Title 6. Education

Chapter I. Division of Elementary and Secondary Education

Subchapter E. Special Education

Part 131. Eligibility Criteria

Subpart 1. Eligibility Criteria for School-aged Children with Disabilities (Ages 5-21)

6 CAR § 131-101. Autism.

(a) **Definition.**

(1)(A) "Autism" means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child's educational performance.

(B) Other characteristics often associated with autism are engagement in repetitive activities and stereotypic movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(2) The term "autism" does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in 6 CAR § 130-608.

(3) A child who manifests the characteristics of autism after age three (3) could be diagnosed as having autism if the criteria in this definition are satisfied.

(b)(1) **Possible referral characteristics.** Individuals with autism exhibit characteristics such as the following over a long period of time and to a marked degree:

(A) **Social relationships.**

(i) Autism is characterized by impaired ability to participate in social relationships that can result in an inability to establish relationships.

(ii) Does not approach other people unless help is wanted.

(iii) Treats people like objects to obtain help.

(iv) Rarely seeks or gives comfort.

(v) Lacks awareness of feelings of others.

(vi) Fails to develop adequate peer relationships;

(B) **Communication.**

(i) Impaired understanding of spoken language.

(ii) Spoken language not used for communication, as in initiating and sustaining social conversation.

(iii) Spoken language often unrelated to situation.

(iv) Articulation usually adequate.

(v) Expressive skills many times exceed receptive skills.

(vi) May produce babble jargon, stereotypic or idiosyncratic language.

(vii) May appear deaf although hearing is normal.

(viii) May have abnormal pitch, stress, intonation, rate, or rhythm of speech;

(C) **Behavior problems.**

(i) A number of behavioral problems are associated with autism.

(ii) These problems could include:

(a) Tantrums;

(b) Aggression;

(c) Self-injury; and

(d) Property destruction.

(iii) Serious behavioral problems can occur when established routines or rituals are disrupted;

(D) **Developmental rates and sequences.**

(i) Fine motor skills may be delayed.

(ii) Regression in motor skills may be present.

(iii) Play patterns lack variety and imagination;

(E) **Cognitive/conceptual.**

(i) Processes spatial, concrete information better than temporal, transient information.

(ii) Poor generalization or transfer of concepts;

(F) **Visual behaviors.**

(i) Close scrutiny of visual details.

(ii) Prolonged staring.

(iii) Over/under response to visual cues.

(iv) Lacks visual attention.

(v) Poor eye/face regard;

(G) **Auditory behaviors.**

(i) Nonresponse/over response to varying sounds.

(ii) Response to same sound may change over time.

(iii) Seems not to hear;

(H) **Tactile behaviors.**

(i) Hypo/hyper response to touch and temperature.

(ii) Unusual response to pain stimuli.

(iii) Self-injurious behaviors;

(I) **Olfactory behaviors.**

(i) Smells objects/repetitive sniffing.

(ii) Licks inedibles;

(J) **Vestibular behaviors.**

(i) Over/under response to gravity stimuli.

(ii) Whirling without dizziness;

(K) **Use of objects.**

(i) May use objects inappropriately.

(ii) May become fascinated with parts of objects.

(iii) May engage in ritual behaviors (spinning, arrangement of objects, etc.).

(iv) May form attachments to unusual objects such as sticks or string; or

(L) **Stereotypic behaviors.**

(i) May engage in unusual body posturing, finger flicking, and toe walking.

(ii) May use repetitive, stereotypic words and phrases.

(2) The above examples are only a partial listing of possible referral characteristics and are not intended to provide an exhaustive list.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) Anecdotal records;

(B) Basic skills inventories;

(C) Systematic observation; and

(D) Sociometric techniques.

(d) **Required evaluation data.**

(1) Social history (emphasis on developmental history).

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5) Communicative abilities (both receptive and expressive required).

(6) Other:

(A)(i) **Observation (required).** Observation should cover:

(a) Personal-social behaviors;

(b) Toy play;

(c) Conversational speech;

(d) Emotional expression;

(e) Amount of time spent in idiosyncratic repetitive behaviors; and

(f) Eating behavior.

(ii) Information can be obtained in a variety of settings, including observing the child in:

(a) The home environment;

(b) The classroom; and

(c) Play situations.

(iii) The observed behaviors should be viewed in terms of developmental age so that formal assessment data and observational data can be compared.

(iv) Observational data must be considered part of the educational evaluation due to the impact of behavior upon skill acquisition; and

(B) Medical (required):

(i) Physical examination; and

(ii) Specialized, if indicated.

(e) **Optional evaluation data.**

(1) Environmental inventory.

(2) Functional skills assessment.

(3) Motor development (fine and gross motor).

(4) Vocational assessment.

(f) **Evaluation data analysis.**

(1) Accurate diagnosis of autism may be difficult because the characteristics of this disorder may resemble those of:

(A) An intellectual disability;

(B) Severe reactive disturbances; or

(C) Deafness.

(2) The determination of autism is also made difficult by the variety of symptoms and the rarity of the conditions exhibited by children with autism, as well as the overlap of autistic behaviors with other cognitive and behavioral disorders.

(3) Therefore, it is important to collect data from all areas specified in the evaluation section.

(4) Observational data and an account of the child's pattern of behavior from infancy to childhood will provide some of the most useful data for programming.

(5) Some common misconceptions regarding individuals with autism are as follows:

(A) Autism is an emotional disorder;

(B) Persons with autism do not talk;

(C) Persons with autism do not communicate;

(D) Persons with autism require one-to-one instruction;

(E) All persons with autism are withdrawn; and

(F) Most persons with autism are self-injurious.

(g) **Programming considerations.**

(1) A promising treatment for autism involves intensive educational programming designed to meet the student's individual needs in the areas of:

(A) Language;

(B) Social skills; and

(C) Self-control.

(2)(A) A developmental framework provides a means to describe and understand the characteristics of an uneven learning pattern manifested by students with autism.

(B) However, appropriate programming, based on individual functioning levels and needs, is of prime importance.

(C) Research has established that the most beneficial treatment for students with autism is a highly structured and purposeful educational program.

(3) The following are possible programming considerations:

(A) Heterogeneous grouping;

(B) Functional curriculum;

(C) Age-appropriate tasks and materials;

(D) Instruction to address communication and interaction deficits; and

(E) Systematic intervention for social/communicative development.

6 CAR § 131-102. Deaf-blindness.

(a) **Definition.** "Deaf-blindness" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(b) **Possible referral characteristics.**

(1) Individuals with deaf-blindness represent a heterogeneous group and may include students who:

(A) Have both significant hearing and significant vision impairments with acuities measured or estimated in light of cognitive and adaptive functioning;

(B) Have hearing and vision impairments of a mild to severe degree and additional learning and/or communication disabilities and who may have been diagnosed as having a disease that will affect vision and/or hearing acuity; or

(C) Are multidisabled due to generalized central nervous system dysfunction and exhibit inconsistent responses to visual and auditory stimuli (functionally deaf-blind).

(2) Children identified under this disability category are also referred to as having a dual sensory impairment.

(3) Within this population a large number of students have both:

(A) Educational problems; and

(B) Cognitive, behavioral, communicative, and physical impairments.

(4) Possible referral characteristics for children with deaf-blindness may consist of the following:

(A) **Cognitive.**

(i) Inability to perform basic academic tasks.

(ii) Difficulty in performing functional life skills;

(B) **Communication.**

(i) Difficulty with spoken language (nonverbal in some instances).

(ii) Limited vocabulary;

(C) **Behavior.**

(i) Exhibits low frustration tolerance.

(ii) Difficulty in demonstrating age-appropriate behavior.

(iii) Exhibits problems in adjusting to change.

(iv) Exhibits self-stimulatory behaviors, such as:

(a) Body rocking;

(b) An attraction to light; and

(c) Hyperactivity.

(v) Exhibits inappropriate behaviors in touching and smelling objects and/or people; and

(D) **Physical.**

(i) Difficulty with environmental mobility.

(ii) Difficulty with vision.

(iii) Difficulty with hearing.

(iv) Difficulty with physical ambulation (motor problems/orthopedic problems/cerebral palsy).

(v) Displays seizure activity.

(vi) Difficulty with eating.

(vii) Difficulty with bowel and/or bladder control.

(viii) Difficulty in administering self-care.

(c) **Screening information.**

(1)(A) Required:

(i) Hearing; and

(ii) Vision.

(B) Screening not applicable, as required evaluation must include an audiological and ophthalmological assessment.

(2) Recommended:

(A) **Formal.** Not applicable; and

(B) Informal:

(i) Observation;

(ii) Checklists;

(iii) Basic skills assessment; and

(iv) Anecdotal records.

(d) **Required evaluation data.**

(1) All tests/procedures must be administered in the student's primary mode of communication (i.e., sign language, gestures, finger-spelling, real objects, etc.).

(2) Required evaluation data:

(A) Social history;

(B) Individual intelligence/cognitive functioning (one (1) required, using an appropriate measure/procedure);

(C) Individual achievement/functional skills assessment (one (1) required, using an appropriate measure/procedure);

(D) Adaptive behavior (one (1) required);

(E) Communicative abilities (both receptive and expressive required); and

(F) Other:

(i) Orientation and mobility assessment (required);

(ii) Medical (required):

(a) Physical examination; and

(b) Specialized (if indicated);

(iii) Audiological (required); and

(iv) Ophthalmological (required).

(e) **Optional evaluation data.** Vocational assessment.

(f) **Evaluation data analysis.**

(1) When the senses of sight and hearing are lost or severely limited, the child must rely on secondary senses or indirect information supplied by others to gain concepts/information.

(2) It is therefore extremely important that evaluation data be analyzed to determine what degree of functional hearing and vision the child possesses and the age at onset of the loss of each (infancy, early childhood, and school age).

(3) This information will provide the evaluation committee with information regarding learning experiences the child will bring to the educational environment.

(4) To obtain a comprehensive picture of the abilities of the child with deaf-blindness, all assessment information gathered must be integrated.

(5) Points for the evaluation committee to consider include:

(A) Information obtained from the social history, including:

(i) Age at onset of sensory impairments; and

(ii) Pertinent medical data;

(B) Results of assessment measures/procedures, particularly those dealing with communicative abilities, and the recommendations regarding the development of an alternative/augmentative communication system;

(C) Identified strengths and weaknesses;

(D) Skill (functioning) levels, determined by assessments conducted in natural environments, based on interviews and observations; and

(E) Orientation and mobility needs.

(g) **Programming considerations.**

(1)(A) Students with deaf-blindness demonstrate a wide variety of needs specific to each individual.

(B) These needs will vary based on:

(i) The degree of hearing and vision loss;

(ii) The age at onset of each sensory impairment;

(iii) Communication mode;

(iv) Cognitive abilities; and/or

(v) Other associated disabilities.

(C) Because of these unique needs, students with deaf-blindness will need more intensive instruction with significant adaptations to benefit from their instructional program.

(D) These adaptations may be necessary in the areas of curriculum and instructional mode, i.e., modifying skills or activities using assistive technology or devices.

(E) In addition, the school environment may need modification in order to accommodate the student with deaf-blindness.

(2)(A) Determining the communication mode for children with deaf-blindness is a primary consideration in program development.

(B) Channels through which these children may receive communication are:

(i) Touch (touching, being touched);

(ii) Smell;

(iii) Residual vision;

(iv) Residual hearing/vibration;

(v) Skin (hot/cold, wet/dry, texture); and

(vi) Movement (shape, distance, height, weight, pressure (soft/hard)).

(3)(A) Because of the fact that children with deaf-blindness have both auditory and visual deficits, it can be assumed that some will not be able to develop vocal language.

(B) Therefore, some children with deaf-blindness will require an alternative communication system, touch, sign language, gestural, symbolic, pictorial, or an electronic augmentative system.

6 CAR § 131-103. Hearing impairment, including deafness.

(a) **Definition.**

(1) "Deafness" means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects educational performance.

(2)(A) "Hearing impairment" means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this part.

(B) **Audiological indicators.**

(i)*(a)* An average pure-tone hearing loss in the speech range (five hundred to two thousand hertz (500–2,000 Hz)) of twenty decibels (20 dB) or greater in the better ear.

(b) A child with a fluctuating hearing impairment, such as one resulting from chronic otitis media, is classified as hearing impaired.

(ii) An average high frequency, pure-tone hearing loss of thirty-five decibels (35 dB) or greater in the better ear at two (2) or more of the following frequencies:

(a) Two thousand hertz (2,000 Hz);

(b) Three thousand hertz (3,000 Hz);

(c) Four thousand hertz (4,000 Hz); and

(d) Six thousand hertz (6,000 Hz).

(iii) A permanent unilateral hearing loss of thirty-five decibels (35 dB) or greater in the speech range (pure-tone average of five hundred to two thousand hertz (500–2,000 Hz)).

(iv) A diagnosis of auditory neuropathy.

(b) Possible referral characteristics:

(1) **Intellectual.**

(A) The range of intellectual functioning follows that of the normal population.

(B) The possibility of hearing impairment should be considered in the event of a significantly weaker verbal IQ score on most standard intellectual assessments;

(2) **Academic.**

(A) Has poor reading comprehension skills.

(B) Has poor word attack skills.

(C) Has difficulty with abstract concepts (may be able to think in abstract terms, but unable to express the concept);

(3) **Behavior.**

(A) Frequently uses "neutral response", "smiling", saying "yes", and periodically nodding in situations where he or she lacks understanding.

(B) Has difficulty following verbal directions or does not respond.

(C) Frequently asks to have statements repeated.

(D) Inattentive in group activities.

(E) Appears to be confused, especially in noisy situations.

(F) Gives inappropriate answers to simple questions.

(G) May isolate himself or herself or be isolated by his or her peer group.

(H) Has complete or partial misunderstanding of conversation.

(I) Is overly dependent on visual cues.

(J) May have a low frustration tolerance.

(K) Often speaks too loudly or too softly;

(4) **Communicative abilities.**

(A) **Language.**

(i) Spoken and/or written language compares poorly with peer group.

(ii) Has difficulty expressing ideas.

(iii) Spoken and/or written words omitted from sentences or word order may simply be unintelligible, i.e., "Finished home" for "When he was finished, he went home."

(iv) Figurative and abstract patterns of spoken and/or written language including idioms, metaphors, similes, and personifications neither comprehended nor frequently used.

(v) Limited vocabulary.

(vi) Incorrect sentence structure.

(vii) Difficulty following oral and written directions.

(B) **Articulation/voice.**

(i) Voice quality may be harsh, breathy, nasal, and/or monotone.

(ii) Sounds may be distorted and/or omitted from words, i.e., "I caught a fish" may be spoken or written as "I cau_ fi_."

(iii) May drop plural and possessive endings, i.e., he or she says, "The boy hat" for "The boy's hat."

(iv) Pitch, rhythm, stress, inflection, and/or volume are inappropriate.

(C) **Auditory.**

(i) Turns head to one side to hear better.

(ii) Has difficulty in locating source of sounds or speech.

(iii) Responds better to environmental noises than to voice.

(iv) Has problems understanding speech even after a cold subsides.

(v) Poor ability to hear or discriminate between environmental and/or speech sounds.

(vi) Has difficulty hearing/understanding in noisy situations; and

(5) **Physical/medical.**

(A) History of frequent earaches or ear discharge, or has nasal obstruction with associated mouth breathing or other nasal symptoms.

(B) Frequent colds, sneezing, earaches, allergies, history of viral infections, high fever, etc.

(C) Family history of hearing loss and/or ear disease.

(D) History of dizziness and balance problems.

(E) Deformity of the outer ear.

(F) Deformity of oral facial structures (i.e., cleft palate).

(c) **Screening information.**

(1) Required:

(A) Hearing (should be waived if a current comprehensive audiological evaluation within the past six (6) months is available); and

(B) Vision.

(2) Recommended:

(A) **Formal.** Not applicable; and

(B) Informal:

(i) Observation;

(ii) Checklists; and

(iii) Anecdotal records.

(d) **Required evaluation data.**

(1) Social history (using language of the home, which may include American Sign Language).

(2)(A) Individual intelligence (one (1) required).

(B) Only performance-based scales can be used as an indicator of intellectual capacity for children who are hearing impaired.

(C) Scales measuring verbal or full-scale IQ should never be administered unless the results are to be used for general information and not considered as an estimate of ability level.

(3) **Individual achievement (one (1) required).** Administer tests/procedures in a communication system in which the student receives instruction.

(4) Adaptive behavior (one (1) required).

(5) Communicative abilities (required as indicated below).

(A) **Language.**

(i) Both receptive and expressive language assessments are required.

(ii) For the child who has a hearing impairment, IQ scores should not be computed from language evaluation test scores.

(B) Phonetic level evaluation (one (1) required) includes both:

(i) Articulation; and

(ii) Suprasegmental qualities of speech, i.e., vocalization, intensity, duration, pitch, etc.

(C)(i) Auditory (listening ability, one (1) required).

(ii) This is not an assessment of receptive language, but an assessment of the child's auditory skill level.

(iii) Tests of listening ability must be administered through audition only with no visual cues available.

(6) **Other.**

(A) Visual perception (one (1) required).

(B)(i) Audiological (required as indicated below).

(ii)*(a)* Audiometric assessment administered within the past six (6) months is required upon initial determination of eligibility and thereafter when deemed necessary by the licensed managing audiologist.

(b) **Pure-tone.**

(1) Air conduction.

(2) Bone conduction.

(c) **Speech audiometry.**

(1) Speech reception threshold or speech awareness threshold.

(2) Speech discrimination (when applicable).

(d) Hearing aid evaluation to include electroacoustic assessment of hearing aid function, as well as evaluation of aided hearing response and determination of appropriateness of the hearing aid.

