# Structured Evaluation and Eligibility Determination (SEED) Procedures

The following evaluation and eligibility determination procedures will address procedural expectations as set forth by best practices and Alhambra Exceptional Student Services (ESS) Department.

**Special Note on observations**: **all evaluations** are required to include observations of the student in the educational, community, and/or home settings in order to inform the team on educational impact, link standardized test data to actual manifestations as well as provide required context for data interpretation. With a minimum of two observations, if there are multiple evaluators (i.e., psychologist, SLP, OT, and/or PT) each team member is still required to complete at least one observation, in order to interpret your data via best practices. If there is only one evaluator then that evaluator must conduct two observations. Further, if any team member is recommending that additional data is not needed in order to move forward with eligibility and recommendations, observation(s) are required to occur prior to that determination in order to support the recommendation(s) and educational impact. To clarify, there is not an instance during an evaluation where observations are not required.

### Autism:

State Eligibility Criteria:

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

* The student has a developmental disability that significantly affects verbal and nonverbal communication, social interaction, and adversely affects performance in the educational environment. Characteristics of autism include irregularities and impairments in communication, engagement in repetitive activities and stereotypical movements, resistance to environmental change(s) in daily routines, and unusual responses to sensory experiences. Autism does not include children with emotional disabilities as defined in IDEA ’04, A.R.S. §15-7661.
* The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

1. Specific indication of “Autism Evaluation” on the consent and discussion of the need for this type of evaluation within the accompanying Notice of Evaluation/Re-evaluation Decision PWN.
2. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from their peers. The history helps determine the age of onset of the disorder.
3. A diagnostic interview(s) with parents/teachers that provides evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers.
4. A minimum of **two** different, direct behavioral observations of the student in at least two environments, on two different days, in which the target behavior(s) is observed, must be conducted by a member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. If the target behaviors are not observed, additional observation will be required.

**Note**: If behavior significantly impacts the student’s or other’s learning (such as a series of removals, consideration of an alternative educational setting or alternative scheduling), or behaviors are present that pose a significant threat of harm to oneself or others, then a Functional Behavior Assessment (FBA) is required.

1. A minimum of one broadband and one narrow band social/emotional/behavioral. For a re-evaluation, the team may choose to use one narrowband social/emotional/behavioral questionnaire that establishes the continued presence of target behaviors. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior and communication that are significantly different from peers. The consulting professional must be appropriately qualified.
   1. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide reliable evidence that the student’s communication and social skills are significantly different from peers.
   2. **Note**: When obtaining information regarding adaptive functioning, the team is required to obtain both a parent and school-based standardized adaptive behavior instrument. An interpreter may be used, if necessary. A school-based adaptive measure is optional **only** on an initial preschool evaluation but does not replace the parent-based instrument.
2. A current communication evaluation **is required** to be conducted by a speech-language pathologist. This evaluation should include assessment in the areas of receptive, expressive, pragmatic, and social/functional communication skills. The documentation must provide evidence that the student’s communication skills are significantly different from peers.
3. A developmental or cognitive assessment that includes both verbal and nonverbal components completed by a certified school psychologist.

**Note**: In order to effectively rule out the impact of communication/language skills on cognition, a full-scale IQ (using measures such as the KABC-2 NU, DAS-II NU, WISC V, RIAS-2) is required for comparison in the current or previous evaluation. Also note the requirement of two full evaluations from K-8, as indicated in an earlier section of this section.

1. Measures of academic achievement that provide evidence that the student’s disability adversely impacts his/her educational performance. This measure may include standardized achievement measures, such as norm-referenced assessments as well as curriculum-based measures.
2. An assessment of sensory processing skills and possible deficits **is required** to be conducted by the Occupational Therapist.
3. Other areas which may yield evidence could include sensory processing measures, curriculum-based measures, and standardized achievement measures.
4. Evidence that Autistic Disorder has an adverse effect on the student’s educational performance. There should be evidence to link the student’s disability to the difficulties in educational performance.

**Note: A classification of Autism cannot exist concurrently with DD, ED, PSD, and/or EDP.**

**Suggested Tools to Use**

| **Areas** | **Available District Assessments** |
| --- | --- |
| Cognitive | Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)  Kaufman Assessment Battery Children, Second Edition (KABC-2 NU)  Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)  Differential Ability Scales, Second Edition, Normative Update (DAS-II, NU)  Reynolds Intellectual Assessment Scales- Second Edition (RIAS-2)  Wechsler's Intelligence Scale for Children, Fifth Edition (WISC-V)  Woodcock Johnson Test of Cognitive Abilities (WJIV Cog) |
| Academic | Woodcock-Johnson Tests of Achievement (WJ-IV ACH)  Kaufman Test of Educational Achievement, Third Edition (KTEA 3)  Wechsler Individual Achievement Test, Fourth Edition (WIAT 4)  Curriculum Based Assessments,  Common Formative Assessments  Dolch Sight Words List  Test of Early Mathematics Ability, Third Edition  Test of Early Reading Ability, Fourth Edition |
| Social-Emotional/ Behavior | **Broadband**  Behavior Assessment System for Children, Third Edition  Conners Comprehensive Behavior Rating Scale (CBRS)  Conners Early Childhood Behavior Rating Scales (Conners EC)  **Narrowband**  Autism Spectrum Rating Scale (ASRS)  Gilliam Autism Rating Scale, Third Edition (GARS-3)  Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2) |
| Adaptive | Vineland Adaptive Behavior Scales, Third Edition  Adaptive Behavior Assessment System, Third Edition (ABAS-3) |
| Fine Motor/Sensory | Peabody Developmental Motor Scales-Third Edition (PDMS-3)  Beery-Buktenica Developmental Visual-Motor Integration Test- Fifth Edition (VMI)  Wide Range Assessment of Visual Motor Ability (WRAVMA)  Developmental Test of Visual Perception -Third Edition (DTVP-3)  Developmental Test of Visual Perception-Adolescent and Adult  Battelle-Third Edition  Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)  Quick Neurological Screening Test-3R (QNST-3)  Pediatric Evaluation of Disability Inventory (PEDI)  Test of Handwriting Skills, Revised (THS-R)  Sensory Profile-2  Sensory Processing Measure-2  Sensory Processing Measure-Preschool  Sensory Processing Measure-School Companion  Sensory Integration Inventory -Revised-for Individuals with Disabilities  School Function Assessment |
| Speech and Language | Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5)  Comprehensive Assessment of Spoken Language (CASL)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Test of Language Development- Intermediate, Fourth Edition (TOLD-I:4)  Preschool Language Scale, Fifth Edition (PLS-5)  CELF-5 Pragmatics Profile  Social Language Development Test- Elementary  Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2) |

**Team Members to be Included**

School Psychologist

Parent

General Education Teacher

Special Education Teacher

Speech and Language Pathologist (expressive, receptive, social/pragmatic concerns)

Occupational Therapist (required to rule out sensory concerns or if fine motor concerns exist)

Physical Therapist (gross motor concerns if needed)

Behavior Specialist (if needed)

Academic Interventionist (if needed)

**Guidelines for Interpretation**

* The child has significant delays in communication, social-emotional functioning, and some evidence of fine motor delays or sensorimotor dysfunction based upon the results of the evaluation tools used, such as standard scores that fall at or below 78 (or at/below 6th percentile).
* Academic assessments should indicate some evidence that these difficulties specifically interfere with the child’s ability to learn in the general curriculum. Functional evidence should also support eligibility.

### Emotional Disability (ED)

State eligibility criteria:

The determination of eligibility for special education pursuant to the IDEA ’04, A.R.S. 15-766, and the following requirements:

The student exhibits one or more of the following characteristics over a long period of time and to a marked degree and the behavior adversely affects performance in the educational environment:

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

The category includes children who are schizophrenic but does not include children who are socially maladjusted **unless** it is determined that they have an emotional disability.

* The emotional disability has been verified by a psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker (LCSW), or certified school psychologist.
* The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

1. In the Alhambra Elementary School District, an emotional disability is required to be ruled out as a part of a comprehensive evaluation for any student whose behavior negatively impacts his/her learning environment or that of others (such as a series of removals, consideration of an alternative educational setting or alternative scheduling), or if the behaviors that are present pose a significant threat of harm to oneself or others.
2. Further, an FBA is a required component of all Emotional Disability evaluations in the Alhambra Elementary School District.
3. Evidence that the child exhibits one or more of the characteristics to a marked degree may be found in the following required evaluation components:
4. The student is rated within the highest level of significance on a valid and reliable broadband **and** narrowband problem behavior rating scale by both a certified teacher and parent and another adult knowledgeable of the student. The scales must be interpreted in consultation with a certified school psychologist, licensed psychologist. If the broadband rating scale is a multidimensional scale, then subtest scores may be used but must be corroborated by the narrow band score results. In the event of discrepant ratings, additional ratings will be necessary in order to support a trend or pattern regarding a true emotional disability across settings. An explanation should be given for any discrepancies.
5. A self-report behavior rating scale completed by the student and interpreted in consultation with a certified school psychologist or licensed psychologist. If the rating scale is a multidimensional scale, then subtest/scores may be used.
6. Documentation that the student’s observable school and/or classroom problem behavior is occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers, or the student is currently displaying behavior that is endangering his or her life or seriously endangering the safety of others.
7. A structured student interview, when developmentally appropriate, to gain insight into the student’s perception of the functionality of his/her behavior.

**Behavioral Considerations**

* Dissociative type behaviors
* Detachment
* Numbness
* Decreased energy
* Suspension of Time
* Freezing
* Fear reactions
* Abrupt shifts in activity levels from very calm to very hyperactive
* Hyperarousal
* Impulsiveness
* Aggression
* Anxiousness
* Panicking
* Indications of fear or terror
* Constant feeling of danger
* Difficulty concentrating
* Problems sleeping or
* Frequent mood swings
* Depression
* Precocious sexuality
* Substance Abuse
* Willful opposition
* Withdrawal
* Crying

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

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

C) Conduct a Functional Behavior Assessment (FBA).

**Note:** Emotional disability profound (EDP) is a designation used for ED students placed in separate facilities/private schools. A classification of ED and EDP cannot exist concurrently with Autism, DD, and/or PSD.

**Suggested Tools for Use**

| Cognitive | Reynolds Intellectual Assessment Scales, Second Edition  Cognitive Assessment System: Brief, Second Edition  Kaufman Assessment Battery for Children, Second Edition Normative Update  Woodcock-Johnson Cognitive Abilities, Fourth Edition  Differential Abilities Scales, Second Edition, Updated School Age Norms  Wechsler Intelligence Scales for Children, Fifth Edition  Stanford-Binet Intelligence Scales, Fifth Edition |
| --- | --- |
| Academic | Kaufman Test of Educational Achievement, Third Edition  Wechsler Individual Achievement Test, Fourth Edition  Woodcock-Johnson Tests of Achievement, Fourth Edition  Test of Early Mathematics Ability, Third Edition  Test of Early Reading Ability, Fourth Edition  Young Children’s Test of Achievement, Second Edition |
| Social/Emotional  (1 Broad and 1 Narrow band required) | **BroadBand**  Behavior Assessment System for Children, Third Edition  Conners Comprehensive Behavior Rating Scale (CBRS)  Conners Early Childhood Behavior Rating Scales (Conners EC)  **Narrow Band**  Conners Fourth Edition  Emotional Disturbance Decision Tree  Scales for Assessing Emotional Disturbance, Third Edition  Children’s Depression Inventory  Revised Children’s Manifest Anxiety Scale  Beck Youth Inventories, Second Edition |
| Functional Behavioral Assessment (required) | Functional Behavioral Assessment  A minimum of three observations in multiple settings (i.e. gen ed, specials, unstructured)  Functional Assessment Interview (FAI)  Functional Assessment Interview Record (FAIR)  Functional Assessment Interview Tool (FAIT)  Student Directed FAI  Functional Assessment Checklist for Teachers and Staff (FACTS)  Functional Analysis Screening Tool (FAST)  Motivation Assessment Scale (MAS)  Problem Behavior Questionnaire (PBQ)  Questions about Behavioral Function (QABF) |
| Observations | ABC Chart  Frequency, Duration, and Intensity |

**Team Members to be Involved**

General Education Teacher

Special Education Teacher

Parent

School Psychologist

Counselor and/or Social Worker

Speech/Language Pathologist (if needed for related service)

Occupational Therapist (if needed for related service)

Nurse (if medication is administered at school)

**Guidelines for Interpretation:**

* Elevated or clinically significant scores on both broadband and corroborating narrowband behavior rating scales across raters (teacher(s), parent(s), and student).
* Direct observation of the behaviors a minimum of **three** times.
* Cognitive and/or achievement scores that appear depressed and cannot be explained otherwise.

