**Special Education Rules Implementation Manual, Part 2**

# INTRODUCTION TO PART 2: ELIGIBILITY CATEGORIES

The Georgia Department of Education is pleased to present this document as a guide for the implementation of the Georgia Rules for Special Education. The purpose of this manual is to provide practical ideas and best practice information on the implementation of the Georgia Special Education State Rules.

The intended audience of this manual includes all the parties involved in the delivery and receipt of special education. This includes administrators, principals, regular education teachers, special education teachers, related services providers, parents, and students with disabilities.

By developing this implementation manual, the GaDOE is assuring that all parties to the special education process have access to the same information. The development and delivery of special education is more efficient and effective when all individuals work from the same base of knowledge.

This manual is meant to serve as a practical guide for implementing the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and its regulations. It is not intended to state new law or supplant any federal or state laws, regulations, or requirements. Nothing in this manual should be seen as having the force of law. This manual should not be cited as law or as imposing any additional requirements or obligations outside the requirements of existing law. Districts, schools, and parents are not required to adhere to this manual, but only to the requirements of the IDEA as codified in 20 U.S.C. § 1400 *et seq.*, its regulations promulgated in 34 C.F.R Parts 300 and 301, and the rules of the State of Georgia promulgated by the State Board of Education.

This manual does not cover every aspect of each of the Rules for Special Education; however, it does cover many of the topics about which questions are frequently asked.

This manual is divided into two parts that may be downloaded separately. Part 1 relates to the processes, procedures, and best practices for implementing the Georgia Rules for Special Education; Part 2 focuses on the different eligibility categories. Each part has its own Table of Contents. The chapters and topics listed in the Table of Contents are

hyperlinked to the specific pages in the manual. To move directly from the Table of Contents to a specific chapter or topic, press the control key (Ctrl), place the cursor over the desired chapter or topic listing, and click.

The chapters in this manual also include hyperlinks to numerous relevant resources and to different sample forms that are available on the GaDOE website. Unless otherwise noted, all forms are sample forms and are intended solely as models for districts. Many districts develop their own forms or modify these sample forms for their own use.

Users who have questions about a topic not contained in this document are encouraged to contact the GaDOE, Division for Special Education. The direct dial number for special education is 404-656-6319. The director for the Division for Special Education may also be contacted via email at dgay@doe.k12.ga.us.

The GaDOE acknowledges and thanks those who assisted with the initial development of this manual. Stakeholders from all over Georgia spent many hours assisting in the development and review of the content in this document. Their service was invaluable.



This manual is meant to serve as a practical guide for implementing IDEA and its regulations. It is not intended to state new law or supplant any federal or state laws, regulations, or requirements. Nothing in this manual should be seen as having the force of law. This manual should not be cited as law or as imposing any additional requirements or obligations outside the requirements of existing law. Districts, schools, and parents are not required to adhere to this manual, but only to the requirements of IDEA as codified in 20 U.S.C. § 1400 *et seq.*, its regulations promulgated in 34 C.F.R Parts 300 and 301, and the rules of the State of Georgia promulgated by the State Board of Education.

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# CHAPTER ONE: AUTISM SPECTRUM DISORDERS

## *Introduction*

Autism, Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS), and Asperger's Syndrome are developmental disorders that are known collectively as Autism Spectrum Disorders (ASD) and included as a Pervasive Developmental Disorder in the American Psychiatric Association Diagnostic and Statistical Manual (DSM – IV). The term ASD or autistic spectrum disorder is commonly used to describe the full range of the autism spectrum, which is a complex developmental disability with symptoms and characteristics that present in a wide variety of combinations from mild to severe.

ASDs are present from birth or the child's very early development. They affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others (National Research Council, 2001). Additional characteristics may include sensory issues, anxiety, resistance to environmental change or change in routine, and stereotyped movements. Autism has no cure, but many individuals on the spectrum become highly productive, loving, and contributing adults.

*GaDOE Autism Webpage*

## *GaDOE Rule: Autism Spectrum Disorders*

*Definition, Evaluations and Assessments, & Eligibility and Placement*

### Considerations

While a medical evaluation is not required as a part of the eligibility determination process, because children with ASD have a relatively high incidence of medically related problems, it is prudent for families to consider obtaining medical evaluations (including physical, neurological, and genetic evaluations) outside of the school district's evaluation process in order to rule out the presence and/or influence of related disorders. Parents and others who know the child well should be heavily involved in the evaluation process.

The behavior of children with ASD may vary widely across settings and across skill domains. In addition, the behavioral features associated with ASD vary considerably with age. It is, therefore, critical that information be obtained about a child's functional abilities across

multiple tasks and multiple settings and that behavioral data be evaluated within the context of a child's developmental level.

Children who are not found eligible for special education under the category of autism may be found eligible for special education services under another category or as not eligible at all. Criteria have been developed by the Georgia State Department of Education regarding the determination of eligibility for special education/related support services under other classifications, and this information is available in other chapters of this manual. (e.g., Speech and Language Impairment, Emotional Behavior Disorders, Specific Learning Disabilities, Intellectual Disabilities, and Other Heath Impairment).

## *Strategies and Best Practices for Implementing the ASD Rule*

### *Earliest Intervention*

The National Research Council (2001) strongly recommends that a child enter into an intervention program as soon as an ASD is seriously considered. Thus, educational services, based on an IEP/IFSP and systematic intervention plans, should begin as soon as the child is determined eligible for services. In Georgia, initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

Early Intervention provides the opportunity for family members and educators to intervene prior to the development of behaviors that interfere with functioning.

- A family may begin teaching functional communication strategies prior to the development of idiosyncratic communicative patterns and/or atypical behaviors.
- Educators may assist family members in the development of effective teaching strategies for use in the home and community where the need is often the greatest.
- Also, early intervention provides the opportunity for family members and teachers, working together, to support the healthy adjustment of the family with respect to the child's ASD, and to facilitate the formation and maintenance of social networks in the community.

### *Family Involvement and Cooperative Planning*

Effective programming for children with ASD requires a concerted team approach between agency/school district personnel and families. Federal and state laws require that parents and specific school personnel participate in the development of an IEP. Parents and staff

who are knowledgeable about the child should work together throughout the year to implement, monitor, and evaluate the program and student progress.

## *Individualized and Intensive Programming*

Children with autism represent a wide range of strengths, weaknesses, and unique learning needs that require individualized and highly specialized programs. Effective program planning requires that services and supports address each child's unique developmental profile. Educational personnel are required through the Individuals with Disabilities Education Act (IDEA), to provide a continuum of individualized supports, services, and placements to students, ranging from inclusion in general education with varying levels of support to specific instruction in a specialized setting.

When considering placement and programming for students with ASD, IDEA requires the full continuum of services be considered to assess the appropriate least restrictive environment for the individual student. This means that to the maximum extent appropriate, students should be educated with nondisabled peers. Special classes, separate schooling, or other removal of children with disabilities from the general education environment occurs only when the nature and severity of the disability is such that education classes with the use of supplementary aids and services cannot be achieved satisfactorily. Considerations for determining the least restrictive environment (LRE) of the individual child, based on his or her unique characteristics, learning style, and needs, should include

- clearly identifying the child's strengths and weaknesses to determine intensity of instructional level (National Research Council, 2001) and
- determining appropriate supports, accommodations, and modifications to support the child's access to the general education curriculum.

Chapter Eight of Part 1 of the Implementation Manual contains more in-depth information on LRE.

Having a diagnosis of autism should not automatically place the student in the school or the district's autism class or program. No one program, support, or service is likely to meet the needs of all children identified with autism. Schools should provide a comprehensive and flexible program that includes instructional delivery based on social, academic, and functional needs; supplemental therapies as needed; and the consideration of assistive technology (AT). Many students with autism spend all or a portion of their day included in the general education classroom. Responsible inclusive practice refers to ensuring and maximizing student success in general education classrooms by providing teacher support

to meet student needs. Such support may involve training, materials, and time to collaborate with colleagues. Responsible inclusive practices call for educators and parents to reflect on the following questions:

- What are the educational benefits to the student in the general education classroom, with supplementary aids and services, compared with the educational benefits of a special education classroom? What will be the nonacademic or personal benefits to the student in interactions with nondisabled peers?
- What would be the effect on the teacher and other students in the general education classroom?
- How will the team define and measure the success of inclusion?

(National Research Council, 2001)

Intensive programming for students with autism is recommended to support active engagement in instruction. Regardless of the number of hours and the intensity of the school programming, it is recommended that families supplement programming in the home and community by incorporating intervention strategies into the family routines.

### *Comprehensive Instruction*

Suggested instruction for children with ASD should focus on

- maximizing success in school settings;
- developing independent functioning in home, vocational, and community settings; and
- increasing the ability to make informed choices, become their own advocates, and control their environment in an effort to improve overall quality of life.

Children with ASD display extremely wide and unique patterns of development and learning styles; therefore, instruction must be individualized and adapted to each child. Georgia law requires that all children, including those with ASD must have access to the Preschool and K-12 Georgia Performance Standards/Common Core. For children on the spectrum, curricular accommodations and modifications may be necessary to help ensure access. Additional areas may need to be addressed due to challenges arising from the core deficits of ASD, which include social-emotional reciprocity, communicating skills, attending skills, cognitive processing, observational learning, severe problem behaviors, and daily living skills.

Individuals with ASD have significant needs in all areas of communication, including pragmatics, semantics, syntax, and phonology. Because some children with ASD are unable to develop fully the use of speech as their primary mode of communication, augmentative or alternative systems must be considered, including AT devices and equipment, picture communication systems, visual supports, and/or sign language. Speech pathologists and teachers working together across the curriculum is a best practice recommendation for facilitation of communication goals.

ASDs affect essential human behaviors such as social interaction and the establishment of reciprocal relationships. Consequently, an emphasis on social skills with peers and adults is essential in all instruction for students with ASD. Target areas in building social relationships include joint attention, initiating and responding, turn taking, sharing, and conversational skills. For younger children skills such as play ideas, transitioning between play activities, and initiation of play activities are targeted. For older students recreation/leisure skills involving other people should be a main focus of instruction. The ability to express needs and use appropriate communication with peers and adults in realistic situations is critical to the overall goal of enhancing the quality of life for individuals with ASD.

Many behaviors displayed by typically developing children are also observed in children with ASD. However, they differ in intensity, frequency, duration, and persistence. This is true for repetitive, stereotyped behaviors that provide kinesthetic input such as rocking, posturing, and finger flicking. Also included may be movement that provides visual input such as gazing at fingers, patterns, or printed matter, and auditory input such as repetitive vocalizations, words, or statements. Some children perseverate on the same conservational topics even when nobody appears to be listening or providing feedback.

Such repetitive, stereotyped behaviors may be stigmatizing, in addition to competing with the development of new skills. If left untreated, they persist, usually becoming the dominant behavior. Instruction that emphasizes treatment of these behaviors is critical. When a student with ASD is engaged in appropriate activities, stereotyped behavior becomes less evident. Some repetitive behaviors serve the function of self-regulation and, therefore, should not automatically be discouraged. Consequently, it is important to assess the function of these behaviors, including level of interference and the extent/degree to which a behavior is stigmatizing, in order to determine whether interventions are necessary.

Developing social relationships is a core deficit for children with ASD. Typical children acquire play skills, language and communication, and cognitive skills through social interactions. Children with ASD lack these foundational skills because of their impaired

ability to form social relationships. Since the ability to develop social relationships adversely impacts a child's overall educational performance, it should be a focus of teaching children with ASD, even though it is not traditionally considered an academic area. Peer relationships are not learned incidentally for ASD students as they are with typical peers. Therefore, students with ASD need direct instruction in social skills in the same way they learn academic or self-help skills. Children with ASD also display deficits in cognitive, motor, academic, sensory motor, and daily living skills. Targets in these deficit areas may include

- academic skills, including mathematics, reading and writing;
- daily living skills;
- gross, fine, and sensory motor skills;
- vocational skills that are based on the student's strengths and preferences;
- transition skills from activity to activity;
- community participation skills to the maximum level possible;
- self-regulation strategies;
- self-advocacy skills;
- higher-order cognitive processes;
- coping skills for dealing with unexpected changes and emergencies; and
- social skills to include peer relationships.

Due to their attention problems, children with autism benefit from predictability and structure in their activities, schedules, and environments. Predictability and structure may be provided by considering the following:

- physical arrangement of the room,
- nature of the materials used,
- teaching strategies used,
- visual/organizational tools used,
- behavioral support and strategies used,

- time allocation and sequence of activities,
- staff to student ratios, and
- staff teaming and interactive styles.

These variables can promote active engagement, which is recognized as one of the best predictors for positive student outcomes (Heflin & Alberto, 2001). They must be continually assessed and modified based on the individual and his or her changing needs. Structured and predictable environments allow students to anticipate task requirements and expectations. Students in a structured and well organized learning environment respond more appropriately and successfully to the demands being placed on them.

## *Staff Training*

General and special education teachers and support staff must be specifically trained to understand and teach students with ASD and to implement their IEPs. While there is no standard training protocol to prepare professionals to work with children with ASD, it is generally agreed that for intervention to be effective, the team should have a collective core of knowledge about autism. Suggested training components include the following:

- knowledge of ASD,
- knowledge of early intervention,
- knowledge of cooperative planning and family involvement,
- knowledge of individualized and intensive programming,
- knowledge of Georgia Performance Standards/Common Core,
- knowledge of systematic instruction and ongoing formative and summative assessment,
- knowledge of evidenced-based instructional strategies,
- knowledge of how to facilitate peer relationships, and
- knowledge of transition planning.

***Building capacity for district personnel to sustain high levels of expertise is essential to support effective practices and build competency among staff.***

# *Frequently Asked Questions*

## *Definition*

**What causes Autism Spectrum Disorder?**

According to the Center for Disease Control, ASDs have no single cause. Because ASDs are complex, neurobiological disorders, they are believed to develop through a long chain of events that may involve genes, chromosomes, metabolic disorders, viral agents, immune intolerances, anoxia, or any compilation of these factors. These contributing factors have the potential to affect neural development that may impact an individual's behavioral and developmental characteristics, resulting in a diagnosis of ASD.

**What are some of the signs of ASD?**

As the name "autism spectrum disorder" suggests, ASD covers a wide range of behaviors and abilities. People with ASD, like all people, are different in how they act and what they can do. People with ASD have serious impairments with social, emotional, and communication skills. They might repeat certain behaviors over and over again or have trouble changing their daily routine. Below is a list of characteristics that are common among people with ASD. It is important to note that some people without ASDs might also have some of these symptoms. But for people with ASD, the impairment is severe enough to make life very challenging.

According to the Centers for Disease Control and Prevention, persons with an ASD might

- not respond to their name by 12 months;
- not point at objects to show interest by 14 months;
- not play "pretend" games by 18 months;
- avoid eye contact and want to be alone;
- have trouble understanding other people's feelings or talking about their own feelings;
- have delayed speech and language skills;
- repeat words or phrases over and over (echolalia);
- give unrelated answers to questions;
- get upset by minor changes;

- have obsessive interests;
- flap their hands, rock their body, or spin in circles;
- have unusual reactions to the way things sound, smell, taste, look, or feel;
- prefer to play alone;
- interact only to achieve a desired goal;
- not understand personal space boundaries;
- avoid or resist physical contact; and/or
- not allow others to comfort them during distress.

**What is the prevalence of autism?**
CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network released data in 2009 that found about 1 in 110 8-year-old children in multiple areas of the United States has an ASD.

**How do ASDs adversely impact education?**
Since the central deficits in ASD (i.e., social reciprocity and interaction, communication, and repetitive behaviors) affect components that are key to the educational process, ASD may adversely impact a child's performance in one, several, or all of the following areas: academics, social/emotional growth, life-skills acquisition, communication, and the ability to use and maintain skills across a range of applications and settings. Regardless of the level of disability, persons with an ASD respond well to highly structured educational settings that include appropriate supports and accommodations tailored to meet their individual needs.

**Is there a cure for autism?**
In a medical sense, no known cure exists for ASD. However, research continues in the neurobiological field of medicine. Such continued research has provided a clearer understanding of ASD and has led to more effective treatment and therapies. With an appropriate, comprehensive educational program, a child's behavior may change positively and to such an extent that his or her presentation may no longer meet ASD criteria. However, for the majority of children who make such gains, the challenge associated with ASD may not disappear completely. ASD is typically a lifelong developmental disability.

## *Evaluation*

**How is ASD diagnosed?**

There is no medical test for ASD. Doctors and other professionals look at behavioral symptoms to make a diagnosis. Typically, a diagnosis is made after a thorough evaluation. Such an evaluation may include clinical observations, parent interviews, developmental histories, psychological testing, speech and language assessments, and possibly the use of one or more of a variety of autism diagnostic scales. Because ASDs are complex disorders, in addition to a comprehensive evaluation, parents may include physical, neurological, and genetic testing.

**Do students with ASD also have other disabilities?**

Children with an ASD may have other developmental disabilities, such as intellectual disabilities, seizure disorders, Fragile X syndrome, or other neurological disorders. Also, some children may have depression, anxiety attention deficits, sleeping disorders/ problems, sensory issues, or gastrointestinal disorders.

## *Strategies and Best Practices*

**What is the best treatment for ASD?**

No cure exists for ASD, but recognizing the signs of developmental delay as early as possible and getting intervention services right away can improve outcomes and help a child reach his or her full potential. Treatment involves research-based, highly structured behavioral interventions to meet individual student needs. According to reports by the American Academy of Pediatrics and the National Research Council, educational interventions thought to help children with ASD are those that provide structure, direction, and organization for the child.

**Should school personnel working with children with ASD have experience and/or additional training beyond their certification?**

Any professional working with a child with any disability must have enough training, knowledge, and experience to develop and carry out the child's IEP effectively. Staff require knowledge in areas of characteristics of autism, appropriate assessments, and the wide range of teaching methods and strategies available to address the social, behavioral, and academic needs of these students. Training can be accomplished through professional development opportunities or through ongoing supervision.

**Does the IEP have to address methodology?**

Federal law does not require that a child's IEP identify specific methodology. The IEP must address measurable annual goals and benchmarks, including criteria and evaluation procedures. Additionally, it must delineate the supports necessary to implement the IEP.

Such supports may be specific to certain methodologies while ensuring that progress is determined by the criteria set in the IEP.

