

Disability Criteria Comparison Guide

2011	2022
Autism (AU)	
<p><u>Definition 2011</u></p> <p>There is evidence that the child has any of the Pervasive Developmental Disorders, such as Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) as indicated in the following diagnostic references:</p>	<p><u>Definition 2022</u></p> <p>A developmental disability characterized by deficits in social communication and interaction as well as significant restricted interests and repetitive behaviors, including engaging in repetitive activities and stereotyped movements, adhering to highly specific or repetitive interests, resisting environmental change or change in daily routines, and responding in unusual ways to sensory experiences. The term does not apply if the child’s educational performance is adversely affected primarily because the child has an emotional disability. Although ASD is generally evident before age three, a child who shows characteristics of ASD after age three could be diagnosed if the criteria below are satisfied.</p>
<p><u>Criteria 2011</u></p> <p>a) Asperger’s Disorder:</p> <ol style="list-style-type: none"> 1) There is evidence that the child demonstrates impairments in social interaction, such as marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction; fails to develop peer relationships appropriate to developmental level; lacks spontaneous seeking to share enjoyment, interests, or achievements with other people (i.e., by a lack of showing, bringing, or pointing out objects of interest); or lacks social or emotional reciprocity; and 2) Restricted repetitive and stereotyped patterns of behavior, interests, and 	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. There is evidence that the child meets diagnostic criteria for ASD indicated by: <ol style="list-style-type: none"> a. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following (currently or by history): <ol style="list-style-type: none"> (1) Deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions. (2) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body-language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

2011	2022
<p>activities, such as encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, apparently inflexible adherence to specific, nonfunctional routines or rituals, stereotyped and repetitive motor mannerisms, persistent preoccupation with parts of objects.</p> <p>3) The adverse effects of the Asperger’s Disorder on the child’s educational performance require specialized instruction and/or related services.</p> <p>b) Autistic Disorder</p> <p>1) In addition to the characteristics listed in (a)(1) and (2) of this subsection, there also is evidence that the child demonstrates impairments in communication, such as a delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime). In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others, stereotyped and repetitive use of language or idiosyncratic language, or lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level is noted.</p> <p>2) The adverse effects of the Autistic Disorder on the child’s educational performance require specialized instruction and/or related services.</p>	<p>(3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</p> <p>b. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following (currently or by history):</p> <p>(1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping plates, echolalia, idiosyncratic phrases).</p> <p>(2) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).</p> <p>(3) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g. extreme distress at small changes, difficulties with transition, rigid thinking patterns, greeting rituals, needing to take the same route or eat the same food every day).</p> <p>(4) Hyper- or hypo-activity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).</p> <p>2. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities</p>

2011	2022
<p>c) PDD-NOS</p> <ol style="list-style-type: none"> 1) There is evidence that the child demonstrates any of the characteristics listed in a) or b) of this subsection without displaying all of the characteristics associated with either Asperger's Disorder or Autistic Disorder. 2) The adverse effects of the PDD-NOS on the child's educational performance require specialized instruction and/or related services. 	<p>require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Asperger's Disorder</p> <p>The child exhibits both characteristics:</p> <ol style="list-style-type: none"> 1) Impairments in social interaction and 2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions. <p>The following are required:</p> <ol style="list-style-type: none"> 1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers. The social/developmental history must also help determine the age of onset of Asperger's. 2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction and restricted, repetitive, and stereotyped 	<p><u>Evaluation 2022</u></p> <p>The following are required to assist in documenting the presence of consistent evidence of ASD:</p> <ol style="list-style-type: none"> 1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The social/developmental history must also help determine the characteristics exhibited during childhood. 2. A minimum of three thirty-minute direct behavioral observations of the child in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. 3. Two or more standardized instruments which may include but are not limited to standardized assessments and rating scales designed to measure characteristics of ASD that are administered and interpreted in consultation with a professional with experience with autism. The consulting professional must be an appropriately certified

2011	2022
<p>patterns of behavior that are significantly different from peers.</p> <ol style="list-style-type: none"> 3. A minimum of 3 thirty-minute direct behavioral observations of the student in at least 2 environments on 2 different days by more than 1 member of the multidisciplinary evaluation team. Observations should be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers. 4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction and restricted, repetitive, and stereotyped patterns of behavior that are significantly different from peers. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism. 5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student's communication and social skills are significantly different from peers. 6. A measure(s) of academic achievement that provides evidence that the student's 	<p>teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.</p> <ol style="list-style-type: none"> 4. A standardized instrument designed to assess sensory processing that is administered and interpreted in consultation with a professional with experience in sensory processing deficits. 5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teacher of the child. Subscales of a broadband measure may be more appropriate measures for some children. 6. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation must include an assessment in the areas of pragmatic, and social/functional communication skills; however, it may also include receptive and expressive language skills. 7. A measure(s) of academic achievement. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum-based measures. 8. A diagnostic interview(s) with parent, teacher, and if appropriate the child, which provides information regarding social interaction, social communication, restricted, repetitive, and stereotyped patterns of behavior, and communication across environments. 9. Additional information may be obtained, if needed, through measures such as: <ul style="list-style-type: none"> • A developmental or cognitive assessment that includes both verbal and non-verbal components completed by a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.

2011	2022
<p>disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum-based measures.</p> <ol style="list-style-type: none"> 7. Other areas which may yield evidence, but are not required, include fine and gross motor skills assessments, visual-motor skills assessments, sensory processing measures, curriculum-based measures, and standardized achievement measures. 8. Evidence that the Asperger's has an adverse effect on the student's education performance. There must be evidence to link the student's disability to the difficulties in educational performance. <p>Autistic Disorder</p> <p>The child exhibits all three characteristics:</p> <ol style="list-style-type: none"> 1) Impairments in social interaction (see Asperger's Disorder above). 2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions (see Asperger's Disorder above); and 3) Impairments in communication. <p>The following are required:</p> <ol style="list-style-type: none"> 1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from their peers. The social/developmental history must also 	

2011	2022
<p>help determine the age of onset of the disorder.</p> <ol style="list-style-type: none"> 2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. 3. A minimum of three thirty-minute direct behavioral observations of the student in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. 4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism. 	

2011	2022
<ol style="list-style-type: none"> 5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student's communication and social skills are significantly different from peers. 6. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation should include assessment in the areas of receptive, expressive, pragmatic, and social/functional communication skills. The documentation must provide evidence that the student's communication skills are significantly different from peers. 7. A developmental or cognitive assessment that includes both verbal and non-verbal components completed by a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism. 8. A measure(s) of academic achievement that provides evidence that the student's disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum-based measures. 9. Other areas which may yield evidence, but are not required, include sensory processing measures, curriculum-based measures, and standardized achievement measures. 10. Evidence that the Autistic Disorder has an adverse effect on the student's education performance. There must be evidence to link the student's disability to the difficulties in educational performance. 	

2011	2022
<p>Pervasive Developmental Disorder-Not Otherwise Specified</p> <p>The child exhibits any of the following characteristics without displaying all of the characteristics associated with Asperger’s Disorder or Autistic Disorder:</p> <ol style="list-style-type: none"> 1) Impairments in social interaction (see Asperger’s Disorder above). 2) Restricted, repetitive, and stereotyped patterns of behavior, interest, and actions (see Asperger’s Disorder above); and 3) Impairments in communication (see Autistic Disorder above). <p>The following are required:</p> <ol style="list-style-type: none"> 1. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones. The documentation must show evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. The social/developmental history must also help determine the age of onset of the disorder. 2. A diagnostic interview(s) with parent/teachers that provides evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. 3. A minimum of three thirty-minute direct behavioral observations of the student in at least two environments on two different days by more than one member of the multidisciplinary evaluation team. Observations shall be 	

2011	2022
<p>completed during both structured and unstructured activities. Observations may take place in such settings as the classroom, home, recess, lunch, related arts, small group, large group, and social skills training. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers.</p> <p>4. A standardized instrument designed to measure autistic behavior and characteristics that is administered and interpreted in consultation with a professional with experience with autism. The documentation must provide evidence of impairments in social interaction, restricted, repetitive, and stereotyped patterns of behavior, and communication that are significantly different from peers. The consulting professional must be an appropriately certified or highly qualified teacher, a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism.</p> <p>5. A standardized adaptive behavior scale containing information provided by the parent/caregiver and teachers of the child. The documentation must provide evidence that the student's communication and social skills are significantly different from peers.</p> <p>6. A current communication evaluation conducted by a speech-language therapist/pathologist. This evaluation should include assessment in the areas of receptive, expressive, pragmatic, and social/functional communication skills. The documentation must provide evidence that the student's</p>	

2011	2022
<p>communication skills are significantly different from peers;</p> <ol style="list-style-type: none"> 7. A developmental or cognitive assessment that includes both verbal and non-verbal components completed by a certified school psychologist, licensed psychoeducational specialist, or a licensed psychologist with training in autism. 8. A measure(s) of academic achievement that provides evidence that the student's disability adversely impacts his/her educational performance. This measure may include standardized achievement measures such as norm-referenced assessments as well as curriculum-based measures. 9. Other areas which may yield evidence, but are not required, include sensory processing measures, curriculum-based measures, and standardized achievement measures. 10. Evidence that the Pervasive Developmental Disorder-Not Otherwise Specified has an adverse effect on the student's education performance. There must be evidence to link the student's disability to the difficulties in educational performance. 	