### Intellectual Disability (ID)

State Eligibility Criteria:

The determination of eligibility for special education service is based upon an evaluation pursuant to the IDEA ’04, A.R.S. 15-766, and the following requirements:

1. The student exhibits intellectual disability that adversely affects performance in the educational environment as evidenced by performance on a standard measure of intellectual functioning that is between three and four standard deviations below the mean for students of the same age.
2. The student demonstrates adaptive behaviors that are between three and four standard deviations below the mean for students of the same age.
3. The student was evaluated in all areas related to the suspected disability.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

**ID Subtypes:**

Mild Intellectual Disability (MIID) means performance on standard measures of intellectual and adaptive behavior between two and three standard deviations below the mean (70-55) for children of the same age. Any score above 70, rules out an ID and this category cannot be used. However, if a score above 70 is obtained, you may choose to conduct an additional assessment to establish the reliability of the information.

**Note: A classification of MIID cannot exist concurrently with DD, PSD, SLD, MOID, and/or SID.**

Moderate Intellectual Disability (MOID) means performance on standard measures of intellectual and adaptive behavior between three and four standard deviations below the mean (54-40) for children of the same age.

**Note: A classification of MOID cannot exist concurrently with DD, PSD, SLD, MIID, and/or SID.**

Severe Intellectual Disability (SID) means performance on standard measures of intellectual and adaptive behavior measures at least four standard deviations below the mean (below 40) for children of the same age.

**Note: A classification of SID cannot exist concurrently with SLD, MIID, and/or MOID.**

**Required Evaluation Guidelines and Components**

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

1. A current, individually administered, norm-referenced **full-scale** measure of intelligence with appropriate reliability, validity, and standardization characteristics with scores on both verbal and nonverbal scales that are at least two standard deviations below the mean.
2. If communication/ language concerns exist (either through suppressed verbal scores that impact the Full-Scale IQ or the student is nonverbal) that make the use of verbal measures inappropriate, nonverbal measures may be used, only if a Full-Scale IQ has been acquired in the current or a previous evaluation and alternative assessments procedures listed below are not appropriate. A complete description of the factors that led to the decision to include nonverbal assessments is required in the **Evaluation Procedures** box of the MET.
3. If due to sensory, motor, language, communication, or other physical or cognitive conditions of the student, rendering verbal and/or nonverbal cognitive measures are determined to be inappropriate, that cannot be overcome with testing accommodations (i.e., use of AT, dictation, typing, magnification, etc.,), for each evaluation in which cognition cannot be directly assessed:
4. Document attempts to administer either full scale, verbal, and/or nonverbal measures (what test, and student observations)
5. Utilize alternative procedures for obtaining a measure of nonverbal intellectual functioning should be used:
   1. Use of indirect assessments (i.e., DAY-C, DP-4) and
   2. Conduct at least two direct observations to support the lack of skill or achievement in a given area and
   3. Completion of the [Cognitive Matrix Worksheet](https://drive.google.com/file/d/1g_hLSfzmtbIE0Y1vAHxEzIRzfDB78Epe/view?usp=share_link)
   4. May include medical or clinical records, interviews, observations, and other relevant and appropriate data. It must also address the child’s skill levels and educational performance when compared to his or her peers, and skill development over an extended period of time.
   5. The team must provide a thorough written report, the nature of any substitutions must be made, and a clear rationale for not using a verbal and/or nonverbal measure.

When alternative assessments are the primary instruments, the evaluation must also include corroborating medical or clinical records, interviews, observations, and other relevant and appropriate data. It must also address the child’s skill levels and educational performance when compared to his or her peers, and skill development over an extended period of time. The team must provide, through a written report, the nature of any substitutions made, and a clear rationale for not using a verbal and/or nonverbal measure.

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

1. A comprehensive and standardized adaptive behavior measure completed by the child’s parent or primary caregiver with scores at least two standard deviations below the mean.
2. If an intellectual disability is suspected, the home school psychologist is required to obtain both a parent-based standardized adaptive behavior instrument and a teacher form. An interpreter may be used, if necessary, to assess parents.
   1. **Note:** A school-based adaptive measure is optional **only** on an initial preschool evaluation, and does not replace the parent-based instrument.
3. A social and developmental history that includes family background information, medical history, regarding communication, social interaction, play, sensory development, and physical milestones to assist in documenting the nature and extent of the child’s difficulties should be obtained and considered.
4. Additional information regarding the child’s adaptive behavior development and functioning within the school setting will also be assessed with an additional adaptive behavior measure completed by the child’s classroom teacher.

A significant deficit in educational performance, including pre-academic, academic, and/or functional academic skills, may be evidenced by:

1. Norm-referenced measures or curriculum-based criterion measures showing significant delays in functioning in the core academic areas of basic skills when compared to the child’s same-age peers.

**Suggested Tools to Use**

| Cognitive | Kaufman Assessment Battery for Children, 2nd Edition  Wechsler Nonverbal Scales of Ability  Wechsler Intelligence Scales for Children, 5th Edition  Stanford-Binet Intelligence Scales, 5th Edition  Differential Ability Scales, Second Edition, Normative Update (DAS-II NU)  Woodcock Johnson Tests of Cognitive Abilities, Fourth Edition, WJ- Cog IV)  Leiter Third Edition, (Leiter 3)  Comprehensive Test of Nonverbal Intelligence (CTONI-2) |
| --- | --- |
| Adaptive Behavior | Vineland Adaptive Behavior Scales, Third Edition (VABS-3)  Adaptive Behavior Assessment System, Third Edition (ABAS 3)  Adaptive Behavior Assessment System, Third Edition (ABAS-3) |
| Academics | Woodcock-Johnson Tests of Achievement (WJ-IV ACH)  Kaufman Test of Educational Achievement, Third Edition (KTEA 3)  Wechsler Individual Achievement Test, Fourth Edition (WIAT 4)  Curriculum Based Assessments,  Common Formative Assessments  Dolch Sight Words List  Test of Early Mathematics Ability, Third Edition  Test of Early Reading Ability, Fourth Edition |

**Team Members to be Involved:**

General Education Teacher

Special Education Teacher

School Psychologist

Speech Language Pathologist (at least initially and if communication issues are present)

Occupational Therapist (to address fine motor delays or sensory deficits)

Physical Therapist (to address gross motor delays)

Parent

**Guidelines for Interpretation:**

* MIID: standard scores on cognitive and adaptive behavior that fall between 55 and 70.
* MOID: standard scores on cognitive and adaptive behavior measures that fall between 54 and 40.
* SID: standard scores on cognitive and adaptive behavior measures that fall below 40.

### Other Health Impairment (OHI)

State eligibility criteria:

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

* The student has a health impairment that limits his/her strength, vitality, or alertness (including a heightened alertness that results in limited alertness with respect to the educational environment) that is due to chronic or acute health conditions including but not limited to asthma, attention deficit disorder, diabetes, epilepsy, and/or heart conditions.
* The health impairment adversely affects performance in the educational environment.
* The student was [comprehensively] evaluated in all areas related to the suspected disability.
* A determination of Other Health Impairment (OHI) requires verification of a health impairment by a doctor of medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant*,* or in cases of ADHD an Arizona certified school psychologist or licensed psychologist (See [QUALIFIED PROFESSIONAL LIST](https://drive.google.com/open?id=1yUpdZeIiKTTJr8YZmIJhpjjgUzZ851fQ), per R7-2-401).

**Medical Certification Requirements:**

A medical certification is required for all conditions that would qualify a student for special education services under the category of OHI. **Note:** Certified School Psychologists are allowed to make a determination of OHI eligibility specific to the symptoms of Attention Deficits/ Hyperactivity Disorder (ADHD), and this determination is for the purpose of special education eligibility only and should not be considered a clinical/ medical diagnosis.

The following information is meant to help guide your team in your evaluation of students for whom you suspect symptoms of ADHD and for reviewing out of state evaluations for which a medical certification is not available. Qualification for special education does not require a diagnosis within the schools.. Arizona Certified School Psychologists are allowed to “verify” OHI eligibility in cases of ADHD and will not be asked to diagnose the condition.

**Note:** A Medical Certification Form signed by a doctor of medicine or medical diagnosis is preferred and should continue to be pursued in all cases prior to school psychologist verification. School psychologists must complete and sign a medical certification form when verifying ADHD.

**Certification Considerations:**

1. If a previous medical certification exists, for the specific condition in question **and** the team is able to comprehensively collect current information to confirm the continued presence of symptomatology, then a new signature/ medical certification is not required. Please attach a copy of the existing documentation with the current MET report.
   1. **Note:** an electronic signature from a qualified professional is acceptable, provided it clearly shows their credentials.
2. In situations where no previous medical certification exists, the Primary Evaluator is required to
   1. attempt to obtain a signature by a qualified professional (i.e., doctor of medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant),
   2. document these attempts (i.e., dates and forms of communication), and
   3. conduct a comprehensive evaluation that is in compliance with **all** required procedures outlined below, prior to endorsing the medical condition of ADHD.
   4. Sign the OHI Verification Form (see below).

**Required Evaluation Guidelines and Components**

The following section provides evaluation guidelines for all conditions that may qualify under the eligibility category of OHI and is not limited to ADHD unless specifically noted. Evidence of a chronic or acute health conditions may be found in the following required evaluation components:

1. Developmental history
   1. A thorough developmental history is needed to consider the child’s growth and to consider family history.
   2. For ADHD assessing the presence of symptomatology before the age of 12 is critical. See DSM-5-TR Criteria.
2. Interviews
   1. Parent, teacher, and student as appropriate to establish the presence of concerns across multiple raters, and settings as well as impacts.
3. Social-Emotional Assessment
   1. At least one Broadband and one Narrow Band behavior rating assessment appropriate to the diagnosis. Or, for a re-evaluation, two corroborating narrow band assessments.
   2. Both caregivers and teacher(s) are required to provide ratings on the same instrument to establish reliability. **Note**: If parent ratings cannot be obtained, an interview should be attempted. In rare instances where parent input cannot be obtained through rating scale or interview data, multiple ratings across school settings should be collected to establish a pattern of functioning.
   3. In the case of a child with Attention-Deficit/Hyperactivity Disorder (ADHD), the student is rated within the highest level of significance on a valid and reliable problem behavior rating scales in areas related to the diagnosis of ADHD by both teacher(s), parent(s), and student (when appropriate) across two or more environments. Areas to consider: hyperactivity, impulsivity, inattention, and/or social skills.
   4. When concerns are noted with a student’s ability to plan, working memory, shifting, tracking, time management, time estimating and/or self-regulation, the team should assess Executive Functioning. Assessment of executive functioning should involve parents, teachers, and students when appropriate and factor in multiple environments (to or more) to establish reliability.
4. A minimum of two direct observations
   1. Documentation that the student’s observable school and/or classroom problem behaviors related to ADHD or other medical diagnosis are occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers.
   2. A minimum of two corroborating observations. Additional observations may be required to document observable behaviors in the educational setting.
   3. Corroborating test observations noted in should also be present.
5. Assessment of cognition
   1. To determine the presence or absence of processing deficits.
6. Assessment of academics
   1. To determine the presence or absence of deficits that impact learning, the evaluation should include formal measures, standardized tests of academic achievement criterion-referenced (CBM), and/or common formative assessment (CFA).
7. To clearly establish functional impairments resulting from the condition other assessments may be necessary in the areas of communication, fine motor, gross motor, sensory and/or others.
8. The diagnosis should not be used as the sole criterion for determining special education eligibility as outlined by the comprehensive evaluation procedures outlined here.
9. There must be evidence that the Other Health Impairment adversely affects the child’s educational performance.
10. There must also be evidence that the concerns resulting from the condition are not correctable without Specially Designed Instruction, even with the use of accommodations and/or supplementary aids and services.