**If a school district is implementing programs that use the principles of applied behavior analysis, are staff members required to have completed board certification or other certification?**

A certification or license is not required to conduct a program involving applied behavior analysis. School districts are responsible for making sure that school staff have the skills, training, and experience necessary to implement the goals, benchmarks, and any instructional strategies proposed on a child's IEP. School personnel should have experience and training in implementing programs based upon the principles of applied behavior analysis, positive behavioral supports, completion of functional behavioral assessments, and in the development of behavioral intervention plans.

**Is there a "best" instructional approach for a student with ASD?**

Schools must offer both research-based behavioral techniques and sound developmental practices. The need for particular methods varies by age level, degree of social communication impairment, and severity of maladaptive behaviors. Educational programs should address needs that are unique to children with ASD as well as accompanying disabilities.

Although there is evidence that interventions lead to improvements, there does not appear to be a clear, direct relationship between any particular intervention and children's progress. Thus, while substantial evidence exists that treatments can reach short-term goals in many areas, gaps remain in addressing larger questions of the relationships between particular techniques and specific changes (National Research Council, 2001).

## *Resources*

### *Books, Articles, & Documents*

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorder* (4th ed.). Arlington, VA: APA.

Connecticut Bureau of Special Education (2005). *Guidelines for the identification and education of children and youth with autism*. Hartford, CT: Connecticut State Department of Education.

Heflin, L., & Alberto, P. (2001). Establishing a behavioral context for learning for students with autism. *Focus on Autism and Other Developmental Disabilities* 16(2), 93-101.

National Research Council. (2001). *Educating children with autism*. Committee on Educational Interventions for Children with Autism. Division of Behavioral and social Sciences and Education. Washington, DC: National Academy Press.

## *Websites*

**American Speech-Language-Hearing Association** www.asha.org

**Autism Connect** http://www.autismconnectmd.org

**Asperger's Organization** www.asperger.org

**Asperger's Syndrome Information** http://www.udel.edu/bkirby/asperger/

**Autism National Committee** www.nationalautismassociation.org

**Autism Society of America Georgia Chapter** www.asaga.com

**Autism Society of America** http://www.autism-society.org

**Autism Speaks (CDC Partner)** http://www.autismspeaks.org

**Autism Treatment Network** http://www.autismtreatmentnetwork.org

**Babies Can't Wait Georgia** http://health.state.ga.us/programs/bcw/index.asp

**Center for Disease Control (CDC): Autism Spectrum Disorders**
http://www.cdc.gov/ncbddd/autism/index.html

**Center for Disease Control (CDC): National Center on Birth Defects and Developmental Disabilities** http://www.cdc.gov/ncbddd/index.html

**Center for the Study of Autism** http://www.centerforautism.com

**Council for Exceptional Children (CEC)** http://www.cec.sped.org

**Emory University Autism Center**
http://www.psychiatry.emory.edu/clinicalsitesemoryuniversityautismcenter.htm

**Families for Early Autism Treatment (FEAT)** http://www.feat.org

**First Signs** http://www.firstsigns.org

**Friends of Autistic People** http://www.autisticadults.com

**National Academy of Sciences** http://www.nasonline.org/site/PageServer

**National Autism Association** http://www.nationalautismassociation.org

**National Information Center for Children and Youth with Disabilities** www.nichcy.org

**Organization for Autism Research** www.researchautism.org

**Parent to Parent of Georgia** http://www.parenttoparentofga.org/

**The Governor's Council on Developmental Disabilities, Georgia's DD Council**
http://www.gcdd.org

**The Interdisciplinary Council on Developmental and Learning Disorders**
http://www.icdl.com

**The Marcus Institute** http://www.marcus.org/index.html

**U.S. Department of Education** http://www.ed.gov

## *Informational Webinars*

A number of on-line webinars through Elluminate focus on issues related to autism spectrum disorder.

A Proactive Approach to Case Management for Students with Autism Spectrum Disorder, conducted on September 3, 2009, by Alice Murphy.

Autism Spectrum Disorders: Problem Solving with the Expert, conducted on December 13, 2009, by Sheila Wagner, Assistant Director of the Emory Autism Center.

Sensory Integrating and Autism Spectrum Disorder, conducted on December 17, 2009, by Alice Murphy and Cindy Terry.

Autism Spectrum Disorders: Best Practices in Assessment, conducted on January 29, 2010, by Sue Barrick Miller.

A Review of Performance of Standardized Screening and Diagnostic Instruments in School-Aged Children with ASD, conducted on February 12, 2010, by Lisa Wiggins.

Coordinating Sensory/Communication Needs to Serve Students with ASD , conducted on February 26, 2010, by Stacey Holland and Bruce Benson.

ElluminateLive!

Instructions for Accessing Recorded Sessions

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# CHAPTER TWO: DEAF/BLIND

This chapter is currently being developed. The links below access the deaf-blind webpage and the rule.

If you have questions about deaf/blind eligibility, please contact your district liaison.

*GaDOE Deaf-Blind Webpage*

## *GaDOE Rule: Deaf-Blind*

*Definition, Eligibility and Placement, & Additional Requirements*

### Considerations

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

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# CHAPTER THREE: DEAF & HARD OF HEARING

## *Introduction*

Hearing loss is generally described as slight, mild, moderate, severe, or profound, depending upon how well a person can hear the intensities or frequencies most strongly associated with speech. Impairments in hearing can occur in either intensities or frequencies or in both areas. Generally, only children whose hearing loss is greater than 90 decibels are considered deaf (NICHCY, June 2010). This chapter contains information specific to serving students who are deaf and hard of hearing. Requirements defined by state rules or federal regulations are identified and strategies and best practices for implementing these rules and regulations are provided.

*GaDOE Deaf and Hard of Hearing Webpage*

## *GaDOE Rule: Deaf and Hard of Hearing*

*Definition, Eligibility and Placement, & Additional Requirements*

### Considerations

The least restrictive environment for a student who is deaf or hard of hearing depends greatly upon the student's communication needs. Placement teams should keep communication access as a priority and define the least restrictive environment as the most *language-rich and language-accessible* environment.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *GaDOE Rule: Deaf Child's Bill of Rights Act*

*Deaf Child's Bill of Rights*

### Considerations

To ensure compliance with the Deaf Child's Bill of Rights, districts may wish to develop a worksheet for IEP teams where each provision of the law is addressed separately as a child's IEP is developed and/or amended. A sample worksheet is available under sample forms on the Special Education webpage.

## GaDOE Rule: Interpreters

### Personnel, Facilities, & Caseloads

#### Considerations

From birth through high school, students who are deaf and hard of hearing are continuously developing their language skills; therefore, meeting their educational needs requires competent, consistent language models on the part of all staff members working with the student. Nowhere is this more important than in the case of the educational interpreter. Providing services to deaf students, especially young children who are still acquiring language, requires more skills than does interpreting for adults who have already acquired language.

## GaDOE Rule: Assistive Technology Devices

### 160-4-7.02 Free Appropriate Public Education, Article (6) Assistive Technology

#### Considerations

Any professional person with primary responsibility for due processed students who are deaf or hard of hearing may obtain purchase orders for the purpose of maintaining these students' hearing aids. Prior to allocation of this money, the Coordinator of Special Education, or his or her designee, may reserve the right to document the need for hearing aid maintenance. The district does not need to pay for aids or pay to replace aids. Nor is the district required to fund devices that are surgically implanted (such as cochlear implants) or to maintain or replace such devices.

#### Daily Hearing Aid Check Procedure

A service provider for each due processed student with a hearing impairment who uses hearing aids should perform a daily hearing aid check or ensure that this daily check is performed. This procedure should be documented daily. The following steps may be adopted as a local procedure.

1. Visually inspect the system to be certain the earmolds are free of debris, not clogged with earwax, and clean. Check that the cords are not frayed, that microphone openings are clear, and that all connections are made.

2. Using a hearing aid stethoset, listen to each hearing aid using the Ling 6-sound test (ah, oo, ee, sh, s, m). Document this check on a Hearing Aid Checklist, which is available under sample forms on the Special Education webpage.

3. If the student uses a personal FM Auditory Trainer, check each side using the environmental microphone alone, the transmitter alone, and the two together. While listening, wiggle the cords and connectors to be certain that there are no dead spots. Wiggle switches to be certain there are no shorts.

### Troubleshooting

If the system is dead or weak,

- check to make sure that the battery is not dead, weak, or inserted backwards—replacement batteries are provided by the school district;
- check to make sure that the earmold is not clogged; and
- check that the switches are in the correct positions.

If the system sounds distorted,

- check the power supply;
- check that the switches are in the correct positions; and
- for personal FM systems, check that all the correct parts are being used—the wrong cord or audio boot will cause distortion.

If the system is feeding back,

- check that the earmold fits and is seated securely;
- check to make sure that the earmold or earmold tubing is not cracked;
- check that the volume control is set appropriately—reducing the volume is only a temporary solution to the problem; and
- check all connections.

If the system is intermittent,

- check the battery contacts for debris or corrosion from moisture;
- check that cords and/or microphones are plugged into the FM system, or that the audio boot is attached to the hearing aid—all connections must be secure;
- check to make sure that plug prongs are not bent, broken, or loose; and

- check to make sure that cords are not cracked, chewed, or otherwise damaged.

If this does not solve the problem, contact the audiologist, the deaf education teacher, or another designee.

## *Strategies and Best Practices for Implementing the D/HH Rules*

### *Assessment Tools*

A number of assessment tools for different purposes, as well as for different age or grade ranges, has been compiled by S. E. Easterbrooks and E. L. Estes (2007). A list of these assessment tools is available on the Deaf and Hard of Hearing webpage.

### *Sample Classroom Accommodations*

#### General Accommodations

- Sound field amplification
- Visual aids
- Videos
- Field trips
- Labs/experiences sound treatment (e.g., tennis balls on feet of chairs, acoustic tiles, etc.)
- Labeling of common items in the environment

#### Environmental Issues

- Seat student in best place to permit attending and participation.
- Give student a swivel chair on casters.
- Use a semicircular seating arrangement.
- Reduce noise and reverberation with draperies, acoustic ceiling tile, and acoustical wall treatments.
- Use flashing lights along with bells for signaling class schedule.
- Use flashing lights for safety alarms (e.g., fire, tornado).

## Content Delivery & Acquisition (Input)

- Preteach important vocabulary and concepts.
- Use a radio frequency transmission unit (FM) system.
- Stand where the student can read lips.
- Face the student when talking.
- Use an overhead projector.
- Employ an educational interpreter.
- Team teach with a teacher of deaf or hard of hearing students.
- Modify class schedule to reduce fatigue (e.g., include opportunities for active involvement).
- Provide a study guide of the key concepts, questions, vocabulary, and facts when introducing new material. Include page numbers where information can be found in textbook. Provide a copy of the teacher's notes.
- Highlight key words or concepts in printed material.
- Supplement lesson with visual materials (e.g., real objects, pictures, photographs, charts, videos).
- Use graphic organizers to present material.
- Provide manipulatives for multi-sensory, hands-on instruction or activities.
- Use peer tutoring.
- Use a note-taker.
- Use cooperative learning experiences.
- Develop learning centers.
- Use games for drill and practice.
- Use concise statements or simplified vocabulary.

- Use a "listening buddy," where another student restates the directions or helps the student who is deaf or hard of hearing stay on task.
- Cue the student visually to indicate that someone is talking during class discussions or during intercom messages.
- Repeat information that has been expressed by a person out of view or delivered over the intercom.
- Write short summaries of the lesson or of the chapters of the textbook.
- Use a peer tutor, paraprofessional, or volunteer to review work, important concepts, vocabulary, and facts with the student.
- Use commercial software to provide practice and review material.
- Use captioned movies and television programs.
- Divide and organize lengthy directions into multiple steps.
- Give verbal directions before distributing visual materials.
- Demonstrate directions to clarify what needs to be undertaken.
- Check for comprehension via the following means.
    - Signal to teacher
    - Repeat
    - Simplify
    - Rephrase
    - Elaborate
    - Substitute
    - Pair
    - Give feedback
- Break long-range projects into short-term assignments.
- Post the date on the board when assignments and projects are due. Remind frequently.

- Increase the number of practice examples of a rule, concept, or strategy prior to assigning seatwork or homework.
- Shorten length of assignments and provide additional opportunities for practice.
- Teach organizational skills and assist the student in generalizing these skills.
- Teach the student reading comprehension strategies (e.g., textbook structures such as headings, subheadings, tables, graphs, summaries).
- Provide duplicate sets of materials for family use and review.
- Have the student summarize at the end of the lesson.
- Use thematic instruction to unify curriculum.

### Demonstrating Knowledge, Skills, & Understanding

- Allow more time to complete assignments.
- Allow students to make models, role play, develop skits, and create art projects to demonstrate their understanding of the information.
- Allow written or drawn responses to serve as an alternative to oral presentations.
- Allow the student to use computer/word processor.
- Use cooperative learning experiences to develop cooperative small group projects.
- Use a peer tutor, paraprofessional, or volunteer to work with the student on tasks.

### Social

- Teach hearing students to sign.
- Teach deaf students how to explain equipment to peers.
- Make books about hearing loss and deafness available.
- Invite deaf adults to school to share stories.
- Implement a “circle of friends” program.
- Structure activities and experiences for deaf and hearing students to work together.

- Teach units on social topics (e.g., friendship, avoiding fights, emotions, stealing, dating, dealing with divorce).
- Provide direct instruction on specific social skills (e.g., starting conversations, giving compliments, responding to criticism).

Source: Luckner, J. & Denzin, P. (1998). In the mainstream: Adaptations for students who are deaf or hard of hearing. *Perspectives in Education and Deafness,* 17(1), 8 - 11.

## *Effective Instruction*

- Use the language/system that is most beneficial to the students in learning new and difficult information (age-appropriate).
- Secure the attention of the students and state the purpose of the lesson.
- Ascertain what the students know about the material/concept you are about to teach; praise anything known and move on to new material; repeat prerequisite material if needed.
- State the objectives of the lesson (e.g., "In 40 minutes you will be able to . . .").
- Introduce new material in small steps.
  - Name the concept (e.g., "These are continents.").
  - Provide synonyms for words or phrases.
  - Define key words that provide distinguishing details and have students repeat them.
  - Identify essential characteristics and give non-examples (e.g., "Washington, DC is the capital of the US. New York is also a large, important city, but it is not the capital of the US.").
  - Ask for examples of the concept or provide them; also ask for and provide non-examples.
  - Ask comprehension questions using partial information, analogy, or multiple choice question prompts, if necessary. Require higher level thinking (e.g., summarize, compare/contrast, judge, evaluate, infer, etc.).
  - Use one or more graphic organizers to display new information visually.

- Provide anything that needs to be read at the student's instructional reading level (current level plus 6 months more difficult).
- Plan anything that needs to be written and use graphic organizers before beginning.

- Give clear detailed instructions for active practice with a partner.
  - Repeat the directions.
  - Ask the student to repeat the directions.
  - If students are working in cooperative groups, make sure they are working with partners of similar ability and that each has an assigned job.
  - Design active learning sessions that involve role play, hands-on demonstration, experimenting, arts, etc.

- Provide systematic feedback and correction.
  - Correct errors with the entire group. Don't "fish" for the correct answer.
  - Correct errors in a neutral, businesslike manner.
  - Have students make the correct response.
  - Firm up the response by checking with another example or returning to the same item later in the lesson.
  - Provide clear explanations of seat work and monitor student progress.
  - Continue practice until students demonstrate 80% comprehension of material.
  - Assign homework only for material on which students have an 80% mastery, and ask parents to report on abilities at home.

Source: Archer, A., Gleason, M., & Isaacson, S. (1995) in P. Cegelka & J. Berding (Eds.), *Effective instruction for student with learning difficulties*. Boston: Allyn & Bacon.

## *Resources*

### *Iowa DOE's Expanded Core Curriculum for Students Who Are Deaf or Hard of Hearing*

Audiology, Career Education, Communication, Family Education, Functional Skills for Educational Success, Self-Determination and Advocacy, Social-Emotional Skills, & Technology

#### Expanded Core Curriculum-DHH Forms

Checklist

Needs Assessment

Worksheet

### *Tools & Sample Forms*

Deaf Child's Bill of Rights Worksheet

Deaf and Hard of Hearing Assessment Tools

Hearing Aid Checklist

### *Books, Articles, & Factsheets*

Archer, A., Gleason, M., & Isaacson, S. (1995). In P. Cegelka & J. Berding (Eds.), *Effective instruction for student with learning difficulties*. Boston: Allyn & Bacon.

NICHCY (June, 2010). Deafness and hearing Loss. *NICHCY disability fact sheet 3*. Retrieved from http://nichcy.org/disability/specific/hearingloss.

Easterbrooks, S. E., & Estes, E. L. (2007). *Helping deaf and hard of hearing students to use spoken language: A guide for educators and families.* Thousand Oaks: Corwin.

Luckner, J., & Denzin, P. (1998). In the mainstream: Adaptations for students who are deaf or hard of hearing. *Perspectives in Education and Deafness, 17*(1), 8 - 11.

### *Communication Modes and Methods Websites*

**Georgia Hands and Voices** www.gahandsandvoices.org

This is Georgia's non-profit, parent-driven, parent/professional collaborative group that is unbiased towards communication modes and methods. Local resources and events are posted here.

**Hands and Voices** www.handsandvoices.org
Hands & Voices is a nationwide non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing, as well as the professionals who serve them. Hands & Voices is a parent-driven, parent/professional collaborative group that is unbiased towards communication modes and methods.

## *Deaf Education Websites*

**Alexander Graham Bell Association for the Deaf and Hard of Hearing** www.agbell.org
The Alexander Graham Bell Association for the Deaf and Hard of Hearing helps families, health care providers, and education professionals understand childhood hearing loss and the importance of early diagnosis and intervention. AG Bell helps to ensure that every child and adult with hearing loss has the opportunity to listen, talk, and thrive in mainstream society.

**American Society for Deaf Children** www.deafchildren.org
This web site contains numerous resources of interest to those in the field of deaf education.

**National Deaf Education Project** www.ndepnow.org
**The National Deaf Education Project (NDEP)** was established in 1998 to articulate and work toward the development of a quality communication and language-driven educational delivery system for students who are deaf or hard of hearing. The **National Agenda** for Deaf Education can be accessed here.

**Postsecondary Education Programs Network (PEPNet)** www.pepnet.org
PEPNet's national network of regional centers provides resources, information, in-service training, and expertise to enhance educational opportunities for individuals who are deaf or hard of hearing and for their families.

