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Eligibility Criteria Handbook

Participating Humboldt – Del Norte Local Education Agencies (LEAs) Arcata School District**,** Big Lagoon Union School District, Blue Lake Union School District, Bridgeville School District, Cuddeback Union School District, Cutten School District, Del Norte County Office of Education, Del Norte Unified School Districts, Eureka City Schools, Ferndale Unified School District, Fieldbrook School District, Fortuna Elementary School District, Fortuna Union High School District, Freshwater School District, Garfield School District, Humboldt County Office of Education, Hydesville School District, Jacoby Creek School District, Klamath-Trinity Joint Unified School District, Kneeland School District, Loleta Union School District, Maple Creek School District, Mattole Unified School District, McKinleyville Union School District, Northern Humboldt Union High School District, Northern United – Humboldt Charter, Orick School District, Pacific Union School District, Pacific View Charter 2.0 Peninsula Union School District, Rio Dell School District, Scotia Union School District, South Bay Union School District, Southern Humboldt Unified School District, Trinidad Union School District

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Autism

DEFINITIONS

Federal - 34 CFR §300.8(c)(1)

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

State - 5 CCR §3030(b)(1)

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

A. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

B. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

ASSESSMENT STANDARDS

a. Assessment will be conducted by a multidisciplinary team as specified in the Assessment Plan, including a credentialed special education teacher authorized to serve students with autism. Assessment may include:
    1. A comprehensive developmental history conducted by a credentialed school nurse or other qualified individual (to determine age of onset)
    2. A current psychological assessment conducted by a credentialed school psychologist or other qualified individual.
    3. A current language assessment conducted by a Speech-Language Pathologist or other qualified individual.
    4. Previous school history, education progress, and medical reports when applicable.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for **guidance only**:

☐	A written report from a school psychologist or other person with experience and training in working with children with autism that documents cognitive, social and behavioral levels as well as stereotyped movements and resistance to environmental change or change in daily routines and adaptive behavior. Observations in multiple settings are recommended in the areas of social skills, sensory needs, communication and behavior. This report must rule out emotional disturbance.
☐	A written report from a speech-language specialist that documents verbal and non-verbal communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need). **Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of autism.

Deaf/Blindness

DEFINITIONS

Federal - 34 CFR §300.8(c)(2)

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

State - 5 CCR §3030(b)(2)

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

ASSESSMENT STANDARDS

See eligibility assessment standards for Deafness and Visual Impairment.

CHECKLISTS

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist or other person with experience and training in working with children with dual hearing and vision impairment that documents delays in communication and other developmental areas that are directly related to the hearing and visual impairments.
☐	A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need).
☐	A written report from an audiologist that documents a hearing loss, with or without amplification and the needs for environmental accommodations or assistive technology supports. If available, information about age of onset, progression of hearing loss and severity of hearing loss can assist in educational planning.
☐	A written report from a vision specialist that documents a visual impairment that is reflected by one of the following: ☐ Blind or Functionally Blind: Uses tactile or other senses most effectively for learning, as opposed to using vision (although may be able to use some residual vision to perform some daily tasks with the supports listed below). ☐ Low Vision: has a significant loss in vision that cannot be fully corrected by prescriptive lenses; is able to use vision to perform daily tasks using visual strategies, assistive technology, environmental accommodations or materials in alternative formats. If available, information about age of onset, progression of vision loss and severity of vision loss can assist in educational planning.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of deaf/blindness.

Deafness

DEFINITIONS

Federal - 34 CFR §300.8(c)(3)

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

State - 5 CCR §3030(b)(3)

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.
ASSESSMENT STANDARDS

The following are guidelines for individual assessment:

a. The assessment will be conducted by a multidisciplinary team as specified on the Assessment Plan including a credentialed teacher of Deaf/Hard of Hearing students and may include input from an Educational Audiologist. The assessment may include the following background information:
    1. Onset and detection of hearing loss
    2. Amplification history
    3. Additional disabilities
    4. Medical and educational history
    5. Communication at home and at school
    6. Home language
    7. Effect of child's deafness on other family members
    8. If deafness is determined to be neurologically based, the team may consider further assessment of gross and fine motor skills
b. Current audiological measures of auditory functioning with and without amplification as determined by an audiologist who documents the loss, will be available. Initial and triennial assessment shall include tests (and/or modifications of tests as appropriate) which measure air and bone conduction threshold sensitivity, speech audiometry (including measure of speech discrimination and/or auditory comprehension of connected language), impedance measurements and tests to determine suitability and benefit obtained from personal and group amplification. Ensure that hearing aids worn by pupil are functioning properly.
c. Current level of receptive and expressive communication skills.
d. Measures of academic functioning as well as previous school reports are crucial in evaluating the effects of hearing loss on educational performance.

CHECKLISTS

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist or other person with experience and training in working with children with hearing impairment that documents delays in language and other developmental areas that are directly related to the hearing impairment.
☐	A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including the impact of the hearing loss on receptive/expressive language and pragmatic or social interaction skills; the development of articulation or phonological skills and speech intelligibility; voice quality).
☐	A written report from a teacher of the deaf/hard or hearing that documents the impact of the hearing loss on the acquisition of concepts or academic skills and the need for accommodations and modifications in the educational setting.

☐	A written report from an audiologist that documents a hearing loss, with or without amplification, and the need for environmental accommodations or assistive technology supports. If available, include information about age of onset, progression of and/or severity of hearing loss to assist in educational planning.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance. Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of deafness.