(e) Impedance audiometry including tympanometry and stapedial reflex testing.

(iii) **Amplification systems.**

(a) FM amplification systems should be initially recommended, selected, and programmed only with the assistance of a licensed audiologist.

(b)(1) A special effort must be made to ensure that amplification systems worn by the child in preschool are functioning properly.

(2) Proper maintenance includes a daily listening check with emphasis on the following:

(A)(i) Ear molds.

(ii) Young children may require new ear molds every six (6) months;

(B) A daily listening check for amplification (hearing aids and auditory trainers) must be conducted, utilizing a hearing aid stethoscope, and results documented;

(C) Cords; and

(D) Receivers.

(e) **Optional evaluation data.** The following areas are also commonly considered for evaluation of students suspected of having a hearing impairment:

(1) Lip reading; and

(2) Vocational assessment.

(f) **Evaluation data analysis.**

(1) Some students with deafness or hearing impairment will require special education services because their hearing impairment adversely affects their educational performance.

(2) The following are points to consider when analyzing evaluation data:

(A)(i) For a child with a hearing impairment, a special effort should be made to differentiate between articulation and language.

(ii) For example, speech intelligibility is not necessarily an indication of language or intellectual abilities;

(B) Information provided by parents of children who have hearing impairments is necessary in evaluation data analysis; and

(C) All tests must have been administered in the child's primary mode of communication (orally or through sign language, fingerspelling, cued speech, etc.) for results to be meaningful.

6 CAR § 131-104. Emotional disturbance.

(a) **Definition.**

(1) "Emotional disturbance" means a condition exhibiting one (1) or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(2) The term includes schizophrenia.

(3) The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

(b) **Possible referral characteristics.**

(1)(A) Identification of students with emotional disturbance is not a simple, clear-cut task.

(B) Many variables enter into the identification process.

(2) Any or a combination of the behaviors listed below may characterize a student with an emotional disturbance, but may also be exhibited by students in other disability categories:

(A) **Intellectual.** Intellectual functioning is not as strong an indicator as other referral characteristics;

(B) **Academic (that cannot be attributed to intellectual, sensory, or health factors).**

(i) Failure in skill acquisition.

(ii) Severe learning deficiencies given chronological age expectancy.

(iii) Nonattending to class instruction, short attention span.

(iv) Little motivation for academic learning;

(C) **Behavior.**

(i) **Mood swings.**

(a) Laughs, cries, or becomes very angry without apparent cause at times when others would show different reaction.

(b) Looks depressed almost all the time without regard to circumstances.

(c)(1) Daydreams.

(2) Sits with a vacant expression doing nothing productive.

(ii) **Responses.**

(a) Talks inappropriately without regard for the questions or answers of others.

(b) Shows extreme interest in morbid, obscure, or gruesome events.

(c)(1) Is in constant motion.

(2) Compulsively manipulates objects.

(3) Moves about the room excessively.

(d)(1) Talks incessantly.

(2) Frequently talks without permission or interrupts conversations.

(e)(1) Does not seem to learn from experience.

(2) Behavior does not improve with usual disciplinary methods.

(f)(1) Acts impulsively and shows poor judgment.

(2) Does not consider or understand consequences of his or her behavior.

(iii) **Neurotic complaints.**

(a) Complains of feeling uneasy or anxious most of the time without apparent cause.

(b) Complains of being afraid of something or some things that the vast majority of people do not fear.

(c) Is overly suspicious or jealous of others.

(iv) **Interpersonal relationships.**

(a) Impaired ability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(b) Cannot make or keep friends.

(c) Repeatedly engages in fights or misunderstandings.

(d) Cannot work with others in learning situations.

(e) Cannot play with others cooperatively.

(f) Cannot communicate with or respond to others due to an apparent lack of awareness of the real world.

(v) **Self-concept.**

(a) May have slovenly, unkempt appearance.

(b)(1) Fearful of new situations.

(2) Unwilling to attempt new or difficult tasks.

(c) Shows extreme negative reaction to minor failures;

(D) **Communication.**

(i) Does not speak or speaks only when spoken to.

(ii) Speech is unusually fast or slow.

(iii) Speaks with marked dysfluency, stutters, clutters, or otherwise demonstrates interruptions in the flow of speech.

(iv) Voice unusually:

(a) High;

(b) Low;

(c) Loud;

(d) Soft; or

(e) Scratchy.

(v) Primarily uses jargon, profanity, or other speech inappropriate to context; and

(E) **Physical.**

(i) Complains of physical pain, sensations, or discomfort or physical or bodily impairment in the absence of an organic basis.

(ii) Engages in repetitive, stereotyped motor behavior, such as:

(a) Tics;

(b) Nail biting; or

(c) Rocking.

(iii) Habitually sucks thumb or fingers.

(iv)*(a)* Overcome frequently by drowsiness or sleep during the day.

(b) Seems tired or without energy.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) Formal; and

(B) Informal:

(i) Checklists;

(ii) Rating scales;

(iii) Anecdotal records;

(iv) Self-concept inventories;

(v) Sociometric techniques; and

(vi) Classroom work samples.

(d) **Required evaluation data.**

(1) Social history.

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5)(A) Communicative abilities (required as indicated below).

(B) A comprehensive language screening measure is required.

(C) Screening instruments must be established and validated for such use and assess areas of receptive and expressive language.

(D) These instruments cannot be single-word vocabulary measures only.

(E) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(F) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(6) Other:

(A) Clinical diagnosis of emotional disturbance by a licensed psychologist or psychiatrist (required);

(B)(i) Behavioral observation in a variety of settings (required).

(ii) During the observation, attention should be given to noting specific behaviors and their:

(a) Frequency;

(b) Duration; and

(c) Intensity.

(iii) Other variables that should be considered in making an observation are the:

(a) Setting in which the behavior occurs;

(b) Stimulus for the behavior;

(c) Sequences of behavior;

(d) Time the behavior occurs; and

(e) Effects of the behavior on the student and others;

(C) **Learning processes.**

(i) **Required.** Each area of suspected deficit must be assessed.

(ii) Visual perception.

(iii) Auditory perception.

(iv) Perceptual-motor development; and

(D) **Specific subject areas.**

(i) Required.

(ii) Each area of suspected deficit must be assessed.

(e) **Optional evaluation data**.

(1) Functional skills assessment.

(2) Vocational assessment.

(3) Medical:

(A) Physical examination; or

(B) Specialized, if indicated.

(f) **Evaluation data analysis.**

(1) Many individuals at one time or another display behaviors similar to, or the same as, those displayed by individuals referred to here as having "emotional disturbance".

(2) The primary differences between the individual with "emotional disturbance" and other individuals, however, are as follows:

(A)(i) The duration of the behavior.

(ii) The behavior does not occur as an isolated instance, but rather is long standing;

(B)(i) The intensity or magnitude of the behavior.

(ii) The behavior is grossly inappropriate for the time and place in which it occurs; and

(C)(i) The rate of the behavior.

(ii) The behavior happens with a much higher frequency than is expected to occur during a given length of time under normal circumstances.

(3) For a student to be eligible under this category, the evaluation data must be analyzed to determine if the behaviors exhibited by the student:

(A) Are of a marked degree;

(B) Are displayed over an extended period of time; and

(C) Result in an adverse effect on educational performance.

(4) Students experiencing behavior problems, but not to the degree that special education and related services are needed, should be considered for referral for other services for which they might be eligible.

(5)(A) The analysis of evaluation data also provides information for the development of the educational program.

(B) Identification of specific behaviors will assist in determining appropriate interventions/teaching methods for managing the environment, as well as instructional techniques.

(g) **Programming considerations.**

(1) For the student with emotional disturbance to succeed, the program should provide for growth in social, emotional, and academic areas.

(2) It is recommended that all personnel (e.g., counselors, therapists, related services providers, etc.) providing services to the student participate in program development and coordination of service delivery.

(3)(A) It is essential that the teacher of students with emotional disturbance have knowledge and understanding of behavioral principles as they apply to the management of such students.

(B) The following list of basic techniques are applicable to any class setting in which students with emotional disturbance are being served:

(i) Stop misbehavior in time;

(ii) Program for a variety of changes;

(iii) Make tasks clear and orderly and give the student time to complete one (1) task before beginning another;

(iv) Comment positively when the student is attending appropriately to a task;

(v) Establish limits and maintain consistent, clear ground rules;

(vi) Manage transitional times with quieting down periods between activities;

(vii) Set up "filler" corners, activity centers a student can go to when he or she has completed required activities;

(viii) Set up a quiet corner where a student can go to:

(a) Be alone;

(b) Cry; or

(c) Calm down; and

(ix)*(a)* Provide success.

(b) Be sure the material is relevant, interesting, and appropriate for the student.

(4) In addition to the techniques listed above, other procedures that might be included in programming are:

(A) Contracts, academic or behavioral;

(B) Time-out areas;

(C) Contingency reinforcement programs; and

(D) Direct teaching of social skills.

(5) **Academic.**

(A) Students who have emotional disturbance often display a wide discrepancy in academic skills.

(B) Basic academic skills, such as reading, writing, spelling, and arithmetic, are taught along with appropriate interpersonal responses.

(C) Whenever possible, students working on grade level should be maintained in the regular classroom in those subject matter classes.

(D) For the student who has difficulty attending to task, the teacher may use individual or sequential learning materials that provide immediate feedback.

(E) During academic instruction, highly-motivating, age-appropriate materials on the student's instructional level should be used.

(6) **Social.**

(A) Interpersonal skills are best learned as part of everyday interaction with teachers, peers, and other adults.

(B) Generally, an appropriately structured environment provides opportunity for naturally occurring social rewards that shape and maintain appropriate behaviors.

(C) However, some students with ED require a more systematic and direct teaching approach to social skills development.

(D) While direct instruction in interpersonal skill acquisition/development may be necessary, these skills should be an integral part of the total curriculum.

(7) **Communicative abilities.**

(A)(i) One (1) of the basic skills necessary to participate in activities at school, home, and in the community is the ability to communicate with others.

(ii) However, some students with emotional disturbance cannot or do not relate to other people.

(iii) In addition, these students often lack the necessary behavioral controls to attend and respond to the environment and to individuals with whom they need to communicate.

(B) Students with emotional disturbance may exhibit difficulties with communication in such areas as:

(i) Articulation;

(ii) Comprehension and expression of language;

(iii) Voice; and/or

(iv) Fluency.

(C) In particular, the student may demonstrate problems with pragmatics (using language socially in context), such as:

(i) Difficulty with verbal problem-solving;

(ii) Inappropriate conversational skills; and/or

(iii) Impulsive use of language.

(D)(i) Based on the individual needs of the student, instruction in the area of language development may be provided in the context of a:

(a) Direct speech/language therapy program;

(b) Special education classroom; and/or

(c) Regular education environment.

(ii) Services of the speech/language pathologist may range from consultative functions to provision of direct services.

(8) **Physical.**

(A)(i) Physical expression of emotional conflict is an area that should be addressed throughout the instructional program of a student identified with emotional disturbance.

(ii) Such physical, behavioral expressions can range from severely withdrawn, inactive behaviors to the more aggressive active behaviors.

(iii) Often it is this physical expression of an emotional condition that prevents the student from functioning in the regular school environment.

(B) The goal of the instructional program should be to provide intervention strategies that will eliminate or lessen problematic behaviors and establish appropriate behaviors to facilitate academic achievement and behavioral performance.

(C) The ability to distinguish between and program for inappropriate behaviors that have a physical basis and those that do not is an essential component of an appropriate instructional program.

(D)(i) In some cases, successful treatment may include addressing underlying biological problems.

(ii) Hence, interventions such as drug therapy, diet control, exercise, or alteration of environmental factors that may exacerbate the problem or problems may be considered.

(E) When chemical treatment is present, those personnel working with the student must be cognizant of the unpredictability of side effects.

(F) All service delivery personnel must be informed about the type of medication the student is taking, as well as the possible behavioral side effects.

6 CAR § 131-105. Intellectual disability.

(a) **Definition.** "Intellectual disability" means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(b) Possible referral characteristics:

(1) **Intellectual.**

(A)(i) Subaverage intellectual functioning.

(ii) Performs poorly on verbal and nonverbal intelligence tests.

(B) Difficulty applying abstract processes, such as:

(i) Conceptualization;

(ii) Generalization; and

(iii) Transfer.

(C) Limited intellectual functioning in areas such as:

(i) Memory;

(ii) Imagination; and

(iii) Creativity;

(2) **Academic.**

(A) Subaverage learning performance in basic academic skills.

(B) Experiences difficulty in activities requiring reading and listening comprehension, such as:

(i) Following complex directions;

(ii) Gaining insight into problem situations; and

(iii) Generalizing from rules and principles.

(C) Oral communication skills generally exceed written communication skills.

(D) Limited in incidental learning acquired through experience;

(3) **Behavior.**

(A) Lacks age-appropriate social skills.

(B) Difficulty in comprehending social situations.

(C) Low frustration tolerance.

(D) May exhibit poor self-concept.

(E) Seeks approval, therefore easily influenced;

(4) **Communication.**

(A) Below average for age in language skills.

(B) Displays limited vocabulary.

(C) Delayed speech and language.

(D) Displays articulation disorders.

(E) Limited written communication skills.

(F) Slow processing of questions often resulting in delayed responses; and

(5) **Physical.**

(A) Physical development generally proceeds at a slower rate.

(B) May manifest acute or chronic health problems.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) **Formal.** Group administered tests of mental ability and/or achievement; and

(B) Informal:

(i) Checklists;

(ii) Rating scales;

(iii) Anecdotal records;

(iv) Basic skills inventories; and

(v) Observation.

(d) **Required evaluation data.**

(1) Social history.

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5)(A) Communicative abilities (required as indicated below).

(B) A comprehensive language screening measure is required.

(C)(i) Screening instruments must be established and validated for such use and assess areas of receptive and expressive language.

(ii) These instruments cannot be single-word vocabulary measures only.

(D) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(E) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(6) **Other.** Programming (required):

(A) If appropriate, specific subject areas given the functioning level of the student; and

(B)(i) Functional skills assessment.

(ii) Functional skills assessment is evaluating the ability of an individual to perform the activities required on a daily basis in his or her natural environments.

(iii) Functional skills assessment is based on information obtained from observations and interviews with family members, teachers, related services personnel, and/or the student via an ecological inventory.

(iv) The ecological inventory is then used to identify the skills that are needed in specific settings in which the individual currently functions and will function in the future.

(e) **Optional evaluation data.**

(1) Learning processes:

(A) Visual perception;

(B) Auditory perception; and

(C) Perceptual-motor development.

(2) Medical:

(A) Physical examination; and

(B) Specialized, if indicated.

(3) Vocational assessment.

(4) Motor development (fine and gross motor).

(f) **Evaluation data analysis.**

(1)(A) "Intellectual disability (ID)" is defined by the American Association on Intellectual and Developmental Disabilities as referring to substantial limitations in present functioning, characterized by subaverage intellectual functioning existing concurrently with related limitations in two (2) or more applicable adaptive skill areas.

(B) The adaptive skill areas mentioned in the definition are:

(i) Communication;

(ii) Self-care;

(iii) Home living;

(iv) Social skills;

(v) Community use;

(vi) Self-direction;

(vii) Health and safety;

(viii) Functional academics;

(ix) Leisure; and

(x) Work.

(C) An intellectual disability manifests before age eighteen (18).

(2)(A) In making a diagnosis of an intellectual disability, the American Association on Intellectual and Developmental Disabilities suggests that the condition exists if:

(i) The person's intellectual functioning level is below IQ 70–75;

(ii) The onset is age eighteen (18) or below; and

(iii) There are significant disabilities in two (2) or more adaptive skill areas.

(B) In interpreting evaluation data, the committee must consider the effects of cultural and linguistic diversity on communication and behavior.

(C) The existence of limitations in adaptive skills should be reflective of the context of community environments typical of the student's age peers.

(3)(A) To obtain a comprehensive picture of the student's abilities, all assessment information gathered must be integrated.

(B) The information derived from assessment of the student's functioning levels in usual or natural environments is of primary importance to the development of an appropriate educational program.

(C) The assessments conducted for programming can identify more specifically the student's areas of need than can other measures used to establish eligibility.

(g) **Programming considerations.**

(1)(A) In developing an IEP for the student with an intellectual disability, it is important that a positive educational approach be taken that stresses needed supports for the student to function in particular environments/situations.

(B) The overall focus is to help the student develop the skills needed to function as independently as possible in natural environments.

(2)(A) It is often necessary and appropriate to consider a functional approach to academic instruction to facilitate development of the skills that are required for independence in daily living.

(B) Such skills are required for:

(i) Personal care;

(ii) Independent daily living;

(iii) Travel; and

(iv) Successful competitive employment.

(C) An activity-driven, skill-supported curriculum should serve as the foundation for individualized instruction.

(D) Programs should be based on a team approach with skills and knowledge shared across professionals and settings.

(E) When related services are a necessary part of the program for a student, those services should be integrated into the total daily program as much as possible.

(F) Skills should be taught in the context or contexts and environment or environments in which the student is expected to perform them, especially since these students often have difficulty in generalizing skills to other settings.

(G) Thus, instruction in communication and social skills development should be:

(i) Incorporated into natural, functional routines and settings; and

(ii) Integrated with other instructional content.

(3)(A) These students may need adaptations, modifications, and/or accommodations in order to receive their educational program in the least restrictive setting appropriate to their needs.

(B) The program design should take into account the student's need for a structured learning environment.

(C) A behavior management plan may be a necessary part of the IEP to address:

(i) Appropriate behaviors to be taught or increased;

(ii) Behaviors to be decreased; and

(iii) Interventions to be used with any disruptive and/or noncompliant behavior.

