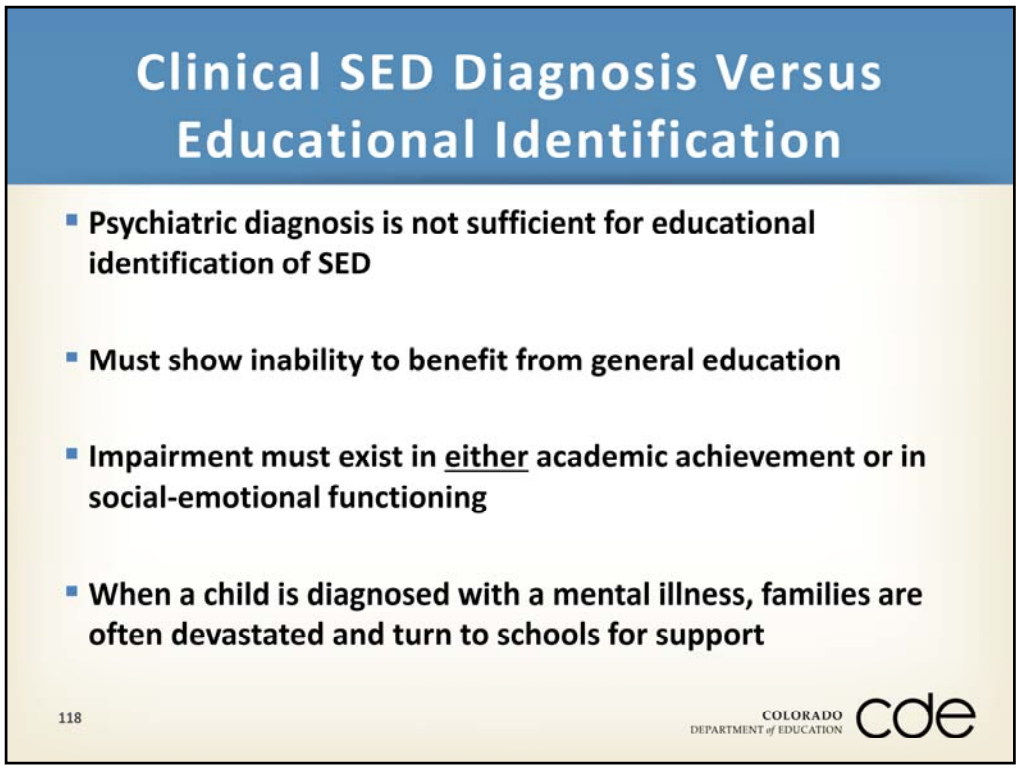
1.Professional development on classroom management

2.Strengthen targeted interventions within PBIS

3.Teach de-escalation strategies

4.Develop alternative programs

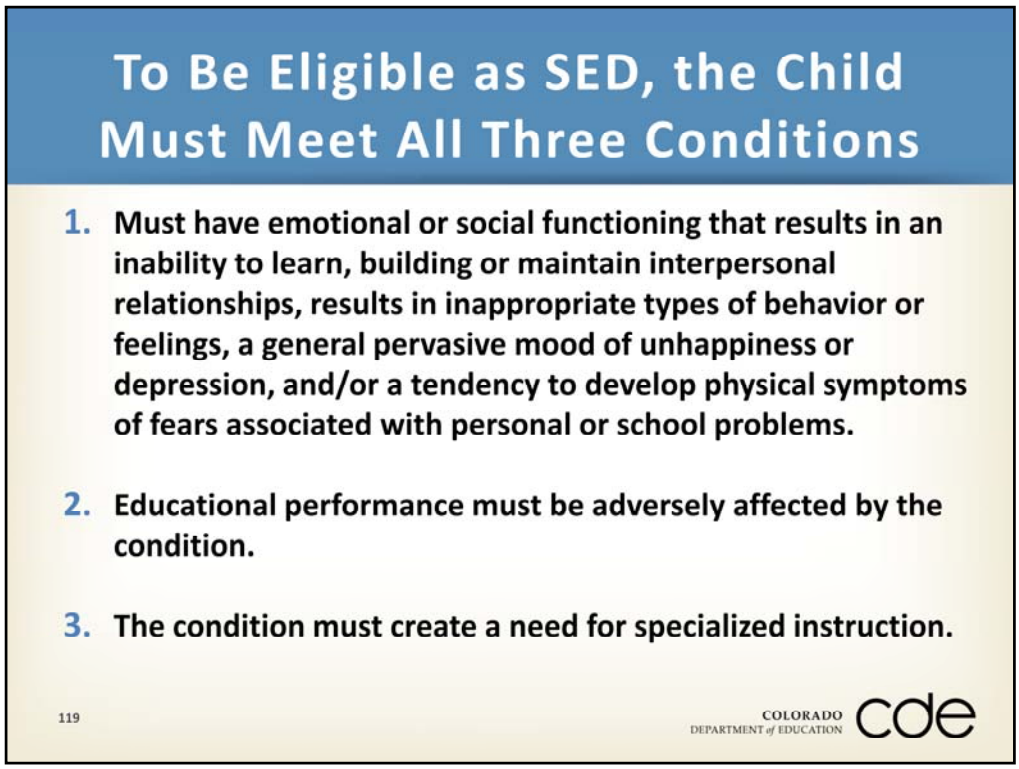
5.These general education supports need to be in place before students exit special education



School teams need to be sensitive to family's confusion regarding a separate process for educational identification of a disability. These students might qualify for a 504 plan if not eligible for Special Education.

In summary, the steps for identification include:

1. Screening for students at risk
2. Interventions with PM
3. Using data for referrals
4. Partnering with families
5. Collecting a BoE
6. Consideration of cultural & developmental factors
7. Determining if criteria are met



"Educational performance" is more broadly defined to also include S-E competence.

INTELLECTUAL DISABILITY

Intellectual Disability

(formerly Significant Limited Intellectual Capacity)

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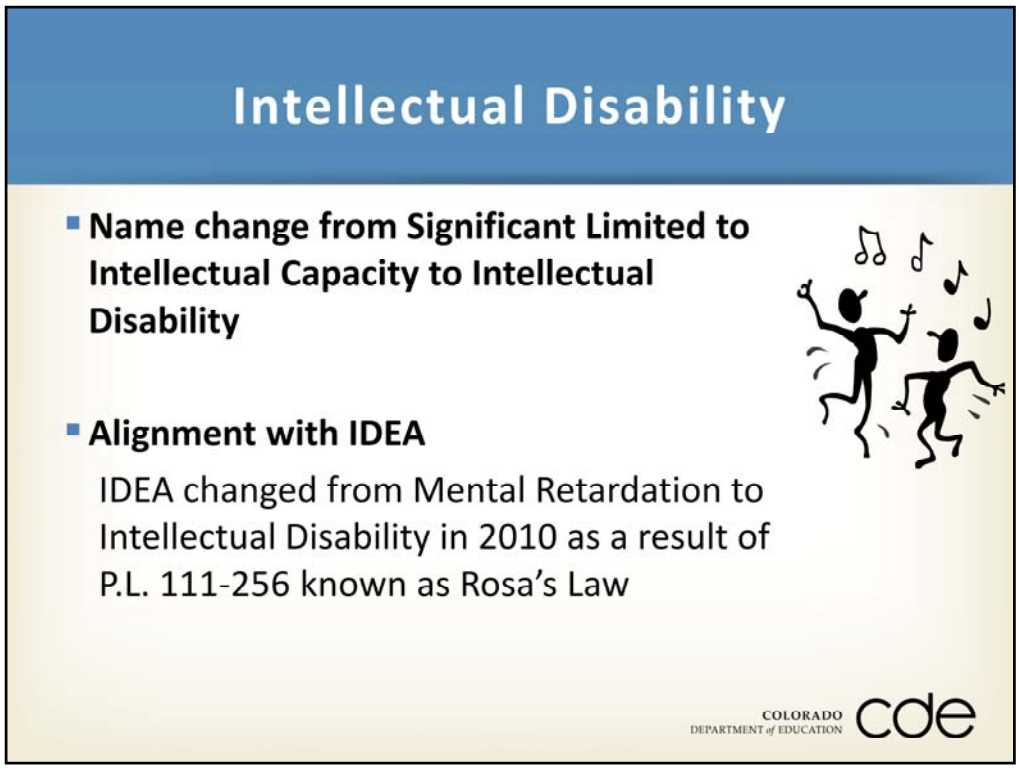
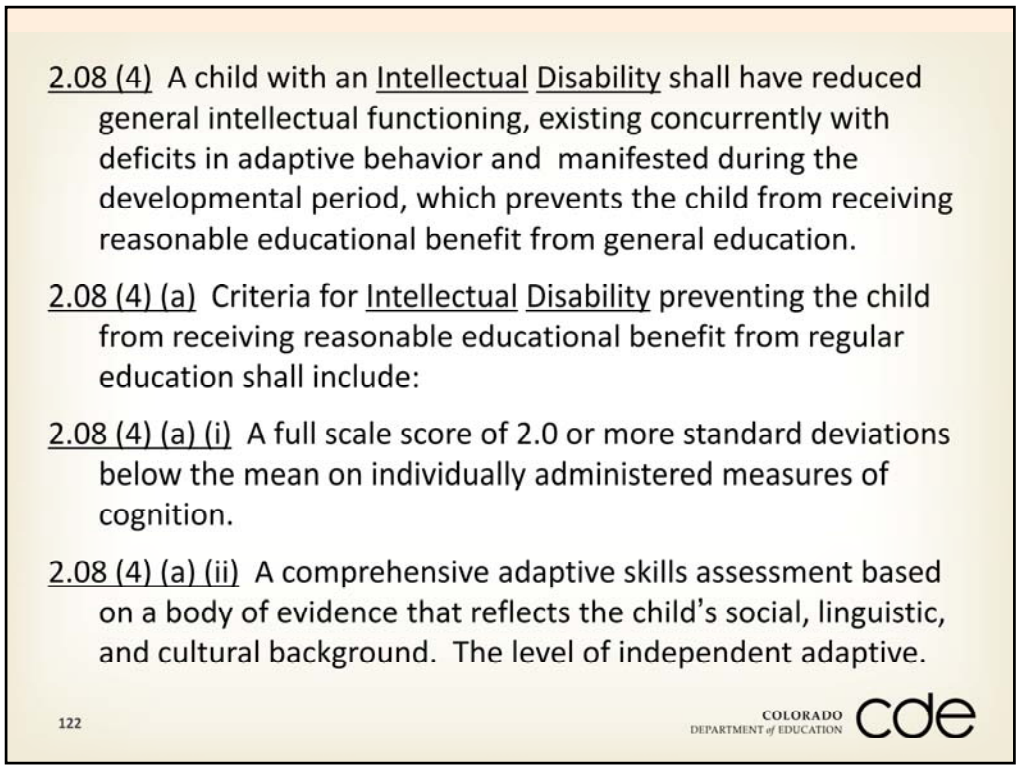


Rosa's Law (Pub. L. 111-256) is a United States law which replaces several instances of "mental retardation" in law with "intellectual disability." The bill was introduced as S.2781 in the United States Senate on November 17, 2009 by Barbara Mikulski (D-MD). It passed the Senate unanimously on August 5, 2010, then the House of Representatives House on September 22, and was signed into law by President Barack Obama on October 5.[1] The law is named for Rosa Marcellino, a girl with Down syndrome Down Syndrome who was nine years old when it became law, and who, according to President Barack Obama, "worked with her parents and her siblings to have the words 'mentally retarded' officially removed from the health and education code in her home state of Maryland." [2]



The next slides include the exact wording of a Child with an Intellectual Disability eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

behavior is significantly below the culturally imposed expectations of personal and social responsibility This body of evidence shall include results *from each of the following*:

2.08 (4) (a) (ii) (A) A full scale score of 2.0 or more standard deviations below the mean on a standard or nationally normed assessment of adaptive behavior;

2.08 (4) (a) (ii) (B) Interview of parents; and

2.08 (4) (a) (ii) (C) Observations of the child's adaptive behavior that must occur in more than one educational setting. A discrepancy must occur in two or more domains related to adaptive behavior in more than one educational setting.

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2.08 (4) (b) A deficiency in academic achievement, either as indicated by scores 2.0 or more standard deviations below the mean in formal measures of language, reading and math, or a body of evidence on informal measures when it is determined that reliable and valid assessment results are not possible due to the student's functioning level.

To Be Eligible as a Child with an Intellectual Disability

To be eligible as a child with an Intellectual Disability, there must be evidence of criteria in *each* of the following areas:

- **Cognitive, *and***
- **Adaptive Skills, *and***
- **Academic**

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Note:

No single area, by itself, will qualify a student for this eligibility category.

Evidence must be provided in each of the three areas proving that the student has met the criteria.

Important to Note:

- No single area, by itself, will qualify a student for this eligibility category.
- Evidence must be provided in each of the three areas proving that the student has met the criteria.

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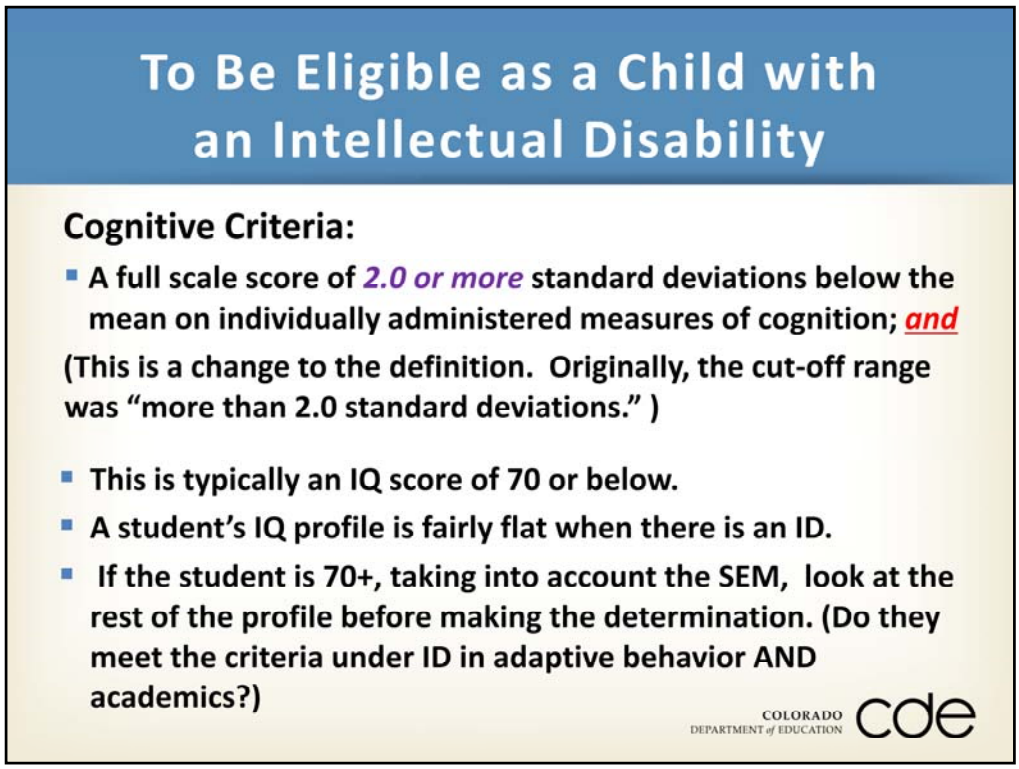
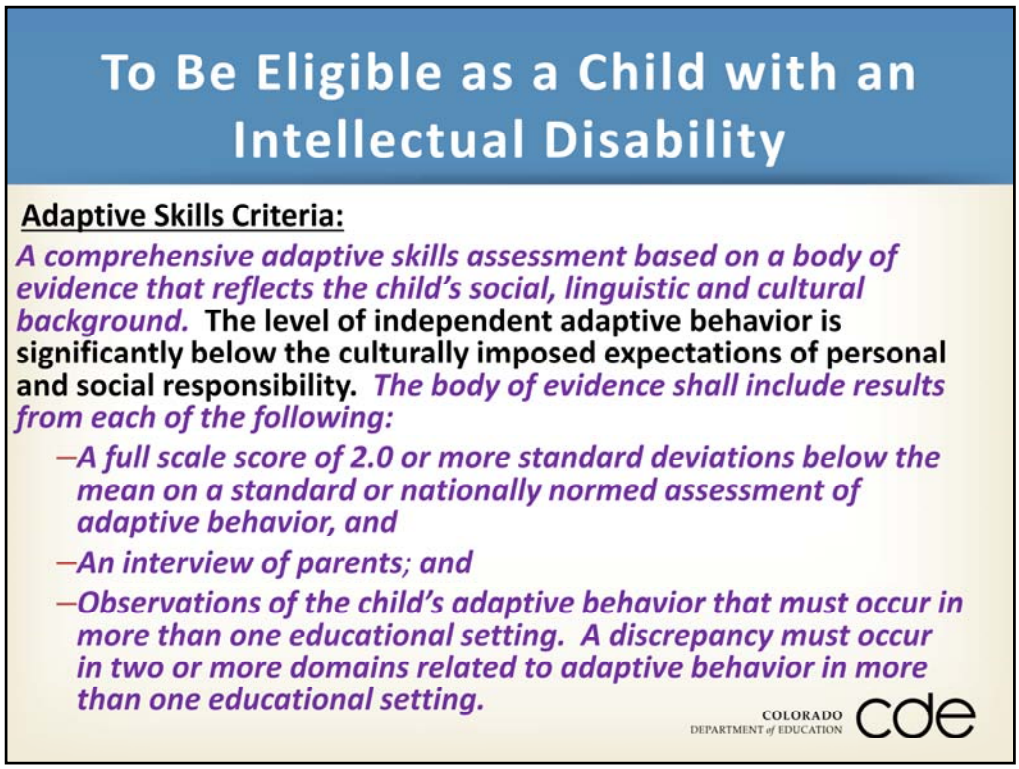


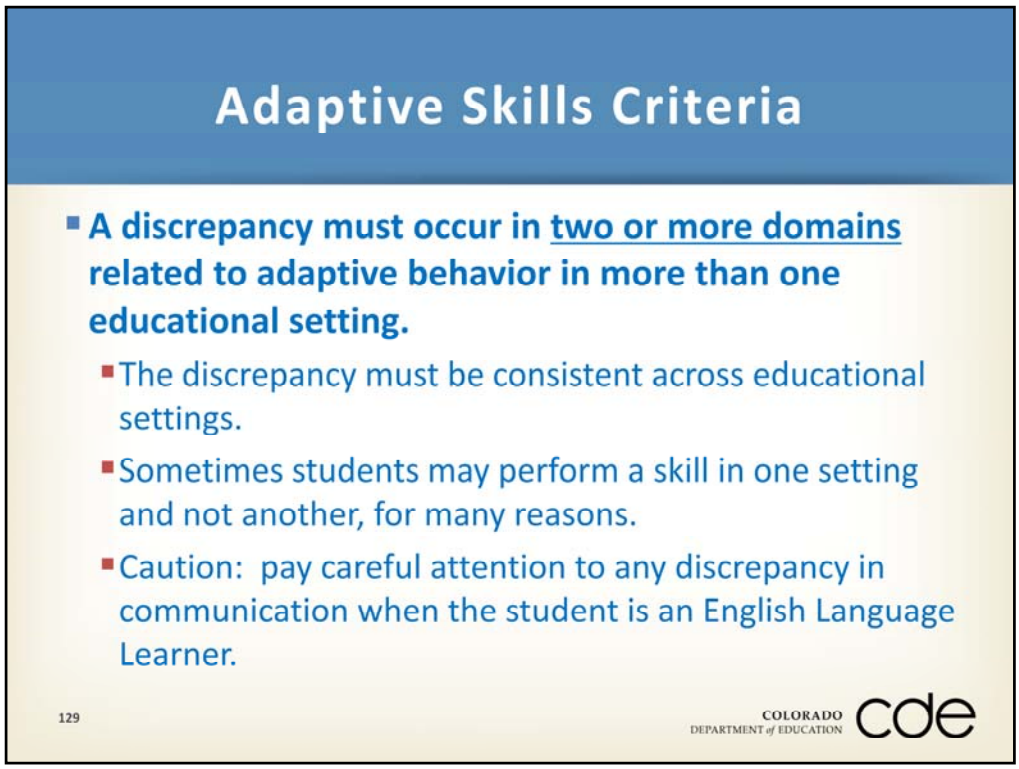
The current definition includes a student who has a full scale score of 2.0 standards deviations. Previously, if they were at 2.0, they would not qualify for services under intellectual disability. This change will assist teams with identification of students who are in the border line range of intellectual disability. This criteria aligns with the DSM-IV-TR.

Remember, this score, in and of itself does not deem a student eligible for this category.

SEM – standard error of measurement



Words in purple and italics indicate where changes have been made from the previous criteria.



For the student who is an English Language Learner, the may be a discrepancy in communication. The team may want to look other domains and not base this decision solely on this domain.

Adaptive Skills Criteria

- A face-to-face interview of the parents or caregivers using a formal adaptive behavior assessment rating scale must be completed by an individual who is trained to administer such an instrument.

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Adaptive Skills Assessment

- An observation of the student's adaptive behavior in more than one *educational* setting.

Examples include, but are not limited to:

- Classroom
- Cafeteria
- Library
- Playground
- Computer Lab

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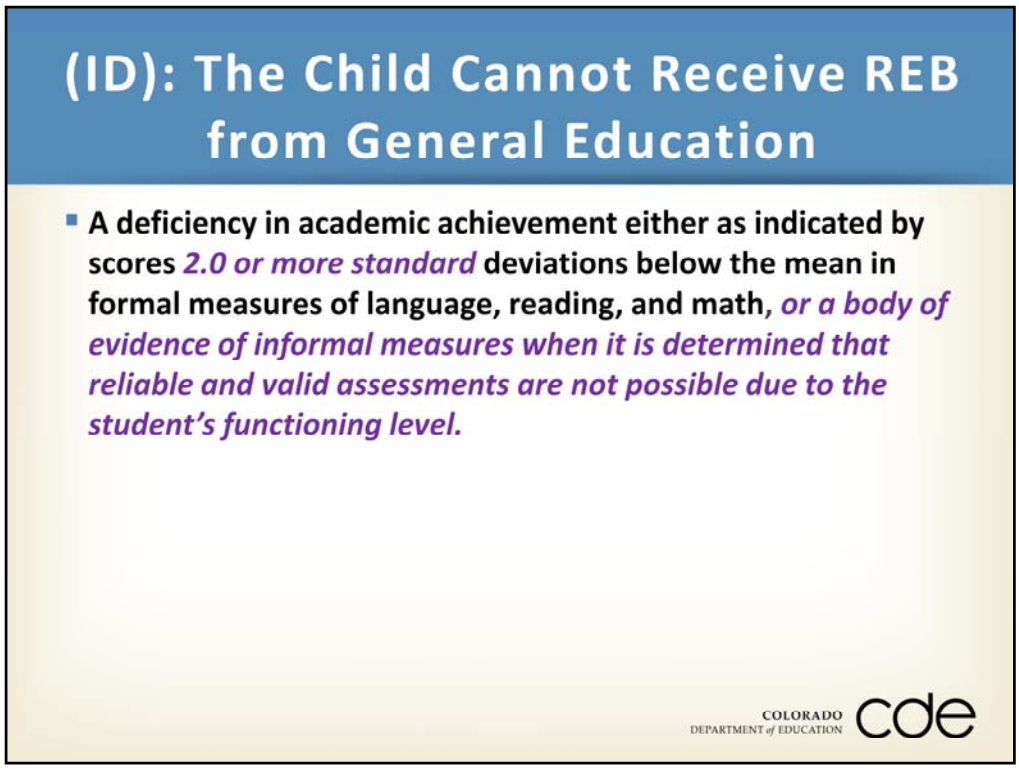

Reasonable **E**ducational **B**enefit = REB

To qualify as a child with an Intellectual Disability there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

Previously, the definition read "more than 2.0 standard deviations." It now includes 2.0 or more.

The body of evidence was included to assist teams with students who, by virtue of their disability and/or functioning level, and after all attempts to assess are exhausted. The data that are collected should reflect the students' needs and current academic functioning level.

Body of evidence may include: progress monitoring data, CBM's, summative or formative assessment data, student work, developmental skills checklists, teacher observations, teacher anecdotal records focused on academic achievement.

To Be Eligible as ID, the Child Should Meet All Four Conditions

1. Must have a quantified intellectual disability.
2. Must have a quantified deficit in adaptive skills.
3. Educational performance must be adversely affected by the condition.
4. The condition must create a need for specially designed instruction.

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MULTIPLE DISABILITIES

Multiple Disabilities

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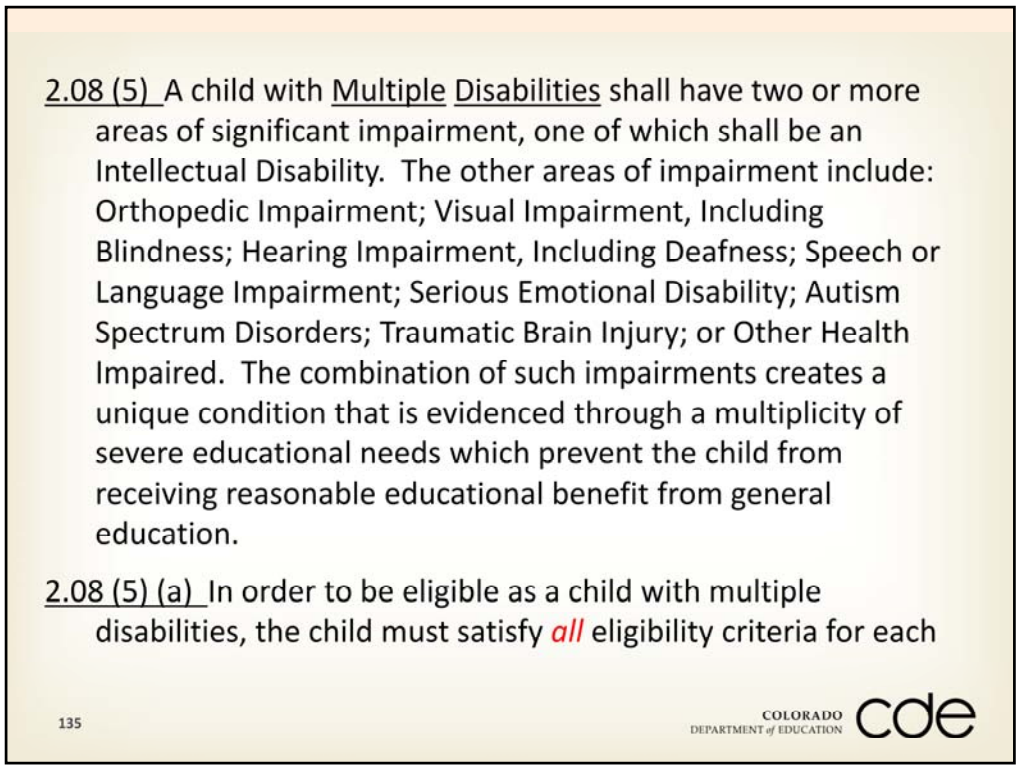

The next slides include the exact wording of a Child with a Multiple Disability eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

Changes in the definition include the each of the new category names.

individual disability, as described in these Rules. Documentation for each identified eligibility category must be included.

2.08 (5) (b) The Multiple Disabilities, as described in section 2.08(5) above, prevents the child from receiving reasonable educational benefit from general education such that the child exhibits two or more of the following:

2.08 (5) (b) (i) Inability to comprehend and utilize instructional information.

2.08 (5) (b) (ii) Inability to communicate efficiently and effectively.

2.08 (5) (b) (iii) Inability to demonstrate problem solving skills when such information is presented in a traditional academic curriculum.

2.08 (5) (b) (iv) Inability to generalize skills consistently.

To Be Eligible as a Child with Multiple Disabilities

- **When an educational team identifies a child with multiple disabilities, the determination of eligibility criteria in each area identified must be met and the appropriate checklist included in the IEP.**
  - For example, if a child has an intellectual disability and a hearing impairment, including deafness, he or she must meet criteria for each ID and HID and the Determination of Eligibility form/checklist for each included in the IEP, along with the Multiple Disabilities form.
- **A child MUST qualify for eligibility under intellectual disability in order to be considered as a child with multiple disabilities.**

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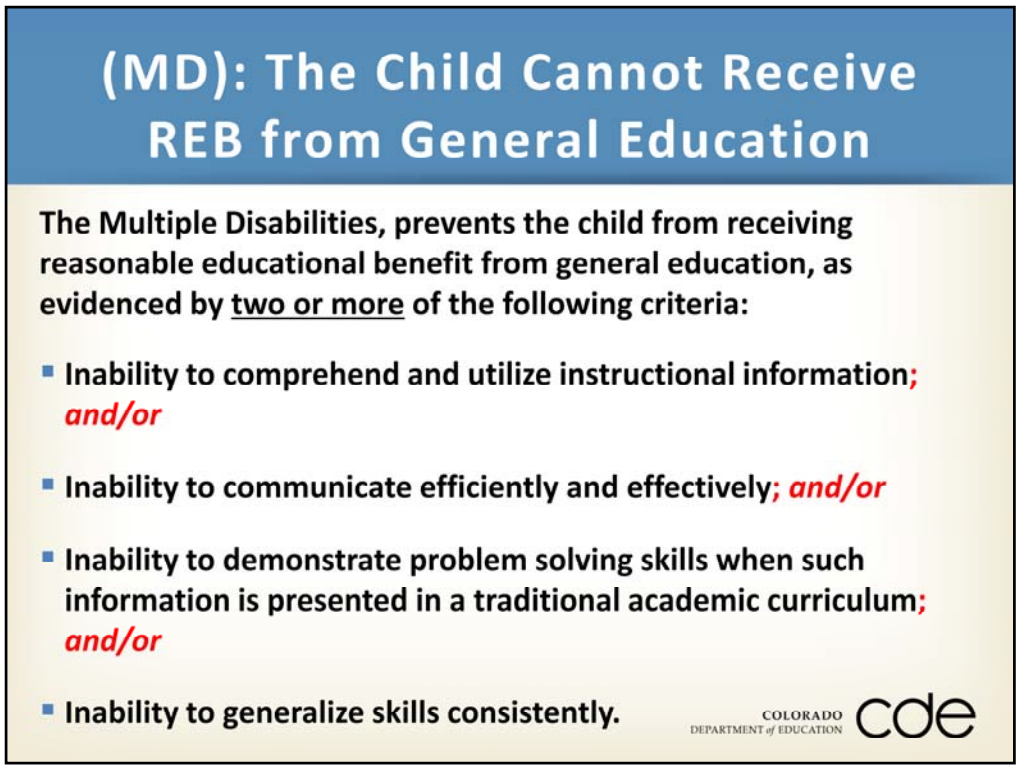

Reasonable **E**ducational **B**enefit = REB

To qualify as a child with Multiple Disabilities, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

Each of these were components of the previous criteria of Multiple Disabilities. For the new definition they have been refined and clearly described. This criteria is to assist educational teams determine whether or not a student meets the eligibility criteria for Multiple Disabilities based on the student's educational needs which prevent the child from receiving reasonable educational benefit from general education alone.

A body of evidence should include data / artifacts or other proof that the student meets two or more of the criteria.

To Be Eligible as MD, the Child Must Meet All Three Conditions

1. Must have two or more areas of significant impairment, one of which must be Intellectual Disability, and meet the eligibility criteria for each.
2. Must meet two of the four identified factors of educational need.
3. The condition must create a need for specially designed instruction.

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ORTHOPEDIC IMPAIRMENT

Orthopedic Impairment

(formerly under Physical Disability)

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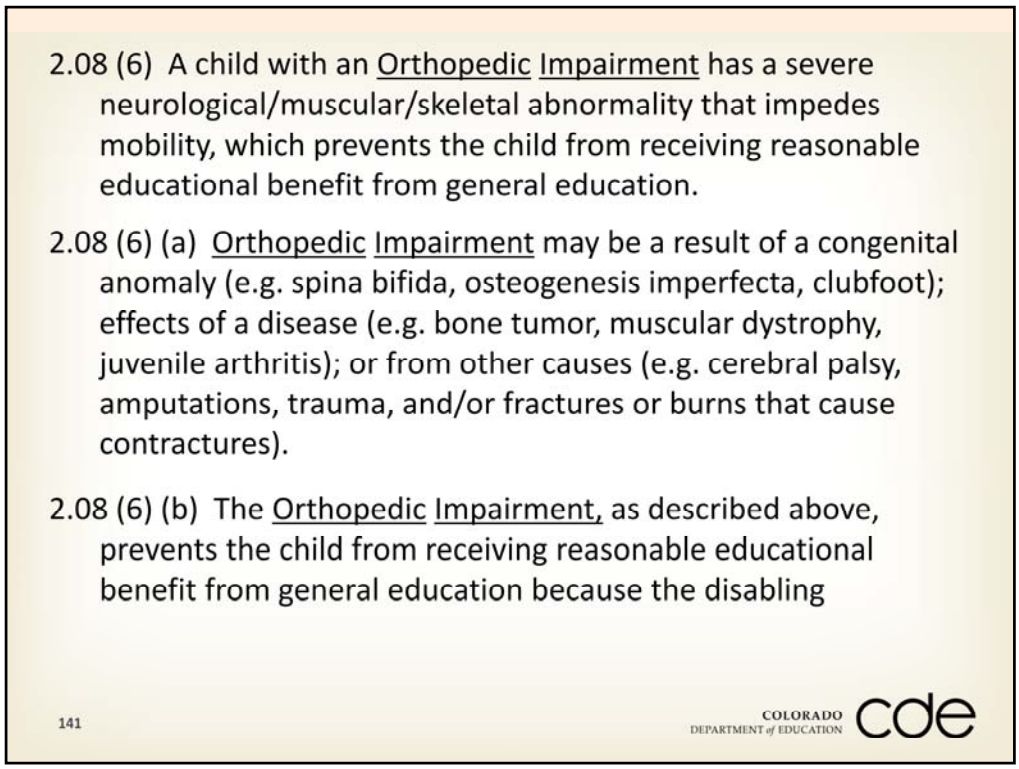
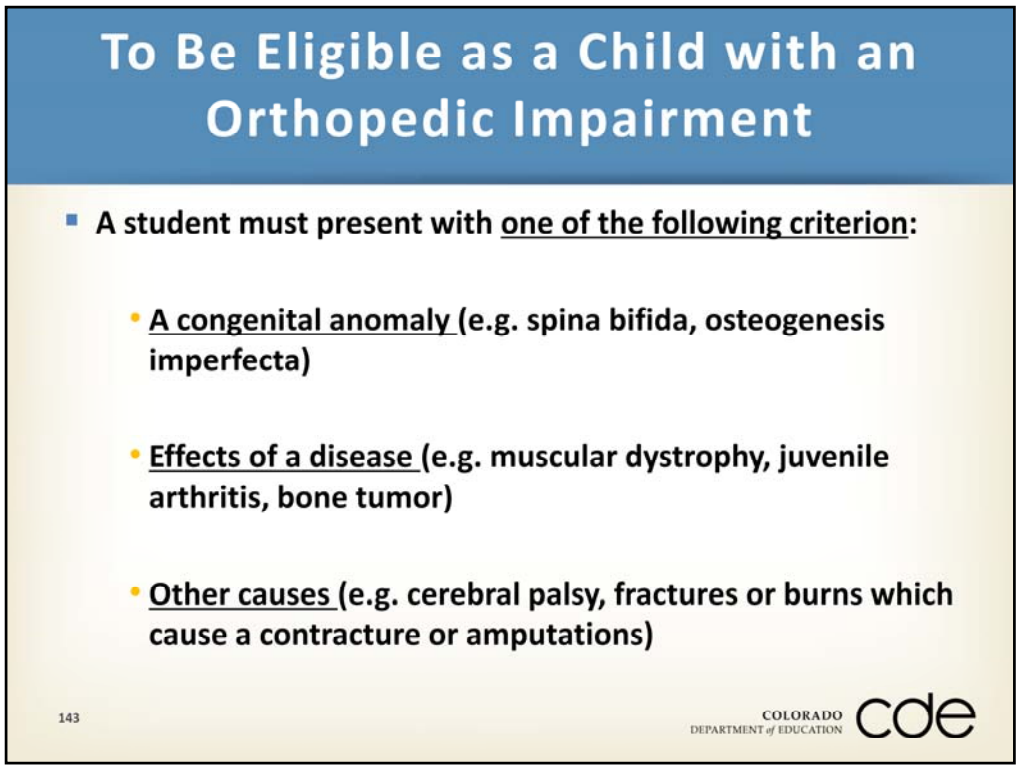
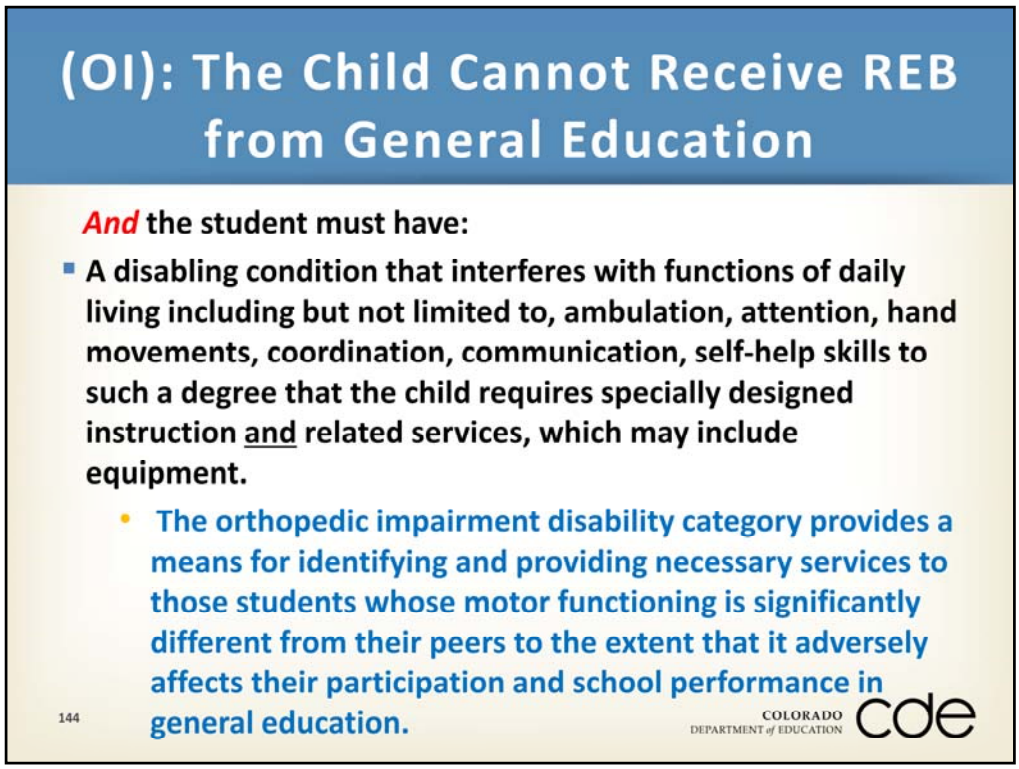


The next slides include the exact wording of a Child with an Orthopedic Impairment eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

condition interferes with functions of daily living, including but not limited to, ambulation, attention, hand movements, coordination, communication, self-help skills and other activities of daily living, to such a degree that the child requires specialized instruction and related services, which may include special equipment.