Deaf and Hard of Hearing (DHH)

<u>Definition 2011</u>	<u>Definition 2022</u>
<p>Deaf means a hearing loss that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a student's academic or functional performance.</p> <p>Hard of Hearing means a hearing loss, whether permanent or fluctuating, that adversely affects a student's academic or functional performance with or without amplification, but that is not included under the definition of deaf in this section.</p>	<p>A diminished sensitivity to sound or hearing loss, permanent or fluctuating, with or without amplification, that impacts the processing of linguistic information through hearing and adversely affects the child's educational performance, speech perception and production, social skills, and/or language and communication.</p>

2011	2022
<p><u>Criteria 2011</u></p> <p>The student has a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally, or</p> <p>The student has a fluctuating hearing loss, either unilaterally or bilaterally.</p> <p>The student’s hearing impairment adversely affects his or her educational performance.</p>	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. There is evidence that the child has a documented hearing loss of 20 dB or greater at any frequency including: <ol style="list-style-type: none"> a. Permanent conductive, sensorineural, or mixed hearing loss, either unilaterally or bilaterally, or b. fluctuating hearing loss, either unilaterally or bilaterally, or c. documented Auditory Neuropathy Spectrum Disorder (ANSO), unilaterally or bilaterally. 2. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>A hearing loss may be evidenced in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. A written report of a current audiological evaluation conducted by a licensed audiologist/otolaryngologist that shows a hearing loss that is 20 dB or greater at any one frequency, either unilaterally or bilaterally and that includes: <ol style="list-style-type: none"> a. frequency-specific hearing threshold levels determined by pure tone air & bone conduction testing, or electrophysiological assessment when developmentally appropriate b. speech reception thresholds or speech detection thresholds, 	<p><u>Evaluation 2022</u></p> <p>A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that is sensitive to cultural, linguistic, and environmental factors or sensory impairments to document the presence of consistent evidence of the disability to include the following:</p> <ol style="list-style-type: none"> 1. Audiological Evaluation <ol style="list-style-type: none"> a. A comprehensive audiological evaluation shall be conducted by a licensed audiologist within the past 12 months of the meeting date. The evaluation shall document that the child has one of the following: <ul style="list-style-type: none"> • 20 dB or greater hearing loss either unilaterally or bilaterally. • fluctuating hearing loss, either unilaterally or bilaterally; or

2011	2022
<p>c. word recognition testing in quiet and in noise, when developmentally appropriate.</p> <p>d. tympanometry, including reflex testing when appropriate, and</p> <p>e. aided speech and frequency-specific soundfield results, when developmentally appropriate.</p> <p>2. If the student does not respond to all aspects of the audiological evaluation listed above, other appropriate measures – in consultation with an audiologist/otolaryngologist must be utilized.</p> <p>Auditory Neuropathy Spectrum Disorder (ANSD) may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • A written report of a current audiological evaluation conducted by a licensed audiologist that documents ANSD either unilaterally or bilaterally. <p>A fluctuating hearing loss may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • A medical history documenting etiology and prognosis of condition, either unilaterally or bilaterally obtained from a licensed physician (preferably an otolaryngologist). <p>The diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the deafness or hearing impairment adversely affects the child’s educational performance.</p>	<ul style="list-style-type: none"> • documented ANSD, unilaterally or bilaterally. <p>b. A comprehensive audiological evaluation should also include:</p> <ul style="list-style-type: none"> • Frequency-specific hearing threshold levels determined by pure tone air & bone conduction testing, or electrophysiological assessment when developmentally appropriate. • Speech reception thresholds or speech detection thresholds. • Word recognition testing in quiet and in noise, when developmentally appropriate. • Tympanometry, including reflex testing when appropriate; and • When aided, validation of hearing instrument fitting including aided speech sound field results, when developmentally appropriate. <p>c. If critical measures of the audiological evaluation cannot be obtained (i.e., child is too young or has significant developmental delays is unable to fully participate, or ear anomalies prevent measure), additional measures should be employed such as Otoacoustic Emissions Test, or acoustic reflex testing to ensure accurate and comprehensive testing by the audiologist and/or otolaryngologist.</p> <p>d. A chronic fluctuating hearing loss may be evidenced in the following required evaluation components: a medical history documenting etiology and prognosis or condition, either unilaterally or bilaterally, obtained from a licensed physician (preferably an otolaryngologist) and</p>

2011	2022
	<p>audiological evaluations conducted by a licensed audiologist.</p> <ol style="list-style-type: none"> 2. An evaluation of speech and language communication. 3. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones; and 4. An evaluation of academic and functional performance. 5. Additional evidence may include: <ol style="list-style-type: none"> a. Delay in auditory skills and/or functional auditory performance including speech perception scores (in quiet or noise), which demonstrates the need for specialized instruction in auditory skill development or assistive technology use; and/or b. Receptive and/or expressive language (spoken or signed) delay including syntax, pragmatics, semantics, or if there is a significant discrepancy between receptive and expressive language scores and or function which adversely impacts communication and learning; and/or c. An impairment of speech articulation, voice and/or fluency; and/or d. Lack of adequate academic achievement and/or sufficient progress to meet age or state-approved grade-level standards in reading, writing, and/or math directly related to hearing loss; and/or e. Inconsistent performance in social and learning environments including

2011	2022
	<p>executive function, compared to typically developing peers; and/or</p> <p>f. Inability to demonstrate self-advocacy skills or utilize specialized technology/resources to access instruction.</p>
Deaf-Blind (DB)	
<p><u>Definition 2011</u></p> <p>Deaf blindness means concomitant hearing loss and visual impairment, 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 who are deaf or hard of hearing or children who are blind or visually impaired.</p>	<p><u>Definition 2022</u></p> <p>A concomitant hearing and visual impairment, 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.</p>
<p><u>Criteria 2011</u></p> <p>There is evidence that the child meets the criteria for both the Deaf or Hard of Hearing category and the Visual Impairment category.</p> <p>The adverse effects of the visual/hearing impairment on the child’s educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. There is evidence that the child meets the criteria for both the Deaf and Hard of Hearing category and the Visual Impairment category. 2. The adverse effects of the Deaf-Blindness on the child’s educational performance require specialized instruction and, if necessary related services.
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>See criteria for DHH and VI.</p>	<p><u>Evaluation 2022</u></p> <p>See criteria for DHH and VI.</p>
Developmental Delay (DD)	
<p><u>Definition 2011</u></p> <p>A child with developmental delay is a child aged 3-9 who has been identified before the age of 7 as experiencing significant developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development: and who, by reason</p>	<p><u>Definition 2022</u></p> <p>A delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive behavioral development for children ages three through five years of age that adversely affects a child’s educational performance.</p>

2011	2022
<p>thereof, needs special education and related services.</p> <p>The term significant developmental delay refers to a delay in a child’s development in adaptive behavior, cognition, communication, motor development or social development to the extent that, if not provided with special intervention, it may adversely affect his/her educational performance in age-appropriate activities. The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage, lack of experience in age-appropriate activities, lack of appropriate instruction in reading, lack of appropriate instruction in math, limited English proficiency or the child does not otherwise meet the eligibility criteria as a child with a disability.</p>	
<p><u>Criteria 2011</u></p> <p>1) There is evidence that child is exhibiting a significant developmental delay in one or more of the following areas:</p> <ul style="list-style-type: none"> a) physical development b) cognitive development c) communication development d) social or emotional development e) adaptive behavior development. <p>2) For children ages 6-8, there is evidence that the delay is not due to:</p> <ul style="list-style-type: none"> a) Lack of appropriate instruction in reading, including the essential components of reading instruction (defined in section 1208(3) of the ESEA (NCLB). b) Lack of appropriate instruction in math. c) Limited English proficiency or; 	<p><u>Criteria 2022</u></p> <p>1. There is evidence that the child’s performance is significantly below developmental expectations (2.0 standard deviations below the mean in one area or at least 1.5 standard deviations below the mean) in one or more of the following areas:</p> <ul style="list-style-type: none"> a. physical development b. cognitive development c. communication development d. social or emotional development e. adaptive behavior development <p>2. There is evidence that the delay is not due to:</p> <ul style="list-style-type: none"> a. limited English proficiency; or b. being Deaf, Hard of Hearing, and/or Visually Impaired or; c. environmental, cultural, economic disadvantage, or lack of experience in appropriate activities.

2011	2022
<p>d) The presence of any other disability for children ages six through seven.</p> <p>3) The adverse effects of the developmental delay on the child’s educational performance require specialized instruction and/or related services.</p>	<p>3. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Evidence that a child through the age of seven years is exhibiting a significant developmental delay in one or more areas may be found in the following required evaluation components:</p> <ul style="list-style-type: none"> • A comprehensive norm-referenced or criterion-referenced developmental evaluation that assesses all five areas (physical, cognitive, communication, social/emotional, and adaptive behavior development) and that yields scores that are at least two standard deviations below the mean (+/- the standard error of measurement) in one area or at least one and a half standard deviations below the mean (+/- the standard error of measurement) in two or more areas. • A developmental history of the child that includes a summary of his or her demographic, developmental, educational and medical history obtained from a parent or primary caregiver through an interview process; and • A structured observation of the child in a typical or otherwise appropriate setting (wherever the child spends the majority of his/her day) by a member(s) of the multidisciplinary evaluation team. The setting might include the home, a day care, or classroom. 	<p><u>Evaluation 2022</u></p> <p>Evidence that a child ages three years through five years of age is exhibiting a significant developmental delay (2.0 standard deviations below the mean in one area or at least 1.5 standard deviations below the mean in two or more areas described above) is found in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. An assessment that addresses the five developmental areas of developmental delay (norm-referenced, criterion referenced, curriculum based, and/or performance-based evaluation). 2. A development history summarizing demographic, developmental, educational, and medical history obtained from a parent/primary caregiver through a structured interview process. 3. A structured observation of the child in a typical or otherwise appropriate setting such as one with typically developing peers, by a member(s) of the multidisciplinary evaluation team. The setting might include the home, a daycare, or classroom. <p>The following also applies:</p> <ol style="list-style-type: none"> 1. A child initially identified as having a developmental delay between the ages of three through five years of age may continue under the category of developmental delay through the age of seven. 2. A child aged six years and above who has not been previously identified as a child with a developmental

2011	2022
<p>For children ages six through seven, the category of developmental delay may be used only if the child does not meet one of the other categories of disability (autism, intellectual disability, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairment, other health impairment, vision impairment, deaf or hard of hearing impairment, or speech-language impairment) and if the child meets the criteria for developmental delay.</p>	<p>delay cannot initially qualify under the category of developmental delay. The team may consider any of the other eleven disability categories.</p> <ol style="list-style-type: none"> 3. A child aged three through five years of age may be identified as having a developmental delay even if the child meets eligibility criteria under another disability category with the exception of visual impairment or deaf/hard of hearing at the discretion of the IEP team. 4. A child qualifying under the category of DD cannot qualify for SLI as a secondary disability as communication is one of the areas under the category of developmental delay.