6 CAR § 131-106. Multiple disabilities.

(a) **Definition.**

(1) "Multiple disabilities" means concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination

of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one (1) of the impairments.

(2) The term does not include deaf-blindness.

(b) **Possible referral characteristics.**

(1) For a child to be identified as having multiple disabilities he or she must exhibit two (2) or more disabilities.

(2) Referral should be based on the observation of a combination of the characteristics outlined in the eligibility criteria section of this document.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) **Formal (if appropriate).** As indicated by the eligibility criteria for each category of suspected disability; and

(B) Informal:

(i) Checklists;

(ii) Rating scales;

(iii) Anecdotal records;

(iv) Basic skills inventories;

(v) Sociometric techniques; and

(vi) Observation.

(d) **Required evaluation data.**

(1)(A) A systematic in-depth assessment of the child shall be conducted in terms of medical (including neurological, when indicated), psychological, and educational needs by a multidisciplinary team.

(B)(i) When a child's disabilities are so complex that the administering of formal diagnostic measures is considered inappropriate and/or invalid, then a functional skills assessment should be conducted using an ecological inventory as its basis.

(ii) Direct observation of the child by the team may also provide valuable assessment data.

(C)(i) When formal, standardized assessments can be administered, the requirements for each suspected disability must be followed.

(ii) Body positioning prior to commencement of any assessment procedure is critical.

(iii) Children with motoric involvement may have involuntary movements and will require appropriate positioning to optimize their ability to attend to and/or perform tasks.

(2) Social history.

(3) Individual intelligence (one (1) required).

(4) Individual achievement (one (1) required).

(5) Adaptive behavior (one (1) required).

(6) Communicative abilities (both receptive and expressive required).

(7) Other:

(A) Learning processes (Required. Each area of suspected deficit must be assessed.):

(i) Visual perception;

(ii) Auditory perception; and

(iii) Perceptual-motor development;

(B)(i) Functional skills assessment.

(ii) Required if formal, standardized assessments cannot be administered.

(iii) Functional skills assessment is evaluating the ability of an individual to perform the activities required on a daily basis in his or her natural environments.

(iv) Functional skills assessment is based on information obtained from observations and interviews with family members, teachers, related services personnel, and/or the student via an ecological inventory.

(v) The ecological inventory is then used to identify the skills that are needed in specific settings in which the individual currently functions and will function in the future; and

(C) Medical:

(i) Physical examination; and

(ii) Specialized, if indicated.

(e) **Optional evaluation data.**

(1) Motor development (fine and gross motor).

(2) Vocational.

(f) **Evaluation data analysis.**

(1) To obtain a comprehensive picture of a child's abilities, all assessment information gathered must be integrated.

(2) All areas assessed must be fully considered to determine:

(A) If two (2) or more clinical conditions of disability are present, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one (1) of the impairments;

(B) The child's present functional levels; and

(C) Strengths and weaknesses for learning.

(g) **Programming considerations.**

(1)(A) The goal of a comprehensive program for children with multiple disabilities should be one of increasing their independence.

(B) The functional skills assessment will identify the areas of need and provide the structure to address those areas.

(2)(A) The first skills to be taught are those that the child needs most often in order to function more independently in the least restrictive environment.

(B) Some of the issues to consider when making skill selections are:

(i) Student health and safety;

(ii) Future programs;

(iii) Level of independence;

(iv) Age appropriateness; and

(v) Logistics of instruction.

(3)(A) In developing the child's IEP, it will be necessary to consider the need for instruction across several areas of learning, such as:

(i) Sensory development;

(ii) Motor skills;

(iii) Communication skills;

(iv) Cognition;

(v) Social development;

(vi) Self-care;

(vii) Daily living and community living activities;

(viii) Recreation/leisure time; and

(ix) Vocational skills.

(B) For the child to benefit from specialized instruction, it may be necessary for some students to receive appropriate related services.

(4) In implementing an educational program, attention should be given to the:

(A) Instructional techniques used;

(B) Functionality of the skills taught; and

(C) Age-appropriateness of the instructional materials and activities used.

6 CAR § 131-107. Orthopedic impairment.

(a) **Definition.**

(1) "Orthopedic impairment" means a severe orthopedic impairment that adversely affects a child's educational performance.

(2) The term includes impairments:

(A) Caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.);

(B) Caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); and

(C) From other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(b) **Possible referral characteristics.**

(1) The referral characteristics for the student with an orthopedic impairment fall more into the area of physical characteristics.

(2) These may include paralysis, unsteady gait, poor muscle control, loss of limb, etc.

(3) An orthopedic impairment may also impede speech production and the expressive language of the child.

(4) It is important to note that appropriate seating/positioning of the child is of primary consideration for effective:

(A) Screening;

(B) Evaluation; and

(C) Instruction.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) Formal (not applicable); and

(B) Informal:

(i) Observation; and

(ii) Checklists.

(d) **Required evaluation data.**

(1) Social history.

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5)(A) Communicative abilities (required as indicated below).

(B) A comprehensive language screening measure is required.

(C) Screening instruments must:

(i) Be established and validated for such use; and

(ii) Assess areas of receptive and expressive language.

(D) These instruments cannot be a single-word vocabulary measure only.

(E) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(F) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(G) If communicative abilities cannot be determined through standardized measures, alternative assessment measures must be utilized.

(6) **Other.**

(A) Learning processes (Required. Each area of suspected deficit must be assessed.):

(i) Visual perception;

(ii) Auditory perception; and

(iii) Perceptual-motor development.

(B) Medical (required):

(i) Physical examination; and

(ii) Specialized, if indicated.

(e) Optional evaluation data:

(1) Functional skills assessment; and

(2) Vocational assessment.

(f) **Evaluation data analysis.**

(1) To be eligible for special education and related services as a student with an orthopedic impairment, the following must be present:

(A) A written statement from a physician establishing the type of orthopedic impairment; and

(B) An adverse effect on educational performance that is a direct result of the orthopedic impairment and is not a result of architectural barriers, and the corresponding need for special education and related services.

(2)(A) Once an orthopedic impairment has been identified, any barriers to the student's access to education must be eliminated.

(B) Many times an adverse effect on educational performance will not be present once the barriers have been eliminated.

(3) Evaluation data should be analyzed further to determine if learning, communicative, behavioral, perceptual, and/or motor problems exist that may require intervention.

(g) **Programming considerations.**

(1) Programming may need to address such things as:

(A) Communication skills;

(B) Academic skills;

(C) Perceptual and/or motor functioning;

(D) Behavior; and

(E) Self-sufficiency.

(2)(A) The need for augmentative/alternative communication systems and/or assistive technology must be considered when designing the student's program.

(B) Refer to 6 CAR §§ 130-204, 130-205, and 130-508 regarding assistive technology in 6 CAR pt. 130, Procedural Requirements and Program Standards.

(3)(A) The student with an orthopedic impairment must be given the opportunity to participate in physical education.

(B) Such a program may include:

(i) Regular or special physical education;

(ii) Adaptive physical education;

(iii) Movement education; and/or

(iv) Motor development.

6 CAR § 131-108. Other health impairment.

(a) **Definition.**

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:

(A) Is due to chronic or acute health problems, such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, Tourette's Syndrome, and sickle cell anemia; and

(B) Adversely affects a child's educational performance.

(2) The list of chronic or acute health problems included within this definition is not exhaustive.

(3) 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 in instances where the ADD/ADHD is a chronic or acute health problem that results in limited alertness that adversely affects the child's educational performance resulting in the need for special education and related services.

(4) While it is recognized that the disorders of ADD and ADHD vary, hereafter, the term ADD will be used to encompass both disorders.

(b) **Possible referral characteristics.**

(1) Referral characteristics for the student with an other health impairment (OHI) do not fall into specific intellectual, academic, behavioral, language, or physical categories.

(2) Indicators of an other health impairment may or may not be observable.

(3) The following conditions may indicate the presence of an OHI:

(A) A long period of absence due to a chronic or acute health problem;

(B) An inability to attend to task for the same length of time as peers due to a chronic or acute health problem;

(C) An inability to attend to task as a result of medication being taken for a chronic or acute health problem; and/or

(D) An inability to attend school for more than a few hours per day due to limited strength or vitality.

(4) In addition, the primary features of students with ADD include developmentally inappropriate degrees of:

(A) Inattention;

(B) Impulsivity; and

(C) Overactivity.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) Formal (not applicable); and

(B) Informal:

(i) Behavioral observation (conducted in a variety of settings);

(ii) Behavioral rating scales;

(iii) Anecdotal records;

(iv) School history (in particular, attendance); and

(v) Parent/teacher interviews.

(d) **Required evaluation data.**

(1) Social history (emphasis on developmental, health, and medical).

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5)(A) Communicative abilities (required as indicated below).

(B) A comprehensive language screening measure is required.

(C) Screening instruments must:

(i) Be established and validated for such use; and

(ii) Assess areas of receptive and expressive language.

(D) These instruments cannot be single-word vocabulary measures only.

(E) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(F) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(6) **Other.** Medical (required):

(A) Physical examination (to identify any concomitant conditions); and

(B) Specialized, if indicated.

(e) **Optional evaluation data.** These assessments are suggested for acquiring additional programming data:

(1) Learning processes:

(A) Auditory perception;

(B) Visual perception; and

(C) Perceptual-motor development;

(2) Motor development (fine and gross motor);

(3) Specific subject areas (one (1) in each deficit area); and

(4) Vocational assessment.

(f) **Evaluation data analysis.**

(1) To be eligible for special education and related services under the category of "other health impairment" the following must be present:

(A) A written statement from a physician, to include:

(i) The type of health impairment;

(ii) Any school limitations; and

(iii) The possible need for and effects of medication; and

(B) Justification of the adverse effect on educational performance that is attributed to the other health impairment and the corresponding need for special education and related services.

(2)(A) For most types of health impairments, a physician's diagnosis serves as the basis for classification.

(B) However, for the student with ADD a more multidisciplinary approach to diagnosis is desirable.

(C)(i) This is particularly necessary for making a differential diagnosis, as ADD can overlap with various learning and behavior disorders.

(ii) The most common of such overlaps are the conditions of specific learning disabilities and emotional disturbance.

(D) Typically, assessments for ADD are comprehensive, involving input from both home and school, and include an evaluation of the child's medical, psychological, educational, and behavioral functioning.

(E)(i) Where ADD is combined with psychological or psychiatric disturbances, it is important to determine the relative contribution of each and how they influence each other.

(ii) In fact, this may lead to a classification of emotional disturbance rather than other health impairment.

(3)(A) The diagnosis of ADD depends on obtaining a thorough developmental and health history.

(B) The developmental history and teachers' anecdotal reports and ratings about academic and behavioral problems in the classroom are important tools in the evaluation process.

(C) School-age children with ADD are described as:

(i) Inattentive;

(ii) Impulsive; and/or

(iii) Distractible.

(D) If problem behaviors are reported by a number of different observers, started in early childhood, and have been present for more than six (6) months, it is likely that ADD is present.

(4)(A) While physical examination does not generally contribute to the diagnosis of ADD, it is necessary in excluding other medical conditions.

(B) It is generally agreed that neurological assessments (such as CAT scanning and EEGs) are not of benefit in diagnosing or treating ADD and should only be done when seizures or neurological findings are suggested by history and physical examination.

(5)(A) The evaluation for ADD must rule out conditions that may produce symptoms similar to ADD.

(B) These conditions include:

(i) Possible medication effects;

(ii) Anxiety due to social/emotional factors;

(iii) Sensory impairments;

(iv) Systemic medical illness;

(v) Classroom-student mismatch;

(vi) Seizure activity; and

(vii) Environmental toxins, such as lead poisoning.

(6)(A) There is tremendous variation in the behavior of children with ADD.

(B)(i) The primary symptoms are:

(a) Inattention;

(b) Impulsivity; and

(c) Overactivity.

(ii) However, the child may have varying manifestations of each of the characteristics and the overall severity may vary to a marked degree.

(C) Students with ADD may display deficiencies in rule-governed behavior and in maintaining a consistent pattern of work performance over time.

(D) The information obtained throughout the evaluation should provide data about the specific behaviors of concern within the school setting in order to identify intervention strategies.

(g) **Programming considerations.**

(1)(A) Children with an other health impairment due to chronic or acute health problems often require accommodations, adaptations, and/or modifications in their educational program and setting.

(B) In addition to specialized instruction, there may be a need for the provision of related services, such as:

(i) Specialized transportation;

(ii) Assistive technology devices/services;

(iii) School health services;

(iv) Parent education/training; and

(v) Counseling.

(C) Due to the nature and extent of some health impairments, some students may need major modification of their school day, including, but not limited to:

(i) Rest periods;

(ii) A shortened school day; and/or

(iii) Flexible scheduling and services delivery.

(2)(A) For students with ADD, an important element in designing the individualized education program (IEP) is addressing the student's observed, discrete behavioral and academic needs.

(B) The IEP should directly target areas for instruction in which improvement is desired, such as:

(i) Academic skills;

(ii) Social skills; and

(iii) Classroom behavior.

(C) A behavioral management plan should be developed that deals with any disruptive and noncompliant behaviors, with an emphasis on decreasing inappropriate behaviors and increasing appropriate behaviors.

(3)(A) While most students with ADD are learning, their problem is one of demonstrating such learning through traditional assignments and tests.

(B) Strategies that allow for variation in task presentation, rate, and difficulty levels may increase active participation of the student in the learning process.

(C) Additionally, these students may need assistance in the development of self-control skills like impulse control and problem solving.

(4)(A) Program design should take into account the student's need for a structured learning environment.

(B) In designing an effective intervention program, the student's teacher or teachers must consider the:

(i) Classroom environment (seating arrangement, organization, class schedules);

(ii) Task demands (length, feedback, the student's participation level);

(iii) Classroom rules;

(iv) Communication and learning styles/strategies; and

(v) Opportunities for generalization of appropriate behavior.

6 CAR § 131-109. Specific learning disability.

(a) **Definition.**

(1) "Specific learning disability" means a disorder in one (1) or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(2) The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(b) **Possible referral characteristics.**

(1)(A) Students identified as having a specific learning disability (SLD) exhibit a number of characteristics.

(B) As the referral characteristics listed below are reviewed, it becomes evident that almost any student may display some of these characteristics.

(C) However, the student identified as having a specific learning disability is distinguished by the magnitude and/or severity of his or her presenting characteristics.

(2) **Intellectual.** Appears to possess average or above average intelligence based on standardized intelligence tests but does not perform at expected achievement levels when exposed to conventional teaching strategies.

(3) **Academic (in general).**

(A) Scores indicate inconsistency and great variability between expectancy and performance.

(B)(i) Short attention span.

(ii) Unable to concentrate on any one (1) task for very long.

(C) Easily distracted by irrelevant stimuli.

(D) Disorganized in the use of books and materials.

(E)(i) Unable to follow and understand class discussion.

(ii) Appears to be inattentive or daydreaming.

(F) Difficulty understanding meaning of time and fails to comprehend the requirements of completing assignments within a certain time frame.

(4) **Reading.**

(A) **Visual processing.**

(i)*(a)* Visual discrimination difficulties.

(b) Confusion of similar letters and words.

(ii) Letter and word reversals and inversions.

(iii) Difficulty in following and retaining visual sequences.

(iv) Word substitutions.

(v)*(a)* Distracted reading.

(b) Skipping and jumping over words.

(vi) Omission of words, phrases, and sentences.

(vii) Slow recognition of words.

(B) **Auditory processing.**

(i) Difficulty in separating words into their component phonemes and syllables or in blending them into whole words.

(ii) Difficulty in spontaneous recall of sounds associated with letters and words.

(iii) Disturbances in auditory sequencing.

(5) **Writing and drawing.**

(A) Inability to form letters or digits correctly.

(B) Difficulty in staying on or between the lines.

(C) Difficulty in judging length and width of letters.

(D) Difficulty in spatial organization, identification or matching of shapes, and/or rotation or distortion of drawings of geometric designs.

(E) Reversal of letters and/or digits.

(F) Difficulty in discriminating left from right.

(6) **Arithmetic.**

(A) Difficulty in analyzing and solving math problems of various complexity (one (1) or multiple step), including those involving probability.

(B) Difficulty in associating the spoken form with the correct printed material.

(C) Difficulty in learning the cardinal and ordinal system of counting.

(D) Difficulty in understanding the meaning of the process sign.

(E) Difficulty in understanding the arrangement of numbers on a page.

(F) Inability to follow and remember the sequence of steps used in various mathematical operations.

(G) Difficulty with concepts of space, time, size, distance, quantity, and/or linear measurement.

(7) **Behavior.**

(A) **Hyperactivity, attentional deficits.** Constant motion, inability to attend to a specific task for a required period of time.

(B) **Emotional lability.** Easily upset, anxious, low frustration threshold, may exhibit rapid change from one mood to another.

(C) **Impulsivity.** Uninhibited, acts without thinking.

(D) **Distractibility.** Difficulty in attending to dominate stimuli, may abnormally fixate on unimportant details.

(E) **Perseveration.** Attention becomes fixed upon a single task, which is repeated over and over.

(F)(i) May frequently demonstrate an inability to assimilate, store, or recall visual and/or auditory stimuli.

(ii) Inability to identify or discriminate between visual and auditory stimuli.

(G) May be confused in his or her relationship to the physical environment and become disoriented in a familiar setting such as:

(i) School;

(ii) Playground; and

(iii) Neighborhood.

(H) May frequently:

(i) Disrupt the classroom;

(ii) Demand attention to an inappropriate degree;

(iii) Speak out of turn; or

(iv) Exhibit an inability to control responses.

(I) May disregard or fail to understand the feelings of others.

(J) May demonstrate a low tolerance for change, and may react inappropriately to stimuli.