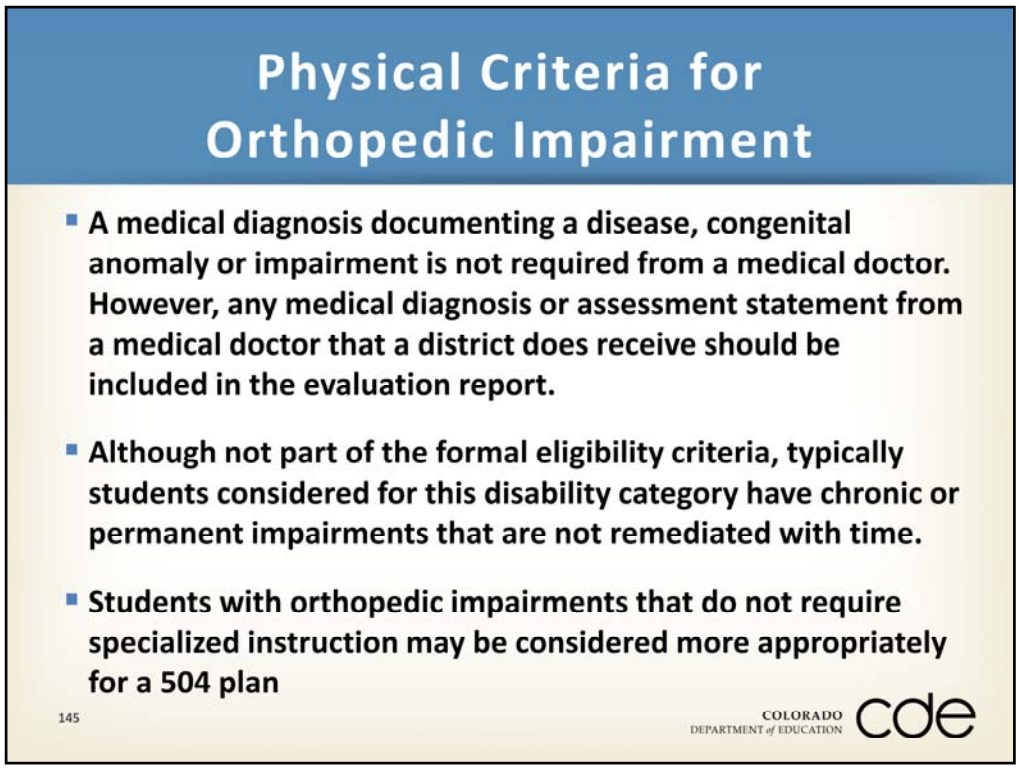
An Orthopedic Impairment is the result of a neurological, muscular or skeletal abnormality. These abnormalities are evidenced by a congenital anomaly such as spina bifida or osteogenesis imperfecta, the effects of a disease such as muscular dystrophy or juvenile arthritis, or from other causes such as cerebral palsy or amputations.



Reasonable **E**ducational **B**enefit = REB

To qualify as a child with an Orthopedic Impairment, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

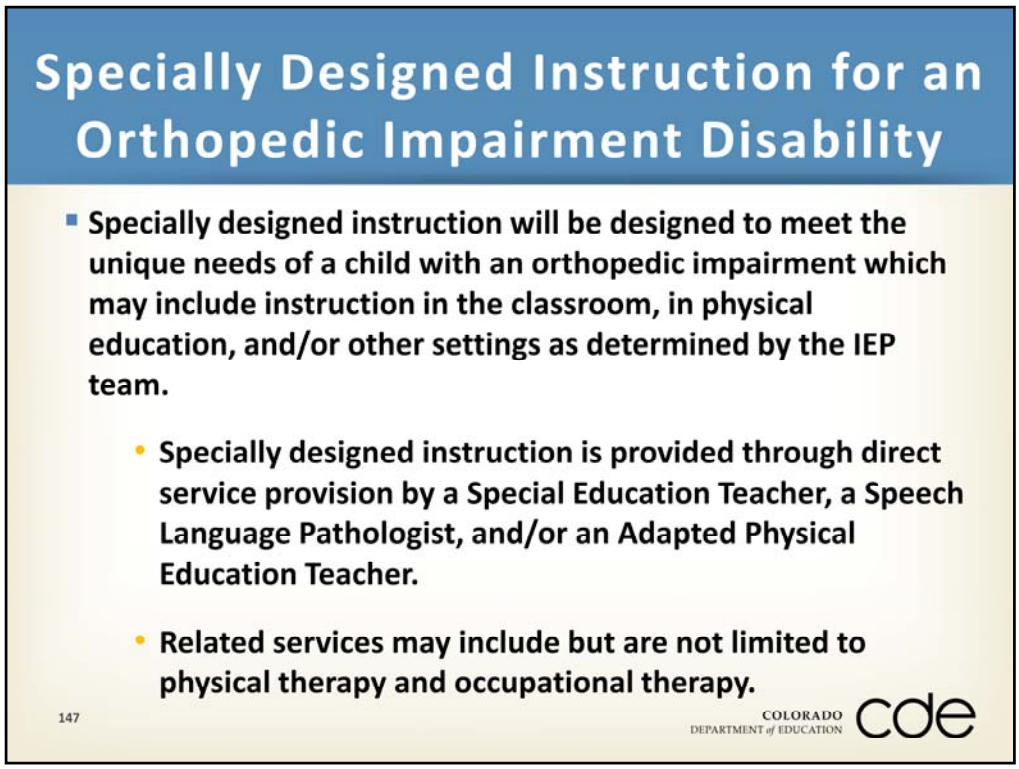
It is important to note that the student's impairment must have an educational impact such as, impeding their ability to either perform functional tasks, limit mobility and participation in the educational environment or impair motor functioning **to such a degree** that the student requires specially designed instruction and possibly specialized equipment.



A temporary (6 months or less) condition would not fulfill the requirements for eligibility. As student may, however, need accommodations for the short term. Each school/district will have to determine how it will handle these temporary impairment situations.

Evaluation of an Orthopedic Impairment

- A comprehensive educational assessment shall document a student's current pre-academic or academic functioning, social-emotional development, adaptive behavior, and motor development or communication abilities resulting from the orthopedic impairment.



Orthopedic impairment criteria requires a student to be in need of specialized instruction by a direct service provider. Careful consideration should be given to maintain students in the LRE. Some students may only in need accommodations to participate in the general education classroom. Emphasis will be on collaboration by the special education staff and general education teacher to implement and track effectiveness of the accommodations put in place.

Specially Designed Instruction for an Orthopedic Impairment Disability

- An orthopedic impairment or diagnosis in and of itself without the need for specially designed instruction does not meet the eligibility criteria for the disability.
- The orthopedic impairment must prevent the student from receiving educational benefit from general education to such a degree that the student requires specially designed instruction.

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OI Considerations

- Some diagnosis or impairments may seemingly fit in two eligibility categories Other Health Impaired (OHI) and Orthopedic Impairment (OI).
- An example is Juvenile Rheumatoid Arthritis. A student with JRA may have some or all of the following conditions; medication needs, frequent absences, stiffness and limited range of motion, which may require related support services from a nurse, OT and/or PT, as well as specially designed instruction.
- In this event, the IEP team will need to collaborate to determine what condition or issue is most impacting the student's educational performance.

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OI Considerations

- Is it limitations in the student's functional performance or physical mobility or is it the medical needs and/or endurance required to participate in the school environment that are most impactful?
- If it is the former then the student could be classified as having an Orthopedic Impairment. If it is the later, then the student could be classified as having met the criteria for Other Health Impaired.

- Eligibility category determination will truly need to be a collaborative and thoughtful decision amongst the IEP team.

Reminder

- Regardless of whether the IEP team decides Other Health Impaired or Orthopedic Impairment is the most appropriate eligibility category for a student, the student's disability still MUST have an adverse impact on their educational performance to such a degree that the student requires specially designed instruction, from a direct service provider (Speech Language Pathologist, Special Education teacher and/or an Adapted Physical Education teacher) to benefit from general education.
- The eligibility category does not drive services. The services must be individually tailored to the child's unique needs.

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To Be Eligible as OI, the Child Must Meet All Three Conditions

1. Have a severe neurological / muscular /skeletal abnormality that impedes mobility.
2. The condition must interfere with functions of daily living to such a degree that educational performance is adversely affected.
3. The condition must create a need for specially designed instruction.

OTHER HEALTH IMPAIRMENT

Other Health Impairment

(formerly under Physical Disability)

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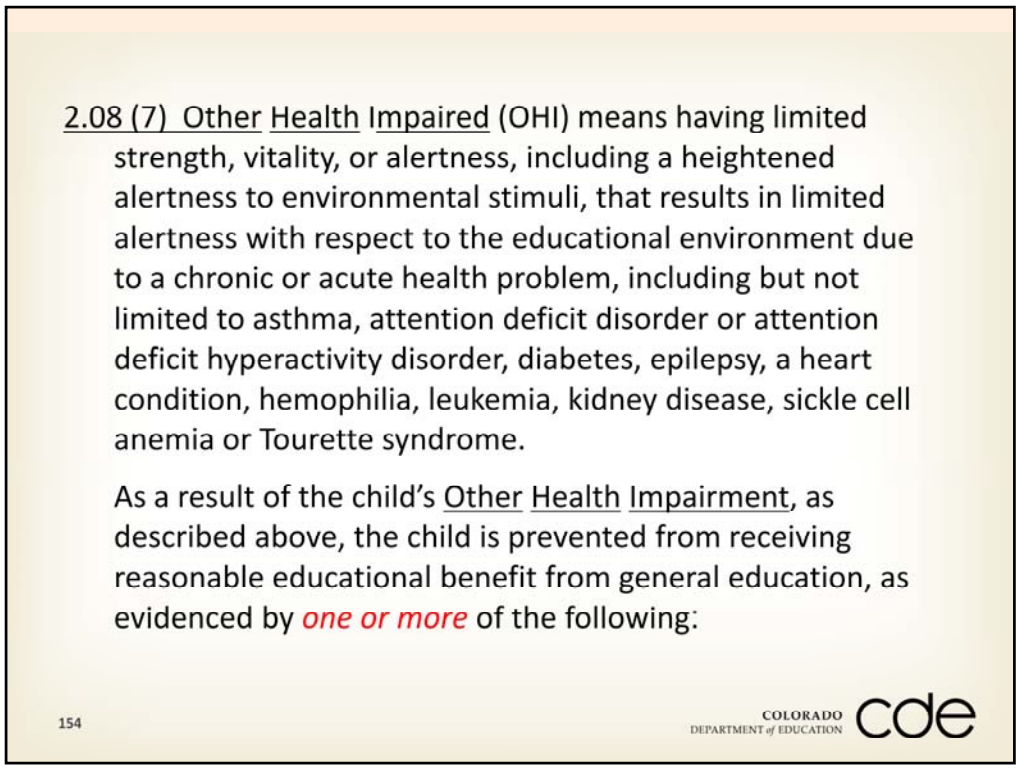
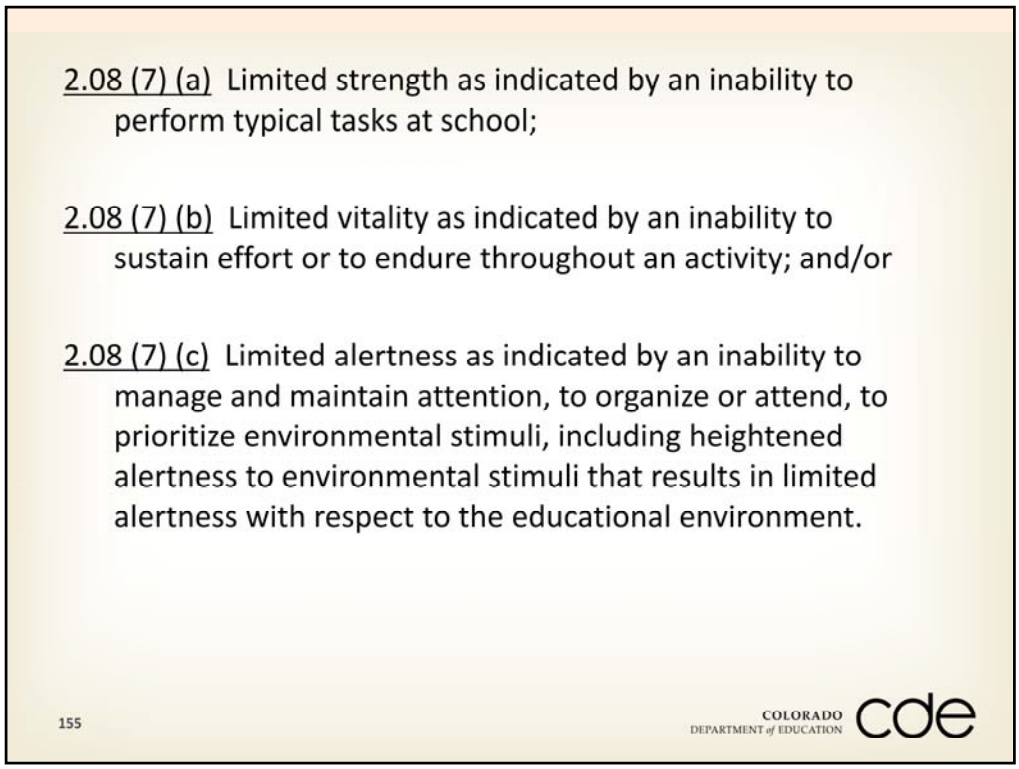
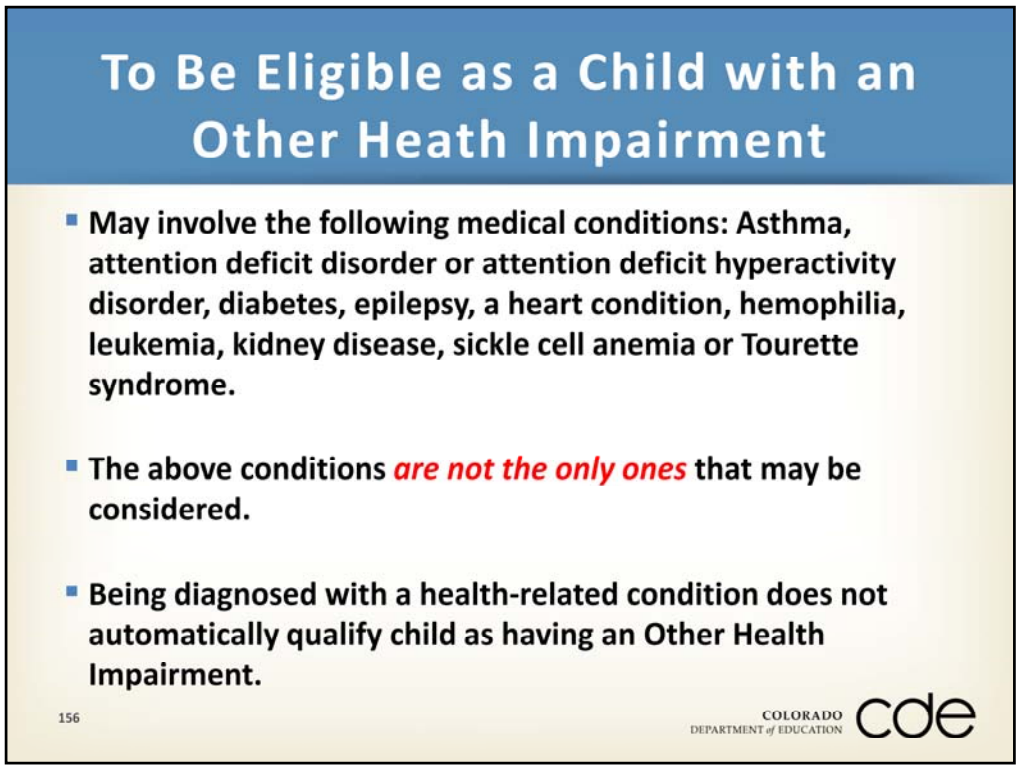


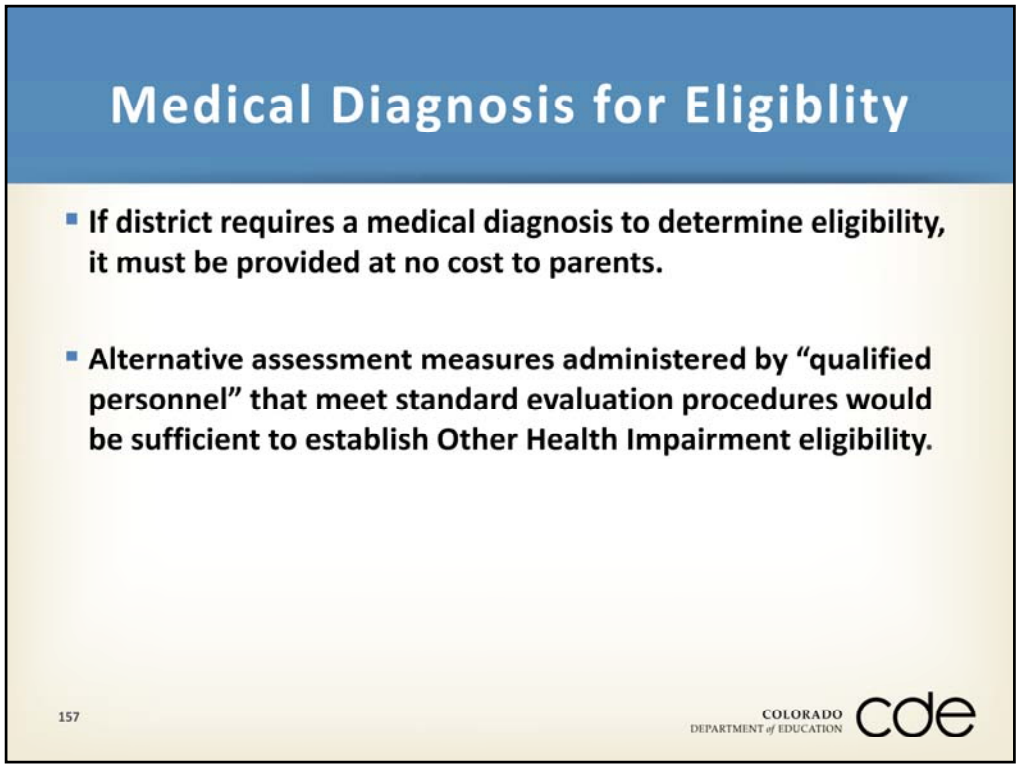
The next slides include the exact wording of a Child with an Other Health Impairment eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*



Other Health Impairment is not a NEW disability category. These students would have been classified as Physical Disability.



The list of conditions is not meant to be inclusive, rather it is just examples of health issues that may affect a students ability to achieve academic progress in general education alone.

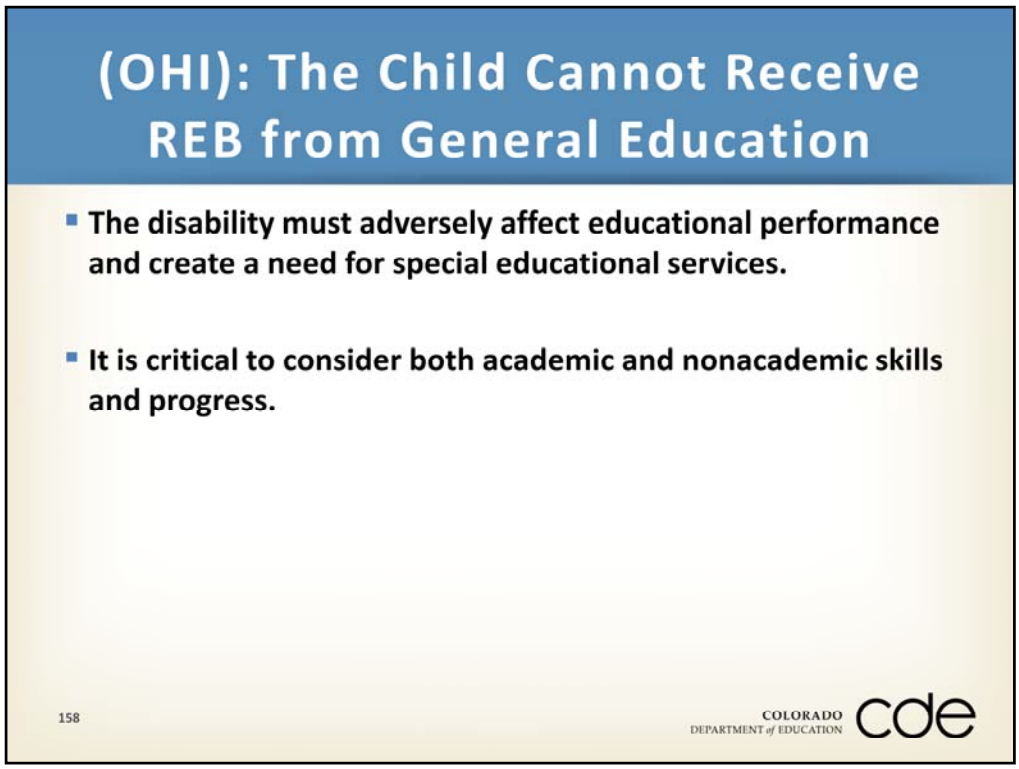


Alternative assessment measures can include:

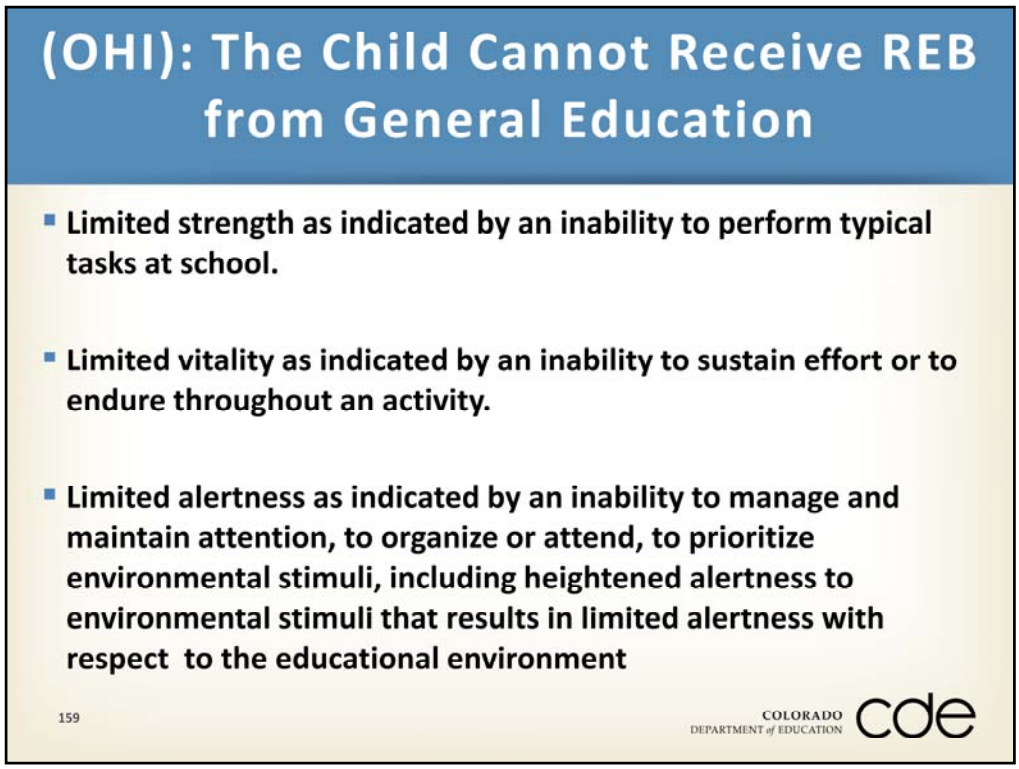
- A comprehensive health history taken by the school nurse
- Evaluations performed by the school psychologist including standardized testing or classroom observations
- Evaluation procedures used by school personnel should be:
    a. validated for the specific purpose for which they are used and
    b. should be administered according to established protocols

Qualified personnel are those individuals who are licensed and endorsed by CDE and the particular assessment/evaluation procedure used is in their scope of practice.

This may occur with a child who is exhibiting inattentive-hyperactive behaviors. If the behaviors are significant enough to cause educational impact, an educational identification can be made for OHI using appropriate assessments including team input.

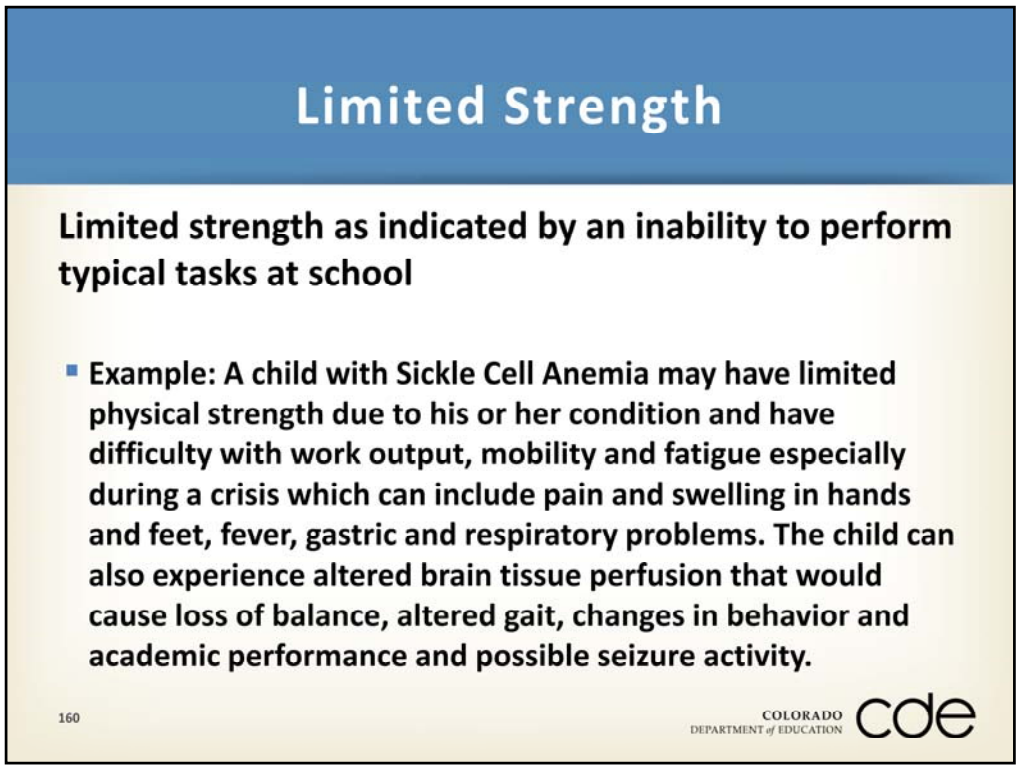


First consider the child's health condition and its general effects on the child, then look at the disability's effect on the child's educational performance.

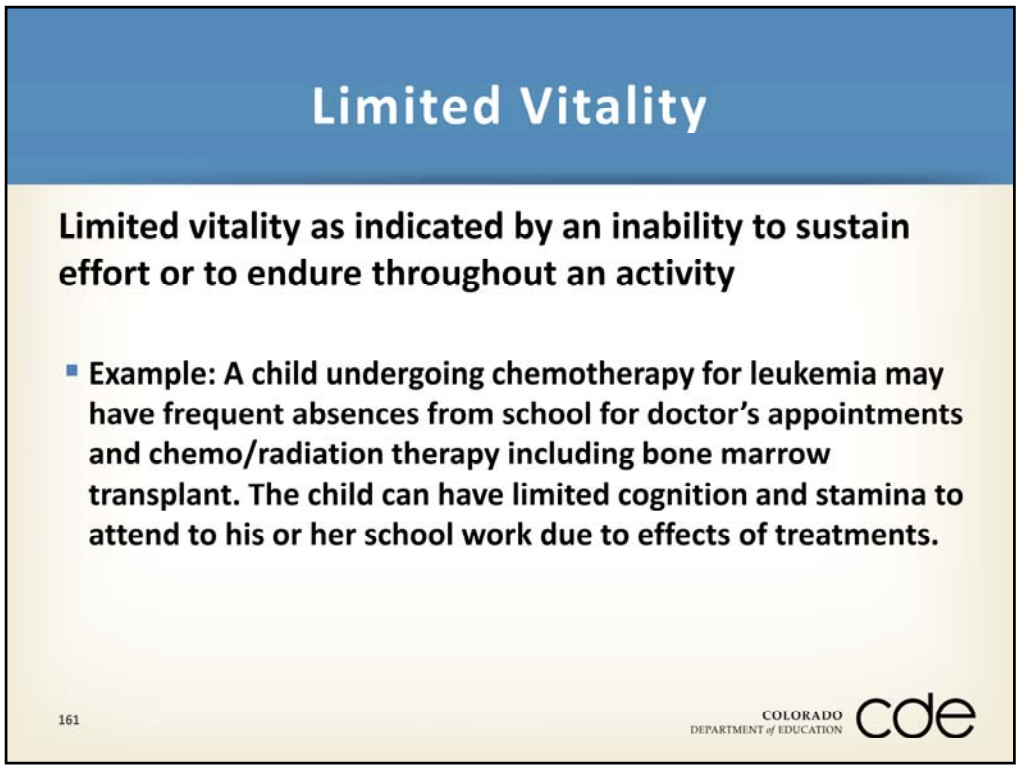


Reasonable **E**ducational **B**enefit = REB

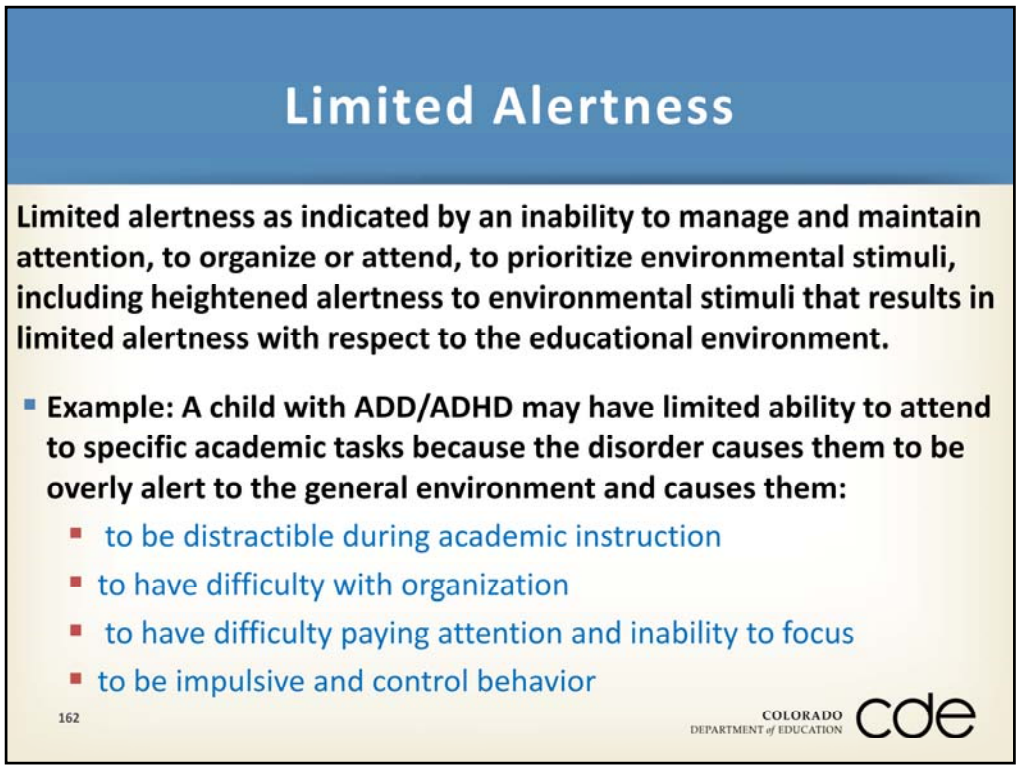
To qualify as a child with an Other Health Impairment, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.



Sickle Cell Anemia can affect the student's mobility, strength and endurance. Students may come to school with varying degrees of pain and swelling in their limbs, abdominal pain including diarrhea and vomiting which leads to dehydration, respiratory distress, and neurologic changes. The nature of this disease can cause issues with academic progress, attendance, participation in school activities, need for homebound or alternative instruction.



Leukemia is a cancer of blood forming cells. Chemotherapy and radiation can be very toxic to the brain and as a result the student may have difficulty with school due to these treatments.



ADD – Attention Deficit Disorder (no hyperactivity)

ADHD – Attention Deficit Hyperactivity Disorder

Both ADD and ADHD can make it hard for a person to sit still, control behavior, and pay attention. These conditions are characterized by an inability to focus which usually contributes to decreased alertness to the educational environment. For example, a student diagnosed with ADD may have a limited ability to attend to specific academic tasks because the disorder causes him or her to be overly alert to the general environment. There should be evidence that the child's educational performance suffers as a result would satisfy the "limited alertness" criterion and make the child eligible for special education services as long as the disability also causes a need for such services.

A child with limited alertness whose educational performance is not adversely affected does not qualify for placement as OHI.

OHI Factors to Consider

Factors to consider in an evaluation include, but are not limited to:

- **Medical history including medication**
- **Type, degree, and severity of health impairment**
- **Current levels of performance – both academic and nonacademic**
- **Need for special education and related services**

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Remember

- A medical diagnosis alone is insufficient to determine eligibility for special education services.
- Teams should focus on presenting problems along with a comprehensive evaluation to determine the appropriate disability.
- Medically-based mental illness would be more accurately identified under the eligibility category of Serious Emotional Disability.

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To Be Eligible as OHI, the Child Must Meet All Four Conditions

1. Have a chronic or acute health condition.
2. The health condition must cause limited strength, vitality or alertness due to chronic or acute health problem.
3. Educational performance must be adversely affected by the health condition.
4. The health condition must create a need for specially designed instruction.

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SPECIFIC LEARNING DISABILITY

Specific Learning Disability

Candy Myers myers_c@cde.state.co.us
(303) 866-6883

This eligibility category does not have any substantive changes. There is an alignment with changed disability category labels and compacting of the criteria language. For training guidance, please go to:

http://www.cde.state.co.us/cdesped/SD-SLD.asp

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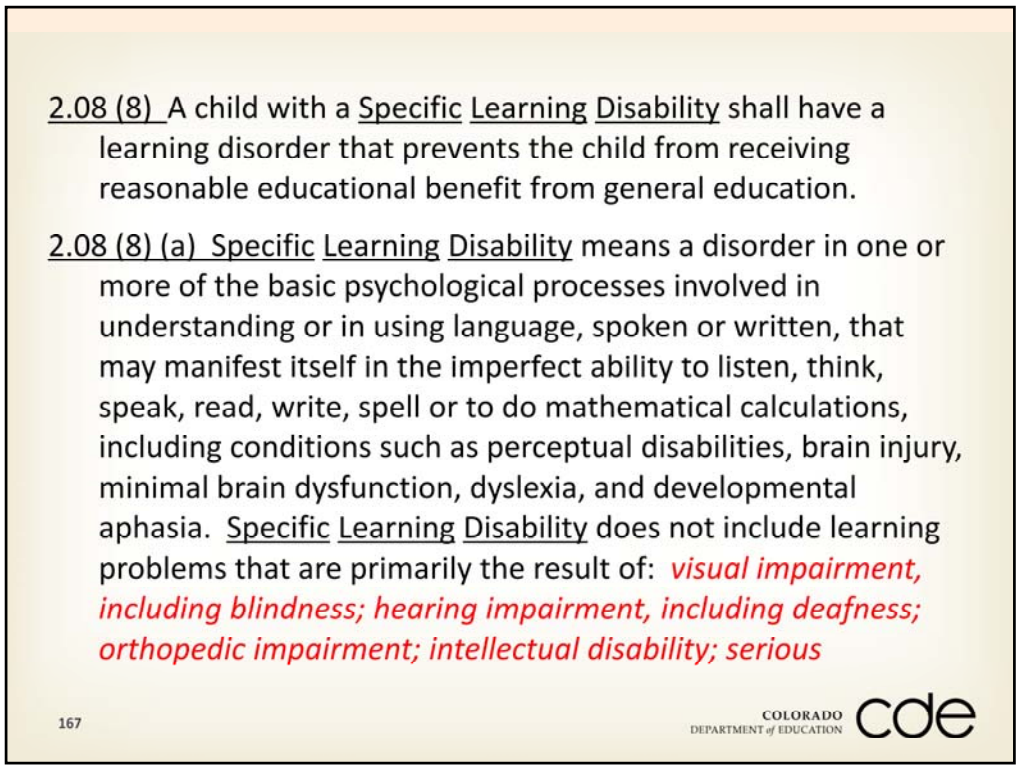

The next slides include the exact wording of a Child with a Specific Learning Disability eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.

2.08 (8) (b) A child may be determined to have a Specific Learning Disability that prevents the child from receiving reasonable educational benefit from general education if *a body of evidence demonstrates* the following criteria are met:

2.08 (8) (b) (i) The child does not achieve adequately for the child's age or to meet state-approved grade-level standards *and exhibits significant academic skill deficit(s)* in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

2.08 (8) (b) (i) (A) – (H)

Oral expression; Listening comprehension; Written expression; Basic reading skill; Reading fluency skills; Reading comprehension; Mathematical calculation; Mathematics problem solving; **and**

2.08 (8) (b) (ii)

The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified in Section 2.08(8)(b)(i) when using a process based on the child's response to scientific, research-based intervention.