Emotional Disturbance

DEFINITIONS

Federal - 34 CFR §300.8(c)(4)

(i) Emotional disturbance means 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:

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

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

State - 5 CCR §3030(b)(4)

Emotional disturbance means 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:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(C) Inappropriate types of behavior or feelings under normal circumstances.
(D) A general pervasive mood of unhappiness or depression.
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(F) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under subdivision (b)(4) of this section.

These guidelines are based on the California State Department of Education's 1986 document "Identification and Assessment of the Seriously Emotionally Disturbed Child: A Manual for Educational and Mental Health Professionals", which represents the work of more than eighty local educational agencies in conjunction with the Department of Education's Diagnostic School for Neurologically Handicapped Children in Los Angeles. This comprehensive work was specifically created to assist Special Education Local Plan Agencies in developing "guidelines and procedures for determining program eligibility criteria."

California State Department of Education (1986). Identification and Assessment of the Seriously Emotionally Disturbed Child: A Manual for Educational and Mental Health Professionals.

ASSESSMENT STANDARDS

a. The assessment shall be conducted by a multi-disciplinary team as specified on the Assessment Plan. Assessment should include:
    1. Summaries of the health and developmental history, school history and educational progress of the pupil.
    2. A description of the steps previously taken to assist the pupil in the areas of his/her learning, behavioral and/or emotional difficulty and the results of such assistance.
    3. Observations of the student in his/her educational environment, including a description of the environmental factors and peer and teacher interactions affecting his/her functioning.
    4. Interviews with teachers, relevant school staff, the student, parents/guardians and any outside agencies involved with the student to determine functioning across settings.
    5. An assessment of the pupil's level of academic performance including measured achievement and classroom functioning.
    6. An assessment of the pupil's intellectual functioning.
    7. An assessment of the pupil's socio-emotional functioning.
    8. Review of other medical, psychiatric and/or psychological reports, when available.
    9. Review of history of behavior interventions utilized.

b. The assessment should investigate whether the student exhibits one or more of the following characteristics:
    1. An inability to learn which cannot be explained by intellectual, sensory or health factors
        a. Non-ED causes of an inability to learn must be ruled out (e.g. learning disability, intellectual disability). A child meeting this criterion should be so severely emotionally disturbed that he or she has an inability to learn, despite appropriate educational interventions. Motivational factors and behavioral difficulties outside of the emotional disturbance realm should be ruled out.
    2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
        a. The child should be unable to initiate and/or maintain satisfactory interpersonal relationships with peers and adults in multiple settings, at least one of which is educational. This inability exists mainly because of the severity of the emotional disability and must be distinguished between unwillingness to establish relationships others deem appropriate or a lack of social skills. The fact that a child may have no friends or that their behaviors result in no other children in the class wanting to interact with them does not necessarily satisfy this criterion. Behaviors such as aggression, withdrawal from social interactions, and social immaturity should be ruled out. An absence of meaningful peer relationships in the home and community should be established and documented through observations and interviews from multiple sources.
    3. Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations
        a. This characteristic includes behaviors that are psychotic, overtly bizarre, and atypical, for which no observable reason exists and which are unusual in comparison to others in the same situation. This does not include behavior that is a secondary manifestation attributable to substance abuse or a medical condition. Examples of behaviors that fit this characteristic include: visual and auditory hallucinations, responses to delusions, severe anxiety, catastrophic reactions to everyday occurrences, self-injurious behaviors, severe mood swings and inappropriate fits of laughter and crying. Developmental norms and comparison of peers in similar situations should be used to determine whether the exhibited behavior fits these criteria. This category does not include behaviors that would be exclusively described as conduct disordered or behaviors that are deliberate and understood by the student.
        b. It must be determined if behavior is being exhibited under “normal circumstances”. When considering this the examiner should take into account whether a student’s home or school environment is disrupted by stress or if there have been recent changes or unexpected events in the student’s life.
    4. A general pervasive mood of unhappiness or depression
        a. Overt symptoms of depression must be observable. Symptomatology typically includes changes in four major areas: affective, motivational, physical and motor functioning and cognition. Examples include: dejection, hopelessness, fatigue (insomnia), loss of appetite or significant weight loss, sleep disturbances, and loneliness, with the student feeling little pleasure in any activities. Eating, writing, or getting dressed may become overwhelming, with an overall feeling that things will not change. The student’s expression of unhappiness or depression must be pervasive, chronic, and observable in the school setting and also continued beyond what would be expected for a reaction to a specific traumatic event or situation.
    5. A tendency to develop physical symptoms or fears associated with personal or school problems
        a. Physical symptoms may range from headaches, stomach pains, and physical body tension to blindness and paralysis attributable to psychological stress. None of the symptoms should have a demonstrated organic cause. The symptoms should not be under cognitive control. Fears may range from incapacitating feeling of anxiety to specific and severe phobic reactions and panic attacks. Typically, such feelings

include persistent and irrational fears of particular objects, activities, individuals or situations.

c. The following criteria must be met:
    1. The disorder may have been considered to have been exhibited over a long period of time if:
        a. The behavioral characteristics have manifested over a long enough period to be considered chronic and outside the norm for what is developmentally appropriate or considered normal adjustment.
        b. The behavioral characteristics are not due to situational stress, crisis reaction or temporary adjustment problems.
    2. The disability has been exhibited to a marked degree as follows:
        a. The behavioral characteristics are pervasive and severe: present in all situations and conditions including school, community and home, and with almost all individuals.
        b. The behavioral characteristics produce significant distress either to the individual or others in their environment, and must be related to emotional disturbance. The behaviors must be established as more severe than what would be expected in the normal range of behavior for an individual of the same age, gender, and cultural group.
    3. The disability is such that it adversely affects the student's educational performance:
        a. If a student is able to demonstrate progress in a regular educational setting, then classification of that student as emotionally disturbed is neither necessary nor appropriate.
        b. Measured by standardized achievement tests in relation to cognitive abilities or reported in teacher observations, work samples, curriculum based assessments, and grade reports reflecting classroom functioning.
        c. Attendance, learning disabilities, cognitive ability and motivational issues should be ruled out as a primary cause of poor educational performance.