(K) May lack self-sufficiency, seldom initiates appropriate activities, may have limited knowledge or acceptance of age role, and may compensate by acting foolish or making fun of others.

(L) Has difficulty interpreting emotions, attitudes, and intentions others communicate through nonverbal aspects of communication (facial expressions and body language).

(8) **Communicative abilities.**

(A) Fails to grasp simple word meanings.

(B) Comprehends words in isolation but fails to comprehend in connected speech.

(C) Frequently uses incomplete sentences and has numerous grammatical errors as evidenced by poor use of pronouns and verb tenses.

(D)(i) Unable to organize and express ideas even when adequate information is provided.

(ii) Relates minor or irrelevant details.

(E) Cannot give clear and appropriate directions.

(F) Does not recognize and understand figurative language such as:

(i) Alliteration;

(ii) Similes;

(iii) Metaphors;

(iv) Personification; and

(v) Idioms.

(G) Uses gestures extensively while talking or in place of speech.

(H) Cannot predict outcomes, make judgments, draw conclusions, or generate alternatives after appropriate discussion.

(I) Has problems interpreting and/or using vocal pitch, intensity, and timing for purposes of communicating subtle distinctions in emotions and intention.

(J) Asks questions and/or responds to questions inappropriately (especially "why" and "how" question forms).

(K) Has difficulty comprehending and using linguistically complex sentences.

(L) Has problems acquiring and using grammatical rules and patterns for word and sentence formation.

(M) Has difficulty interpreting or formulating compound or complex sentences (oral and written), sentences which compare and contrast ideas or show cause-effect relationships.

(N) Cannot write an organized paragraph using related sentences of varying length and grammatical complexity.

(9) **Physical.**

(A)(i) General coordination poor.

(ii) Awkwardness evident in skipping, climbing, running, walking, jumping, hopping, etc.

(B) May fall or stumble frequently or maintain equilibrium by touching tables, chairs, or desks when moving about the room.

(C) May exhibit difficulty with fine motor coordination tasks.

(D)(i) May have difficulty differentiating between right and left.

(ii) May exhibit directional confusion, mirror-writing, reversals, inversions, or rotations of letters and/or numerals.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) **Formal.** Group achievement and/or group mental abilities tests; and

(B) Informal:

(i) Teacher-made or criterion-referenced tests;

(ii) Work samples;

(iii) Observational data in classes and other settings;

(iv) Anecdotal records;

(v) Rating scales;

(vi) Checklists; and

(vii) Response to scientific, research-based intervention.

(d) **Required evaluation data.**

(1) In evaluating a child suspected of having a specific learning disability, the multidisciplinary evaluation team must include:

(A) 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; and

(B) At least one (1) person qualified to conduct individual diagnostic examinations of children, such as a:

(i) School psychology specialist;

(ii) Speech-language pathologist;

(iii) Remedial reading teacher; or

(iv) Special education teacher.

(2) Social history.

(3) Individual intelligence (one (1) required).

(4) Individual achievement (one (1) required).

(5) Adaptive behavior (one (1) required).

(6) **Communicative abilities (required as indicated below).**

(A) A comprehensive language screening measure is required.

(B) Screening instruments must:

(i) Be established and validated for such use; and

(ii) Assess areas of receptive and expressive language.

(C) These instruments cannot be single-word vocabulary measures only.

(D) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(E) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(7) Other (required):

(A) Learning processes:

(i) Visual perception (one (1) required); and

(ii) Auditory perception (one (1) required);

(B)(i) Observation.

(ii) The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

(iii) The group described in 34 C.F.R. § 300.306(a)(1) and 6 CAR § 130-606(a)(2) and § 130-607(a), in determining whether a child has a specific learning disability, must decide to:

(a) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or

(b) Have at least one (1) member of the group described in 34 C.F.R. § 300.306(a)(1) and 6 CAR § 130-606(a)(2) and § 130-607(a) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with 34 C.F.R. § 300.300(a), is obtained.

(iv) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

(v) A written report of the observation must be prepared that includes the following information:

(a) The relevant behavior noted during the observation of the child;

(b) The relationship of that behavior to the child's academic functioning;

(c) Length of the observation;

(d) Day of week and time of day the observation was conducted;

(e) Any modification or modifications implemented by the regular classroom teacher during the observation; and

(f) The outcome of those modifications; and

(C) Areas listed below (one (1) required for each deficit area as determined by intellectual, general achievement, and educational performance):

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skills;

(v) Reading fluency skills;

(vi) Reading comprehension;

(vii) Mathematics calculation; or

(viii) Mathematics problem solving.

(e) Optional evaluation data:

(1) Motor development (fine and gross motor); and

(2) Vocational assessment.

(f) **Evaluation data analysis.**

(1) The determination of whether a child suspected of having a specific learning disability is a child with a disability, as defined in 34 C.F.R. § 300.8, must be made by the child's parents and a team of qualified professionals, which must include:

(A)(i) The child's regular teacher; or

(ii) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or

(iii) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age; and

(B) At least one (1) person qualified to conduct individual diagnostic examinations of children, such as a school psychology specialist, speech-language pathologist, or remedial reading teacher.

(2) The group described in 34 C.F.R. § 300.306 may determine that a child has a specific learning disability, as defined in 34 C.F.R. § 300.8(c)(10), if:

(A) The child does not achieve adequately for the child's age or to meet state-approved grade-level standards in one (1) or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skills;

(v) Reading fluency skills;

(vi) Reading comprehension;

(vii) Mathematics calculation; or

(viii) Mathematics problem solving.

(B)(i) Does not make sufficient progress to meet age or state-approved grade-level standards in one (1) or more of the areas identified in subdivision (f)(2)(A) of this section when using a process based on the child's response to scientific, research-based intervention; or

(ii) Exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability using appropriate assessments, consistent with 34 C.F.R. §§ 300.304 and 300.305; and

(C) The group determines that its findings under subdivisions (f)(2)(B)(i) – (ii) of this section are not primarily the result of:

(i) A visual, hearing, or motor disability;

(ii) Intellectual disability;

(iii) Emotional disturbance;

(iv) Cultural factors;

(v) Environmental or economic disadvantage; or

(vi) Limited English proficiency.

(3)(A)(i) The state does not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability.

(ii) The public agency may use a process based on the child's response to scientific, research-based intervention and may use other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in this section and 34 C.F.R. § 300.8(c)(10).

(B) If a public agency elects to use a severe discrepancy between intellectual ability and achievement as a factor in the process of determining whether a child has a specific learning disability, the severe discrepancy must be in one (1) or more of the following areas:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skills;

(v) Reading fluency skills;

(vi) Reading comprehension;

(vii) Mathematics calculation;

(viii) Mathematics problem solving.

(C)(i) A discrepancy must be documented.

(ii) It is required that discrepancies be determined by use of regression analysis.

(iii) This method requires the use of a standard score comparison, meaning that achievement and intellectual functioning scores must be converted to the same standard score scale so that they can be directly compared.

(iv) Age-based standard scores must be used.

(v) Refer to Appendix D, 6 CAR pt. 130.

(4) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 34 C.F.R. §§ 300.304 – 300.306 and Subpart 6 of 6 CAR pt. 130, Procedural Requirements and Program Standards:

(A) Data that demonstrates that prior to, or as a part of, the referral process the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

(B) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

(5) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in 34 C.F.R. §§ 300.301 and 300.303, unless extended by mutual written agreement of the child's parents and a group of qualified professionals, as described in 34 C.F.R. § 300.306(a)(1):

(A) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in subdivisions (f)(4)(A) and (f)(4)(B) of this section; and

(B) Whenever a child is referred for an evaluation.

(6) **Specific documentation for the eligibility determination.**

(A) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in the 34 C.F.R. § 300.306(a)(2), must contain a statement of:

(i) Whether the child has a specific learning disability;

(ii) The basis for making the determination, including an assurance that the determination has been made in accordance with 34 C.F.R. § 300.306(c)(1);

(iii) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;

(iv) The educationally relevant medical findings, if any;

(v) Whether:

(a) The child does not achieve adequately for the child's age or to meet state-approved grade-level standards consistent with 34 C.F.R. § 300.309(a)(1); and

(b)(1) The child does not make sufficient progress to meet age or state-approved grade-level standards consistent with 34 C.F.R § 300.309(a)(2)(i); or

(2) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards or intellectual development consistent with 34 C.F.R. § 300.309(a)(2)(ii);

(vi) The determination of the group concerning the effects of a visual, hearing, or motor disability, an intellectual disability, emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency on the child's achievement level; and

(vii) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:

(a) The instructional strategies used and the student-centered data collected; and

(b) The documentation that the child's parents were notified about:

(1) The state's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;

(2) Strategies for increasing the child's rate of learning; and

(3) The parents' right to request an evaluation.

(B)(i) This report must be dated and each group member must certify by signature whether the report reflects each member's conclusion.

(ii) If the report does not reflect an individual team member's conclusion, the member must submit a separate statement presenting his or her conclusions.

(g) **Programming considerations.**

(1)(A) The evaluation committee will determine appropriate programming based upon careful analysis of all evaluation information, including the student's observed behavior during an instructional period.

(B) Numerous intervention approaches and strategies have been developed for students who have specific learning disabilities.

(C) It is the responsibility of instructional personnel to review and evaluate such interventions for appropriateness and effectiveness.

(D) However, the emphasis must be on programming that meets individual needs.

(2)(A) Students with SLD often encounter difficulty with materials used in regular classroom instruction.

(B) Therefore, modifications in pace, content, and/or curriculum may be necessary for those classes.

6 CAR § 131-110. Speech or language impairment.

(a) **Definition.**

(1) "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.

(2) The operational definition under Arkansas rules, which is designed to be compatible with the federal definition, is as follows: "Speech or language impairment" means a communication disorder, such as deviant articulation, fluency, voice, and/or comprehension and/or expression of language, spoken or written, that impedes the

child's acquisition of basic cognitive and/or affective skills, as reflected in the Department of Education curriculum standards.

(b) Possible referral characteristics:

(1) **Intellectual.** Intellectual functioning is not as strong an indicator as are other referral characteristics;

(2) **Academic.**

(A) Overall achievement may be below expectancy in relation to:

(i) Chronological age;

(ii) Mental age; or

(iii) Both.

(B) Achievement in reading, spelling, written composition, grammatical usage, or math processes may be below expected levels, often with delay or difficulty in acquisition of prereading or other readiness skills.

(C) Word knowledge may be below expectancy.

(D) Word substitutions may occur frequently in reading and in writing from copy or reproducing from recall;

(3) **Behavioral.**

(A) Hesitates or refuses to participate in verbal activities.

(B)(i) Is inattentive, distractible.

(ii) Exhibits poor concentration.

(iii) Has difficulty "tuning in" to tasks or switching tasks.

(C) Displays refusal behavior and/or low frustration tolerance.

(D) Perseverates verbally and/or motorically.

(E)(i) Has difficulty following directions.

(ii) Must be shown what to do.

(F) Has trouble analyzing/integrating information from what is:

(i) Seen;

(ii) Heard; or

(iii) Felt.

(G) Is embarrassed or disturbed by his or her speech, regardless of age.

(H) Has difficulty interpreting emotions, attitudes, and intentions others communicate through nonverbal aspects of communication (facial expressions and body language).

(I) Responds inappropriately to subtle nonverbal social cues, often giving inappropriate social responses.

(J) May not establish or maintain eye contact.

(K) Repeats what is said to him or her or what he or she is reading, vocally or subvocally.

(L) Uses gestures extensively while talking or in place of speech.

(M) Is slow to respond during verbal interaction or following verbal cues.

(N) Is compulsive in actions or speech.

(O)(i) Acts impulsively, without forethought.

(ii) Often responds before instructions are completed.

(P) Is echolalic.

(Q) Has difficulty remembering and finding specific words to use during conversation or when answering a question;

(4) **Communicative abilities.**

(A) Refer to other sections within this subsection for additional traits.

(B) Asks questions and/or responds to questions inappropriately (especially "why" and "how" question forms).

(C) Has difficulty discriminating likenesses and differences.

(D) Has difficulty:

(i) Analyzing and synthesizing sound sequences;

(ii) Forming stable phoneme/grapheme associations; and

(iii) Segmenting words into smaller grammatical units.

(E) Has difficulty learning and applying concepts of:

(i) Time;

(ii) Space;

(iii) Quantity;

(iv) Size;

(v) Proportion; and

(vi) Measurement.

(F) Has difficulty comprehending and using linguistically complex sentences.

(G) Has problems acquiring and using grammatical rules and patterns for word and sentence formation.

(H) Cannot identify pronouns and their antecedents.

(I) Cannot relate the events in a story or information in a report in sequential order.

(J) Cannot predict outcomes, make judgments, draw conclusions, or generate alternatives after appropriate discussion.

(K) Does not recognize and understand figurative language such as:

(i) Alliteration;

(ii) Similes;

(iii) Metaphors;

(iv) Personification; and

(v) Idioms.

(L) Does not recognize syllabication and accent in words.

(M) Cannot give clear and appropriate directions.

(N) Has difficulty interpreting or formulating (oral or written):

(i) Compound or complex sentences; and/or

(ii) Sentences that compare and contrast ideas or show cause-effect relationships.

(O) Cannot summarize essential details from hearing or reading a passage, nor distinguish relevant from irrelevant information.

(P) Has difficulty analyzing and solving math reading problems of various complexity (one (1) or multiple step), including those involving probability.

(Q) Will not initiate conversations.

(R) Cannot identify or use expository, descriptive, or narrative language in written work.

(S) Cannot write an organized paragraph using related sentences of varying length and grammatical complexity.

(T) Has problems interpreting and/or using vocal pitch, intensity, and timing for purposes of communicating subtle distinctions in emotion and intention.

(U) Has inappropriate vocal pitch for age and sex.

(V) Does not use appropriate vocal control, particularly in regulating speaking volume (unusually loud or soft).

(W) Has breathy, harsh, husky, or monotone voice.

(X) Continually sounds congested (denasal).

(Y)(i) Sounds unusually nasal.

(ii) Voice has a whining quality.

(Z) Has abnormal rhythm or rate of speech.

(AA) Frequently prolongs or repeats sounds, words, phrases, and/or sentences during speech.

(BB) Has unintelligible (cannot be understood) or indistinct speech.

(CC) Has difficulty articulating sounds within words; and

(5) **Physical.**

(A) Conditions are indicated in the student's medical/developmental history, such as:

(i) Cleft lip and/or palate;

(ii) Deviant palatal-pharyngeal structure;

(iii) Cerebral palsy;

(iv) Muscular dystrophy;

(v) Brain injury;

(vi) Aphasia;

(vii) Vocal nodules or other pathology of the vocal mechanism;

(viii) Hearing loss;

(ix) Myringotomy or other aural surgery;

(x) Orofacial abnormalities; or

(xi) Congenital disorders.

(B) Has continuous allergy problems or frequent colds.

(C) Has deviant dental structure.

(D) Has oral muscular coordination slower than normal.

(E) Displays clumsiness or general motor incoordination.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) **Formal.** Information derived from school-wide, grade, and/or class testing; and

(B) Informal:

(i) Checklists;

(ii) Inventories;

(iii) Interviews;

(iv) Observation or observations in classes and/or other settings; and

(v) Access to and review of existing records and available information.

(d) **Required evaluation data.**

(1) Social history.

(2) Individual achievement (formal or informal).

(3)(A)(i) Communicative abilities (required as described below).

(ii) The speech-language pathologist (SLP) is to conduct a thorough and balanced speech, language, or communication assessment.

(iii) The foundation of a quality individualized assessment is to establish a complete student history.

(iv) That information should guide the selection of subsequent assessment tools and activities, which should reflect multiple perspectives.

(v) No single assessment measure can provide sufficient data to create an accurate and comprehensive communication profile.

(B) For verbal communicators (students using spoken language to communicate), two (2) or more tests and/or procedures that delineate the specific nature and extent of the disorder.

(C)(i) For nonverbal communicators (students who are nonspeaking or exhibit severe difficulties using verbal communication to make themselves understood by others), an assessment for augmentative/alternative communication (AAC) performed by a multidisciplinary team with experience, training, and competence in AAC.

(ii) Refer to 6 CAR § 130-508.

(D)(i) Oral-peripheral speech mechanism examination, which includes a description of the status and function of orofacial structures.

(ii) This examination must be conducted in addition to the requirement for either verbal communicators or nonverbal communicators in subdivisions (d)(3)(B)–(C) of this section.

(iii) If, after examination, feeding and/or swallowing are a concern, the SLP should make appropriate referral for further medical evaluation.

(E) **Other.**

(i)*(a)* Combining standardized (norm-referenced) with nonstandardized (descriptive) assessment using multiple methods will ensure the collection of student-centered, contextualized, performance-based, and functional information about the child's communicative abilities and needs.

(b) Standardized assessment may consist of any diagnostic tool that compares results to an appropriate normative sample.

(c) Nonstandardized assessment may consist of:

(1) Criterion-referenced assessment;

(2) Curriculum-based assessment;

(3) Dynamic assessment;

(4) Language samples; and

(5) Structured probes.

(ii) When the SLP deems additional medical or other professional information is necessary, appropriate referral should be made with resulting information considered in the process of formulating diagnostic and/or programmatic impressions.

(iii)*(a)* Related functions that may contribute to or underlie a communication disorder must also be considered.

(b) For example, impaired articulation may be related to:

(1) An auditory acuity and/or perceptual deficit;

(2) A motor-speech problem;

(3) An overall maturational lag; or

(4) A deviant oral structure.

(c) Such determinations cannot be made solely through administration of a standard test of articulatory ability.