SPEECH OR LANGUAGE IMPAIRMENT

Speech or Language Impairment

Tami Cassel cassel_t@cde.state.co.us
(303) 866-6114

This eligibility category does not have changes other than an alignment of new terminology and format.

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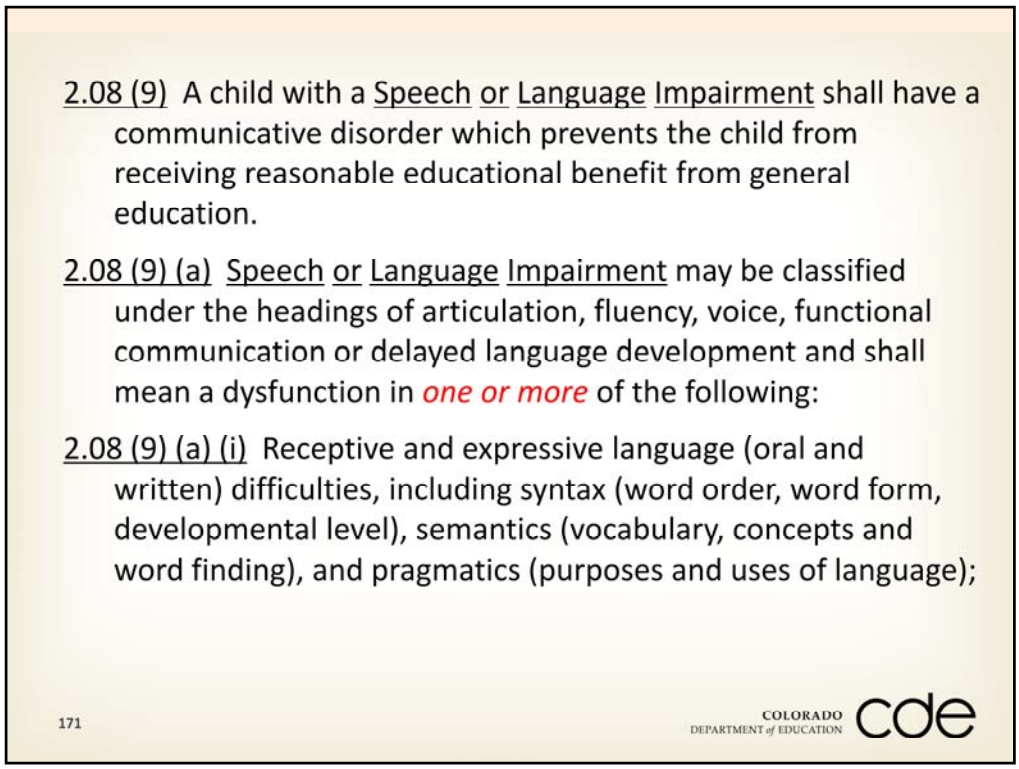

The next slides include the exact wording of a Child with a Speech or Language Impairment eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

2.08 (9) (a) (ii) Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis and synthesis), association and auditory attention;

2.08 (9) (a) (iii) Deficiency of structure and function of oral peripheral mechanism;

2.08 (9) (a) (iv) Articulation including substitutions, omissions, distortions or additions of sound;

2.08 (9) (a) (v) Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance;

2.08 (9) (a) (vi) Fluency, including hesitant speech, stuttering, cluttering and related disorders; and/or

2.08 (9) (a) (vii) Problems in auditory perception such as discrimination and memory.

2.08 (9) (b) The Speech or Language Impairment, as set out above, prevents the child from receiving reasonable educational benefit from general education and shall include *one or more* of the following:

2.08 (9) (b) (i) Interference with oral and/or written communication in academic and social interactions in his/her primary language;

2.08 (9) (b) (ii) Demonstration of undesirable or inappropriate behavior as a result of limited communication skills; and/or

2.08 (9) (b) (iii) The inability to communicate without the use of assistive, augmentative/alternative communication devices or systems.

To Be Eligible as a Child with a Speech or Language Impairment

- Classified as articulation, fluency, voice, functional communication, or delayed language development
- Evidence of dysfunction in *one or more* of the following areas: Receptive/Expressive Language, Auditory Processing, Oral peripheral structure, Articulation, Voice, Fluency and/or Auditory Perception

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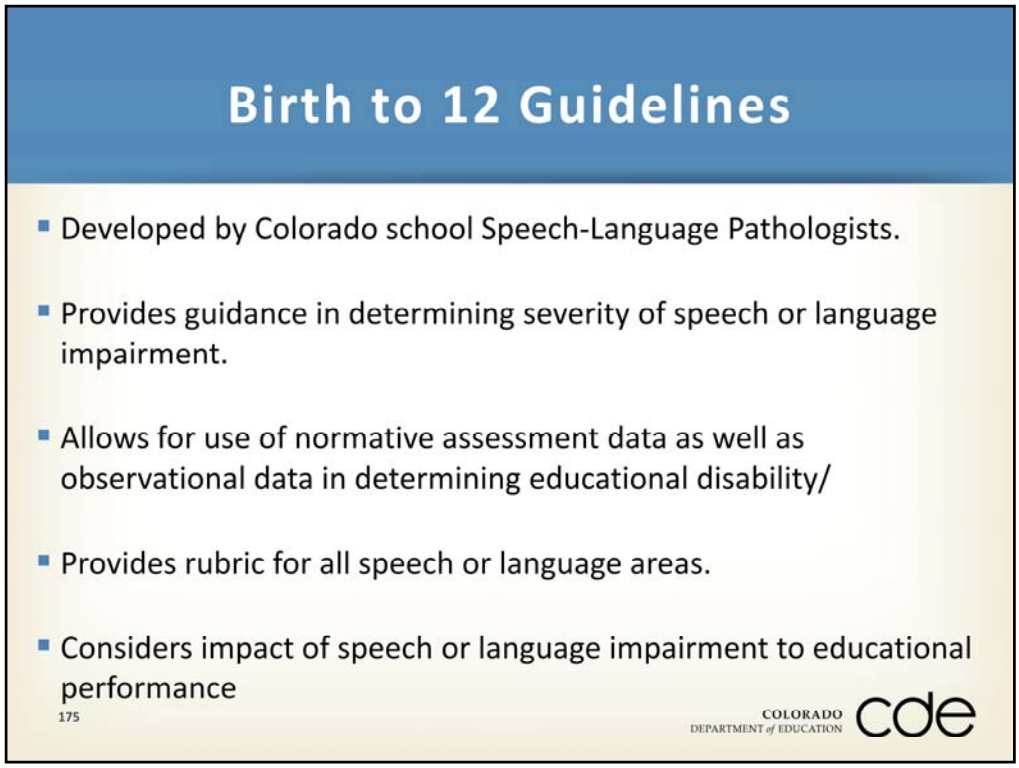
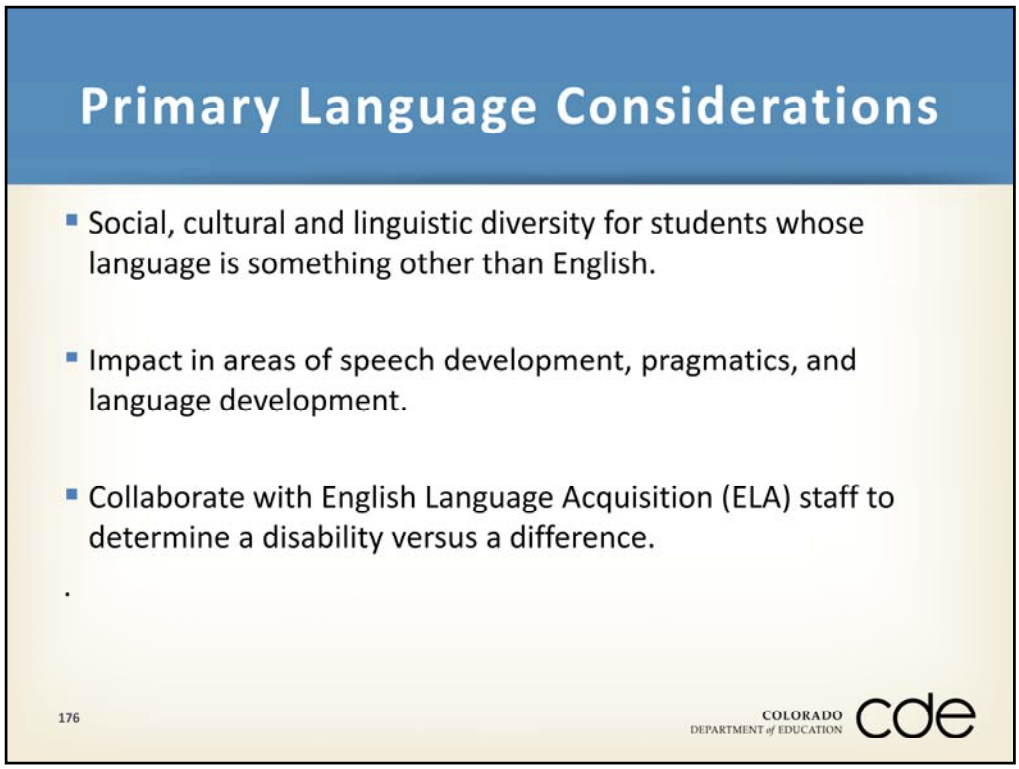


Document that provides assistance SLPs and administrators in determining the eligibility and service provision for special education students who have speech or language impairments

2 sections Birth to kindergarten referred to as B-K Guidelines and Kindergarten through 12 grade (aka K-12 Guidelines)



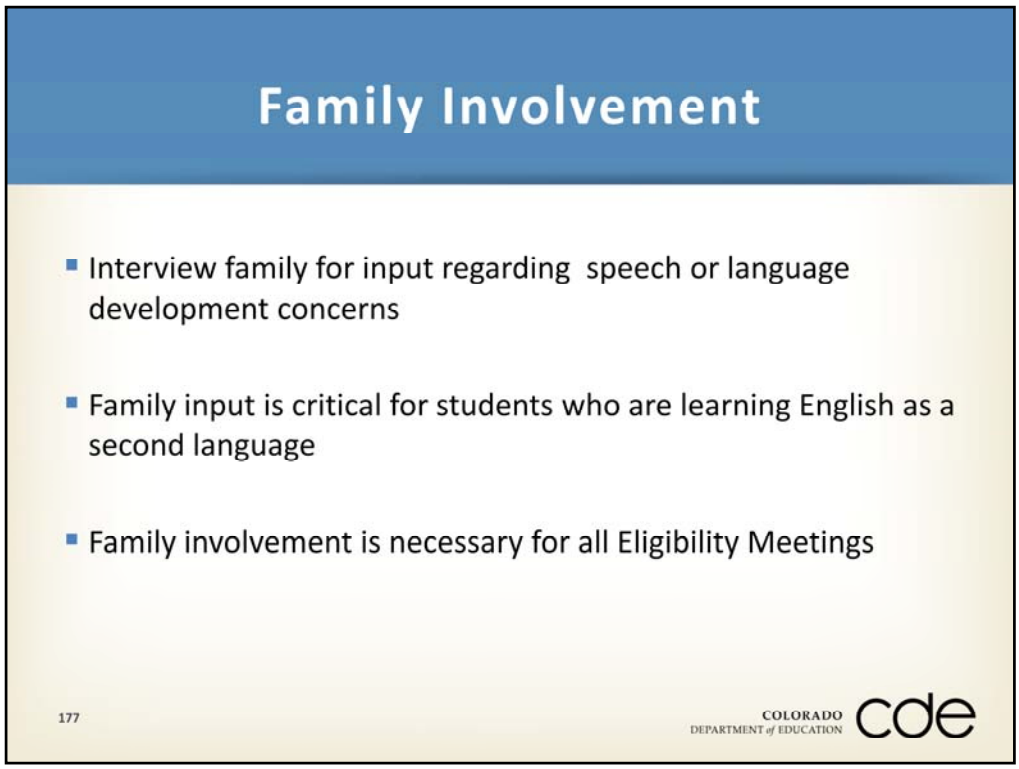
When evaluating a student who speaks another language other than English the following areas need to be considered in order to determine if a student has a speech or language impairment versus a speech or language difference due to learning two languages.

Articulation – some sounds in a primary language are not present in English (i.e. the rolled /r/ in Spanish)

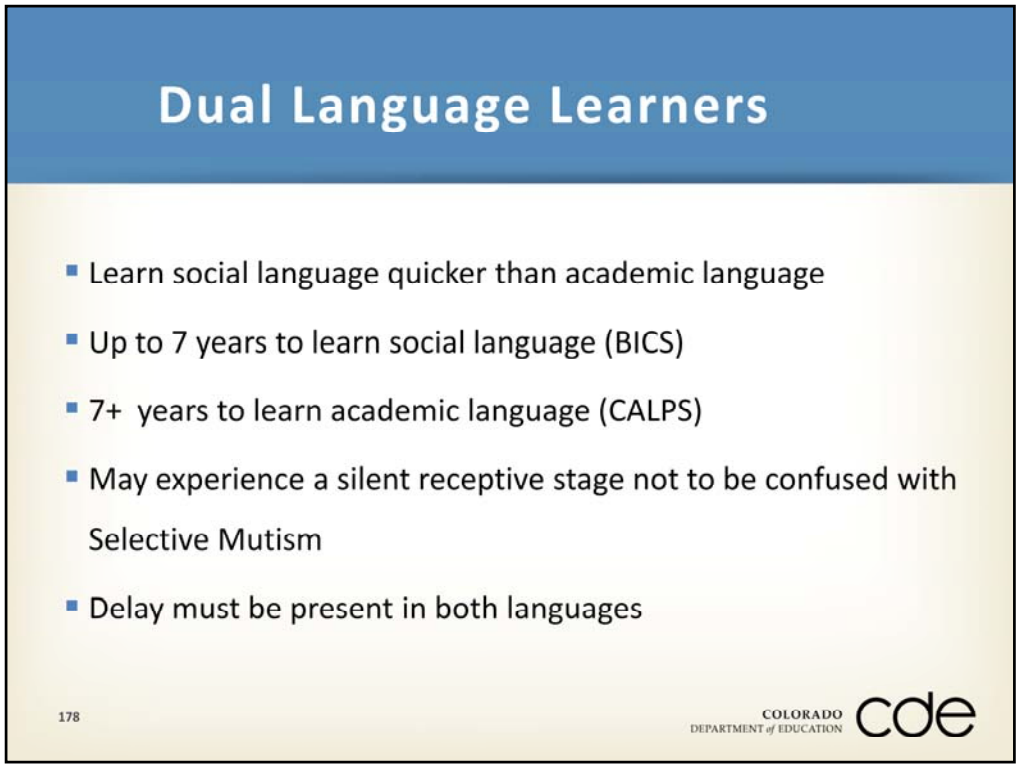
Pragmatics – Social and cultural differences present through social language. Whereas in Asian cultures, it may not be appropriate to make eye contact with an adult. In American culture it is considered inappropriate not to look at the speaker.

Language development – certain grammatical structures in English are not represented the same way in other languages. The development of a second language takes time and occurs in a developmental pattern which varies based on the primary language. For example students speaking Mandarin may take longer to assimilate plurals whereas students speaking Spanish may develop this skill sooner. Collaboration with personnel trained in ELA will help to determine whether the student is making adequate growth in learning English.

A body of evidence must support a significant delay in the primary language as well as in English



An interview with the family can provide information regarding their child's developmental milestones for learning language. Sometimes they are the best source for a dual language learner as they can provide knowledge as to whether or not there were concerns with the child's learning his or her first language. There must be evidence that the speech or language impairment is present in the first language.

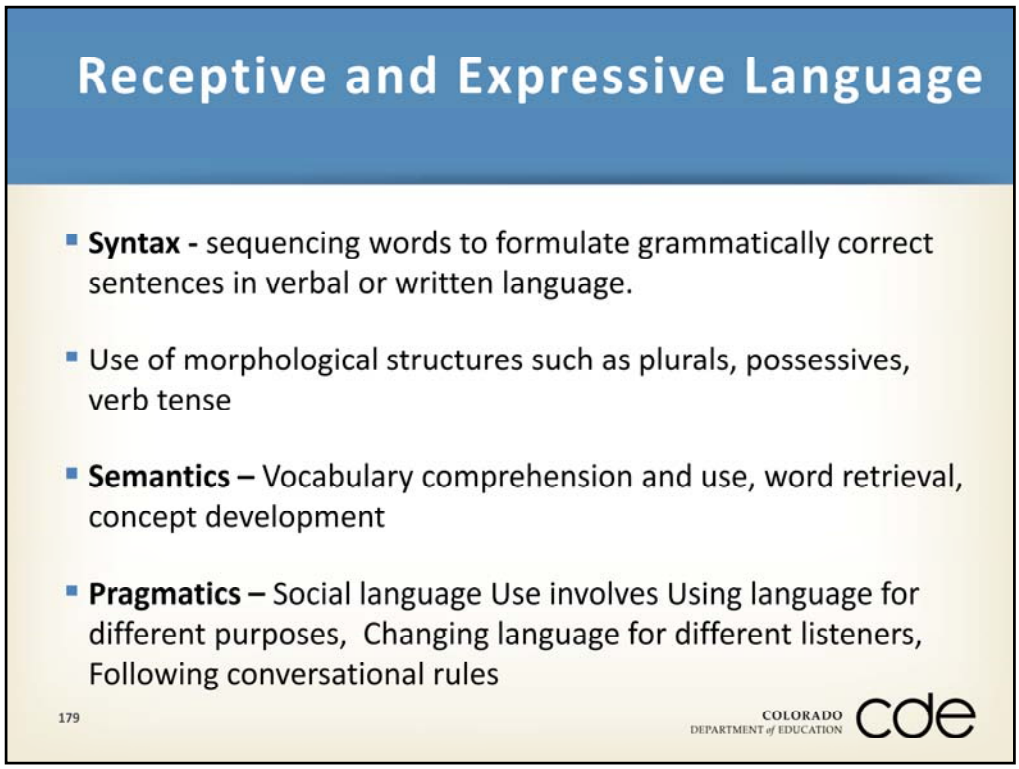


Dual Language Learners will learn the Basic Interpersonal Communication Skills (BICS) quicker than they will the Cognitive Academic Language Proficiency (CALP)

Can take up to 7 years to learn BICS and 7 plus years to acquire academic language.

The silent period is when the student is focusing on the comprehension of a second language. Their responses are often non-verbal or limited to 1-2 words. This time should not be confused with Selective Mutism which is a condition in which the student can communicate but does not talk in certain situations but will converse freely in the home or with friends.

It is important to note that students who are able to communicate in their home language or have typical speech and language skills for their primary language do not have a language impairment. Documentation of language difficulties which is culturally and linguistically sensitive must be present in both languages in order for a student to be determined to have a speech or language impairment.



Pragmatics is social language use that involves using language for different purposes, changing language to different listeners and following conversational rules. While a student may score average to above average on Standardized assessments such as the CELF-5 or OWLS II with regards to language, they could still demonstrate an inability to use the language in a variety situations like imaginative play, to change language structures to communicate with different audiences or explain a different perspective, and/or to make statements which are considered socially appropriate. Observations in natural communicative environments will help to determine comprehension and use of language skills within a social context.

Receptive and Expressive Language

- Consideration must be given to the student's receptive and expressive language skills in his or her primary language
- Difficulties must be present in oral and/or written language
- Language development should be compared to same- aged peers of like social, cultural and linguistic backgrounds

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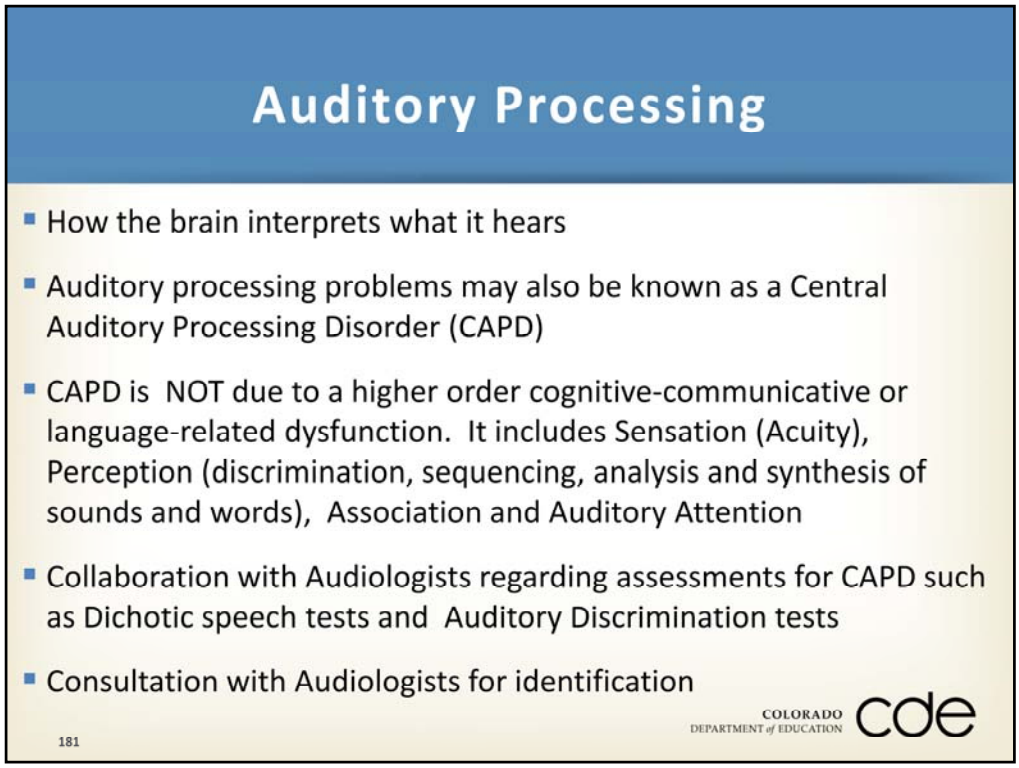
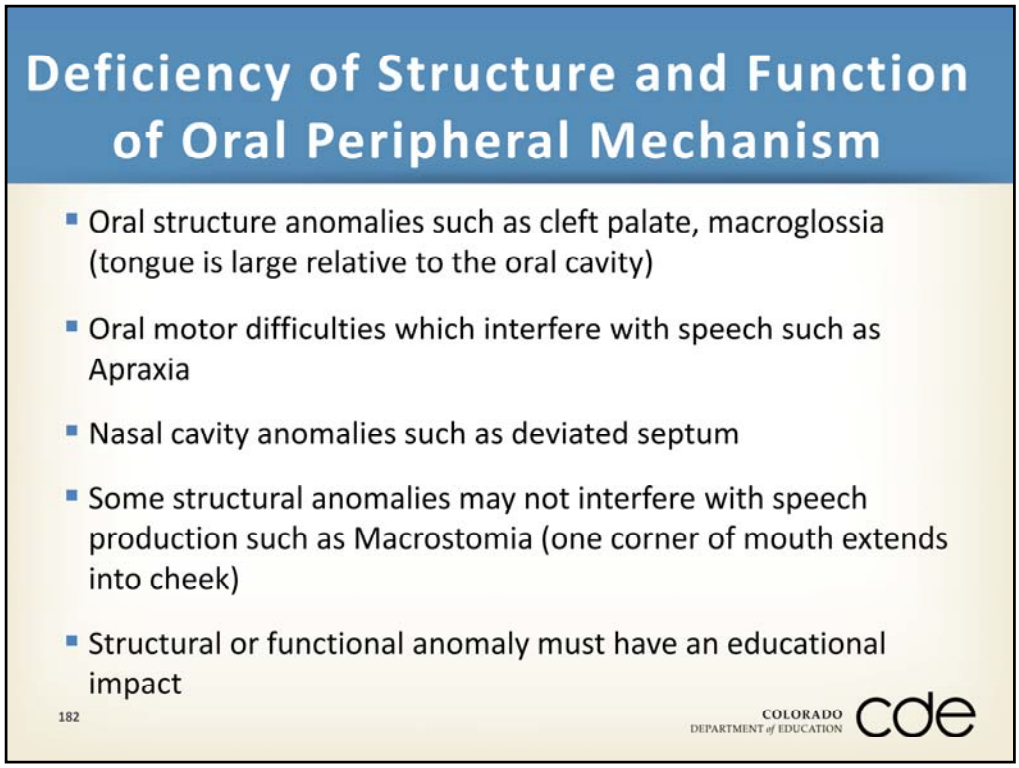


Teams need to utilize the expertise of other professionals to make this determination. Often families will seek an outside diagnosis of this condition and provide the school with the report where CAPD has been diagnosed. Work with your audiologists to interpret results and make recommendations regarding eligibility for special education. Severity of the condition must show educational impact.

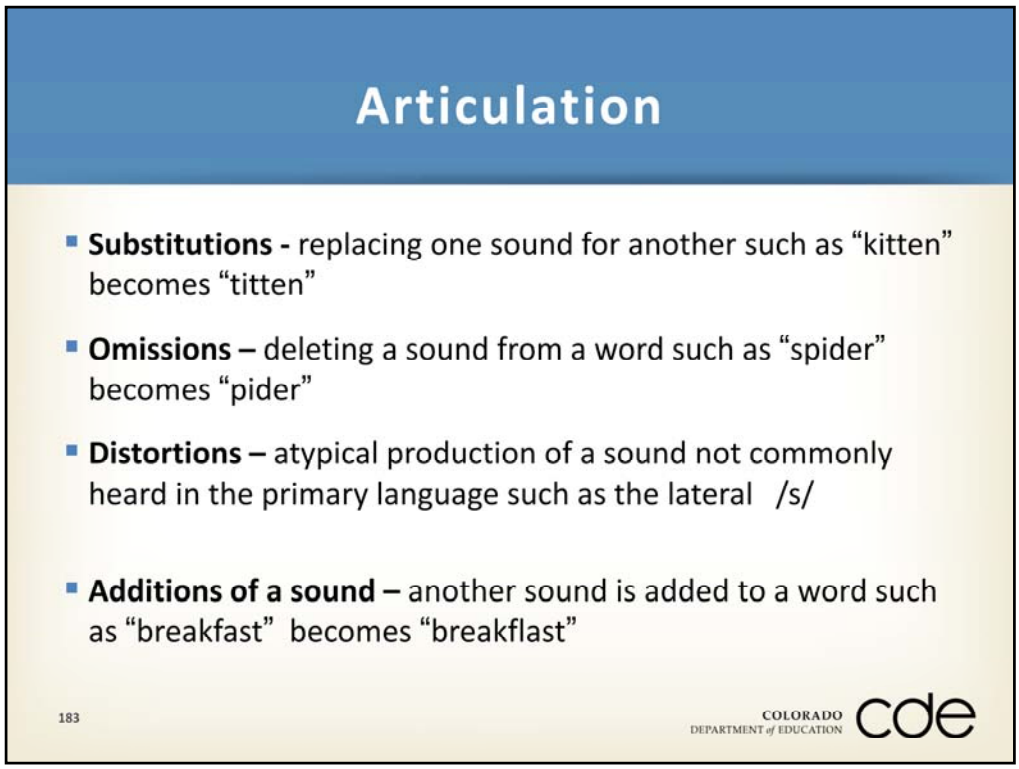
Some students with CAPD can receive reasonable benefit from general education through accommodations

The educational team may want to consider a 504 instead



When considering educational impact of a disability remember that it relates to the overall health and alertness as well as any limitations to access general education which could include recess and lunch. A student with a swallowing disorder may be eligible for special education services to work on feeding so that he or she can participate in lunch or snack time.

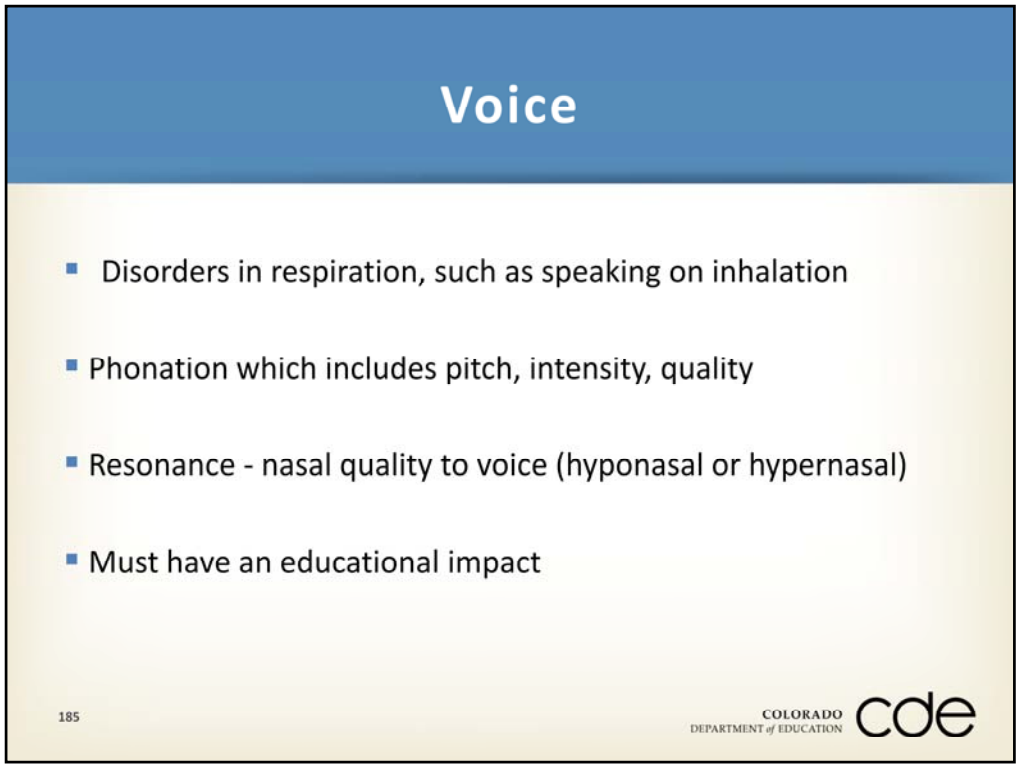
A deviated septum may give a hypernasal quality to speech which doesn't typically interfere with intelligibility



These are the areas in which articulation can be classified. Some errors are considered developmental and would not warrant an evaluation. Training can be given to preschool -1st grade teachers to help address parental concerns

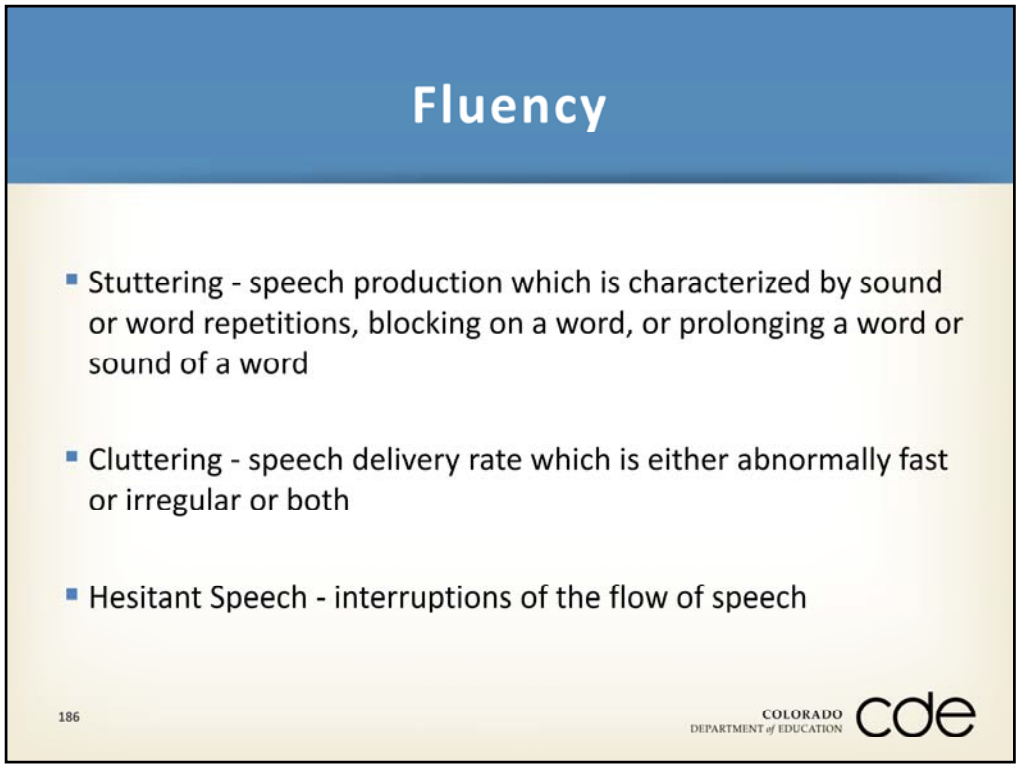
Developmental vs. Delay

- Speech skills develop in a predictable pattern
- Some misarticulations are considered developmental for the student's age (i.e. a 3 year old who says "wabbit" for "rabbit")
- Dual Language Learners (English as a second language or simultaneous with a native language) may not develop at the same rate or pattern. Consult with ELA staff
- Culture and dialect within the United States must be considered

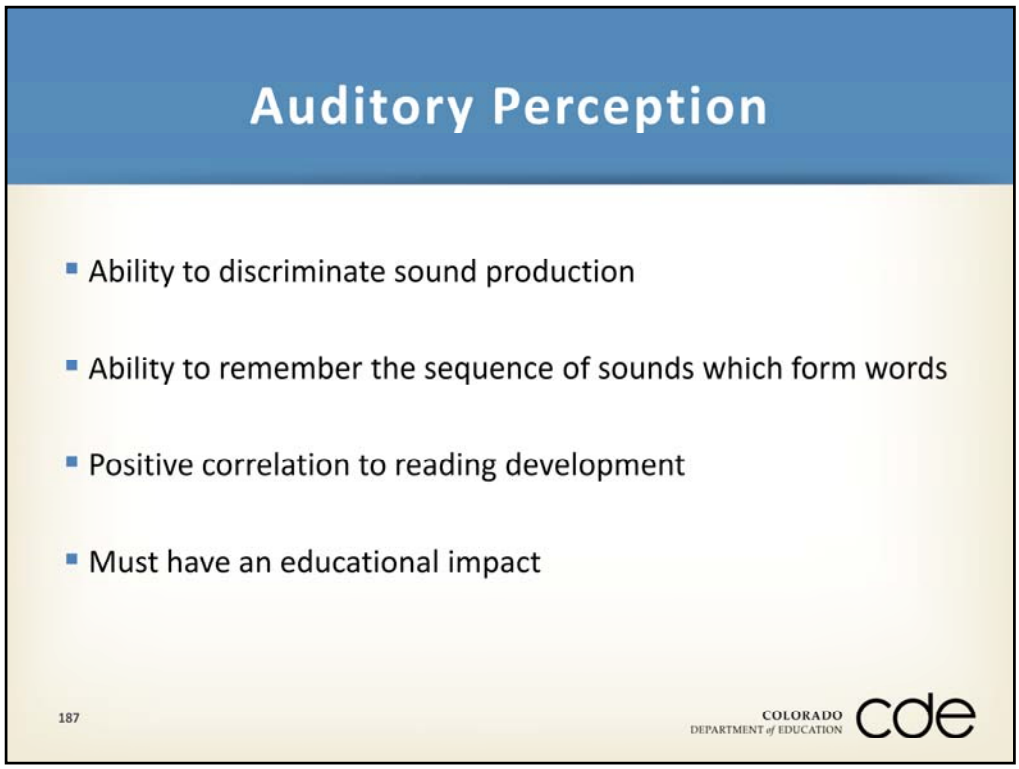


Often referral for the speech language pathologist to provide services to a student with a voice disorder comes through a doctor. An Individualized Education Program (IEP) staffing team needs to show clear delineation of how an identified voice disorder prevents the student from receiving reasonable educational benefit from general education

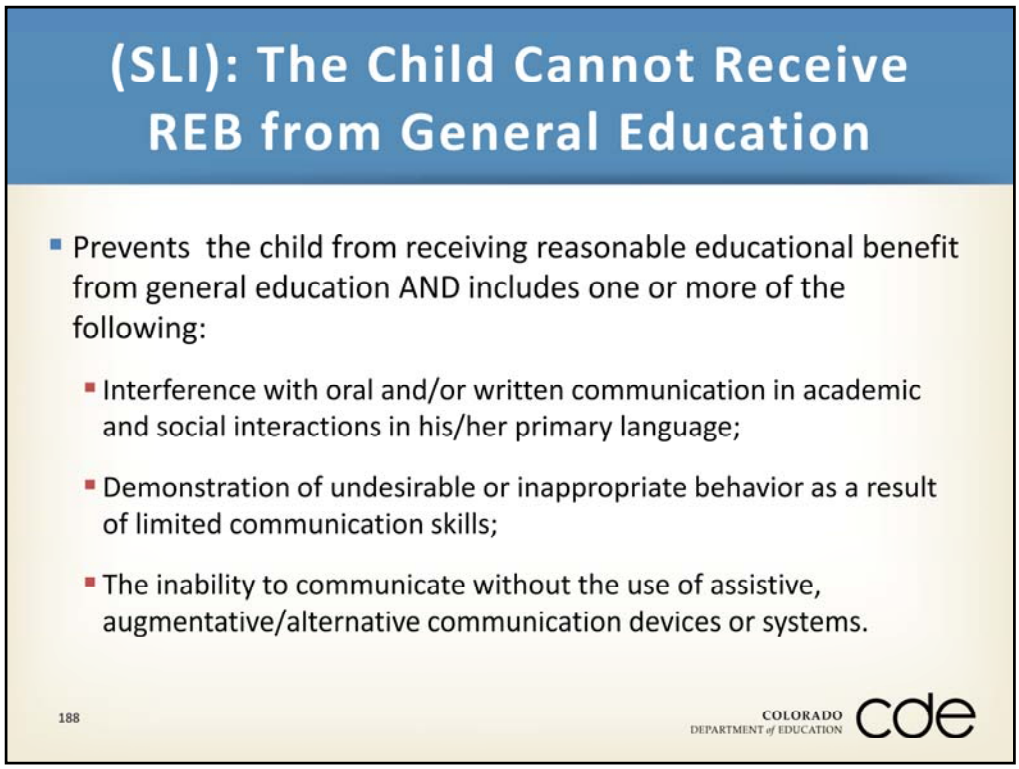
In some instances a voice disorder may be prevalent in relationship to another disability such as Autism Spectrum Disorder.