## *Interpreters/Interpreting Websites*

**Classroom Interpreting** www.classroominterpreting.org
This site is designed to help educational teams in K-12 settings support deaf and hard of hearing students who use educational interpreters to access education and social interaction. Other service providers, such as speech pathologists, social workers, and deaf educators, may find useful information on this site.

**Georgia Registry of Interpreters for the Deaf** www.garid.org
The Georgia Registry of Interpreters for the Deaf endeavors to promote initiatives to further the profession of Sign Language Interpreting through a statewide alliance of professional Interpreters, students of the profession, and consumers of interpreting services.

**Training and Assessment Systems for K-12 Interpreters (TASK-12)** www.task12.org

Georgia is a partner state with the Training and Assessment System for K-12 Educational Interpreters, which is a partnership of 15 states and the Technical Assistance Center for Excellence in Special Education that provides educational interpreters with the opportunity to evaluate their skills. Information on registration and upcoming testing is available on the TASK-12 Registration page.

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# CHAPTER FOUR: EMOTIONAL & BEHAVIOR DISORDERS

## *Introduction*

When identifying students with emotional and behavioral disorders, care must be taken to determine that the identified behaviors are of sufficient duration, frequency, and intensity to interfere significantly with a student's educational performance and to ensure that these behaviors cannot be explained by other intellectual, cultural, social, sensory, or general health factors. At times, children without emotional or behavioral disorders may exhibit specific characteristics of this disorder; however, these manifestations are not sustained. The process of identifying students with emotional and behavior disorders (EBD) who may require services involves offering a continuum of evidence-based academic and behavioral supports to help these students be successful in the least restrictive environment (LRE). For more information about LRE, see Part 1 of the Implementation Manual, Chapter Eight.

## *GaDOE Rule: Emotional Behavioral Disorder*

### *Definition & Eligibility and Placement*

#### Operational Definitions

For assessment and identification purposes, some terminology specified in the eligibility determination rule for emotional and behavioral disorders requires further definition.

*Sufficient duration*

To determine whether a behavior is of sufficient duration, ask the following questions:

1. How long have the problem behaviors existed?
2. How do the student's developmental level and progress contribute to the duration of the problem behavior?
3. Is this part of a recurring pattern of behavior problems (multiple acute episodes)?
4. Can the behavior be best explained by a major stressor or short-term, environmental event?

### *Marked degree*

For identification of a disability, the emotional or behavioral pattern under question must differ significantly from that of a student's peer group. Significant differences can be observed on one or more dimensions of behavior.

- **Frequency**—The behavior occurs significantly more often than is typical for a student of similar age and development.
- **Duration**—The behavior persists over a longer period of time in a given episode than is typical.
- **Intensity**—The behavior is more extreme than usual, given behavioral antecedents. Some examples might include the level of physical aggression or the degree to which the behavior is seemingly irrational or uncontrollable.

To determine whether a behavior is of sufficient degree, ask the following questions:

1. Is the behavior of such significant frequency, intensity, and/or duration that it interferes with the individual's development?
2. How does the frequency, duration, and intensity of the problem behavior compare to the behavior of the student's peers or cultural group in a similar setting?

### *Adversely affects educational performance*

While adverse effects on educational performance can include levels of academic achievement, as measured by standardized tests, curriculum based measures, grades, etc., other significant domains of educational function should be also considered. These include social functioning, school participation and attendance, and performance in school-related nonacademic and extracurricular activities. Also included are functional communication skills and health/fitness skills. This does not necessarily include, however, the inability to participate in extracurricular activities due to disciplinary action, normal school misbehavior, chronic tardies, absences, or frequent school transfers. These factors have a direct impact on student performance but are not related to a disability.

## Considerations

Examples of behaviors characteristic of emotional and behavioral disorders include, but are not limited to, disorders in thinking, reasoning, and/or perception; pervasive depression or anxiety that affects school performance, including school phobia and obsessive-compulsive disorders or tendencies; fear driven avoidance of others, social withdrawal or isolation,

bizarre patterns of interpersonal interaction, or excessive attention seeking via either positive or negative means; catastrophic or bizarre reactions to routine occurrences, hallucinations, delusions, preoccupation with fantasy, or disorganized speech; self-destructive thoughts or behaviors or obsessions with death, suicide, or morbid topics; excessive feelings of guilt, worthlessness, or inadequacy; chronic moods, extreme unhappiness, or excessive crying; or loss of interest or pleasure, slowed thinking or action, inattention, or memory deficits.

Those students whose behavior is annoying or disruptive, but not directly self-destructive beyond issues of normal discipline and misbehavior, may not be identified as students with EBD. Additionally, students who experience and demonstrate problems in everyday living and/or those who develop transient behavior problems due to a specific crisis or stressful experience should not be considered to have an emotional disturbance (Lewis, retrieved 2011). Regardless of the label or special education eligibility, a continuum of positive supports should be provided to students who have emotional and behavioral problems, whether they are in general or special education.

## *Strategies and Best Practices for Implementing the EBD Rule*

### *Positive Behavior Support Strategies*

Georgia Special Education Rule, 160-4-7-.06 Individualized Education Program (IEP) mandates that the "consideration of special factors" is required in the development of the IEP. Furthermore, the rule states: "In the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports and other strategies, to address that behavior in the IEP or behavioral intervention plan."

General positive behavior support includes the following strategies.

- Teach expectations and understand how rules are connected to expectations.
- Teach (using specific lesson plans targeting behaviors based on school wide or classroom data, direct instruction, modeling, and practice) the student the appropriate behavior and expectation and allow opportunities to practice this behavior. Recognize/reward the expected behavior as daily practice in the classroom and school-wide.
- Use cues, reminders, and proximity control.
- Offer the student choices; privately discussing choices with the student.

- Avoid embarrassing the student in front of peers.
- Employ consistent, targeted verbal praise and encouragement based on student need.
- Institute planned ignoring.
- Assist students in developing time management and organizational strategies to help them complete tasks.
- Use materials that are broken down into manageable parts.
- Provide directions that are repeated, rephrased, simplified, and modeled as needed.
- Utilize small group instructional opportunities to support academic needs.
- Designate a "safe place" for crisis intervention that the child knows and respects.
- Reward positive behavior; ask the student for a list of recognitions/rewards that work for him or her.
- Provide a structured format so the child knows what to expect each day. Give notice when the schedule is going to be different.

## *Examples of Evidence-Based Behavioral Interventions*

RtI in the Georgia Pyramid of Interventions (POI) is an equitable framework and a comprehensive, data-driven approach to school improvement that includes academic and behavioral supports for all students. Research- and evidence-based interventions are used to support students within a continuum from mild to moderate behavioral problems to more severe emotional behavioral disorders. On page 12 of the Georgia Pyramid of Intervention Guidance (2008), interventions are defined as, "Targeted instruction that is based on student needs. Interventions supplement the general education curriculum. Interventions are a systematic compilation of well researched or evidence-based specific instructional strategies and techniques."

A continuum of academic and behavioral interventions targets and measures specific skills. Classwide, small group, and individual interventions are typically low in cost and require few materials. Many free and low-cost interventions may be found in books or on-line. Other types of interventions are offered within intervention programs, which may or may not require specific training and materials. Two examples of successful intervention programs that have a body of research studies supporting their effectiveness include the *Behavior Education Program BEP/Check-In, Check-Out*, a Tier 2 intervention (Crone, Hawken, &

Horner, 2010) and *Check & Connect*, a more intensive, Tier 3/4 intervention (Christenson, et al., 2008).

The *BEP/Check-In, Check-Out* (CICO) intervention involves students checking in and checking out with a positive adult. It is implemented with students who need more practice and feedback on their behavior in order to be successful in school. The BEP/CICO is implemented schoolwide – all teachers are trained, and a student is nominated for the program. *Check & Connect,* a more intensive program, is a dropout prevention intervention program that relies on close monitoring of school performance, as well as on mentoring, case management, and other supports. This intervention requires training and typically spans several years of organized supports.

Both interventions have specific components and steps to implementation and include progress monitoring and fidelity checks as part of measuring response to intervention.

## *Examples of Evidence- and Research-Based Group and Individual Interventions*

The Good Behavior Game (GBG), and variations of the GBG found in multiple sources based on Barrish, Saunders & Wold (1969), is an example of a long standing intervention that has supportive research since late 1960s. This intervention has a range of variations with a body of prior and current supporting research. Rathvon (2008) and Intervention Central provide examples of the GBG intervention. The GBG has been cited in the Center for the Study and Prevention of Violence, Institute of Behavioral Science at the University of Colorado at Boulder, as one of the Blueprints - Promising Programs that were selected from a review of over 900 violence prevention programs.

Other individual examples of behavior interventions can be found on the Evidence Based Intervention Network from the University of Missouri. Positive Peer Reporting and Behavioral Contracts are two examples of evidence-based interventions that explicitly define each step of the intervention as well as ways to progress monitor.

## *Assessments*

School psychologists participate in the process of evaluating students with emotional and behavior disorders, along with other team members that include parents, teachers, and school administrators. When choosing measures to assess emotional/behavioral skills, tools should be selected with careful consideration to issues such as the purpose of the assessment (assessing strengths and weaknesses); the demographics of the population for which they are used and standardized; the values, norms, perceptions, experiences, and knowledge base of those interpreting and using the data; the environments in which the assessments will be used; and the reliability and validity or theoretical and empirical support and foundation of the assessments (Henderson & Strain, 2009).

Best practices include comprehensive assessment that is multi-method, multi-setting, and multi-source (Steege & Watson, 2010). It is also vital that evaluation focus on student strengths and competencies as much as on deficits. Strength-based assessments can lead to more effective intervention planning (McConaughy & Ritter, 2011), which includes a process led by data-driven decisions that are based on comprehensive assessment using multidimensional methods, progress monitoring of response to intervention(s), and analysis of data across classroom, instructional, school, home, and student factors. No single participant or measure should determine eligibility. A team approach led by use of an evidence-based, data-based decision-making process should guide eligibility determinations. A comprehensive evaluation that includes multi-method, multi-setting, and multi-source approaches should include a synthesis of evaluation procedures and information (Functional Behavioral Assessment; norm-referenced tests; behavior rating scales; developmental/social history; interviews; academic, cognitive, and personality/social-emotional assessments; and results of behavioral interventions). For more detailed information on the assessment process, see the Implementation Manual Part 1, Chapter 5, Evaluation & Reevaluation.

## *Functional Behavior Assessment and Behavior Intervention Plan*

A Functional Behavior Assessment (FBA) leads to the development of a Behavior Intervention Plan (BIP) and guides the development of strategies, interventions, and consequences based on the identified function(s) of behavior. Students with emotional behavior disorders should have a BIP based on an FBA in addition to IEP goals related to the problem behavior. For detailed information on conducting an FBA and developing a BIP, see the Implementation Manual Part 1, Chapter 11, FBA and BIP.

## *Determining Eligibility*

A child may be considered for special education services for students with EBD based on an eligibility report that includes the following:

- documentation of comprehensive prior extension of services available in the general program to include counseling, modifications of the regular program or alternative placement available to all children, and data-based progressed monitoring of the results of the interventions;
- psychological and educational evaluations;
- report of behavior observations over a significant period of time;

- appropriate social history that includes information regarding the history of the child's current problem(s), as well as the professional services and interventions that have been considered or provided from outside the home; and
- adequate documentation and written analysis of the duration, frequency, and intensity of one or more of the characteristics of emotional and behavioral disorders.

A child must not be determined to be a child with an emotional or behavioral disorder if the primary factor is

- lack of appropriate instruction in writing;
- limited English proficiency;
- visual, hearing, or motor disability;
- intellectual disability;
- cultural factors;
- environmental or economic disadvantages; or
- a typical educational history (multiple school attendance, lack of attendance, etc.).

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Frequently Asked Questions*

**Prior to a student being considered for EBD eligibility, what supports should have been provided?**

For EBD eligibility to be considered, the student's behavior needs to be of a sufficient intensity, frequency, and duration to warrant an EBD eligibility determination. Interventions related to the referral problem(s) (academic and behavioral) must be documented prior to and/or during the evaluation process to determine eligibility. Determination of an emotional/behavioral disorder should not be made lightly; nor should it be based on general strategies, interventions that do not have evidence to support their use, or interventions that are based on limited or anecdotal/subjective data. Part of EBD eligibility requires documentation of comprehensive, prior extension of services in general education that include counseling, modifications of regular program, or alternative

placement available to all students, along with data-based progress monitoring of the results of interventions.

**If a student is in therapy and is being treated for depression, does this automatically determine eligibility for EBD?**

Not necessarily. Many students who have a range of medical or clinical diagnoses are able to remain in general education with individualized intervention supports and progress monitoring of those supports through an SST plan or 504 plan with accommodations. Special education is only one of many supports available to students who have behavioral and academic needs. A DSMV-R or diagnosis using other clinical or medical diagnostic criteria does not automatically equate either to special education eligibility or to placement. A student would only be considered for Emotional and Behavioral Disorder eligibility and in need of special education services and supports after a review of services and interventions documented in the general education process. If, despite a range of documented supports in general education, the student's educational performance is significantly affected by the Emotional/Behavioral disorder, s/he may need specialized instruction or more intensive interventions and services.

**Must a student with a disability have an EBD eligibility in order to receive behavioral accommodations, interventions, functional behavior assessment, or behavior intervention plan?**

No. Any student with a disability whose behavior is negatively impacting his or her performance or success in school may have a Functional Behavioral Assessment (FBA) that helps to develop a Behavior Intervention Plan (BIP) to address these problem behaviors. The IEP team should include staff (school psychologist, behavior specialist, special educator, or interventionist) who are trained and experienced with FBAs and BIPs to help other team members develop successful supports for the student.

## *Resources*

### *Books, Articles, & Documents*

Barrish, H. H., Saunders, M., & Wold, M. M (1969). Good behavior game: Effects of individual contingencies for group consequences on disruptive behavior in a classroom. *Journal of Applied Behavior Analysis,* 1, 119-124.

Bear, G. (2010). *School discipline and self-discipline: A practical guide to promoting prosocial student behavior*. New York: Guilford Press.

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Crone, D., Hawken, L., & Horner, R. ( 2010). *Responding to problem behavior: The behavior education program*. 2nd Ed. New York, NY: Guilford Press.

Harn, B. (2007). *Understanding the core components of RtI: Taking stock of what's in place & planning for next steps*. National Association of School Psychologists National Conference, New York City.

Hawken, L., Pettersson,C., Mootz, J., & Anderson, H. (2006). *A check-In, check-out intervention for students at risk*. New York, NY: Guilford Press.

Henderson, J., & Strain, P. (2009, January). *Screening for social emotional concerns: Considerations in the selection of instruments*. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.

Lewis, T. *Assessment to intervention: Implications for school psychologists serving students with emotional/behavioral disorders* [PowerPoint presentation]. University of Missouri: OSEP Center on Positive Behavioral Interventions & Supports. Retrieved from Positive Behavioral Interventions & Supports, August, 2011.

McConaughy, S. H., & Ritter, D. R. (2008). Best practices in multimethod assessment of emotional and behavioral disorders. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (Vol. 2, pp. 697–715). Bethesda, MD: National Association of School Psychologists.

Rathvon, N. (2008) *Effective school interventions: Evidence based strategies for enhancing academic achievement and social competence*. New York, NY: The Guilford Press.

Steege, M. W., & Watson, T. S. ( 2008). Best practices in functional behavioral assessment. In Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (Vol. 2, pp. 337–435). Bethesda, MD: National Association of School Psychologists.

## *Websites*

**The Behavior Homepage** http://www.state.ky.us/agencies/behave/homepage.html

**Blueprints for Violence Prevention** http://www.colorado.edu/cspv/blueprints/

**Collaborative for Academic, Social, and Emotional Learning** www.CASEL.org

**Evidenced Based Intervention Network** http://ebi.missouri.edu/?page_id=227

**Georgia Council of Administrators of Special Education (GCASE)** http://www.g-case.org/

**RtI: The Georgia Pyramid of Intervention**
http://public.doe.k12.ga.us/ci_services.aspx?PageReq=CIServRTI

**Georgia Positive Behavioral Interventions and Supports**
http://www.gadoe.org/ci_exceptional.aspx?PageReq=CIEXCPBS

**Intervention Central** www.interventioncentral.org

**Johns Hopkins Best Evidence Encyclopedia** www.bestevidence.org

**National Association of School Psychologists** http://www.nasponline.org/index.aspx

**National RtI Center** www.rti4success.org/

**Positive Behavioral Interventions and Supports (PBIS)** www.pbis.org

**Promising Practices Network** www.promisingpractices.net

**SAMHSA National Registry of Evidence Based Programs and Practices**
http://nrepp.samhsa.gov/Search.aspx

**Student Support Team Association for Georgia Educators (SSTAGE)** www.sstage.org

**US Department of Education- What Works Clearinghouse**
http://ies.ed.gov/ncee/wwc/reports/

## *Informational Webinars*

A number of on-line webinars through Elluminate focus on issues related to positive behavior supports.

Developing and Implementing FBAs and BIPs, conducted on January 7, 2008, by Mimi Gudenrath and Justin Hill.

Positive Behavior Supports, conducted on January 28, 2008, by Jean Ramirez and Justin Hill.

Using Data to Make Positive Changes in Behavior, conducted on February 25, 2008, by Jean Ramirez.

PBS Coaches Meeting: No Cost/Low Cost Incentives and Motivators, conducted on October 16, 2008, by Ginny O'Connell and Jean Ramirez.

PBS on the Bus, conducted on November 13, 2008, by Ginny O'Connell.

Developing Lesson Plans to Teach School Expectations Using PBS, conducted on December 11, 2008, by Ginny O'Connell.

RtI and Behavior Tier II – Practical Guidelines and Best Practices, part 1, conducted on February 17, 2009, by Heather George.

RtI and Behavior Tier II – Practical Guidelines and Best Practices, part 2, conducted on March 12, 2009, by Heather George.

RtI and Behavior Tier II – Practical Guidelines and Best Practices, part 3, conducted on April 2, 2009, by Heather George.

PBIS Commitment and Buy In, conducted on May 11, 2011, by Jean Ramirez.

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# CHAPTER FIVE: INTELLECTUAL DISABILITIES

## *Introduction*

In Georgia, intellectual disabilities are classified as Mild Intellectual Disability (MID), Moderate Intellectual Disability (MoID), Severe Intellectual Disability (SID), and Profound Intellectual Disability (PID).

Every student with a significant intellectual disability deserves the opportunity to learn and be exposed to the same educational opportunities as his or her non-disabled peers through access to the same curriculum, the Georgia Performance Standards. Regardless of the severity of their intellectual disabilities, students must be provided access to the GPS through relevant skills and activities that are meaningful to them.