d. Students <u>solely</u> manifesting social maladjustment are not appropriately identified as having an emotional disturbance. Social maladjustment is excluded from the category of Emotional Disturbance unless it can be determined and documented that the student also meets the Emotional Disturbance criteria. In general, the socially maladjusted student exhibits one or more of the following in relation to their behaviors:
    1. Targeted, willful aggression.
    2. Hyperactive or impulsive type behaviors.
    3. Socialized aggression (gang involvement, bullying).
    4. Behaviors under operant control (e.g. goal oriented, reinforced by consequence of behavior such as avoiding a task, gaining an object, getting a specific staff response, etc.).
    5. Situation specific rather than pervasive; the intensity and frequency of such behaviors tend to vary as a function of time and domain.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report compiled by a school psychologist which includes cognitive, social, emotional and behavioral functioning, observations of the student in multiple settings, review of parent and teacher input, and which indicates one or more of the following:	
	☐	An inability to learn that cannot be explained by intellectual sensory or health factors.
	☐	An inability to build or maintain satisfactory interpersonal relationships.
	☐	Inappropriate types of behavior or feelings under normal circumstances
	☐	A general pervasive mood of unhappiness or depression
	☐	A tendency to develop physical symptoms or fears

	The report must rule out social maladjustment as the only adverse impact to education.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of emotional disturbance.

Source: Tibbets, T. (2013). Identifying and assessing students with emotional disturbance. Baltimore, Maryland: Paul H. Brookes Publishing Co.

Hearing Impairment

DEFINITIONS

Federal - 34 CFR §300.8(c)(5)

Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

State - 5 CCR §3030(b)(5)

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

ASSESSMENT STANDARDS

The following are guidelines for individual assessment:

a. The assessment will be conducted by a multidisciplinary team as specified on the Assessment Plan including a credentialed teacher of Deaf/Hard of Hearing students and may include input from an Educational Audiologist. The assessment may include the following background information:
    1. Onset and detection of hearing loss
    2. Amplification history
    3. Additional disabilities
    4. Medical and educational history
    5. Communication at home and at school
    6. Home language
    7. Effect of child's deafness on other family members
    8. If deafness is determined to be neurologically based, the team may consider further assessment of gross and fine motor skills
b. Current audiological measures of auditory functioning with and without amplification as determined by an audiologist which documents the loss, will be available. Initial and triennial assessment shall include tests (and/or modifications of tests as appropriate) which measure air and bone conduction threshold sensitivity, speech audiometry (including measure of speech discrimination and/or auditory comprehension of connected language), impedance measurements and tests to determine suitability and benefit obtained from personal and group amplification. Ensure that hearing aids worn by pupil are functioning properly.
c. Current level of receptive and expressive communication skills.
d. Measures of academic functioning as well as previous school reports are crucial in evaluating the effects of hearing loss on educational performance.

CHECKLISTS

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist or other person with experience and training in working with children with hearing impairment that documents delays in language and other developmental areas that are directly related to the hearing impairment.
☐	A written report from a speech-language specialist that documents communication skills (including the impact of the hearing loss on receptive/expressive language and pragmatic or social interaction skills; the development of articulation or phonological skills and speech intelligibility; voice quality**). Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**
☐	A written report from a teacher of the deaf/hard or hearing that documents the impact of the hearing loss on the acquisition of concepts or academic skills and the needs for accommodation and modification in the educational setting.

☐	A written report from an audiologist that documents a hearing loss, with or without amplification, and the needs for environmental accommodations or assistive technology supports. If available, information about age of onset, progression of hearing loss and severity of hearing loss can assist in educational planning.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of hearing impairment.

Intellectual Disabilities

DEFINITIONS

Federal - 34 CFR §300.8(c)(6)

Mental Retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

State - 5 CCR §3030(b)(6)

Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period (as defined by under age 18) that adversely affects a child's educational performance.

ASSESSMENT STANDARDS

The assessment team will include a school psychologist and credentialed special education teacher authorized to serve students with Intellectual Disabilities. The following are guidelines for individual assessment:

a. The assessment will be conducted by a multidisciplinary team as specified on the assessment plan.
b. A student shall be identified as having Intellectual Disabilities when all of the following exist:
    1. The student's adaptive behavior is significantly below average compared to his/her normative age group.
    2. The student's general cognitive functioning is significantly below average in comparison to same age peers*.
    3. Based on a comprehensive developmental history, the foregoing were manifested during the developmental period.
    4. The combination of deficits in adaptive behavior and cognitive functioning adversely affects the pupil's educational performance.

    * The term *"significantly below average"* is defined by <u>at least two standard deviations below the mean plus or minus 5.</u>

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for ***guidance only:***

☐	A written report from a school psychologist documenting significantly below average intellectual functioning which exists concurrently with deficits in adaptive behavior.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.
☐	A written report from a speech-language specialist* that documents verbal and non-verbal communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need.) (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.) **Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**

Based on review of written assessment and IEP Team (including the parent) discussion:

☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.