The following list of assessments should be considered but are not limited to those listed should another measure exist or be published that can assist in obtaining specific information (this not exhaustive):

| **Broadband** | * Behavior Assessment System for Children (BASC 3) * Conners CBRS * Conners EC |
| --- | --- |
| **Narrowband** | * [Vanderbilt Assessment Scales](https://drive.google.com/file/d/1s55Z80CqCZzS6Ky1W1fpy4mBIwgTW6so/view?usp=share_link) * Conners 4th Edition * Emotional Disturbance Decision Tree |
| **Tests of Working Memory (Gsm & Gwm)** | Wechsler Intelligence Scales for Children, Fifth Edition   * Working Memory Index, Auditory Working Memory Index, Symbol Translation subtests, Storage and Retrieval subtests   Woodcock Johnson, Fourth Edition-Cognitive   * Verbal Attention, Memory for Words, Numbers Reversed, Object Number Sequencing   Kaufman Assessment Battery for Children, Second Edition-Normative Update   * Hand Movements, Number Recall, Word Order   Differential Ability Scales, Second Edition, Normative Update (DAS II-NU)   * Recall of Digits Forward   LEITER-3   * Forward Memory, Reverser Memory   Test of Auditory Processing Scales, (TAPS 4)   * Number Memory Forward, Word Memory, Sentence Memory |
| **Measure of Planning** | Kaufman Assessment Battery for Children, Second Edition-Normative Update   * Rover, Story Completion |
| **Measures of Processing Speed (Gs)** | Differential Ability Scales, Second Edition, Normative Update (DAS II-NU)   * Speed of Information Processing   LEITER-3   * Attention Sustained and Nonverbal Stroop   Wechsler Intelligence Scales for Children, Fifth Edition   * Processing SPeed INdex, Cognitive Efficiency Index, Cancellation subtest   Woodcock Johnson, Fourth Edition-Cognitive   * Letter-Pattern Matching, Pair Cancelation, Number Pattern Matching |
| **Executive Functioning** | * Behavior Rating Inventory of Executive Functioning, Second Edition (BRIEF 2) * Comprehensive Execution Functioning Index (CEFI) |
| **Cognition** | Any test necessary to determine the cognitive potential or impact of the condition on overall cognitive functioning. Also to rule out cognitive deficits. |
| **Academics** | Any test necessary to determine the academic potential or impact of the condition on overall academic functioning. Also to rule out academic deficits. |
| OT consultation to rule in/out sensory processing and motor coordination/planning | The following are available if consultation indicates a need to move to evaluation:  Peabody Developmental Motor Scales-Third Edition (PDMS-3)  Beery-Buktenica Developmental Visual-Motor Integration Test- Fifth Edition (VMI)  Wide Range Assessment of Visual Motor Ability (WRAVMA)  Developmental Test of Visual Perception -Third Edition (DTVP-3)  Developmental Test of Visual Perception-Adolescent and Adult  Battelle-Third Edition  Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)  Quick Neurological Screening Test-3R (QNST-3)  Pediatric Evaluation of Disability Inventory (PEDI)  Test of Handwriting Skills, Revised (THS-R)  Sensory Profile-2  Sensory Processing Measure-2  Sensory Processing Measure-Preschool  Sensory Processing Measure-School Companion  Sensory Integration Inventory -Revised-for Individuals with Disabilities  School Function Assessment |
| Speech consultation to rule out breathing and communication delays. |  |

**OHI Eligibility Considerations:**

**Note:** medical or any other professional cannot prescribe special education services or eligibility. Further, the existence of a condition or diagnosis made by a professional by itself is not sufficient to determine eligibility for special education services. Following a review of existing data and the administration of any additional assessments determined necessary, [*by the team and the procedures outlined above*] a group of qualified professionals and the parent of the child determines whether the child is a child with a disability and the educational needs of the child. [See 34 C.F.R. § 300.306] Information from a medical doctor should be considered by the multidisciplinary evaluation team (MET), but no one individual can determine that a child meets eligibility requirements; eligibility requires a team decision.

1. **Limited strength, vitality or alertness**: only one of the three must be present in any individual case. There is no official definition of these terms, either at the federal or state level. Keep in mind there may be too much vitality or alertness, especially when the student has ADHD.
   1. **Strength**: bodily or muscular power; vigor; durability related to a decreased capacity to perform school activities; tires easily, chronic absenteeism related to the health condition.
      1. Questions to consider: Can the student sit or stand as required by school activities? Is the student able to hold a pencil or use other classroom tools? Does the student fall asleep or require frequent rest breaks due to the health condition?
      2. **Examples to consider for educational impact:**
         1. Challenge performing motor tasks in school
         2. Lack of coordination
         3. Difficulty sustaining energy throughout the school day
   2. **Vitality**: physical and mental strength; capacity for endurance; energy; animation; activity. A student might have the strength to sit up or hold a pen, for example, but might not have the energy to complete the task at hand.
      1. **Examples to consider for educational impact:**
         1. Inability to sustain effort to a task (initiation & completion)
         2. Trouble organizing tasks and activities
         3. Limited stamina
         4. Fatigue
         5. Does not persevere
         6. Forgetful
   3. **Alertness**: vigilance, ability to sustain focus, attentiveness; awareness; keen; observant; watchful; on guard; ready.
      1. Questions to consider: Is the student aware of his/her surroundings and the activities going on? Does he/she have the mental acuity to participate in the lesson or activity?
      2. **Examples to consider for educational impact:**
         1. Impulsive, quick to act, and/or hasty decision making
         2. Considerable restlessness
         3. Difficulty maintaining/sustaining attention
         4. Lack of alertness or heightened alertness to stimuli
         5. Challenge to organize, plan, prioritize
         6. Distracted in the educational environment
         7. Interrupts others, impatient waiting
2. **Chronic or acute health condition:** note there is no specified length of time for the health condition to be present or to continue to be considered chronic vs. acute. Students with chronic health conditions may need intermittent services, especially if their illness is cyclical or may recur necessitating additional treatment. It is not required to determine whether the health condition is chronic or acute in order to determine special education eligibility. If information exists to support whether the condition is chronic or acute, it may be helpful in programming decisions.
   1. **Chronic:** long term and either not curable **or** there are residual features resulting in limitations of daily living functions requiring special assistance or adaptations ***or***the disease or disorder that develops slowly and persists for a long period of time, often the remainder of the life span; may include degenerative or deteriorating conditions.
   2. **Acute:** begins abruptly and with marked intensity, then subsides***or***has a rapid onset, severe symptoms, and a short course; maybe short-term or persistent.
3. **Adversely affecting a child’s educational performance**: it is important to structure the team discussion and decision related to how the child’s education is affected. This information will be critical if the student is found to be a child with a disability, and an IEP is going to be developed.
   1. Describe how the condition is manifested at school, including implications for programming. The following are some issues to consider, and not all will apply to every student. If there is an overlap between these areas, it is more important to identify the issues and needs for an individual student than to try to categorize. Please note this is the third part of the eligibility criteria and each of these areas should be considered as they relate to the student’s health condition, rather than as they may apply to another disability. For example, behavior and social functioning.
      1. Impulsive, quick to act, and/or hasty decision making
      2. Considerable restlessness
      3. Difficulty maintaining/sustaining attention
      4. Lack of alertness or heightened alertness to stimuli
      5. Challenge to organize, plan, prioritize
      6. Distracted in the educational environment
      7. Interrupts others, impatient waiting

**Functional Impairments to Consider when Determining Adverse Educational Impact**

Data sources for this information can include but are not limited to other reports, observations, or standardized instruments.

* **Academics and classroom performance**
  + Is the student making appropriate progress from year-to-year?
  + How does the student function in the classroom? In large groups? Small groups? In unstructured time? Independently? One-on-one?
  + What about the traditional measures of academic achievement: grades, tests, daily work, etc.?
  + Is the student functioning significantly below grade level and/or ability?
  + Is the student able to successfully complete academic or developmental tasks?
  + Is there a significant effect on the student’s attendance?
  + Does the student require medication that can impact strength, vitality, and/or alertness?
  + Do health care procedures take time away from instruction?
  + Are there some issues with scheduling – revising the schedule to allow for rest breaks, scheduling classes so as not to conflict with health care procedures?
  + Is the student in chronic pain, reducing endurance or stamina? Are there better or worse times of the day, and can we accommodate through rearranging the child’s schedule?
  + Does the student have heightened or diminished alertness (e.g., the student is overactive or underactive)?
  + Does the student have difficulty with time management and organizational skills?
  + What about following directions and task completion? Is there a decrease or change in work output?
  + Does the student have memory deficits (such as short-term memory) or difficulty recalling information?
  + Is the student easily distracted, requiring frequent redirection or support to remain on a task or complete a task?

* **Attendance and loss of instructional time**
* Does the student have excessive absences due to the medical condition? There are no specific numbers of minimum attendance or maximum absences. Do health-related absences create gaps in the student’s education? If the absences are related to the health condition, are services provided while the student is unable to attend school?
* If absences are primarily due to school phobia, truancy, excessive anxiety, or lack of motivation unrelated to the health condition, an evaluation for ED is appropriate.
* Does the student miss instructional time due to health care procedures necessary at school? Does medication cause memory, attention, or fatigue issues?
* Does the student have difficulty breathing? Does the student expend a great deal of effort in breathing, necessitating frequent rest breaks?

* **Behavior and social skill functioning related to the health condition**
  + Is the student’s behavior interfering with his or her learning or that of others? Keep in mind that “behavior” includes not only acting out or disruptive behavior but also passive resistance or withdrawal.
* Does the student have prolonged periods of absence from school so is isolated from his/her peers? Do the prolonged absences contribute to the student knowing and understanding school rules and expectations? Does the health condition interfere with a student developing relationships with peers and/or with adults in the school setting?
* What about non-academic activities (e.g., recess, lunch, physical education, study hall, field trips), unstructured times, transitions from activity-to-activity or location-to-location? Are there accommodations or modifications the student may need in order to participate?
* Is the student reluctant to attempt new tasks because they may be painful or difficult?
* Is the student self-conscious and perhaps overly defensive about his/her health condition?

**Note**: If behavior significantly impacts the student’s or other’s learning (such as a series of removals, consideration of an alternative educational setting or alternative scheduling), or behaviors are present that pose a significant threat of harm to oneself or others, then the evaluation team is required to rule out ED and an FBA is required, see Chapter 5 for steps.

* **Communication and breathing**
* Is the student’s communication impacted by the health condition? Consider both written and verbal communication.
* Is the impact the result of an illness or trauma, rather than a developmental issue?
* Does the student have breath support concerns or weak neck and head muscles such as might occur with cerebral palsy?
* Has the student had a stroke? Does the student have a degenerative disease?
* Has the student had surgery? Throat cancer? Use an augmentative device to communicate?
* Has a limb been amputated or severely injured, making writing or keyboarding difficult?

**Note**: the existence of any of the above conditions will require a speech pathologist to be involved in the evaluation process.

* **Motor skills**
* Does the student have gross and/or fine motor skill deficits related to the health condition? Are there strength or balance issues? Is the student’s posture affected by the health condition?
* Can the student move within typical timelines? Does the student have difficulty moving around the classroom, from classroom to classroom, and to other areas within the school building and property? Is the student able to move up and downstairs? Can he/she keep pace with peers?
* Can the student manage toileting and other personal care skills?
* Does the student have muscle weaknesses? Does the student have swelling or pain in the joints or muscles? Can the student grasp needed equipment such as pencils or eating utensils?
* **Adaptive skills, vocational skills, and transition planning**
* What about adaptive skills (skills needed to be a part of the community, self-care, social skills, health, and safety, etc.)?
* Does the student need instruction in self-care skills? **Note:** this does not include simple medication administration or blood sugar monitoring.
* Does the student need instruction in self-monitoring, self-management, self-advocacy?
* Is there equipment the student must obtain and care for? This could include eyeglasses, a walker or wheelchair, cleaning supplies such as alcohol wipes or sterile gauze, etc.
* What about organizational skills? Consider record-keeping, organizing medications so they are taken correctly, keeping a calendar of appointments, making a list of healthcare providers, keeping a list of prescription and over-the-counter medications and supplies.
* Does the student understand his/her dietary and nutrition needs, and can the student follow those?
* Can the student read, understand, and implement directions and labels?
* What about vocational/transition issues (e.g., community use, work, health care, self-direction, housing, etc.)? What careers might be appropriate for the student? What additional education or training might be needed and how would the student access those programs? What accommodations and modifications might the student need in a job or post-secondary education setting?

**The following are required to be addressed in documenting needs for all special education eligibility categories to include OHI:**

1. **Does the student have needs that cannot be met in the regular education setting as structured?** If the answer is “yes”, the needs are to be listed, and the discussion continues with question 2. If the answer is “no”, there is no need for special education, however, there should be clear recommendations for education accommodations or a 504 plan for the student
2. **Are there additions or modifications the child needs which are not provided through the general education curriculum?** (Consider replacement content, expanded core curriculum, and/or other supports such as behavior, social skills, life skills). If the answer is “yes”, then list (a) additions or modifications that do not require special education, and (b) those additions or modifications that do require special education and go to question 3. If the answer is “no”, then proceed.

**Note**: OHI eligibility cannot exist concurrently with DD or PSD.

Also note, students who are not found to be eligible for special education (lack of evidence to support an impairment in any category and a need for specially designed instruction education) under the Individuals with Disabilities Education Act (IDEA) may be eligible for accommodations and modifications under section 504 of the rehabilitation act of 1973 (section 504). Section 504 is administered by the Office of Civil Rights (OCR).