Through access to the Georgia Performance Standards, students with intellectual disabilities have the opportunity to learn information at their grade level while achieving their Individualized Education Program (IEP) goals. Exposure to grade appropriate materials can lead to more age appropriate interests and leisure skills.

*GaDOE Intellectual Disabilities Webpage*

## *GaDOE Rule: Intellectual Disability*

*Definition, Eligibility and Placement, MID, MoID, SID, & PID*

### Considerations

The definition of intellectual disability includes both adaptive behavior and intellectual functioning. To be eligible for special education services and supports, a student must meet the criteria in both areas in the initial evaluation. A student's deficit in intellectual functioning can be caused by any condition that caused the impairment before or during birth or up to age 18.

Adaptive behaviors are everyday living skills a person needs to function effectively in a variety of environments. Adaptive behaviors include social skills, daily living skills, self-care skills, and other skills needed in school, home, and community settings. The measurement of adaptive behavior should be based on the same adaptive behaviors expected of the student's same age peers. For example, the assessment of adaptive behaviors of a five year old should be compared to the norm for all five year olds, whereas the assessment of adaptive behavior of a 16 year old should be compared to the norm for all 16 year olds.

# *Strategies and Best Practices for Implementing the ID Rule*

## *Prior Intervention and SST*

Determining that a young child is a student with a mild intellectual disability is often difficult. Because there are a number of factors that can influence the area assessed to determine eligibility, extreme care should be taken to be sure that exclusionary factors are not responsible for what appears to be a disability.

For young children especially, this eligibility should be used with extreme caution. The pyramid of intervention data should reveal CLEAR documentation that the student has been exposed to a sufficient period of appropriate instruction in language, academic skills, and school-appropriate behavior prior to any consideration for evaluation.

Scrutiny and analysis of the evaluation components is essential. Merely looking at the scores on a cognitive assessment seldom provides the best indicator of the presence of a mild intellectual disability. Although a composite score may be within a certain range, a child may still exhibit surprising strengths in intellectual functioning that will warrant further examination of the data.

Because intellectual disability is not manifested only in a lack of acquisition of academic skills, other areas of skill acquisition are of major importance.

For students with severe or profound disabilities, a direct referral to special education may be made by the SST or other appropriate individuals since strategies and interventions through the Pyramid of Interventions may not be appropriate to address the learning needs of these students. Documentation is required in the student records to support any referral decision.

Typically, students entering kindergarten who have moderate, severe, or profound intellectual disabilities will be transitioning from a special needs preschool; and they will have an initial assessment, eligibility, and IEP already established by the sending preschool program.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Screening*

Before any action is taken with respect to the initial placement of a student with disabilities in a special education program, a comprehensive and individual evaluation must be conducted in accordance with the Special Education Rules of the Georgia Department of

Education. The following information should be gathered during the screening process prior to evaluation:

- **Hearing and Vision Screening**—Students considered for special education services should be screened for possible vision and hearing difficulties prior to being administered educational and psychological evaluations, and, if needed, correction should be made as soon as possible. Students who cannot respond to typical vision and hearing screenings may be screened with a functional vision and hearing screening tool that is approved by the local school district.

- **Medical History**—Information from medical records should include, but not be limited to, medical diagnosis, prescribed medications, required medical procedures, seizures, or other medically related problems, nutritional requirements, and/or dietary restrictions.

## *Comprehensive Evaluation*

For initial evaluation, tests that are meant to measure intellectual functioning, or IQ, are used to document that the student has a significant disability. When used for students with more significant intellectual impairment, these tests merely identify the student as having a disability, but they do not provide sufficient information to develop the student's individual education program.

For IEP development purposes, the student's level of functioning should be evaluated in a number of domains such as cognition, language development, fine and gross motor skills, social/emotional development, and self-care skills. A variety of assessment instruments are currently available.

Assessment data should be obtained through a variety of formal and informal methods, including

- interviews with caretakers and family members;

- structured observations in settings familiar to students;

- direct testing, as appropriate;

- skill Inventories; and

- student achievement on alternate assessments of general education performance standards, such as the CRCT-M or the Georgia Alternate Assessment (GAA), which is

available ONLY AFTER a student has been identified as a student with a significant intellectual disability.

The student's adaptive behavior should be measured by gathering information from several persons who are familiar with the student's skills and behaviors in a variety of settings. It is important to include different environments such as school, home, and the community or neighborhood. This information can come from the student's teachers, therapists, parents or other caregivers, or from other sources who are very familiar with the child and with how s/he typically functions in daily activities.

The most common method for measuring adaptive behavior is an interview using an adaptive behavior scale that has been normed on individuals with and without disabilities. This should be completed by an individual trained in the administration of the scale, e.g., a school psychologist, a school social worker, or a counselor.

Other information can be gathered from structured observations of the student, informal interviews of parents and teachers, or school and other agency records. This information is important in the assessment of students with more severe disabilities. Often, the structured assessment tools do reflect the adaptive behaviors a student does not exhibit as compared to normal peers, but may not reflect a student's partial participation or behaviors that can be considered strengths and used to develop adaptive skills.

A student's native language and cultural standards and expectations should be considered when gathering information. Parent input regarding expectations in the home and/or culture are extremely important. For example, in some cultures, the standard expectation for eating meals may involve using flat bread to eat stews and soups rather than a spoon or fork.

Assessment should also take into account any sensory, health, or physical limitations the student may have that result in the inability to perform certain adaptive behaviors. These limitations should not necessarily be attributed to an intellectual disability.

Ratings from different persons may yield different information since students may behave differently in different environments and with different individuals, e.g., the teacher or the parent. Other discrepancies can result from the student's familiarity with the observer or from an observer's individual perspective. These differences should be all considered when evaluating adaptive behavior.

## *Placement and Services*

In addition to the data obtained for eligibility, the following information should be used for making decisions regarding placement and services for students with intellectual disabilities.

- **Education Assessment**—Comprehensive educational evaluations should be conducted at appropriate age levels to determine present levels of performance in at least the following areas: academics, motor, communication, self-care, domestic, leisure and recreation, vocational, and community competence.

- **Other**—For a student with an intellectual disability who also has a physical disability or medical condition(s), current medical information must be considered in program development.

- **Secondary Characteristics**
  - communication deficits
  - physical disabilities
  - orthopedic disabilities
  - sensory impairments
  - medically fragile conditions
  - inappropriate behaviors

When two or more of the above conditions are present, the team must consider which condition is the primary manifestation of the disability, e.g., intellectual disability, behavior disorder, orthopedic impairment, autism. The team must consider whether the associated deficits are due primarily to other disabilities.

However, other conditions may be written as secondary eligibilities, e.g., hearing impairment, speech impairment, visual impairment.

## *Access to the Curriculum*

All students with intellectual disabilities should receive access to the Georgia Performance Standards and relevant life skills through implementation of their IEPs. The curriculum for all students in Georgia is called the Georgia Performance Standards (GPS). Instruction in the school includes teaching cognitive, communicative, academic, social, and relevant life skills within the context of the Georgia Performance Standards and in natural settings where these activities normally take place. Instruction can occur in more than just a classroom,

e.g., in various settings around the school building such as the media center, cafeteria, school office, as well as in natural settings in the home and community.

The IEP goals and objectives should develop student skills needed to access grade-level GPS and also to perform functional activities necessary to participate in school, the community, and at home.

Guidance for providing access to the curriculum is provided in Georgia Performance Standards (GPS) for Students with Significant Cognitive Disabilities and in Guidance for Access Courses for Students with Significant Cognitive Disabilities.

Free downloadable activities and materials to use with students with significant intellectual disabilities across all grade levels and curricular areas are available through the Access to the GPS Resource Board for Students with Significant Cognitive Disabilities. This link provides instructions for obtaining the required password and accessing the electronic resource board.

The Georgia Project for Assistive Technology may provide additional information about providing access to the curriculum for students with cognitive disabilities.

### *Community Based Instruction*

Community Based Instruction (CBI) teaches the same skills that are taught in school environments but in the neighborhood community with the goal of the student functioning as independently as possible in these environments. Both the school and the community environments are essential components of an appropriate education for students with moderate, severe, and profound disabilities. CBI should be based on identified student needs, with goals and objectives designed to increase skills needed to function in a community setting. Here, relevant standards-based activities should be generalized to community settings. CBI begins in elementary school by familiarizing students with certain environments in order to enable them to perform skills they will be expected to perform with increasing frequency and independence. As students progress from middle school to high school, the amount of time in community instruction may increase as they prepare for transition from a school to post-school environment. The focus in high school should be on the development of skills that may be applicable in various types of jobs and general work behaviors. For many students ages 19-22, most instructional CBI settings that are in the community with non-disabled coworkers can be considered inclusion settings, i.e., counted as an inclusion segment in the data.

### *Statewide Assessments*

Georgia requires all students to participate in grade level district and statewide assessment programs. For any grade where all students are assessed, students with intellectual disabilities must participate either in the regular assessment or in an alternate assessment for which they qualify. These alternate assessments include the CRCT-M (ELA and mathematics in grades 3-8), a grade level alternate assessment based on modified academic achievement standards for those students who struggle, due to their disability, to demonstrate grade level proficiency in the same time frame as their peers; and the Georgia Alternate Assessment (GAA), which is designed to meet the testing needs of students with significant intellectual disabilities. In addition, for students requiring accommodations for instruction and testing, both classroom and large scale testing, the GaDOE's Testing Division provides an *Accommodations Manual: A Guide to Selecting, Administering, and Evaluating the Use of Test Administration Accommodations for Students with Disabilities*. The IEP team determines the appropriate assessment to be used for a student with an intellectual disability.

## *Frequently Asked Questions*

**Why is adaptive behavior measured?**

Adaptive behavior is one of the three criteria necessary to determine whether a student has an intellectual disability. In addition, adaptive behavior measurements assist in identifying a student's strengths and weaknesses in skills needed to function with increased independence. Students with intellectual disabilities often do not learn these skills from their own experiences and need systematic instruction in order to achieve them. The information gained from adaptive behavior assessments assists the IEP team in identifying appropriate goals and objectives and in developing strategies for instruction and maintenance of these skills. Interpretation of results should consider the child's cultural background, socioeconomic status, and any associated disabilities that may limit or impact the results of the adaptive behavior measures.

A child must not be determined to be a child with an intellectual disability if the primary reason for that determination is

- lack of appropriate instruction in reading, including the essential components of reading instruction;
- lack of appropriate instruction in math;
- lack of appropriate instruction in written expression;

- limited English proficiency;
- visual, hearing, or motor disability;
- emotional disturbances;
- cultural factors;
- environmental or economic disadvantage; or
- atypical educational history (multiple school attendance, lack of attendance, etc.).

**Must a student with severe or profound disabilities be placed in a general education environment during the testing period?**
For students with severe or profound disabilities, the district may determine a temporary placement in the least restrictive environment available in order to support a student's immediate needs during the evaluation period.

**What things should be considered in determining the staffing ratios and age range for a class of students with significant intellectual disabilities?**
The Personnel, Facilities, and Caseloads rule provides guidance for class size and staffing ratios. The amount of paraprofessional support will be determined by the local school district's review of all student needs—physical, behavioral, and educational; and, in the case of individual students, by the IEP team. In determining paraprofessional support, the district should also consider the ratios needed for safe participation in community based training activities.

While there is no state rule mandating range of age and grade levels within a classroom, districts should take into consideration the feasibility of implementing the grade level curriculum for multiple grade levels and of ensuring age appropriate peers within the same classroom.

## *Resources*

### *Books, Articles, & Documents*

Ahlgrim-Delzell, L., Knight, V. F., & Jimenez, B. A. (2009, August). *Research-based practices for creating access to the general curriculum in science for students with significant intellectual disabilities*. Assessing Special Education Students, State Collaborative on Assessment and Student Standards. (ASES-SCASS) Section of the Chief Council of State School Officers. Retrieved August, 2011.

Erickson, K., Hanser, G., Hatch, P., & Sanders, E. (2009, June). *Research-based practices for creating access to the general curriculum in reading and literacy for students with*

*significant intellectual disabilities*. Center for Literacy & Disability Studies. Chapel Hill: University of North Carolina. Retrieved August, 2011.

A forgotten population? Assessment and instructional training for teachers of students with profound multiple disabilities. (2010, May 5). *Essential Educator*. Utah Personnel Development Center. Retrieved August, 2011.

## *Informational Webinars*

A number of on-line webinars focus on topics related to intellectual disabilities.

Access to the GPS: Aligning and Embedding IEP Skills into Adapted Grade Level Curricular Activities, conducted on September 13, 2007, by Jessica Moreau. Password is *access*.

Access to the GPS through Technology, conducted on October 11, 2007, by Jessica Moreau, Toni Waylor-Bowen, and Gina Gelinas. Password is *access*.

Access to the GPS: How to Show Progress for Students Across Functioning Levels and Use of Timelines to Complete GAA Portfolios, conducted on November 8, 2007, by Jessica Moreau and Deborah Houston. Password is *access*.

Access to the GPS: Student Use of Adapted Activities and Materials, conducted on January 23, 2008, by Jessica Moreau, Lawanda Dalton, Penni Singleton, Susan Murray, and Marti Yelverton. Password is *access*.

Access to the GPS: "Points to Remember" and Assembling the Portfolio, conducted on February 7, 2008, by Jessica Moreau Toni Waylor-Bowen, and Deborah Houston. Password is *access*.

Access to the GPS: Cognitive Disabilities, conducted on March 13, 2008, by Jessica Moreau, Toni Waylor-Bowen, and Melissa Fincher. Password is *access*.

Access to the GPS, 9th Grade—Making the Link between Student Skill, Academic Content, and Activity, conducted on September 11, 2008, by Kayse Harshaw and Toni Waylor-Bowen.

Top Ten Things Administrators Need to Know about the GAA/Access, conducted on September 17, 2008, by Deborah Houston, Joanne Leonard, and Toni Waylor-Bowen.

Effective Data Collection for Instruction—Annotating Data--GAA, conducted on October 9, 2008, by Jessica Moreau and Toni Waylor-Bowen.

Presentation by Core Access Teachers, conducted on November 13, 2008, by Kayse Harshaw and Toni Waylor-Bowen.

Student Progress in the Instructional Program, conducted on January 8, 2009, by Kayse Harshaw and Toni Waylor-Bowen.

Writing a Standards-based IEP for SWSCD—Compiling GAA Portfolios, conducted on February 12, 2009, by Kayse Harshaw and Toni Waylor-Bowen.

Last Minute Tips—Presentations by Core Access Teachers, conducted on March 12, 2009, by Jessica Moreau, Lawanda Dalton, Penni Singleton, Susan Murray, and Kayse Harshaw.

High School Access Classes: Significant Cognitive Disabilities, conducted on May 26, 2009, by Kayse Harshaw.

Access to the Math Standards—Math Concepts and Relevant Life Skills for Students with Significant Cognitive Disabilities, conducted on September 10, 2009, by Kayse Harshaw.

Access to English Language Arts Standards—Listening, Speaking, and Viewing, Writing, and Reading for Students with Significant Cognitive Disabilities, conducted on October 8, 2009, by Kayse Harshaw.

Access to Science Standards—Linking Science and Life Skills and Experiences, conducted on November 5, 2009, by Kayse Harshaw.

Access to Social Studies Standards—Relating Themes in Social Studies to Relevant Life Skills and Experiences, conducted on December 10, 2009, by Kayse Harshaw.

Access to the Curriculum for Students with Significant Disabilities: Prerequisite Skills—Choosing, Teaching, Documenting, conducted on January 25, 2010, by Kayse Harshaw.

Presentations by Core Access Teachers—Examples of Standards Based Activities, conducted on February 11, 2010, by Kayse Harshaw.

Integrating IEP Skills with the Georgia Performance Standards—Writing Standards-based IEPs, conducted on March 11, 2010, by Kayse Harshaw.

Access to ELA Writing: Students with Significant Cognitive Disabilities, conducted on January 24, 2011, by Kayse Harshaw, Juanita Pritchard, and Kimberly Jeffcoat.

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# CHAPTER SIX: ORTHOPEDIC IMPAIRMENT

## *Introduction*

Although a student may exhibit an orthopedic impairment, not every student with an orthopedic impairment requires special education and related services since this disability may not impede his or her access to the general curriculum. Thoughtful planning for students with special health care needs promotes quality school-based care and helps to ensure that these students are able to participate in the general curriculum and general educational setting. This kind of planning requires ongoing communication and collaboration among parents/guardians, school personnel, individuals representing a range of disciplines, community providers, specialists, and, when appropriate, the student. The goal is to provide the best possible service delivery to the student.

*GaDOE Orthopedic Impairment Webpage*

## *GaDOE Rule: Orthopedic Impairments*

*Definition & Eligibility and Placement*

### Considerations

Although a student may have a documented orthopedic impairment, if the orthopedic impairment does not impede the student's ability to access the general curriculum, then the student does not meet eligibility for special education. The orthopedic impairment must be severe enough for it to have an adverse effect on the student's learning and/or educational performance.

## *Strategies and Best Practices for Implementing the OI Rule*

### *Evaluation and Eligibility*

Students who need referral for eligibility for orthopedic impairments are those whose physical disability directly impacts their ability to function in the school environment and their access to the general curriculum. Although a physician's report is required for eligibility determination, the following other factors should be considered.

1. Impact of the health condition on school attendance—Does the health condition result in prolonged or frequent absences from instruction?

2. Impact of the health condition on student stamina—Does the student require rest periods during the school day or need a modified schedule due to limited strength or vitality?

3. Effect of medication—Does the medication being taken for the health condition have an adverse impact on the student's ability to attend to task?

4. Impact of the health condition on performance—Does the health condition have an adverse impact on the student's ability to attend to tasks for the same amount of time as typical peers?

Students eligible under this category may need support from additional program areas and related services (including, but not limited to an occupational therapist, physical therapist, speech therapist, OI teacher, vision specialist, paraprofessional, or nurse,) that may necessitate additional evaluations. Information gathered during the evaluation should guide school personnel in determining appropriate intervention strategies and supports for students with orthopedic impairments.

Evaluators must use a wide range of assessments and evaluative tools to measure the functional and cognitive abilities of students with orthopedic impairments. In addition to the areas traditionally assessed, the evaluation should include the areas of gross motor skills, fine motor skills, daily living skills, perception, augmentative communication, and sensory input.