Often students with a fluency disorder have average to above average grades. Teachers may be reluctant to mark them down because of the disorder. Consider all educational settings: recess, lunch and social emotional development: participation in class, taking leadership roles in school when determining educational impact. A student's reluctance to ask questions to get clarification of concepts could result in lower achievement



A disorder in auditory perception could be secondary to a larger concern such as a reading disability. At an younger age, it could present as inaccurate pronunciation of words such as “animals” becomes “aminals” “specific” becomes “pacific” “because” becomes “ucause” however these mispronunciations are not part of a phonological process disorder



Reasonable **E**ducational **B**enefit = REB

To qualify as a child with Speech or Language Impairment, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed

Often a Speech or Language Impairment is identified as the primary disability and later becomes secondary to a learning disability. IF qualifying for both disabilities the student must meet the criteria for both. This does not mean the students has multiple disabilities

Use the B-K or K-12 Guidelines for assistance to determine eligibility and provision of specially designed instruction.

Limited communication skills should be pervasive for the inappropriate behavior to be the result of the communication disorder.

Students who have a more encompassing disorder such as Autism could have behavior related to an inability to communicate and should be identified with the broader category.

Some students who have emotional difficulties may not be able to express themselves at the time of the emotional upset. This does not necessarily mean they have a speech or language impairment.

AAC Devices or Systems

- Assistive Alternative Augmentative Communication devices or systems (AAC)
- Any item that assists a student with a disability in accessing education
- Ranges from simple *low* technology like a picture schedule to sophisticated *high* technology electronic devices
- SWAAAC teams can evaluate and assist with procuring devices
- State loan bank for trial with Assistive Technology or AAC devices

To be Eligible as SLI, the Child Must Meet All Three Conditions

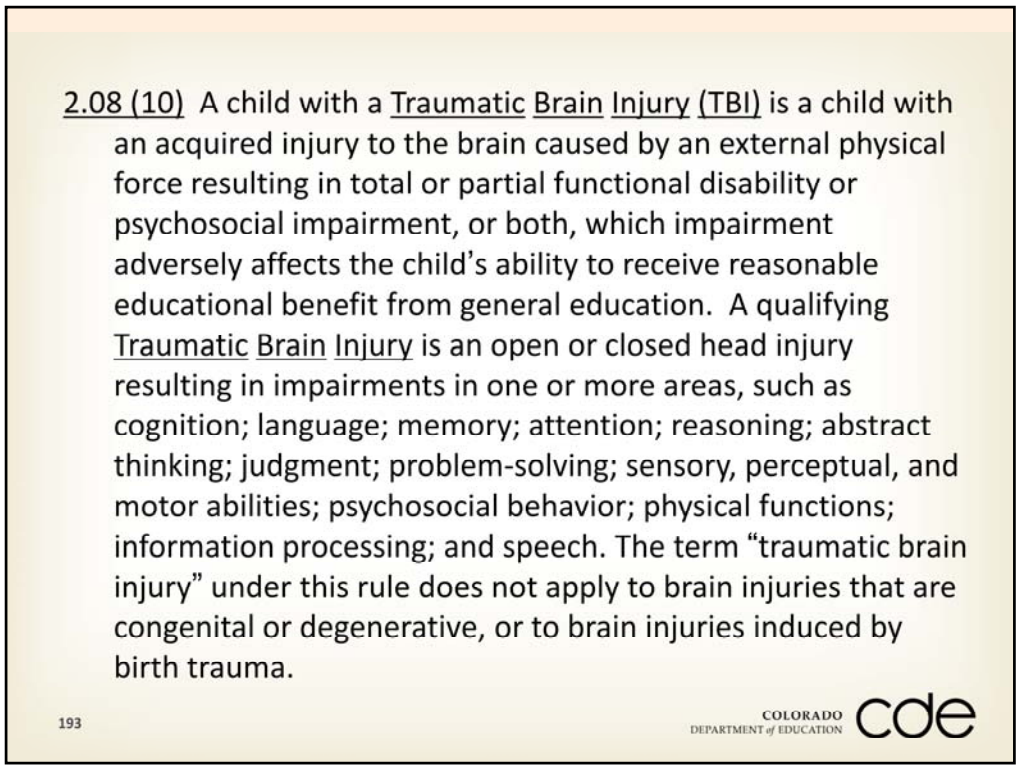
1. Must have an identified communicative disorder.
2. Educational performance must be adversely impacted by the communicative disorder.
3. Must require specially designed instruction for educational benefit

Resources:

- Brain Injury in Children and Youth: A Manual for Educators (on the CDE website at: http://www.cde.state.co.us/cdesped/SD-TBI.asp)
- www.cokidswithbraininjury.com

What will be covered:

- What is Traumatic Brain Injury?
- What is the criteria/How to establish?
- What are the typical areas of impact (domains)?
- Assessment tools per domain area



The next slides include the exact wording of a Child with a Traumatic Brain Injury eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

What is Traumatic Brain Injury?

In the past in Colorado, TBI used to listed under Physical disability. Now (as of Oct. 2012) TBI is a stand alone eligibility area with it's own definition and criteria. When looking at the definition, Colorado began with the Individuals with Disabilities Education Act (IDEA) definition (created in the early 1990s) and added a bit more detail to create our definition for the Exceptional Children's Education Act (ECEA).

Note: TBI does not apply to congenital or degenerative, or to brain injuries induced by birth trauma

2.08 (10) (a) To be eligible as a child with a Traumatic Brain Injury, there must be evidence of the following criteria:

2.08 (10) (a) (i) Either medical documentation of a traumatic brain injury, or a significant history of one or more traumatic brain injuries reported by a reliable and credible source and/or corroborated by numerous reporters; *and*

2.08 (10) (a) (ii) The child displays educational impact most probably and plausibly related to the traumatic brain injury.

2.08 (10) (b) Additionally, to be eligible as a child with a Traumatic Brain Injury, the traumatic brain injury prevents the child from receiving reasonable educational benefit from general education as evidenced by one or more of the following:

2.08 (10) (b) (i) A limited ability to sustain attention and/or poor memory skills, including but not limited to difficulty retaining

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short-term memory, long-term memory, working memory and incidental memory;

2.08 (10) (b) (ii) An inefficiency in processing, including but not limited to a processing speed deficit and/or mental fatigue;

2.08 (10) (b) (iii) Deficits in sensory-motor skills that effect either one, or both, visual or auditory processing, and may include gross motor and/or fine motor deficits;

2.08 (10) (b) (iv) Delays in acquisition of information including new learning and visual-spatial processing;

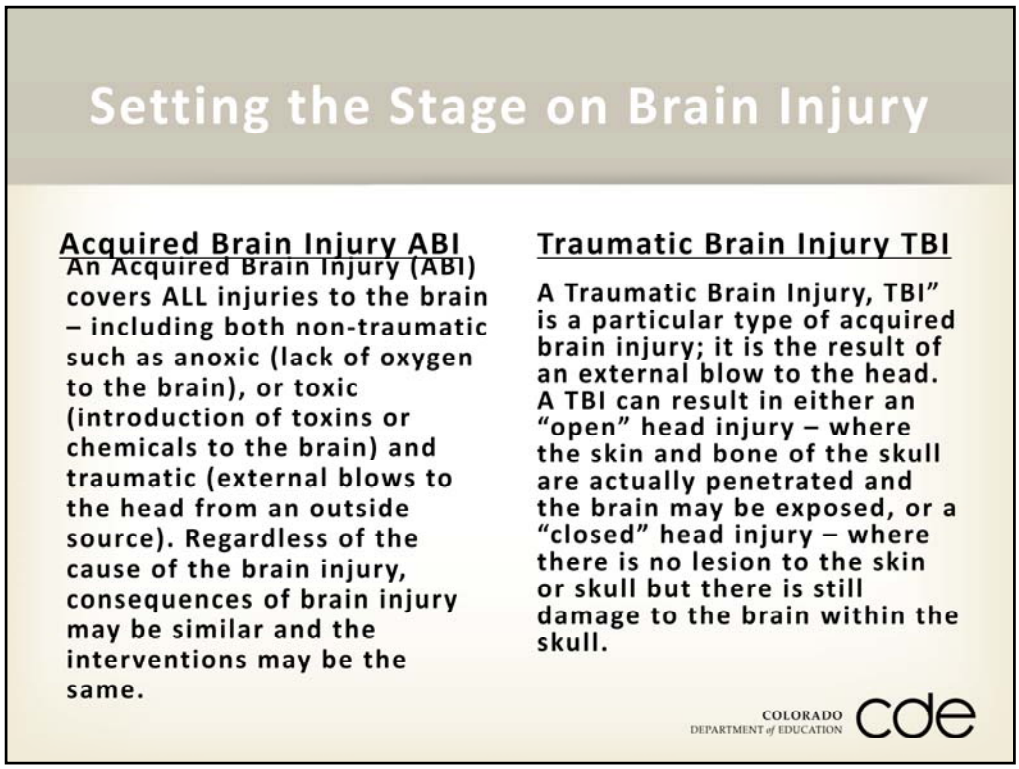
2.08 (10) (b) (v) Difficulty with language skills, including but not limited to receptive language, expressive language and social pragmatics;

2.08 (10) (b) (vi) Deficits in behavior regulation, including but not limited to impulsivity, poor judgment, ineffective reasoning and mental inflexibility;

2.08 (10) (b) (vii) Problems in cognitive executive functioning, including but not limited to difficulty with planning, organization and/or initiation of thinking and working skills;

2.08 (10) (b) (viii) Delays in adaptive living skills, including but not limited to difficulty with activities of daily living (ADL); and/or

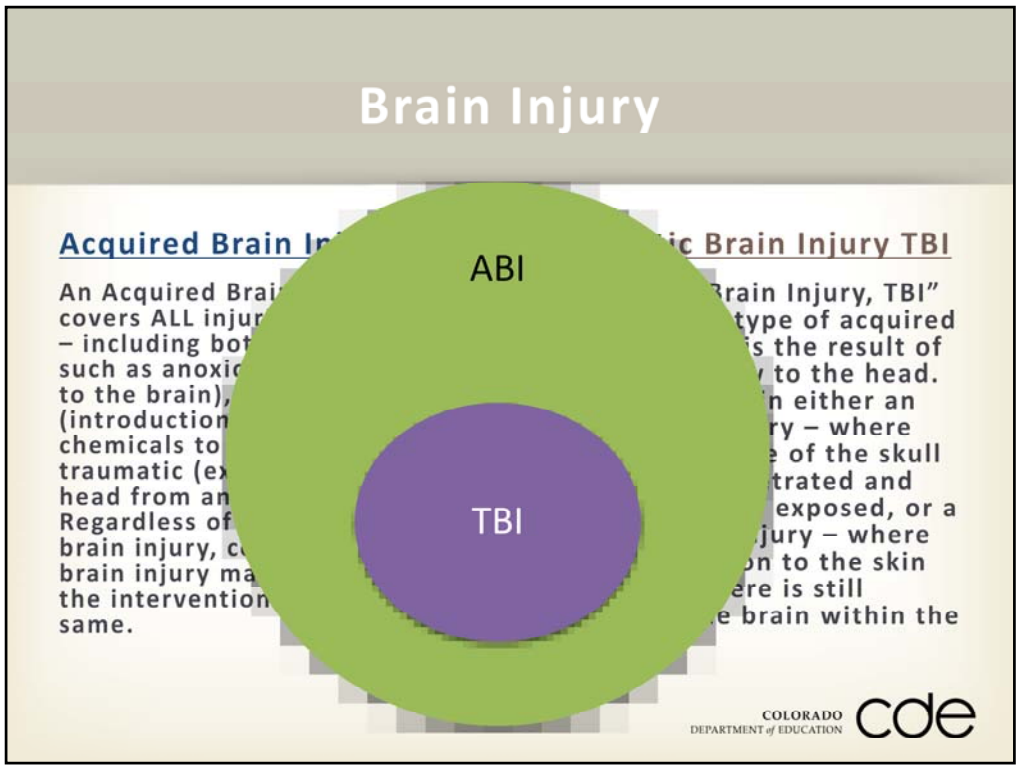
2.08 (10) (b) (ix) Delays in academic skills, including but not limited to reading, writing, and math delays that cannot be explained by any other disability. They may also demonstrate an extremely uneven pattern in cognitive and achievement testing, work production and academic growth.



What is Traumatic Brain Injury?

TBI is an Acquired Brain Injury (ABI) – a typically developing child/infant and then an injury occurs. ABI covers ALL injuries to the brain post birth; both Non-Traumatic (Anoxia, Toxins, near drowning, etc.) and Traumatic.

Traumatic Brain Injury (TBI) is an external blow. Injury may result in an open or closed head injury. Injury may result in "structural" damage and/or "electrical" damage in the brain (electrical damage is not seen on a CT Scan or MRI).



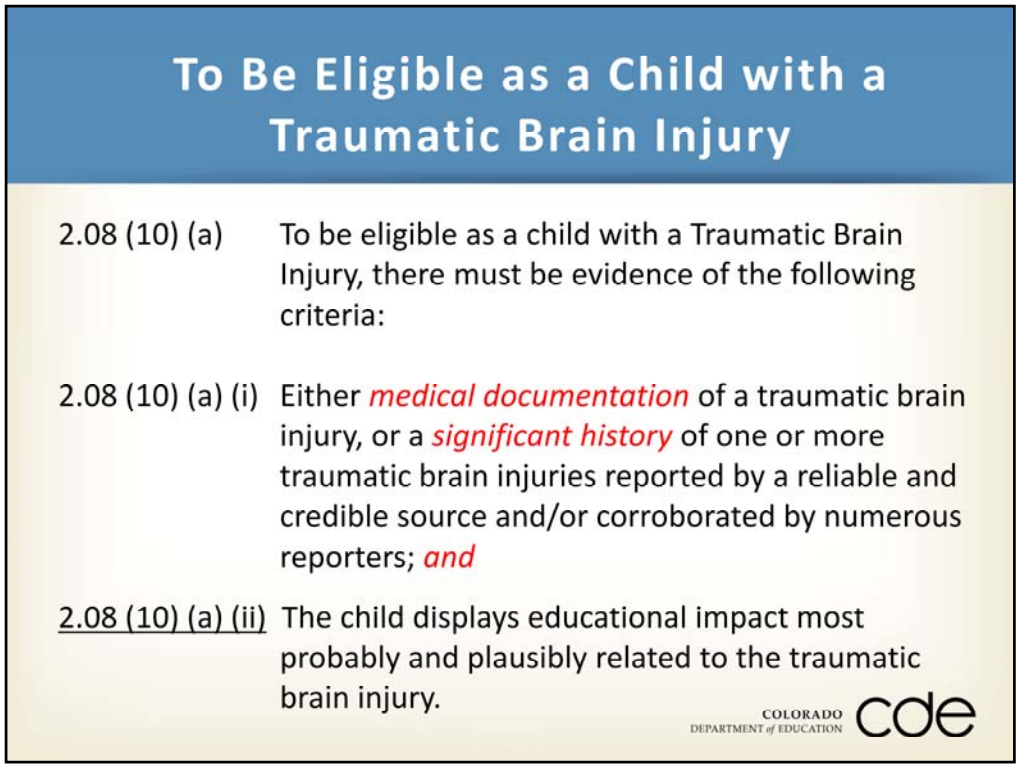
TBI is a small percentage of ABI

ABI would need to be staffed under another disability category (i.e. other health impaired); however the information offered here is applicable to all acquired brain injuries (Non-Traumatic and Traumatic); this will assist school teams in identifying the specific impacts and address the needs appropriately.

One area that is significant with all types of brain injuries is unevenness in skills and learning. It is important to address this unevenness through the "lens" of brain injury (for appropriate interventions).

We are going to review eligibility criteria in TBI only, however the same information, assessments, areas would apply to non-traumatic brain injury.

Note: the mechanism of the injury will uniquely affect the grieving process and information coming forward…"traumatic" events = traumatic brain injury (physical abuse, falling down the stairs when the parent turned their back for a moment, parent was driving the car when the motor vehicle accident happened, etc.)

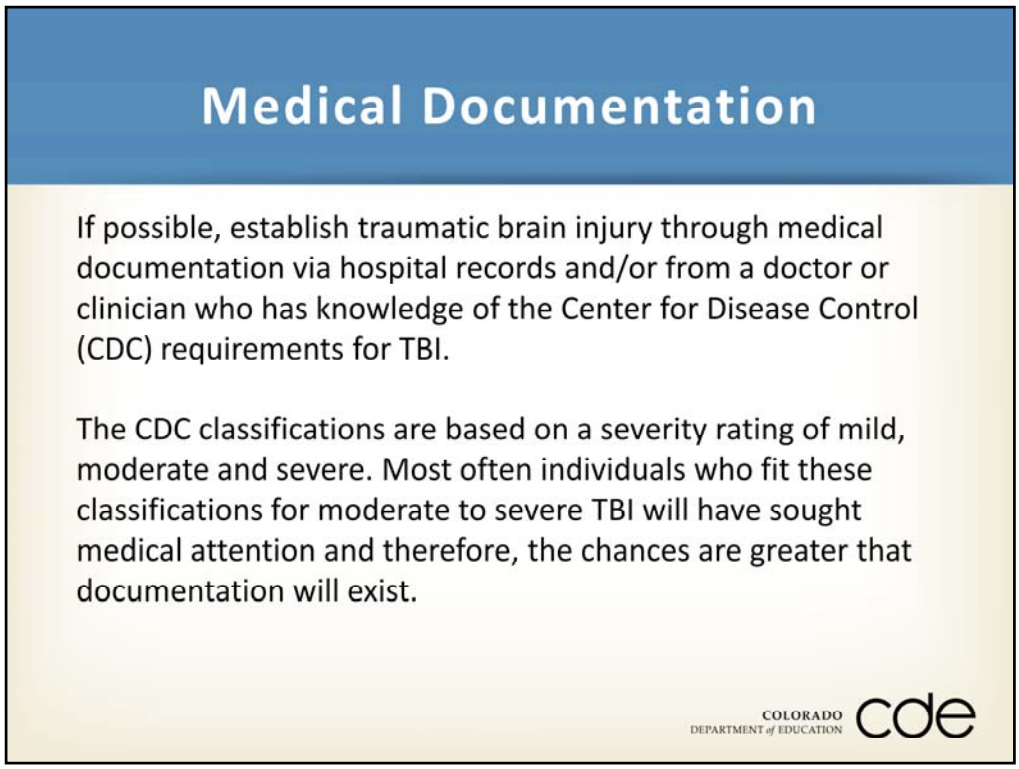


What is the criteria / how to establish?

When TBI was under the Physical Disability we didn't have guidance on the criteria. Determination of Eligibility for TBI has been expanded to include guidance in the area of **Credible History**. The criteria includes: Medical Documentation of TBI ***or*** Credible History of TBI ***and*** Educational Impact

For TBI: since the federal definition (1991), the numbers of identified students have not increased much even though it's the leading cause of death and disability in the US for children ages 1-19 yrs. Unlike some other disability areas – i.e. Autism Spectrum Disorder (ASD) where numbers has increased drastically.

It is a tracking issue. Statistics: CO-estimates approx. 700 kids are hospitalized each year for TBI, and they don't get hospitalized (stay over night) unless it's been determined as moderate to severe. Think about the kids with more mild Brain Injuries who are either not going to the hospital or are treated and released…over half a million (nation-wide) each year. We aren't tracking these children at all – and yes, many will resolve and not have long term impacts. But about 10-20% will have some lasting impact.

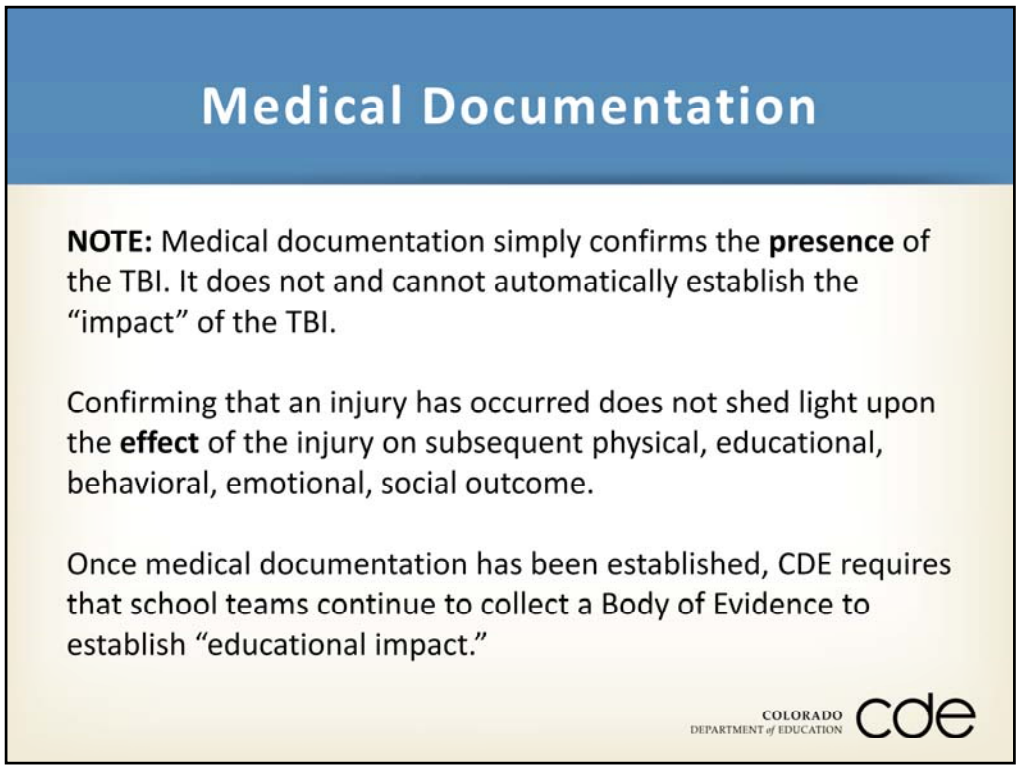


If we are given medical documentation we may see the following terms: Mild, Moderate and Severe

These are medical classifications – based on the Glasgow Coma Scale. These are based on a medical classification of symptoms at the time of injury (typically within 24-48 hours of the injury/incident).

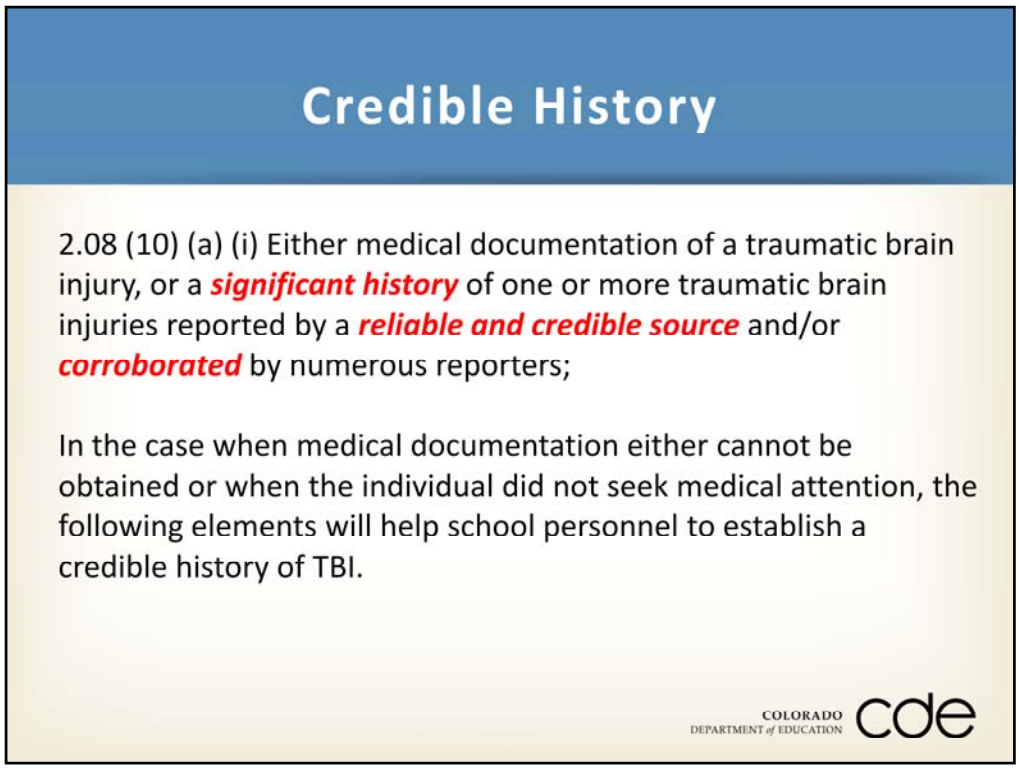
These classifications **do not equate** to educational impact! Teams - be careful about the correlating the medical classification and functional impact.

Severe medical does not automatically equate to severe educational or long term impact. Just as mild does not equate to no long term impact.



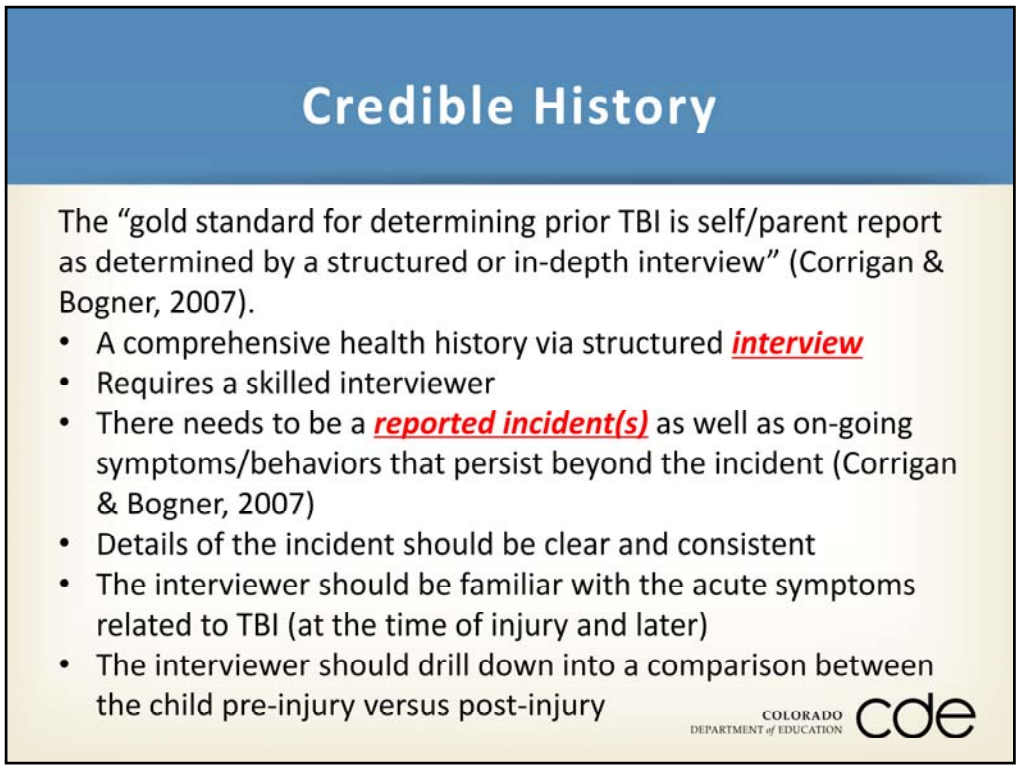
Moderate to Severe Brain Injury: Parents may have medical documentation – this confirms the presence of a TBI only.

If given medical documentation, we move to establishing educational impact.



What if there is no medical documentation (incident happened in a different country/state, the family moved around a lot, they didn't go to a doctor – "just a ding"). A very high percentage of children/families may not seek medical attention.

Credible history is much more difficult to establish – this is a interdisciplinary team function and responsibility.

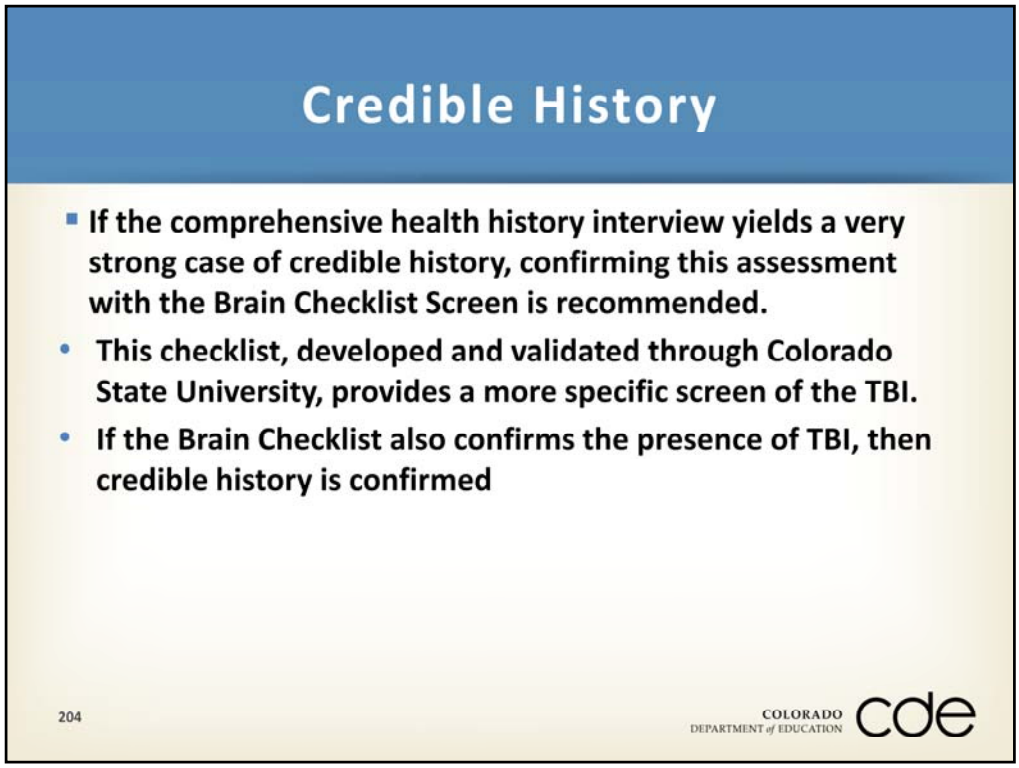


(see additional handout on Credible History)
Credible History is determined by the team becoming detectives:

- An in depth developmental/health history
- A structured face to face interview
- By a skilled interviewer – develop a rapport with the family, is familiar with the symptoms related to TBI, able to ask pointed questions multiple times and in a variety of ways in order to establish the details of the TBI(s), changes in behavior, sleep patterns, etc.
- Must have a reported incident-if the parent does not give you an incident you CANNOT go down the path of TBI…an example is abuse…it may never come out specifically – and you may know something in your gut – however you cannot establish a credible history with TBI without a reported incident.

This may look like the nurse talking with the grandmother, the social worker talking with the mother, etc. to look for corroboration.

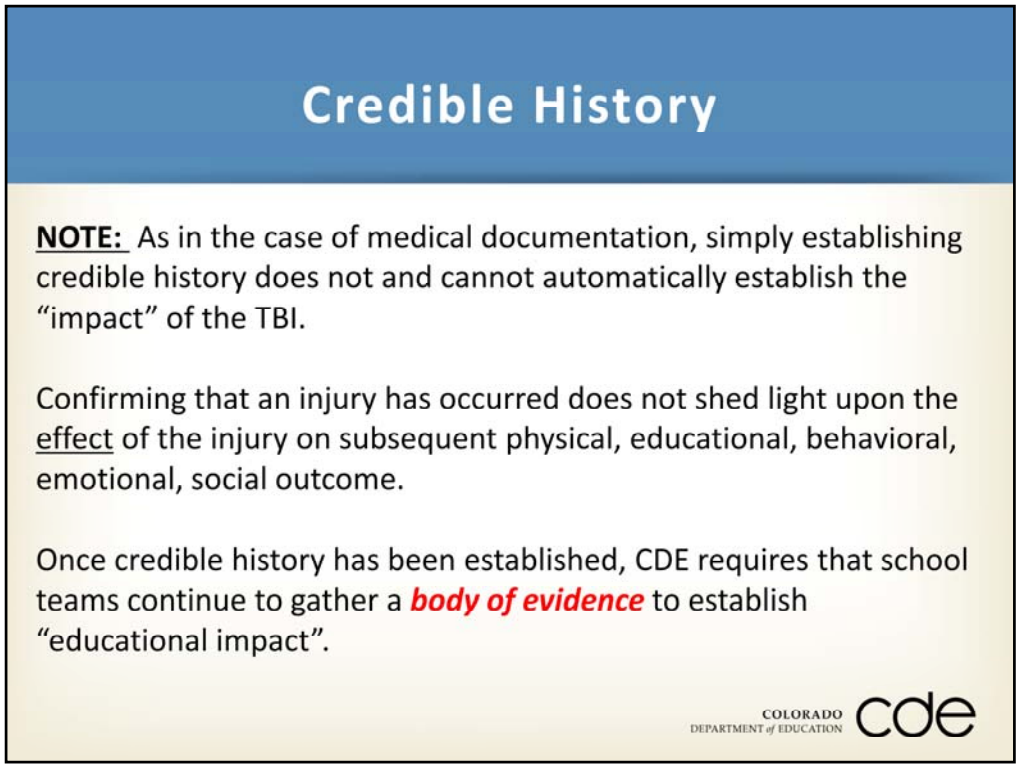
- There could be a long history of BI – with high risk taking behaviors (get details of each BI-if more than one)
- You may need to ask the question 3 or 4 different ways: Has your child…ever had a brain injury…ever been knocked out…ever had his "bell rung" or "dazed?" …"Oh, you mean that time he fell out of the grocery cart?" [Remember: most may never lose consciousness]
- It must be plausible – "he seized for 3 days in the hospital"– talk to the nurse – would they let a child seize for 3 days?
- And "drill down" with the details and gathering of information; compare pre-injury functioning vs. post injury



If your teams "detective work" indicates a presence of a TBI, it is recommended to confirm this by doing the Brain Checklist – created by Colorado State University; and shown to be a valid measure for confirming TBI.

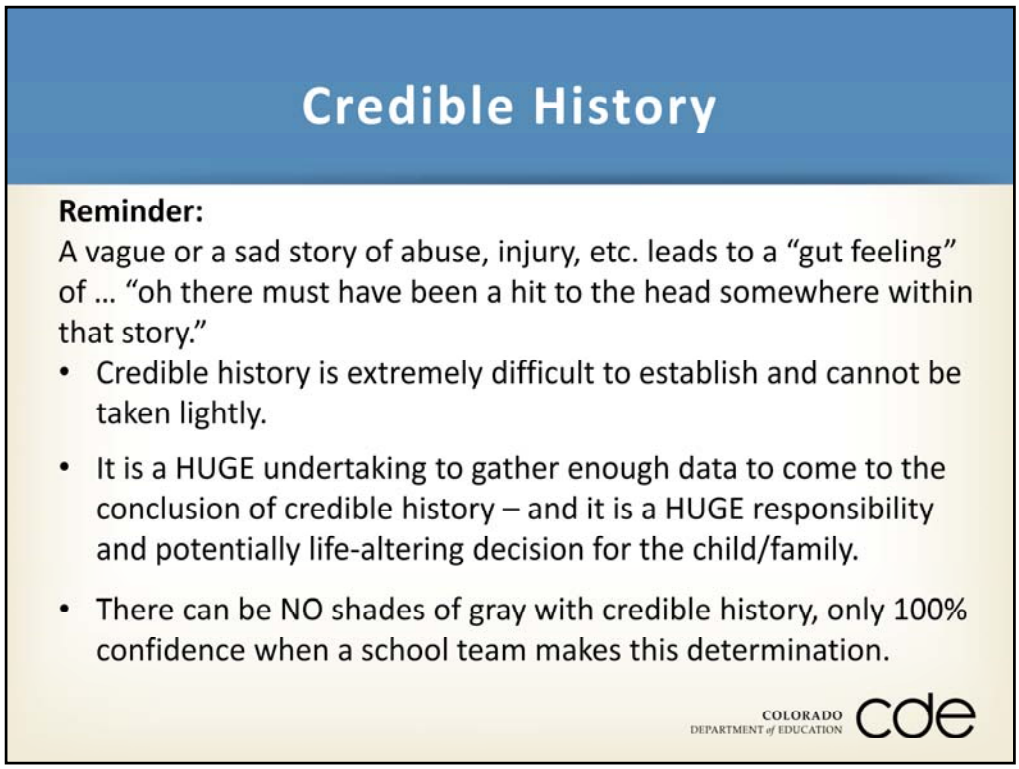
This tool is located in the manual for your use (Brain Injury in Children and Youth: A Manual for Educators). And at www.cokidswithbraininjury.com

CAUTION: we are not "diagnosing "TBI, we are still gathering data and confirming our information from the interview and confirming the presence of a TBI.



If the team establishes the presence of a TBI, we still must identify the effects of the TBI (educational impact).

Especially when an injury is "mild" – must gather a body of evidence (basically following the principles of RTI), the team MUST move to the gathering of this information and evaluation when a disability is suspected.