* Reference DSM-5 section on Neurodevelopmental Disorders for further Diagnostic Criteria and Functional Consequences of ADHD.

**Summary Requirements:**

**Required Statements Examples:**

* This Evaluation Report summarizes the considerations of a multidisciplinary team of the important factors that determine the presence of needs that meet the special education eligibility criteria as defined by, and in compliance with, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). Determination of an OHI eligibility specific to the characteristics of ADHD is for the purpose of special education eligibility only and should not be considered a clinical diagnosis.
* The evaluation team collaborated with Alhambra Elementary School District’s Arizona certified school psychologist, *(Name and Credentials),* who verified that the student meets the IDEA 2004 eligibility criteria for Other Health Impairment based on the results from the current psycho-educational evaluation. Further evaluation may be necessary for medical diagnosis and/or medical intervention.

**Sample Summary Statements:**

* Using the ADHD Index, Impairment Scale, DSM-5 Total Symptom Count from the Conners-3 determined the following: “The student met the following symptom criteria for one of the following: ADHD Predominantly Inattentive Presentation x/9 symptoms; ADHD Predominantly Hyperactive-Impulsive Presentation x/9 symptoms or ADHD Combined Presentation x/9 symptoms. According to the student’s caregivers and/or educational records, the symptoms were present prior to age 12.
* In the social and emotional domains of functioning, the student’s caregivers or student self-report and teacher(s) endorsed items of concern with internalized and/or externalized behaviors that have an impact in the general education and home environment. The results of the rating scales show a consistent pattern of behaviors of inattention, impulsive actions, and hyperactive functioning across environments. Furthermore, the raters also noted the student displaying reduced executive functioning abilities across both environments.
* Overall, reports by the teacher and caregivers/students share similar patterns of behavior across two environments. In addition, observations of the student in the classroom and evaluation settings also provide similar qualitative information about the student’s strengths and needs.

**Required Verification Form**

* After exhausting all other options and collecting comprehensive data to support the presence of ADHD or ADD symptomatology the certified school psychologist is required to complete the OHI Verification Form in ad hocs and sign in the designated area.
* Sections to complete on the Verification Form:
  1. Qualified Professional's Statement/Diagnosis:
  2. Special limitations(specify any special limitations which should be considered):
  3. Additional comments regarding educational impact of the health impairment or other conditions of this child: and
     + Examples:
     + The student demonstrates limited vitality that impacts the ability to sustain effort as well as causing forgetfulness.
     + The student demonstrates limited alertness that impacts the ability to maintain and sustain attention and the student demonstrates significant distractibility.
  4. For Attention-Deficit/ Hyperactivity Disorder (ADHD) only: Endorsement:
* You must also Notify the Psychologist On Special Assignment of the Verification for data tracking purposes.

**Add a required summary of the eligibility determination for OHI and any other eligibility category considered in your MET in the box titled:** *Describe overall functioning, including strengths and weaknesses, drawn from all sources of data included in the report. Describe a student's performance in the educational setting and progress in the general curriculum. (This section will go to the PLAAFP on the IEP).* Please feel free to cut and paste this statement in your MET.

**Other Health Impairment:** The student meets the criteria of an educational disability under the educational classification of Other Health Impairment. The determination of eligibility for special education is based on an evaluation pursuant to the IDEA, A.R.S. 15-766 and the following requirements: (1) The student has a health impairment that limits his/her strength, vitality, or alertness (including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment) that is due to chronic or acute health conditions including but not limited to asthma, attention deficit disorder, diabetes, epilepsy, or heart conditions. The health impairment adversely affects performance in the educational environment. (2) The health impairment has been verified by a doctor of medicine, doctor of osteopathy, licensed nurse practitioner, or licensed physician assistant, or in the cases of ADHD a certified school psychologist or licensed psychologist. (3) The student was evaluated in all other areas related to the suspected disability. Note: A student shall not be determined to be a student with a disability if the determinant factor is lack of appropriate instruction in language arts (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency. The Multidisciplinary Team (MET) has convened and determined...

**Team Members to Include:**

School Psychologist

General Education Teacher

Special Education Teacher

Behavior Specialist (if needed)

Speech-Language Pathologist (if needed)

Occupational Therapist (if needed)

Physical Therapist (if needed)

Nurse (if medication is administered at school or other services)

### Visual Impairment (VI)

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

The student has a loss of visual acuity or loss of visual field that, even with correction,

adversely affects performance in the educational environment. The term includes both partial sight and blindness. The visual impairment has been verified by an ophthalmologist or optometrist. The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

Evidence of the visual impairment may be found in the following evaluation

components:

1. A written report of a current visual examination conducted by a licensed ophthalmologist or optometrist reflecting:
2. Visual acuity with correction of 20/70 or worse in the better eye;
3. Visual acuity better than 20/70 with correction in the better eye with either a

diagnosed progressive loss of vision or a visual field of 40 degrees or less; or

1. If visual acuity is unable to be determined, a functional vision loss supported by

functional vision assessment findings.

1. For a diagnosed cortical visual impairment, there may be a neurological report.
2. A Functional Vision Assessment conducted by a certified teacher of the visually

impaired.

1. An assessment conducted by a certified teacher of the visually impaired to determine academic proficiency.
2. Assessment of appropriate learning media and to evaluate the need for instruction of Braille.
3. A minimum of two observations in multiple settings, across different types of activities,at different times of day, on different days of the week, and over the course of more than one week.
4. Documentation of student performance on near vision and distant vision tasks over time.
5. Documentation of student performance on tasks completed in various lighting conditions.

**Note:** The medical diagnosis may not be used as the sole criterion for determining eligibility. There must be documented evidence that the visual impairment adversely affects the child’s educational performance.

**VI. Vision Screening Considerations:**

* If a child fails a vision screening, the child is required to be re-screened in six weeks by the school nurse. An initial failure alone does not necessarily indicate the need for a vision consultation.
* For students that are not able to participate in the vision screening due to age, behavior or cognition, using adaptations and modifications such as having the child match shapes or puzzle pieces, the team will complete the **Vision Screening Checklist**, with the parent, noting Risk Factors for Vision Loss and Behavioral Signs that may Indicate a Vision Loss.
* Vision screening data is one data point for teams to consider. If the student fails a vision screening and a visual impairment is not suspected, then the team, to include the parent, will complete the **Vision Screening Checklist** to determine if functional vision is present.
* The information obtained on the **Vision Screening Checklist**, should be used along with relevant developmental and medical history as well as observations to support the conclusion(s) made by the team.
* Failure on a vision screening alone, is not sufficient data to warrant a denial of evaluation.

**VII. Testing Accommodations**

If cognitive or academic testing are to be conducted, you may choose to do so with the use of accommodations. For example, materials may be magnified as needed. A narrative of the testing accommodations/modifications should:

1. Be documented on the record form and considered when interpreting test results
2. Be included in the evaluation report under the **Evaluation Procedures** section, along with a reason why the accommodation or modification was made.
3. Report valid qualitative information regarding the child’s strengths and weaknesses relative to the obtained quantitative information.

**Note:** In the review of existing data, sufficient information is required to clearly communicate the child’s known limitations and preferred mode of communication, prior to the selection and administration of assessments, as both may necessitate deviations from standard testing procedures.

Cognitive Testing

* Can be conducted using verbal subtests only
* Dictation can be used for responses
* Brailler may be used for writing tasks

Academic Testing

* Dictation can be used for responses, particularly on subtests where spelling is not factored into the score
* If assessing spelling, have the student give you the letters of each word orally
* You can considered converting text to Braille for students that require it
* Braille tiles may be used to present math problems (**Note:** this may impact timing on certain subtests).

**Suggested Tools to Use**

| Vision | * measures of visual acuity (both near and distance) * eye preference * color vision * visual fields * visual discrimination * depth perception * contrast sensitivity * learning media assessment |
| --- | --- |
| Academic (based on visual acuity, enlargement may be needed or verbal subtests) | * Wechsler Individual Achievement Tests, 4th Edition * Woodcock-Johnson Tests of Achievement, 4th Edition * Kaufman Tests of Educational Achievement, 3rd Edition * CBM & Functional Academic Information * Comprehensive Test of Phonological Processing-2 (CTOPP-2) |
| Cognitive (based on visual acuity, enlargement may be needed or verbal subtests) | * Woodcock-Johnson Tests of Cognitive Abilities, 4th Edition * Kaufman Assessment Battery for Children, 2nd Edition Normative Update * Differential Ability Scales, 2nd Edition Normative Update * Wechsler Intelligence Scales for Children, 5th Edition * Wechsler Nonverbal Scales of Ability * Stanford Binet Intelligence Test, 5th Edition |
| Auditory Processing | * Tests of Auditory Processing -3 (TAPS)-3 * WJ IV COG   + Auditory Processing cluster (Test 5: Phonological Processing and Test 12: Nonword Repetition)   + Oral Vocabulary   + Memory for words * WJIV Oral Language:   + Oral Comprehension   + Segmentation   + Sentence Repetition |
| Indirect (as needed) | * Adaptive behavior * Social/Emotional * Executive Functioning |

**Team Members to Be Included:**

Teacher of the Visually Impaired

Special Education Teacher

General Education Teacher

Mobility & Orientation Specialist

School Psychologist

### Hearing Impairment (HI):

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

* The student has a loss of hearing acuity, whether permanent or fluctuating, that adversely affects performance in the educational environment.
* The hearing loss has been verified by an audiologist through an audiological evaluation.
* A communication/language proficiency evaluation has been conducted.
* The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

A written report of a current audiological evaluation conducted by a licensed audiologist that shows a hearing loss that is 20 dB or greater in any one frequency, either unilaterally or bilaterally. It may include: frequency-specific hearing threshold levels determined by pure tone air and bone conduction testing, or electrophysiological assessment when developmentally appropriate or necessary; speech reception thresholds or speech detection thresholds; word recognition testing in quiet and in noise when appropriate; tympanometry, including reflux testing when appropriate, and aided speech and frequency-specific sound field results. Other evaluation components include:

* A medical history documenting etiology and prognosis of the condition, either unilaterally or bilaterally from a licensed physician.
* Development, social and health history.
* Two or more observations of the child across settings, across days, in multiple activities.
* Consider the student’s interactions with parents, staff, and peers.
* Teacher reports.
* Parent reports.
* Woodcock Munoz Language Survey Testing (conducted with an interpreter, if needed).
* Curriculum-based measures.

**Hearing Screening Considerations**

* If a child fails a hearing screening, the child is required to be re-screened in six weeks by the health office staff. An initial failure alone does not necessarily indicate the need for a hearing consultation or referral.
* For students that are are not able to participate in the hearing screening due to age, behavior or cognition using adaptations and modifications OAE testing is recommended for the hard to test population of preschoolers and children with significant disabilities that would have a hard time being conditioned for pure tone audiometry. The Health Services Team provides training and loaner equipment, rather than describing the child as “unable to test”.
* For students that are not able to participate in the hearing screening due to age, behavior or cognition using adaptations and modifications, the team will complete the **Hearing Screening Checklist,** with the parent, noting Risk Factors for Hearing Loss and Behavioral Signs that may Indicate a Hearing Loss and summarize the results.
* Hearing screening data is one data point for teams to consider. If the student fails a hearing screening and a hearing impairment is not suspected, then the team, to include the parent, will complete the **Hearing Screening Checklist** to determine if a functional hearing is present.
* The information obtained on the **Hearing Screening Checklist** should be used along with relevant developmental and medical history as well as observations to support the conclusion(s) made by the team.
* Failure on a hearing screening alone is not sufficient data to warrant a denial of evaluation.

**HI Testing Accommodations:**

If cognitive or academic testing are to be conducted, you may choose to do so with the use of accommodations. For example, materials may be provided in writing, or signed with the use of an interpreter, as needed. You can conduct cognitive assessments using non-verbal subtests only. You may also choose to use assistive technology to allow the student to type or write responses, as needed, or use a sign language interpreter. A narrative of the testing accommodations/modifications should:

1. Be documented on the record form and considered when interpreting test results
2. Included in the evaluation report under the **Evaluation Procedures** section, along with a reason why the accommodation or modification was made.
3. Report valid qualitative information regarding the child’s strengths and weaknesses relative to the obtained quantitative information.

**Note:** In the review of existing data, sufficient information is required to clearly communicate the child’s limitations and preferred mode of communication, prior to the selection and administration of assessments, as both may necessitate deviations from standard testing procedures.