Emotional Disability (ED)

<u>Definition 2011</u>	<u>Definition 2022</u>
<p>Emotional Disability means an emotional disturbance defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the student’s educational performance:</p> <ol style="list-style-type: none"> a. an inability to learn that cannot be explained by intellectual, sensory, or health factors. b. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers. c. inappropriate types of behavior or feelings in normal circumstances. d. a general pervasive mood of unhappiness or depression. e. a tendency to develop physical symptoms or fears associated with personal or school problems. <p>The term includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have a serious emotional disturbance.</p>	<p>A condition exhibiting one 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:</p> <ul style="list-style-type: none"> • An inability to learn that cannot be explained by intellectual, sensory, or health factors. • An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. • Inappropriate types of behaviors or feelings under normal circumstances. • A general pervasive mood of unhappiness or depression. • A tendency to develop physical symptoms or fears associated with personal or school problems. <p>The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability.</p>

2011	2022
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child exhibits one or more of the following characteristics over a long period of time and to a marked degree:</p> <ul style="list-style-type: none"> a) an inability to learn that cannot be explained by intellectual, sensory, or health factors. b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers. c) inappropriate types of behavior or feelings in normal circumstances. d) a general pervasive mood of unhappiness or depression; or e) a tendency to develop physical symptoms or fears associated with personal or school problems. <p>The term includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have a serious emotional disturbance.</p> <p>2) The adverse effects of the emotional disability on the child’s educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <p>The child must meet all of the following:</p> <ol style="list-style-type: none"> 1. The child exhibits social, emotional, or behavioral functioning that so departs from generally accepted age appropriate, ethnic or cultural norms that it adversely affects the child in at least one of the following areas. <ul style="list-style-type: none"> • Academic progress • Social relationships • Personal adjustment • Classroom adjustment • Self-care; or • Vocational skills. 2. Behavioral, social, or emotional difficulties are severe, chronic, and frequent. 3. Behavioral, social, or emotional difficulties occur at school and at least one other setting. (E.g., home, community). 4. The child displays any of the following: <ul style="list-style-type: none"> • Inability to develop or maintain satisfactory interpersonal relationships; • Inappropriate affective or behavioral response to a normal situation; • Pervasive unhappiness, depression or anxiety; • Physical symptoms, pains, or fears associated with personal or school problems; • Inability to learn that cannot be explained by intellectual, sensory, or health factors; • Extreme withdrawal from social interaction; • Extreme aggressiveness for long periods of time; or • Other inappropriate behaviors that are so different from children of a similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected.

2011	2022
	<p>5. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Evidence that the child exhibits one or more of the characteristics to a marked degree may be found in the following required evaluation components:</p> <ul style="list-style-type: none"> • The student is rated within the highest level of significance on a valid and reliable problem behavior rating scale by both a certified teacher and another adult knowledgeable of the student. The scale(s) must be interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. If the rating scale is a multi-dimension scale then subtest scores may be used. However, if the rating scale is a single-dimension scale then the composite score will be used. In the event of discrepant ratings, additional ratings may be necessary in order to support a trend or pattern regarding a true emotional disability across settings. An explanation must be given for any discrepancies. • A self-report behavior rating scale completed by the student and interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. If the rating scale is a multi-dimension scale, then subtest scores may be used. However, if the rating scale is a single-dimension scale then the composite score will be used. 	<p><u>Evaluation 2022</u></p> <p>Evidence that the child exhibits one or more of the characteristics to a marked degree may be found in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. A social and developmental history that shows problems are exhibited across settings and for an extended period of time. 2. The child is rated within the highest level of significance on a valid and reliable social, emotional and/or problem behavior rating scale by both a certified teacher and another adult knowledgeable of the child, preferably a parent or guardian. The scales must be interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. If the rating scale is a multi-dimension scale, then subtest scores may be used. However, if the rating scale is a single-dimension scale then the composite score must be used. In the event of discrepant ratings, additional ratings may be necessary in order to support a trend or pattern regarding a true emotional disability across settings. An explanation must be given for any discrepancies. 3. A self-report behavior rating scale, if developmentally appropriate, completed by the child and interpreted in consultation with a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist.

2011	2022
<ul style="list-style-type: none"> • Documentation that the student’s observable school and/or classroom problem behavior is occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers, or the student is currently displaying behavior that is endangering his or her life or seriously endangering the safety of others; and • A valid and reliable personality measure, when developmentally appropriate, administered by a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist where the student’s score falls within the highest level of significance or there exists a significant discrepancy between the observed behavior and the student’s performance on the personality measure. A report of a valid and reliable personality measure, when developmentally appropriate, that has been directly administered by a licensed clinical or counseling psychologist with training in the assessment of children and adolescents may be accepted by the school district. • A structured student interview, when developmentally appropriate, to gain insight into the student’s perception of the functionality of his/her behavior. <p>Evidence that the child exhibits one or more of the characteristics over a long period of time may be found in the following required evaluation components:</p> <ul style="list-style-type: none"> • Documentation that the problem behavior has existed for at least six months or that the behavior seriously endangers the student’s life or seriously endangers the safety of others. This documentation includes the following required sources: <ul style="list-style-type: none"> o Anecdotal records collected over a period of at least ten school days within a period of thirty calendar days. 	<ol style="list-style-type: none"> 4. Three direct observations in at least two different settings, both of which may be school settings, by a certified school psychologist or a licensed psychoeducational specialist, and/or an observer with expertise in behavior intervention that provide evidence that the problem behavior occurs at a significantly different rate, intensity, or duration than in a substantial majority of typical peers; 5. A valid and reliable personality measure, when developmentally appropriate, administered by a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist where the child’s score falls within the highest level of significance or there exists a significant discrepancy between the observed behavior and the child’s performance on the personality measure. A report of a valid and reliable personality measure, when developmentally appropriate, that has been directly administered by a licensed clinical or counseling psychologist with training in the assessment of children and adolescents may be accepted by the school district; and 6. A structured child interview, when developmentally appropriate, to gain insight into the child’s perception of the functionality of his/her behavior. <p>Evidence that the child exhibits one or more of the characteristics over a long period of time may be found in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. Documentation that the problem behavior has existed for at least six months or that the behavior seriously endangers the child’s life or seriously endangers the safety of others. This documentation includes the following required sources:

2011	2022
<ul style="list-style-type: none"> o Three direct observations in at least two different settings, both of which maybe school settings, by a certified school psychologist or a licensed psychoeducational specialist, and/or an observer with expertise in behavior intervention that provide evidence that the problem behavior occurs at a significantly different rate, intensity, or duration than in a substantial majority of typical school peers. o A structured parent/guardian interview to gain information not gathered through standardized assessment tools. This may include but is not limited to areas such as family background, functioning in the community, socio-cultural background, developmental history, educational history, special services and supports received, behavior, psychosocial functioning, and other developmental information. This is a person-to-person collection of information, supplemented by paper reporting and records. o Discipline referrals o A current behavior intervention plan that has been developed in consultation with a certified staff member such as a special education teacher, guidance counselor or a certified school psychologist, licensed psychologist, or a licensed psychoeducational specialist with expertise in behavior intervention and the classroom teacher(s) and other appropriate staff members: the plan must have been implemented for a minimum of six weeks. This consultation period may be shortened if the student is currently displaying behavior that is endangering his /her life or seriously endangering the safety of others; and o Progress monitoring documentation showing that the specifically prescribed and consistently employed interventions in the behavior plan has not resulted in 	<ul style="list-style-type: none"> a. Anecdotal records collected over a period of at thirty calendar days. b. A structured parent/guardian interview to gain information not gathered through standardized assessment tools. This may include but is not limited to areas such as family background, functioning in the community, socio-cultural background, developmental history, educational history, special services and supports received, behavior, psychosocial functioning, and other developmental information. This is a person-to-person collection of information, supplemented by paper reporting and records. c. Discipline referrals; and d. A current behavior intervention plan that has been developed in consultation with a certified staff member such as a special education teacher, behavior specialist, school counselor, or a certified school psychologist, licensed psychologist, or a licensed psychoeducational specialist with expertise in behavior intervention. The plan must be implemented for a minimum of six weeks. The progress monitoring documentation must show that the specifically prescribed and consistently employed interventions in the behavior plan have not resulted in significant improvement in the child’s problem behavior or the interventions require such intensity that they cannot be appropriately provided within the general education setting alone. This intervention period may be shortened if the child is currently displaying behavior that is endangering his/her life or seriously endangering the safety of others.