For students for whom the severity of the orthopedic impairments affects their sensory, motor, or communication skills, interventions through the Pyramid of Interventions may not be appropriate; therefore, the SST may request an expedited special education evaluation.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Placement and Service Delivery*

Educational services are provided in a variety of settings, including regular classrooms, resource rooms, special classes, hospitals, or homebound programs. These educational services may include medical and health-related support. Students who receive special education services under the OI eligibility are often in general education classes, learning course content along with their general education peers with support from teachers certified in orthopedic impairments. Occasionally, it may be necessary to modify and adapt the school environment to make it accessible, safe, and less restrictive. It is important that

modifications be no more restrictive than absolutely necessary so that the student's school experiences can be as normal as possible. The OI teacher should assess the student's needs regarding all areas of the curriculum and make recommendations for accommodations and assistive technology. An assistive technology assessment is important for determining appropriate technology that will provide access to the general curriculum for students with orthopedic impairments.

### General Characteristics and Accommodations

Students with orthopedic impairments frequently present unique challenges to teachers and support staff responsible for meeting their educational needs. They may exhibit one or more of the following characteristics:

- difficulty writing if upper extremities are involved,
- speech difficulties,
- limited mobility and/or diminished strength,
- decreased endurance,
- limited social interaction skills, and/or
- limited ability to perform daily living activities.

Teachers working with students who have orthopedic impairments may consider one or more of the following accommodations:

- preferential seating;
- flexible time limits;
- modified equipment;
- low and high tech assistive technology; and
- instructional accommodations, including
    - note-taking, and/or study guides,
    - alternative assessment methodology,
    - customized materials and presentations, and
    - hands-on learning experiences.

In addition to the unique educational needs of students with orthopedic impairments, some students may require monitoring of and/or instruction in medical/health self-management for specific health issues associated with their disability. Coordination of needed health care services and emergency planning for the student within the school setting should be used to support the student's participation in the educational environment and school related events such as sports and field trips. To the extent possible, services should provide for the performance of health care procedures in a manner that minimizes disruption of the educational process both for the individual student and for other students present. Staff should be trained to support the needs of the student in this area.

It is important that teachers of a student with an orthopedic impairment create an environment of acceptance. Classmates should understand that many students with an orthopedic impairment would prefer to be asked whether they need help prior to being provided with assistance. This is especially true when physical assistance is being considered. Students' curricula should be built around their strengths, and every activity and environment that students need to acquire their education must be accessible.

## *Universal Precautions*

In order to reduce the spread of infectious diseases, it is important to follow universal precautions when working with students who require physical care. Universal precautions are a set of guidelines that assume that all blood and certain other body fluids are potentially infectious. Universal precautions are described below.

- Wash hands thoroughly to prevent the spread of germs that cause disease
    - before and after physical contact with any student (*even if gloves have been worn)*,
    - before and after eating or handling food,
    - after cleaning and /or after using the restroom.
- Wear gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g., vomiting, spurting blood).
- Wipe up any blood or body fluid spills as soon as possible (wear gloves).
- Double bag the trash in a plastic bag or place the bloody material in a plastic bag with a zippered closing and dispose of it immediately.

- Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to ten parts water).
- Send all soiled clothing (i.e., clothing with blood, stool, or vomit) home with the student in a double-bagged plastic bag.
- Do not touch your mouth and/or eyes or eat when giving any first aid.

### *Specialized OI Teacher Competencies*

The specialized training of an OI certified teacher used in the educational setting includes, but is not limited to knowledge and understanding of

- best practices for educating students with physical and health disabilities;
- barriers to accessing to the curriculum and environment;
- techniques for physical management of individuals with physical and health disabilities to ensure participation in academic and social environments;
- appropriate body mechanics to ensure student and teacher safety in transferring, lifting, positioning, and seating;
- positioning techniques that decrease inappropriate tone and facilitate appropriate postural reactions to enhance participation;
- the effects of various medications and degenerative conditions on student performance;
- secondary health care issues and medical terminology related to physical and health disabilities; and
- communication and social interaction alternatives for individuals who are non-speaking.

## *Frequently Asked Questions*

**Does a child with a physical disability automatically receive special education services?**

No. The student's orthopedic impairment must impact his educational performance to the degree that s/he requires special education services. Once it is determined that the student qualifies for special education, an Individual Education Program (IEP) will be developed that will document the student's specific education program, including special education and related services.

**Does a student who is receiving special education services because s/he has an orthopedic impairment that impacts his or her educational performance automatically receive physical and occupational therapies as related services?**

Occupational and physical therapy are related services. The IEP team determines whether the support of a related service is needed in order for the student to access the curriculum.

**Is a student with an orthopedic impairment required to take physical education?**

If physical education is required at a student's grade level, the local school district must provide an appropriate physical education program for the student. The student may participate in regular or adapted physical education, depending on the decisions of the IEP team.

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# CHAPTER SEVEN: OTHER HEALTH IMPAIRMENT

## *Introduction*

Many students experience health concerns that impact their school experience. These range from temporary situations, such as minor surgery, to serious chronic conditions that can persist for a student's entire school career. The impact a health condition has on a student's ability to function in the school environment varies with the individual. School personnel must be able to respond with appropriate supports to assure the student's access to instruction.

For some health conditions, accommodations under Section 504 are sufficient to meet a student's needs. In other situations, the student will require special education services and supports to address the impact of the health impairment on his or her educational progress.

*GaDOE Other Health Impairment Webpage*

## *GaDOE Rule: Other Health Impairment*

*Definition, Eligibility, & Placement and Service Delivery*

### Considerations

Not every student with a medical diagnosis will require specially designed instruction. Conversely, the chronic or acute health problems listed in the Georgia rule do not include every health impairment that may impede a student's ability to function in the school environment. Some students also experience reactions to medications, such as those used to control seizure activity or asthma, or to treatments, such as chemotherapy, that can significantly impact the student's ability to function in the educational setting.

In accordance with Georgia rules and regulations for Student Support Teams (SST), a response to intervention (Georgia Pyramid of Intervention Guidance) process is mandated to address the immediate underachievement a student demonstrates *prior to* determination of eligibility for special education. Schools must implement and document interventions matched to student needs; and the collection of data must provide documentation, as a part of determining final eligibility, in order to address exclusionary factors.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

The eligibility team needs to determine the impact of the disability on the student's participation and progression in the general curriculum. This determination can be made by reviewing the student data from implemented intervention(s). For example, if a student presents with behavioral problems that adversely impact academics, relevant behavior data must be considered prior to making an OHI determination. Conducting and collecting data from a functional assessment of behavior and academics provides the most effective way of guiding this decision-making process. The functional assessment of academics reviews academic performance indicators, assessments, achievement data, curriculum-based measurement (CBM) data, etc., at Tiers 2 and 3. It may be necessary to implement both an academic and a behavioral intervention at Tier 2 and at Tier 3, prior to consideration of special education referral/eligibility.

Sound implementation of RtI establishes whether, after systematic intervention, a student still performs academically below his or her age appropriate peers or exhibits inappropriate behaviors for the instructional setting and whether his or her rate of learning lags behind that of peers. For example, children with attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) may be classified as eligible for services under the "other health impairment" category when the ADD/ADHD condition adversely affects the child's educational performance, resulting in the need for special education and related services. However, prior to providing special education services or supports, school personnel should implement and document strategies and/or interventions that have been utilized to assist the student in the tiers of the Pyramid of Intervention (POI). If the intervention(s) at Tiers 2 and/or 3 indicate the student is making progress, and the student's behaviors are now within normal limits, the student has benefited from the intervention(s) and no longer needs support. If the interventions at the lower tiers do not produce data that show significant progress, then the student may need to be referred for a comprehensive educational evaluation to determine whether s/he is eligible for special education services

## *Strategies and Best Practices for Implementing the OHI Rule*

### *Evaluation and Eligibility*

Those students whose health impairment adversely affects educational performance need to be referred for eligibility as other health impaired. These are students who do not exhibit specific cognitive, learning, behavioral, language, and/or physical characteristics that

are indicative of other eligible categories under Individuals with Disabilities Education Act (IDEA).

A medical evaluation from a licensed doctor of medicine, or in the case of ADD and ADHD an evaluation by a licensed doctor of medicine or licensed clinical psychologist, should be obtained. Although a medical evaluation is required for eligibility determination, this is just one of the factors considered. It is also essential to address how the health impairment adversely limits **strength**, **vitality,** and/or **alertness** to environmental stimuli, which in turn limits alertness to the educational environment that affects the student's educational performance. Other factors and questions to consider include the following:

1. Impact of the health condition on school attendance—Does the health condition result in prolonged or frequent absences from instruction?

2. Impact of the health condition on student stamina—Does the student require rest periods during the school day or need a modified schedule due to limited strength or vitality?

3. Effect that medication being taken for the health condition has on the student's ability to attend to task—Does the prescribed medication interfere with the student's ability to learn, behave, or socialize appropriately?

4. Impact the health condition has on the student's ability to attend to task for the same amount of time as typical peers—Is the student able to attend to a task for the same amount of time as typical peers?

5. The impact of the health condition on attention, impulsivity, and activity level (for students with ADD and ADHD)—Does the student demonstrate attention, impulsivity, and/or activity levels different from typical peers and/or does it prohibit the student's ability to learn, behave, or socialize appropriately?

Information gathered during the evaluation should guide school personnel in determining appropriate intervention strategies and supports for students with health impairments.

## *Placement and Service Delivery*

In addition to specially designed instruction, students with other health impairments often require accommodations and adaptations in the instructional program and setting, which can include related services such as transportation. Assistive technology should be made available for students, as appropriate, to ensure access to the curriculum. Additional supports may be necessary such as training for students and teachers on appropriate use of

AT. Where student strength and/or vitality are affected, a student may require rest periods, changes in the length or scheduling of the school day, and/or homebound instruction.

Students with ADD/ADHD or Tourette Syndrome may require instruction in areas that support academic, behavioral, and social skills. The Individualized Education Program (IEP) team should consider the effect the health impairment has on the student's attention, executive functioning, working memory, physical condition, social skills, etc., in order to include appropriate accommodations and goals on the IEP. In addition, instruction for students with health impairments should be differentiated to allow these students to learn and to demonstrate what they know and are able to do in multiple ways. The structure of the learning environment may also need to be considered for a student with a health impairment. Supports and accommodations related to seating, class scheduling, course syllabi, and note-taking should be appropriate to the student needs.

### *Reevaluation*

A medical evaluation is not necessary for a reevaluation unless the IEP Committee determines a medical update is necessary for educational planning.

## *Frequently Asked Questions*

**Must the student have a current medical report for reevaluation for Other Health Impairments?**
The need for additional medical report(s) is determined by the IEP team, based on the particular health condition. If the team feels there has been a change in the student's health status, there may be a need for a new report prior to reevaluation. But there is no requirement that one be obtained to determine continuing eligibility.

**How can a district provide services to a student who isn't out for prolonged periods but who has frequent, unpredictable absences?**
Some IEP teams may determine that providing regularly scheduled homebound instruction each week throughout the year, regardless of the attendance for any particular week, is the best way to address students whose health impairments cause frequent though unpredictable periods of absences.

**Is homebound instruction limited to three hours per week**?
No. Three hours is a minimum for the student to be counted present for attendance. The actual number of hours of homebound instruction to be provided weekly depends on the student's condition and individual needs. The IEP team should determine the appropriate amount of time and type of instruction if the student is eligible for special education services.

**What are some strategies for addressing issues with inattention?**
Inattention can respond to research-based strategies such as the SLANT Strategy from the University of Kansas Center for Research on Learning. Inattention may also respond to accommodations such as keeping directions clear and precise, asking the student to restate the directions to the teacher, pairing auditory and visual instruction, and providing lots of opportunity for active engagement.

**What are strategies for students who have problems with working memory?**
Students who have problems with working memory may need to have work "chunked" into meaningful parts or segmented for initial instruction. They may also do better with multi-sensory presentation, graphic organizers, and/or outlines of material to be presented.

**What are some strategies for students who need help with executive function?**
Students with executive function difficulties need to develop self-coaching strategies. Essentially, they must develop ways to tell themselves what to do and when to do it. They may need direct instruction and modeling in what this "looks like," and may need lots of external organizers (e.g., assignment books for which they become incrementally responsible, color-coded folders for assignments, etc.) and significant support to utilize these tools effectively.

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# CHAPTER EIGHT: SIGNIFICANT DEVELOPMENTAL DELAY

## *Introduction*

Every child goes through a developmental process that involves learning and mastering skills such as sitting, walking, talking, skipping, and tying shoes. Children learn these skills, called developmental milestones, during predictable time periods.

The term Significant Developmental Delay (SDD) refers to a delay in one or more developmental areas of a noticeably or measurably large extent, that if not provided with unique intervening, may adversely affect the child's knowledge and development in developmentally appropriate functions. Significant Developmental Delay *does not* apply to children who are experiencing minimal or short-term hindrance in one or more developmental areas; nor should the primary cause of the delay be due to such factors as cultural diversity, socio-economics, environment, or lack of developmentally appropriate experiences.

*GaDOE Significant Developmental Delay Webpage*

## *GaDOE Rule: Significant Developmental Delay*

*Definition, Eligibility, & Placement and Service Delivery*

### Considerations

Children develop skills in the following five main areas:

1. **Cognitive Development**—the child's ability to learn and solve problems. This includes, for example, a two-month-old baby learning to explore the environment with hands or eyes, or a five year old learning how to do simple math problems.

2. **Social and Emotional Development**—the child's ability to interact with others, including helping him- or herself and self-control. Examples of this type of development include a six-week-old baby smiling, a ten-month-old baby waving bye-bye, or a five-year-old boy knowing how to take turns in games at school.

3. **Speech and Language Development**—the child's ability both to understand and to use language. This includes, for example, a 12-month-old baby saying his first words, a two year old naming parts of her body, or a five year old learning to say "feet" instead of "foots."

4. **Fine Motor Skill Development**—the child's ability to use small muscles, specifically his or her hands and fingers, to pick up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.

5. **Gross Motor Skill Development**—the child's ability to use large muscles. For example, a six-month-old baby learns how to sit up with some support, a 12-month-old baby learns to pull up to a standing position holding onto furniture, and a five year old learns to skip.

Source: How Kids Develop. (2008). CASRC.

## *Strategies and Best Practices for Implementing the SDD Rule*

### *Initial Eligibility*

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

The SDD eligibility may be used for children from ages 3 through 9 (the end of the school year in which the child turns 9). Here, the term "school year" typically refers to a child who began the school year at age 8 and turned 9 before the school year ended. In *rare* circumstances, a child may continue under this eligibility if his or her 9th birthday occurs at the beginning of a new school year (July, August, or September). No child may continue receiving special education services under this eligibility category at age 10.

A child whose assessments yield a minimum score of 2 standard deviations below the expected average in one or more of the developmental areas or 1½ standard deviations below in two or more shall meet eligibility. A variety of assessments and resources may be used to determine eligibility for SDD; however, at least one of the instruments must have the ability to yield standard deviations. Standard deviations must be established during the evaluation to determine eligibility.

For children who are kindergarten age (five years old on or before September 1) or older, documented evidence that the impact on educational performance is not due to such factors as social-emotional turmoil, cultural diversity, socio-economics, environment, and/or lack of appropriate instruction in reading and math is also required. The complete criteria requirements are delineated in the Georgia rule.

It is best practice to obtain this information during the child's Student Support Team (SST) meeting. Documented evidence includes samples of the child's work, teacher anecdotal notes, information from parents, grades, and benchmark assessments, etc.

## *Suggested Practices for Early Childhood Assessments from the National Association of School Psychologists (NASP)*

Early childhood assessments should be

- developmentally appropriate, ecological, comprehensive, skills-based, and family-focused;
- conducted by a multi-disciplinary team;
- linked to intervention strategies designed for young children, rather than to categorical classification;
- based upon comprehensive, educational and/or behavioral concerns, rather than isolated deficits identified by individual assessments;
- nondiscriminatory in terms of gender, ethnicity, native language, family composition, and/or socio-economic status; and
- technically adequate and validated for the purpose(s) for which they are used, including the provision of norms for minority children and children with physical disabilities.

## *Resources*

**Early Childhood Outcome Center** http://www.fpg.unc.edu/~eco/

**Council for Exceptional Children/ Division of Early Childhood (DEC)** http://www.dec-sped.org/

**How Kids Develop** www.howkidsdevelop.com

**National Early Childhood Technical Assistance Center** http://www.nectac.org/

**National Dissemination Center for Children with Disabilities** http://nichcy.org/

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# CHAPTER NINE: SPECIFIC LEARNING DISABILITY

## *Introduction*

Specific learning disability is defined as a significant processing deficit that manifests itself in unexpected academic underperformance. The specific learning disabled student demonstrates unexpected low achievement relative to aptitude or ability and displays distinct patterns of strengths and weaknesses with notable, unexplainable, and profound inconsistencies in academic performance. Specific learning disabilities result from one or more processing deficits. A specific learning disability causes a student to have trouble learning and using certain skills. Reading, writing, listening, speaking, reasoning, and doing math are the skills most often affected by a specific learning disability (NICHCY Disability Fact Sheet 7, January 2011).

*GaDOE Specific Learning Disability Webpage*

## *GaDOE Rule: Specific Learning Disabilities*

*Definition, Exclusionary Factors, Required Data Collection, Eligibility Determination, & the SLD Eligibility Group*

### Considerations

SLD cannot be defined using a single model or set of characteristics. However, SLD will always impact specific aspects of formal learning, while at the same time, general cognitive ability remains basically intact. In SLD, cognitive processes at the neurobiological level interfere with specific learning tasks that negatively impact the child's ability to learn.

In accordance with Georgia rules and regulations for Student Support Teams (SST), a response to intervention (Georgia Pyramid of Intervention Guidance) process is mandated to address the immediate underachievement a student demonstrates *prior to* determination of eligibility for special education. Schools must implement and document interventions matched to student needs, and the collection of data must provide documentation as a part of determining final eligibility.

Sound implementation of RtI establishes whether a student still performs academically below his or her age appropriate peers for the instructional setting and whether his or her rate of learning lags behind that of peers after systematic intervention.

Although the SLD definition calls for ruling out alternative explanatory factors, an exclusionary factor is not in itself a "disqualifier" for eligibility determination for a specific

learning disability. Not considering SLD because of other contributing factors can be problematic. An IEP team must not prematurely determine that a child does not meet SLD eligibility just because that child may also be considered for an exclusionary factor. For example, if a student is performing three years below grade level, has made a .25 increase on a progress monitoring instrument toward obtaining his or her achievement goal after a semester, has remained in the intensive range of delay for more than a school year, and has a significant processing deficit in working memory, the eligibility team may move forward with eligibility determination despite the fact that the child missed 15 days of school during the previous school year.