☐ The severity of the disability has an adverse impact on the student's educational performance.

☐ The student requires special education and services to achieve a free appropriate public education.

☐ The student meets the eligibility criteria as an individual with a disability in the area of intellectual disabilities.

Multiple Disabilities

DEFINITIONS

Federal - 34 CFR §300.8(c)(7)

Multiple disabilities mean concomitant impairments (such as mental retardation-blindness or mental retardation-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 does not include deaf-blindness.

State - 5 CCR §3030(b)(7)

Multiple disabilities mean concomitant impairments, such as intellectual disability-blindness or intellectual disability-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 does not include deaf-blindness.

ASSESSMENT STANDARDS

Assessment will be conducted by a multidisciplinary team as specified in the Assessment Plan. The team may include a credentialed special education teacher and a licensed occupational or physical therapist. If visual or hearing impairment is a suspected disability, the appropriately credentialed teacher will participate. An assistive technology assessment may also be included.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist documenting significantly below average intellectual functioning which exists concurrently with deficits in adaptive behavior (see criteria for Intellectual Disability) along with any additional low incidence disability of either visual impairment or orthopedic impairment (see criteria for Visual Impairment and Orthopedic Impairment).
☐	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.
☐	A written report from a speech-language specialist* that documents verbal and non-verbal communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need.) (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.) **Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of multiple disabilities.

Orthopedic Impairment

DEFINITIONS

Federal - 34 CFR §300.8(c)(8)

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).

State - 5 CCR §3030(b)(8)

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).

ASSESSMENT STANDARDS

Medical - written verification of serious orthopedic impairment

Educational - assessment will be conducted by a multidisciplinary team as specified on the Assessment Plan. The team may include a credentialed special education teacher and a licensed Occupational and/or Physical Therapist.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist documenting: ● A medical evaluation of the child's orthopedic impairment by a licensed physician (if available and in collaboration with the District Nurse). ● Observations and/or staff and parent reports concerning mobility and activities of daily living, for example, signs of poor coordination, frequent accidents, or complaints of acute or chronic pain. ● Consideration of physical access to buildings, computers, libraries, or equipment that facilitates learning in collaboration with the assessment team. ● Adaptive behaviors (potentially through various checklists, inventories, rating scales, and/or interviews). ● Cognitive development. ● Social, emotional and behavioral skill development. Recommendations regarding strategies that may assist in developing the student's independence.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.
☐	A written report from occupational and/or physical therapists and/or adapted physical education specialists* that documents the impact of the orthopedic impairment on fine motor, gross motor and/or sensory skills and the need for adaptive equipment (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.)
☐	A written report from a speech-language specialist* that documents the impact of the orthopedic impairment on expressive communication skills (as well as any other suspected area of need.) (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.) **Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of orthopedic impairment.

Other Health Impairment

DEFINITIONS

Federal - 34 CFR §300.8(c)(9)

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 education environment, that:

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia and Tourette syndrome; and
(ii) Adversely affects a child's educational performance.

State - 5 CCR §3030(b)(9)

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

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

ASSESSMENT STANDARDS

Medical

a. Written verification of health impairment by the student's health provider, if available.

Educational

a. Assessment will be conducted by a multidisciplinary team as specified on the Assessment Plan and include a credentialed Special Education teacher authorized to serve students with Other Health Impairments. School Nurse or other authorized personnel will participate on the team to assist with medical reports if applicable.
b. The following information shall be reviewed by the Individualized Education Program Team:
    1. The type of chronic illness
    2. The possible medical side effects and complications of treatment that could affect school functioning
    3. The educational and social implications of the health impairment to include but not be limited to the likelihood of fatigue, absences, changes in physical appearance, amputations or problems with fine and gross motor control
    4. Special considerations necessitated by outbreaks of infectious diseases, if applicable
c. The Individualized Education Program Team shall designate the school staff person responsible to communicate with the student's health provider(s).
d. Psychoeducational assessment in areas of suspected disability as appropriate.

CHECKLISTS

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist or other person documenting limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment. Only one of the four must apply in any individual case.

☐	☐ Limited Strength: Bodily or muscular power; vigor; durability related to decreased capacity to perform school activities; tires easily; chronic absenteeism directly related to limited strength. For instance, does the student have the strength to sit or stand as required by school activities? ☐ Limited Vitality: Physical or mental strength; capacity for endurance; energy; activity. There is certainly overlap in the meanings of these three terms. A student might have the strength to sit up or hold a pen, for example, but might not have the energy to complete the task at hand. ☐ Limited Alertness: Attentiveness; awareness; keen; observant; watchful; on guard; ready. Is the student aware of his/her surroundings and the activities going on? Does he/she have the mental acuity to participate in the lesson or activity? ☐ Heightened Alertness: Hyper-awareness to environmental stimuli directly causing diminished alertness with respect to the education environment. Is the condition chronic or acute? ☐ Chronic: Long-term health condition (not curable or curable with residual features or degenerative/deteriorating in nature) resulting in limitations of daily living functions. Requires special assistance or adaptations as the result of the disease or disorder. ☐ Acute: Begins abruptly and with marked intensity, then subsides.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report documenting the adverse effect of the health condition on the child's educational performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of other health impairment.