2011	2022
significant improvement in the student's problem behavior.	
Intellectual Disability (ID)	
<p><u>Definition 2011</u></p> <p>Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.</p>	<p><u>Definition 2022</u></p> <p>A significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period (before a child enters grade school), that adversely affects a child's educational performance.</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child has:</p> <ul style="list-style-type: none"> a) Significant limitations in intellectual functioning must be evidenced by scores on both verbal and nonverbal scales that are at least two standard deviations below the mean (+/- the standard error of measurement) on an individually administered intelligence test. b) Significant deficits in adaptive behavior must be evidenced by a score at least two standard deviations below the mean (+/- the standard error of measurement) in at least two adaptive skill domains. c) Significant deficits in educational performance (pre-academic, academic and/or functional academic skills) must be evidenced by significant delays in functioning when compared to the child's same aged peers. <p>2) The adverse effects of the intellectual disability on the child's educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <ul style="list-style-type: none"> 1. Significant impairment in adaptive functioning that is at least two standard deviations below the mean (+/- the standard error of measurement) in at least two of the following adaptive skill domains. The adaptive information must be provided by the parent or guardian. <ul style="list-style-type: none"> a. Communication – The ability to convey information from one person to another through words and actions. This involves the ability to understand others and to express oneself through words or actions. b. Social Skills – This refers to the ability to interact effectively with others. These skills include the ability to understand and comply with social rules, customs, and standards of public behavior. This requires the ability to process figurative language and detect unspoken cues such as body language. c. Personal Independence at home and/or in community settings – This refers to the ability to take care of oneself. Some examples are bathing, dressing, and feeding. It also involves the ability to safely complete day-to-day tasks without

2011	2022
	<p>guidance. Some examples are cooking, cleaning, and laundry. This also includes routine acts performed in the community such as shopping for groceries and accessing public transportation.</p> <p>d. School or work functioning - This refers to the ability to conform to the social standards at school or work. It includes the ability to learn new knowledge, skills, and abilities and apply this information in a practical, adaptive manner without excessive direction or guidance.</p> <p>2. A significant limitation in intellectual functioning indicated by Full Scale Intelligence Quotient (FSIQ), General Abilities Index (GAI), or equivalent scores that are at least two standard deviations below the mean (+/- the standard error of measurement) on a current, individually administered, norm-referenced measure of intelligence.</p> <p>3. Significant deficits in educational performance as indicated by norm-referenced and/or curriculum-based measures showing significant delays in functioning in most core academic areas when compared to the child's same age peers.</p> <p>4. There is an adverse effect of the disability on the child's educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p> <p>The severity of the impairment is based on adaptive functioning rather than general intelligence test scores alone because it is adaptive functioning that determines the levels</p>

2011	2022
	of support required. Moreover, scores are less valid at the lower end of the intelligence quotient range.
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Significant limitations in intellectual functioning may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • A current, individually administered, norm-referenced full-scale measure of intelligence with appropriate reliability, validity, and standardization characteristics with scores on both verbal and nonverbal scales that are at least two standard deviations below the mean (+/- the standard error of measurement). • If, due to sensory, motor, language, communication, or other physical or cognitive conditions of the student, verbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of verbal intellectual functioning must be used, in addition to the nonverbal measures. Conversely, if nonverbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of nonverbal intellectual functioning must be used, in addition to the verbal measures. If both verbal and nonverbal measures are determined to be inappropriate, alternative procedures for obtaining a measure of intellectual functioning must be used. These might include records, interviews, observations, and other relevant and appropriate data, and must address the child's skill levels and educational performance when compared to his/her peers, and skill development over an extended time period. The team must provide, through a written report, the nature of any substitutions made, and a clear rationale for not using a verbal and/or nonverbal measure. 	<p><u>Evaluation 2022</u></p> <p>Significant deficits in adaptive behavior may be evidenced in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. A comprehensive and standardized adaptive behavior measure completed by the child's parent or primary caregiver. If additional information is needed concerning the child's adaptive skills in an educational setting, an additional adaptive behavior measure may be completed by the child's teacher and/or another person who has significant knowledge of the child's behavior and skills in that setting. If there is a discrepancy between the adaptive information provided by the parent or guardian and the school personnel, additional information must be gathered to reconcile this difference. 2. A social and developmental history that includes family background, information on communication, social interaction, play, sensory development, and physical milestones to assist in documenting the nature and extent of the child's difficulties and to help determine onset of the disability was during the developmental period. <p>Significant limitations in intellectual functioning may be evidenced in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. A current, individually administered, norm-referenced measure of intelligence yielding a FSIQ, GAI or equivalent with appropriate reliability, validity, and standardization characteristics. 2. If due to sensory, motor, language, communication, or physical condition of the child, a measure of intelligence is determined to be inappropriate,

2011	2022
<p>Significant deficits in adaptive behavior may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • A comprehensive and standardized adaptive behavior measure completed by the child’s parent or primary caregiver with scores at least two standard deviations below the mean (+/- the standard error of measurement) in at least two adaptive skill domains. • A social and developmental history that includes family background information on communication, social interaction, play, sensory development, and physical milestones to assist in documenting the nature and extent of the child’s difficulties and to help determine onset of the disability. • If additional information is needed concerning the child’s adaptive skills in an educational setting, an additional adaptive behavior measure may be completed by the child’s teacher and/or another person who has significant knowledge of the child’s behavior and skills in that setting. <p>Significant deficits in educational performance (pre-academic, academic and/or functional academic skills) may be evidenced in the following required components:</p> <ul style="list-style-type: none"> • Norm-referenced and/or curriculum-based measures showing significant delays in functioning in the core academic areas when compared to the child’s same aged peers. 	<p>alternative procedures for obtaining intellectual functioning must be used. These might include records, interviews, observations, and other relevant and appropriate data, and must address the child’s educational performance when compared to his/her peers, as well as skill levels and skill development over an extended time period. The team must provide, through a written report, the nature of any substitutions made, and a clear rationale for not using a standardized measure of intelligence. There must be clear evidence that the child’s performance on these measures is not due primarily to the sensory, motor, language, or physical condition.</p> <p>Significant deficits in educational performance (pre-academic, academic, and/or functional academic skills) may be evidenced in the following required components:</p> <ol style="list-style-type: none"> 1. Norm-referenced and/or curriculum-based measures showing significant delays in functioning in most core academic areas when compared to the child’s same age peers. 2. If due to sensory, motor, language, or physical condition of the child, a norm-referenced and/or curriculum-based measures of educational performance is determined to be inappropriate, alternative procedures for obtaining a child’s pre-academic, academic, and/or functional academic skills must be used. These might include records, interviews, observations, and other relevant and appropriate data, and must address the child’s educational performance when compared to his/her peers, as well as current skill levels. The team must provide, through a written report, the nature of any substitutions made, and a clear rationale for not using a standardized measure of achievement. There must be clear evidence that the child’s performance on these measures is not due primarily to the sensory, motor, language, or physical condition.

2011	2022
Multiple Disabilities (MD)	
<p><u>Definition 2011</u></p> <p>Multiple Disabilities means concomitant impairments (such as intellectual disabilities-blindness or intellectual disabilities-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities do not include deaf-blindness.</p>	<p><u>Definition 2022</u></p> <p>Multiple Disabilities means concomitant impairments (such as intellectual disability and blindness or intellectual disability and orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities do not include Deaf-Blindness or Speech-Language Impairment.</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child meets all eligibility requirements for two or more disabilities. The term does not include developmental delay, deaf-blindness, or speech/language impairment.</p> <p>2) The adverse effects of the multiple disabilities on the child’s educational performance cannot be accommodated in special education programs solely for one of the disabilities and require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. There is evidence that the child meets all eligibility requirements for two or more of the following disability categories: <ul style="list-style-type: none"> • Autism • Intellectual disability • Traumatic brain injury • Emotional disability • Specific learning disability • Orthopedic impairment • Other health impairment • Vision impairment (Not to be combined with Deaf/Hard of Hearing) • Deaf/Hard of Hearing (Not to be combined with vision impairment) 2. The adverse effects of the multiple disabilities on the child’s educational performance cannot be accommodated in special education programs solely for one of the disabilities and requires specialized instruction and, if necessary related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services. The simple presence of eligibility under

2011	2022
	<p>two disability categories does not qualify a child under the category of Multiple Disabilities. There must be evidence to document that the interaction of the disabilities creates the need for distinctly different programming and instruction than either of the two categories alone.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>See individual disability categories for requirements and sources of evidence. All requirements for each disability category must be met.</p>	<p><u>Evaluation 2022</u></p> <p>See requirements for individual disability categories for requirements and sources of evidence. All requirements for each disability category must be met.</p>
<p>Orthopedic Impairment (OI)</p>	
<p><u>Definition 2011</u></p> <p>Orthopedic impairment means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).</p>	<p><u>Definition 2022</u></p> <p>Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child has a severe orthopedic impairment.</p> <p>2) The adverse effects of the orthopedic impairment on the child’s educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <p>1. A comprehensive written report from a licensed medical provider (i.e., licensed physician, physician’s assistant, or licensed nurse practitioner) documenting a diagnosis of an orthopedic impairment;</p> <ul style="list-style-type: none"> • caused by a congenital anomaly (e.g., clubfoot, absence of a member, etc.); • caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); or • resulting from conditions such as cerebral palsy, amputations, fractures, or burns that cause contractions, etc.

2011	2022
	<p>2. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Evidence of a severe orthopedic impairment may be found in the following required evaluation component:</p> <ul style="list-style-type: none"> • A comprehensive written report from a licensed physician documenting a diagnosis of an orthopedic impairment caused by disease such as poliomyelitis or bone tuberculosis and impairments from other causes such as cerebral palsy, amputations, and fractures or burns that cause contractures. <p>The medical diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the orthopedic impairment adversely affects the child’s educational performance.</p>	<p><u>Evaluation 2022</u></p> <p>Evidence that the child’s impairment adversely affects educational performance may be found in the following required evaluation components:</p> <ol style="list-style-type: none"> 1. A comprehensive written report from a licensed medical provider. 2. Individually administered motor (fine/gross) evaluations to address mobility and activities of daily living. (e.g., self-care, eating, movement through the building, etc.) 3. A standardized assessment of adaptive skills with information obtained from the parent and/or teacher. 4. Any additional evaluation assessments that may be necessary to help determine the child’s educational needs. (e.g., achievement, classroom observations, review of attendance, health records, etc.) <p>A medical diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the orthopedic impairment adversely affects the child’s educational performance.</p>
<p>Other Health Impairment (OHI)</p>	
<p><u>Definition 2011</u></p> <p>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 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</p>	<p><u>Definition 2022</u></p> <p>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 is due to chronic or acute health problems and that adversely affects a child's educational performance.</p>