**Suggested Tools to Use**

| Cognitive | WISC-V  WJ-IV  KABC-2 Normative Update  RIAS-2  Wechsler Nonverbal Scales of Ability  Universal Nonverbal Intelligence Test, 2nd Edition  Leiter-3  CTONI-2 |
| --- | --- |
| Academic | Wechsler Individual Achievement Tests, 4th Edition  Woodcock-Johnson Tests of Achievement, 4th Edition  Kaufman Tests of Educational Achievement, 3rd Edition  Contemporary Classroom Reading Inventory  Oral Written Language Scales, 2nd Edition  Test of Reading Comprehension-3rd Edition  Test of Written Language, Third Edition  Bracken Test of Basic Concepts, 4th Edition  Brigance  Tests of Early Reading Ability--Deaf/Hard of Hearing |
| Communication | Interview family to assess family communication  Speech reading assessment, if applicable  Oral Written Language Scales, 2nd Edition  Woodcock Munoz, Language Survey-III |
| Speech-Language | Comprehensive Evaluation of Language Fundamentals, 5th Edition  Comprehensive Assessment of Spoken Language (CASL)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Test of Language Development- Intermediate, Fourth Edition (TOLD-I:4)  Preschool Language Scale, Fifth Edition (PLS-5)  Preschool Language Scale, Fifth Edition, Spanish Edition (PLS-5 Spanish)  Language Sample |
| Other | Assessments as needed, including social-emotional or adaptive behavior assessments based upon what related services or other modifications or accommodations the child may need |

**Team Members to be Included**

Teacher of the Hearing Impaired

General Education Teacher

Special Education Teacher (resource teacher)

Speech-Language Pathologist

School Psychologist

Other related service personnel, if needed

**Guidelines for Interpretation:**

**Significant Impairment**

* Is there a significant impairment in hearing?
* Is the significant impairment in hearing permanent? OR is there a significant pattern of chronically fluctuating impairment in hearing documented by a licensed audiologist? Are there concerns from parents and teachers of the child?

**Adverse Effect:**

1. Is there a significant adverse effect on academic performance, such as phonemic awareness, vocabulary, general world knowledge, independent reading with comprehension, reading for information? Document the information.
2. Is there a significant adverse effect on speech perception and production, including the ability to listen with comprehension to spoken messages in a variety of settings, and the ability to produce speech that is intelligible to others? Document the information.
3. Is there a significant adverse effect on communication skills, such as vocabulary comparable to age peers, general knowledge, ability to ask questions, apply information, communicate effectively with peers and adults in a variety of situations in order to have needs met? Know the nuances of communication exchange (i.e., manners, etc). Clearly document this information in the evaluation.

### Multiple Disabilities (MD):

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

* The student has learning and developmental problems resulting from multiple disabilities that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities and that adversely affect performance in the educational environment.

The student is a student with a disability with two or more of the following conditions:

* Hearing Impairment
* Orthopedic Impairment
* Moderate Intellectual Disability
* Visual Impairment

One or more of the following disabilities existing concurrently with any of the above:

* Emotional Disability
* Emotional disability requiring private or public intensive therapeutic placement
* Mild Intellectual Disability
* Specific Learning Disability

The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components:**

1. See individual disability categories for requirements and sources of evidence.
2. All requirements for each disability category must be met and documented in the evaluation.

**Suggested Tools to Use**

| See the Suggested Tools to Use section for each of the relevant categories of eligibility listed above |
| --- |

**Team Members to Be Included**

School Psychologist

Special Education Teacher

General Education Teacher

Other personnel as indicated in the Team Members to Be Included sections of each of the relevant categories of eligibility.

**Note: Classifications of MD, MDSSI, DD, and/or PSD cannot exist concurrently.**

**Multiple Disabilities (MD)**

The category Multiple Disabilities (MD) exist when a student meets eligibility criteria under two or more qualifying conditions. During the MET process the team must discuss and determine whether or not a student meets eligibility criteria for each qualifying condition. For students qualified for special education services under the category MD primary evaluators will be required to sign eligibility documents for the category MD and one for each qualifying condition. For example, for a student with a mild intellectual disability and visual impairment, the team would sign three eligibility documents, one for MD, MIID and VI.

### Multiple Disabilities with Severe Sensory Impairment (MDSSI):

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

The student has:

1. A severe visual or hearing impairment in combination with one or more of the following disabilities that, taken together,adversely affects performance in the educational environment:
   1. Autism
   2. Orthopedic impairment
   3. Moderate or severe intellectual disability
   4. Multiple disabilities
   5. Emotional disability requiring private or public intensive therapeutic placement

2. The student has a severe visual and a severe hearing impairment.

3. The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

1. See the above listed individual disability categories for requirements and sources of evidence.
2. All requirements for each disability category must be met and documented in the evaluation

**Note: Classifications of MDSSI, MD, DD, and/or PSD cannot exist concurrently.**

**Suggested Tools to Use**

| See Suggested Tools to use under the relevant disability categories |
| --- |

**Team Members to Be Included**

School Psychologist

General Education Teacher

Special Education Teacher

Teacher of the Visually Impaired

Teacher of the Hearing Impaired

Other related service personnel as relevant to child’s needs

**Multiple Disabilities with Severe Sensory Impairment (MDSSI) eligibility forms**

The category Multiple Disabilities with Severe Sensory Impairment (MDSSI) exists when a student meets eligibility criteria under two or more qualifying conditions. During the MET process the team must discuss and determine whether or not a student meets eligibility criteria for each qualifying condition.

### Specific Learning Disability (SLD)

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA ’04, A.R.S. §15-766, and the following requirements:

The student has a specific learning disability in one or more of the following areas:

* Oral expression
* Listening comprehension
* Written expression
* Basic reading skills
* Reading fluency skills
* Reading comprehension
* Mathematics calculation
* Mathematics problem solving

**Eligibility was determined by:**

* Norm-referenced psychometric testing that identified a severe discrepancy between ability and achievement.
* A failure to respond to scientifically-based interventions and progress monitoring through the PEA’s Arizona Department of Education approved response to intervention plan.

**Additional SLD Requirements:**

* Relevant behavior(s) noted during at least two observations and the relationship to academic functioning.

**Considerations for SLD:**

* Educationally relevant medical findings (if any)
* The effects of an additional disability, cultural factors, environmental or economic disadvantage, or limited English proficiency on the child’s achievement level.
* To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the team must consider, as part of the evaluation described in 34 CFR§300.304 through 300.306:
  + Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in general class settings, delivered by qualified personnel;
  + Student behavior(s) that are relevant to school performance; and
  + Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child’s parents.

**This consideration is a requirement no matter which option for identification is chosen.**

For the purposes of identifying a student with a specific learning disability, the following conditions must not be the determining factor of the disability: visual, hearing, or motor problems impairment; intellectual disability; emotional disability; limited English proficiency; environmental, cultural, or economic disadvantage; or lack of appropriate instruction in reading or math.

**Requirements for SLD: Evidence that:**

* The child is not achieving on grade level.
* The child is not making sufficient progress to meet grade-level standards.
* The child does exhibit a pattern of strengths and weaknesses in performance and/or achievement relative to grade-level standards or intellectual development
* The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

1. Evidence from multiple sources of data indicates that the student does not achieve adequately for his or her age or to meet state-approved grade-level standards. These sources include the following requirements:
   1. Documentation of pre-referral, or as part of the referral process, instruction based on scientifically-based instruction in reading and math in general education settings; the interventions must be matched to the referral problem and should include a description of the type, intensity, and duration of the intervention provided.
   2. Documentation of instruction based on state-approved grade-level standards in general education settings;
   3. Data-based documentation of severe academic skill deficits, when compared to peers, gathered from multiple sources including:
      1. measures of achievement showing significantly lower performance than peers
      2. measures such as individual, standardized achievement measures, state and district achievement measures, and;
      3. progress monitoring data from curriculum-based and/or criterion-referenced measures showing a slower rate of growth in at least one academic domain despite intensive instruction/ intervention in the area(s);
      4. individual, standardized achievement measures, and
      5. state and district achievement assessments.
   4. At least two observations of the child’s academic performance by someone other than the classroom teacher, typically the school psychologist, corroborating the area(s) of difficulty in his or her learning environment with information concerning how the child’s suspected disability impacts his or her performance in this area.
   5. **Note**: For initial evaluations, in order to effectively rule out the impact of communication/language skills or to provide data to confirm or refute a hypothesis a **full-scale cognitive battery is required**. Should follow up to establish validity or reliability of data be needed, other tools may be selected based on the individual factors of the student.
   6. For re-evaluations, provided a full battery and valid set of data form a full battery exist in a previous evaluation, any additional batteries needed should be selected based on individual student factors.
   7. **Also note the** requirement of two full evaluations from K-8, as indicated in an earlier section of this chapter.
2. Currently, to be eligible in the SLD category, Alhambra Elementary School District has adopted a regression model (see Appendix A). The evaluation team must conclude that the following conditions are present:
   1. There is a significant discrepancy between the student’s ability and achievement in one or more of the following areas: oral expression, listening comprehension, basic reading, reading comprehension, reading fluency, math calculation, math reasoning, written expression.

**Note: SLD cannot exist concurrently with DD, MIID, MOID, PSD, and/or SID. Also note**: If behavior significantly impacts the student’s or other’s learning (such as a series of removals, consideration of an alternative educational setting or alternative scheduling), or behaviors are present that pose a significant threat of harm to oneself or others, then a Functional Behavior Assessment (FBA) is required.

**Suggested Tools to Use**

| Language Proficiency | AZELLA  Ortiz PVAT (required) |
| --- | --- |
| Language Dominance | Woodcock Munoz Language Survey-Third Edition (WMLS-III) |
| Cognitive | Wechsler Intelligence Scales for Children, 5th Edition  Woodcock-Johnson Tests of Cognitive Abilities, 4th Edition  Kaufman Assessment Battery for Children, 2nd Edition Normative Update  Wechsler Nonverbal Scale of Ability  Differential Ability Scales, 2nd Edition  Stanford Binet Intelligence Test, 5th Edition  Cognitive Assessment System, 2nd Edition |
| Academic | Woodcock-Johnson Tests of Achievement, 4th Edition  Wechsler Individual Achievement Tests, 4th Edition  Kaufman Tests of Educational Achievement, 3rd Edition  Gray Oral Reading Tests, 5th Edition  Key Math, 3rd Edition  Word Identification and Spelling Test: WIST  *Also consider child’s performance on:*  LETRS Phonic Survey  LETRS Spelling Inventory  Spelling inventories  Other CBM as appropriate  Wilson Assessment of Decoding and Encoding, 4th Edition |
| Other | Comprehensive Test of Phonological Processing-2nd Edition (CTOPP-2)  Test of Auditory Processing, 3rd Edition (TAPS-3)  Behavior Assessment System for Children, 3rd Edition (BASC-3)  Behavior Rating Inventory of Executive Function, 2nd Edition (BRIEF-2) |

**Team Members to Be Included**

School Psychologist

Special Education Teacher

General Education Teacher

Related Service Personnel as appropriate

### Traumatic Brain Injury (TBI)

**IMPORTANT NOTE:** TBI must be listed in SAIS with another disability and it CANNOT be the primary disability.

The determination of eligibility for special education is based on an evaluation pursuant to A.R.S. 15-766 and the following requirements:

The student has an acquired open or closed injury to the brain that was caused by an external physical force that has resulted in total or partial functional disability or psychosocial impairment, or both, that adversely affects performance in the educational environment. Resulting impairments include such areas of disability as cognition, language, memory, attention, reasoning, behaviors, physical function, information processing, and speech.

* The injury is not congenital or degenerative or induced by birth trauma
* The injury has been verified by a doctor of medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant, or a licensed clinical neuropsychologist.
* The student was evaluated in all areas related to the suspected disability

**Required Evaluation Guidelines and Components:**

* A written report from a licensed physician describing the injury to the brain, the areas that are impacted by the injury, and the prognosis for recovery.
* A developmental and medical history.
* Review of school records (pre-injury and after injury, if applicable).
* Interview with parents.
* Interview with teachers.
* Information from outside medical service providers (i.e., speech, OT, PT, or behavior therapists).
* CBM data.
* Formal assessment with standardized testing.
* Consider the age of the child: the younger the age of the traumatic injury, the more likely the impairment will be long-term and/or more debilitating across domains.
* The team should identify another disability category that most closely resembles the manifestation of the student’s TBI and complete eligibility documentation for that disability to the extent appropriate.

1. **Functional Impairments to consider when determining adverse educational impact:** (observed across two or more observations sessions **and** corroborated by at least one broadband and one narrow band **or** two narrow band social/emotional measures):
   1. **Intellectual/cognitive impairments:**
      1. Attention or concentration
      2. Ability to initiate, organize, or complete tasks
      3. Ability to sequence, generalize, or plan
      4. Insight/consequential thinking
      5. Flexibility in thinking, reasoning, or problem-solving
      6. Abstract thinking
      7. Judgment or perception
      8. Long-term or short-term memory
      9. Ability to acquire or retain new information
      10. Ability to process information

**Indicators:** poor impulse control; poor memory affecting encoding, retention, and retrieval of information; visual-spatial difficulties affecting whole-part reasoning, integration, and synthesis; poor organizational skills; impaired judgment and conceptual reasoning; slow processing speed or slow output of information affecting performance timed tests.