SPECIFIC LEARNING DISABILITY

DEFINITIONS

Federal - 34 CFR §300.8(c)(10) – Definitions

Specific learning disability – (i) General. Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematic calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. (ii) Disorders not included. Specific Learning Disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

CFR 300.307, 300.308, 300.309, 300.310, 300.311

34 CFR §300.307 - Specific Learning Disabilities

(a) General. A state must adopt, consistent with §300.309, criteria for determining whether a child has a specific learning disability as defined in Sec. 300.8(c)(10). In addition, the criteria adopted by the state:
    (1) Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in §300.8(c)(10);
    (2) Must permit the use of a process based on the child's response to scientific, researched-based intervention; and
    (3) May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in §300.8(c)(10).

(b) Consistency with State criteria. A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))

34 CFR §300.308 - Additional Group Members

The determination of whether a child suspected of having a specific learning disability is a child with a disability as defined in §300.8, must be made by the child's parents and a team of qualified professionals, which must include –

(a) (1) The child's regular teacher; or
(2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
(3) For a child of less than school age, an individual qualified by the State Educational Agency (SEA) to teach a child of his or her age; and

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

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))

34 CFR §300.309 - Determining the Existence of a Specific Learning Disability

(a) The group described in §300.306 may determine that a child has a specific learning disability, as defined in §300.8(c)(10), if –
    (1) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards 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:
        (i) Oral expression.
        (ii) Listening comprehension.
        (iii) Written expression.
        (iv) Basic reading skill.
        (v) Reading fluency skills.

(vi) Reading comprehension.
(vii) Mathematics calculation.
(viii) Mathematics problem solving.

(2) (i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or
(ii) 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 determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with § §300.304 and 300.305; and

(3) The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of:
(i) A visual, hearing or motor disability;
(ii) Intellectual disabilities;
(iii) Emotional disturbance;
(iv) Cultural factors;
(v) Environmental or economic disadvantage; or
(vi) Limited English proficiency

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in § §300.304 through 300.306 –
(1) Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
(2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

(c) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in § §300.301 and 300.303, unless extended by mutual written agreement of the child's parents and a team of qualified professionals, as described in §300.306(a)(1) –
(1) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in paragraphs (b)(1) and (b)(2) of this section; and
(2) Whenever a child is referred for an evaluation

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))

34 CFR §300.310 - Observation

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

(b) The group described in §300.306(a)(1), in determining whether a child has a specific learning disability, must decide to –
(1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
(2) Have at least one member of the group described in §300.306(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with §300.300(a), is obtained.

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

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))

34 CFR §300.311 - Specific Documentation for the Eligibility Determination

(a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in §300.306(a)(2), must contain a statement of –
(1) Whether the child has a specific learning disability;

(2) The basis for making determination, including an assurance that the determination has been made in accordance with §300.306(c)(1);
(3) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
(4) The educationally relevant medical findings, if any;
(5) Whether –
    (i) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards consistent with §300.309(a)(1) and
    (ii) (A) The child does not make sufficient progress to meet age or state-approved grade-level standards consistent with Sec. 300.309(a)(2)(i); or
        (B) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards or intellectual development consistent with §300.309(a)(2)(ii);
(6) The determination of the group concerning the effects of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
(7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention –
    (i) The instructional strategies used and the student-centered data collected; and
    (ii) The documentation that the child's parents were notified about –
        (A) The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
        (B) Strategies for increasing the child's rate of learning; and
        (C) The parents' right to request an evaluation.

(b) Each group member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6))

State - CCR §56337

(a) A specific learning disability, as defined in §1401 (30) of Title 20 of the United States Code, means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculations. The term "specific learning disability" includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. That term does not include a learning problem that is primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage
(b) Notwithstanding any other provision of law and pursuant to §1414(b)(6) of Title 20 of the United States Code, in determining whether a pupil has a specific learning disability as defined in subdivision (a), a local educational agency is not required to take into consideration whether a pupil has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation or mathematical reasoning.
(c) In determining whether a pupil has a specific learning disability, a local educational agency may use a process that determines if the pupil responds to scientific, research-based intervention as a part of the assessment procedures described in §1414(b)(2) and (3) of Title 20 of the United States Code and covered in §§300.307 to 300.311, inclusive, of Title 34 of the Code of Federal Regulations.

CCR §56337.5 - Specific Learning Disability; Dyslexia or Related Reading Dysfunction

(a) A pupil who is assessed as being dyslexic and meets eligibility criteria specified in §56337 and subdivision (j) of §3030 of Title 5 of the California Code of Regulations for the federal Individuals with Disabilities

Education Act (20 U.S.C. §1400 and following) category of specific learning disabilities is entitled to special education and related services.

(b) If a pupil who exhibits the characteristics of dyslexia or another related reading dysfunction is not found to be eligible for special education and related services pursuant to subdivision (a), the pupil's instructional program shall be provided in the regular education program.

(c) It is the intent of the Legislature that the program guidelines developed pursuant to §2 of Chapter 1501 of the Statutes of 1990, for specific learning disabilities, including dyslexia and other related disorders, be available for use by teachers and parents in order for them to have knowledge of the strategies that can be utilized with pupils for the remediation of the various types of specific learning disabilities.

CCR §56338

As used in §56337, "specific learning disability" includes, but is not limited to, disability within the function of vision which results in visual perceptual or visual motor dysfunction.

5 CCR §3030 (b)(10)

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.

(A) Specific learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(B) In determining whether a pupil has a specific learning disability, the public agency may consider whether a pupil has a severe discrepancy between intellectual ability and achievement in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning. The decision as to whether or not a severe discrepancy exists shall take into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the IEP team shall use the following procedures:

1. When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the intellectual ability test score to be compared; second, computing the difference between these common standard scores; and third comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.
2. When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.
3. If the standardized tests do not reveal a severe discrepancy as defined in subdivisions 1. or 2. above, the IEP team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:
    (i) Data obtained from standardized assessment instruments;
    (ii) Information provided by the parent;
    (iii) Information provided by the pupil's present teacher;

(iv) Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
(v) Consideration of the pupil's age, particularly for young children; and
(vi) Any additional relevant information.