2011	2022
<p>poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette’s syndrome and adversely affects a student’s educational performance.</p>	<p>This chronic or acute health problem may include, but is not limited to asthma, attention deficit hyperactivity disorder (inattentive/hyperactive/impulsive/combined type), diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome, or anxiety and depression that does not rise to the level of an Emotional Disability. According to the Office of Special Education and Rehabilitative Services, Department of Education, “<i>the list of acute or chronic health conditions in the definition of other health impaired is not exhaustive, but rather provides examples of problems that children have that could make them eligible for special education and related services under the category of other health impairment</i>”. (71 Fed. Reg. at 46550)</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child has a chronic or acute health problem.</p> <p>2) There is evidence that the diagnosed chronic or acute health problem results in limited alertness to the educational environment due to limited strength, limited vitality, limited or heightened alertness to the surrounding environment.</p> <p>3) The adverse effects of the other health impairment on the child’s educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. There is evidence that the child has a chronic or acute health problem. 2. The diagnosed chronic or acute health problem results in at least one of the following: <ul style="list-style-type: none"> • Limited strength - inability to perform typical or routine tasks at school • Limited vitality - inability to sustain effort or endure throughout an activity • Limited alertness – inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness 3. The chronic or acute health problem adversely affects a child’s educational performance in one or more of the following areas: <ul style="list-style-type: none"> • Academic achievement • Behavior • Communication • Social/Emotional functioning • Adaptive behavior • Classroom performance • Motor skills • Vocational skills

2011	2022
	<ul style="list-style-type: none"> • Executive functioning <p>4. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Evidence of a chronic or acute health problem may be found in the following required evaluation component:</p> <ul style="list-style-type: none"> • A comprehensive written report from a licensed physician documenting a diagnosis of the chronic or acute health problem. • In the case of a child with Attention Deficit Hyperactivity Disorder (ADHD), the diagnosis may be made by a licensed physician, a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist. A term ADHD includes several subtypes. One of those subtypes is “predominantly inattentive type,” formerly described as Attention Deficit Disorder (ADD). <ul style="list-style-type: none"> o In the case of a child with ADHD, the student is rated within the highest level of significance on a valid and reliable problem behavior rating scale in areas related to the diagnosis of ADHD by both his classroom teacher and parent. o Documentation that the student’s observable school and/or classroom problem behaviors related to ADHD are occurring at a significantly different rate, 	<p><u>Evaluation 2022</u></p> <p>A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:</p> <ol style="list-style-type: none"> 1. An evaluation performed by a licensed physician, physician’s assistant, or nurse practitioner within or outside of the state documenting a diagnosis of the chronic or acute health problem. <ul style="list-style-type: none"> • In the case of a child with Attention Deficit Hyperactivity Disorder (ADHD), the diagnosis may be made also be made by a certified school psychologist, licensed psychologist, or a licensed psycho-educational specialist using current diagnostic criteria contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. The term ADHD includes the following subtypes. <ul style="list-style-type: none"> o ADHD – Inattentive Type o ADHD – Hyperactive Type o ADHD – Combined Type 2. A social and developmental history summarizing demographic, developmental, educational, and

2011	2022
<p>intensity, or duration than the substantial majority of typical school peers.</p> <p>The medical diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the other health impairment adversely affects the child's educational performance.</p>	<p>medical history obtained from a parent/primary caregiver through a structured interview process.</p> <ol style="list-style-type: none"> 3. Informal or formal assessments from multiple sources such as a structured parent/guardian interview, rating scales, or other assessments the team feels are necessary to address the following areas depending on referral concerns: <ul style="list-style-type: none"> • Academic achievement • Behavior • Communication • Social/Emotional functioning • Adaptive behavior • Classroom performance • Motor skills • Vocational skills • Executive functioning 4. Documentation from at least two observations in the school setting or setting in which the child is receiving services that indicate the child's observable educational performance related to a chronic or acute health problem that are occurring at a significantly different rate, intensity, or duration than the substantial majority of typical school peers. 5. Description of how the health problem is manifested at school, including the implications on learning and access to the general education curriculum. <p>The presence of a medical condition that causes limited strength, vitality or alertness is not enough. The condition and diminished alertness caused by the condition must also adversely affect the child's educational performance and therefore, require specialized instruction and, if necessary, related services.</p>
Specific Learning Disability (SLD)	
<p><u>Definition 2011</u></p> <p>Specific Learning disability means a disorder in one of more of the basic psychological</p>	<p><u>Definition 2022</u></p> <p>A disorder in one or more of the basic psychological processes involved in understanding or in using language,</p>

2011	2022
<p>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.</p>	<p>spoken or written, that may manifest itself in the 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. Specific Learning Disability does not include learning problems that are primarily the result of: visual impairment, including blindness; hearing impairment, including deafness; orthopedic impairment; intellectual disability; serious emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child does not achieve adequately for his/her age or to meet state approved grade level standards in one or more of the following areas: Basic reading skills, Reading fluency, Reading comprehension, Mathematics calculation, Mathematics problem solving, Written expression, Oral expression, or Listening comprehension; and either</p> <p style="padding-left: 40px;">a) does not make sufficient progress to meet age or state-approved grade-level standards when using a process based on the child’s response to scientific, research-based intervention OR;</p> <p style="padding-left: 40px;">b) exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments.</p> <p>2) The child’s underachievement is not due to: Visual, hearing, or motor disability; intellectual disability; Emotional disability; Cultural factors; Environmental or economic</p>	<p><u>Criteria 2022</u></p> <p>1. Low Achievement: The child demonstrates inadequate academic achievement based on evidence from multiple sources of data indicating the child does not achieve adequately for the age or grade level standards in which the child is enrolled in one or more of the following areas when provided with learning experiences and instruction appropriate for the child’s age or state approved grade level standards.</p> <p style="padding-left: 40px;">a. Basic reading skills b. Reading fluency c. Reading comprehension d. Math calculation e. Math problem-solving f. Written expression g. Oral expression h. Listening comprehension</p> <p>2. Insufficient rate of progress: When provided with high-quality core instruction that a majority of children are responding to and scientific, researched-based intervention(s) matched to the area(s) of need, the child demonstrates either a lack of response to instruction and intervention or is responding at a rate that is insufficient to reduce their risk of failure after an appropriate period of time.</p>

2011	2022
<p>disadvantage; Limited English proficiency; or Lack of appropriate instruction in reading or math.</p> <p>3) The adverse effects of the specific learning disability on the child’s educational performance require specialized instruction and/or related services.</p>	<p>3. Exclusionary factors: The disability must not be the primary result of:</p> <ul style="list-style-type: none"> a. Limited English Proficiency b. Visual, hearing or motor disability c. Intellectual disabilities d. Emotional disturbances e. Cultural factors f. Environmental or economic disadvantage g. Atypical educational history such as irregular school attendance or attendance at multiple schools h. Lack of appropriate evidence-based instruction in writing; spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression i. Lack of appropriate evidence-based instruction in math; number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning; or j. Lack of appropriate evidence-based instruction in reading; explicit and systematic instruction in the essential components of reading instruction, phonemic awareness, phonics, reading fluency, vocabulary and reading comprehension. <p>4. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p>Evidence from multiple sources of data indicates that the student does not achieve</p>	<p><u>Evaluation 2022</u></p> <p>1. A health and developmental history summarizing demographic, developmental, educational, family</p>

2011	2022
<p>adequately for his or her age or to meet state-approved grade level standards. These sources include the following requirements:</p> <ul style="list-style-type: none"> • Documentation of prereferral, or as part of the referral process, instruction based on scientifically based instruction in reading and math in general education settings; the interventions must be matched to the referral problem and should include a description of the type, intensity, and duration of the intervention provided. • Documentation of instruction based on state-approved grade level standards in general education settings. • Data-based documentation of severe academic skill deficits when compared to peers gathered from multiple sources including: <ul style="list-style-type: none"> o measures of achievement showing significantly lower performance than peers on measures such as individual, standardized achievement measures, state and district achievement measures, and; o progress monitoring data from curriculum-based and/or criterion referenced measures showing slow rate of growth in at least one academic domain despite intensive instruction/intervention in the area(s); o individual, standardized achievement measures, and o state and district achievement assessments. • At least one observation of the child’s academic performance in the area(s) of difficulty in his or her learning environment and information concerning how the child’s suspected disability impacts his or her performance in this area. 	<p>history of learning disabilities, and medical history obtained from a parent/primary caregiver.</p> <ol style="list-style-type: none"> 2. A minimum of two observations are required: <ol style="list-style-type: none"> a. An observation of routine classroom instruction to document the child's academic and functional performance in the area(s) of suspected disability. b. An observation during intensive, evidence-based intervention to document the student’s response to tiered intervention/support. 3. Documentation of the results of at least two identified scientific research-based interventions which align to the academic area(s) of concern (e.g., critical components of reading, math, writing, listening comprehension, oral expression, etc.) including progress monitoring data; 4. Documentation of insufficient rate of progress to at least two identified scientific research-based interventions which align to the academic area(s) of concern that includes: <ol style="list-style-type: none"> a. The type, intensity, and duration of identified scientific, research-based instructional interventions; documentation that the intervention length and frequency are in accordance with the identified research-based criteria that support effective results; b. A comparison of the child’s rate of progress to expected rates of progress, including evidence that the intervention yielded successful responses and outcomes for the majority of other children receiving the intervention; c. Progress monitoring on a schedule that: <ul style="list-style-type: none"> • Allows a comparison of the child’s progress to the performance of peers; • Is appropriate to the child’s age and grade placement; • Is appropriate to the content monitored;