(iv) When evaluating speech and/or language for disability category other than SI, refer to required evaluation components for the disability category being considered (e.g., hearing impairment, intellectual disability).

(e) **Optional evaluation data.**

(1) Individual intelligence.

(2) Portfolios.

(3) Anecdotal records.

(4) Checklists and developmental scales.

(f) **Evaluation data analysis.**

(1) Types of communication disorders:

(A) **Language disorder.**

(i) Impaired comprehension and/or use of spoken, written, and/or other symbol systems.

(ii) This disorder may involve the form of language (phonology, morphology, syntax), the content and meaning of language (semantics, prosody), and/or the function of language (pragmatics) in communication.

(iii) Such disorders may involve one (1), all, or a combination of the following components of language.

(iv) **Form of language.**

(a) Phonology is the sound system of language and the rules that govern the sound combinations.

(b) Morphology is the system that governs the structure of words and the construction of word forms.

(c) Syntax is the system governing the order and combination of words to form sentences and the relationships among the elements within a sentence.

(v) **Content and meaning of language.**

(a) Semantics is the system that governs the meanings of words in sentences.

(b)(1) Prosody is the feature of communication involving stress and intonation patterns that convey the meaning of spoken utterances, determined primarily by variations in:

(A) Pitch;

(B) Loudness; and

(C) Duration.

(2) Status may be reported from informal observation.

(vi) **Function of language.** Pragmatics is the system that combines the above language components in functional and socially appropriate communication.

(vii) **Perception and processing of language.** Perception and processing is the manner by which language is internally received and responded to and involves attention, sequencing, memory, analysis, synthesis, and/or discrimination abilities.

(B) **Speech production disorder.**

(i)*(a)* Impairment of the articulation of speech:

(1) Sounds;

(2) Fluency; and/or

(3) Voice.

(b) Such disorders may involve one (1), all, or a combination of the following components of the speech production system.

(ii) **Articulation.**

(a) An articulation disorder is the production and combination of speech sounds.

(b) An articulation disorder may manifest as:

(1) An individual sound deficiency (traditional articulation disorder);

(2) Incomplete or deviant use of the phonological system (phonological disorder); or

(3) Poor coordination of oral-motor mechanism for purposes of speech production (apraxia/dysarthria).

(iii)*(a)* Voice is the feature of speech production that impacts tonal quality, pitch, loudness, and resonance of speech.

(b) Adequate status may be reported from informal observation.

(iv)*(a)* Fluency is the feature of speech production that impacts the rate and rhythm of conversational speech.

(b) Slight to severe physical behaviors may also accompany the disorder.

(c) Adequate status may be reported from informal observation.

(2)(A) In analyzing communicative abilities, the SLP should be aware of factors that represent communication differences rather than disorders.

(B) Communication differences refer to maturational, regional, social, or cultural/ethnic speech and/or language variations that are not considered communication disorders.

(3) After carefully analyzing the evaluation data pertaining to the student's communicative abilities, the speech-language pathologist will complete a written evaluation report that includes impressions indicating the presence or absence of a clinical disorder.

(4)(A) Through committee interaction this evaluation information will be integrated with all other data (e.g., teacher observations, including those of educational

performance, and other formal and informal assessment data) gathered throughout the screening/evaluation processes.

(B) This will be done so that the committee may determine if a disabling condition exists that impedes the student's acquisition of expected academic, behavioral, social, vocational, and functional performance goals.

(5)(A) The committee must judge what the consequences of the impairment are for the student in relation to expected learnings within the curriculum, as established at each grade and/or chronological age level of skill development.

(B) The relationship of the communication disorder to expected learnings should be recorded on the evaluation/programming conference decision form.

(C) Once the adverse effect on educational performance is established, a determination must be made of the corresponding need for special education services.

(6) When a student whose eligibility is based on a disability category other than speech or language impairment exhibits a concomitant communication disorder, as determined through formal evaluation, then circumstances exist for the provision of speech and/or language services.

(g) **Programming considerations.**

(1)(A) Service delivery is a dynamic concept and changes as the needs of the students change.

(B) Therefore, in designing a program to address the communication needs of students with disabilities, a variety of service delivery options should be considered.

(C) No one (1) service delivery model listed should be used exclusively within a district's speech and language program.

(D) Service delivery options include direct and indirect services.

(E) Direct services may consist of:

(i) Therapy integrated into the classroom;

(ii) Pull-out therapy in an individual or group setting;

(iii) Community-based instruction; and/or

(iv) A combination.

(F) Indirect services may include collaboration or consultation with:

(i) Parents;

(ii) General and special education teachers; and

(iii) Other service delivery providers.

(2)(A) Decisions as to how instruction should be provided (e.g., in the context of a direct speech-language therapy program, a special education classroom, and/or a general education classroom), must be based on the individual needs of the child.

(B) Services must be provided in the least restrictive environment.

(3)(A) Prior to recommending dismissal from speech or language therapy services, existing data must be reviewed and may include a comprehensive evaluation, if deemed appropriate or required.

(B) Refer to 6 CAR § 132-101, for a complete review of dismissal criteria.

6 CAR § 131-111. Traumatic brain injury.

(a) **Definition.**

(1) "Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

(2) The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

(3) The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

(b) **Possible referral characteristics.**

(1) The effects of a traumatic brain injury (TBI) can be catastrophic or may lead to only slight damage.

(2) Characteristics of individuals with traumatic brain injury may:

(A) Be present to varying degrees;

(B) Range in severity; and

(C) Be influenced by:

(i) Environmental changes;

(ii) Changes in task demands; and/or

(iii) The recovery process.

(3) These characteristics may include, but are not limited to, the following:

(A) **Cognitive behaviors.**

(i) Difficulty in initiating, organizing, and completing tasks.

(ii) Inconsistency in recall of information.

(iii) Difficulty in using appropriate judgment.

(iv) Difficulty with long-term memory.

(v) Difficulty with short-term memory.

(vi) Difficulty in maintaining attention and concentration.

(vii) Difficulty with flexibility in:

(a) Thinking;

(b) Reasoning; and

(c) Problem solving.

(viii) Difficulty with orientation to:

(a) Person;

(b) Places; and/or

(c) Time.

(ix) Difficulty with speed of processing information.

(x) Exhibits gaps in task analysis;

(B) **Communicative behaviors (may range from nonspeaking to subtle difficulty in communication).**

(i) Difficulty in initiating, maintaining, restructuring, and terminating conversation.

(ii) Difficulty in maintaining the topic of conversation.

(iii) Difficulty in discriminating relevant from irrelevant information.

(iv) Difficulty in producing relevant speech.

(v) Difficulty responding to verbal communication in a timely, accurate, and efficient manner.

(vi) Difficulty in understanding verbal information.

(vii) Difficulty with word retrieval.

(viii) Difficulty with articulation (which may include apraxia and/or dysarthria).

(ix) Difficulty with voice production (such as intensity, pitch, and/or quality).

(x) Difficulty in producing fluent speech.

(xi) Difficulty in formulating and sequencing ideas.

(xii) Difficulty with abstract and figurative language.

(xiii) Difficulty with perseverated speech (repetition of words, phrases, and topics).

(xiv) Difficulty using appropriate syntax.

(xv) Difficulty using language appropriately (such as requesting information, predicting, debating, and using humor).

(xvi) Difficulty in understanding and producing written communication.

(xvii) Difficulty with noise overload.

(xviii) Difficulty in interpreting subtle verbal and nonverbal cues during conversation;

(C) **Social-emotional behaviors.**

(i) Difficulty in perceiving, evaluating, and using social cues and context appropriately.

(ii) Difficulty in initiating and sustaining appropriate peer and family relationships.

(iii) Difficulty in demonstrating age-appropriate behavior.

(iv) Difficulty in coping with overstimulating environments.

(v) Denial of deficits affecting performance.

(vi) Difficulty in establishing and maintaining self-esteem.

(vii) Difficulty with using self-control (verbal and physical aggression).

(viii) Difficulty with speaking and acting impulsively.

(ix) Difficulty in initiating activities.

(x) Difficulty in adjusting to change.

(xi) Difficulty in compliance with requests.

(xii) Difficulty with hyperactivity.

(xiii) Intensification of preexistent maladaptive behaviors and/or disabilities; and

(D) **Physical impairments.**

(i) Exhibits short-term or long-term physical disabilities.

(ii) Displays seizure activity.

(iii) Difficulty in spatial orientation (visual motor/perceptual).

(iv) Difficulty with mobility and independence, to include problems in:

(a) Balance;

(b) Strength;

(c) Muscle tone;

(d) Equilibrium; and

(e) Gross motor skills.

(v) Difficulty with vision, which may include:

(a) Tracking;

(b) Blind spots; and/or

(c) Double vision.

(vi) Difficulty with dizziness (vertigo).

(vii) Difficulty with auditory skills, which may include hearing loss and/or processing problems.

(viii) Difficulty with fine motor skills (dexterity).

(ix) Difficulty in speed of processing and motor response time.

(x) Difficulty with skills that affect eating and speaking (voluntary and involuntary).

(xi) Difficulty with bowel and/or bladder control.

(xii) Displays premature puberty.

(xiii) Loss of stamina and/or sense of fatigue.

(xiv) Difficulty in administering self-care, such as independent:

(a) Feeding;

(b) Grooming; and

(c) Toileting.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision.

(2) Recommended:

(A) Formal (not applicable); and

(B) Informal:

(i) Observation;

(ii) Medical history;

(iii) Anecdotal records;

(iv) School records; and

(v) Interviews (parents, teachers, peers).

(d) **Required evaluation data.**

(1) Social history.

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5) Communicative abilities (both receptive and expressive required).

(6) Other:

(A) Neuropsychological assessment or appropriate medical statement from a licensed physician confirming presence of a traumatic brain injury (required);

(B) Specific subject areas (Required. Each suspected area of deficit must assessed); and

(C) Medical (required):

(i) Physical examination; and

(ii) Specialized (neurological and others as indicated).

(e) **Optional evaluation data.**

(1) Suggested for acquiring additional baseline functioning and programming information.

(2) Memory (long-term and short-term):

(A) Auditory; and

(B) Visual.

(3) Learning processes:

(A) Visual perception;

(B) Auditory perception; and

(C) Perceptual-motor development.

(4) Behavior assessment (including observation across a variety of settings).

(5) **Vocational assessment.**

(A) Traumatic brain injury often results in diverse impairments that may be either temporary or permanent, contributing to partial or total disability.

(B) Unfortunately, the injury often intensifies preexistent maladaptive behaviors or disabilities.

(C) To complicate the situation further, the student with traumatic brain injury may experience erratic changes in behaviors, especially during the first five (5) years after the injury occurred.

(D) Since symptoms may change, even disappear, periodic reevaluations are necessary to monitor the progress of the brain-injured student.

(E) An individual should be designated as responsible for the coordination of periodic reviews of progress and reevaluation of functional levels and status of needs.

(f) **Evaluation data analysis.**

(1)(A) Formal assessment of the student with traumatic brain injury should include a baseline evaluation.

(B) Because of the dynamic nature of TBI, it is recommended that the testing format include informal assessment and diagnostic teaching to complement formal testing.

(C) It is important to consider the student's pre-injury learning styles and knowledge base.

(D) Previous history may serve as a baseline to compare pre-injury skills with post-injury performance.

(E) Once baseline levels are obtained, periodic and frequent review/evaluation should occur to document progress and changes in the student's needs.

(2)(A) It is important to note that symptoms following the traumatic brain injury are dependent upon the state of brain function in relation to the environmental demands upon the student.

(B) Therefore, while standardized tests are important, one cannot necessarily rely upon their interpretation to guide teachers toward effective teaching, particularly if that interpretation is used as a predictor of classroom abilities.

(3)(A) The scores derived on psychological and academic evaluations administered to students with TBI must be interpreted differently from scores of other students in that these test results reflect only that the students could perform the task demanded by the specific test items.

(B) However, these results do not predict future performance.

(C) For example, it is not uncommon for a student to score average or above on standardized tests of intelligence in a clinical setting.

(D) The student's overt appearances may indicate everything is intact, but upon return to school or shortly thereafter, the student exhibits a variety of problems.

(E) This may include changes in social/conduct behaviors and the ability to:

(i) Work independently;

(ii) Initiate, sustain, and complete mental operations; or

(iii) Work and learn at the rate that material is presented.

(F) The problems are not necessarily in learning academic content, but pertain to social-emotional changes in addition to the learning and communication processes involved.

(4)(A) The more informative assessments will measure social and conduct behaviors and communication skills as well as the student's ability to learn and to execute or remember a variety of tasks under imposed time limits.

(B) Observational and anecdotal data may provide additional information for programming.

(5) To be eligible for special education and related services as a student with traumatic brain injury, the following must be present:

(A) A written statement from a physician to include:

(i) Diagnosis of traumatic brain injury consistent with the federal definition;

(ii) Physical and school limitations;

(iii) Medication needs; and

(iv) Seizure management (if applicable); and

(B) Justification of the adverse effect on educational performance that is attributed to the traumatic brain injury resulting in the corresponding need for special education and related services.

(g) **Programming considerations.**

(1)(A) It is critical to consider each student's needs and environment carefully in order to:

(i) Provide effective services; and

(ii) Develop programming tailored to the student.

(B) The nature of TBI is one of change and unpredictability.

(C) No two (2) students with traumatic brain injury function alike, because each has a unique profile depending on:

(i) The location and extent of brain damage; and

(ii) Environmental factors.

(D) For example, a student with an injury that affects his or her vision will have a very different set of problems and needs than one with an injury that primarily affects the speech areas of the brain.

(E) The effects of a brain injury may lead to only slight damage in one (1) or a few areas or it can be catastrophic in nature.

(2)(A) Depending on the effects of the brain injury, students with TBI may require monitoring or direct care for immediate and long-term medical and physical needs.

(B) Physical care and support may be the most crucial consideration for some students with brain injuries.

(3)(A) When there are physical needs, careful planning and coordination are essential.

(B) Oversight management of the medical/health care needs of the student remains with the student's primary physician.

(C) However, other health care providers, including those at the school, most likely will be part of the team involved in developing and implementing a health care plan that addresses both crisis situations and long-term interventions.

(4)(A) Programming considerations will vary among students with TBI due to the effects of the brain injury.

(B) They may change for any one (1) student due to fluctuations in recovery rate, and students may perform various academic skills with different levels of proficiency.

(C) TBI may cause problems with all, some, or none of the academic skills that the student possessed before the injury.

(D) The student may need to continue to develop skills that are intact and to relearn those which are affected.

(5)(A) Students with TBI have specific, sometimes intense, additional needs and often require more time and intensive instruction in order to learn.

(B) Thus, modifications in the existing school environment, curriculum, instruction, and schedule may be necessary for the student who has sustained a traumatic brain injury to be successful in school.

(C) An expanded curriculum may be necessary for effective instruction, including strands such as:

(i) Differentiated academics;

(ii) Life skills; and

(iii) Developmental/compensatory skills.

(D) In addition, personnel working with this population should be aware that some adjustments in typical outcomes, expectations, and instructional activities may be necessary.

6 CAR § 131-112. Visual impairment, including blindness.

(a) **Definition.**

(1)(A) "Visual impairment, including blindness" means an impairment in vision that, even with correction, adversely affects a child's educational performance.

(B) The term includes both partial sight and blindness.

(C) This impairment refers to abnormality of the eyes, the optic nerve, or the visual center for the brain resulting in decreased visual acuity.

(2) Students with visual impairments are identified as those with a corrected visual acuity of 20/70 or less in the better eye or field restriction of less than twenty degrees (20°) at its widest point or identified as cortically visually impaired and functioning at the definition of legal blindness.

(b) Possible referral characteristics:

(1) **Intellectual.** Shows approximately the same distribution of scores on intellectual tests as sighted individuals when tests such as auditory-vocal or haptic-motor channels of communication are used;

(2) **Achievement.**

(A) Has relatively normal educational achievement.

(B) Tends to achieve more poorly in subjects such as mathematics;

(3) **Behavioral.**

(A) Appears clumsy, especially in a new situation.

(B) Holds head in an awkward position to look at something or holds a book or other objects in a peculiar position to look at them.

(C) "Tunes out" when information is on the chalkboard or in a book that the student cannot read.

(D) Constantly asks a neighbor to tell him or her what is going on.

(E) Shows signs of fatigue or inattentiveness.

(F) Exhibits poor self-concept and ego development;

(4) **Communicative abilities.**

(A) Less effective use of gesture and bodily action.

(B) Uses less lip movement in the articulation of sounds; and

(5) **Physical.**

(A) Behavior:

(i) Rubs eyes excessively;

(ii) Shuts or covers one (1) eye, tilts head, or thrusts head forward;

(iii) Has difficulty in reading or in other work requiring close use of the eyes;

(iv) Blinks more than usual or is irritable when doing close work;

(v) Holds books close to eyes;

(vi) Is unable to see distant things clearly; or

(vii) Squints eyelids together or frowns.

(B) Appearance:

(i) Crossed eyes;

(ii) Inflamed or watery eyes; or

(iii) Recurring styes.

(C) Complaints:

(i) Eyes itch, burn, or feel scratchy;

(ii) Cannot see well;

(iii) Dizziness, headaches, or nausea following close eye work; or

(iv) Blurred or double vision.

(c) **Screening information.**

(1) Required:

(A) Hearing; and

(B) Vision (to include distance vision and near point vision).

(2) Recommended:

(A) Formal (not applicable); and

(B) Informal:

(i) Observation; and

(ii) Checklists.

(d) **Required evaluation data.**

(1) Social history.

(2) Individual intelligence (one (1) required).

(3) Individual achievement (one (1) required).

(4) Adaptive behavior (one (1) required).

(5)(A) Communicative abilities (required as indicated below).