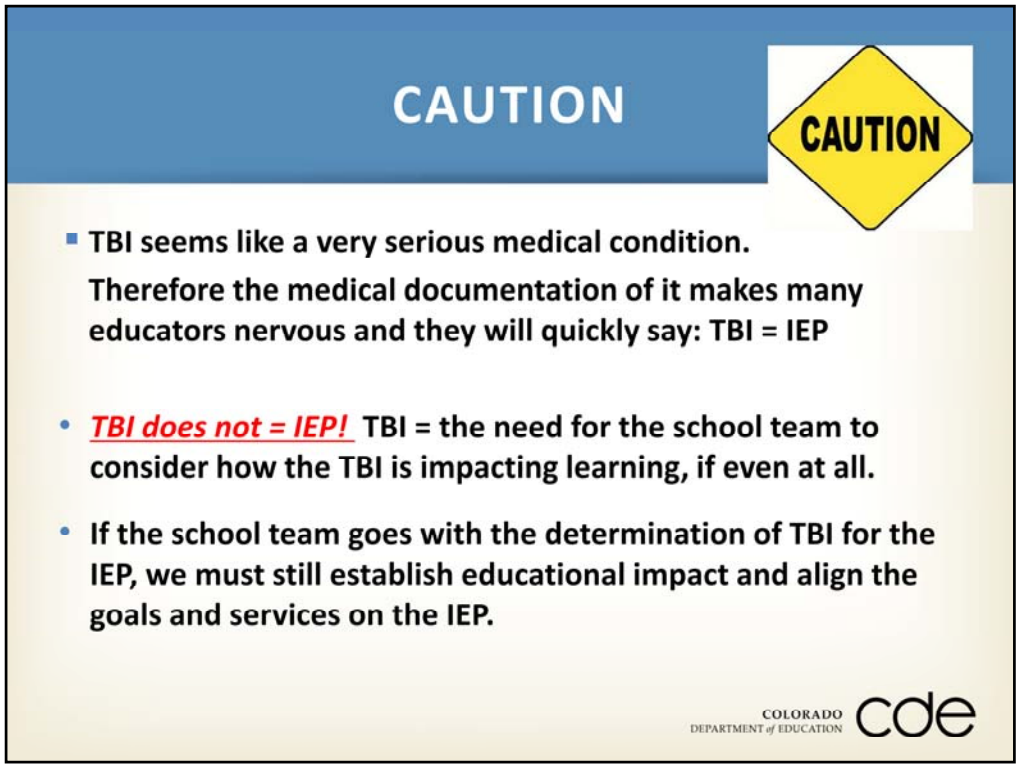


Even though our gut may tell us there is something there – or we have stories such as: a parent is in jail for domestic violence, ex-boyfriend was abusive, etc…, this is not sufficient documentation of a TBI.

Err on the side of being conservative.

Do your detective work but if it is not there it is not there. Then we must look at other ways to support this child.

Credible History - It isn't easy to establish but it is a good thing that we have it now – we obviously are not picking up all of the need that exists in school districts. (current count = 497 kids on an IEP for TBI in CO)



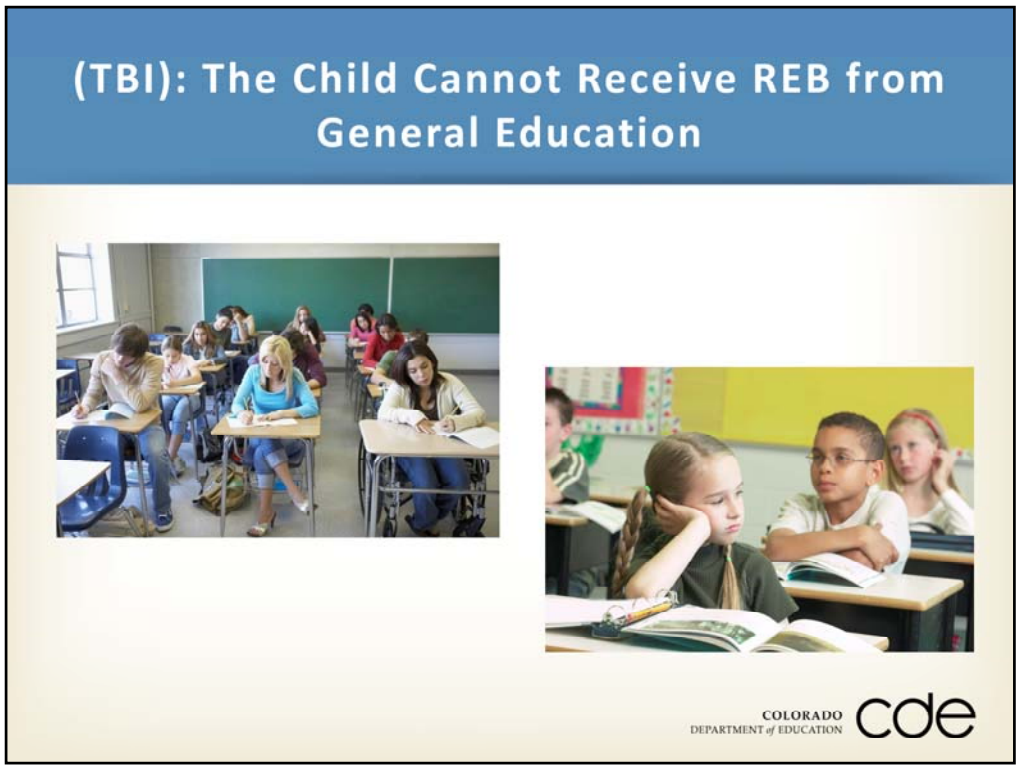
TBI is a serious medical condition – it's sometimes scary for educators…But confirming a TBI does not = IEP automatically.

Must follow the process

Identification Protocol – (see the Brain Injury in Children and Youth Manual or www.COkidswithbraininjury.com)

1. Reported Incident
2. Medical Documentation or
3. Credible History
4. TBI Screen
5. Establish Educational Impact

The entire multidisciplinary team must be on board and have the data to back up this criteria.



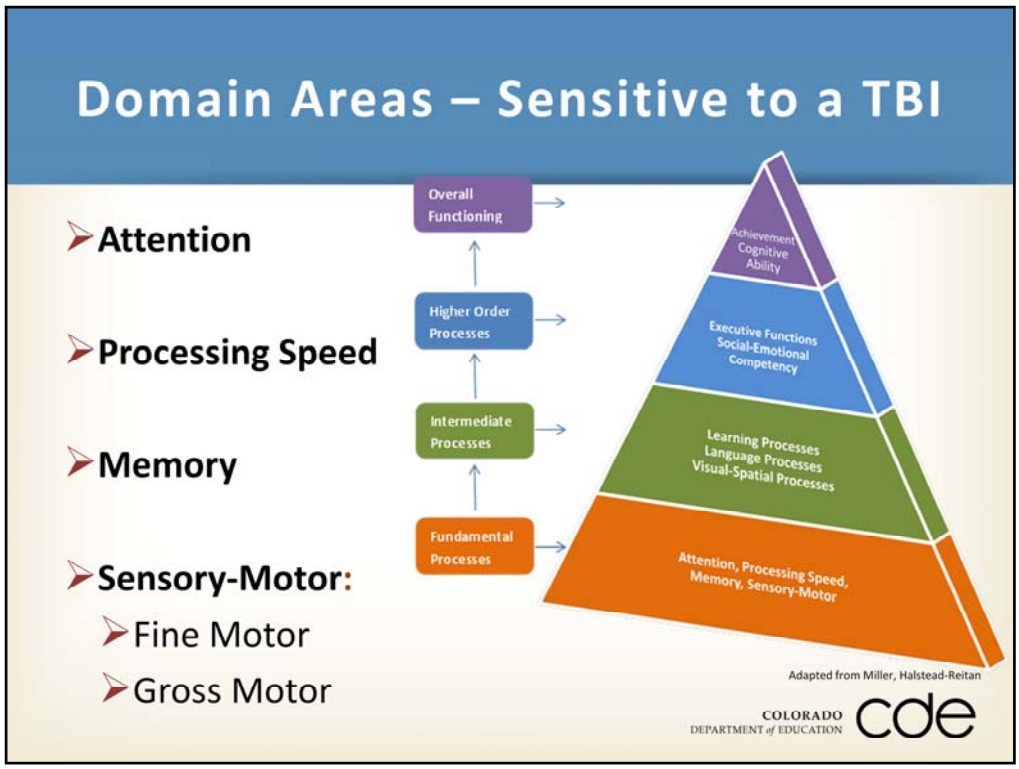
What are the typical areas of impact (domains)?

School Teams are good at establishing Educational Impact and determining whether the child can/cannot receive REB = reasonable educational benefit in general education.

Teams gather the body of evidence:

- Using Classroom Teacher Input – *Brain Injury Observation Form* (located in the manual), developed by some of our local experts.
- Doing Functional Observations
- Formal and informal assessments

- So what areas does Brain Injury effect?

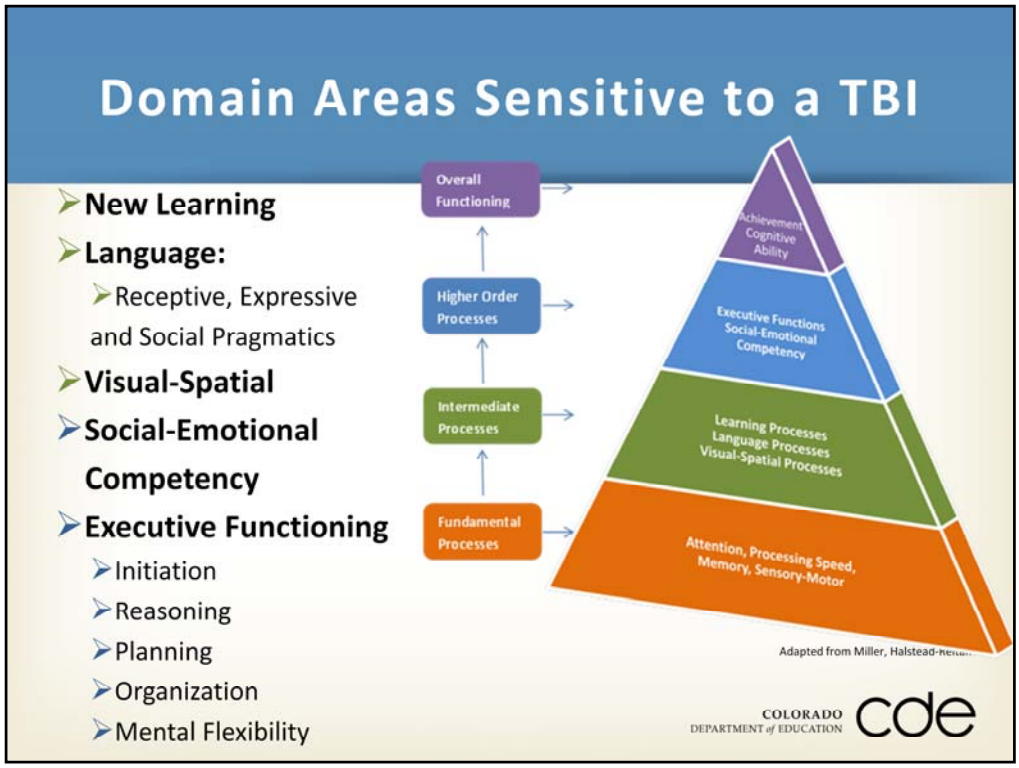


The domain areas included in the eligibility criteria (and here in this presentation) are very sensitive to TBI and the typical areas that are impacted…it is not an exhaustive list.

Refer to eligibility checklist - The order that the domain areas are listed in the Eligibility match the Hierarchy of Neurocognitive Development (shown here in the pyramid).

Foundational Processes are the base of the pyramid – crucial building blocks for all other processes. Foundational processes effect all areas of learning and behavior. The stronger the foundation, the stronger and better the rest of the processes build.

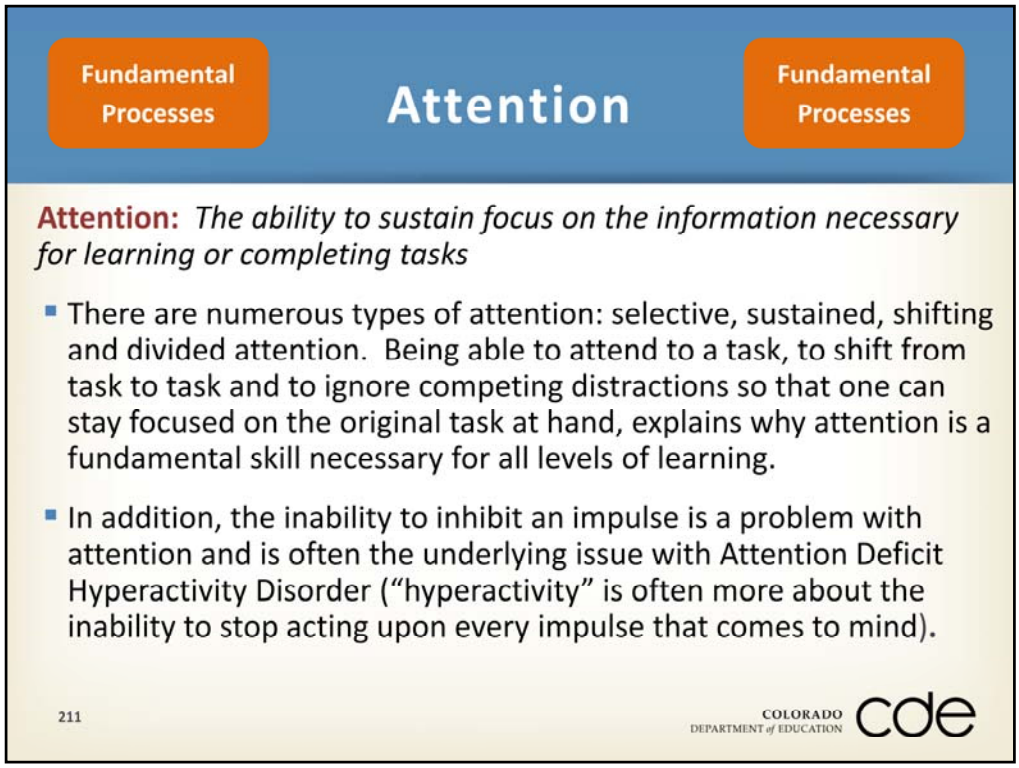
Color coded (and noted for black and white notes) throughout the rest of the presentation. Orange – these skills are what our babies are working on in early developmental stages=foundational processes.



Additional building blocks – intermediate and higher order

An injury at a young age creates this “wobbly” pyramid.

As educators we are all striving for Achievement and ability to integrate all of these skills (purple: top level of overall functioning)– we must look at the foundation or building blocks to get there.



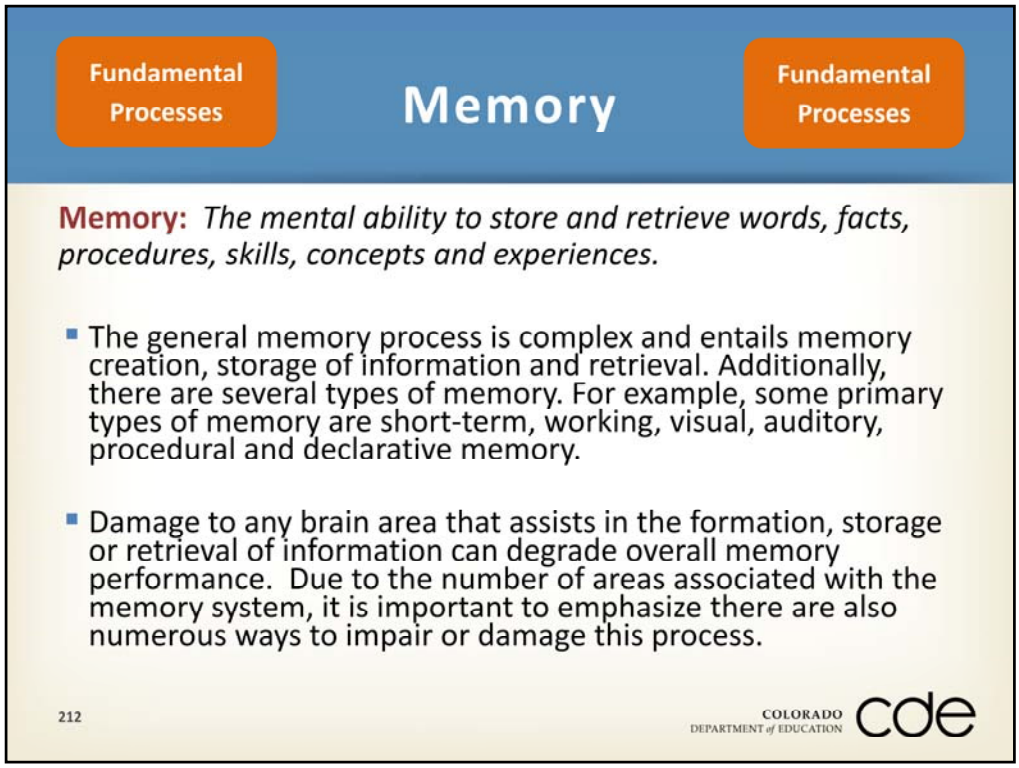
Attention and concentration is impacted much of the time in brain injury.

Attention and concentration involve holding information such as events, words and visuals in ones' awareness. Following injury, the brain is generally not as alert and is less able to sustain focus or filter sensory information.

May look like ADHD – a word of caution: do not rush to an ADHD label…children with TBI may respond VERY differently to typical treatment of ADHD (i.e., stimulants).

Assessment Examples:

- WJ-III Cognitive- Numbers Reversed, Auditory Working Memory, Auditory Attention,
- NEPSY II Attention and Executive Functioning Subtests
- D-KEFS Delis-Kaplan Executive Function System
- Conners 3rd Edition
- Cognitive Assessment System (CAS)- Attention Composite (Consider Planning Composite)
- BASC II
- BRIEF
- Vanderbilt
- Behavior Observations during testing
- Classroom Observations-On Task/Off Task

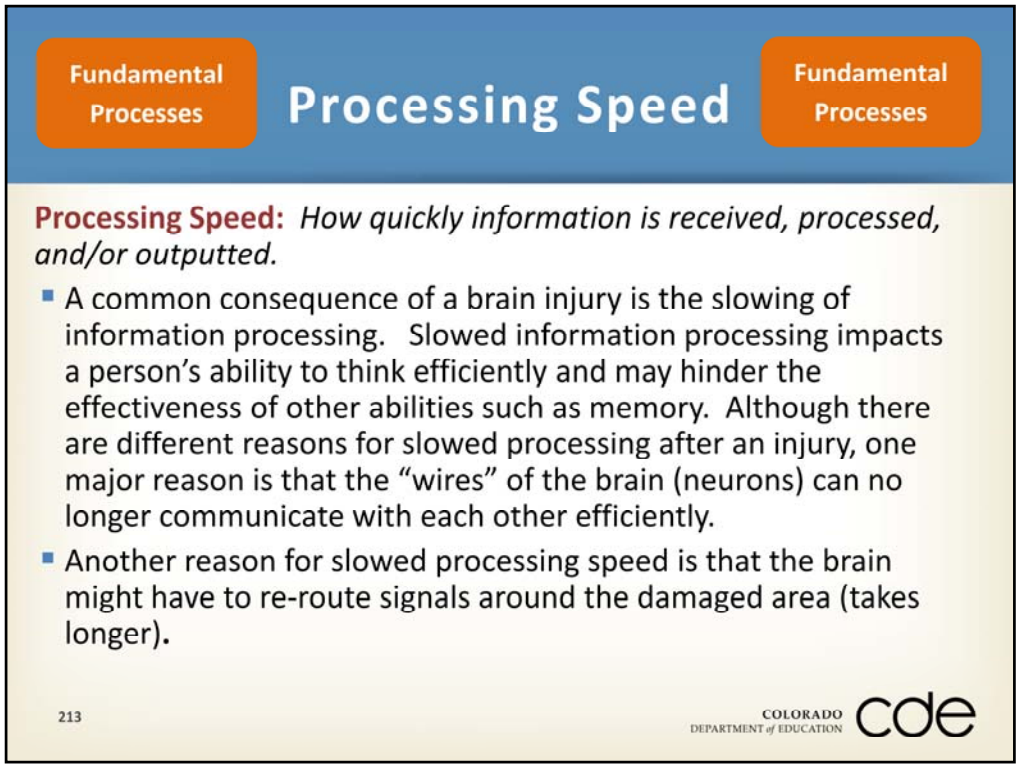


Memory and learning involve the storage and organization of information for later use.

Memory is a crucial building block for learning.

Assessment Tools Examples:

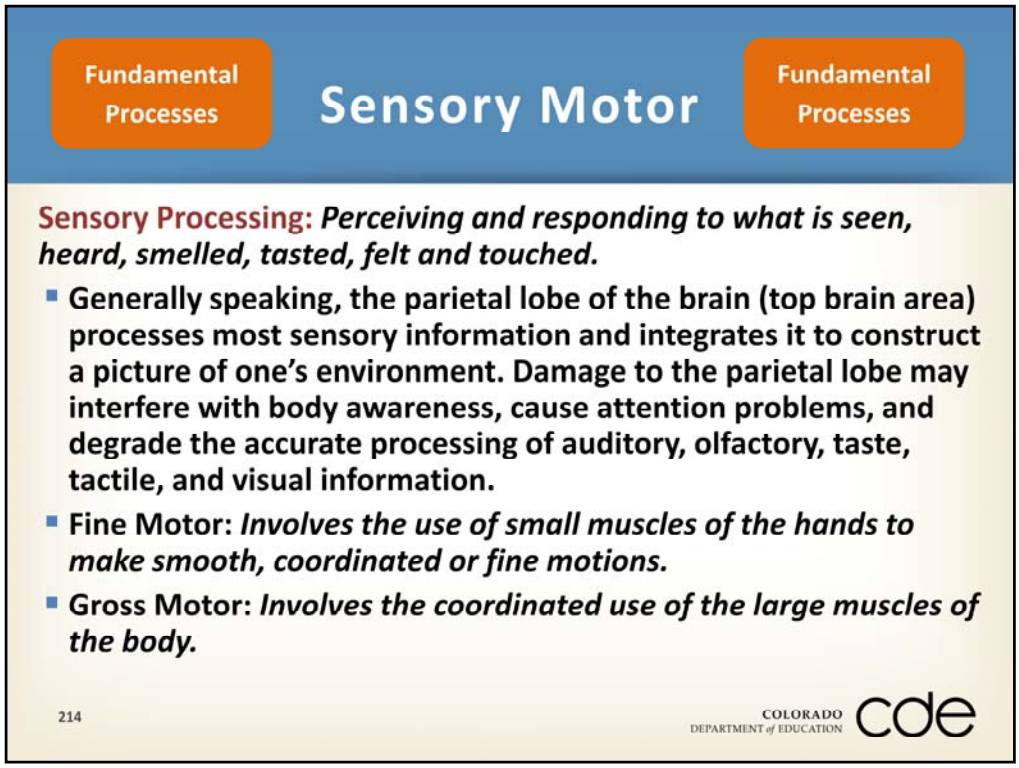
- WISC-IV Working Memory
- NEPSY-II Memory and Learning
- DAS-II Memory & Working Memory
- DAS-II Recall of Designs
- DAS-II Recall of Objects Delayed
- WJ-III Memory Subtests (Thinking Ability)
- Test of Memory and Learning-2 (TOMAL)
- Children's Memory Scale (CMS)
- Wide Range Assessment of Memory and Learning 2-WRAML



Processing speed is a mental function that is highly sensitive to brain injury. Teens are rarely aware of a decrease in their processing speed; rather, their experience is that they are confused or having a hard time understanding everything as well as before.

Assessment Examples:

- WISC-IV- Processing Speed
- DAS-II- Processing Speed
- WJ-III Cog- Cognitive Efficiency Subtests
- WJ-III Achievement- Fluency Subtests



Children who have trouble perceiving and/or responding to sensory input obviously will be at a disadvantage when they have to integrate information coming from different sources.

Sensory issues may be viewed as other disability categories (i.e. Autism Spectrum Disorder, Sensory Integration Disorder, etc.)

Assessment Examples – Sensory

- Behavioral Classroom Observations
- Functional Behavioral Assessments
- Occupational Therapy Consult
- Physical Therapy Consult
- Vision and hearing screening: conversion/tracking/depth perception
- Functional vision
- Effective informal vision – ocular motor control

Assessment Suggestions – Motor

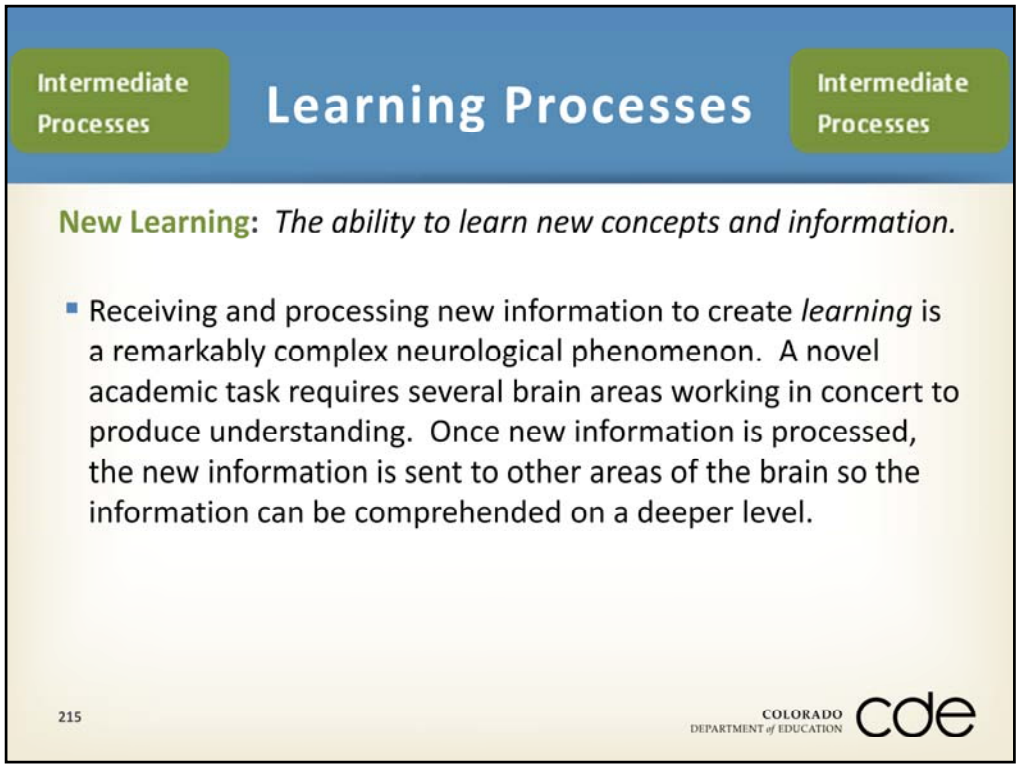
OT Consult

PT Consult

NEPSY-II Sensorimotor

DAS-II Recall of Designs

Visual-Motor Integration (VMI)



A single hallmark of a brain injury on a child's performance is an "**unevenness**" in abilities across different settings, over time, and across different content areas.

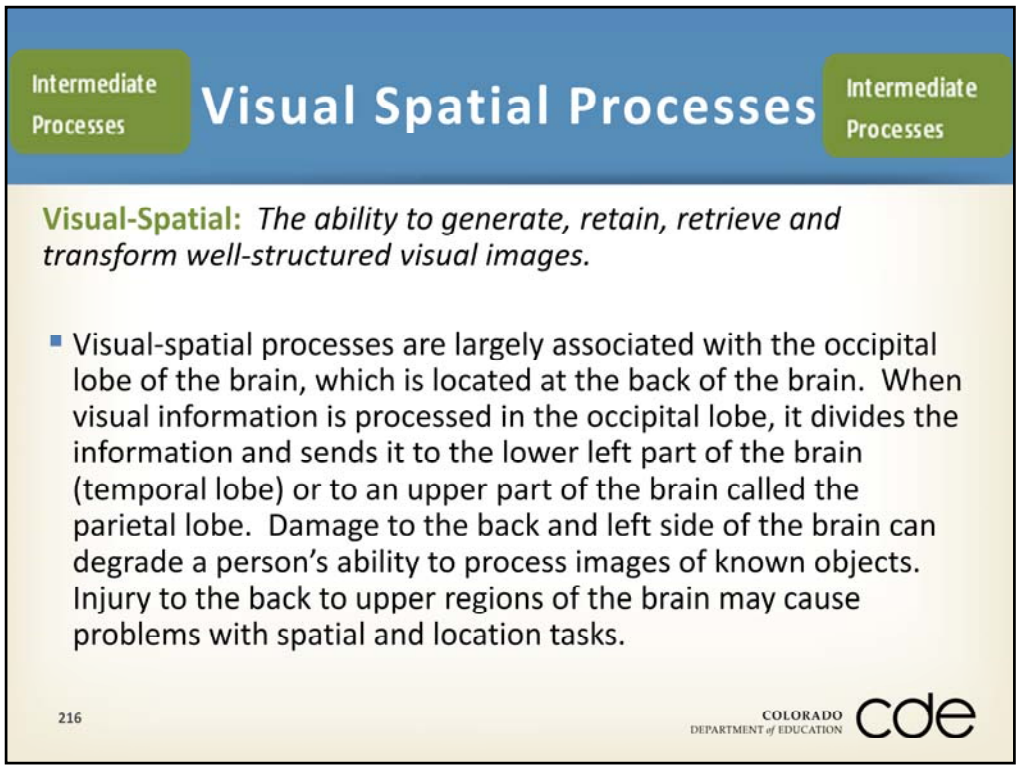
Examples:

1) Across domains – i.e., a 10 year old may have typical abilities of in fine and gross motor areas but have the social-emotional regulation of a 5 yr old.
2) Within domains - High abilities in expressive language and difficulties with receptive language
3) OR a student knows material on Tuesday but cannot retrieve the same information later that same week. (Memory/processing speed/anxiety – many things could be at play here)

This is often viewed as opposition.

Assessment Examples:

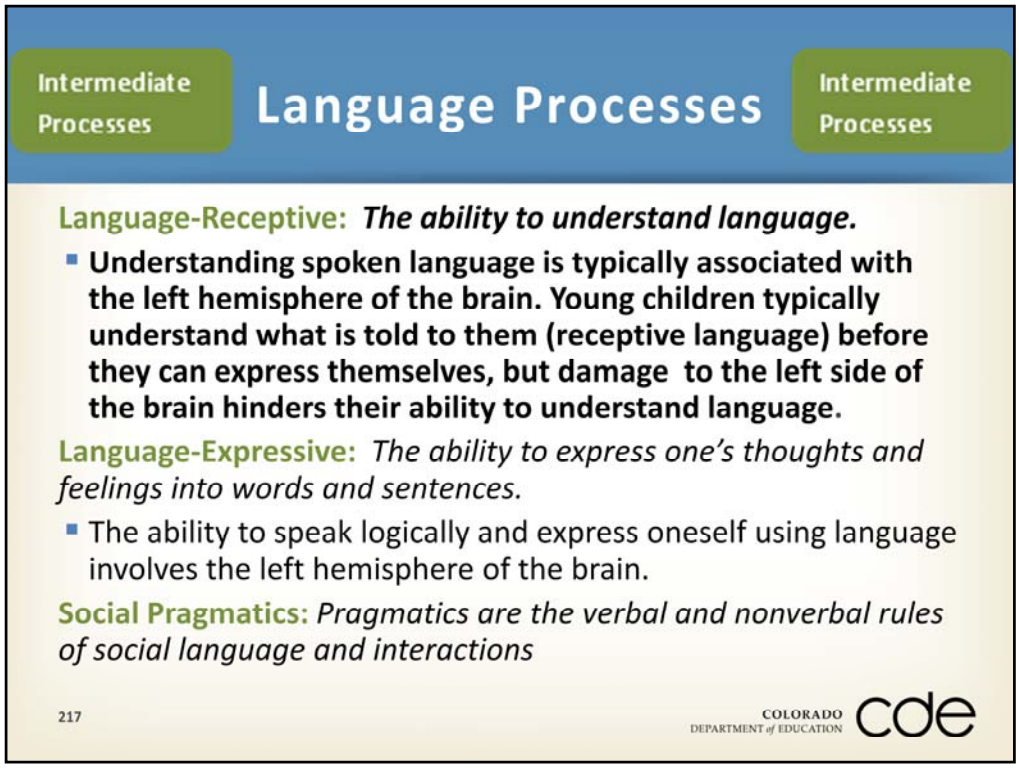
- Wide Range Assessment Memory and Learning 2- WRAML
- NEPSY-II Memory and Learning- Immediate Trials
- DAS-II Recall of Objects-Immediate Trials
- Woodcock Johnson-III Cognitive- Visual-Auditory Learning
- Test of Memory and Learning-2 New Learning Index
- Wechsler (WMS-III) and Children's Memory Scales Immediate Trials
- CELF-4, Paragraph Recall Subtest
- SCATBI for Adolescents (Scales of Cognitive Ability for TBI)



After a brain injury, the visual-spatial abilities are frequently more impacted than verbal and tend to remain at lower levels after recovery.

Assessment Examples:

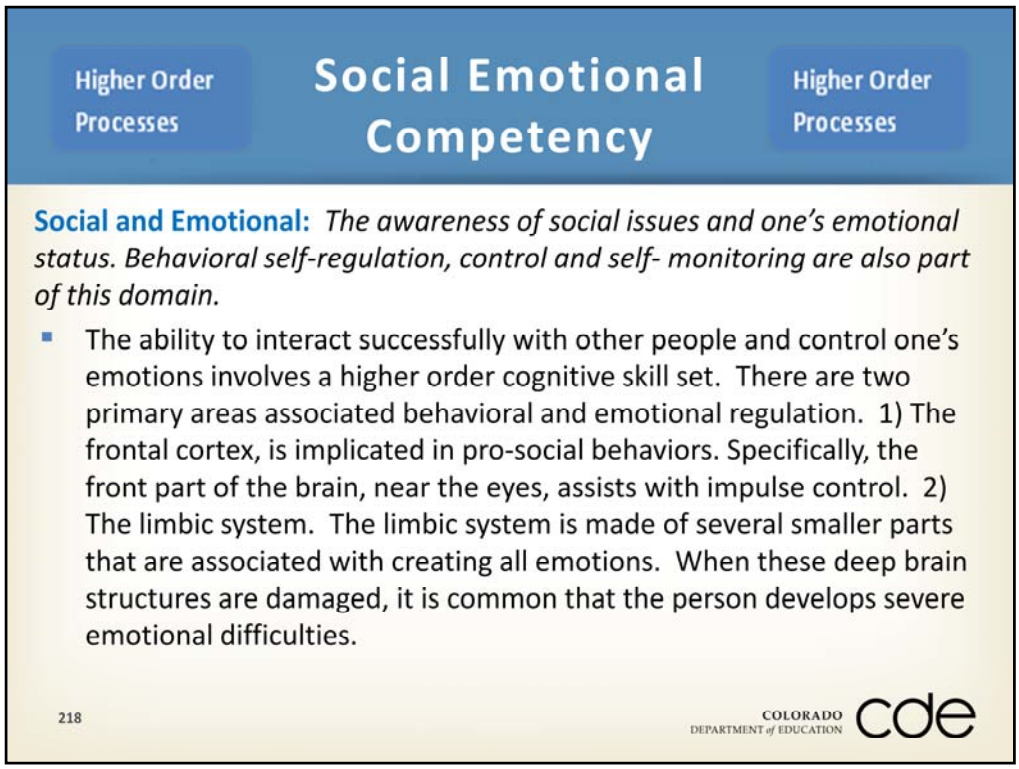
- DAS-II -Spatial Subtests
- WISC-IV Perceptual Reasoning Subtests
- WJ-III Cognitive- Spatial Relations, Picture Recognition
- NEPSY-II-Visualspatial Processing
- K-ABC 2 NonVerbal Scale
- Leiter-R
- Visual Motor Integration (VMI)



Children's language abilities are still developing and an injury to this area can have a significant impact on their receptive, expressive abilities and/or social pragmatic language as well as their academic performance.

Assessment Examples:

Clinical Evaluation of Language Fundamentals (CELF)- 4; Comprehensive Assessment of Spoken Language (CASL); Expressive One-Word Picture Vocabulary Test; WIAT-2 – Wechsler Individual Achievement Test, Oral Expression; CELF Pre-School; Preschool Language Scale; Peabody Picture Vocabulary Test (PPVT-4); Listening Test; WORD-2 Test of Language Competence; DAS-II- Verbal; WJ-III- Verbal Comprehension; CELF-4; CELF-; PLS-4; and/or CASL



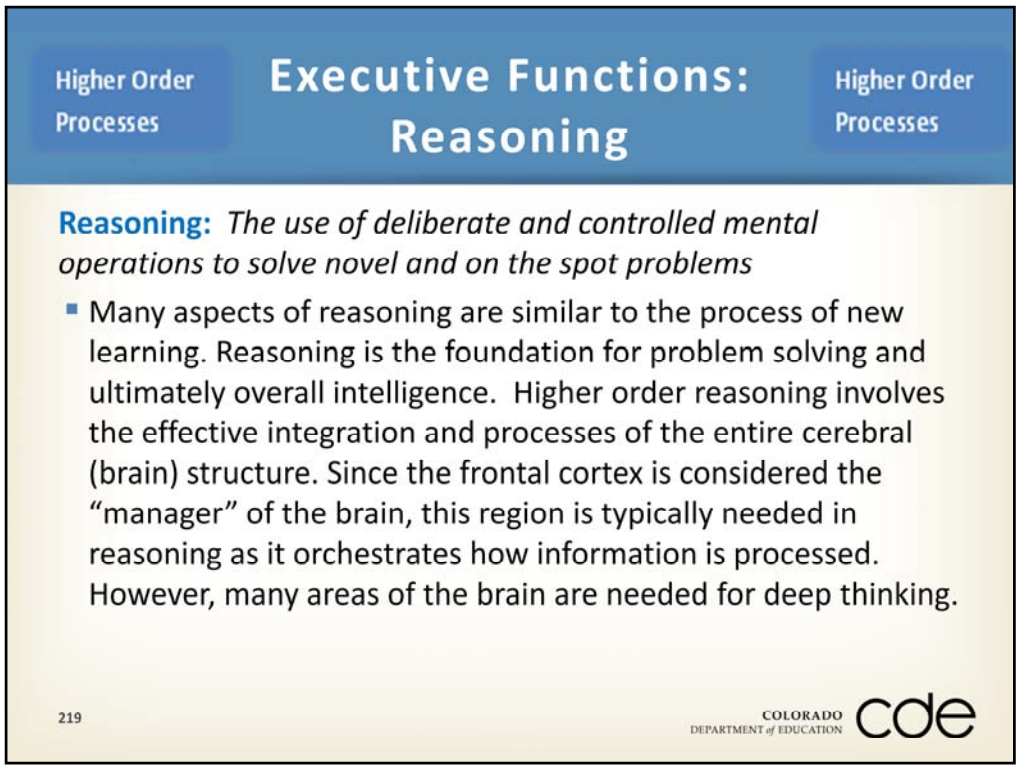
Social emotional competency impacts many aspects of a students life – impulse control, regulation of behaviors and feelings, making and keeping friends, etc.