2011	2022
<p>Evidence of one of the following is also required:</p> <p>(1) Evidence that the child does not respond to scientific, research-based interventions or</p> <p>(2) Evidence that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development that is relevant to the identification of a specific learning disability.</p> <p>If the team is using a process based on the child’s response to scientific, research-based interventions, (requirement 1) then there must be evidence that the child does not make sufficient progress to meet age or state-approved grade-level standards when using a process based on the child’s response to scientific, research-based intervention. This includes the following requirements from multiple sources:</p> <ul style="list-style-type: none"> • Data-based documentation of a lack of sufficient progress as evidenced by the results of repeated formal assessments administered over reasonable intervals; best practice would dictate this to typically be weekly data points gathered over an intervention period of at least six weeks; rate of progress Documentation may come from the following sources: <ul style="list-style-type: none"> o progress monitoring data from curriculum-based measures showing slow rate of growth compared to peers; o individual, standardized achievement measures showing significantly sub-average performance when compared to peers, o a comparison of the child’s rate of progress to peers. • Documentation that the results of the repeated formal assessments were shared with the child’s parents. 	<ul style="list-style-type: none"> • Allows for interpretation of the effectiveness of intervention; and • Includes evidence that the intervention was implemented with fidelity. <p>5. The team must also consider the referred child’s scores in relation to the rest of the grade level scores in the area(s) of suspected disability across multiple assessments. (e.g. curriculum-based measures, diagnostic assessments, district and state assessments, end of course assessments)</p> <p>The following data may be used to consider meeting the above eligibility criteria. <i>Note: This is not an exhaustive list.</i></p> <ul style="list-style-type: none"> • Curriculum-based Measurement data <ul style="list-style-type: none"> o Individual child data – benchmark and progress monitoring data o Classroom benchmark data – how the child compares to classmates o School wide benchmark data – how the child compares to all children in their respective grade level. • Rate of Improvement data – The rate of improvement in the suspected area of learning disability for a typical child (e.g., basic reading skills, fluency, comprehension, math calculation, etc.) compared to the rate of improvement for the referred child? • District level assessments (e.g., Measures of Academic Progress (MAP), Standardized Test for the Assessment of Reading (STAR), iReady, etc.) • State level assessments (e.g., SCReady, end-of-course assessments) • Standardized, norm-referenced achievement tests • Phonological processing assessments • Tests of rapid automatized naming • Current and past classroom performance • Teacher input

2011	2022
<p>If the team is using a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development that is relevant to the identification of a specific disability (requirement 2), the following evidence is required:</p> <ul style="list-style-type: none"> • Severe discrepancy between ability and achievement as evidenced through standardized, individually administered measures of intellectual ability and academic achievement; • Corroborating evidence of significantly low academic performance as evidenced through progress monitoring data from curriculum-based and/or criterion-referenced measures, through a documented history of poor performance, and through state and district achievement assessments; • Measures of academic achievement showing average or above average performance in some domains and significantly low performance in others. 	<ul style="list-style-type: none"> • Parent Input • Teacher, parent, child interviews • Work samples <p>Additional requirements for Specific Learning Disabilities</p> <p>To determine eligibility as a child with a specific learning disability, federal and state regulations require that prior to referral for an initial evaluation the LEA must have data-based documentation of having provided appropriate instruction to the child and having implemented educational interventions and strategies for the child, along with repeated assessments of achievement at reasonable intervals, which reflect formal assessment of the child’s progress during instruction. The results of which indicate that the child is suspected of having a disability and may require special education and related services. If the LEA is implementing a response to instruction/intervention process in an MTSS framework, it will have data regarding the child’s needs related to the intensity of instruction and supports required for the child to be successful. An LEA must also ensure the child is observed in the child’s learning environment as well as during intervention. If the LEA is not implementing an RTI process, the interventions and progress monitoring will have to be conducted as part of the evaluation process itself.</p>

Speech-Language Impairment (SLI)

<u>Definition 2011</u>	<u>Definition 2022</u>
<p>Speech-Language Impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child’s educational performance.</p>	<p>Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation (speech sound), or language or voice impairment that adversely affects a child’s educational performance.</p> <p>A Speech or Language Impairment includes demonstration of impairments in one or more of the following areas: speech sound, language, fluency, or voice.</p>

<u>Criteria 2011</u>	<u>Criteria 2022</u>
<p>1) There is evidence that the child has one or more of the following:</p> <p>a) Fluency - interruption in the flow of speech characterized by an atypical rate,</p>	<p>Speech Sound</p> <p>Atypical production of phonemes characterized by substitutions, omissions, additions or distortions that impairs intelligibility in conversational speech and adversely affects</p>

2011	2022
<p>or rhythm in sounds, syllables, words, and phrases that significantly reduces the child’s ability to participate within the learning environment with or without his or her awareness of the dysfluencies or stuttering</p> <p>b) Articulation - atypical production of phonemes characterized by substitutions, omissions, additions or distortions that impairs intelligibility in conversational speech and adversely affects academic achievement and/or functional performance in the educational setting</p> <p>c) Language – impaired comprehension and/or use of spoken language which adversely affects written and/or other symbol systems and the child’s ability to participate in the classroom environment</p> <p>d) Voice –interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord function that significantly reduces the child’s ability to communicate effectively</p> <p>2) The adverse effects of the speech-language impairment on the child’s educational performance require specialized instruction and/or related services</p>	<p>academic achievement and/or functional performance in the educational setting. Intelligibility levels and/or speech patterns that are below the performance of typically developing peers and interfere with successful verbal communication. The atypical production of speech sounds may also result from phonology, motor, or other issues and/or disorders. The term phonological or articulation impairment does not include:</p> <ul style="list-style-type: none"> a. Inconsistent or situational errors that do not have an impact on the child’s ability to functionally communicate; b. Communication problems or speech sounds primarily from regional, dialectic, and/or cultural differences; or c. Speech sound errors at or above age level according to established research-based developmental norms, without documented evidence of adverse effect on educational or functional performance. <p>Criteria</p> <p>A child is eligible for special education services if there is evidence, based on evaluation resulting in all of the following:</p> <ul style="list-style-type: none"> 1. There is documentation of delayed speech or speech sound production in at least two of the following: <ul style="list-style-type: none"> a. The child’s phonetic or phonological inventory must be at or below the 7th percentile or at or below 1.5 standard deviations below the mean on an articulation or phonology assessment. b. The child has three or more consonant speech sound errors when 90% of typically developing peers produce sound correctly according to current norms. c. Stimulability is less than 59%. d. There is the presence of one or more disordered (developmental and non-

2011	2022
	<p>developmental) phonological processes occurring at least 40% of the time.</p> <p>e. Percent of consonants correct is less than 84%.</p> <p>2. The speech sound impairment must have an adverse effect impacting the child’s ability to perform and/or function in the child’s typical learning environment, thereby demonstrating the need for specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p> <p>Special Consideration should be given to deviations of the oral mechanism/structure when determining the presence</p> <p>Language</p> <p>Impaired comprehension and/or use of spoken language that adversely affects the child’s ability to participate in the primary learning environment. The language impairment may involve an impairment in one or more of the following areas of language, in any combination to include the form of language (phonology, morphology, and syntax), the content of language (semantics) which affects the child’s educational or functional performance. The term language impairment does not include:</p> <ul style="list-style-type: none"> a. Children who have regional, dialectic, and/or cultural differences. No dialectal variety of English is to be considered a disorder. b. Children who are learning English as a second language who do not exhibit difficulties in both languages. c. Children who have auditory processing disorders not accompanied by language impairment. d. Children who have an isolated pragmatic language or phonemic awareness concern

2011	2022
------	------

	<p data-bbox="938 235 1471 315">without an impairment of comprehension and/or spoken language.</p> <p data-bbox="748 338 860 371">Criteria</p> <p data-bbox="748 380 1003 415">Language Criteria</p> <p data-bbox="748 424 1528 501">A student is eligible for special education services if there is evidence, based on evaluation resulting in the following:</p> <ol data-bbox="797 552 1528 1816" style="list-style-type: none"> <li data-bbox="797 552 1528 884">1. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services. <li data-bbox="797 936 1528 1184">2. Standardized test results must be at least 2 standard deviations below the mean for establishing the presence of a language impairment. This cutoff should be applied to composite scores of receptive and expressive measures, or to overall test scores, rather than individual subtests; and/or <li data-bbox="797 1234 1528 1566">3. Multiple data sources such as oral language samples, narrative samples, probes of written language, interviews, dynamic assessment findings, written language samples, discourse samples, checklists and/or additional probes of pragmatic, semantic, syntactic, morphological and/or phonological skills that document language deficits in the moderate range or beyond in three or more areas of language. <li data-bbox="797 1617 1528 1816">4. The term language impairment does not include selective mutism, auditory processing disorder, pragmatic language or phonemic awareness when it is the only area of primary deficit in the absence of a receptive and expressive disorder. <p data-bbox="748 1850 857 1885">Fluency</p>
--	--

2011

2022

Interruption in the flow of speech characterized by an atypical rate, or rhythm in sounds, syllables, words, and phrases that significantly reduces the child's ability to participate within the learning environment with or without his or her awareness of the disfluencies or stuttering. Excessive tension, avoidance behaviors, struggling behaviors and secondary characteristics (ritualistic behaviors or movements) may accompany fluency impairments.

Criteria

A child is eligible for special education services if there is evidence, based on evaluation resulting one or more of the following:

1. There is documentation of dysfluent speech (at least two must be met)
 - a. Frequency of dysfluency that is 6 to 10 percent vocal dysfluencies per speaking minute, 10 to 15 percent of syllables stuttered or six to ten dysfluencies per minute.
 - b. The dysfluency is described as including repetitions, prolongations, blocks, hesitations, interjections vocal tension, up to two second pauses or five reiterations.
 - c. Presence of associated non-vocal behaviors that include at least one associated behavior that is noticeable and distracting.
 - d. Avoidance of some speaking situations.