(B) A comprehensive language screening measure is required.

(C) Screening instruments must be established and validated for such use and assess areas of receptive and expressive language.

(D) These instruments cannot be single-word vocabulary measures only.

(E) Review of social, educational, and communication history and/or classroom observation of communicative abilities should also be utilized.

(F) If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

(6) **Other.**

(A) Medical:

(i) Physical examination; and

(ii) Specialized, to include an evaluation by an eye specialist conducted within the past year composed of:

(a) Visual acuity and refractive errors;

(b) Prescription correction where indicated;

(c) Etiology; and

(d) Prognosis.

(B) Functional vision determination (required).

(C) Student need for braille instruction (required).

(e) **Optional evaluation data.**

(1) Orientation and mobility assessment.

(2) Sensory and learning processes.

(3) Specific subject areas.

(4) Vocational assessment.

(f) **Evaluation data analysis.**

(1)(A) To appropriately plan for the student with a visual impairment the evaluation team must analyze educational and medical data, as well as the recent determination of visual acuity that addresses the actual functional vision of the student.

(B) Effects of visual impairment may vary dependent upon the:

(i) Severity of the impairment;

(ii) Age of onset of the visual condition;

(iii) Opportunities that have been available for appropriate training; and

(iv) Type and severity of any other disabilities.

(2)(A) Data analysis should also assist in the determination of appropriate learning materials and methods for the student with a visual impairment.

(B) These data will also provide a basis for determining what educational modifications, adaptive technology, and/or alternative learning media is appropriate for the student with a visual impairment, as well as appropriately credentialed personnel to provide instruction in specific areas of need.

(3)(A) The assessment shall have addressed the student's need for braille instruction.

(B) As a result of this assessment the student's strengths and weaknesses in braille skills should have been identified, as well as the learning medium most appropriate for the student's educational progress when braille instruction is indicated.

(4)(A) Technologies and related services for use in combination with braille instruction should be identified.

(B) The results of the assessment shall be used, as appropriate, to develop the student's IEP.

(g) **Programming considerations.**

(1)(A) Programming should be based on sound practices, including the use of concrete, not abstract, teaching methods, stressing the relationship among things in the environment.

(B) Since many social skills are typically learned incidentally through vision, instruction in social skills should be considered when designing the IEP.

(C) A variety of special education materials/equipment will assist the student with a visual impairment to benefit from educational experiences.

(D) Such items might include large print textbooks, brailled textbooks, adaptive computers, paperless braille writing devices, talking calculators, closed-circuit television systems, wide-lined writing paper, etc.

(2)(A) Students with visual impairments may need instruction in or facilitated through one (1) or more of the following:

(i) Braille;

(ii) Large print;

(iii) Auditory or other alternate formatted materials;

(iv) Computer; and

(v) Other technology.

(B)(i) Keyboarding skills remain an important communication tool.

(ii) Therefore, instruction should begin in the early years.

(C) The computer, with appropriate adaptations (voice synthesis, enlarged screen, refreshable braille, braille printout, etc.), can become an integral part of the student's (and teacher's) ability to perform academic requirements appropriately.

(D) Mathematical instruction may be enhanced by the use of:

(i) An abacus;

(ii) An adapted calculator; and/or

(iii) Other adaptive equipment.

(E) Learning aids, such as, but not limited to, braille writers (manual and electronic braillers, tactile graphics), special measurement equipment, timers, etc., may be necessary for appropriate math instruction.

(F) An appropriately trained certified teacher can provide instruction in these support areas, allowing many students with visual impairments to compete successfully in a regular academic setting.

(3)(A) Orientation and mobility instruction may be crucial to the student's independent functioning in the school setting.

(B) Such related skills as basic concepts, body image, and spatial awareness instruction make it possible to develop cane travel skills.

(C) Independent travel with a cane may begin in the early elementary grades.

(D) The need for instruction in orientation and mobility skills shall be determined by a nationally certified orientation and mobility specialist.

(4)(A) At least once a year a certified teacher of the visually impaired, or a person who is qualified in braille instruction as determined by the Department of Education, will conduct an assessment of the educational progress of each student with a visual impairment, in accordance with established standards.

(B) Refer to 6 CAR § 130-254 of 6 CAR pt. 130, Procedural Requirements and Program Standards.

(C) The results of the assessment shall be used, if appropriate, in the development of the student's IEP.

Subpart 2. Eligibility Criteria for Children with Disabilities (Ages 3–5)

6 CAR § 131-201. Autism — Early childhood special education.

(a) **Definition.**

(1) "Autism" means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child's developmental/educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotypic movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(2) The term does not apply if a child's developmental/educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in 6 CAR § 130-608.

(3) A child who manifests the characteristics of autism after age three (3) could be diagnosed as having autism if the criteria in this definition are satisfied.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i) **Development.** May include the areas of:

(a) Cognition;

(b) Motor;

(c) Social/emotional; and

(d) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observations in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1)(A) Social history.

(B) Emphasis on developmental, family, and health/medical history.

(2)(A) Assessment.

(B)(i) Cognitive/intellectual abilities.

(ii) Assessment should be comprehensive enough to determine functional cognitive/problem solving skills.

(C) Communicative abilities:

(i)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive enough to determine functional communication abilities and must not be limited to one-word vocabulary tests; and

(ii) Augmentative/alternative communication (when indicated).

(D) Social/emotional (one (1) adaptive behavior assessment required).

(E)(i) Observation (required).

(ii) Observation should cover:

(a) Personal-social behaviors;

(b) Toy play;

(c) Conversational speech;

(d) Emotional expression;

(e) Amount of time spent in idiosyncratic repetitive behaviors; and

(f) Eating behavior.

(iii) Information can be obtained in a variety of settings, including observing the child in:

(a) The home environment;

(b) The classroom; and

(c) Play situations.

(iv) The observed behaviors should be viewed in terms of developmental age so that formal assessment data and observational data can be compared.

(v) Observational data must be considered part of the developmental/educational evaluation due to the impact of behavior upon skill acquisition.

(F) Medical (required):

(i) Physical examination; and

(ii) Specialized, if indicated.

(G)(i) Self-help.

(ii) May be included in the adaptive behavior, cognitive/intellectual, and/or programming assessments.

(H)(i) Programming.

(ii) Functional curriculum-based measure or measures required, such as ecological inventories, reinforcer inventories, parent inventories, child repertoire inventories, etc.

(d) **Evaluation data analysis.**

(1) Accurate diagnosis of autism may be difficult because the characteristics of this disorder may resemble those of:

(A) An intellectual disability;

(B) Severe reactive disturbances; or

(C) Deafness.

(2)(A) The determination of autism is also made difficult by the variety of symptoms and rarity of the conditions exhibited by children with autism, as well as the overlap of autistic behaviors with other cognitive and behavioral disorders.

(B) Therefore, it is important to collect data from all areas specified in the evaluation section.

(3) Observational data and an account of the child's pattern of behavior from infancy to childhood will provide some of the most useful data for programming.

(4) Some common misconceptions regarding individuals with autism are as follows:

(A) Autism is an emotional disorder;

(B) Persons with autism do not talk;

(C) Persons with autism do not communicate;

(D) Persons with autism require one-to-one instruction;

(E) All persons with autism are withdrawn; and

(F) Most persons with autism are self-injurious.

(5)(A) Children ages three (3) to five (5) are considered as having autism when they demonstrate significant impairments in the areas of communication and social interaction.

(B) Social characteristics that will assist in the identification of autism are listed below.

(C) Some children with autism will demonstrate many or all of these symptoms, and others will demonstrate only a few.

(D) In some, the symptoms will be severe and in others, moderate and variable.

(6) **Cognitive/conceptual characteristics.**

(A) **Stimulus over selective.** Difficulty determining relevant stimuli in a given situation resulting in a preoccupation with or response to irrelevant cues.

(B) **Gestalt processors.** Process, store, and retrieve information in large units without the ability to break down, analyze, and recombine new units from existing information.

(C) **Learn rigid rules.** Tendency toward ritualistic, inflexible routines because they are unable to determine which components are essential to the goal and which could be altered without affecting the result.

(D) **Limited generalization/transfer of learning.**

(i) Because of Gestalt processing, when a skill is learned in a particular environment, that setting is seen as a relevant part of the task.

(ii) The child, then, does not recognize the skill as the same when it occurs in a different setting.

(E) **Variable profile.**

(i) Persons with autism demonstrate significant peaks and valleys rather than overall depression of skills.

(ii) Splinter skills usually relate to processing of physical properties, visual-spatial properties, rote memory, or object performance scales.

(iii) They perform well when provided with concrete, visual cues embedded in context.

(iv) The above strengths are reflected in performance with:

(a) Puzzles;

(b) Fine-motor manipulative tasks;

(c) Music;

(d) Mathematics; and

(e) Rote memory tasks (counting, alphabet, pledge, etc.).

(v) Weaknesses for someone with autism usually relate to:

(a) Symbolic representation;

(b) Means/ends;

(c) Cause and effect relationships;

(d) Abstract thought; and

(e) Sequential logic.

(vi) Those weaknesses are reflected in poor performance on both receptive and expressive language tasks.

(7) **Communicative characteristics.**

(A) May use unconventional, idiosyncratic behaviors (echolalia, aggression, self-injurious behavior) to communicate.

(B) Appear not to understand functional use of objects.

(C) Babbling impaired or abnormal (produce same sound or sounds repetitively rather than a varied repertoire for vocal exploration).

(D) Frequently impaired in the understanding of spoken language (responds to gestures, vocal tone, and context rather than to the words).

(E) May not use conventional communicative acts (gestures, pointing, showing).

(F) May use conventional acts to convey nonconventional meaning or for sensory stimulation.

(G) May be nonverbal.

(H) Speech may be characterized by echolalia, immediate, delayed, or mitigated, which can be communicative in nature or noncommunicative in nature.

(I) Speech generated often appears unrelated to the situation.

(J) Poor in talking about anything outside the immediate situation.

(K) Grammar and syntax are usually adequate.

(L) Articulation is usually adequate.

(M) Verbal skills frequently exceed receptive skills (may produce lengthy, complex sentences with no comprehension, echolalia).

(N)(i) Receptive interpretation very concrete/literal.

(ii) "Put the puzzle up" may result in the child holding it over his or her head in the air.

(O) Limited, if any, comprehension of teasing/sarcasm.

(P) Limited, if any, generalization or transfer of concepts/skills from instructional setting to other environments.

(8) **Social relatedness characteristics.**

(A) Lack of attachment behavior (may not protest when being left with a sitter, or acknowledge parent or parents upon return).

(B)(i) Unusual eye contact.

(ii) Contrary to common belief, most persons with autism will make eye contact, especially when physical proximity is increased.

(iii) The deficiency is in their knowledge that one can use eye contact to communicate or initiate social interaction.

(C) Lack of play skills (not an unwillingness or preference to be alone, but simply does not demonstrate the skills).

(D) Difficulty perceiving other person's feelings and responses (i.e., reading facial expressions, body language, vocal tone, as well as language used).

(E) Limited interaction utilizing conventional means.

(9) **Insistence on sameness characteristics.**

(A) May demonstrate stereotypic behaviors and strong preference for routines.

(B) Play patterns lack variety and imagination.

(C) May show intense preoccupations/attachments to curious objects (sticks, rocks, strings, etc.).

(D) Resistant to changes in environment/routine (may appear compulsive in performance of tasks).

6 CAR § 131-202. Deaf-blindness — Early childhood special education.

(a) **Definition.** "Deaf-blindness" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental/educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) **Required.**

(A) Hearing and vision screening not applicable.

(B) Formal measures of:

(i) Development (Include the areas of cognition, motor, social/emotional, self-help); and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observations in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1) All tests/procedures must be administered in the child's primary mode of communication (i.e., sign language, gestures, finger spelling, real objects, etc.).

(2)(A) Social history.

(B) Emphasis on developmental, family, and health/medical history.

(3)(A) Assessment.

(B)(i) Cognitive/intellectual abilities (one (1) required).

(ii) May be assessed through a formal evaluation or in the programming assessment.

(iii) Methodology for assessing cognitive ability should be based on the developmental stages, including those related to nonlinguistic problem solving.

(C)(i) Communicative abilities.

(ii) Both receptive and expressive areas must be assessed.

(iii) Assessment must be comprehensive and must not be limited to one-word vocabulary tests.

(iv) Augmentative/alternative communication should be assessed when indicated.

(D) Motor (if indicated from screening).

(E)(i) Social/emotional (one (1) adaptive behavior assessment required).

(ii) Additional assessment for children ages three (3) to five (5) who may demonstrate inappropriate behavior that deviates substantially from behavior appropriate for one's age must include the following:

(a) Behavioral rating scales or checklist; and

(b)(1) Systematic observations in settings such as free play, instructional situation, group settings, home, etc.

(2) Particular attention must be given to the qualitative nature (antecedent–consequence analysis), frequency, duration, and consistency of the behavior or behaviors.

(3) Consideration should be given to the behavior relative to the child's functioning level, environmental and social experiences, and the degree to which this behavior deviates from the norm.

(F)(i) Self-help.

(ii) May be included in the cognitive/intellectual, adaptive behavior, and/or programming assessments.

(G) Programming (one (1) criterion or curriculum-based measure required).

(H) Other:

(i) Orientation and mobility assessment (required);

(ii) Medical (required):

(a) Physical examination; and

(b) Specialized (if indicated);

(iii) Audiological (required); and

(iv) Ophthalmological (required).

(d) **Evaluation data analysis.**

(1) When the senses of sight and hearing are lost or severely limited, the child must rely on secondary senses or indirect information supplied by others to gain concepts/information.

(2)(A) It is, therefore, extremely important that evaluation data be analyzed to determine what degree of functional hearing and vision the child possesses and the age at onset of the loss of each (infancy, early childhood, school age).

(B) This information will provide the evaluation committee with information regarding learning experiences the child will bring to the educational environment.

(C) To obtain a comprehensive picture of the abilities of the child with deaf-blindness, all assessment information gathered must be integrated.

(3) Points for the evaluation committee to consider include:

(A) Information obtained from the social history, including:

(i) Age at onset of sensory impairments; and

(ii) Pertinent medical data;

(B) Results of assessment measures/procedures, particularly those dealing with communicative abilities and the recommendations regarding the development of an alternative/augmentative communication system;

(C) Identified strengths and weaknesses;

(D) Skill (functioning) levels, determined by assessments conducted in natural environments, based on interviews and observations; and

(E) Orientation and mobility needs.

(4)(A) Programs designed to serve the needs of children who are blind, deaf, or have an intellectual disability will not meet the needs of the child with deaf-blindness even with modification to the traditional delivery system.

(B) The child with deaf-blindness needs a comprehensive, individualized program designed by a multidisciplinary team with extensive experience in the field of deaf-blindness.

(5)(A) Determining the communication mode for children with deaf-blindness is a primary consideration in program development.

(B) Because of the fact that children with deaf-blindness have both auditory and visual deficits, it can be assumed that some will not be able to develop vocal language.

(C) Therefore, they will need a communication system based upon a touch, sign language, gestural, symbolic, pictorial, or an electronic augmentative system.

(D) Channels through which these children may receive communication are:

(i) Touch (touching, being touched);

(ii) Smell;

(iii) Residual vision;

(iv) Residual hearing/vibration;

(v) Skin (hot/cold, wet/dry, texture); and

(vi) Movement (shape, distance, height, weight, pressure (soft/hard)).

(6) Programs for children from birth to age five (5) with deaf-blindness should promote the following:

(A) Development and reward of curiosity;

(B) Development of exploratory techniques;

(C) Development of the ability to remember where things were put during play;

(D) Ways to help the child anticipate coming routines;

(E) Techniques and activities that will require the child to make choices;

(F) Techniques to foster communication;

(G) Use of residual vision and/or hearing; and

(H) Sensory integration.

6 CAR § 131-203. Hearing impairment, including deafness — Early childhood special education.

(a) **Definitions.**

(1) "Deafness" means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects developmental/educational performance.

(2)(A) "Hearing impairment" means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's developmental/educational performance but that is not included under the definition of deafness in this part.

(B) **Audiological indicators.**

(i)*(a)* An average pure-tone loss in the speech range (five hundred to two thousand hertz (500–2,000 Hz)) of twenty decibels (20 dB) or greater in the better ear.

(b) A child with a fluctuating hearing impairment, such as one resulting from chronic otitis media, is classified as hearing impaired.

(ii) An average high frequency, pure-tone hearing loss of thirty-five decibels (35 dB) or greater in the better ear at two (2) or more of the following frequencies:

(a) Two thousand hertz (2,000 Hz);

(b) Three thousand hertz (3,000 Hz);

(c) Four thousand hertz (4,000 Hz); and

(d) Six thousand hertz (6,000 Hz).

(iii) A permanent unilateral hearing loss of thirty-five decibels (35 dB) or greater in the speech range (pure-tone average of five hundred to two thousand hertz (500–2,000 Hz)).

(iv) A diagnosis of auditory neuropathy.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) **Required.**

(A) Hearing can be waived if a current (within the past twelve (12) months), comprehensive audiological evaluation is available.

(B) Vision.

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Communication;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observations in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1)(A) Social history.

(B) Emphasis on developmental, family, and health/medical history.

(2) **Assessment.**

(A)(i) Audiological (required as indicated below).

(ii)*(a)* Audiometric assessment administered within the past six (6) months is required upon initial determination of eligibility and thereafter when deemed necessary by the licensed managing audiologist.

(b)(1) Pure-tone:

(A) Air conduction; and

(B) Bone conduction.

(2) When pure-tone results are unobtainable, child should be referred by the managing audiologist for an electrophysiological evaluation.