4. A severe discrepancy shall not be primarily the result of limited school experience or poor school attendance.

(C) Whether or not a pupil exhibits a severe discrepancy as described in subdivision (b)(10)(B) above, a pupil may be determined to have a specific learning disability if:

1. The pupil does not achieve adequately for the pupil's age or to meet state approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the pupil's age or state-approved grade-level standards:
   (i) Oral expression.
   (ii) Listening comprehension.
   (iii) Written expression.
   (iv) Basic reading skill.
   (v) Reading fluency skills.
   (vi) Reading comprehension.
   (vii) Mathematics calculation.
   (viii)Mathematics problem solving, and
2. (i) The pupil does not make sufficient progress to meet age or state-approved grade level standards in one or more of the areas identified in subdivision (b)(10)(C)(1) of this section when using a process based on the pupil's response to scientific, research-based intervention; or
   (ii) The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with 34 CFR §§ 300.304 and 300.305; and
3. The findings under subdivisions (b)(10)(C)(1) and (2) of this section are not primarily the result of:
   (i) A visual, hearing, or motor disability;
   (ii) Intellectual disability;
   (iii) Emotional disturbance;
   (iv) Cultural factors;
   (v) Environmental or economic disadvantage; or
   (vi) Limited English proficiency.
4. To ensure that underachievement in a pupil suspected of having a specific learning disability is not due to the lack of appropriate instruction in reading or math, the group making the decision must consider:
   (i) Data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
   (ii) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents.
5. In determining whether a pupil has a specific learning disability, the public agency must ensure that the pupil is observed in the pupil's learning environment in accordance with 34 CFR §300.310. In the case of a child of less than school age or out of school, a qualified professional must observe the child in an environment appropriate for a child of that age. The eligibility determination must be documented in accordance with 34 CFR §300.311

ASSESSMENT STANDARDS

A student being assessed for a specific learning disability may need all or some of the following:

- A credentialed special education teacher qualified to assess and work with students with specific learning disabilities
- A school psychologist to determine patterns of processing strengths and weaknesses, and the research supported correlation between those processing weaknesses and the areas of academic deficit

- Speech-Language Pathologist to assist in determining student's patterns of strengths and weaknesses in the area of language
- Authorized personnel to discuss vision and hearing screenings within the last 12 months
- Authorized personnel to assist with the evaluation of any issues relating to second language acquisition
- A general education teacher to report on functioning in the general education environment

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for ***guidance only****:*

☐	A written report from a school psychologist documenting patterns of processing strengths and weaknesses, social emotional and behavioral functioning, and which indicates a processing weakness in at least one of the following areas:		
	● Attention ● Auditory Processing	● Visual Processing ● Sensory Motor	● Cognitive Abilities (conceptualization, expression and/or association)
☐	A written report documenting a student's Otherwise Normal Cognitive Ability Profile (ONCAP) who possess unexpected underachievement which indicates a domain-specific processing weakness in at least one of the following areas:		
	● Oral Expression ● Listening comprehension ● Written Expression	● Basic Reading Skill ● Reading Fluency Skills ● Reading Comprehension	● Mathematics Calculation ● Mathematics Problem Solving
☐	A written statement by a school psychologist stating that the discrepancy between cognitive or alternative measured ability and academic functioning is the result of the documented processing weakness and not due to limited school experience or poor school attendance, and is not primarily the result of visual, hearing, or motor disabilities; or intellectual disability; or emotional disturbance; or of environmental, cultural or economic disadvantage; or due to lack of appropriate instruction in reading or math; or limited English proficiency.		
☐	A written report from a credentialed teacher(s) documenting the student's progress toward state approved grade level standards, patterns of academic strengths and weaknesses, and current academic functioning, that has manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculation which is manifested in one or more of the following areas:		
	● Oral Expression ● Listening Comprehension ● Written Expression	● Basic Reading Skills ● Reading Fluency Skills ● Reading Comprehension	● Mathematics Calculation ● Mathematics Problem Solving
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.		

And/or

☐	A written statement from the IEP Team that indicates that if standardized assessment does not indicate a severe discrepancy, a severe discrepancy does exist as a result of a processing disorder in one of the basic psychological processes. The statement shall include, but not be limited to:	
	☐	Data obtained from standardized assessment instruments;
	☐	Information provided by the parent(s);
	☐	Information provided by the student's present teacher;
	☐	Evidence of the student's performance in the regular and/or special education classroom (obtained from observations, work sample, and group test scores);
	☐	Consideration of the student's age, particularly for young children; and
	☐	Any additional relevant information.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of specific learning disability.

Speech or Language Impairment

DEFINITIONS

Federal - CFR §300.8(c)(11)

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

State - 5 CCR §3030(b)(11)

A pupil has a language or speech disorder as defined in Education Code section 56333, and it is determined that the pupil's disorder meets one or more of the following criteria:

(A) Articulation disorder.