2. There is an adverse effect of the disability on the child's educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child's ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

Consideration should be given concerning the period of normal disfluencies. As language skills are developing, many children between the ages of 18 months to 5 years go through periods of fluency-type behaviors typically characterized by

2011	2022
	<p>interjections and easy whole word and phrase repetitions. Most are unaware and do not express concerns. However, if these children continue to exhibit these characteristics for more than 6 months and are not decreasing, intervention may be considered.</p> <p>Voice Interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord function that significantly reduces the child’s ability to communicate effectively. The term voice impairment does not refer to:</p> <ol style="list-style-type: none"> a. Differences that are the direct result of regional, dialectic, and/or cultural differences; b. Differences related to medical issues not directly related to the vocal mechanism (e.g., allergies, asthma, laryngitis, laryngopharyngeal reflux); c. Anxiety disorders (e.g., selective mutism) d. Differences due to temporary factors such as short-term vocal abuse or puberty. <p>Criteria A child is eligible for special education services if there is evidence, based on evaluation resulting in all of the following:</p> <ol style="list-style-type: none"> 1. The interruption in one or more processes of pitch, quality, intensity, resonance, or a disruption in vocal cord functional that significantly reduces the child’s ability to communicate effectively within the learning environment; 2. The child has received medical clearance from a doctor prior to documentation of the need for specialized services in order to ensure the source of the voice impairment is not an organic problem for which therapy is contraindicated (i.e., paralyzed vocal cords). 3. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s

2011	2022
	<p>ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p><u>Fluency</u> Significant limitations in fluency may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Record review, interview, observations, and assessments document the frequency, type, and duration of dysfluencies, describe the student’s fluency patterns in at least two settings by two different observers, and document the student’s secondary characteristics, if appropriate. • Assessments that may include standardized test(s), connected speech sample, informal assessments document the fluency issues. • Record review and/or interviews document a history of academic and functional difficulty relative to fluency skills. • Information from multiple sources of data document that the student exhibits a fluency impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance. <p><u>Articulation</u> Significant limitations in articulation may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Record review, interview, observations, and assessments document that the student’s articulation skills are significantly below age-appropriate expectations. 	<p><u>Evaluation 2022</u></p> <p><u>Fluency</u> Fluency impairment must be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Information gathered from the child’s parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of speaking behaviors. This may be completed through various methods including interviews, checklists, or questionnaires. • At least two documented and dated observations in various settings to document the frequency, type, and duration of dysfluencies, and any secondary characteristics if appropriate; by a primary evaluator. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion. • One standardized, norm-referenced instrument designed to measure behaviors characteristic of a fluency disorder. Assessments may also include connected speech sample, or informal assessments documenting the fluency issues. • If the child is multilingual, dysfluencies must be observed consistently across both languages. • Observations of the child speaking across a variety of contexts during school which reveal difficulties to effectively communicate in comparison to peers may be used to support adverse educational impact. • Additional formal or informal phonological awareness assessments may also be conducted to support adverse educational impact.

2011	2022
<ul style="list-style-type: none"> • Assessments that include norm-based or standardized tests, connected speech samples, a phonetic inventory, an oral peripheral exam, a phonological analysis, or stimulability testing document the articulation issues. • Record review and/or interviews document a history of academic and functional difficulty relative to articulation skills. • Information from multiple sources of data documents that the student exhibits an articulation impairment which adversely affects pre-academic/academic, social-emotional, and/or vocational performance. <p><u>Language</u> Significant limitations in language may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Language assessments that include a combination of screening, norm-based, standardized, curriculum-based, functional communication (augmentative communication), informal, and language sampling measures document that the student’s language skills are significantly below age-appropriate expectations. <ul style="list-style-type: none"> o Standardized test results must be at least 1.5 standard deviations below the mean. o The language assessment profile documents evidence of the student’s difficulties in receptive and expressive language skills in the areas of semantics, syntax, morphology, phonology, and social/pragmatic language functioning. o Record review and/or interviews document a history of academic and functional difficulty relative to language skills. o Information from multiple sources of data documents that the student exhibits a language impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance. 	<p><u>Speech Sound</u></p> <p>Speech Sound Impairment must be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Information gathered from the child’s parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of speech characteristics. This evaluation may be completed through various methods including interviews, checklists, or questionnaires. • One documented and dated observation of the child’s speech characteristics during connected speech or conversation by a primary evaluator. Observation(s) conducted through intervention and prior to obtaining consent for evaluation may be used to meet this criterion. • An examination of the oral mechanism structure and function. • One standardized, norm-referenced instrument designed to measure speech sound production. A phonemic inventory may be more appropriate for children with limited verbal output. Using a standardized, norm-referenced instrument will help to determine speech sound segmental production for which sounds do not meet norms for acquisition, phonological processes that occur in forty percent or more opportunities, stimulability and percentage of consonants correct which assists with determining severity. • Intelligibility rating may be used to support adverse educational impact; and • Additional formal or informal phonological awareness assessments to support adverse educational impact. • Assessment of speech sound production accompanied by supplemental measures (such as a

2011	2022
<p><u>Voice</u> Significant limitations in voice may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Clearance from a medical doctor as well as a description of the student’s vocal quality, intensity, resonance, and pitch are required. • Assessments that include standardized test(s), connected speech samples, and informal assessments document the student’s significant difficulties in this area. • Record review and/or interviews document a history of academic and functional difficulty relative to voice skills. • Information from multiple sources of data documents that the student exhibits a voice impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance. <p>The medical clearance may not be used as the sole criterion for determining eligibility. There must be evidence that the speech-language impairment adversely affects the child’s educational performance.</p>	<p>dynamic assessment) for students who are multilingual or bidialectal in order to discover whether the child is demonstrating a dialectal variation or having difficulty with specific features of speech sound development.</p> <p><u>Language</u> Language Evaluation Language Impairment must be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • Information gathered from the student’s parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of language skills. This may be completed through a variety of methods including interviews, checklists or questionnaires; • One documented and dated observation of the child’s language skills must be conducted by a primary evaluator in one or more setting(s), which must include the child’s typical learning environment or an environment or situation appropriate for a child of that chronological age. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion; and, • One or more standardized, norm-referenced instruments designed to measure language skills. At least one instrument must be a comprehensive measure of receptive and expressive language when appropriate based on the needs of the student (i.e., normative samples representative of the student, ability level of the student, etc.). The instrument must be administered and interpreted by a speech-language pathologist to determine the nature and severity of the language deficits. Non-standardized scientific, research-based instrument; such as a functional communication profile, dynamic assessment, language sample, or other methods may

2011

2022

also be utilized. The evaluation report must document the evaluation procedures used, including the rationale for use choice of instruments used, the results obtained, and the basis for recommendations.

- Assessments of language for a student who is multilingual must be administered in the student's native language or other mode of communication and in the form most likely to reveal accurate information unless it is clearly not feasible to do so. Standardized assessments that are not normed on multilingual populations are to only be used as informal probes with no accompanying scores. Standardized language assessments must be accompanied by supplemental measures such as dynamic assessment and/or language sampling for students who are multilingual or bidialectal.
- When dialect is a consideration, standardized assessments sensitive to dialect should be used. If using standardized assessments not sensitive to dialect, the assessment may focus on identifying and distinguishing contrastive features versus noncontrastive features. Standardized language assessments must be accompanied by supplemental measures such as dynamic assessment and/or language sampling for students who are multilingual or bidialectal.
- Formal or informal assessments of phonological awareness, narrative skills and expressive language samples with findings in the moderate range and beyond may be used to support adverse educational impact in addition to data collected from academic activities, tests, and related classroom data.

Voice

2011	2022
	<p>Voice impairment must be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> ● Information gathered from the child’s parent(s) or legal guardian(s) and others as appropriate, such as teacher(s), service providers and caregivers regarding the concerns and description of vocal skills/behaviors including onset of the difficulties and factors surrounding the change in vocal status. This may be completed through various methods including interviews, checklists, or questionnaires. ● Two documented and dated observations of high and low vocal demand to assess vocal characteristics of loudness, pitch, quality, or resonance must be conducted by a primary evaluator in one or more setting(s), which must include the child’s typical learning environment, or an environment or situation appropriate for a child of that chronological age. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion. ● One criterion-referenced instrument designed to assess vocal production, or an assessment used to document the severity of the child’s vocal impairment; and, ● Clearance from a medical doctor as well as a description of the child’s vocal quality, intensity, resonance, and pitch are required. ● Observations of the child speaking across a variety of contexts during school which reveal difficulties to effectively communicate in comparison to peers may be used to support adverse educational impact. ● Additional formal or informal phonological awareness assessments may also be conducted to support adverse educational impact <p>The medical clearance may not be used as the sole criterion for determining eligibility. There must be evidence that the vocal impairment adversely affects the child’s educational performance and therefore, requires specialized instruction, and if necessary, related services. The IEP team should</p>

2011	2022
	consider how the child performs in the learning environment in order to determine their educational need for specially designed instruction.
Traumatic Brain Injury (TBI)	
<p><u>Definition 2011</u></p> <p>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 student’s educational performance. The term applies to open or closed head injuries resulting in impairments in one 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. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.</p>	<p><u>Definition 2022</u></p> <p>An acquired injury to the brain resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. Traumatic brain injury applies to open or closed head injuries, deceleration injuries, chemical/toxic, hypoxia, tumors, infections, and stroke, resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgement; problem solving; sensory; perceptual; and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.</p>
<p><u>Criteria 2011</u></p> <p>1) There is evidence that the child had a traumatic brain injury.</p> <p>2) The adverse effects of the traumatic brain injury on the child’s educational performance require specialized instruction and/or related services.</p>	<p><u>Criteria 2022</u></p> <p>(All must be met.)</p> <ol style="list-style-type: none"> 1. The child must have an acquired injury to the brain that occurred following a period of normal development. <ul style="list-style-type: none"> • The acquired injury may not be due to congenital causes (such as Down syndrome, or Phenylketonuria) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke). 2. The child’s brain injury was caused by an acquired brain injury in one of the following ways: <ul style="list-style-type: none"> • Open head injury - (also called penetrating) this results when the scalp/skull is broken, fractured, or penetrated. This may occur when a foreign object (e.g., a bullet) goes

2011	2022
	<p>through the skull, enters the brain, and damages specific parts of the brain. This focal, or localized, brain damage occurs along the route the object has traveled. Symptoms following an open TBI vary depending on the part(s) of the brain that is (are) damaged.</p> <ul style="list-style-type: none"> • Closed Head Injury – This results when an outside force impacts the head, but the skull is not broken, fractured, or penetrated. This may occur, for example, when the head strikes the windshield or dashboard in a car accident. Damage is typically widespread or diffuse. Symptoms following a closed TBI vary depending on the extent of the damage to the brain. • Deceleration Injuries – (also known as diffuse axonal injury) this typically happens when a rapidly moving skull is abruptly stopped (e.g., an auto accident, shaken baby syndrome), while the brain continues forward and impacts directly below the site where the skull stops. • Chemical/Toxic – (also known as metabolic disorders) this happens when harmful chemicals damage the neurons. Chemicals and toxins can include insecticides, solvents, carbon monoxide poisoning, lead poisoning, etc. • Hypoxia (also called lack of oxygen) - If the blood flow is depleted of oxygen, then irreversible brain injury can occur from anoxia (no oxygen) or hypoxia (reduced oxygen). It may take only a few minutes for this to occur. This condition may be caused by heart attacks, respiratory failure, drops in blood pressure and a low oxygen environment. It may also be caused by a near drowning incident or strangling.