(c) Speech audiometry:

(1) Speech reception threshold or speech awareness threshold; and

(2) Speech discrimination (when applicable).

(d) Impedance audiometry, including tympanometry and stapedial reflex testing.

(iii) **Amplification systems.**

(a) FM amplification systems should be initially recommended, selected, and programmed only with the assistance of a licensed audiologist.

(b) A special effort must be made to ensure that amplification systems worn by the child in preschool are functioning properly.

(c) Proper maintenance includes a daily listening check with emphasis on the following:

(1)(A) Ear molds.

(B) Young children may require new ear molds every six (6) months;

(2) A daily listening check for amplification (hearing aids and auditory trainers) must be conducted, utilizing a hearing aid stethoscope, and results documented;

(3) Cords; and

(4) Receivers.

(B)(i) Hearing aid evaluation (required, if applicable).

(ii) Hearing aid evaluation, to include electroacoustic assessment of hearing aid function, as well as evaluation of aided hearing response and determination of appropriateness of the hearing aid.

(C)(i) Auditory comprehension (one (1) required).

(ii) Informal assessment of auditory levels must be documented (alerting, localization, distance, levels, gross environmental, discrimination, gross vocal discrimination, and fine speech discrimination).

(D)(i) Cognitive/intellectual abilities.

(ii) May be assessed through a formal evaluation or in the programming assessment.

(iii) Methodology for assessing cognitive ability should be based on the developmental stages for nonlinguistic problem solving.

(E)(i) Communicative abilities (required as indicated below).

(ii)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive and must not be limited to one-word vocabulary test.

(iii) Augmentative/alternative communication (when indicated).

(iv) Phonetic level evaluation (one (1) required), includes both:

(a) Articulation; and

(b) Supra segmental qualities of speech (i.e., vocalization, intensity, duration, pitch, etc.).

(F) Social/emotional (one (1) adaptive behavior assessment required).

(G)(i) Self-help.

(ii) May be included in adaptive behavior, cognitive/intellectual, and/or the programming assessments.

(H) Programming (one (1) criterion or curriculum-based measure appropriate for hearing impaired required).

(d) **Evaluation data analysis.**

(1) Children ages three (3) to five (5) are considered to have a hearing impairment when they demonstrate a documented hearing loss that interferes with the acquisition of new knowledge or skills in areas of development.

(2) The qualified provider's evaluation report must document how the hearing impairment adversely affects the child's areas of developmental/educational performance.

(3) The following are points to consider when analyzing evaluation data:

(A)(i) For a child with a hearing impairment, a special effort should be made to differentiate between articulation and language.

(ii) For example, speech intelligibility is not necessarily an indication of language or intellectual abilities;

(B) Information provided by parents of children who have hearing impairments is necessary in evaluation data analysis; and

(C) All tests must have been administered in the child's primary mode of communication (orally or through sign language, etc.) for results to be meaningful.

6 CAR § 131-204. Multiple disabilities — Early childhood special education.

(a) **Definition.**

(1) "Multiple disabilities" means concomitant impairments (combination of cognitive, physical, and/or sensory disabilities), the combination of which causes such severe developmental/educational needs that they cannot be accommodated in special education programs solely for one (1) of the impairments.

(2) The term does not include children with deaf-blindness.

(3) Such disabilities may be characterized by the following:

(A) Limited use of functional communication skills;

(B) Dependence on others for most or all daily living activities;

(C) Minimal social interaction skills and possible maladaptive behaviors exhibited;

(D) Pronounced delays in motor development; and/or

(E) Fragile medical conditions.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observation in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1)(A) Social history.

(B) Emphasis on developmental, family, and health/medical history.

(2) **Assessments.**

(A)(i) A systematic, in-depth, multifaceted assessment of the child must be administered in terms of medical (including neurological, when indicated), psychological, and developmental needs by a multidisciplinary team.

(ii) When a child's disability is so complex that the administering of formal diagnostic measurements is considered inappropriate and/or invalid by the evaluation team, an interim individualized educational program will be written for the child based upon informal assessment and direct observation of the child by the team.

(iii) When assessments can be administered, the requirements for each area of suspected disability will be followed.

(B)(i) Observations must be conducted across multiple natural environments/tasks.

(ii) Behavior will be observed in multiple settings using anecdotal recordings, checklists, or questionnaires to assess developmental areas.

(iii) An attempt should be made to assess the child's ability to function within the recreation, community, and domestic domains.

(iv) Acquiring information regarding the child's ability to function in these domains may be obtained from those persons who are knowledgeable of his or her skills.

(C) **Cognitive/intellectual abilities.**

(i) May be assessed through a formal evaluation or in the programming assessment.

(ii) Methodology for assessing cognitive ability should be based on the developmental stages, including those related to nonlinguistic problem solving.

(D) Communicative abilities:

(i)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive to determine functional communication abilities and must not be limited to one-word vocabulary tests; and

(ii) Augmentative/alternative communication (when indicated).

(E) Social/emotional (one (1) adaptive behavior assessment required).

(F)(i) Self-help.

(ii) May be included in the cognitive/intellectual, adaptive behavior, and/or programming assessments.

(G) Motor (when indicated).

(H) **Programming.** Functional curriculum-based measure or measures required, such as ecological inventories, parent inventories, child repertoire inventories, etc.

(d) **Evaluation data analysis.**

(1) Children ages three (3) to five (5) are considered to have multiple disabilities when they demonstrate concomitant cognitive, physical, and/or sensory impairments that result in severe delays in development (below two (2) standard deviations).

(2)(A) Current ability levels should be identified from individual evaluations and combined to form a cohesive description of the child's present functional skills level.

(B) This description will provide needed information concerning:

(i) Eligibility;

(ii) Specific areas of strength/weakness; and

(iii) Related support services needed to ensure appropriate programming.

(C) Once these data are compiled, the multidisciplinary team will:

(i) Review the data;

(ii) Determine current needs; and

(iii) Write program goals to reflect areas of need.

(D) The movement toward an educational/training placement must be methodical in nature, taking into consideration all aspects of behavior exhibited by the child with multiple disabilities that may fall in the severe range of disabilities.

(3)(A) Programming assessment relevant to the education/training of these individuals is very different from the programming for children with mild disabilities.

(B) Instead of the basic sequential development components, children with severe disabilities must first learn basic skills, such as:

(i) Eating;

(ii) Walking;

(iii) Communicating;

(iv) Toileting;

(v) Dressing; and

(vi) Interacting socially.

(C) The overall goal is to develop skills that enable the child with multiple disabilities to be independent or semi-independent as early as possible.

(D) Programming assessments should consider several major areas:

(i) Sensory development;

(ii) Motor;

(iii) Communication;

(iv) Cognition;

(v) Social development;

(vi) Self-help;

(vii) Daily living;

(viii) Community living; and

(ix) Recreation/leisure time.

(4)(A) With this population, consideration must be given to the amount of one-to-one instruction required to maintain and increase skills and/or play abilities.

(B) A structured schedule including one-to-one instruction, group activities, and independent leisure time is needed to ensure that all levels of independence and skills are attained.

(C) In analysis of programming assessments, attention should be given to the:

(i) Instructional techniques used;

(ii) Functionality of the skills; and

(iii) Age-appropriateness of the instructional materials and activities used.

(5)(A) Children with severe disabilities exhibit greater difficulties in learning than do their peers with moderate and mild disabilities.

(B) A functional or ecological assessment may be necessary to determine appropriate instructional techniques that can include behavior and task analysis, behavior shaping, imitation, chaining, prompting, fading, and generalization training that have proven to be effective in producing positive behavioral changes in these children.

(C) These techniques should be used to teach skills that are functional and will enhance the child's ability to participate in society with greater independence.

(D)(i) Children with severe disabilities may be performing at a considerably lower level.

(ii) The use of equipment, technology, and tasks should be appropriate for the chronological age of the child.

(6) By concentrating on the use of systematic instructional techniques and age-appropriate materials and activities to teach functional skills in natural environments, children with multiple disabilities will have an opportunity for greater educational progress.

6 CAR § 131-205. Noncategorical — Early childhood special education.

(a) **Definitions.**

(1) "Noncategorical" means a condition of developmental delay that impairs a child's functioning and that has a high predictability of impairing normal developmental performance.

(2) "Impaired functioning" means that a difference exists between the child's expected level of development and his or her current level of functioning.

(3) **Areas of developmental delay.** The five (5) developmental delay areas for the purpose of determining eligibility in this category are:

(A) **Cognition**.

(i) The ability to use reasoning and problem-solving skills, including:

(a) Conceptualization;

(b) Comprehension; and

(c) Memory.

(ii) Cognitive ability is the ability to think and is often thought of in terms of intelligence;

(B) **Communication**. The ability to effectively use and/or understand age appropriate language, including:

(i) Pragmatics;

(ii) Phonology;

(iii) Morphology;

(iv) Syntax;

(v) Semantics; and

(vi) Articulations;

(C) **Motor.** The ability to use:

(i) Gross motor skills for body control, such as:

(a) Standing;

(b) Walking;

(c) Balance; and

(d) Climbing; and

(ii) Fine motor skills requiring precise, coordinated use of the small muscles;

(D) **Social or emotional development.** The ability to develop and maintain functional interpersonal relationships and to exhibit age-appropriate social/emotional behaviors; and

(E) **Self-help development.** The ability to engage in age-appropriate activities of daily living.

(b) **Screening information.**

(1)(A) Screening can be waived if current developmental data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i)*(a)* Development.

(b) Include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observations in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1)(A) Social history.

(B) Emphasis on developmental, family, and health/medical history.

(2) **Assessment.**

(A)(i) Assessment instruments must be standardized and have a reliability coefficient of at least .80 to ensure that children are being identified accurately.

(ii) Tests that are not standardized cannot provide precise information about how a child performs in relation to peers.

(B) Cognitive/intellectual abilities (one (1) required).

(C)(i) Communicative abilities.

(ii) Both receptive and expressive areas must be assessed.

(iii) Assessment must be comprehensive and must not be limited to one-word vocabulary tests.

(iv) Augmentative/alternative communication should be assessed when indicated.

(D) Motor (if indicated from screening).

(E)(i) Social/emotional (one (1) adaptive behavior assessment required).

(ii) Additional assessment for children ages three (3) to five (5), who may demonstrate inappropriate behavior that deviates substantially from behavior appropriate for one's age, must include the following:

(a) Behavioral rating scales or checklist; and

(b)(1) Systematic observation or observations in settings such as free play, instructional situation, group settings, home, etc.

(2) Particular attention must be given to the qualitative nature (antecedent–consequence analysis), frequency, duration, and consistency of the behavior or behaviors.

(3) Consideration should be given to the behavior relative to the:

(A) Child's functioning level;

(B) Child's environmental and social experiences; and

(C) Degree to which this behavior deviates from the norm.

(F)(i) Self-help.

(ii) May be included in the cognitive/intellectual, adaptive behavior, and/or programming assessments.

(G) Programming (one (1) criterion or curriculum-based measure required).

(d) **Evaluation data analysis.**

(1)(A) Children ages three (3) to five (5) are considered to be delayed developmentally when they demonstrate a measurable, verifiable discrepancy between expected performance for the child's chronological age and the current level of performance.

(B) The discrepancy is documented by:

(i) Scores of two (2) standard deviations (SD) or more below the mean for chronological age in one (1) of the five (5) domains, as obtained using standardized norm-referenced instruments and procedures; or

(ii) Scores of one and one-half (1.5) standard deviations below the mean for chronological age in two (2) or more of the five (5) domains, as obtained using standardized norm-referenced instruments and procedures.

(2)(A) The criterion of a delay of two (2) standard deviations in one (1) or more areas allows a child to be served when he or she is markedly delayed in only one (1) area.

(B) A score of two (2) standard deviations below the mean on a test indicates the child would be functioning in approximately the bottom two percent (2%) of his or her peer group.

(C) A delay of this degree in even one (1) area warrants services, even though there are no other areas of deficit.

(3)(A) Using the criterion of a delay of one and one-half (1.5) SD in two (2) or more of the five (5) areas (cognition, communication, motor, social/emotional, self-help) allows services to be provided to a child who is performing substantially below his or her peers.

(B) This criterion is more accurate than the use of a percentage of delay in developmental age.

(4) A significant delay in self-help and motor skills (gross and fine) could be expressed in months by means of scale development (criterion-referenced) assessments, as illustrated in the following Chart # 1-3.

CHART # 1-3

CHRON. AGE	DELAY IN STANDARD DEVIATION	DELAYS IN ONE AREA (DELAY IN MONTHS)	NATIONAL PERCENTILE RANK	AGE EQUIVALENT
3-0 Years	-2.0	11 + months	Less than 3	2-1 or less
	-1.5	8 + months	Less than 7	2-4 or less
4-0	-2.0	14 + months	Less than	2-10 or less

Years			3	
	-1.5	11 + months	Less than 7	3-1 or less
5-0 Years	-2.0	18 + months	Less than 3	3-6 or less
	-1.5	14 + months	Less than 7	3-10 or less

6 CAR § 131-206. Orthopedic impairment — Early childhood special education.

(a) **Definition.**

(1) "Orthopedic impairment" means a severe orthopedic impairment that adversely affects a child's developmental/educational performance.

(2) The term includes impairments:

(A) Caused by congenital anomaly (e.g., clubfoot, absence of some member, spina bifida, etc.);

(B) Caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); and

(C) From other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(3)(A) Physical characteristics may include paralysis, unsteady gait, poor muscle control, loss of limb, etc.

(B) Many times the impairment is so great as to impede the expressive language of the child.

(C) It is important to note that appropriate seating/positioning of a child is of primary consideration for effective:

(i) Screening;

(ii) Evaluation; and

(iii) Instruction.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observations in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1) **Social history.** Emphasis on developmental, family, and health/medical history.

(2) **Assessment.**

(A)(i) Medical.

(ii) Written statement from a physician establishing the type of orthopedic impairment.

(B) Cognitive/intellectual abilities (one (1) required).

(C) Social/emotional (one (1) adaptive behavior assessment required).

(D)(i) Self-help.

(ii) May be included in the adaptive behavior, cognitive/intellectual, and/or the programming assessments.

(E) Communicative abilities:

(i)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive and must not be limited to one-word vocabulary tests;

(ii) Articulation (when indicated); and

(iii) Augmentative/alternative communication (when indicated).

(F)(i) Motor (one (1) required).

(ii) The assessment of specific motor dysfunction is the responsibility of a licensed physical and/or occupational therapist.

(iii) Assessment includes:

(a) Gross and fine motor development;

(b) Neuromuscular development;

(c) Sensory integration;

(d) Daily living activities; and/or

(e) Need for adaptive equipment.

(G) Programming (one (1) criterion or curriculum-based measure required).

(d) **Evaluation data analysis.**

(1) Children ages three (3) to five (5) are considered to have an orthopedic impairment when they demonstrate a documented physical, motoric, or orthopedic impairment, disability, or chronic medical condition that interferes with the acquisition of new knowledge or skills in areas of development.

(2) The qualified provider's motor evaluation report must document how this impairment adversely affects the child's areas of development.

(3) A child's cognitive functioning level must be considered when determining the significance of motor delay.

(4) Orthopedically impaired children may manifest functional impairments in:

(A) Body balance;

(B) Ambulation; and

(C) Limb/hand utilization.

(5) The severity of these functional limitations must be such that the child needs special education.

6 CAR § 131-207. Other health impairment — Early childhood special education.

(a) **Definition.**

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that:

(A) Results in limited alertness with respect to the educational environment;

(B) Is due to chronic or acute health problems, such as:

(i) Asthma;

(ii) Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD);

(iii) Diabetes;

(iv) Epilepsy;

(v) A heart condition;

(vi) Hemophilia;

(vii) Lead poisoning;

(viii) Leukemia;

(ix) Nephritis;

(x) Rheumatic fever;

(xi) Tourette's Syndrome; and

(xii) Sickle cell anemia; and

(C) Adversely affects a child's developmental/educational performance.

(2) The list of chronic or acute health problems included within this definition is not exhaustive.

(3)(A) Children with attention deficit hyperactivity disorder and attention deficit disorder may be classified as eligible for services under the other health impairment category in instances where the ADD/ADHD is a chronic or acute health problem that results in limited alertness, which adversely affects the child's developmental/educational performance resulting in the need for special education and related services.

(B) While it is recognized that the disorders of ADD and ADHD vary, hereafter, the term ADD will be used to encompass both disorders.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, it is required.

(2) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Behavioral observations in home and/or other natural environments; and/or

(E) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1) **Social history.** Emphasis on:

(A) Developmental;

(B) Family; and

(C) Health/medical.

(2) **Assessment.**

(A) Medical (required):

(i) Physical examination (to identify any concomitant conditions); and

(ii) Specialized, if indicated.

(B) Cognitive/intellectual abilities (one (1) required).

(C) Social/emotional (one (1) adaptive behavior required).

(D)(i) Self-help.

(ii) May be included in the adaptive behavior, cognitive/intellectual, and/or the programming assessments.

(E) Communicative abilities:

(i)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive and must not be limited to one-word vocabulary tests; and

(ii) Articulation (when indicated).

(F) Motor (one (1) required when indicated).

(G) Programming (one (1) criterion or curriculum-based measure required).

(d) **Evaluation data analysis.**

(1) Children ages three (3) to five (5) are considered to have an other health impairment when:

(A) A written statement from a physician exists that includes:

(i) The type of health impairment;

(ii) Any developmental limitations created by the health impairment; and

(iii) The possible need for and effects of medication; and

(B) A delay of at least one and one-half (1.5) standard deviations is demonstrated in one (1) or more of the five (5) areas of development.

(2)(A) For most types of health impairments, a physician's diagnosis serves as the basis for classification.