It is imperative that the IEP team conduct a review of individual student data that includes analyzed work samples, attendance data, discipline data, language acquisitions data, and other criteria. A thorough review of data and problem solving must take place to determine the primary cause of a student's underachievement when determining eligibility for SLD.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Strategies and Best Practices for Implementing the SLD Rule*

### *Determining Eligibility*

The new language in the 2004 reauthorization of IDEA states that IQ-achievement discrepancy is no longer required for SLD eligibility. This means that the use of a formula to determine the existence of SLD is no longer appropriate. In Georgia we use an integrated approach to SLD identification. This approach combines an integration of a response to intervention (RtI) model with, once referral to special education has been requested, a comprehensive evaluation. This means several factors must be considered prior to determining whether a student is eligible under SLD. One of these factors is the RtI. RtI is only part of the evaluation process, and it cannot be the sole method of determining SLD. Eligibility teams must still analyze a comprehensive evaluation using a variety of assessment tools that are not discriminatory or biased, that assess cognitive factors, and that are reliable and valid.

Determining SLD identification requires professional judgment based on "multiple sources of evidence to conclude that the child exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, State-approved grade level standards and intellectual development" (160-4-7-.05-19). The eligibility team must interpret synthesized data gathered from RtI to determine whether the student has made

satisfactory progress, from a cognitive profile to determine whether the data are characteristic of an SLD, and from various additional resources to determine whether the student is performing at the level of expected intellectual development as well as to determine any impact exclusionary factors may have on learning difficulties.

The number of students identified as students with learning disabilities has increased because school personnel have had a difficult time distinguishing between the student who is a slow learner and a student with a learning disability. The SLD student demonstrates unexpected low achievement relative to aptitude or ability. These students display distinct patterns of strengths and weaknesses, and evidence must show that the students' processing deficits impact their areas of educational deficit. Notable, unexplainable profound inconsistencies make SLDs stand out. In contrast, a slower learner exhibits no contradictions in the results of achievement related to aptitude or ability. They do not provide the marked difference that indicates processing dysfunctions. Relative cognitive weaknesses (splitter scores) may be exhibited; however, these must be interpreted carefully since almost everyone exhibits some scatter and cognitive weakness in various areas.

### *RtI*

Several factors must be considered prior to determining whether a student is eligible under SLD. One of these factors is Response to Intervention (RtI). Current RtI data must be collected to provide evidence that the student has notable, unexplainable, and profound inconsistencies in academic performance after researched-based interventions have been implemented. This current RtI data, along with data from previous years, allow the eligibility team to establish a pattern of performance for the student. In order for RtI data to be meaningful, the eligibility team must compare the student's progress with interventions to the achievement goal established for that student.

For example, if, in September, a third grade student is reading 25 words per minute with 3 errors, prior to initiating evidence-based interventions, the team must determine a desired performance goal for that student based on reading research and state benchmarks. If the goal is for the child to read 75 words per minute with no errors by January, the team must have data to determine whether the student is on track toward meeting that goal. Since there are 16 weeks before the goal must be reached, the child must increase reading speed by 3 words per week (calculated by subtracting the current number of words per minute from the goal, then dividing by the number of weeks).

When reviewing progress toward a goal, the team may not always use the end of year benchmark. In the previous case, grade level standards indicate that a 3$^{rd}$ grade student

should read 90 wpm by the end of the year. However, problem solving teams cannot wait until the end of the year to determine whether a child is below grade level performance. Benchmark goals must be established, and interventions must be provided in a proactive manner to assist students who are struggling.

In addition to RtI data, a review of cognitive processes must occur. Naglieri writes that analyzing cognitive processes leads to smaller race and ethnic differences than traditional IQ measures, yields excellent prediction to achievement data, and has demonstrated relationships to interventions (2003). This cognitive processing component is critical for the accurate identification of a student with SLD. Consequently, the school psychologist is an essential member of the RtI team as an assessor of cognitive processes.

The use of the *Response to Intervention: Georgia's Student Achievement Pyramid of Interventions* will ensure that a student has been provided with appropriate instruction in reading and math and that progress monitoring in terms of his or her response to interventions has occurred before a student is referred to special education. Insufficient response to intervention becomes the basis for determining the need for an increased level of service, which may eventually indicate the need for special education services.

## *SLD Eligibility Team*

The SLD eligibility team consists of parent(s), general education teacher, special education teacher, and one other professional qualified to conduct individual diagnostic assessments who can interpret assessment and intervention data. The participation of these individuals is essential to making the correct eligibility decision since each member brings pertinent information about the child. It is the responsibility of the eligibility team to analyze and synthesize the reports, work samples, observations, data, etc., presented in order to make a determination of special education eligibility. At the close of the meeting, each member must sign the eligibility report to reflect his or her decision. If the eligibility report does not reflect a team member's decision then that team member must submit a separate statement presenting his or her conclusion.

## *Primary and Secondary Disabilities*

Students who exhibit other disabilities, such as visual impairment, hearing impairment, orthopedic impairment, intellectual disorders, and emotional behavior disorders should be identified by their primary disability. Although a student with a specific learning disability can exhibit other disabilities, the student should not be identified as specific learning disabled unless the specific learning disability is the student's primary problem. When deciding which disability is primary or secondary, the eligibility team needs to determine the impact of the disability on the student's participation and progression in the general

curriculum. This decision can be determined by reviewing the student data from implemented intervention(s). For example, if a student presents with both academic and behavioral problems, the specific cause cannot be determined without data. Conducting and collecting data from a functional assessment of behavior and academics provides the most effective way of guiding this decision-making process. The functional assessment of academics reviews academic performance indicators, assessments, achievement data, curriculum-based measurement (CBM) data, etc., at Tiers 2 and 3. It may be necessary to implement both an academic and behavioral intervention at Tier 2 and at Tier 3, prior to consideration of special education referral/eligibility.

### *Additional Factors*

Care should be taken to avoid confusing the developmental process of learning English as a second language with a specific learning disability or a language disability. Even when a student is conversationally fluent in a second language, s/he may require five to seven years for conceptual skills in the second language to develop enough to handle the higher level cognitive skills required in school learning.

Learning problems due to environment, cultural or economic disadvantages, or an atypical educational history do not inevitably represent a disability. General education interventions, supports, and services should address these learning problems before any referral to special education.

## *Frequently Asked Questions*

### *Dyslexia*

**Can a child who is diagnosed with dyslexia qualify within the definition of a specific learning disability and receive special education support?**

Yes, the term "dyslexia" is defined "a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge" [International Dyslexia Association (IDA)]. However, to conclude that the child is a child with a specific learning disability, the eligibility team must determine that the dyslexia substantially limits the student's learning and requires specialized instruction that cannot be received in the general education program [34 CFR 300.8.(c)(10)].

**How should I help parents and educators to understand dyslexia?**
Remember, we recognize basic reading, reading comprehension, and reading fluency under the specific learning disability category. A student diagnosed with dyslexia exhibits difficulty in reading, however, the district must determine whether there is a significant learning difficulty that impacts the ability to progress through the curriculum.

**How should the school district address the determination of educational impact for a child who has a diagnosis of dyslexia?**
The district must document inadequate response to core instruction and subsequent supplemental interventions. An "inadequate response" denotes that the student does not appropriately progress towards benchmarks in order to perform comparably to peers. Please note that this documentation is just one part of a comprehensive evaluation.

**Is it appropriate for the school district to provide interventions for a child with a diagnosis of dyslexia before making an eligibility determination?**
Yes, the school district should provide appropriate reading interventions and document the student's response in order to determine whether adequate progress can be made without the provision of specialized instruction.

**How should the school district respond when a parent provides documentation from a private evaluation that gives a diagnosis of "dyslexia"?**
The school district should review the documentation and meet and conference with the parent(s) to discuss the student's reading progress and to determine whether there is an educational impact.

## *Eligibility*

**Can data collection span one year or two years?**
In a standards-based classroom, formative assessments and progress monitoring are essential. Data should be collected beginning with all GPS instruction (Tier 1). For the eligibility report, the team may summarize the data trends and determine the specific areas of need. This will allow for data to be collected over more than one year. SLD eligibility does require progress monitoring data that is current. This does not mean that previous year's data should not be reviewed; however, it ensures that students who may have had consent for special education evaluation signed in the spring or summer have interventions provided during the testing time (as opposed to just letting those students sit and wait for placement). In this case the data from the previous year and the current data would be reviewed for eligibility. This will ensure that data are available to document underachievement.

**What are the proper steps if a reevaluation is requested for a child who transfers from another district and/or state with an active IEP that does not meet Georgia's requirements? This is especially common when students have an SLD eligibility (i.e., basic reading) and when reevaluated appear SLD in basic reading and math reasoning. Do these students then need to go through RtI before eligibility can be determined? Data from the past IEP will not include any information, interventions, or documentation for math reasoning?**

If a student is already eligible under SLD, and the committee reviewed the previous data and agrees with the eligibility decision, then the areas of service (reading, math, etc.) are dictated by the IEP. As for initial eligibilities, we need to ensure that the student has had access to appropriate interventions; however, students with significant processing deficits may demonstrate difficulties in various academics as the standards become more rigorous in higher grades. For example, it may not be necessary to reevaluate a middle school student struggling in math reasoning. If the student initially was served under SLD due to a significant deficit in working memory and processing speed that manifested itself in underachievement in reading comprehension, the student may begin to struggle with the abstract reasoning and higher order thinking associated with pre-algebra concepts. We realize that students are not SLD in an area. The specific part of SLD really manifests itself in the specific processing deficit impacting academic achievement.

**"The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, and intellectual development." Does this mean that if a student has a pattern of strengths/weaknesses in cognitive processing, but no academic strengths/weaknesses (a flat profile) s/he can still qualify for a Specific Learning Disability?**

Look at the components of this statement. Achievement is related to more formal measures of achievement such as WIAT2, WJ3 CRCT, or standardized school assessments. Performance is related more to how the student performs in the classroom (as supported by grades, observations, work samples, or other performance indicators).

Best practices require clear and adequate support to qualify for a specific learning disability. A single subtest displaying strengths or weakness is not adequate, but a pattern across tests that provide multiple evidence of strengths or weakness in processing does provide clear and adequate support. Almost everyone has a pattern of strengths and weaknesses in cognitive processing. Average students have strengths and weaknesses, and the higher a person is on the IQ chart, the more s/he is likely to have wider discrepancies in processing. The questions to consider are: 1) How significant are the patterns and for how long can this history be documented? 2) How clearly can a serious educational impact (achievement and performance) on frequency, intensity, and duration be documented?

A flat profile (slow learner) would not be considered a student with a specific learning disability because s/he does not exhibit one or more serious academic deficiencies that are directly related to a pervasive processing deficit. However, the eligibility team may choose to compile documentation to support a determination of eligibility. Therefore, if the eligibility team can document a lack of progress when the student has had access to appropriate interventions and can eliminate the existence of exclusionary factors, then the eligibility team needs to review the remaining data for a pattern of strengths and weakness in performance, achievement, or both, and for evidence of processing deficits that are relevant to the child's academic underachievement.

**If a child qualifies in one exceptionality and when reevaluated appears to qualify in another, does that student need to go through the RtI process in the new area before determining whether s/he meets eligibility? For example, if Joe is eligible for SLD services in the area of written expression but he is failing math and is behind on specific skills in the math curriculum, do we look at the data and all our information to determine whether s/he qualifies for math eligibility before we provide services in this area or do we address this in the IEP because it is noted as a need in the IEP?**

The SLD eligibility comes from the student's processing deficits and lack of response to the interventions. The SLD manifests itself in an academic area (thus, students are NOT SLD in a particular academic area). This is why we have always stated that an IEP for a student should be comprehensive enough to address the areas of concern noted in the present level. For example, a student with an SLD in reading underachievement may have an IEP with reading goals and math goals because of the processing deficit in working memory and in processing speed.

The underlying principle indicates that procedure should not get in the way of providing instructional supports to children, whether or not they have an IEP. Providing standard intervention as soon as problems are detected and then documenting the success of that intervention has emerged as the way to provide good instruction to students. In the Pyramid of Intervention, supports are automatically available to students when benchmark assessments (or other progress indicators) do not show a predetermined level of expected success.

Therefore, even when a student has an IEP with writing goals and demonstrates difficulty in math, the teacher(s) should be problem solving to determine the intervention/strategy that needs to be put into place to address the student's needs.

If progress monitoring during the implementation of Tier 2 instruction indicates a need for more individualized instruction, the IEP team may then convene to review that progress data as well as other information in order to determine whether goals should be developed

to address this area. Ordinarily, since the student is already eligible for special education services, no additional testing or other evaluative measures should be necessary; and the IEP team should be able to use the additional information already gathered to support good decisions regarding additional services that are needed.

In terms of eligibility, the progress monitoring data will dictate the area of underachievement, and SLD will be determined based on these criteria:

- the processing deficit impedes learning in the area of concern,
- unexpected underachievement in an area occurs,
- a pattern of strengths and weaknesses is identified, and
- intervention does not result in progress.

The IEP team can discuss whether this information needs to be part of a redetermination meeting to include it on the eligibility.

So, have the difficulties Joe is experiencing in math been addressed by Tier 2 interventions? What are the data of the intervention/strategies telling the teacher(s)? How do his difficulties in math relate to his processing deficits? Can the difficulty can be addressed through his participation in math fact drill 10 minute direct instruction? Or, is he failing because he is not completing homework? Both would indicate that his difficulty probably cannot be related back to his processing deficit. The final decision will be with the IEP team when they review all the current data with previous reports.

**How does the eligibility committee interpret the intelligence scores of a child with significant language impairment?**

Multiple sources of evidence may be necessary to determine intelligence. The overall IQ score on one assessment measure is not sufficient. The committee must review the entire profile and consider all the abilities that the assessment measures equally. As is customary for many children with significant language impairments, the overall IQ score may be diminished due to significant processing weaknesses that are assessed primarily through language.

**Are we expected to connect SLD to specific areas of deficits (math calculation, math reasoning, basic reading, reading comprehension, etc.)?**

The SLD eligibility comes from the student's processing deficits and from lack of response to the interventions. The SLD manifests itself in an academic area; thus, students are NOT SLD in a particular academic area. This is why an IEP for a student must be comprehensive enough to address the areas of concern noted in the present level (e.g., SLD with reading underachievement may have an IEP with reading goals and math goals because of the processing deficit in working memory and processing speed).

For eligibility purposes, the progress monitoring data will dictate the area of underachievement, and SLD will be determined based on these criteria:

- the processing deficit impedes learning in the area of concern,
- unexpected underachievement in an area occurs,
- a pattern of strengths and weaknesses is identified, and
- intervention does not result in progress.

The school psychologist should have the knowledge and skill to determine that a child who struggles in math may have deficits in fluid reasoning or visual processing. The psychologist may document this via the WISC-IV Fluid Reasoning Subtests or the WISC-IV Block Design subtest; however, in order for the psychologist to tie processing to the academic area of concern, the teachers must have progress monitoring data to indicate the real issues (i.e., speed, fluency, comprehension, decoding). This will allow the psychological processing assessments to be tailored to the student based on his or her presented needs.

**Can a gifted child also be considered for eligibility as a student with a specific learning disability?**

Yes, a child may be gifted and also eligible for special education if the child meets the specific criteria for eligibility. If a student who is performing at or above grade level meets the criteria for a specific learning disability, the team must determine whether the student needs specially designed instruction.

## *English Language Learners*

**Can an English Language Learner (ELL) also be considered for eligibility as a student with a specific learning disability?**

The exclusionary factor for limited English proficiency should not be used to exclude a student; however, a school cannot use the limited English language as a reason for the student to be disabled. A student with limited English proficiency needs adequate time to develop his or her skills. Many things should be considered when referring an ELL for special education, so a rule of thumb is not possible. The collection of data will need to be intensive, and both background and educational histories should be considered in order to determine whether the student attended school (frequency) and/or had the appropriate instruction in reading, math, and writing, etc.

**What is required of the examiner who will assess the ELL?**

The examiner has to identify the dominant language of the learner for the purpose of testing the student in his or her dominant language to obtain accurate information regarding the student's ability level and skills. When interpreting the information, the examiner will also need to be knowledgeable about the specific characteristics of the assessment(s) s/he has selected, including the population used to norm the test and how this compares to the student. In this case, if the English Speakers of Other Languages (ESOL)

teacher suspects that the student has a disability based on his or her knowledge of the usual rate and stages of second language acquisition, you will need a bilingual examiner. This examiner will be able to test the limits during the administration to get a more complete picture of what is happening.

ELL students will need to be involved with the Pyramid of interventions to help determine whether they should be referred for special education.

## *Resources*

### *Books, Articles, & Documents*

Lichtenstein, Robert. (2008). Best practices in identification of learning disabilities. In A. Thomas and J. Grimes (Eds.), *Best practices in school psychology V* (Vol. 2, pp. 295-318). Bethesda, MD: National Association of School Psychologists.

Naglieri, J. A. (2003). Current advances in assessment and intervention for children with learning disabilities. In T. E. Scruggs and M. A. Mastropieri (Eds.), *Advances in learning and behavioral disabilities* (Vol. 16, pp.163-190). New York: JAI.

National Center on Response to Intervention. (2011, April). *The complex ecology of response to intervention*. Washington, DC: US Department of Education, Office of Special Education Programs, National Center on Response to Intervention. Available: http://www.rti4success.org.

National Reading Panel. (2000). *Teaching children to read: An evidence-based assessment of the scientific research literature on reading and its implications for reading instruction*. Washington, DC: National Institute of Child Health and Human Development, National Institute for Literacy, US Department of Education.

Stanovich, P. J., & Stanovich, K. E. (2003). *How teachers can use scientifically based research to make curricular and instructional decision*. Washington, DC: National Institute for Literacy, National Institute of Child Health and Human Development, US Department of Education, US Department of Health and Human Services.

Thomas, A., & Grimes, J. (Eds.). (2008). *Best practices in school psychology V* (Vols. 1-6,). CD-ROM [includes 2010 Supplement]. Bethesda, MD: National Association of School Psychologists.

Torgesen, J., Houston, D., & Rissman, L. (2007). *Improving literacy instruction in middle and high schools*. Portsmouth, NH: RMC Research Corporation, Center for Instruction.