* 1. **Academic**
     1. Marked decline in achievement from pre-injury level.
     2. Impaired ability to acquire basic skills in reading, written language, or mathematics.
     3. Normal sequence of skill acquisition, which has been interrupted by the trauma, as related to chronological and developmental age.

**Indicators:** impaired word recognition, impaired reading comprehension; confusion with math calculations, especially applications; poor retention of facts in content subjects; errors in mechanics and fluent expression of written language; difficulty integrating and applying new information.

* 1. **Communication**
     1. Impaired ability to initiate, maintain, restructure, or terminate conversation
     2. Impaired ability to respond to verbal communication in a timely, accurate or efficient manner
     3. Impaired ability to communicate in distracting or stressful environment
     4. Impaired ability to use language appropriately (requesting information, predicting, analyzing, or using humor
     5. Impaired ability to use appropriate syntax
     6. Impaired abstract or figurative language
     7. Perseverative speech (repetition of words, phrases, or topics)
     8. Impaired ability to understand verbal information
     9. Impaired ability to discriminate relevant from irrelevant information
     10. Impaired voice production/articulation (intensity, pitch, quality, apraxia, or dysarthria).

**Indicators:** oral motor dysfunction affecting swallowing or articulation; comprehension problems or slow responding; dysfluent speech or problems retrieving words from memory; pragmatic language deficits in conversation, turn-taking or social rules.

* 1. **Motor impairment**
     1. Mobility
     2. Fine or gross motor skills
     3. Speed or processing or motor response time
     4. Sensory/perceptual motor skills

**Indicators:** extreme weakness (paresis) or paralysis of one or both sides; reduced muscle tone or rigidity; muscle contractions or spasticity; poor balance or ataxia. Reduced fine motor dexterity and tremors that impair cutting, drawing, or writing skills; problems with motor planning that impair dressing or assembly skills; problems with written output affecting written communication.

* 1. **Social-Emotional-Behavioral functioning**
     1. Impaired ability to initiate or sustain appropriate peer or adult relationships.
     2. Impaired ability to perceive, evaluate, or use social cues or context appropriately.
     3. Impaired ability to cope with over-stimulating environments, low frustration tolerance.
     4. Mood swings or emotional lability.
     5. Impaired ability to establish or maintain self-esteem.
     6. Denial or deficits affecting performance.
     7. Poor emotional adjustment to injury (depression, anger, withdrawal, or dependence).
     8. Impaired ability to demonstrate age-appropriate behavior.
     9. Impaired self-control (verbal or physical aggression, impulsivity, or disinhibition).
     10. Intensification of preexistent maladaptive behaviors or disabilities.

**Indicators:** agitated, depressed, anxious, or labile behaviors; immature, insensitive, or inappropriate behaviors; poor or unrealistic perception of self or abilities; low frustration tolerance or persistence.

* 1. **Functional skill-adaptive impaired**
     1. Ability to perform developmentally appropriate daily living skills in school, home, leisure, or community setting (hygiene, toileting, dressing, eating)
     2. Ability to transfer skills from one setting to another
     3. Orientation (time, place, situations)
     4. Ability to find rooms, building, or locations in a familiar environment
     5. Ability to respond to environmental cues (bells, signs)
     6. Ability to follow a routine
     7. Ability to accept change in an established routine
     8. *Stamina that results in chronic fatigue.*

**Indicators:** problems in self-care, such as dressing, feeding, or hygiene; inability to work independently; inability to generalize information from one setting to another; problems orienting to time and place; difficulties with transitions or changes in routine.

**Documentation of a functional impairment in one or more areas listed above:** must (at a minimum) include one source from Group One and one source from Group Two that confirms some dysfunction:

1. Group One:
   1. Checklists
   2. Classroom or work samples
   3. Education/medical history
   4. Documented, systematic behavioral observations
   5. Interviews with parents, students, and other knowledgeable individuals
2. Group Two:
   1. Criterion-referenced measures
   2. Standardized assessment measures (academic, cognitive, communication, motor)
   3. Broadband/Narrowband assessment measures (social-emotional)

**Note: TBI cannot exist concurrently with PSD.**

**Suggested Tools to Use**

| Cognitive | Kaufman Assessment Battery for Children, Second Edition Normative  Differential Abilities Scales, Second Edition  Stanford-Binet Intelligence Scales, Fifth Edition  Wechsler Intelligence Scales for Children, Fifth Edition  Woodcock-Johnson Tests of Cognitive Abilities, Fourth Edition  Universal Nonverbal Intelligence Test- Second Edition  Wechsler Nonverbal Scale of Ability |
| --- | --- |
| Academic | Woodcock-Johnson Tests of Achievement, Fourth Edition  Wechsler Individual Achievement Test, Fourth Edition  Kaufman Test of Educational Achievement, Third Edition  CBM |
| Behavior/Emotional | Behavior Assessment System for Children, Third Edition  Conners Fourth Edition  Clinical Assessment of Behavior  Behavior Rating Inventory of Executive Functioning  Revised Children’s Manifest Anxiety Scale  Piers Harris Self-Concept Scale, 2nd Edition  Beck Depression Inventory, 2nd Edition |
| Speech/Language | Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5)  Comprehensive Assessment of Spoken Language (CASL)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Test of Language Development- Intermediate, Fourth Edition (TOLD-I:4)  Preschool Language Scale, Fifth Edition (PLS-5)  CELF-5 Pragmatics Profile  Social Language Development Test- Elementary |
| Fine Motor Skills | The Beery-Buktenica Developmental Test of Visual-Motor Integration  Peabody Developmental Motor Scales-Third Edition (PDMS-3)  Beery-Buktenica Developmental Visual-Motor Integration Test- Fifth Edition (VMI)  Wide Range Assessment of Visual Motor Ability (WRAVMA)  Developmental Test of Visual Perception -Third Edition (DTVP-3)  Developmental Test of Visual Perception-Adolescent and Adult  Battelle-Third Edition  Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)  Quick Neurological Screening Test-3R (QNST-3)  Pediatric Evaluation of Disability Inventory (PEDI)  Test of Handwriting Skills, Revised (THS-R)  Sensory Profile-2  Sensory Processing Measure-2  Sensory Processing Measure-Preschool  Sensory Processing Measure-School Companion  Sensory Integration Inventory -Revised-for Individuals with Disabilities  School Function Assessment  Vineland Adaptive Behavior Scales, 3rd Edition (fine motor subscale) |
| Gross Motor Skills | Peabody Developmental Motor Scales, 2nd Edition  Test of Gross Motor Development, 2nd Edition  Vineland Adaptive Behavior Scales, 3rd Edition (gross motor subscale) |
| Other | Checklists for TBI (to be linked to document) |

**Team Members to be Involved**

General Education Teacher

Special Education Teacher

Parent

Student (if applicable)

School Psychologist

Speech/Language Pathologist, if needed

Occupational Therapist, if needed

Physical Therapist, if needed

**Guidelines for Interpretation**

* Medical documentation of injury from a licensed physician.
* Significant discrepancy in ability or achievement, pre-post accident.
* Elevated/clinically significant behavior rating scales.
* Speech and/or language difficulties as found by evaluation.
* Fine motor skill difficulties or gross motor skill difficulties.
* Can be any combination of the above mentioned difficulties.
* The deficits must limit the children's access to the general education curriculum without specialized instruction.

### Speech/Language Impairment (SLI)

The determination of eligibility for special education is based on an evaluation pursuant §A.R.S. 15-761(34) and the following requirements:

**Preschool:** The child is at least three years of age and has not reached the age for kindergarten and demonstrates performance on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same age and/or the child’s speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility is only appropriate when a comprehensive developmental assessment **and** parental input have indicated the child is not eligible for services under another preschool category or under the developmental delay category. If there was a discrepancy between the measures, the evaluation team determined eligibility based on the preponderance of information presented.

**School-Age**: The child has reached the required age for kindergarten and demonstrates a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects the child’s educational performance. The student has been evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

**Note**: A comprehensive speech and language evaluation should include a variety of assessment tools and strategies to gather relevant information across **all** areas of communication.

Students with a second language other than English need to be considered for testing in both their primary language and English. For initial or reevaluation of ELL students, a **language proficiency assessment** should also be requested.

* A minimum of **two** direct observations of the student is required for all evaluations to verify the lack of skill in a given area as well as to be able to provide relevant recommendations to the teacher and team.

**Language:**

A language disorder is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve the form of language (i.e., phonology: the sound system of a language and the rules that govern the sound combinations; morphology: the system that governs the structure of words and the construction of word forms; syntax: the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence), the content of language (i.e., semantics: the system that governs the meanings of words and sentences), and/or the function of language in communication (i.e., pragmatics: the system that combines the above components in functional and socially appropriate communication) in any combination.

1. Obtain a relevant case history, including birth and medical history, family history of speech, language, reading, or academic difficulties, family’s concerns about the child’s language (and speech), languages and/or dialects used in the home (including age of introduction of a second language, as appropriate, circumstances in which each language is used).
2. Assessment of receptive and expressive language skills requires the use of a minimum of **two** complete standardized measures.
   1. Must complete one comprehensive measure of both receptive and expressive language skills.
   2. At least one additional supplementary measure must be completed to further evaluate specific areas of concern.
   3. For those students who cannot perform on a standardized, norm referenced measure, the assessment must include at least **two** informal or criterion-referenced assessments, scales, surveys, checklists, etc., to demonstrate reliability of scores.
3. Observation and documentation of language difficulty by SLP and others in multiple environments made. This observation/language sample should provide the following information:
   1. Form- (morphology and syntax)
   2. Content - semantics
   3. Function - pragmatics, including behavior regulation (e.g., requesting and protesting), social interaction (e.g., greeting), joint attention (showing and commenting)
   4. Means of communication (e.g., vocalizations, words, gestures, eye gaze, signs, AT device)
   5. Oral motor/motor speech function
   6. Contexts of concern (social interactions, vocational interactions, academic areas)
4. Information from multiple sources of data documents that the student exhibits a language impairment that adversely affects communication, pre-academic/academic, social-emotional, and/or vocational functioning.

**Articulation and Phonology:**

An articulation disorder is developmentally delayed/disordered speech sound production characterized by substitutions, omissions, and/or distortions that may interfere with effective communication and academic performance. A phonological disorder is characterized by error patterns affecting word shapes or groups of sounds with similar distinctive features and may interfere with effective communication and academic performance.

1. Collect a case history, including information regarding the family’s concerns about the child’s speech, history of middle ear infections, history of speech, language, and/or literacy difficulties in the family, language used in the home, primary language spoken by the child, and family’s perception of intelligibility.
2. Obtain teacher input regarding perception of the child’s intelligibility, participation in the school setting, and how articulation is impacting child’s communication and classroom performance.
3. Administer standardized measure of articulation/phonology to assess the following:
   1. Phonemic inventory - sounds a child can produce and in what positions, syllable shapes.
   2. Types of phoneme errors- substitutions, distortions, omissions, additions
   3. Error distribution (e.g., position of sound in word)
   4. Error patterns (phonological processes) and frequency
   5. Intelligibility rating - perceived or % intelligible in conversational speech sample
   6. Stimulability
4. Supplement standardized measure with a sample of naturally occurring spontaneous speech (speech sample)
5. Formal/informal assessment of language functioning (if indicated) due to high incidence of co-occurring language problems in children with speech sound disorders.
6. Complete oral mechanism examination, which includes observation of the hard and soft palates (clefts, fistulas, bifid uvula), function (strength and range of motion) of the lips, jaw, tongue, and velum, and placement of the tongue at rest and during speech.
7. Observation of articulation errors and/or phonological processes by SLP and others in multiple environments
8. Record review and/or interviews document a history of academic and functional difficulty relative to articulation skills. Information from multiple sources of data documents that the student exhibits an articulation impairment which adversely affects the student’s communication, pre-academic/academic, social-emotional, and/or vocational performance.