The negative impacts of this domain may have life altering effects, i.e., juvenile justice system involvement, substance abuse, high risk behaviors, etc.

There is an entire chapter dedicated to this domain in the manual (Brain Injury in Children and Youth: A Manual for Educators at: http://www.cde.state.co.us/cdesped/SD-TBI.asp)

Assessment Examples:

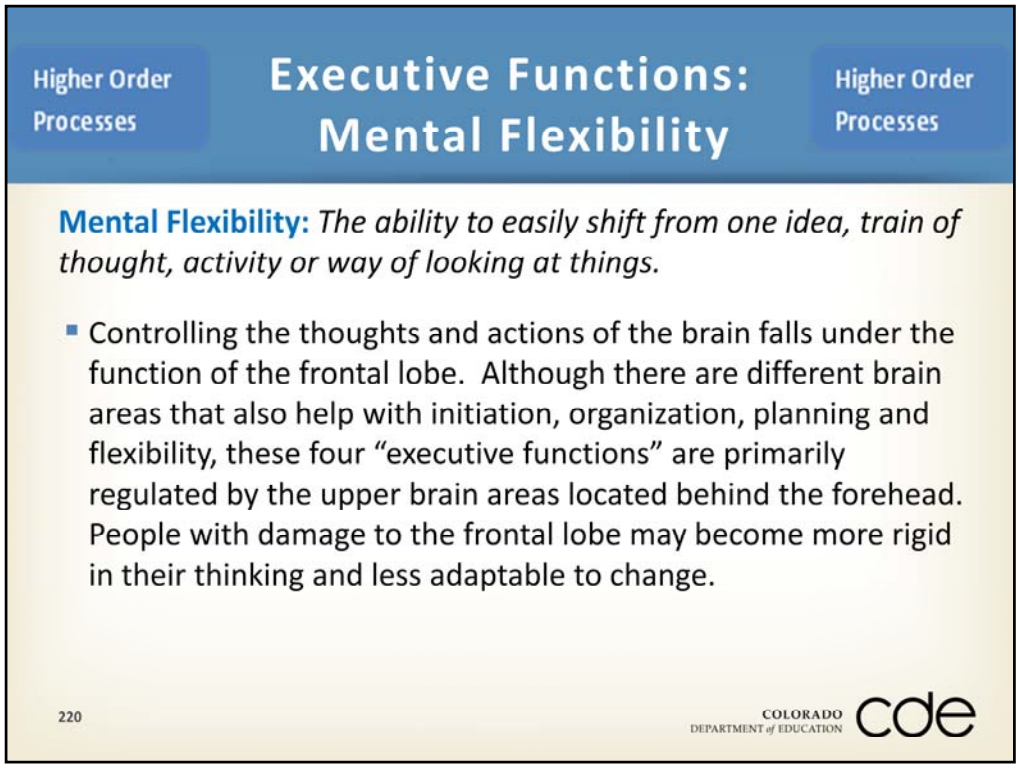
FBA; BASC-II ; BRIEF; NEPSY-2; Revised Children Manifest Anxiety Scale-2 (RCMAS-2); Children's Depression Inventory; Reynolds Adolescent Depression Scale (RADS)-2; Test of Pragmatic Language-2 (TOPL); Social Perception; Social Skills Rating System (SSRS); Vineland Adaptive Behavior Scales-2; Adaptive Behavior Assessment System-2 (ABAS-2); Scales of Independent Behavior-Revised (SIB-R); SFA- School Functional Assessment; Interviews; and/or Classroom Observations



Reasoning involves the consideration of evidence and drawing of conclusions based on the exploration of all possibilities, consideration of positive and negative outcomes and combining knowledge from past experiences (Savage & Wolcott, 1994).

Assessment Examples:

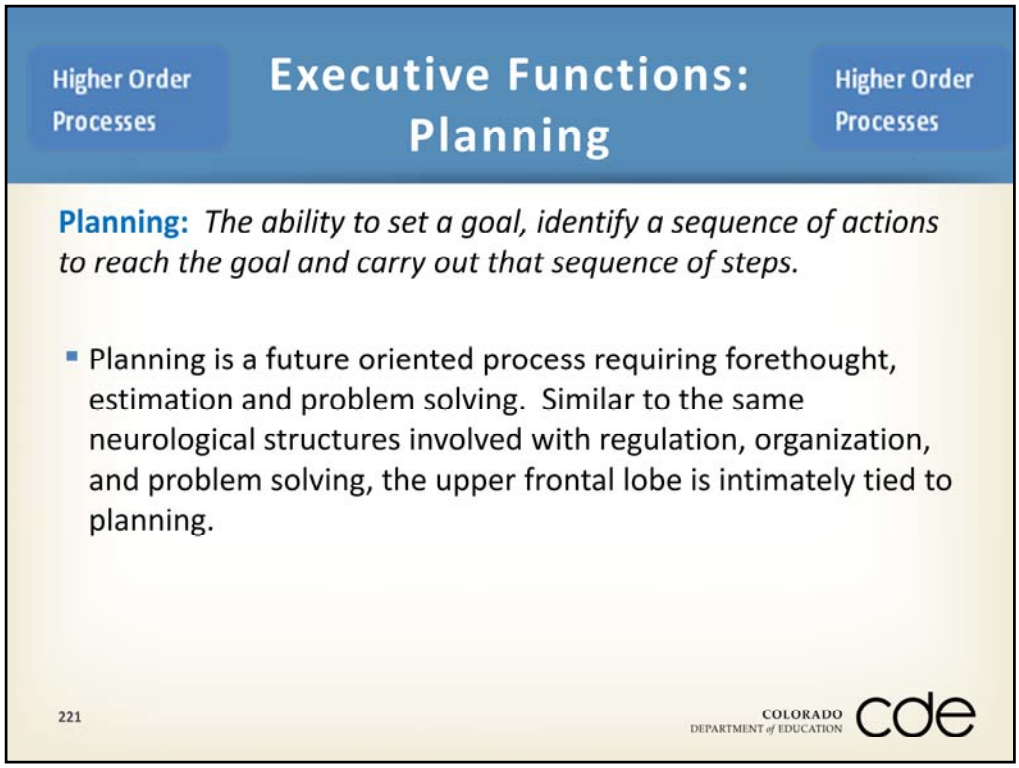
- DAS-II
- Non-Verbal
- WISC-IV Perceptual Reasoning Subtests
- K-ABC 2 Nonverbal Scale
- CAS Simultaneous Processing Composite
- Test of Adolescent Problem-Solving (TOPS)
- WJ-III, Verbal Analogies and Analyses-Synthesis



Mental flexibility also involves being able to change the approach to problem solving as the task changes or being able to successfully transition from one task to another.

Assessment Examples:

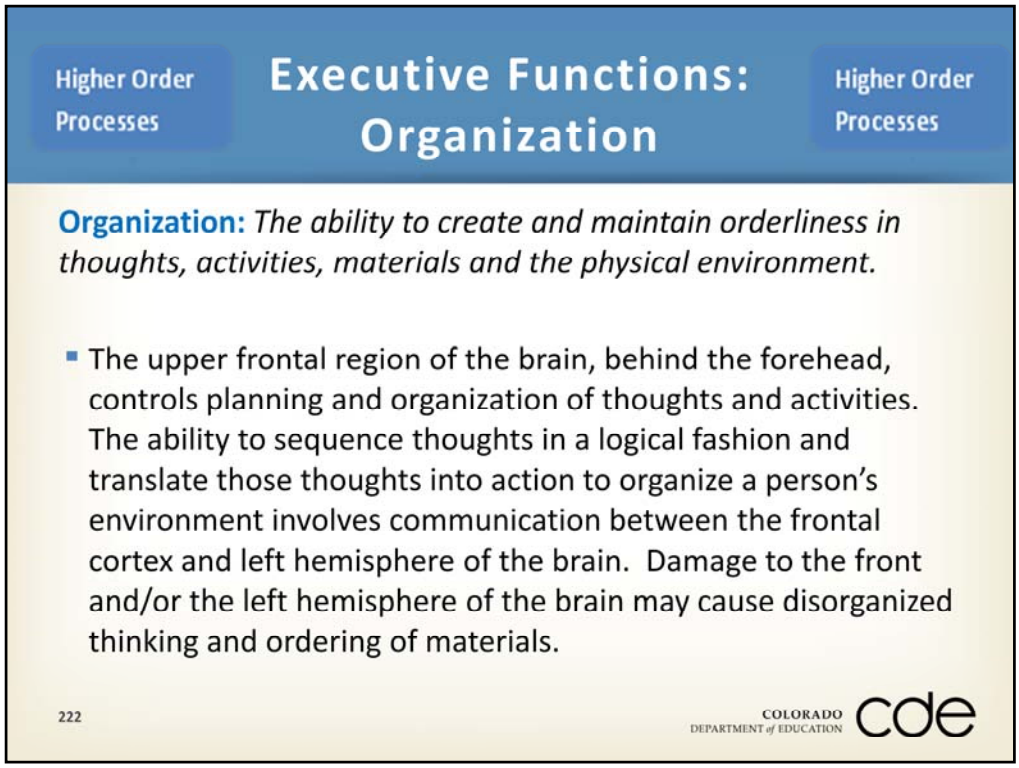
- BRIEF
- NEPSY II- Attention and Executive Function
- WJ-III Cognitive- Concept Formation
- D-KEFS
- Assessment Observations
- Parent/teacher interview



Students with planning issues may approach tasks impulsively which may lead to missing steps or to difficulties in completing each step of the process.

Assessment Examples:

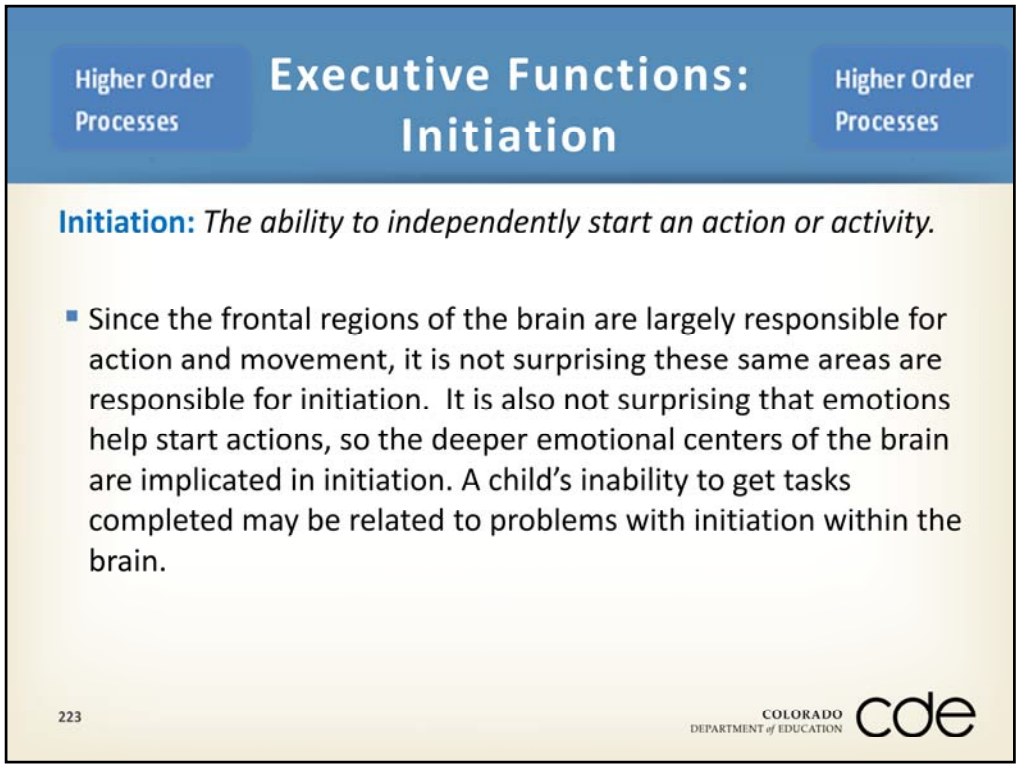
- NEPSY II-Attention and Executive Function
- D-KEFS
- WJ-III Cog- planning subtest
- CAS- Planning Composite
- BRIEF
- Assessment Observations
- Parent/teacher interviews



Students who have difficulty paying attention to the most important features of their environment, logically organizing and planning their behavior, and following through often have grave difficulty behaving reasonably in situations which do not provide intense external support and structure.

Assessment Examples:

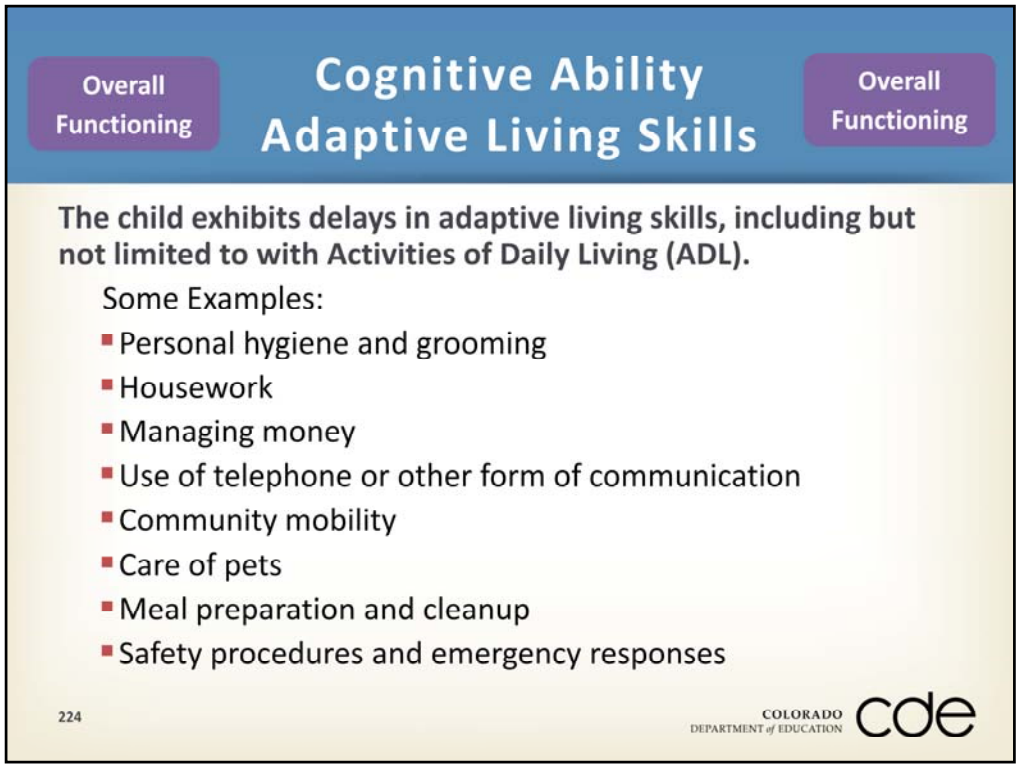
- BRIEF
- Parent/teacher interview
- Observations



Initiation issues may appear that the student is uninterested, unmotivated or oppositional when in reality the issue is difficulty knowing how to get started.

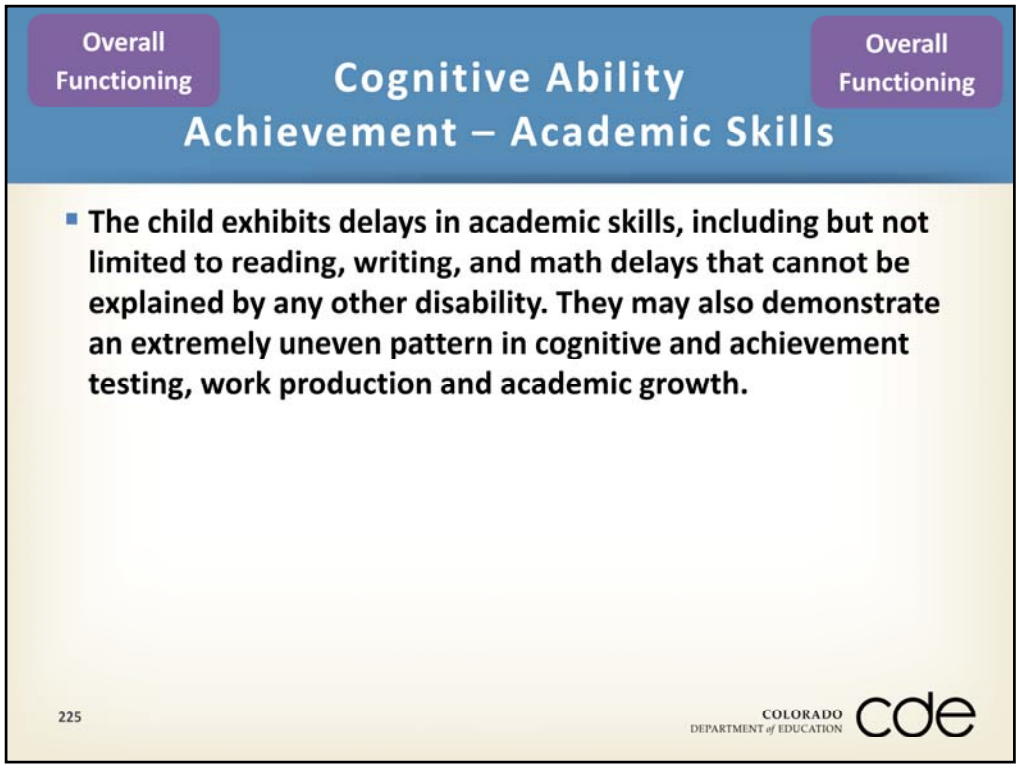
Assessment Examples:

- BRIEF
- Classroom Observations
- Assessment Observations



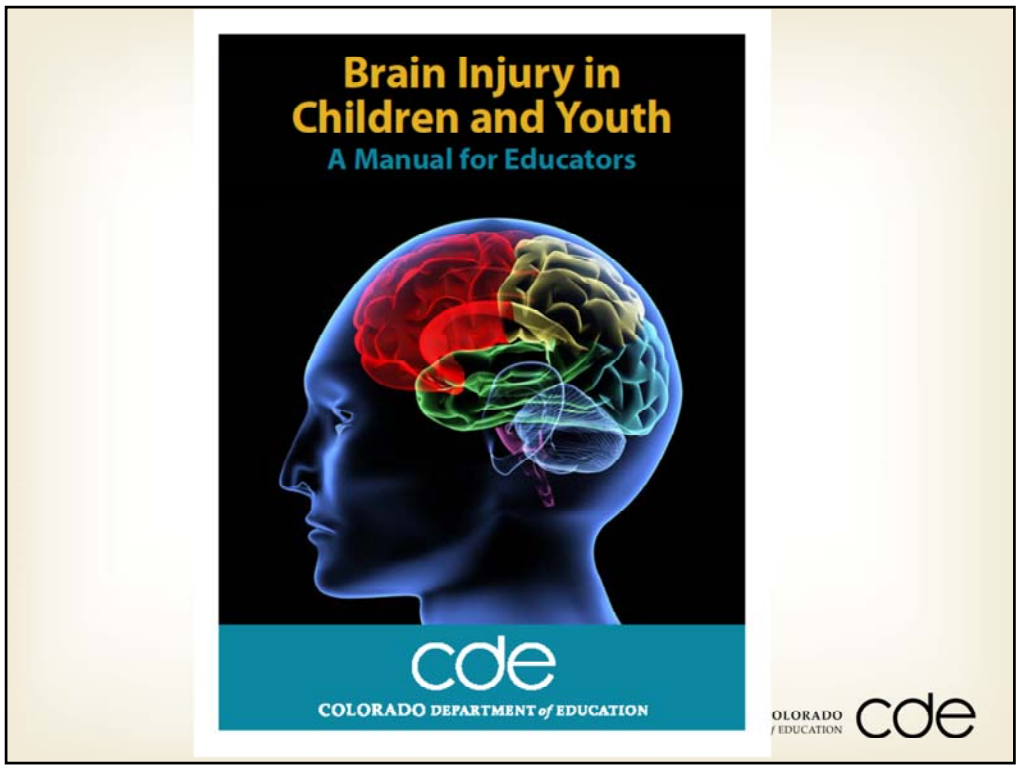
Assessment Examples:

- SIB-R
- Vineland Adaptive Behavior Scales
- ABAS II
- Functional Observation



Assessment Examples:

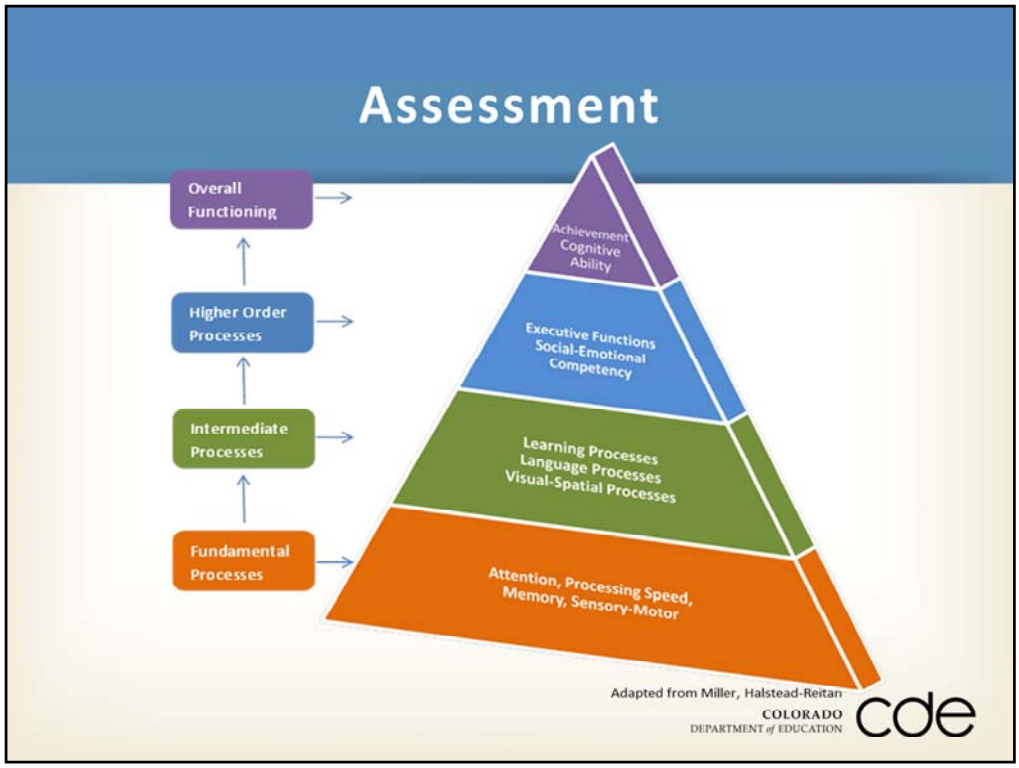
- All Achievement Tests
- Classroom Function
- Teacher report, Report cards
- Progress Monitoring
- Formal Achievement Tests i.e. ACT, PSAT, SAT, TCAP



Resource: Brain Injury in Children and Youth: A Manual for Educators

This manual an be downloaded from the CDE website at:
http://www.cde.state.co.us/cdesped/SD-TBI.asp

and also at www.cokidswithbraininjury.com


Assessment
Overall Functioning
Higher Order Processes
Intermediate Processes
Fundamental Processes
Achievement
Cognitive Ability
Executive Functions
Social-Emotional Competency
Learning Processes
Language Processes
Visual-Spatial Processes
Attention, Processing Speed, Memory, Sensory-Motor
Adapted from Miller, Halstead-Reitan
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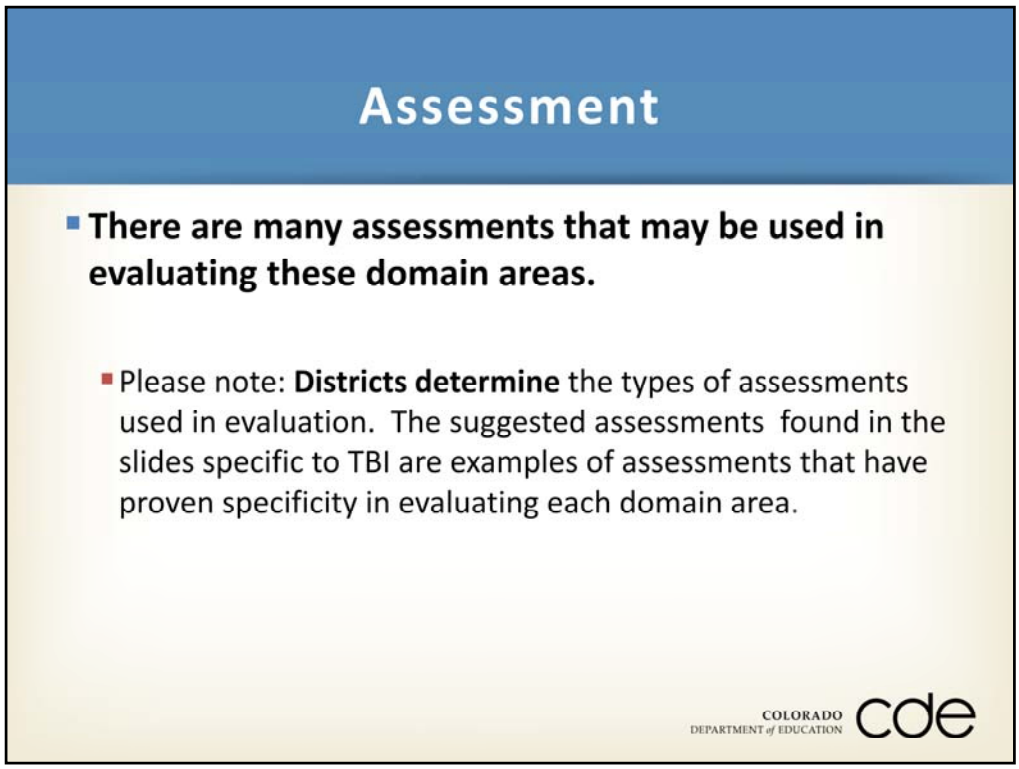

Districts should decide what assessments are used in their districts.

- The assessment that have been embedded into the presenter's notes of this ppt have been proven for specificity in evaluation of the domain area.

To Be Eligible as TBI, the Child Must Meet All Three Conditions

1. Must have the presence of a traumatic brain injury, as documented by a medical report or credible history.
2. Educational performance must be affected adversely by the traumatic brain injury.
3. The traumatic brain injury must create a need for specialized instruction.

TBI Resources

Traumatic Brain Injury Networking Team-Resource Network ("CO Kids Website")

www.COKidswithbraininjury.com

CDE-Brain Injury in Children and Youth: A Manual for Educators

www.cde.state.co.us/cdesped/SD-TBI.asp

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VISUAL IMPAIRMENT, INCLUDING BLINDNESS

Visual Impairment, Including Blindness

(formerly Vision Disability)

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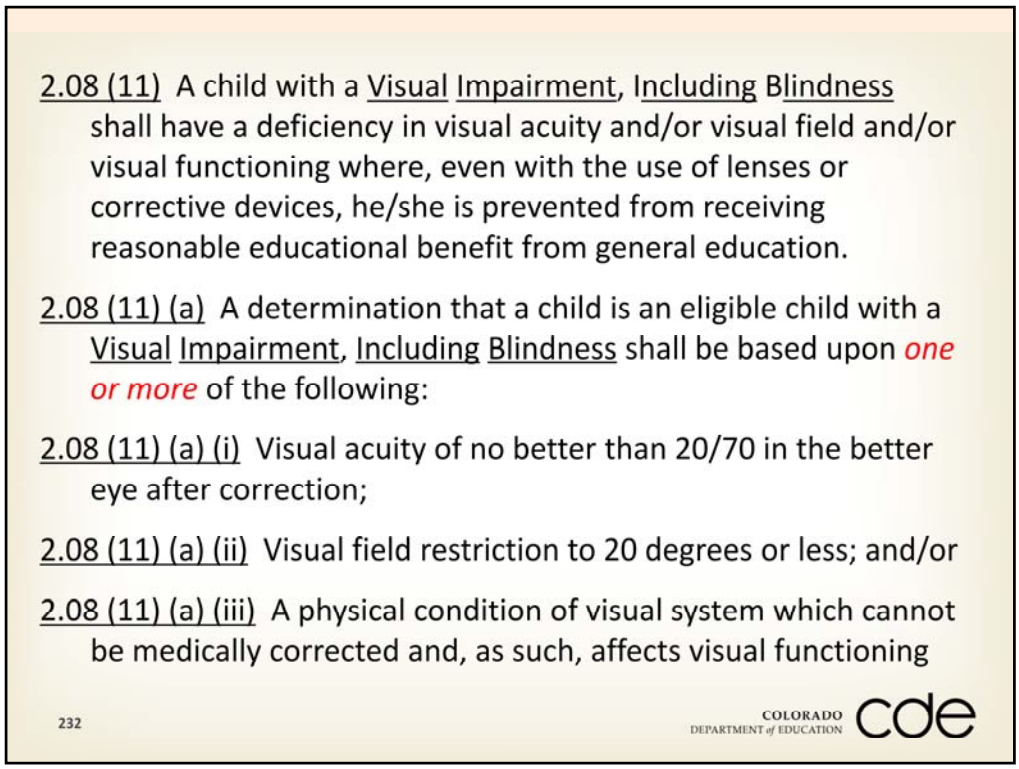
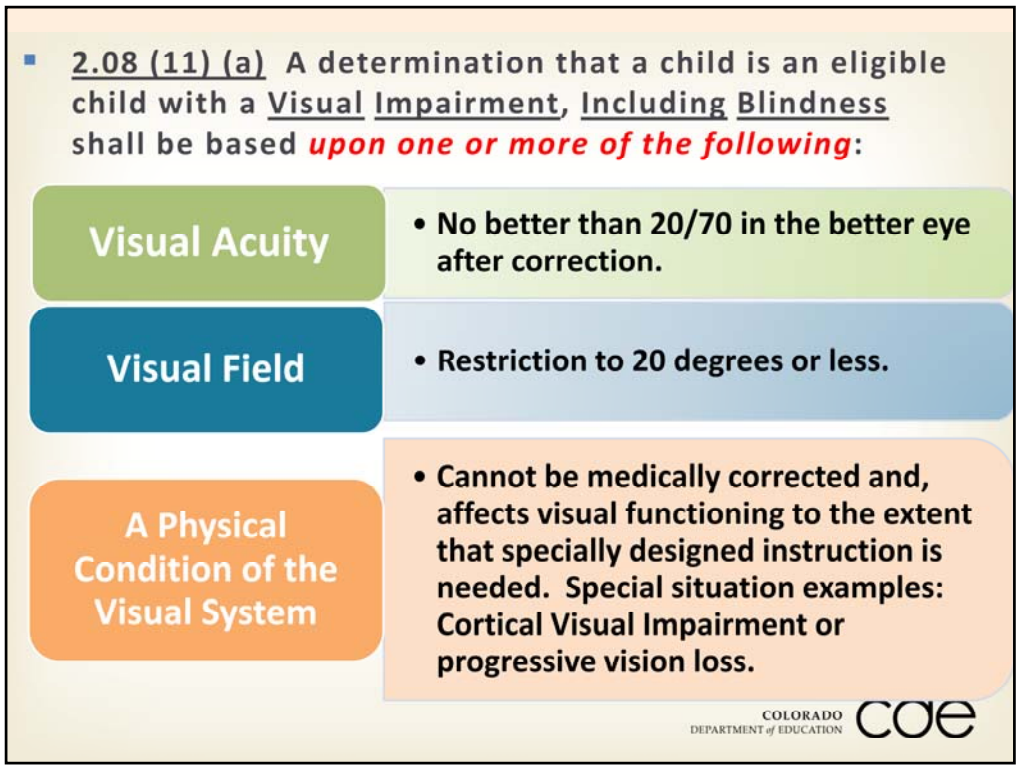


The next slides include the exact wording of a Child with a Visual Impairment, including Blindness eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

to the extent that specially designed instruction is needed. These criteria are reserved for special situations such as, but not restricted to cortical visual impairment and/or a progressive visual loss where field and/or acuity deficits alone may not meet the aforementioned criteria.

2.08 (11) (b) As a result of the Visual Impairment, Including Blindness, as set out above, the child requires specialized instruction, which may include special aids, materials, and equipment, for learning, literacy, activities of daily living, social interaction, self advocacy, and, as needed, orientation and mobility.

2.08 (11) (c) The term "Visual Impairment, Including Blindness" does not include children who have learning problems which are primarily the result of visual perceptual and/or visual motor difficulties.



The above conditions must be diagnosed and quantified by an eye care specialist (ophthalmologist or optometrist).

There is no school professional who can dilate a child's eyes to determine (a) the cause of a vision loss and (b) whether the vision loss can be treated successfully with prescriptive lenses, surgery, and/or other types of medical intervention.

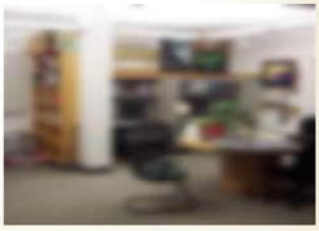
A school nurse and a certified teacher of students with visual impairments (TVI) are trained to read a clinic eye evaluation report.

An individual who conducts vision screening can only determine if a child PASSES or FAILS a vision screening conducted in the school environment. When a vision screening is failed, the next step is to seek further evaluation.

A certified teacher of students with visual impairment is trained to complete a Functional Vision Assessment. This assessment is designed to compliment the results of an eye care specialist's findings. The TVI cannot diagnosis a visual impairment. The Functional Vision Assessment is to determine the functional implications of the child's visual impairment and what strategies, including equipment, will assist the student to maximize visual performance.

Visual Acuity of = or < than 20/70 In The Better Eye After Correction

- "***Better*** eye after correction" through prescription lenses
- Legal Blindness: 20/200 or worse.
- Low vision begins at 20/70.
- Caution: eye doctors will "push for best acuity" and may not always address comfort threshold acuity, which is our hour-to-hour best vision.



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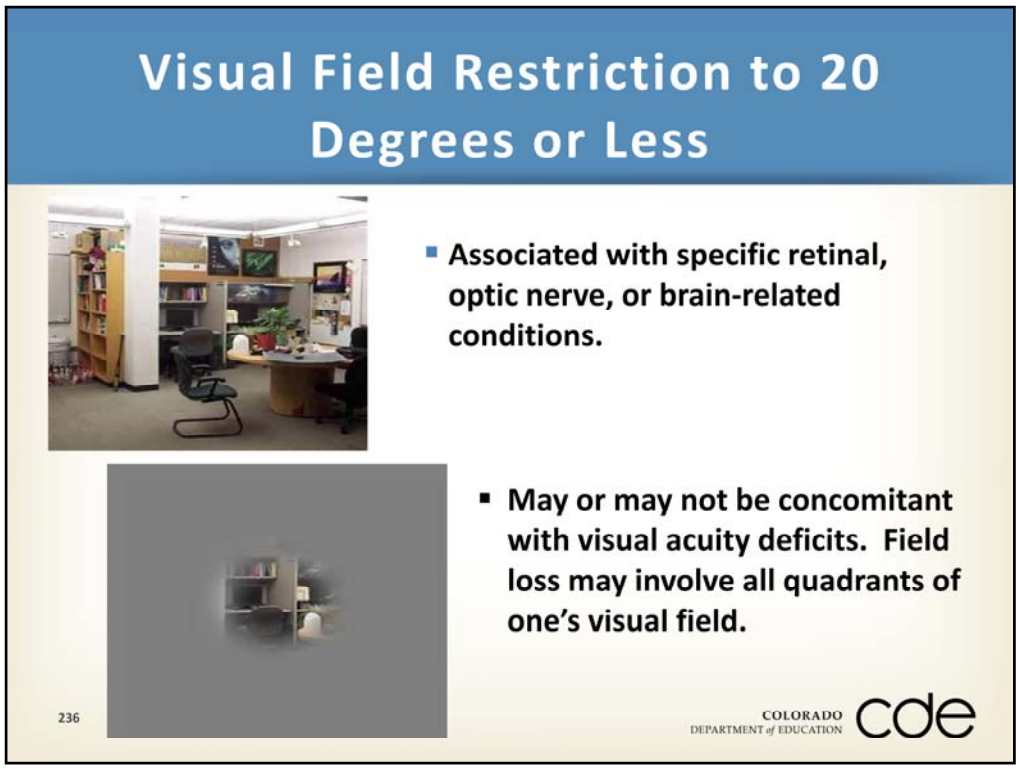
Only an eye care specialist can determine whether a child has a refractive error (nearsighted, farsighted, or has astigmatism) or another ocular-based reason for blurred vision. Only an eye care specialist can determine whether a child will benefit from prescriptive lenses (glasses or contact lenses).

If a child can be corrected to 20/60 or better vision in one eye after correction (glasses / contact lenses), he or she would not qualify as a child with Visual Impairment, Including Blindness.

If one eye is 20/70 or worse, but the other eye is better than this designation, the child would not qualify as a child with Visual Impairment, Including Blindness.

While legal blindness requires a visual acuity in the best corrected eye of 20/200 or worse, to be eligible as a child with a Visual Impairment, including Blindness may have a visual acuity in the best corrected eye of 20/70 or worse.