1. The pupil displays reduced intelligibility or an inability to use the speech mechanism which interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupils' production of single or multiple speech sounds on a developmental scales of articulation competence is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.
2. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

Articulation Sound Development Chart (Articulation Criteria; CCR Article 3.1, Section 1)		
Number of Error Sounds	Age	Sounds
4 or more	3-0	b, h, m, n, p, w
4 or more	4-0	d, g, k, t, ng, f, y
3 or more	5-0	sh, l
2 or more	6-0	v
2 or more	7-over	ch, j, zh, th (voiced or voiceless, r, s, z
1 or more	8-over	All sounds acquired

(B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness. Prior to initiation of voice therapy, a medical laryngeal examination must be completed, indicating that voice therapy is recommended.

(C) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

(D) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or
2. The pupil scores at least 1.5 stand deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subdivision (a) and displays inappropriate or inadequate usage of expressive or receptive language as measured by the representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialists shall document why a fifty-utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

ASSESSMENT STANDARDS

Assessment will be conducted by a multidisciplinary team in all areas related to the suspected disability, as specified on the assessment plan including a licensed or credentialed Speech-Language Pathologist (SLP). In cases where the only area of suspected disability is speech or language impairment, the assessment may be conducted primarily by the SLP with additional input from others, such as classroom teacher and parent.

The SLP will use his/her professional judgment in determining which specific area(s) of communication require in-depth assessment. Although extensive assessment is not required for every student in all areas of communication, the report should reflect consideration of all areas.

Other knowledgeable personnel (e.g., parents or teacher) participate in discussion of test results at the IEP meeting. In cases where the SLP does not speak the primary language of the student, a trained interpreter/translator must assist in the assessment and reporting process.

No single procedure may be used as sole criterion in determining the student's special education eligibility (California Education Code 56320 [e]). Data should be gathered in all areas of concern. A variety of data gathering techniques may be used, including standardized tests, criterion referenced tests, observation of a student's speech or language performance, language samples and other alternative forms of assessment.

Guidelines for Non-English Speaking Students

Indicators of a disability may include:

a. A language disorder exists in the student's native language as well as second language (corroborated by a combination of specialist's assessment, interpreter or translator, and parent).
b. The student is slow to acquire English despite English Language Development (ELD) and school interventions.
c. Cultural or experiential differences are not the primary cause of the student's learning problems.
d. The student is noticeably slower than siblings in rate of learning English language at home.
e. Poor academic progress was noted in the student's native country.
f. The student's academic achievement is significantly below his or her English language proficiency.

Guidelines for determining if the Speech Language Impairment (SLI) is affecting educational performance and requires special education services:

The following questions should have been addressed during the referral for assessment, and must now be answered as part of the eligibility determination:

a. Do the student's communication needs interfere with peer and adult interactions in school, home and community?
b. Do the student's speech and language needs interfere with his/her ability to function as a learner in the present educational program or setting?

The following are areas to consider for assessment/documentation in order to establish PRIMARY OR SECONDARY eligibility for special education, and to identify educational needs. If a student qualifies for special education under another eligibility criteria where communication skills may be impacted (e.g. Autism, Deaf-Blindness, Deafness, Hard of Hearing, Hearing Impairment, Intellectual Disability, Multiple Disability) these criteria are not needed, and the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for ***guidance only:***

☐	A written report from a speech-language specialist documenting one or more of the following disorders:	
☐	☐	**Articulation Disorder:** The pupil displays reduced intelligibility or an inability to use the speech mechanism which interferes with communication and attracts adverse attention. Significant

	interference in communication occurs when the pupils' production of single or multiple speech sounds on a developmental scales of articulation competence is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern ☐ **Abnormal Voice:** A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness. ☐ **Fluency Disorder:** A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener. ☐ Language Disorder: The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria: ☐ *Scores* at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development:* ● Morphology ● Syntax ● Semantics ● Pragmatics ☐ *Scores* at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed (e.g. morphology, syntax, semantics, pragmatics), and displays inappropriate or inadequate usage of expressive or receptive language as measured by the representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialists shall document why a fifty-utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample.* ** When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.*
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.

Based on review of written assessment and IEP Team (including the parent) discussion:
The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services. The severity of the disability has an adverse impact on the student's educational performance. The student requires special education and services to achieve a free appropriate public education. The student meets the eligibility criteria as an individual with a disability in the area of speech or language impairment.

TRAUMATIC BRAIN INJURY

DEFINITIONS

Federal - 34 CFR §300.8(c)(12)

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury 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. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

State - 34 CCR §3030(b)(12)

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury 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 function; information processing; and speech.

(A) Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

ASSESSMENT STANDARDS

Assessment shall be conducted by a multidisciplinary team as specified on the Assessment Plan including a credentialed special education teacher authorized to serve students with traumatic brain injuries.

Medical

a. Written verification of the results of and treatment for a traumatic brain injury from medical providers, when available.

Educational Assessment

a. A comprehensive review of developmental history with emphasis on pre and post trauma behaviors.
b. Assessment of cognitive strengths and weaknesses and perceptual-motor processing skills.
c. Assessment of speech and language functioning.
d. Assessment of psychosocial adjustment in different setting such as classroom, playground and home.
e. Assessment of academic achievement.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	A written report from a school psychologist documenting impairment in one or more of the following areas: Cognition, problem solving, language, memory, attention, psychosocial behavior, physical functions, reasoning, information processing, abstract thinking, speech, judgment, sensory, perceptual and motor abilities.
☐	A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including the impact of the hearing loss on receptive/expressive language and pragmatic or social interaction skills; the development of articulation or phonological skills and speech intelligibility; voice quality).
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of traumatic brain injury.