**Fluency:**

A fluency disorder is an interruption in the flow of speaking characterized by an atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

1. Collect a relevant case history, including medical history, general development, speech/language development (including frequency of exposure to all languages used by the child and the child’s proficiency in understanding and expressing himself/herself in all language spoken), family history of stuttering or cluttering, description of characteristics of disfluency and rating of severity, age of onset of disfluency and patterns of dysfluency since onset (e.g., continuous or variable) and other speech and language concerns, previous treatment experiences and treatment outcomes, and information regarding family, personal, and cultural perception of fluency.
2. Administration of standardized measure of speaking fluency to determine the following:
   1. Frequency, type, and duration of dysfluencies
   2. Presence of secondary behaviors
   3. Speech rate
   4. Fluency in a variety of speaking contexts (e.g., conversational and narrative contexts, 1:1 vs speaking in class)
3. Assessment of the impact of stuttering or cluttering (e.g., assessment of the emotional, cognitive, and attitudinal impact of dysfluency for information concerning speaking frequency and socialization).
4. Formal/informal assessment of other communication domains, including speech sound production (if warranted), receptive and expressive language, pragmatic language, and voice
5. Record review and/or interviews document a history of academic and functional difficulty relative to fluency skills.
6. Information from multiple sources of data document that the student exhibits a fluency impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

**Voice**:

A voice disorder is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual’s age and/or gender.

1. Collect a case history, which includes the problem and its suspected cause, onset and duration, variation or consistency throughout the day or time, vocal use (daily use/misuse patterns), and related medical/therapy history, including medical diagnosis and any intervention and/or therapy obtained for this problem.
2. Assessment of voice using an appropriate voice assessment profile.
   1. Speech Sample: observe vocal characteristics related to phonation, prosody, resonance, vocal abuse, and respiration.
      1. Phonation: loudness (range, appropriateness), pitch (range, appropriateness, breaks), aphonia, breathiness, glottal fry, diplophonia, hoarseness or raspiness, harshness, presence of any tremor or quivering, vocal use and misuse (abusive behaviors), connected speech phonation (voice onset, appropriate loudness)
      2. Resonance: hypernasality, hyponasality, throatiness or cul-de-sac resonance.
      3. Prosody: stress and intonation
      4. Respiration: speech breath support (posture, tension), excessive mouth breathing, respiration at rest and while speaking
3. Observation of vocal behavior by SLP in multiple environments.
4. Oral mechanism evaluation
5. Record review and/or interviews document a history of academic and functional difficulty relative to voice skills. Information from multiple sources of data that the student exhibits a voice impairment that adversely affects communication, pre-academic/academic, social-emotional, and/or vocational performance.

**Note**: Medical assessment of vocal dysfunction etiology is needed prior to initiation of treatment. The etiology of vocal dysfunction can stem from a variety of situations or conditions, including vocal misuse, vocal cord growths, structural variations, neuromuscular disorders, pulmonary/respiratory disorders, or gastrointestinal dysfunction (e.g., chronic reflux). Prior to the initiation of a therapy program, a medically based assessment assists in determining the cause of the vocal dysfunction and indication for speech therapy.

**Note: SLI cannot exist concurrently with DD and/or PSD.**

**Suggested Tools to Use**

| Language  (comprehensive) | Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5)  Clinical Evaluation of Language Fundamentals, Fourth Edition, Spanish Edition (CELF-4 Spanish)  Comprehensive Assessment of Spoken Language (CASL)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Test of Language Development- Intermediate, Fourth Edition (TOLD-I:4)  Preschool Language Scale, Fifth Edition (PLS-5)  Preschool Language Scale, Fifth Edition, Spanish Edition (PLS-5 Spanish)  Language Sample |
| --- | --- |
| Language  (supplemental) | Receptive One Word Picture Vocabulary Test, Fourth Edition (ROWPVT4)  Receptive One Word Picture Vocabulary Test, Spanish Bilingual Edition (ROWPVT-SBE)  Expressive One Word Picture Vocabulary Test, Fourth Edition (EOWPVT4)  Expressive One Word Picture Vocabulary Test, Spanish Bilingual Edition (EOWPVT-SBE)  Test for Auditory Comprehension of Language, Fourth Edition (TACL-4)  Wiig Assessment of Basic Concepts (WABC) |
| Language (non-standardized/  Criterion referenced) | Functional Communication Profile, Revised  Receptive-Expressive Emergent Language Test, Third Edition (REEL-3)  Communication Matrix  Checklist of Communicative Functions and Means  Evaluating Acquired Skills in Communication–Third Edition (EASIC-3) |
| Social Language | CELF-5 Pragmatics Profile  Social Language Development Test- Elementary  Test of Pragmatic Language, Second Edition (TOPL-2)  Observations in multiple environments |
| Articulation/  Phonology | Goldman Fristoe Test of Articulation, Third Edition (GFTA-3)  Clinical Assessment of Articulation and Phonology, Second Edition (CAAP-2)  Linguisystems Articulation Test (LAT)  Photo Articulation Test, Third Edition (PAT-3)  Arizona Articulation Proficiency Scale, Third Edition (Arizona-3)  Hodson Assessment of Phonological Patterns, Third Edition (HAPP-3)  Khan-Lewis Phonological Analysis, Second Edition (KLPA-2)  Contextual Probes of Articulation Competence- Spanish (CPAC-S)  Spanish Articulation Measures (SAM)  Speech Sample |
| Fluency | Stuttering Severity Instrument, Fourth Edition (SSI-4)  Speech Sample  Observation in multiple environments |
| Voice | Speech sample  Observation of vocal characteristics related to phonation, prosody, resonance, vocal abuse, and respiration |

**Team Members to be Included**

Speech-Language Pathologist

General Education Teacher

Parent

Special Education Teacher (if academic concerns are present)

School Psychologist(if behavioral or other concerns are present)

Occupational and/or Physical therapist (if needed)

Nurse (for medical conditions or if medication is administered at school)

**Guidelines for Interpretation**

**Language**: A student may be found eligible under the category of speech/language impairment if their language disorder has a negative impact on the ability to communicate, academic achievement, and/or social skill development and the adverse effects of the impairment on educational performance are not correctable without special education **AND** one or more of the following:

1. The child achieves a standard score that is lower than would be expected based on performance on other measures or is commensurately low when compared to other obtained measures.
2. For those students who cannot perform on a standardized, norm-referenced measure, the student’s usage and comprehension of language falls significantly below that expected for their chronological age and/or functional communication skills, as measured by information from **two** informal, criterion-referenced inventories, scales, checklists, and/or language sample analysis.
   1. Significant discrepancy between receptive and expressive language skills
   2. Limited functional communication (e.g., MIID, MOID, Autism, etc)
3. The student demonstrates difficulty in pragmatics during natural communication samples when compared to students of the same age and ability level. Difficulties are observed in two or more contexts.

**Articulation/Phonology**: A student may be found eligible under the category of speech/language impairment if

1. their articulation deficits negatively impact academic development, ability to communicate, and/or social skill development
2. The adverse effects of the impairment on educational performance are not correctable without special education **AND**
3. The child achieves a standard score that is lower than would be expected based on performance on other measures or is commensurately low when compared to other obtained measures.

**Fluency:** A student may be found eligible under the category of speech/language impairment if:

1. Their fluency disorder has a negative impact on the ability to communicate or social skill development.
2. The adverse effects of the impairment on educational performance are not correctable without special education **AND**
3. The student demonstrates a moderate or severe rating on a fluency rating scale based on SLP observations or the student’s scores on a standardized measure indicate a moderate or severe fluency disorder.

**Voice:** **ALL** of the following conditions are required for a student to be found eligible under the eligible category of speech/language impairment in the area of voice:-

1. The student has received the medical intervention and the discharge notes or physician recommendations indicate a need for speech/language follow up.
2. The student’s abnormal production of quality, pitch, intensity, resonance, and/or rate has a negative impact on academic performance, the ability to communicate, and/or social skill development and the adverse effects of the impairment on educational performance are not correctable without special education.
3. The student demonstrates a moderate or severe rating in one area of a voice rating scale.

**Note: A minimum of two direct observations of the student to verify the lack of skill is required for all evaluations.**

### Preschool Severe Delay (PSD)

The determination of eligibility for special education is based on an evaluation pursuant to A.R.S. §15-766 and the following requirements:

* The child demonstrates performance on a norm-referenced test that measures more than three standard deviations below the mean for children of the same age in one or more of the following areas:
  + Cognitive development
  + Social and emotional development
  + Physical development
  + Adaptive development
  + Communication development
* The results of the norm-referenced measure(s) are corroborated by information from other sources, including parent input, judgment-based assessments, and/or surveys.
* The child was evaluated in all of the areas of development listed above, which, taken as a whole, comprise a comprehensive developmental assessment.

The results of the norm-referenced measure must be corroborated by **a minimum of two direct observations** (can be conducted by two separate evaluators) and information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of reliable information presented. If reliability cannot be established by two or more data sources, additional measures may be required.

**Note:** A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

Evaluation of Students Entering Kindergarten

Prior to the end of the year that a student exits the Alhambra Early Childhood Special Education and enters into kindergarten, a new evaluation must be conducted to determine if the student qualifies for special education services under a school-age category. Upon completion of the evaluation, regardless of the date, the student no longer qualifies for services under the preschool category but rather the school-age category. This information should be reflected in the IEP as well.

**Required Evaluation Guidelines and Components**

A Comprehensive Developmental Assessment (CDA) (sometimes referred to as a multidisciplinary team evaluation) is required for children ages 3-5. It is a full and individual evaluation of the child in all developmental areas: cognitive, physical, communication, social/emotional, adaptive development, and sensory (vision and hearing).

A Thorough Review of Existing Data is the beginning of any evaluation process and allows a team to determine the need for further data collection or to determine eligibility based on current data. When further data collection is required to determine eligibility, consent for evaluation is obtained, and the CDA is completed using:

* existing data,
* criterion-referenced assessments,
* At least one age-appropriate norm-referenced assessments and corroborating data,
* A minimum of two corroborating observations,
* Teacher input and
* Parent input.

However, for the purpose of determining eligibility in preschool, at least **one** norm-referenced assessment instrument will be used to obtain standard deviation information corroborated by at least **two** observations (can be conducted by two separate evaluators). The evaluation team shall determine eligibility based on the preponderance of reliable information presented. If reliability does not exist, across two or more data sources, additional measures are required.

**Note: A classification of PSD can only exist concurrently with HI and VI.**

**Suggested Tools to Use**

| **Areas** | **Available District Assessments** |
| --- | --- |
| Multiple Domains | Battelle Developmental Inventory, Third Edition (BDI-3)  Brigance Early Preschool Screen – II  Developmental Assessment of Young Children – Second Edition (DAYC-2)  Developmental Profile - Third Edition (DP-4) |
| Cognitive | Differential Ability Scales – Second Edition (DAS-II)  Kaufman Assessment Battery for Children, Second Edition (KABC-II)  Stanford-Binet Intelligence Scales for Early Childhood, (Early SB5)  Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI-IV)  Wechsler Nonverbal Scale of Ability (WNV)  Leiter International Performance Scale-Revised (Leiter-R)  Bracken Basic Concept Scale – Third Edition: Receptive |
| Social-Emotional | Behavior Assessment System for Children, Second Edition (BASC-2)  Autism Diagnostic Interview-Revised (ADIR)  Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)  Checklist for Autism in Toddlers (CHAT) and the Early Screening for Autistic Traits (ESAT)  Oregon Project and Skills Inventory (birth – 6 years) |
| Adaptive | Adaptive Behavior Assessment System – Second Edition (ABAS-II)  Behavior Assessment System for Children, Second Edition (BASC-2)  Devereux Early Childhood Assessment (DECA)  Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) |
| Physical (gross and Fine Motor) and Sensory | Peabody Developmental Motor Scales-3rd Edition (PDMS-3)  Sensory Processing Measure - Preschool  Vineland Adaptive Behavior Scales- Third Edition  DP-4  DAY-C  The Beery-Buktenica Developmental Test of Visual-Motor Integration  Peabody Developmental Motor Scales, 2nd Edition  Vineland Adaptive Behavior Scales, 3rd Edition (fine motor subscale) |
| Communication | Clinical Evaluation of Language Fundamentals, Fourth Edition (CELF-4)  Clinical Evaluation of Language Fundamentals, Fourth Edition, Spanish (CELF-4 Spanish)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Preschool Language Scale, Fifth Edition (PLS-5)  Preschool Language Scale, Fifth Edition, Spanish Edition (PSL-5-SE)  Receptive One Word Picture Vocabulary Test, Fourth Edition (ROWPVT4)  Receptive One Word Picture Vocabulary Test, Spanish Bilingual Edition (ROWPVT-SBE)  Expressive One Word Picture Vocabulary Test, Fourth Edition (EOWPVT4)  Expressive One Word Picture Vocabulary Test, Spanish Bilingual Edition (EOWPVT-SBE)  Oral and Written Language Scales, Second Edition (OWLS-II)  Stuttering Severity Instrument, Third Edition (SSI-3)  Goldman Fristoe Test of Articulation, Second Edition (GFTA-2)  Clinical Assessment of Articulation and Phonology (CAAP) |

**Team Members to Be Included**

Parent

School Psychologist

General Education Teacher

Special Education Teacher

Speech and Language Pathologist

Occupational Therapist (if needed)

Physical Therapist (if needed)

Teacher of the Hearing Impaired (if needed)

Teacher of the Visually Impaired (if needed)

Orientation & Mobility Specialist (if needed)

**Guidelines for Interpretation**

* The child obtains a standard score of 55 or below on one or more area
* Test results are corroborated by information from other sources, including parent input, judgment-based assessments, and/or surveys.
* The child was evaluated in all of the areas of development

### Developmental Delay (DD)

The determination of eligibility for special education is based on an evaluation pursuant to A.R.S. §15-766 and the following requirements:

* The child demonstrates performance on a norm-referenced test that measures at least one and a half but not more than three standard deviations below the mean for children of the same age in two or more of the following areas:
* Cognitive development
* Social and emotional development
* Physical development
* Adaptive development
* Communication development
* The results of the norm-referenced measure(s) are corroborated by information from other sources, including parent input, judgment-based assessments, and/or surveys.
* The child was evaluated in all of the areas of development listed above, which, taken as a whole, comprise a comprehensive developmental assessment (CDA).