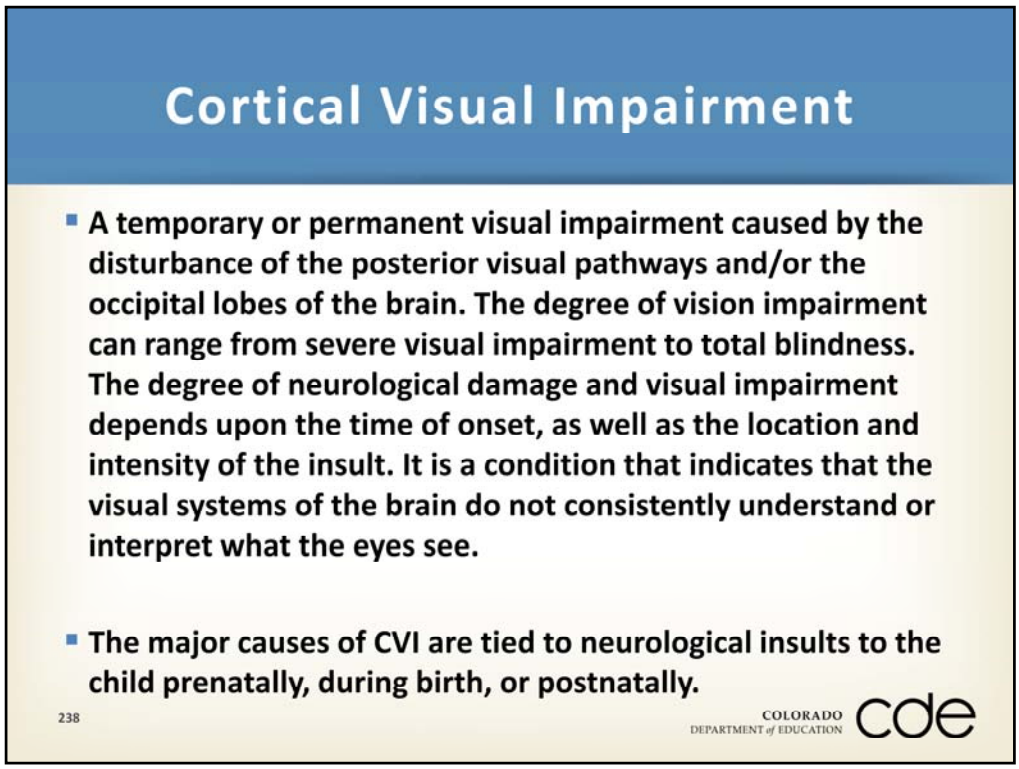
Normal visual field extends to 180 degrees. Field loss restricted to 20 degrees or less is rare and usually associated with conditions such as retinitis pigmentosa.

Certain eye conditions or neurological impairments may have an associated field loss. In these situations, the vision loss may also be accompanied by reduced visual acuity.

Field loss by itself often does not meet the eligibility threshold of Visual Impairment, including Blindness. For example, a child with cerebral palsy who has visual scotomas (areas of depressed vision in the visual field).

Other Qualifying Visual Conditions

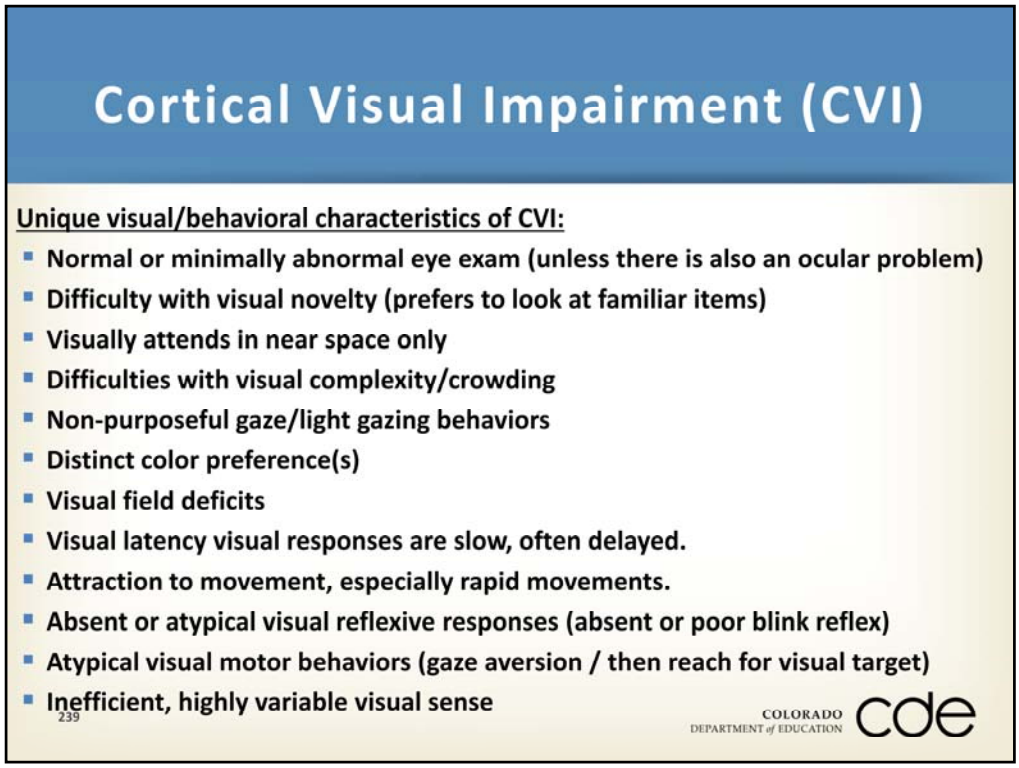
- Such conditions cannot be (always) medically corrected or readily quantified by acuity / field loss (or meet the established criteria). Visual function affected as to require specially designed instruction
- Most common condition: Cortical Visual Impairment (CVI)
- Progressive Visual Loss (e.g., retinal or central nervous system (CNS) degeneration conditions)



Cortical Visual Impairment is the leading cause of pediatric visual impairment in the United States and Europe.

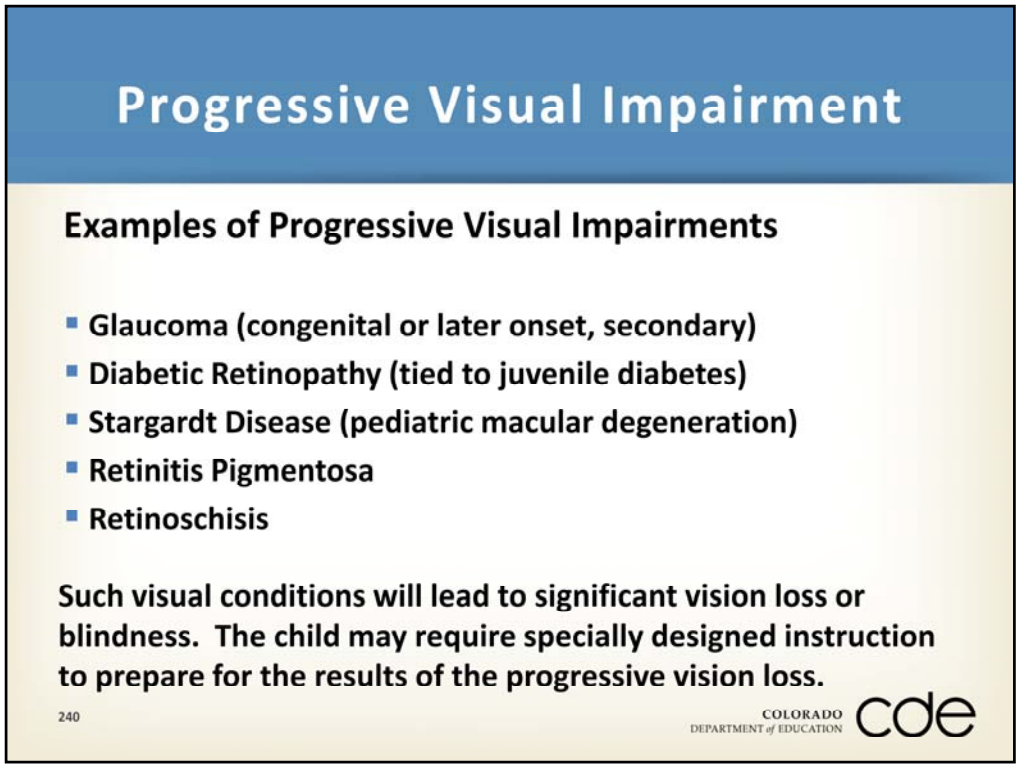
The major causes of CVI are asphyxia, perinatal hypoxia ischemia ("hypoxia": a lack of sufficient oxygen in the body cells or blood; "ischemia": not enough blood supply to the brain), developmental brain defects, head injury, hydrocephalus, and infections of the central nervous system, such as meningitis, and encephalitis.

The diagnosis of CVI will be made by medical personnel. It may be made exclusively by an eye care specialist or it made be made in consultation with a neurologist or family physician. There must be evidence of abnormal visual functioning and a documented history of neurological compromise. The hallmark features of CVI are noted in the next slide.



The listed features can be found in both medical and educational literature. A child with cortical visual impairment may have several of these characteristics. A TVI trained in functional vision assessment specific to the features of CVI can quantify the characteristics present in the child.

Often it is the report of these visual and/or behavioral characteristics, in association with a history of neurological insult, that will drive a family to pursue an eye examination for their child. The eye care specialist may be able to verify some of these characteristics within an office exam visit, but will require this history to help confirm the diagnosis of CVI.



There is a range of the age of onset and the speed of progression of eye conditions that result in deteriorating vision. When certain medical conditions have been diagnosed, the IEP team will want to address the child's current educational need and the expected educational need as vision is lost. specially designed instruction may be needed to prepare the child for the results of the progressive vision loss.

Vision Challenges That Do Not Qualify as VIB

- The term "Visual Impairment, Including Blindness" does not include children who have learning problems which are primarily the result of visual perceptual and/or visual motor difficulties.
- Not included visual challenges associated with:
  - learning disability
  - strabismus / amblyopia / convergence insufficiency (unless accompanied by another visual complication that rises to the threshold of eligibility criteria)
- Conditions such as oculomotor apraxia do not automatically qualify a child as having a VIB. The child must meet the eligibility criteria for need for specially designed instruction.

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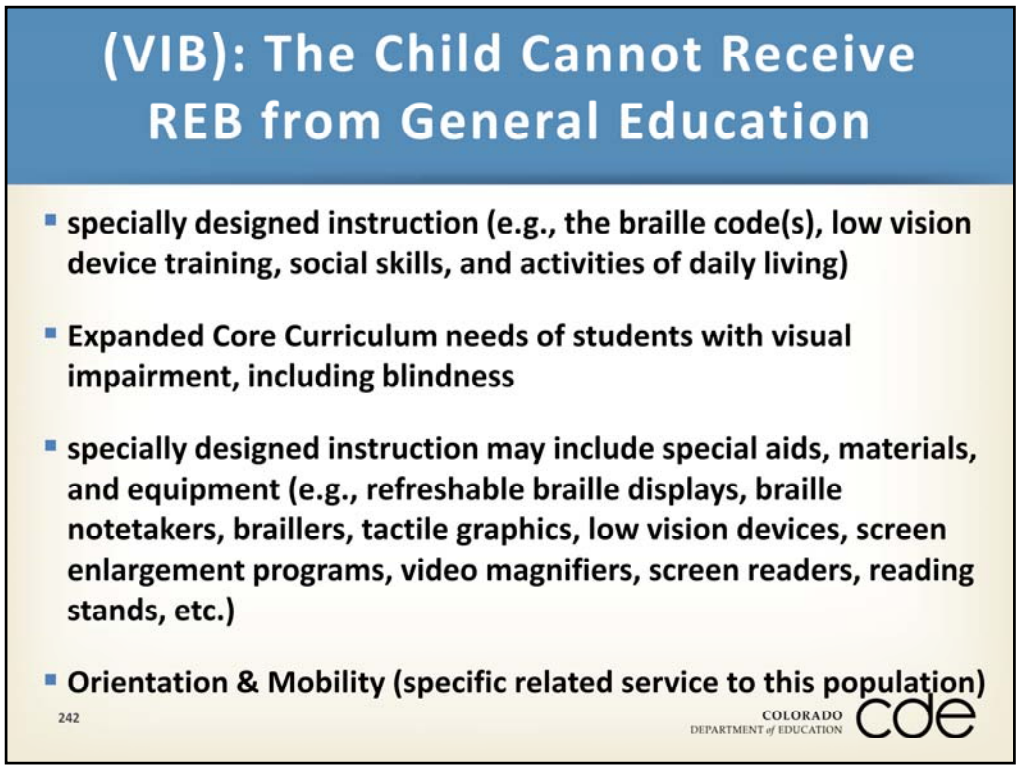

Reasonable **E**ducational **B**enefit = REB To qualify as a child with Visual Impairment, Including Blindness, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction. The specially designed instruction may involve training on the use of specialized equipment.

The Expanded Core Curriculum: The Expanded Core Curriculum (ECC) is the body of knowledge and skills that are needed by students with visual impairments due to their unique disability-specific needs. Students with visual impairments need the expanded core curriculum in addition to the core academic curriculum of general education. The areas of the ECC include: (1) Compensatory or Functional Academic Skills, Including Communication Modes, (2) Orientation and Mobility; (3) Social Interaction Skills; (4) Independent Living Skills; (5) Recreation and Leisure Skills; (6) Career Education; (7) Assistive Technology; (8) Sensory Efficiency; and (9) Self-Determination. Orientation and Mobility is part of the ECC and a related service. As a related service, it is exclusive to children who are blind/visually impaired. Children with Visual Impairment, including Blindness may qualify for O and M, as well as other related services.

In the Event of Deaf-Blindness

- If the child with Deaf-Blindness *does not meet the exact eligibility requirements for Visual Impairment*, Including Blindness (VIB), but the combination of an existing vision loss and the documented hearing loss adversely affects the student's educational performance that will prevent the child from receiving reasonable educational benefit from general education, *there is a box on the VIB eligibility checklist page for this situation.*

To Be Eligible as VIB, the Child Must Meet All Three Conditions

1. There must be evidence of a vision impairment, including blindness, as quantified by visual acuity, visual field, and/or other functional vision loss, as documented by an appropriate medical professional (e.g., eye doctor).

2. The vision impairment, including blindness, must be significant enough that even with the use of lenses or corrective devices, educational performance is adversely affected.

3. The visual impairment, including blindness, must create a need for specially designed instruction.

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DEAF-BLINDNESS

Deaf-Blindness (now a self-standing eligibility category)

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(303) 866-6681

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(303) 866-6605

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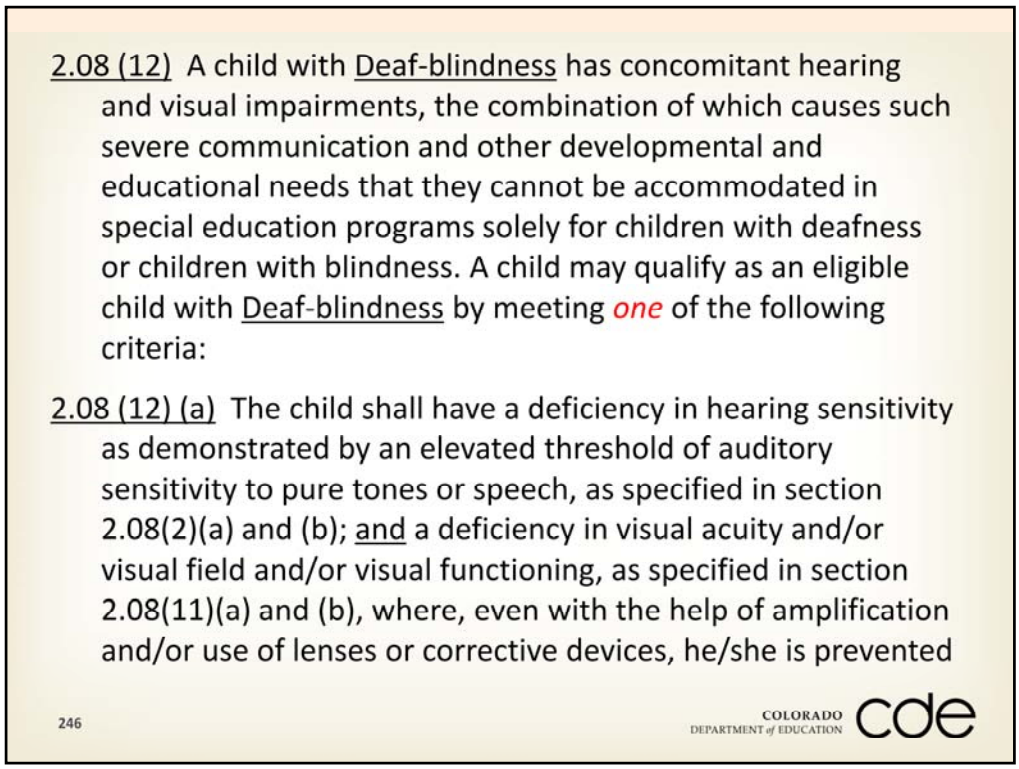


The next slides include the exact wording of a Child with a Deaf-Blindness eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

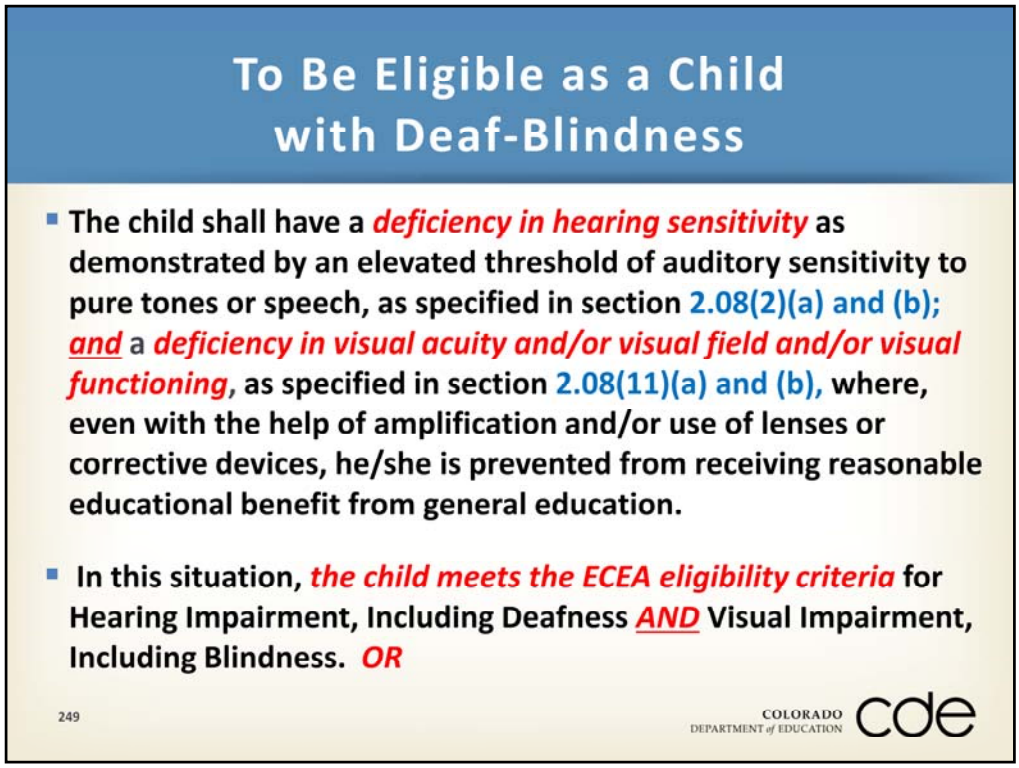
from receiving reasonable educational benefit from general education; *or*

2.08 (12) (b) The child has documented hearing and/or visual impairment that, if considered individually per section 2.08(2)(a) and (b) and section 2.08 (11)(a) and (b), may not meet the requirements for Hearing Impairment, Including Deafness or Visual Impairment, Including Blindness, but the combination of such losses adversely affect the student's educational performance; *or*

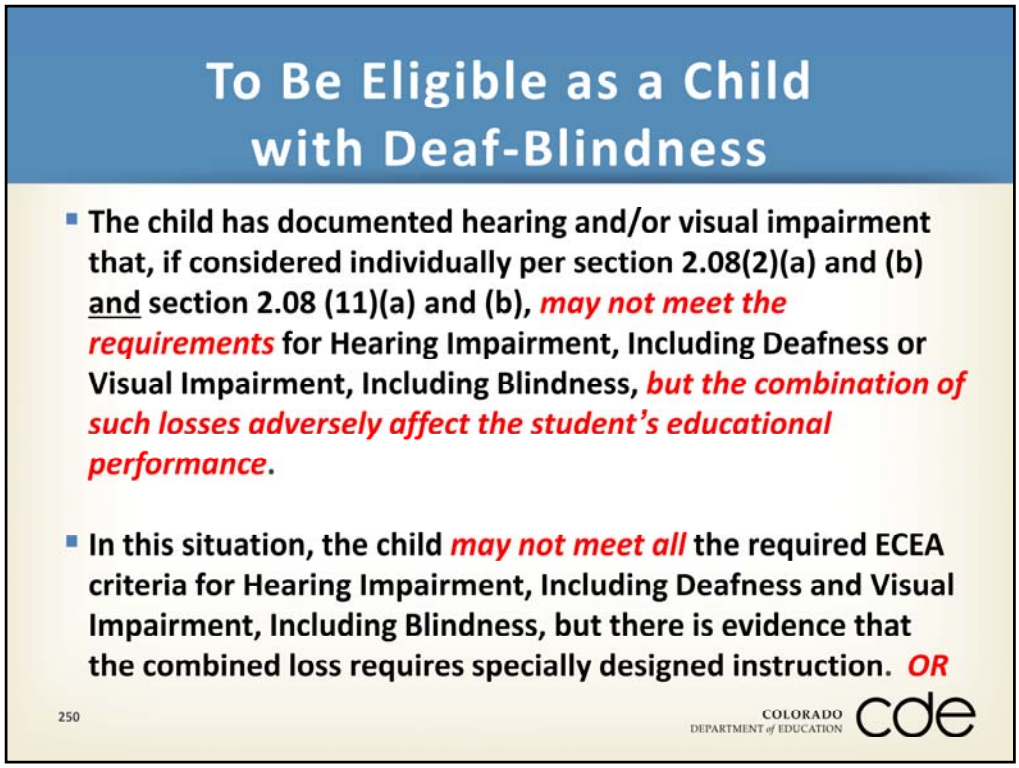
2.08 (12) (c) The child has a documented medical diagnosis of a progressive medical condition that will result in concomitant hearing and visual losses.

The IEP team will complete THREE eligibility checklists for a child with deaf-blindness.

- The Hearing Impairment, including Deafness Eligibility Checklist
- The Visual Impairment, including Blindness Eligibly Checklist
- The Deaf-Blindness Eligibility Checklist



This is one of three possible eligibility scenarios for the child with Deaf-blindness.



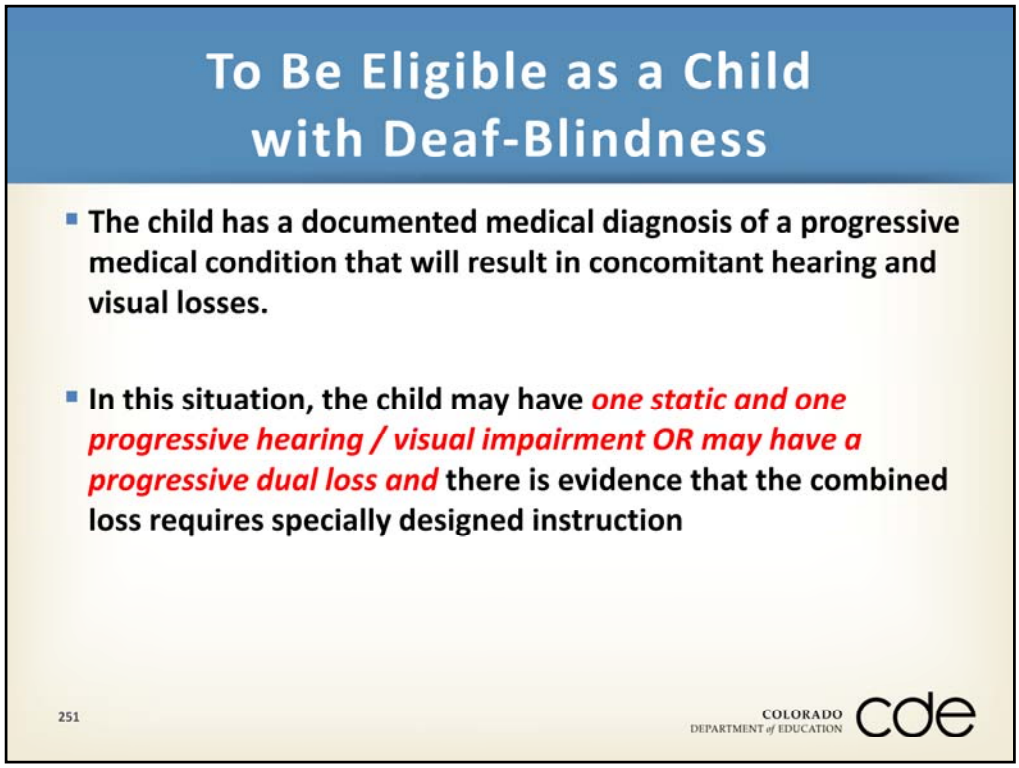
This is one of three possible eligibility scenarios for the child with Deaf-blindness.

In this scenario, there are three different ways that a child may be found to be eligible to be Deaf-blind.

The child may meet the required ECEA eligibility criteria for Hearing Impairment, Including Deafness (HID), but "not quite" the criteria for Visual Impairment, Including Blindness (VIB). For example, the child's acuity in the better eye (with correction) is 20/60 or 20/50. However, the combination of the established hearing impairment with the documented visual needs may result in the need for specialized services for the child. In this circumstance, there is a special box on the *Visual Impairment, Including Blindness Eligibility Checklist* for the IEP team to check.

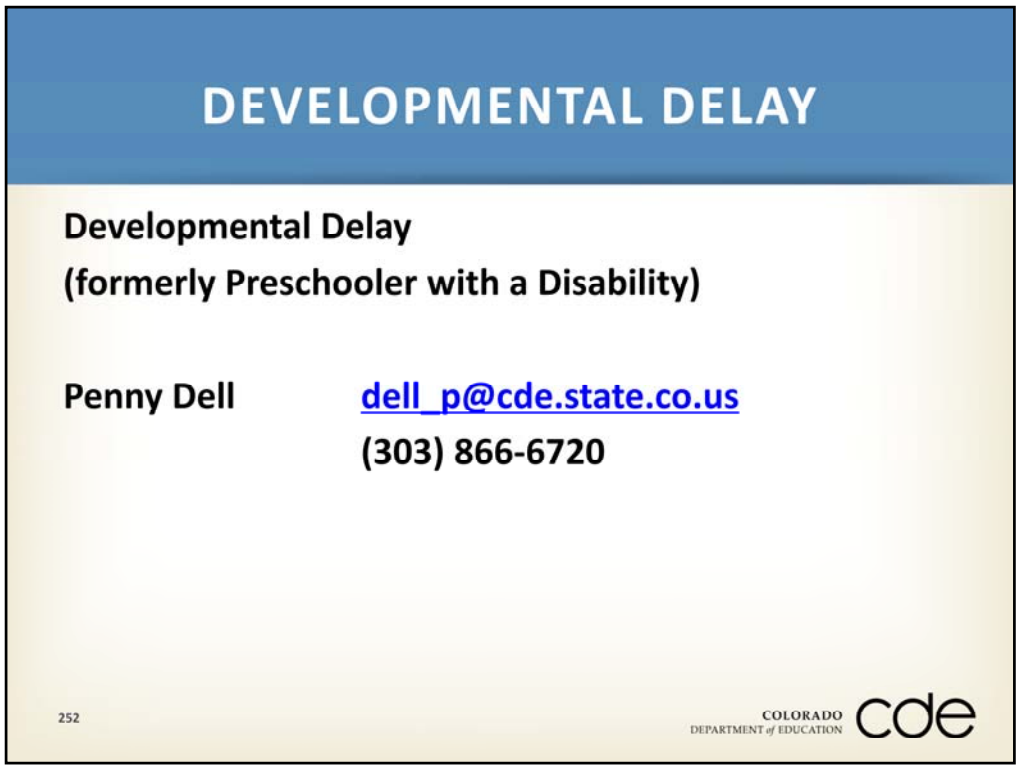
Conversely, the child may meet the required ECEA eligibility criteria for Visual Impairment, Including Blindness, but "not quite" meet the eligibility criteria for Hearing Impairment, Including Deafness. For example, the child's hearing loss may fall just below the established criteria of HID. However, the combination of the established vision impairment with the documented hearing loss may result in the need for specialized services for the child. In this circumstance, there is a special box on the *Hearing Impairment, Including Deafness Eligibility Checklist* for the IEP team to check.

The final scenario for this eligibility situation would occur if the child does not quite meet either set of criteria for HID or VIB, but the documented combined hearing and vision loss results in the need for specialized services for the child. In this circumstance, the special box on the HID and VIB eligibility forms should be checked.



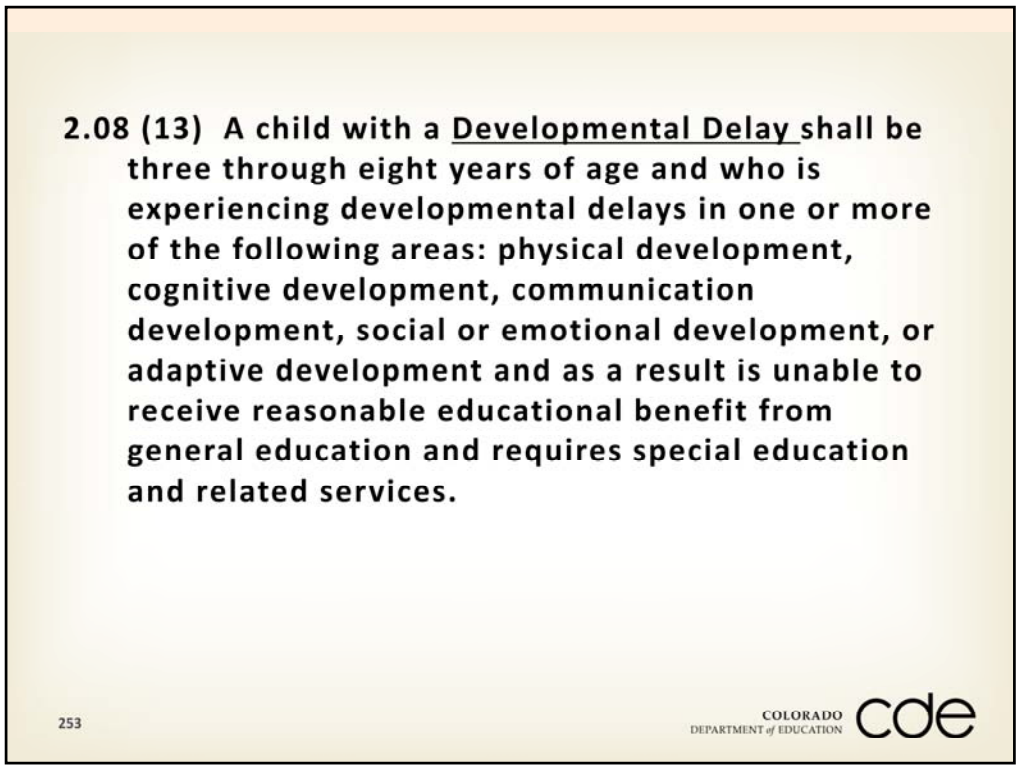
This is one of three possible eligibility scenarios for the child with Deaf-blindness

In this situation, the child may have a static vision or hearing impairment AND a progressive vision or hearing impairment. Or a progressive vision and hearing impairment.



If there are any questions about the definition and eligibility criteria for Developmental Delay, please be in contact with Penny Dell at dell_p@cde.state.co.us or (303) 866-6720.

If there are any questions about whether a specific child meets the established criteria for Developmental Delay, please be in contact with the administrative unit's Special Education Director.



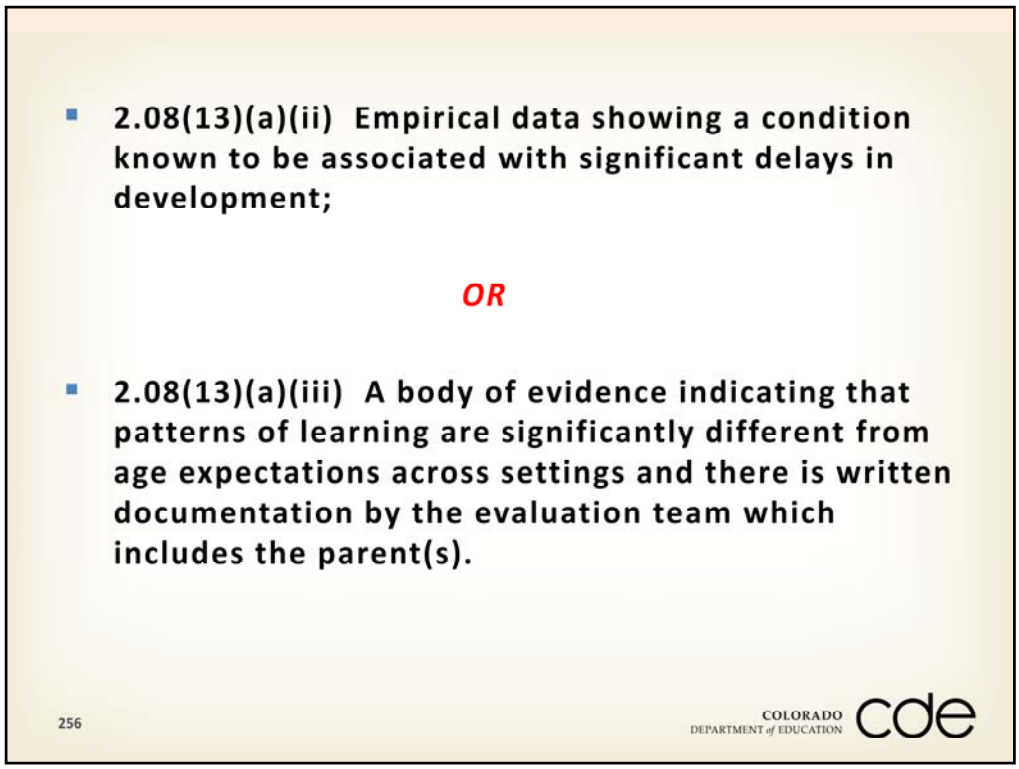
This and the next three slides include the exact wording of a Child with a Developmental Delay eligibility criteria that are in the *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

This definition is very similar to Preschooler with a Disability with the exception of the age range and more specificity to the third criteria.

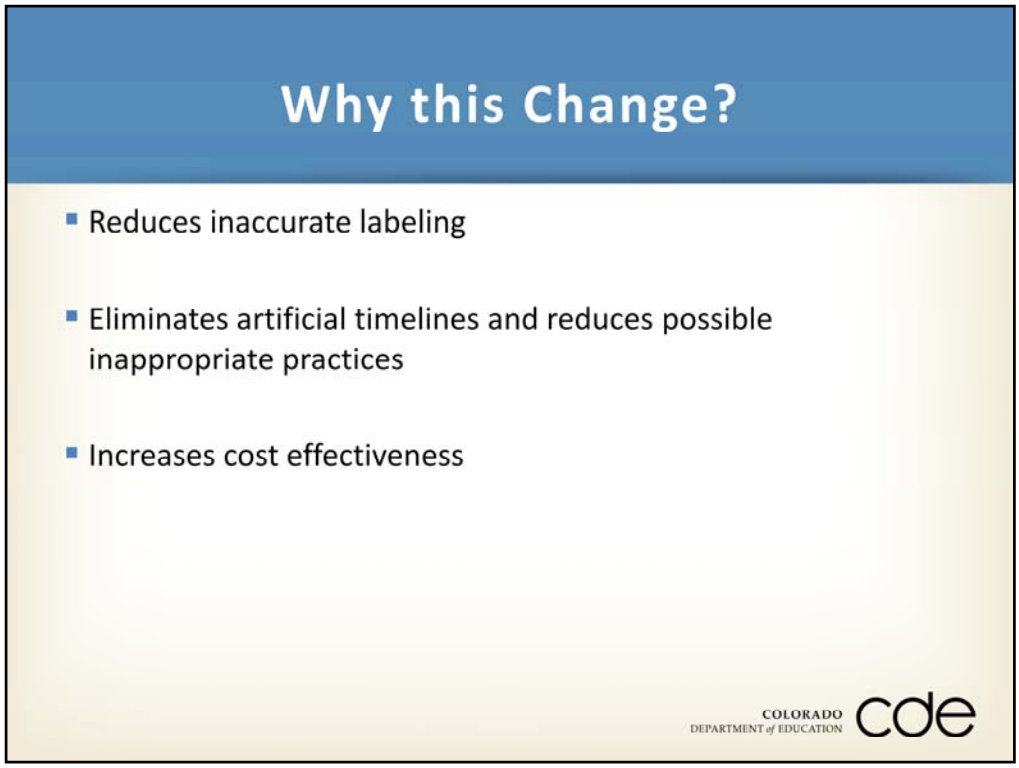
2.08(13)(a) For children ages three through eight efforts will be made to identify a child's primary disability under one of the other Part B eligibility criteria. A child shall be determined to be eligible under the Developmental Delay category only in those situations in which a clear determination cannot be made under any other category as measured by developmentally appropriate diagnostic instruments and procedures. In order for a child to be deemed a child with a Developmental Delay, multiple sources of information must be used to determine if a child meets *one or more* of the following criteria:

- **2.08(13)(a)(i) A score in the seventh percentile or below on a valid standardized diagnostic instrument, or the technical equivalent in standard scores (77 if the mean is 100 and the standard deviation is 15) or standard deviations (1.5 standard deviations below the mean) in one or more of the following areas of development: physical development, cognitive development, communication development, social or emotional development, or adaptive development as one of the multiple sources of evaluation information;**

OR



We will review each of these criteria in a bit.

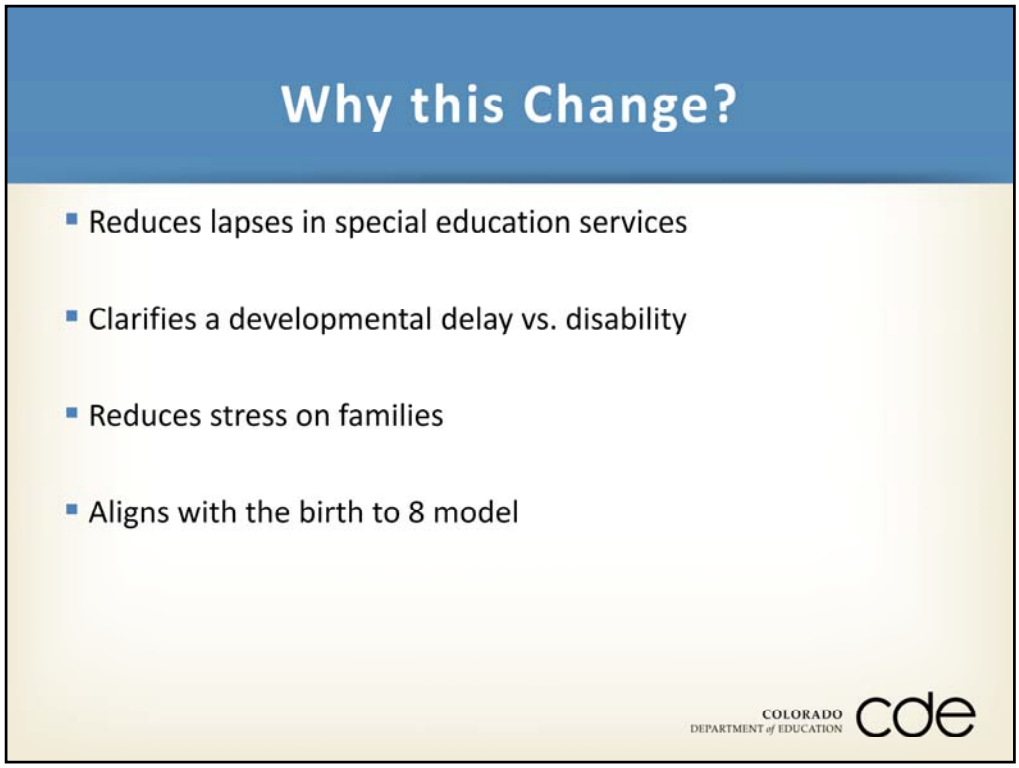


This new category will be most helpful for children transitioning from preschool to kindergarten, but will also benefit children in 1st & 2nd grades.