## *Websites*

**Access Center** www.k8accesscenter.org
This website provides tools and research-based interventions to help provide access to the curriculum for students with disabilities.

**Doing What Works** http://dww.ed.gov
This website is dedicated to helping educators implement effective educational practices. The site contains practice guides developed by the U.S. Department of Education's Institute of Education Sciences that evaluate research on the effectiveness of educational practices described in the guides

**Florida Center for Reading Research** www.fcrr.org
FCRR, which is jointly administered at Florida State University by the Learning Systems Institute and the College of Arts and Sciences, conducts reading and literacy research and disseminates information about research-based practices related to literacy instruction and assessment for children in pre-school through 12th grade.

**International Dyslexia Association** http://www.interdys.org/

**Intervention Central** www.interventioncentral.org
This website provides a number of resources and tools related to Response to Intervention, including a wide variety of research-based inventions.

**LD Online** www.ldonline.org
A leading website on learning disabilities, learning disorders and differences, and ADHD.

**National Center on Response to Intervention** www.rti4success.org
The American Institutes for Research along with researchers from Vanderbilt University and the University of Kansas, through funding from the U.S. Department of Education's Office of Special Education Programs (OSEP), established the National Center on response to intervention. The center's website provides technical assistance to states and districts for implementing proven models for RtI/EIS.

**National Center on Student Progress Monitoring** www.studentprogress.org
This website provides tools and resources for progress monitoring.

**National Research Center on Learning Disability** www.nrcld.org
The goal of this website is to help educators, policymakers, and parents understand the complexity and importance of making sound decisions regarding whether a child has a specific learning disability.

**What Works Clearinghouse** http://ies.ed.gov/ncee/wwc
This site was established by the U.S. Department of Education's Institute of Education sciences to provide educators, policymakers, and the public with a central and trusted source of scientific evidence of what works in education.

## *Informational Webinars*

A number of on-line webinars offered through Elluminate focus on SLD.

SLD Eligibility Update, conducted on April 20, 2009, by Donna Ann Flaherty.

Dyslexia Series 1 of 4: Characteristics, conducted on October 19, 2009, by Donna Ann Flaherty, Susie Eckhart, and Margo Habiger.

Dyslexia Series 2 of 4: Instruction/Intervention, conducted on November 9, 2009, by Donna Ann Flaherty, Susie Eckhart, and Margo Habiger.

Dyslexia Series 3 of 4: Instruction/Intervention, conducted on December 14, 2009, by Donna Ann Flaherty, Susie Eckhart, and Margo Habiger.

Dyslexia Series 4 of 4: Diagnostic Assessment, conducted on January 11, 2010, by Donna Ann Flaherty, Susie Eckhart, and Margo Habiger.

Assistive Technology to Support Reading Success, conducted on March 1, 2010, by Sally Kemph.

SPED Induction Professional Development: See It From My Perspective: Students with Disabilities Mathematics Supports and Technology, conducted on December 7, 2010, by Donna Ann Flaherty, Carson Cochran, and Cynde Snider.

GaDOE SPED Induction Reading Strategies, conducted on March1, 2011, by Donna Ann Flaherty, Sally Kemph, and Cynde Snider.

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# CHAPTER TEN: SPEECH-LANGUAGE IMPAIRMENT

## *Introduction*

School-based speech-language pathologists/therapists provide services to children ages 3 through 21 who have speech-language impairments. When a person is unable to produce speech sounds correctly or fluently, or has problems with his or her voice, then s/he may have a speech-language impairment. Speech-language impairments are communication disorders, such as an impairment in articulation and/or phonological production, language, fluency (stuttering), or voice, that adversely affect a child's educational performance. A speech disorder can be characterized by difficulties pronouncing sounds; by repetitions, prolongations, or blocked speech patterns; or by a voice that has an abnormal quality to its pitch, resonance, or loudness. When a person has trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings completely (expressive language), then s/he may have a language disorder. Speech and language disorders can occur as a result of hearing loss, neurological disorders, brain injury, intellectual disabilities, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

*GaDOE Speech-Language Impairment Webpage*

## *GaDOE Rule: Speech-Language Impairment*

*Definitions & Evaluation, Eligibility, and Placement*

### *Response to Intervention (RtI)*

The response to intervention (RtI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student needs, frequent progress monitoring, and the use of student response data to make educational decisions. RtI should be used for making decisions about general, compensatory, and special education, in order to create a well-integrated and seamless system of instruction and intervention guided by student outcome data.

Regarding intervention and instructional support, SLPs must engage in new and expanded roles that incorporate prevention and identification of at-risk students as well as more traditional roles of intervention. Their contribution to the school community can be viewed as expertise that is used through both direct and indirect services to support struggling

students, children with disabilities, the teachers and other educators who work with them, and their families. This involves a decrease in time spent on traditional models of intervention (e.g., pull-out therapy) and more time on consultation and classroom-based intervention. It also means allocation and assignment of staff based on time needed for indirect services and support activities, and not based solely on direct services to children with disabilities.

### Considerations

SLPs working in districts that choose to implement RtI procedures are uniquely qualified to contribute in a variety of ways to assessment and intervention at many levels, from district wide program design and collaboration to working with individual students. SLPs offer expertise in the language basis of literacy and learning, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcomes data when making instructional decisions (ASHA, 2006).

**Tier 1 Core Instruction/Professional Development—the SLP**

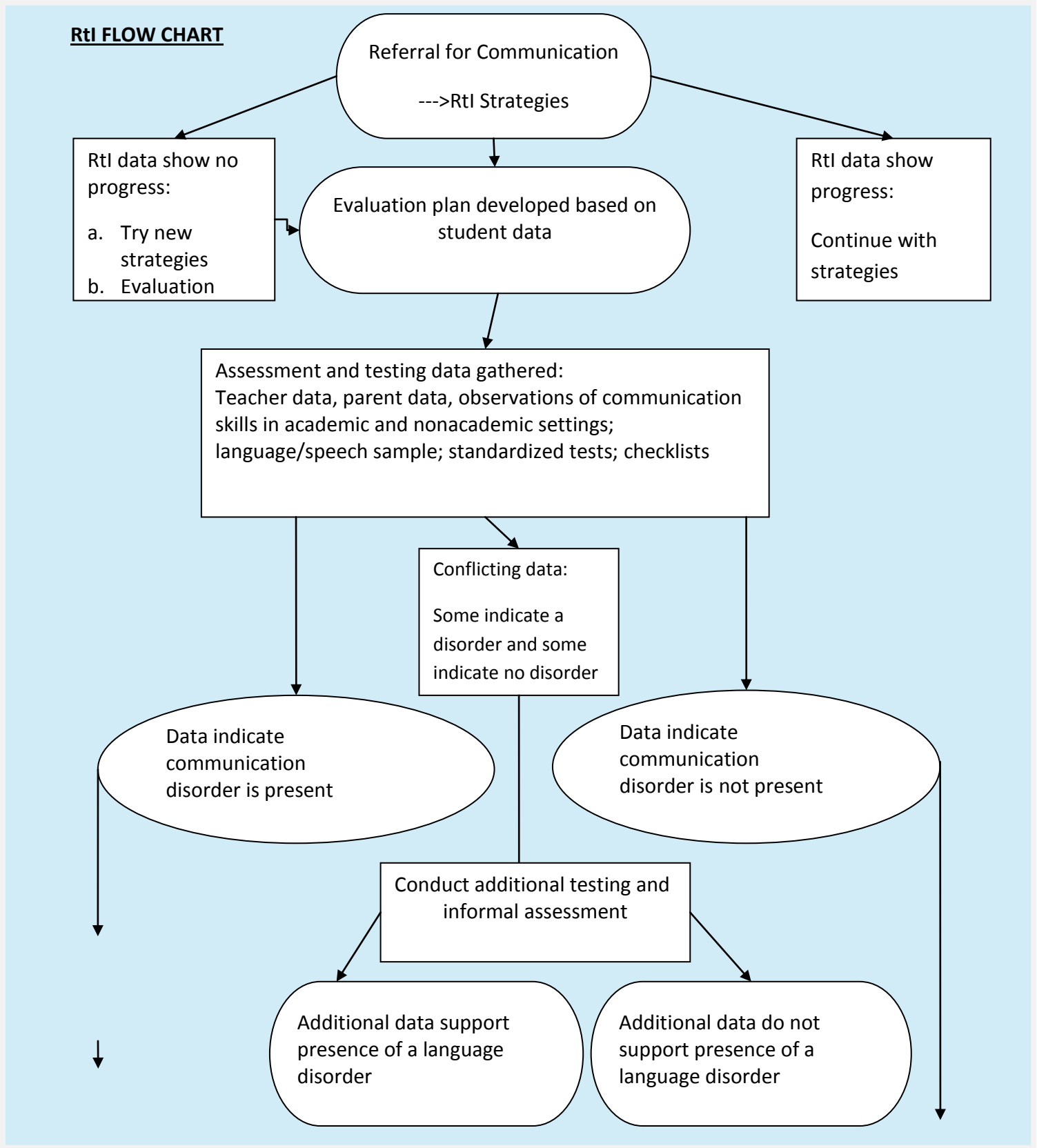
- provides professional development for teachers in the area of language development and
- consults with teachers on how to deliver effective universal instruction, set up screening, and monitoring.

**Tier 2 Targeted Group Interventions—the SLP**

- provides additional language and articulation intervention in the classroom in small groups for students using evidenced based methods,
- provides specialized training to teachers on additional interventions to improve student performance, and
- collaborates with teachers to review and interpret progress monitoring data.

**Tier 3 Intensive, Individualized Intervention—the SLP**

- provides additional evidenced-based interventions to be implemented by the teacher and/or SLP,
- collects data to be used for consideration of eligibility for special education services, and
- determines when a referral is needed for special education and more intensive speech language services.



# *Strategies and Best Practices for Implementing the S-L Rule*

## *Comprehensive Evaluation Process*

A comprehensive evaluation must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student being assessed, including information provided by the parent. When conducting an initial evaluation, it's important to examine all areas of a child's functioning to assess not only whether the child is a child with a disability, but also to determine the child's educational needs. This full and individual evaluation is not only a speech evaluation, but also includes evaluating the child's vision, hearing, social/emotional status, general intelligence, academic performance, communicative status, and motor abilities. The Local Education Agency (LEA) must ensure that each evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs.

Speech-language evaluations provide a view of a child's communication skills within the context of the educational environment. The SLP should have an understanding of the general education curriculum and should be knowledgeable about the grade level Georgia performance standards for the student being evaluated in order to identify the effect of any speech-language impairment on academic performance appropriately.

### Considerations

Obtaining a case history is essential for gathering information on the development of a student's speech-language skills, as well as on significant birth and medical, academic, and social emotional functioning. Interviews with parents, service providers, teachers, and the student can provide valuable information about a student's effectiveness in communication. This information can provide insight into how the student's speaking, listening, writing, and reading skills are impacted by the his or her speech and language skills in various environments. Student interviews, when appropriate, can disclose the student's perception of his or her communication skills and his or her motivation to address these skills.

In order to provide a picture of a student's functional communication abilities and needs, evaluations should be a combination of standardized (norm-referenced) and non-standardized (descriptive or authentic) assessments (ASHA, 2000). Standardized tests can be used to compare a student's performance with that of his or her age or grade-level peers. Caution must be taken to ensure that the student matches the population used for establishing norms, as described in the test manual. The speech-language pathologist should keep in mind that standardized tests are not contextually based and do not provide a

complete picture of a child's skills. As a result, they must not be the sole basis for determining whether a student is demonstrating a communication impairment.

## *Cognitive Referencing*

Individuals with severe disabilities are sometimes denied access to communication services and supports because their language skills are determined to be commensurate with their cognitive skills. This is known as cognitive referencing. Cognitive referencing is the practice of comparing IQ scores and language scores as a factor for determining eligibility for speech/language. IDEA does not require a significant discrepancy between intellectual ability and achievement for a student to be found eligible for speech-language services. The use of cognitive referencing within an organization to determine eligibility for speech/language services is inconsistent with IDEA's requirement to determine services based on individual needs (ASHA, 2000). Evidence from research supports the notion that children with language disorders are capable of developing language abilities independent of and beyond their cognitive abilities (Casby, 1992).

## *Eligibility*

Eligibility for speech-language services is based on the presence of a disability that results in the child's need for special education and related services. The speech language pathologist (SLP) and multidisciplinary team members must be able to document the adverse educational impact of a student's speech and language skills on performance. A student can demonstrate communication differences, delays, or even impairments without exhibiting a corresponding, adverse effect on his or her educational performance. Determination of eligibility for individualized education program (IEP) services for a speech-language impairment is a three-stage process that involves collecting data to answer the following questions:

1. Does the student have a disability condition (i.e., a communication disorder)?
2. Does this disability/disorder result in an adverse effect on the student's educational performance (academic achievement and functional performance)?
3. If so, are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the general education curriculum?

## Considerations

**What does "Adversely Affects Educational Performance" really mean?**

In November 2006, The U.S. Department of Education clarified "adverse effect on educational performance" as it relates to a speech or language impairment, stating that "speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance." The US DOE continues to maintain its position that the term "educational performance" as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child's educational performance must be determined case by case, based on the unique needs of a particular child and not merely on discrepancies in age or grade performance in academic subject areas. [34 CFR §300.101 (c) (11)]

The student does not need to be below grade level or failing in an academic area to be eligible as speech and language impaired. Examples of students who may be succeeding academically but are still eligible as speech and language impaired include:

- a student who is dysfluent and has related problems contributing to class discussions, giving book reports, and answering questions orally;
- a first grader who is on grade level with peers in many areas, but has non-developmental articulation errors that affect intelligibility during "show and tell," phonics instruction, and other educational activities requiring oral responses; and
- a third grader, who is an above average reader, but whose voice disorder inhibits his or her classroom verbal interactions, resulting in reluctance to give book reports, do oral reading, and join in class discussion.

A speech or language deviation does not necessarily constitute an adverse effect on the student's ability to function in the educational setting. The speech and language deviation must be shown to interfere with the student's ability to perform in the educational setting before speech and language impaired eligibility is determined.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Individualized Education Plan (IEP) Development*

The academic, vocational, social, and emotional aspects of a student's speech-language disability should all be considered by the Individualized Education Program (IEP) team. A

student's speech-language impairment may have an effect on his or her performance in reading, math, or language arts. Grades, difficulty with language-based activities, difficulty comprehending orally presented information, and/or difficulty conveying information orally should all be considered when determining the impact of a speech-language impairment. Educational impact may also be determined using teacher checklists that are available as a supplement to some standardized tests. Many standardized instruments have an observation scale that can be used for a classroom observation. It is also possible to assess the educational impact of a speech language disability through the use of teacher/parent/student interview checklists.

A speech-language disability may also adversely affect a student's social interactions with others. For example, a communication impairment may interfere with the ability of others to understand the student. In addition, peers may tease the student about his or her speech-language disability; the student may have difficulty with conversation maintenance and/or ending verbal interactions; and/or the student may demonstrate embarrassment and/or frustration regarding his speech-language skills. As a result of a speech-language impairment, a student may have difficulty with job related skills that s/he cannot demonstrate due to the speech-language disability. These vocational impediments may include the inability to understand/follow oral directions, the inability to make appropriate responses to coworkers' or supervisors' comments or a tendency to make inappropriate responses, and/or the inability to answer and ask questions in a coherent and concise manner.

### Considerations

The speech-language pathologist must be a member of the IEP team for any child with a speech-language impairment.

The IEP team must also consider

- the student's communication needs and assistive technology device(s) and service(s) needs;
- appropriate strategies, including positive behavioral interventions or strategies and supports, for a student whose behavior impedes his or her learning or that of others;
- the language needs of the student with limited English proficiency, as they relate to the child's IEP;
- instruction in braille and the use of braille for a student who is blind or has a visual impairment; and

- the language and communication needs for a student who is deaf or hard of hearing, including opportunities for direct communication with peers and professional personnel in the student's language and communication mode and the need for direct instruction in the student's language or communication mode.

**Present Levels of Academic Achievement and Functional Performance (PLOP)**

The PLOP serves as the foundation for the IEP. A direct relationship must be established between the information in this section and the goals, objectives, or benchmarks (if appropriate), and the accommodations or modifications in the rest of the IEP. The impact of the speech-language impairment on the student's involvement/progress in the general curriculum and the student's performance in academic and functional areas should be considered when determining present levels of performance. Refer to Chapter Seven of Part 1 of the Implementation Manual for detailed information on IEPs and Transition.

## *Resources*

### *Books, Articles, & Documents*

American Speech-Language-Hearing Association. (2003, May). IDEA and your caseload: A template for eligibility and dismissal criteria for students ages 3–21 (Rev. ed.). Rockville, MD: ASHA.

American Speech-Language-Hearing Association. (2004). Admission/discharge criteria in speech-language pathology [Guidelines]. ASHA.

American Speech-Language-Hearing Association. (2006). Responsiveness-to-intervention technical assistance packet. Available: www.asha.org.

Casby, M. W. (1992). The cognitive hypothesis and its influence on speech-language services in schools. *Language, speech, and hearing services in schools*, 23, pp. 198–202.

Dysphagia. (2009). In *Implementation manual* (Part 1, pp. 121-137). Atlanta: Georgia Department of Education.

Miller, J., & Chapman, R. (1980). Analyzing language and communication in the child. In R. Schiefelbusch (Ed.), *Nonspeech language and communication: Acquisition and intervention* (pp. 159–196). Baltimore: University Park Press.

National Joint Committee for the Communication Needs of Persons With Severe Disabilities. (2003). *Position statement on access to communication services and supports:*

*Concerns regarding the application of restrictive "eligibility" policies* [Position Statement]. Available from www.asha.org/policy.

Speech-language pathology services in schools: Guidelines for best practices. (2005, September). Virginia Department of Education.

## *Websites*

**American Speech-Language-Hearing Association** (ASHA) http://www.asha.org/

**Directory of Speech-Language Pathology Assessment Instruments**
http://www.asha.org/assessments.aspx

**Individuals with Disabilities Education Act** (IDEA) IDEA - Building The Legacy of IDEA 2004
"Speech-Language Impairments."

**National Dissemination Center for Children with Disabilities** (NICHCY)
http://nichcy.org/disability/specific/speechlanguage

## *Informational Webinars*

A series of on-line webinars through Elluminate focus on issues related to speech-language impairments and speech-language pathologists.

Pyramid of Intervention for SLPs: Overview, conducted on October 15, 2007, by Charlette Green.