The school district can conduct a reevaluation and change a child’s eligibility at any time. However, a child must be reevaluated prior to turning ten years of age as school districts will not receive funding for students under the DD category once they reach their tenth birthday.

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team will need to collect additional information to establish reliability.

**Note**: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

**Required Evaluation Guidelines and Components**

A Comprehensive Developmental Assessment (CDA) (sometimes referred to as a multidisciplinary team evaluation) is used for children ages 5-9, when determining eligibility under the category of DD. It is a full and individual evaluation of the child in all developmental areas:

* cognitive, physical, communication, social/emotional, adaptive development, and sensory (vision and hearing).

A thorough Review of Existing Data is the beginning of any evaluation process and allows a team to determine the need for further data collection or to determine eligibility based on current data. When further data collection is required to determine eligibility, consent for evaluation is obtained, a CDA is completed using:

* existing data,
* criterion-referenced assessments,
* At least two norm-referenced assessments,
* A minimum of two observations
* Teacher input (required for school-aged students), and
* parent input.

However, for the purpose of determining eligibility under DD, at least two norm-referenced assessment instruments will be used to obtain standard deviation and at least two observations (can be conducted by two separate evaluators). The evaluation team shall determine eligibility based on the preponderance of reliable information presented. If reliability does not exist across two or more sources, additional instruments are required to establish reliability.

**Note: DD can only exist concurrently with HI, OI, TBI, and/or VI.**

**Suggested Tools to Use**

| **Areas** | **Available District Assessments** |
| --- | --- |
| Multiple Domains | Battelle Developmental Inventory, Second Edition (BDI-2)  Brigance Early Preschool Screen – II  Developmental Assessment of Young Children – Second Edition (DAYC-2)  Developmental Profile - Third Edition (DP-4) |
| Cognitive | Differential Ability Scales – Second Edition (DAS-II)  Kaufman Assessment Battery for Children, Second Edition Normative Update (KABC-II NU)  Stanford-Binet Intelligence Scales for Early Childhood, (Early SB5)  Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI-IV)  Wechsler Nonverbal Scale of Ability (WNV)  Leiter International Performance Scale-Revised (Leiter-R)  Bracken Basic Concept Scale – Third Edition: Receptive |
| Social-Emotional | Behavior Assessment System for Children, Third Edition (BASC-3)  Autism Diagnostic Interview-Revised (ADIR)  Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)  Checklist for Autism in Toddlers (CHAT) and the Early Screening for Autistic Traits (ESAT)  Oregon Project and Skills Inventory (birth – 6 years) |
| Adaptive | Adaptive Behavior Assessment System – Second Edition (ABAS-II)  Behavior Assessment System for Children, Third Edition  Devereux Early Childhood Assessment (DECA)  Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) |
| Physical and Sensory | Peabody Developmental Motor Scales-Third Edition (PDMS-3)  Beery-Buktenica Developmental Visual-Motor Integration Test- Fifth Edition (VMI)  Wide Range Assessment of Visual Motor Ability (WRAVMA)  Developmental Test of Visual Perception -Third Edition (DTVP-3)  Developmental Test of Visual Perception-Adolescent and Adult  Battelle-Third Edition  Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)  Quick Neurological Screening Test-3R (QNST-3)  Pediatric Evaluation of Disability Inventory (PEDI)  Test of Handwriting Skills, Revised (THS-R)  Sensory Profile-2  Sensory Processing Measure-2  Sensory Processing Measure-Preschool  Sensory Processing Measure-School Companion  Sensory Integration Inventory -Revised-for Individuals with Disabilities  School Function Assessment |
| Communication | Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5)  Clinical Evaluation of Language Fundamentals, Fifth Edition, Spanish (CELF-5 Spanish)  Test of Language Development- Primary, Fourth Edition (TOLD-P:4)  Preschool Language Scale, Fifth Edition (PLS-5)  Preschool Language Scale, Fifth Edition, Spanish Edition (PSL-5-SE)  Receptive One Word Picture Vocabulary Test, Fourth Edition (ROWPVT4)  Receptive One Word Picture Vocabulary Test, Spanish Bilingual Edition (ROWPVT-SBE)  Expressive One Word Picture Vocabulary Test, Fourth Edition (EOWPVT4)  Expressive One Word Picture Vocabulary Test, Spanish Bilingual Edition (EOWPVT-SBE)  Oral and Written Language Scales, Second Edition (OWLS-II)  Stuttering Severity Instrument, Third Edition (SSI-3)  Goldman Fristoe Test of Articulation, Second Edition (GFTA-2)  Clinical Assessment of Articulation and Phonology (CAAP) |

**Team Members to Be Included**

Parent

School Psychologist

General Education Teacher

Special Education Teacher

Speech and Language Pathologist

Occupational Therapist (if needed)

Physical Therapist (if needed)

Teacher of the Hearing Impaired (if needed)

Teacher of the Visually Impaired (if needed)

Orientation & Mobility Specialist (if needed)

**Guidelines for Interpretation**

* The child obtains a standard score of at least one and a half but not more than three standard deviations below the mean in two or more areas.
* Test results are corroborated by information from other sources, including parent input, judgment-based assessments, and/or surveys.
* The child was evaluated in all of the areas of development.

### Orthopedic Impairment (OI):

The determination of eligibility for special education pursuant to the IDEA ‘04, A.R.S.15-766, and the following requirements:

* The student has one or more severe orthopedic impairments caused by a congenital anomaly, disease, or other causes such as amputation or cerebral palsy that adversely affects performance in the educational environment.
* The orthopedic impairment has been verified by a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, licensed nurse practitioner, or licensed physician assistant.
* The student was evaluated in all areas related to the suspected disability.

**Required Evaluation Guidelines and Components**

* A comprehensive written report from a licensed physician documenting a diagnosis of an orthopedic impairment caused by disease and/or impairments from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures.
* Additional information from a developmental and health history should be considered.
* Adaptive behavior rating scales or assessments.
* Reports from teachers, including PE teachers.
* A minimum of two structured observations of the child in multiple settings to confirm the presence of concerns in the educational setting as well as the impact of those concerns.
* Academic assessments, both formal and CBM criterion-based measures.

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

1. **Functional Impairments** (observed across two or more observations sessions **and** corroborated by at least one broadband and one narrowband **or** two narrowband social/emotional measures):
   1. **Motor impairment**
      1. Mobility
      2. Fine or gross motor skills
      3. Speed or processing or motor response time
      4. Sensory/perceptual motor skills

**Indicators:** extreme weakness (paresis) or paralysis of one or both sides; reduced muscle tone or rigidity; muscle contractions or spasticity; poor balance or ataxia. Reduced fine motor dexterity and tremors that impair cutting, drawing, or writing skills; problems with motor planning that impair dressing or assembly skills; problems with written output affecting written communication.

* 1. **Intellectual/cognitive impairments:**
     1. Attention or concentration
     2. Ability to initiate, organize, or complete tasks
     3. Ability to sequence, generalize or plan
     4. Insight/consequential thinking
     5. Flexibility in thinking, reasoning, or problem-solving
     6. Abstract thinking
     7. Judgment or perception
     8. Long-term or short-term memory
     9. Ability to acquire or retain new information
     10. Ability to process information

**Indicators:** poor impulse control; poor memory affecting encoding, retention, and retrieval of information; visual-spatial difficulties affecting whole-part reasoning, integration, and synthesis; poor organizational skills; impaired judgment and conceptual reasoning; slow processing speed or slow output of information affecting performance timed tests.

* 1. **Academic**
     1. Marked decline in achievement level.
     2. Impaired ability to acquire basic skills in reading, written language, or mathematics.
     3. Normal sequence of skill acquisition, as related to chronological and developmental age.

**Indicators:** impaired word recognition, impaired reading comprehension; confusion with math calculations, especially applications; poor retention of facts in content subjects; errors in mechanics and fluent expression of written language; difficulty integrating and applying new information.

**For other functional impairments to consider see the TBI section of this chapter.**

**Documentation of a functional impairment in one or more areas listed above:** must (at a minimum) include one source from Group One and one source from Group Two that confirms some dysfunction:

1. Group One:
   1. Checklists
   2. Classroom or work samples
   3. Education/medical history
   4. Documented, systematic behavioral observations
   5. Interviews with parents, students, and other knowledgeable individuals
2. Group Two:
   1. Criterion-referenced measures
   2. Standardized assessment measures (academic, cognitive, communication, motor)
   3. Broadband/Narrowband assessment measures (social-emotional)

**Note: OI cannot exist concurrently with PSD.**

**Suggested Tools to Use**

| Cognitive | Wechsler Intelligence Scales for Children, 5th Edition  Kaufman Assessment Battery for Children, 2nd Edition Normative Update  Differential Ability Scales, 2nd Edition  Wechsler Nonverbal Scales of Ability  Woodcock Johnson, Tests of Cognitive Abilities, 4th Edition  Cognitive Assessment System, 2nd Edition |
| --- | --- |
| Fine Motor | Peabody Developmental Motor Scales-Third Edition (PDMS-3)  Beery-Buktenica Developmental Visual-Motor Integration Test- Fifth Edition (VMI)  Wide Range Assessment of Visual Motor Ability (WRAVMA)  Developmental Test of Visual Perception -Third Edition (DTVP-3)  Developmental Test of Visual Perception-Adolescent and Adult  Battelle-Third Edition  Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)  Quick Neurological Screening Test-3R (QNST-3)  Pediatric Evaluation of Disability Inventory (PEDI)  Test of Handwriting Skills, Revised (THS-R)  Sensory Profile-2  Sensory Processing Measure-2  Sensory Processing Measure-Preschool  Sensory Processing Measure-School Companion  Sensory Integration Inventory -Revised-for Individuals with Disabilities  School Function Assessment |
| Gross Motor | Peabody Developmental Motor Scales, 2nd Edition  Test of Gross Motor Development, 2nd Edition |
| Academic | Woodcock Johnson, Tests of Achievement, 4th Edition  Wechsler Individual Achievement Tests, 4th Edition  Kaufman Tests of Educational Achievement, 3rd Edition  CBM, functional academics  Dolch word list  Spelling inventories |
| Adaptive | Vineland Adaptive Behavior Scales, 3rd Edition  Adaptive Behavior Assessment System, 3rd Edition |

**Team Members to Be Included:**

General Education Teacher

Special Education Teacher

School Psychologist

Physical Therapist, (required)

Nurse, if applicable

Occupational Therapist, if applicable

Outside medical professionals, if needed

**Guidelines for Interpretation:**

* Is the child’s educational performance adversely affected as a result of the disability as evidenced by the documentation collected on functional impairment?

**Consider issues related to:**

* Maintaining or changing positions,
* using classroom materials,
* hygiene/self-care,
* clothing management,
* mobility,
* eating,
* classroom performance,
* pre-academic or academic achievement,
* social-emotional functioning,
* communication,
* pre-vocational/ vocational skills,
* behavior,
* participation in physical education,
* safety issues,
* accessing the community, and
* other related issues.

### General Eligibility Guidelines and Considerations

Eligibility is a three-pronged consideration and **ALL THREE** must be met:

1. Does the child meet eligibility criteria in one more area of special education eligibility?
2. Does the student’s difficulties adversely impact their performance in the educational setting?
   1. Multiple suspensions, removals from class, and/or significant absences should be considered here, not just lower academic performance.
3. Does the student require specially designed instruction?
   1. If the student requires extensive behavioral support, a smaller educational setting similar to a special program, an alternative educational setting, alternative scheduling, or transportation, etc should be considerations, not just academic support.