2011

2022

- **Tumors** - Tumors caused by cancer as well as benign tumors can grow on or over the brain. Tumors can cause brain injury by invading the spaces of the brain and causing direct damage. Damage can also result from pressure effects around an enlarged tumor. Surgical procedures to remove the tumor may also contribute to brain injury
- **Infections** - The brain and surrounding membranes are very prone to infections if the special blood-brain protective system is breached. Viruses and bacteria can cause serious and life-threatening diseases of the brain such as encephalitis, meningitis and staph infections.
- **Stroke** - If blood flow is blocked through a cerebral vascular accident (stroke), cell death in the area deprived of blood will result. If there is bleeding in or over the brain (hemorrhage or hematoma) because of a tear in an artery or vein, loss of blood flow and injury to the brain tissue by the blood will also result in brain damage.

3. The child's educational performance is adversely affected due to total or partial functional disability or psychosocial impairment, or both, in one or more of the following areas. (When examining the child's educational performance, consider both academic and nonacademic skills and progress.)

- Cognition
- Memory
- Reasoning
- Communication
- Problem solving
- Speech and language
- Attention
- Abstract thinking

2011	2022
	<ul style="list-style-type: none"> • Judgment/Decision Making • Sensory, perceptual, and motor abilities • Information processing • Physical functions <ul style="list-style-type: none"> ○ Muscle movement ○ Muscle coordination ○ Sleep ○ Hearing ○ Vision ○ Taste ○ Smell ○ Touch ○ Fatigue ○ Weakness ○ Balance ○ Speech ○ Seizures • Psychological or social functioning <ul style="list-style-type: none"> ○ Emotional control and mood swings ○ Appropriateness of behavior ○ Reduced self-esteem ○ Depression ○ Anxiety ○ Frustration ○ Stress ○ Reduced Self Awareness (often misunderstood as denial) ○ Self-centeredness ○ Anger management ○ Coping skills ○ Self-monitoring remarks or actions ○ Motivation ○ Irritability or agitation ○ Excessive laughing or crying • Executive functions (e.g. organizing, planning, evaluating, and goal directed activities) <p>4. There is an adverse effect of the disability on the child's educational performance requiring</p>

2011	2022
	<p>specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.</p>
<p><u>Where would you find the evidence to meeting the disability criteria? 2011</u></p> <p>A traumatic brain injury may be evidenced in the following required evaluation components:</p> <ul style="list-style-type: none"> • A medical diagnosis of a traumatic brain injury by a licensed physician. • In the absence of an existing medical diagnosis or a prior diagnosis of a brain injury, both of the following are furnished: <ul style="list-style-type: none"> o a documented history (e.g., parent/caregiver interview, medical history, brain injury screening) that evidence trauma to the head resulting in impairments according to the definition of the term “traumatic brain injury” and o a cognitive profile that is consistent with the brain injury to include assessment of the student’s language processing and use (not receptive or expressive vocabulary tests), memory, attention, reasoning, abstract thinking, judgment, problem-solving skills, academic achievement, adaptive behavior, auditory perception, and visual perception. • The diagnosis may not be used as the sole criterion for determining eligibility. There must be evidence that the traumatic brain injury adversely affects the child’s educational performance. 	<p><u>Evaluation 2022</u></p> <ul style="list-style-type: none"> • A medical diagnosis of a traumatic brain injury or a documented medical history that evidences trauma to the head resulting in impairments (i.e., concussion, stroke, hypoxia, tumor, infection, etc.) by a licensed medical provider (i.e., licensed physician, physician’s assistant or licensed nurse practitioner). • Parent/guardian interview • Educational history (current and past levels of educational performance) • Speech/Language evaluation components, if determined appropriate by the team • Evaluation in the areas of fine and/or gross motor, if determined appropriate by the team • Additional assessments that relate to the individual child’s TBI and address suspected areas adversely affected due to total or partial functional disability or psychosocial impairment. (i.e., cognitive, achievement, social/emotional/behavioral, adaptive behavior, etc.)
Visual Impairment (VI)	
<u>Definition 2011</u>	<u>Definition 2022</u>

2011	2022
<p>Visual impairment, including blindness, means impairment in vision that, even with correction, adversely affects a student’s educational performance. The term includes both partial sight and blindness.</p>	<p>Visual Impairment, including blindness, means impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.</p>
<p><u>Criteria 2011</u></p> <p>One of the following:</p> <p>The visual acuity with correction is 20/70 or worse in the better eye; or</p> <p>The visual acuity is better than 20/70 with correction in the better eye, and there is documentation of either of the following conditions: a diagnosed progressive loss of vision or a visual field of 40 degrees or less;</p> <p>The visual acuity is unable to be determined by a licensed optometrist or ophthalmologist, and the existence of functional vision loss is supported by functional vision assessment findings; or</p> <p>There is evidence of cortical visual impairment, and</p> <p>The student’s visual impairment adversely affects his or her educational and functional performance. The adverse effects of the visual impairment on the child’s educational performance require specialized instruction and related services.</p>	<p><u>Criteria 2022</u></p> <ol style="list-style-type: none"> 1. Visual Impairment includes at least one of the following: <ol style="list-style-type: none"> a. Visual acuity in the better eye or both eyes with best possible correction: <ul style="list-style-type: none"> • Legal blindness – 20/200 or less at distance and/or near; or • Low vision – 20/70 or less at distance and/or near; or • Medical and educational documentation of progressive loss of vision, which may in the future affect the child's ability to learn visually. b. Visual field restriction with both eyes: <ul style="list-style-type: none"> • Legal blindness – remaining visual field of 20 degrees or less; or • Low vision – remaining visual field of 40 degrees or less; or • Medical and educational documentation of progressive loss of vision, which may in the future affect the child's ability to learn visually. c. Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition (e.g., cortical or cerebral visual impairment). 2. There is an adverse effect of the disability on the child’s educational performance requiring specialized instruction and, if necessary, related services. For a child who is not yet in kindergarten, the adverse effects of the disability on the child’s ability to participate in age-appropriate activities require specialized instruction, and if necessary, related services.

2011	2022
<p data-bbox="110 321 711 401"><u>Where would you find the evidence to meet the disability criteria? 2011</u></p> <p data-bbox="110 443 652 548">Evidence of the visual impairment may be found in the following required evaluation components:</p> <ul data-bbox="110 590 717 1829" style="list-style-type: none"> <li data-bbox="110 590 717 695">• A written report of a current visual examination conducted by a licensed ophthalmologist or optometrist reflecting: <ul data-bbox="151 737 717 1136" style="list-style-type: none"> <li data-bbox="151 737 717 810">o visual acuity with correction of 20/70 or worse in the better eye; <li data-bbox="151 842 717 989">o visual acuity better than 20/70 with correction in the better eye with either a diagnosed progressive loss of vision or a visual field of 40 degrees or less; or <li data-bbox="151 1020 717 1136">o if visual acuity is unable to be determined, a functional vision loss supported by functional vision assessment findings. <li data-bbox="110 1167 717 1272">• For a diagnosed cortical visual impairment, the examination may be conducted by a neurologist. <li data-bbox="110 1314 717 1388">• A Functional Vision Assessment conducted by a certified teacher of the visually impaired. <li data-bbox="110 1430 717 1577">• An assessment conducted by a certified teacher of the visually impaired to determine appropriate learning media and to evaluate the need for instruction of Braille. <li data-bbox="110 1619 717 1829">• An assessment of the Expanded Core Curriculum (ECC) conducted by a certified teacher of the visually impaired. For a student with multiple disabilities, alternative assessments may be considered in lieu of the ECC assessment. 	<p data-bbox="748 321 1008 359"><u>Evaluation 2022</u></p> <p data-bbox="748 432 1495 506">Evidence to establish a verified visual examination may be found in the following required evaluation components.</p> <ul data-bbox="797 548 1511 1388" style="list-style-type: none"> <li data-bbox="797 548 1511 726">• A written report of a visual examination conducted within one year by a licensed ophthalmologist or optometrist; or a written report from a neurologist with a diagnosis of cortical or cerebral vision impairment. <li data-bbox="797 737 1511 1388">• Assessments conducted by a certified teacher of the Visually Impaired (TVI) to include: <ul data-bbox="886 810 1511 1388" style="list-style-type: none"> <li data-bbox="886 810 1511 842">o a functional vision assessment; <li data-bbox="886 852 1511 947">o an assessment to determine appropriate learning media and to evaluate the need for instruction in Braille; <li data-bbox="886 957 1511 1241">o an assessment of the expanded core curriculum to include the nine areas (orientation and mobility, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills); and <li data-bbox="886 1251 1511 1388">o a screening for Orientation and Mobility by a TVI; however, if a full assessment is needed, an Orientation and Mobility Specialist must complete it. <p data-bbox="748 1430 1511 1608">Some children (i.e., non-readers or non-verbal children, as well as those with cortical/ cerebral visual impairments) will need modified functional vision, learning media, expanded core curriculum assessments to determine primary learning media as well as visual, tactile, and auditory needs.</p>