(B) However, for a child with ADD a more multidisciplinary approach to diagnosis is desirable.

(C) This is particularly necessary for making a differential diagnosis, as ADD can overlap with various developmental and behavior disorders.

(D) Typically, assessments for ADD are comprehensive, involving input from the home and other settings, and include an evaluation of the child's medical, psychological, educational, and behavioral functioning.

(3)(A) The diagnosis of ADD depends on obtaining a thorough developmental and health history.

(B) The developmental history and teachers' anecdotal reports and ratings about preacademic and behavioral problems in the natural environment are important tools in the evaluation process.

(C) Children with ADD are described as:

(i) Inattentive;

(ii) Impulsive; and/or

(iii) Distractible.

(D) If problem behaviors are reported by a number of different observers, began in early childhood, and have been present for more than six (6) months, it is likely that ADD is present.

(4)(A) While physical examination does not generally contribute to the diagnosis of ADD, it is necessary in excluding other medical conditions.

(B) It is generally agreed that neurological assessments (such as CAT scanning and EEGs) are not of benefit in diagnosing or treating ADD and should only be done when seizures or neurological findings are suggested by history and physical examination.

(5)(A) The evaluation for ADD must rule out conditions that may produce symptoms similar to ADD.

(B) These conditions include:

(i) Possible medication effects;

(ii) Anxiety due to social/emotional factors;

(iii) Sensory impairments;

(iv) Systemic medical illness;

(v) Seizure activity; and

(vi) Environmental toxins (such as lead poisoning).

(6)(A) There is tremendous variation in the behavior of children with ADD.

(B)(i) The primary symptoms are:

(a) Inattention;

(b) Impulsivity; and

(c) Over activity.

(ii) However, the child may have varying manifestations of each of the characteristics, and the overall severity may vary to a marked degree.

(C) Children with ADD may display deficiencies in rule-governed behavior and in maintaining a consistent pattern of developmental performance over time.

(D) The information obtained throughout the evaluation should provide data about the specific behaviors of concern within the natural environment in order to identify intervention strategies.

6 CAR § 131-208. Speech or language impairment — Early childhood special education.

(a) **Definition.**

(1) "Speech or language impairment" means a communication disorder, such as stuttering, impaired articulation, a language impairment (comprehension and/or expression), or a voice impairment, that adversely affects a child's developmental/educational performance (e.g., impedes the child's acquisition of basic cognitive and affective performance skills).

(2) **Language.**

(A) A language disorder is the impairment or deviant development of comprehension and/or expression of language.

(B) Such disorders may involve one (1), all, or a combination of the following components of a language system:

(i)*(a)* Phonology involves the sound system of a language, the particular sounds of the sound system, and the ways in which the rules of a language permit them to be combined.

(b) Phonological disorders are most often articulatory and are addressed under articulation;

(ii) Morphology involves the structure of words and the ways in which the rules of a language permit the construction of new word forms, such as combining root words with prefixes and suffixes, or compounding words;

(iii) Syntax involves the rules governing the order and combination of words in the formation of sentences, and the relationships among the elements within a sentence or between two (2) or more sentences;

(iv) Semantics is the psycholinguistic system that patterns individual word meanings and combining of word meanings to form the content of a sentence;

(v) Pragmatics is the sociolinguistic system that patterns the use of language in context; and

(vi) A perceptual and/or processing disorder is characterized by deviant attention, sequencing, memory, analysis, synthesis, and/or discrimination abilities.

(3) **Prosody.**

(A) A feature of communication involving stress and intonation patterns that convey the meaning of spoken utterances determined primarily by variations in pitch, loudness, and duration.

(B) Systematic observation of these elements can be made during language assessment.

(4) **Articulation.** An articulation disorder is the abnormal production of speech sounds for a given age or condition.

(5) **Voice.** A voice disorder is the absence or abnormal production of voice characterized by deviant:

(A) Initiation/duration;

(B) Tonal quality;

(C) Pitch;

(D) Loudness; and/or

(E) Resonance.

(6) **Fluency.** A fluency disorder is the abnormal flow of verbal expression characterized by impaired rate and rhythm which may be accompanied by struggle behavior.

(b) **Screening information.**

(1)(A) Screening can be waived if current data (within the past six (6) months) are available.

(B) Otherwise, screening is required.

(2) Required:

(A) Hearing;

(B) Vision;

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language; and

(D) Informal measures of:

(i) Voice; and

(ii) Fluency.

(3) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Behavioral observation in home and/or other natural environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1) **Social history.** Emphasis on developmental, family, and health/medical history.

(2) **Assessment.**

(A)(i) Assessment instruments must be standardized and have a reliability coefficient of at least .80 to ensure that children are being identified accurately.

(ii) Standardized instruments provide more precise information about how a child performs in relation to peers.

(B) Cognitive/intellectual abilities (one (1) required for children with language disorders).

(C) Social/emotional (one (1) adaptive behavior assessment required).

(D) **Communicative abilities.**

(i) If a speech or language disability is suspected or indicated from screening, further assessment and diagnosis of a specific communication disorder must be made by a licensed/certified speech language pathologist.

(ii)*(a)* Such professionals evaluate children using procedures appropriate to assessment and diagnosis of specific communication disorders.

(b) When, in the opinion of the speech-language pathologist, it is deemed necessary to have additional evaluations, referral of children may be made for such assessments.

(c) This may include referral for medical and/or other professional evaluation.

(d) The speech-language pathologist will include such additional information in the process of formulating diagnostic and/or programmatic impressions and recommendations.

(iii) Oral-peripheral speech mechanism evaluation (required).

(iv)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment may include, but not be limited to, vocabulary tests.

(d) Cognitive/intellectual abilities assessment is required when language delay is identified.

(v)*(a)* Articulation.

(b) Two (2) measures required when articulation disorder is suspected.

(vi)*(a)* Voice.

(b) Required when voice disorder is suspected.

(c) Referral for medical evaluation is required.

(vii)*(a)* Fluency.

(b) Required when fluency disorder is suspected.

(viii)*(a)* Augmentative/alternative communication.

(b) Required when indicated.

(E) **Medical.**

(i) Referral to otolaryngologist is required when voice disorder is suspected.

(ii) Other physical conditions/anomalies may also warrant further referral.

(F) **Programming.** One (1) criterion or curriculum-based measure in the area of communicative abilities required for children with a language disorder.

(d) **Evaluation data analysis.**

(1)(A) Children ages three (3) to five (5) are considered to have a speech or language impairment when they demonstrate a measurable, verifiable discrepancy between expected performance for the child's chronological age and the current level of performance.

(B) In analyzing communicative abilities, the speech-language pathologist should be aware of factors that represent communication differences rather than disorders.

(C) Communication differences refer to regional, social, or cultural speech and/or language variations that are not considered communication disorders.

(2) After analyzing the evaluation data pertaining to the child's communicative abilities, inclusive of screening information, the speech-language pathologist will submit the information to the committee in the form of a written report.

(3) A discrepancy between the expected performance and the current level of functioning is determined as follows:

(A) **Articulation.**

(i) Standardized test:

(a) A moderate or severe rating on a standardized articulation test that yields a severity rating; and/or

(b) A two (2) standard deviation delay in speech production as measured by a standardized articulation test or a percentile rank of two (2).

(ii) Analysis of documented observation and informal assessment, (e.g., phonetically transcribed language samples) that demonstrate a discrepancy between expected performance and overall functioning level;

(B) **Language.**

(i) Standardized test:

(a) Analysis and documentation of scores from comprehensive standardized receptive and expressive language tests (which may include, but not be

limited to, vocabulary tests) shall be at least two (2) standard deviations below the mean for chronological age or a percentile rank of two (2); and

(b) Assessment in the areas of morphology, syntax, semantics, and pragmatics through:

(1) Analysis and documentation of a standardized language sample; or

(2) Observation and informal assessment in these areas when standardized instruments are not available.

(ii) For children with a delay of one and one-half (1.5) standard deviations in language, either receptive or expressive, a cognitive/intellectual abilities assessment is required;

(C) Combination articulation/language:

(i) A moderate or severe rating on a standardized articulation test that yields a severity rating of at least a one and one-half (1.5) standard deviation delay in speech production; and

(ii) At least one and one-half (1.5) standard deviations below the mean on a comprehensive standardized language test (analysis and documentation of scores from receptive and/or expressive language tests);

(D) **Fluency.** To be eligible for service in the area of fluency, the preschool child should exhibit interruptions or dysfluencies (such as repetitions, prolongations, blockage in flow of speech, struggle, or avoidance behaviors) that interfere with communication or are inconsistent with age or development in more than one (1) speaking situation; and

(E) **Voice.** The preschool child is eligible for service in the area of voice when referral and medical clearance are completed and the child is found to have a deviation in voice quality, pitch, or loudness that interferes with communication or is inconsistent with age or development.

6 CAR § 131-209. Traumatic brain injury — Early childhood special education.

(a) **Definition.**

(1) "Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's developmental/educational performance.

(2) The term applies to open-head or closed-head injuries resulting in impairments in one (1) or more areas, such as:

(A) Cognition;

(B) Language;

(C) Memory;

(D) Attention;

(E) Reasoning;

(F) Abstract thinking;

(G) Judgment;

(H) Problem solving;

(I) Sensory, perceptual, and motor abilities;

(J) Psychosocial behavior;

(K) Physical functions;

(L) Information processing; and

(M) Speech.

(3) The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(b) **Screening information.**

(1) Required:

(A) Hearing;

(B) Vision; and

(C) Formal measures of:

(i)*(a)* Development.

(b) May include the areas of:

(1) Cognition;

(2) Motor;

(3) Social/emotional; and

(4) Self-help; and

(ii) Speech/language.

(2) **Recommended.** Informal measures, such as:

(A) Observation;

(B) Medical history;

(C) Anecdotal records; and/or

(D) Interviews (parents, teachers, family members).

(c) **Required evaluation data.**

(1) **Social history.** Emphasis on developmental, family, and health/medical history.

(2) **Assessment.**

(A) Medical (required):

(i) Physical examination; and

(ii) Specialized (neurological, and others as indicated).

(B) Cognitive/intellectual abilities (one (1) required).

(C) Social/emotional (one (1) adaptive behavior assessment required).

(D)(i) Self-help.

(ii) May be included in the adaptive behavior, cognitive/intellectual, and/or the programming assessments.

(E) Communicative abilities (both receptive and expressive required).

(F) Motor (if indicated).

(G) Neuropsychological assessment or appropriate medical statement from a licensed physician confirming presence of a traumatic brain injury (required).

(H) Programming (one (1) criterion or curriculum-based measure required).

(d) **Evaluation data analysis.**

(1)(A) Formal assessment of the child with traumatic brain injury should include a baseline evaluation.

(B) Because of the dynamic nature of TBI, it is recommended that the testing format include informal assessment and diagnostic teaching to complement formal testing.

(C) It is important to consider the child's preinjury learning styles and knowledge base.

(D) Previous history may serve as a baseline to compare preinjury skills with post-injury performance.

(E) Once baseline levels are obtained, periodic and frequent review/evaluation should occur to document progress and changes in the child's needs.

(2)(A) It is important to note that symptoms following the traumatic brain injury are dependent upon the state of brain function in relation to the environmental demands upon the child.

(B) Therefore, while standardized tests are important, one cannot necessarily rely upon their interpretation to guide teachers toward effective teaching, particularly if that interpretation is used as a predictor of developmental achievement.

(C) The scores derived on evaluations administered to children with TBI must be interpreted differently from scores of other children, in that these test results reflect only that the child could perform the task demanded by the specific test items.

(D) However, these results do not predict future performance.

(E)(i) For example, it is not uncommon for a child to score average or above on a standardized test of cognitive ability in a clinical setting.

(ii) The child's overt appearances may indicate everything is intact, but upon return to preschool, or shortly thereafter, the child exhibits a variety of problems.

(iii) This may include changes in:

(a) Social/conduct behaviors;

(b) The ability to initiate, sustain, and complete mental operations; or

(c) The ability to work and learn at the rate that material is presented.

(3)(A) The problems are not necessarily in learning preacademic skills, but pertain to social-emotional changes in addition to the learning and communication processes involved.

(B) The more informative assessments will measure social and conduct behaviors and communication skills, as well the child's ability to learn and to execute or remember a variety of tasks under imposed time limits.

(C) Observational and anecdotal data may provide additional information for programming.

(4) To be eligible for early childhood special education and related services as a child with traumatic brain injury, the following must be present:

(A) A written statement from a physician, to include:

(i) Diagnosis of traumatic brain injury consistent with federal definition;

(ii) Physical and preschool limitations;

(iii) Medication need; and

(iv) Seizure management (if applicable); and

(B) Justification of the adverse effect on developmental/educational performance that is attributed to the traumatic brain injury resulting in the corresponding need for early childhood special education and related services.

6 CAR § 131-210. Visual impairment, including blindness — Early childhood special education.

(a) **Definition.**

(1)(A) "Visual impairment, including blindness" means an impairment in vision that, even with correction, adversely affects a child's developmental/educational performance.

(B) This term includes both partial sight and blindness.

(C) This impairment refers to abnormality of the eyes, the optic nerves, or the visual center for the brain resulting in decreased visual acuity.

(2) Students with visual impairments are identified as those with a corrected visual acuity of 20/70 or less in the better eye or field restriction of less than twenty degrees (20°) at its widest point or identified as cortically visually impaired and functioning at the definition of legal blindness.

(b) **Screening information.**

(1) Required:

(A) Hearing;

(B)(i) Vision.

(ii) For some children, vision screening may consist of observations of possible deficits in visual functioning.

(iii) Such observations should be confirmed, when possible, by an eye care specialist (optometrist or ophthalmologist) to include near point and distance vision acuities when such measures can be obtained.

(iv) Screening of this nature may be obtained through a low vision clinic; and

(C)(i) Formal measures of development.

(ii) May include the areas of:

(a) Cognition;

(b) Communication;

(c) Motor;

(d) Social/behavioral; and

(e) Self-help.

(iii)*(a)* Screening can be waived if current developmental data (within the past six (6) months) are available.

(b) Otherwise, it is required.

(2) **Recommended.** Informal measures, such as:

(A) Checklists;

(B) Inventories;

(C) Rating scales;

(D) Interviews;

(E) Observation in home and/or other preschool environments; and/or

(F) Access to and review of existing records and available information.

(c) **Required evaluation data.**

(1) **Social history.** Emphasis on developmental, family and health/medical.

(2) **Assessment.**

(A) Medical, including an evaluation by either an ophthalmologist or optometrist conducted within the past year, comprising:

(i) Visual acuity;

(ii) Refractive errors;

(iii) Prescription correction where indicated;

(iv) Etiology;

(v) Prognosis; and

(vi) Low vision evaluation.

(B)(i) Cognitive/intellectual abilities.

(ii) May be assessed through a formal evaluation or in the program assessment.

(C) Social/behavioral (one (1) adaptive behavior assessment required).

(D)(i) Self-help.

(ii) May be included in the adaptive behavior, cognitive/intellectual, and/or the programming assessments.

(E) Communicative abilities:

(i)*(a)* Language.

(b) Both receptive and expressive areas must be assessed.

(c) Assessment must be comprehensive and must not be limited to one-word vocabulary tests;

(ii) Articulation (when indicated); and

(iii) Augmentative/alternative communication (when indicated).

(F) Orientation and mobility (one (1) required):

(i) Basic concepts;

(ii) Body awareness; or

(iii) Range of motion.

(G) Motor (when indicated).

(H)(i) Programming.

(ii) One (1) required criterion or curriculum-based measure, which may also serve to assess cognitive abilities, appropriate for visually impaired children.

(d) **Evaluation data analysis.**

(1)(A) Children ages three (3) to five (5) are considered to have visual impairment when they demonstrate a documented limitation in visual functioning that interferes with the acquisition of new knowledge or skills in defined developmental areas.

(B) The qualified provider's evaluation report must document how the limitation of vision adversely affects the child's developmental/educational performance.

(2) The following characteristics should be considered in analyzing the evaluation data:

(A) **Behavior.**

(i) Rubs eyes excessively.

(ii) Shuts or covers one (1) eye, tilts head, or thrusts head forward.

(iii) Has difficulty with work requiring close use of the eyes.

(iv) Blinks more than usual or is irritable when doing classwork.

(v) Holds books close to eyes.

(vi) Is unable to see distant things clearly.

(vii) Appears clumsy, especially in a new situation.

(viii) Squints eyelids together or frowns.

(ix) Holds head in an awkward position to look at something.

(x) Holds a book or other objects in a peculiar position to look at them.

(xi) Constantly ask others for environmental information.

(xii) Shows unusual signs of fatigue or inattentiveness.

(xiii) Exhibits repetitive self-stimulation behavior;

(B) **Appearance.**

(i) Crossed eyes.

(ii) Red-rimmed, encrusted, or swollen eyelids.

(iii) Inflamed or watery eyes.

(iv) Recurring styes;

(C) **Complaints.**

(i) Eyes itch, burn, or feel scratchy.

(ii) Cannot see well.

(iii) Dizziness, headaches, or nausea following close eye work; and

(D) **Communicative abilities.**

(i) Less effective use of nonverbal communications.

(ii) Uses less lip movement in the articulation of sounds.

(iii) Excessive echolalia.

(iv) Constantly asks others for environmental information.

(3) Children with visual impairments are those who, because of the type and degree of visual impairment, are unable to perform satisfactorily without modifications in curriculum and instructional materials, equipment, and methods.

(4) Effects of visual impairment vary depending on:

(A) The severity of the impairment;

(B) Age of onset of impairment;

(C) Developmental opportunities; and

(D) The type and degree of any other disability.

Appendix A. Submission Schedule

Link:

https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/161/6CARpt.131Appendix.pdf