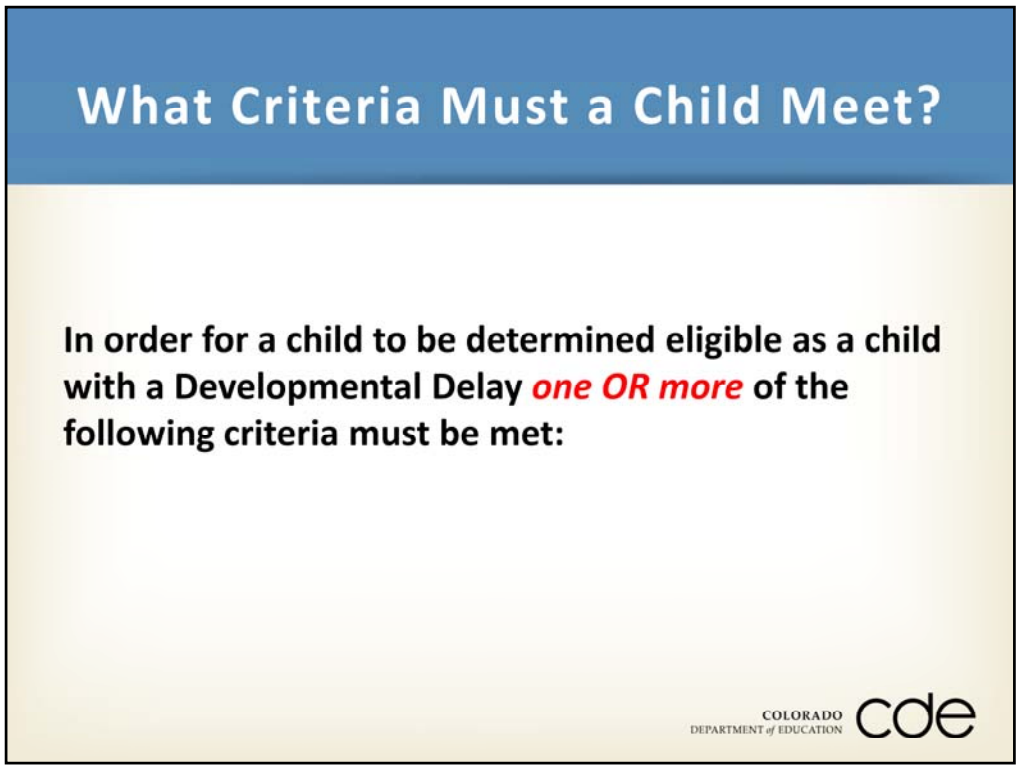
- **Inaccurate labeling**: Oftentimes a "preschooler with a disability" who is turning 6 and transitioning to kindergarten gets qualified under another category (such as Specific Learning Disability, Intellectual disability, Serious Emotional disability) without having a clear picture of the child's abilities and areas of need. The team knows there are still needs but have not had time to see the child in a school-age setting to accurately determine a clear disability

- **Artificial timelines and possible inappropriate practices**: In such cases children are being re-evaluated solely based on the child's age, not based on the what the child needs nor on what information the team has or does not have. Teams sometimes feel the need to "scramble" to get a child qualified at age 6 who they know needs to continue receiving special education but cannot clearly meet the criteria in another eligibility category. A child at age six with the Developmental Delay label can continue receiving services while the team collects information that will help determine the accurate eligibility category.

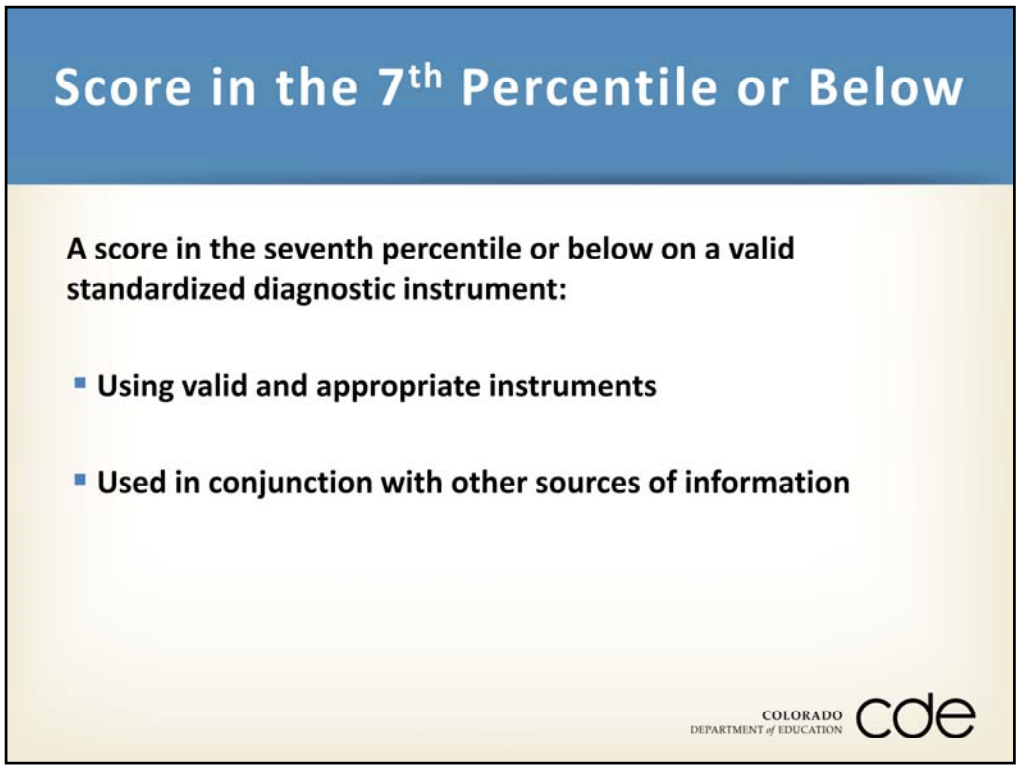
- **Cost effectiveness**: Testing a child at age 6 when there is not really enough information to determine an accurate eligibility category is costly in time and resources.



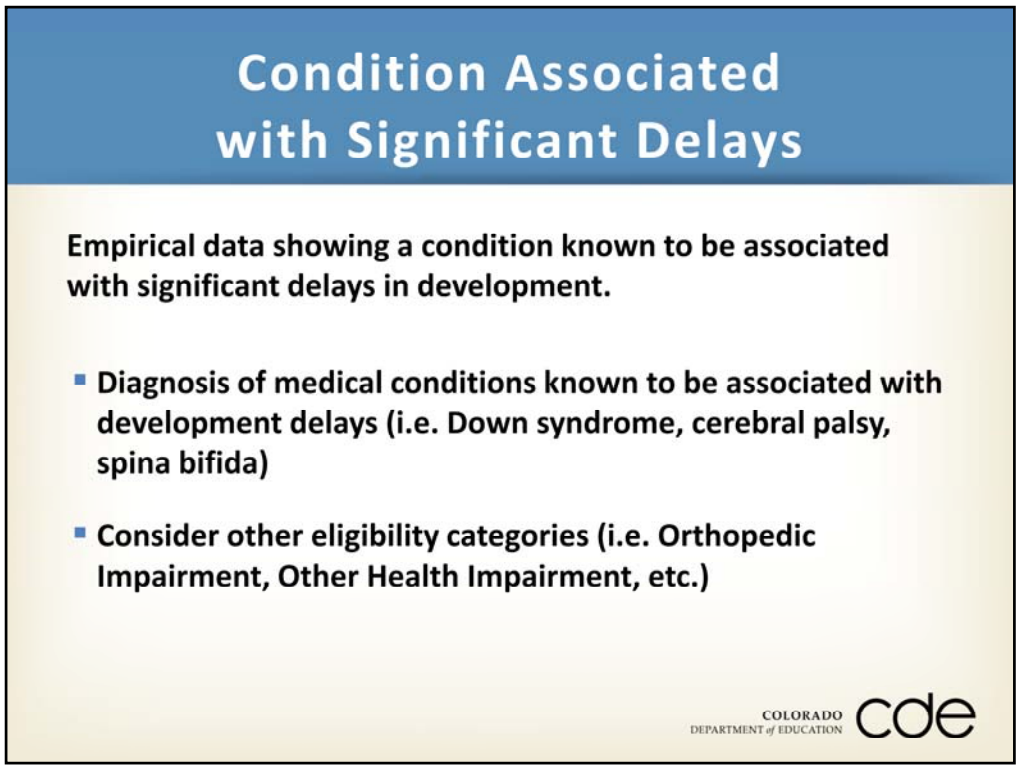
- **Lapses in special education services**: In some cases when a child turns six, the team cannot determine another category in which to qualify and, thus, will exit the child from special education. However, these children oftentimes are re-evaluated based on concerns at age seven or eight and re-determined eligible. In other cases a child may transition from Preschooler with a Disability to a child with a Speech or Language Impairment and may receive speech/language therapy services. Using the Developmental Delay category will allow a child to receive the appropriate services early on.
- **Developmental delay vs. disability**: The brain of a six year old is still developing, and therefore, this label may be more accurate. Research indicates that a true disability may not been seen until second grade. Also, with some children it is difficult to accurately access cognitive abilities at age six. When qualifying a child under this category it is important to talk to a family about the difference between a "delay" and a disability". In some situations it may turn out to be a true delay and the child may exit special education by age nine. In other situations, as the child grows, there may be evidence that the child has a true disability.
- **Family stress**: For many families the process of re-evaluating and determining a new eligibility and services can be stressful, especially when dealing with transitioning from preschool to kindergarten. Many times children are "staffed out" at this transition time when parents don't agree only to be re-evaluated later and found eligible.
- **Birth-8 model**: The national trend is to define "early childhood" as birth to 8. This aligns with that model. Colorado's Race to the Top – Early Learning Challenge addresses birth to 8. The language of Developmental Delay aligns with IDEA. 42 other states that now use this category.



- There are three criteria under this eligibility category. A child must meet at least one of the criteria in order to be made eligible as a Child with a Developmental Delay. Let's look at each criteria separately.

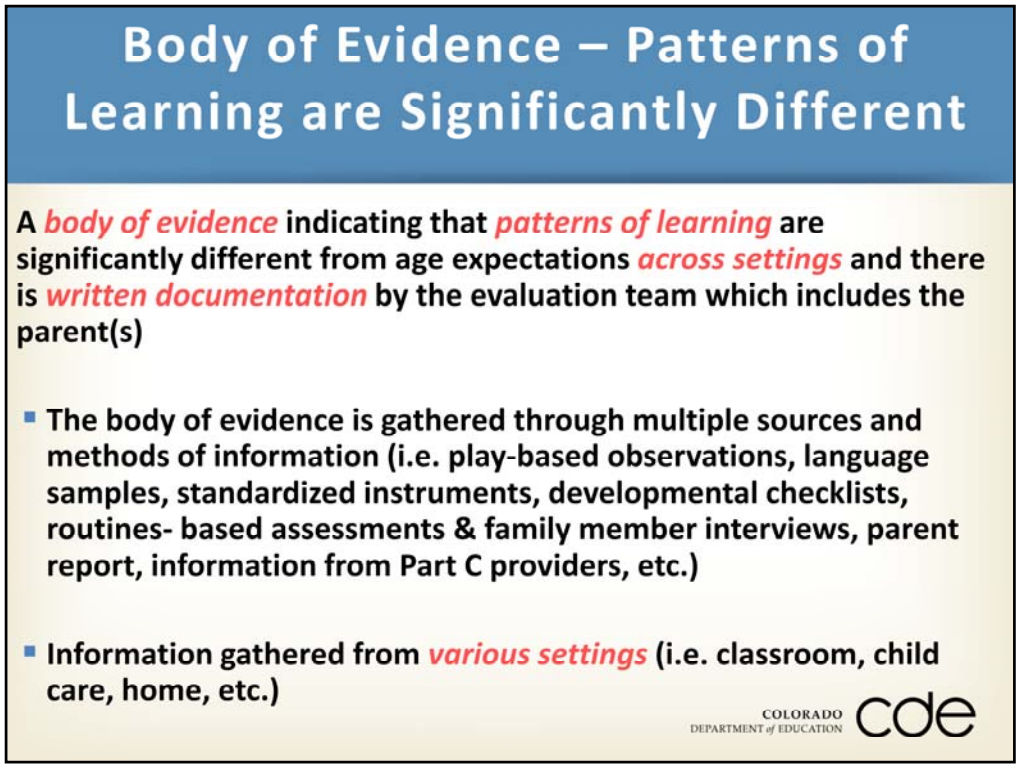


- This criteria was also one criteria under the former eligibility category of Preschooler with a Disability.
- The use of valid and appropriate (for the age of the child) is critical.
- It is important that the results of any standardized instrument be used in conjunction with other sources of information; observation in authentic settings, parent report, other medical/educational records, language samples, etc.



- This criteria was also one criteria for the former eligibility category of Preschooler with a Disability.

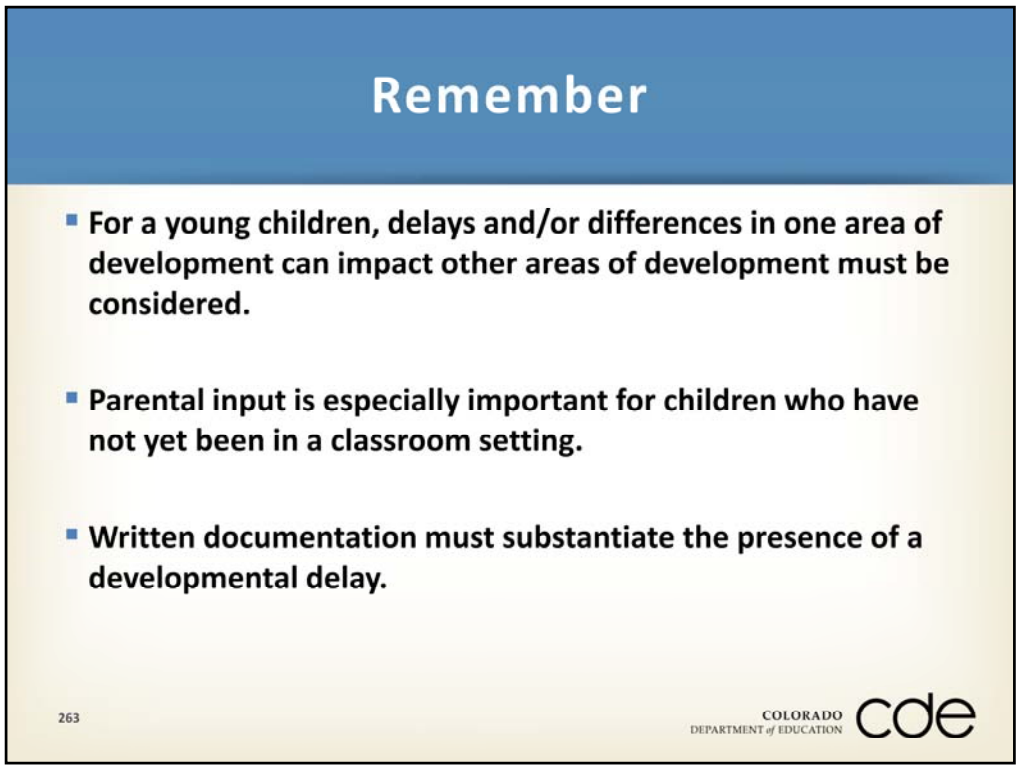
- When looking at a physical condition that the child has the team may need to consider whether or not the child will qualify under one of the health related eligibility categories.



- This third criteria differs from the third criteria for Preschooler with a Disability. This is where more specific language has been added.

- This criteria was deliberately written to include the key words and phrases highlighted in red:
    - *Body of evidence* (i.e. multiple sources and methods) should be able to give a picture of the child's strengths and areas of concern.

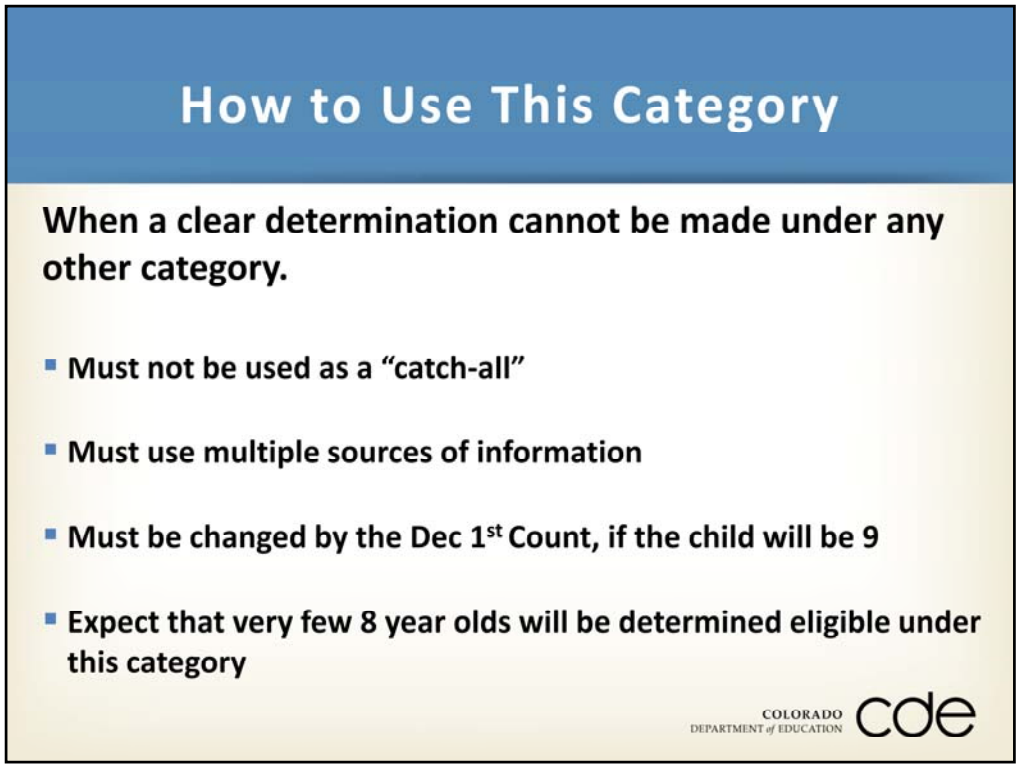
    - The team should be looking at *patterns* of learning *across settings;* various school settings, (and for children who have not yet had a school experience) home environments, community, child care, etc. **not just** what is being observed in assessment/evaluation setting



•When evaluating young children whose brains are still developing, it is critical to keep in mind that a delay or disability in one area of development has impacts on the other areas of development. Example: a motor / orthopedic delay or disability that impacts the child's ability to explore and interact with his/her environment can have a direct effect on cognitive and/or language development. A delay or disability in language / communication can impact the child's development in cognition and/or social emotional development.

•Parental input is also critical with this eligibility category, especially for children who have not yet been or who have had limited time in a school setting. It is important for the evaluation team to ask parents if the information that was gathered during an evaluation setting is typical or consistent with what they know about their child.

•The body of evidence that the evaluation team (including the parents) collects needs to be clearly documented in writing within the body of the IEP to substantiate the presence of a developmental delay.



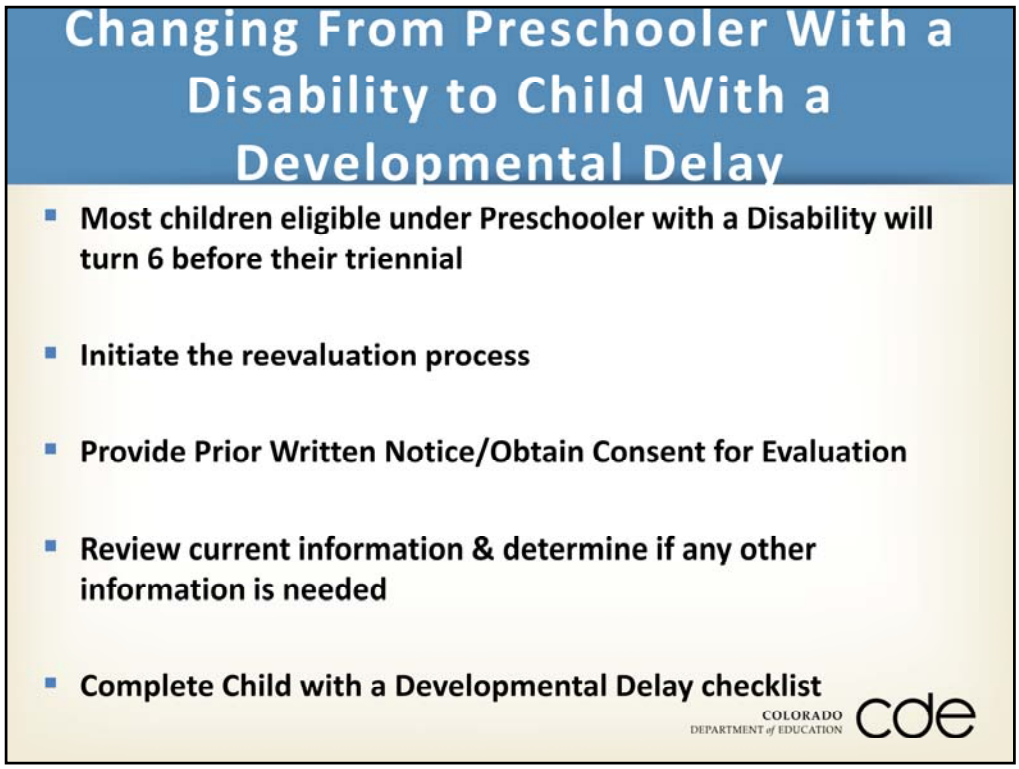
- If the evaluation team can make a clear determination in another category then that is what should be done. At the same time, other disability categories do not have to be ruled out (i.e. checklists completed) in order to use this category.

- At the same time this category is not intended to be a "catch-all" or to try and qualify children who do not have a true disability as defined by ECEA.

- A very important part of the determination for this category is using multiple sources of information must be used to determine that the child is a child with a developmental delay.

- Because this category applies to children through age 8 a child being reported on the Dec 1 count who is 9 years must qualify under a different eligibility category.

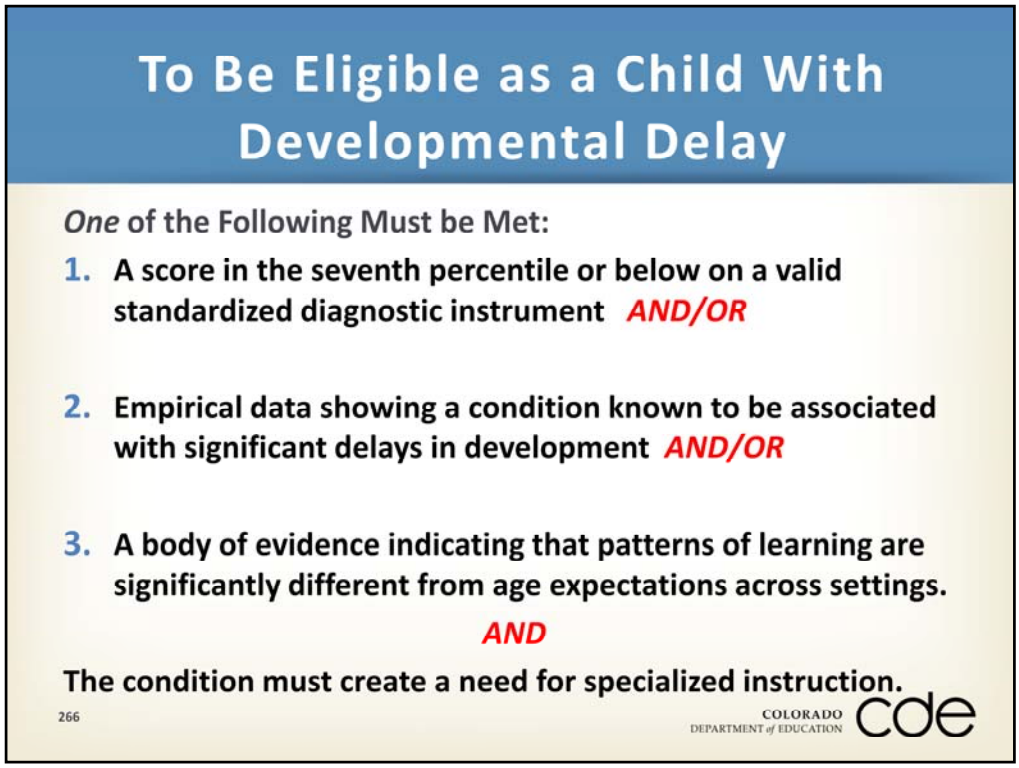
- It is anticipated that few children in 2nd or 3rd grade will fall under this category. Some will have exited from special education while others will have qualified under another disability category.



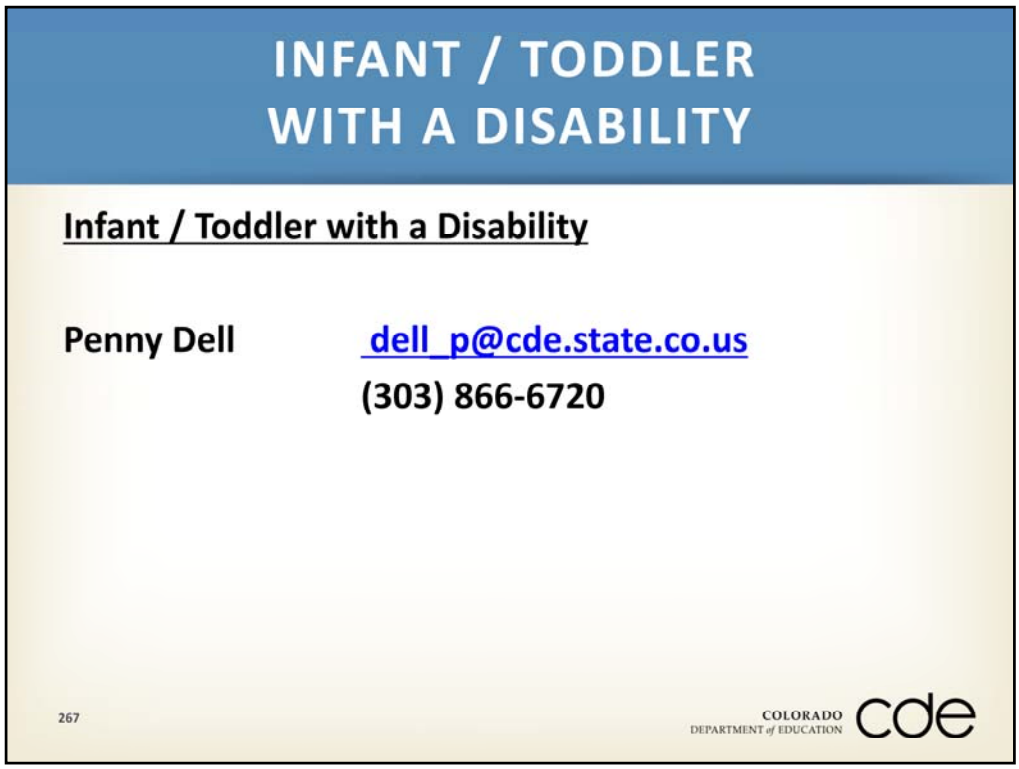
- Many children who have qualified under Preschooler with a Disability will be turning age six before their triennial.

- To change the disability category the reevaluation process is used and PWN is provided and consent to evaluate is obtained. If the team believes they have sufficient current information to qualify the child as a Child with a Developmental Delay, then they can move forward with completing the Developmental Delay Eligibility Checklist. This can be done at the time of an annual review or any other time the team feels appropriate.

- If the team feels there is not sufficient current information and more evaluation information is needed, then they would obtain a consent to evaluate and proceed with an evaluation process.

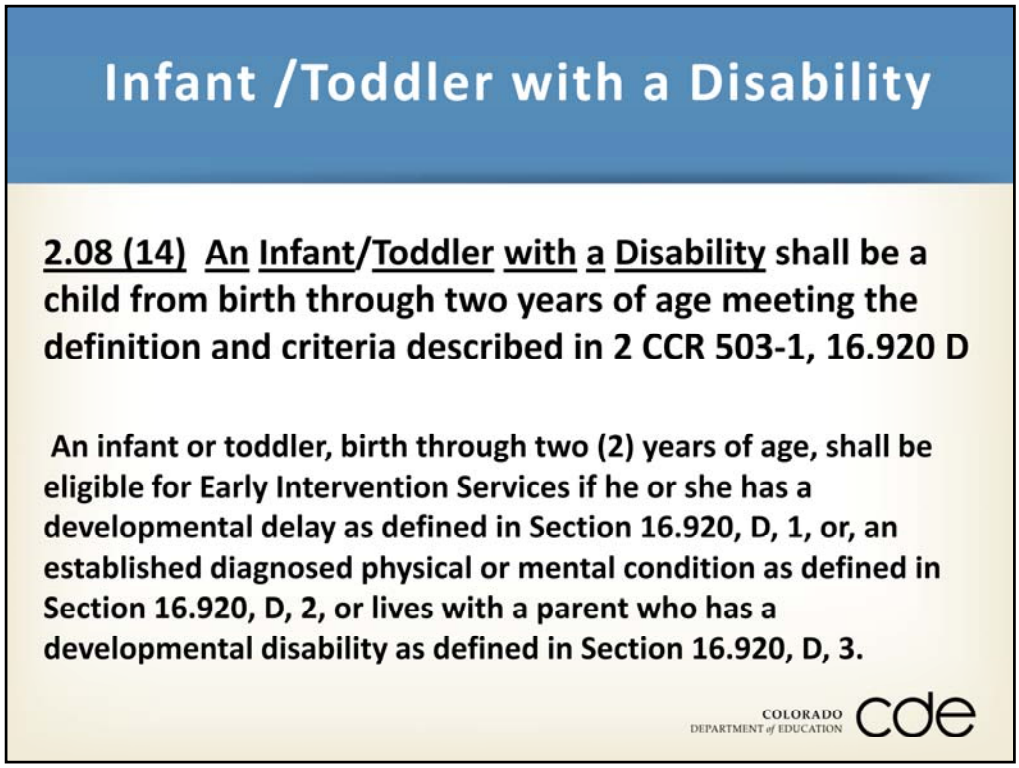


To qualify as a child with Developmental Delay, the child must meet at least one of the 3 criteria **and** there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.



Questions about the Child Find responsibilities of the Colorado administrative units specific to infants/toddlers with a disability should be directed to Penny Dell at dell_p@cde.state.co.us or (303) 866-6720.

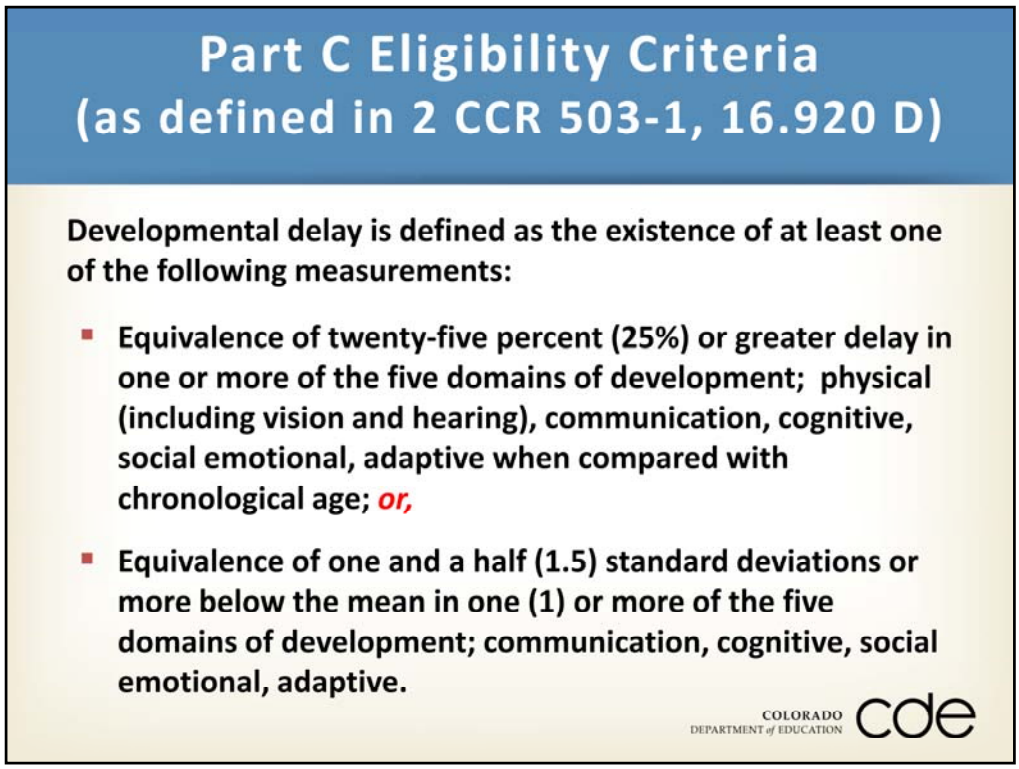
If there are any questions about whether a specific child meets the established criteria for Infant/Toddler with a disability, please be in contact with the Colorado Department of Human Services, Early Intervention Colorado at 1-888-777-4041.



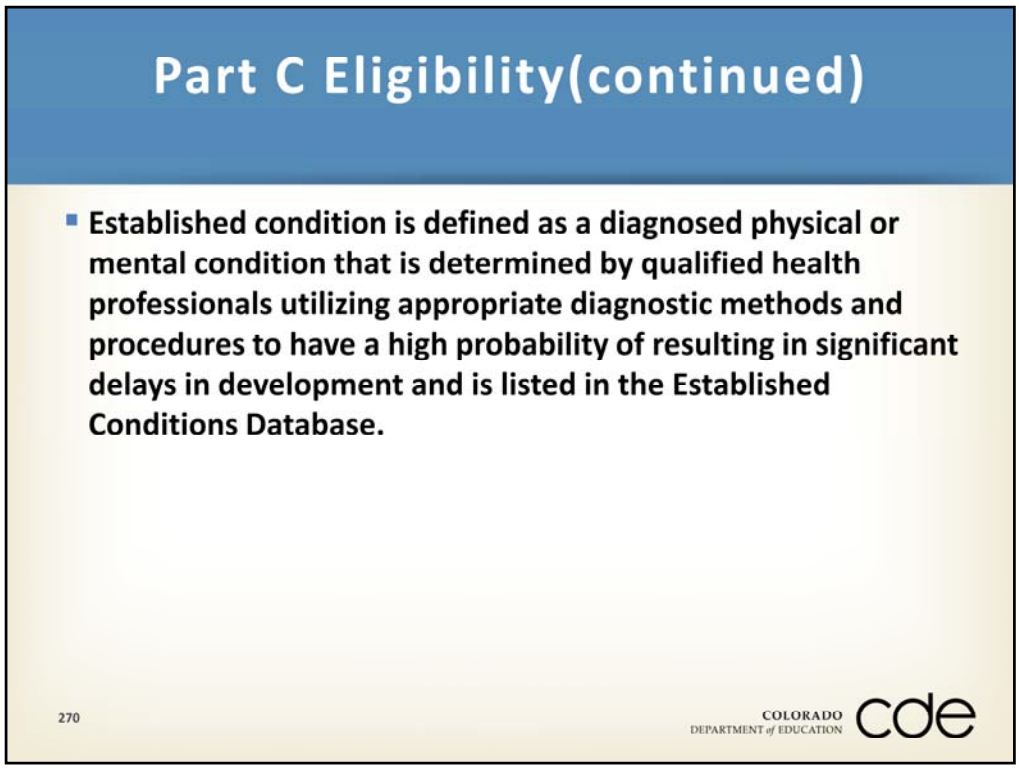
The current ECEA Rules note:

2.08 (14) An Infant/Toddler with a Disability shall be a child from birth through two years of age meeting the definition and criteria described in 2 CCR 503-1, 16.920 D.

The Colorado Department of Education does not define the definition or the eligibility criteria for Infant / Toddler with a Disability. This definition and eligibility criteria are defined by the Colorado Part C Lead Agency, which is the Colorado Department of Human Services.



Rules under the Colorado Department of Human Services and the State Plan for Part C (as approved by the Office of Special Education Programs), define children between birth and three years of age as eligible for Early Intervention Colorado, when they meet on the criteria above or on the following slide.



The Established Conditions Database can be found on the EIColorado.org website

Reminders

- The LEA's responsibility per SB 07-255 is to screen and/or evaluate children being referred for Early Intervention (Part C) services in order to determine if the child has a significant developmental delay as defined in 2 CCR 503-1, 16.920 D (previous slide)
- LEAs do NOT determine eligibility for infants and toddlers who have been referred for Early Intervention (Part C) services
- Community Centered Boards are responsible for making the determination of eligibility for Early Intervention services based in part by the information gathered through the evaluation completed by the LEA

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Reminders

- The CDE does not have an Infant or Toddler with a Disability eligibility definition.
- Children being evaluated prior to age three for preschool special education services should be determined eligible based on one of CDE's Part B eligibility categories

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Thank You!

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