Pyramid of Intervention for SLPs: Overview, Defining Your Roles, conducted on October 16, 2007, by Charlette Green.

Pyramid of Intervention for SLPs: Systems Share Their Plans Part 1, conducted on October 16, 2007, by Charlette Green.

SLP Program Specialist Overview, conducted on March 16, 2009, by Susan Eckhart.

SLD Eligibility Update, conducted on April 20, 2009, by Susan Eckhart.

RtI and Specifically Designed Instruction for SLPs, conducted on February 25, 2010, by Susan Eckhart.

SLP Roles and Responsibilities, conducted on May 26, 2011, by Leah Tillery, M.A., CCC-SLP

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# CHAPTER ELEVEN: TRAUMATIC BRAIN INJURY

This chapter is currently being developed. The links below access the traumatic brain injury webpage, the rule, and an informational webinar.

If you have questions about traumatic brain injury eligibility, please contact your district liaison.

*GaDOE Traumatic Brain Injury Webpage*

## *GaDOE Rule: Traumatic Brain Injury*

*Definition, Eligibility, & Placement and Service Delivery*

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

## *Informational Webinar*

Understanding Traumatic Brain Injuries, conducted on May 19, 2008, by Jessica Moreau. Password is *specialed*.

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# CHAPTER TWELVE: VISUAL IMPAIRMENT & BLINDNESS

## *Introduction*

Two categories of students with visual impairments are recognized in the State of Georgia: blind and visually impaired. Some students who have a progressive vision loss but have not yet reached the acuity levels for either of these categories may be considered for visual impairment services upon documentation of the progressive vision loss from their optometrist or ophthalmologist. In the case of cortical visual impairment, the report of a neurologist can also be accepted for eligibility purposes as long as an ocular diagnosis is addressed in the report and the necessary visual acuity information is included. The student's educational team must decide whether the student would benefit from the RtI process if the student does not meet the criteria of blind or visually impaired but has a progressive vision loss or visual field loss of more than 20 degrees that has a negative impact on the student's educational progress. Student's who meet the criteria for blind or visually impaired can be directly referred to special education without going through the RtI process.

*GaDOE Visual Impairment & Blindness Webpage*

## *GaDOE Rule: Visual Impairment & Blindness*

*Definitions & Eligibility and Placement*

*Braille*

### Considerations

Children, whose current visual acuity is greater than 20/70, but who have a medically indicated expectation of visual deterioration, may be considered for vision impaired eligibility based on documentation of the visual deterioration from the child's optometrist or ophthalmologist.

Initial eligibility may begin as early as 2 years 3 months (27 months) of age for children transitioning from Part C (Babies Can't Wait) to the local school district, but no later than the child's 3rd birthday.

The educational team needs to determine whether a student who is being considered for VI eligibility due to a progressive visual disorder, but who has not yet reached the 20/70 level of visual acuity, would benefit from RtI.

Students whose visual acuity in the better eye after correction is 20/70 or worse, can be referred to VI without going through the RtI process.

The determination of whether a child suspected of having a visual impairment is a child with a disability must be made by the child's parents and a team of qualified professionals that should include

- the child's regular teacher, or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age;
- a teacher of the visually impaired;
- an orientation and mobility specialist, if appropriate.

## *Strategies and Best Practices for Implementing the VI Rule*

### *Expanded Core Curriculum*

The role of the teacher of the visually impaired is to instruct students with visual impairments in the nine areas of the Expanded Core Curriculum as determined appropriate based on assessment data. The Expanded Core Curriculum gives a student with a visual impairment access to the general education curriculum, and success in the general curriculum is an important indicator that the services provided by the teacher of the visually impaired are meeting the student's educational needs.

The nine areas of the Expanded Core Curriculum can be remembered by the acronym ACROSS VI as follows:

- ***A***ssistive Technology
- ***C***areer Education
- ***C***ompensatory Services
- ***R***ecreation and Leisure
- ***O***rientation and Mobility
- ***S***elf-Determination

- ***S***ocial Skills
- ***V***isual (Sensory) Efficiency Skills
- ***I***ndependent Living Skills

For students with severe/multiple disabilities who are also visually impaired, data from the above sources should also be used to determine the level of need and progress that is being made by the student with regard to the visual impairment. A student should not be dismissed from VI services on the basis of making good grades in academic subject areas alone, and no student should be dismissed from VI services who meets the criteria for VI unless the data indicate that the student is proficient in the nine areas of the expanded core curriculum commensurate with his or her ability level.

## *The Low Vision Evaluation (LVE)*

The Low Vision Evaluation (LVE) is required prior to determining initial eligibility for visual impairments and should be conducted by an optometrist who has specialized training in low vision devices and services in addition to the regular eye examination by an ophthalmologist or optometrist, not in place of the regular eye examination. The purpose of the LVE is to determine whether optical, non-optical, and/or electronic devices will improve a student's visual functioning at near point and/or at distance for a variety of educational activities and, consequently, will allow access to the curriculum. By providing a specialized evaluation for the purpose of giving the student the greatest visual ability possible though the use of low vision aids and devices, the low vision evaluation assists in the determination of the educational needs of the student that are a part of the eligibility decision. Directions for completing the Low Vision Evaluation are on the Sample Special Education Forms webpage.

## *Reading and Writing Media*

The Learning Media Assessment (LMA) is used to determine the appropriate reading and writing media for an individual child with a visual impairment. Currently, four approved instruments can be used for this evaluation.

Some suggested instruments for this are listed below.

- Koenig, A., & Holbrook, C. (1993). *Learning media assessment of students with visual impairments* (2nd ed.). Austin, TX: Texas School for the Blind.
- Sanford, L., & Burnett, R. (1993). *Functional vision and learning media assessment*. Louisville, KY: Printing House for the Blind.

For young students or students with severe disabilities and multiple disabilities:

- Smith, M. *Sensory Learning Kit* (SLK). (n.d.). Louisville KY: American Printing House for the Blind.

- Koresten, J. E., Foss, T. V., & Berry, L. M. (2007). *Every Move Counts.* Lee's Summit, MO: EMC, Inc.

When a student is ready to begin a literacy program, an informal reading inventory must be conducted to determine the student's reading level, reading rate, and fluency using different mediums and listening skills. A number of published reading inventories will yield results that can be used. Some examples of assessments for use with the Learning Media Assessment include:

- Johns, J. L. (2008). *Basic reading inventory: Pre-Primer through grade twelve and early literacy assessments with CD-Rom and student booklet* (10th Edition). Dubuque, IA: Kendall Hunt Publishing Co.

- *The Jerry Johns basic reading inventory* (9th Edition*), which has been adapted into both large print and braille and can be ordered from the Georgia Instructional Materials Center (GIMC). You must have purchased the 9th edition regular print copy in order to receive the large print and braille versions of the student pages.

  *Previous editions and the 10th edition are available in both print and braille from the Texas School for the Blind under the title, "Assessment Kit." More information about ordering this kit is available on the Texas School for the Blind and Visually Impaired website.

- Burns, P. C., & Roe B. D. (2011). *Informal reading Inventory: Preprimer to twelfth grade* (8th ed.). Belmont, CA: Wadsworth Cengage Learning.

If an analysis of a student's writing samples indicates the student's handwriting is illegible, then the student's writing ability using word processing with accessible devices should be analyzed.

## *Braille Instruction*

Braille instruction is always considered critical to an appropriate education for a child who is blind. Children identified with visual impairments need to be evaluated to determine the need for braille skills.

The following factors indicate the need for instruction in both print and braille for a student:

- medical indication of visual deterioration;

- extreme visual fatigue after short periods of using the vision for learning that impacts the student's ability to comprehend and complete assignments in a timely manner using print alone;
- visual distortion caused by very strong corrective lenses that impacts the student's ability to focus at nearpoint for long periods of time;
- extreme differences in the visual acuities in the eyes that cause uncorrectable blurred vision, which makes the exclusive use of print not feasible for the student;
- loss of the central visual field or severe loss of the student's peripheral visual fields that inhibits the student from effectively and efficiently accessing print exclusively; and
- any other circumstance in which the student is unable to access print efficiently and effectively due to his or her visual impairment and where braille as a secondary learning media would allow the student increased access to print materials.

For children for whom braille instruction and use is indicated, the Individualized Education Program (IEP) shall include the following:

- results obtained from the evaluation conducted for the purpose of determining the need for braille skills;
- details indicating how instruction in braille will be implemented as the primary mode for learning through integration with other classroom activities;
- date on which braille instruction will commence;
- length of the period of instruction and the frequency and duration of each instructional session; and
- level of competency in braille reading and writing to be achieved by the end of the period and the objective assessment measures to be used.

For those children for whom braille instruction is not indicated, the IEP should include a statement, with supporting documentation, to indicate that the absence of braille instruction will not impair the child's ability to read and write effectively.

## *Frequently Asked Questions*

### *Eligibility*

**Can a student whose visual acuity is better than 20/70 receive visual impairments services?**

Yes, if there is documented educational need and the student has a progressive visual loss as reported by the optometrist or ophthalmologist who examined the student within one calendar year. The educational team may determine whether or not it is necessary to complete the RtI process.

**Can a student with a visual field loss that is greater than 20 degrees receive visual impairments services?**

Yes, if there is medical documentation of the field loss and educational documentation of the negative impact on the student's educational progress. The educational team may determine whether or not it is necessary to complete the RtI process.

### *Evaluation/Reevaluation*

**Are all students with visual impairments required to have a Functional Vision Evaluation (FVE) and Low Vision Evaluation (LVE)?**

No. Only students with visual impairments who have residual vision need to have a FVE or LVE. For students with residual vision, the LVE is only required at initial evaluation. However, the IEP team can determine that a LVE is needed at any time, especially if a change is noted in the student's visual functioning.

**How often should a FVE and LVE be completed or updated?**

The FVE should be updated at redetermination or reevaluation every three years unless a change is noted in the student's visual functioning that would warrant it occurring sooner. The child's educational team should consider the need for a LVE at each redetermination or reevaluation for students who have residual vision.

**Who should have a Learning Media Assessment?**

Every student who meets eligibility for visual impairments must have a Learning Media Assessment (LMA). House Bill 492, passed in 1994 by the General Assembly of Georgia, amended Title 30 of the Official Code of Georgia Annotated to include a new chapter designated as Chapter 7, the "Blind Persons' Literacy Rights and Education Act." The act requires that students identified as visually impaired be evaluated for appropriate learning media and that instruction in braille be provided to those for whom a tactile medium is appropriate.

**Is a new eye report necessary for reevaluation/redetermination for students with visual impairments eligibility?**

Since the current eye report (within 1 year) stands in lieu of vision screening for students with visual impairments, when any new educational evaluation is completed on the student (LMA, LVE, FVE, achievement testing, etc. ), a new eye report must be obtained. Since the eye report is at the core of the LMA , and of the FVE and the LVE for students with residual vision, and since the data from these assessments are needed to make sound educational decisions for students with visual impairments, a current eye report is also necessary in these instances as well.

**When is it appropriate to dismiss a student with a visual impairment from special education services?**

For all students with a visual impairment, the goal is to master the Expanded Core Curriculum for the Blind and Visually Impaired (ECC) at a level that is commensurate with their grade and cognitive functioning levels and individual needs. The role of the teacher of the visually impaired is to teach the ECC and to assess each student's level of proficiency in the nine areas of the ECC. Students with a visual impairment who have not mastered the ECC at a level commensurate with their grade and/or cognitive levels and unique needs, should not be automatically dismissed from VI services just because they are making good grades. The ECC provides access to the Georgia Performance Standards for students with visual impairments, and the specialized instruction in that area provided by the teacher of the visually impaired is necessary for students with a visual impairment to maintain educational success. If assessment data indicate that the student with a visual impairment is proficient and has mastered all areas of the Expanded Core Curriculum at a level commensurate with his or her specific needs, and he or she is making and maintaining academic success, then dismissal could be considered.

## *Expanded Core Curriculum*

**Is it appropriate for a teacher of the visually impaired to tutor students assigned to their caseload in academic subject areas?**

The role of the teacher of the visually impaired (TVI) is to assess and teach the appropriate areas of the Expanded Core Curriculum (ECC). The Expanded Core Curriculum is a set of skills that allow the student with a visual impairment to have maximum access to the general education (GPS) curriculum. TVIs in general are not highly qualified to deliver instruction in the academic areas but are very skilled in providing instruction in the ECC. This is the specialized instruction that is appropriate for a TVI to deliver to the students on his or her caseload. The TVI does, however, support the teaching of the GPS for all students with visual impairments by instructing these students in the skill sets provided by the ECC that will allow them to experience maximum success in the general education curriculum.

The role of the TVI is, therefore, to collaborate with the general education teacher in order to determine how this can most effectively be done, not to tutor the student in the subject matter.

**Should a student who qualifies for Vision Impaired Services receive orientation and mobility services?**

Orientation and mobility services are one of the nine areas of the Expanded Core Curriculum (ECC). The TVI should have data from the screening of the nine areas of the ECC to support the need for a referral to the O&M specialist for in depth evaluation in this area. The IEP team must decide whether the related service of orientation and mobility is appropriate for each individual student. The assessment to determine this need should be conducted by an orientation and mobility instructor, not a teacher of the visually impaired. Based on the data from the assessment conducted by the O&M specialist, the educational team should decide whether O&M services are a need for the student, and if so, the amount of services needed, as well as the goals and objectives that are appropriate for the student.

### *Braille*

**Do all students with a visual impairment have to receive instruction in braille?**

No. The results of the learning media assessment (LMA) give the educational team the information needed to make a data-based decision about a student's need for instruction in braille for reading and writing. If braille instruction is indicated, the student's IEP must include the information called for in the braille section of the State Special Education Rule. For those students, for whom braille instruction is not indicated, the eligibility shall include a statement that the lack of braille instruction will not impair the student's ability to read and write effectively.

## *Resources*

### *Sample Forms*

**Low Vision Pre-Clinic Screening Form**

This pre-clinic screening form, developed by the GaDOE, may be completed by the teacher of the visually impaired in collaboration with the student and parents in order to provide pertinent information to the low vision optometrist prior to the LVE.

**Clinical Low Vision Evaluation Form**

Directions for Pre-Clinic Screening Form

In order to create a minimum standard for low vision evaluations for school aged children in the State of Georgia, the GaDOE has developed a model form for reporting the results of a Clinical Low Vision Evaluation (LVE) for educational purposes. Items with an asterisk (*) are considered the minimum components of a Clinical Low Vision Evaluation for educational purposes. Additional components can and should be assessed at the Low Vision Optometrist's discretion, based upon the student's ocular diagnosis, clinical observations of the student, and needs reported during the Low Vision Evaluation.

Essential Assessment Quality Rubric

This rubric should be used to ensure the quality of any instruments used for an essential VI assessment, including the Learning Media Assessment (LMA), the Functional Vision Evaluation (FVE), or ECCE.

## *General Information*

Huebner, K. M., et. al. (2004). *The national agenda for the education of children and youths with visual impairments, including those with multiple disabilities* (Rev.). New York: AFB Press.

## *Assessment Tools*

Blankenship, K., & Siller, M. A. (2010). Essential assessments quality rubric. Nashville, TN: Peabody College.

Burnett, R., & Sanford, L. (1993). Functional vision and learning media assessment (FVLMA). Louisville, KY: American Printing House for the Blind. [Item No. 7-96151-00]

## *Reading Inventories*

Koenig, A. J., & Holbrook, M. C. (1995). *Learning media assessment of students with visual impairments* (2nd ed.). Austin, TX: Texas School for the Blind and Visually Impaired. [Item No. 59423 LMP]

Burns, P. C., & Roe B. D. (2011). *Informal reading Inventory: Preprimer to twelfth grade* (8th ed.). Belmont, CA: Wadsworth Cengage Learning.

The Jerry Johns Basic Reading Inventory (9th Edition*), which has been adapted into both large print and braille and can be ordered from the Georgia Instructional Materials Center (GIMC). You must have purchased the 9th edition regular print copy in order to receive the large print and braille versions of the student pages.

Johns, J. L. (2008). *Basic Reading Inventory: Pre-Primer Through Grade Twelve and Early Literacy Assessments with CD-Rom and Student Booklet* (10th Edition). Dubuque, IA: Kendall Hunt Publishing Co.

*Previous editions and the 10th edition are available in both print and braille from the Texas School for the Blind under the title, "Assessment Kit." More information about ordering this kit is available on the Texas School for the Blind and Visually Impaired website.

## *Websites*

**American Foundation for the Blind** www.afb.org

**American Printing House for the Blind** www.aph.org

**Georgia Instructional Materials Center** www.gimc.org

**Texas School for the Blind and Visually Impaired** www.tsbvi.edu

## *Informational Webinars*

Working Together: Special Education and School Psychologists, conducted on January 12, 2009, by Nancy O'Hara and Frank Smith.

The New VI State Rule and Eligibility, conducted on May 13, 2010, by Kathy Segers.

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## *O.C.G.A. § 30-7-3 (2011)*

TITLE 30. HANDICAPPED PERSONS
CHAPTER 7. BLIND PERSONS' LITERACY RIGHTS AND EDUCATION

O.C.G.A. § 30-7-3 (2011)
§ 30-7-3. Individualized education program for blind students; evaluation of Braille skills

(a) Each blind student must be identified and, if appropriate, offered an individualized education program in consultation with a parent or legal guardian. While Braille is not required, it is presumed that Braille reading and writing are valuable skills and as needed are to be considered in the student's transition plan.

(b) No child who is blind may be denied the opportunity to receive instruction in Braille reading and writing if the child has the ability to read and write print.

Each blind student shall be evaluated to determine the need for Braille skills. The purpose of the evaluation shall be to determine the appropriate reading and writing media for the individual child.

(c) Nothing in this Code section shall require the inclusion of Braille in a blind student's individualized education program.

**HISTORY:** Code 1981, § 30-7-3, enacted by Ga. L. 1994, p. 1796, § 3.



This manual is meant to serve as a practical guide for implementing IDEA and its regulations. It is not intended to state new law or supplant any federal or state laws, regulations, or requirements. Nothing in this manual should be seen as having the force of law. This manual should not be cited as law or as imposing any additional requirements or obligations outside the requirements of existing law. Districts, schools, and parents are not required to adhere to this manual, but only to the requirements of IDEA as codified in 20 U.S.C. § 1400 *et seq.*, its regulations promulgated in 34 C.F.R Parts 300 and 301, and the rules of the State of Georgia promulgated by the State Board of Education.

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