VISUAL IMPAIRMENT

DEFINITIONS

Federal - 34 CFR §300.8(c)(13)

Visual Impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

State - 5 CCR §3030(b)(13)

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

California Education Code (56350)

a. A functionally blind pupil means a pupil who relies basically on senses other than vision as major channels for learning.
b. A pupil with low vision means a pupil who uses vision as a channel for learning, but who may also benefit from instruction in braille.
c. A visually impaired pupil means a pupil who is functionally blind or a pupil with low vision. For purposes of this article, a visually impaired pupil does not include a pupil who is eligible for special education and related services based on a specific learning disability identified pursuant to Section 56338.
d. Braille means the system of reading and writing through touch commonly known as Standard English Braille, American Edition.

ASSESSMENT STANDARDS

Medical

a. Written verification should be provided by an ophthalmologist or optometrist describing the extent of visual impairments.

Educational Assessment

Assessment will be conducted by a multidisciplinary team as specified in the Assessment Plan, including a credentialed teacher for students with Visual Impairments, and may include a credentialed Orientation and Mobility Specialist.

This may include data from the following areas:

a. Orientation and Mobility at school, home and community, when appropriate.
b. Tracking, fixed gaze, scanning, binocularity, visual discrimination, peripheral acuity, color vision, condition of eye, field of vision, visual efficiency, classroom implications and prognosis.
c. Other psychoeducational assessment as appropriate, including the need for materials and equipment.
d. Ability to use assistive technology.
e. Reading medium or media, including Braille instruction, if appropriate.

California Education Code 56352

a. A functional vision assessment conducted pursuant to Section 56320 shall be used as one criterion in determining the appropriate reading medium or media for the pupil.
b. An assessment of Braille skills shall be required for functionally blind pupils who have the ability to read in accordance with guidelines established pursuant to Section 56136.

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for ***guidance only:***

☐	A written report from a school psychologist or other person with experience and training in working with children with visual impairment that documents delays in developmental areas that are directly related to the visual impairment.
☐	A written report from a credentialed teacher of the visually impaired (and an orientation/mobility specialist, if appropriate) that documents all areas related to the suspected disability including, where appropriate: ● Health and development; ● Vision, including low vision ● Motor abilities ● Language function ● General ability ● Academic performance ● Self-help ● Orientation and mobility skills
☐	A determination of the appropriate reading medium or media for the student should be considered by the teacher of the visually impaired.
☐	For students with residual vision, a low vision assessment is recommended.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a credentialed teacher that documents current academic levels of performance.
☐	The following information regarding the vision loss is helpful in educational planning and may be summarized by one of the above reports: age of onset of visual impairment, degree of impairment, site of impairment, prognosis for improvement or degeneration in condition, day-to-day stability of condition, individual tolerance for visual fatigue, and the extent and complexity of any co-existing additional impairments

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with a disability in the area of visual impairment.

Individuals with Exceptional Needs between the Ages of Three and Five Years, Inclusive

DEFINITIONS

Federal - 34 CFR §300.7(b)

Children ages 3 through 9 experiencing developmental delays. The term child with a disability for children aged 3 through 9, inclusive, may at the discretion of the state and LEA and in accordance with §300.313, include a child –

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(c) Definitions of disability terms. The terms used in this definition are defined as follows:

(1) (i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (b)(4) of this section.
(ii) A child who manifests the characteristics of ''autism'' after age 3 could be diagnosed as having ''autism'' if the criteria in paragraph (c)(1)(i) of this section are satisfied.

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

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

(4) Emotional disturbance is defined as follows: (i) The term means 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:
(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(C) Inappropriate types of behavior or feelings under normal circumstances.
(D) A general pervasive mood of unhappiness or depression.
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

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

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

(7) Multiple disabilities mean concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

(8) 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).

(9) 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—
(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and
(ii) Adversely affects a child's educational performance.

(10) Specific learning disability is defined as follows:
(i) General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
(ii) Disorders not included. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

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

(13) *Visual impairment* including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

State - California Education Code §56441.11

(a) Notwithstanding any other provision of law or regulation, the special education eligibility criteria in subdivision (b) shall apply to preschool children, between the ages of three and five years.

(b) A preschool child, between the ages of three and five years, qualifies as a child who needs early childhood special education services if the child meets the following criteria:

(1) Is identified as having one of the following disabling conditions, as defined in Section 300.8 of Title 34 of the Code of Federal Regulations, or an established medical disability, as defined in subdivision (d):
(A) Autism
(B) Deaf-Blindness
(C) Deafness
(D) Hearing Impairment
(E) Intellectual Disabilities
(F) Multiple Disabilities
(G) Orthopedic Impairment
(H) Other Health Impairment
(I) Serious Emotional Disturbance
(J) Specific Learning Disability
(K) Speech or Language Impairment in one or more of voice, fluency, language, and articulation
(L) Traumatic Brain Injury
(M) Visual Impairment
(N) Established Medical Disability

(2) Needs specially designed instruction or services as defined in Sections 56441.2 and 56441.3

(3) Has needs that cannot be met with modification of a regular environment in the home or school, or both, without ongoing monitoring or support as determined by an individualized education program team.

(4) Meets eligibility criteria specified in Section 3030 of Title 5 of the California Code of Regulations.

(c) A child is not eligible for special education and services if the child does not otherwise meet the eligibility criteria and his or her educational needs are due primarily to:
   (1) Unfamiliarity with the English language
   (2) Temporary physical disabilities
   (3) Social maladjustment
   (4) Environmental, cultural, or economic factors

(d) For purposes of this section, "established medical disability" is defined as a disabling medical condition or congenital syndrome that the individualized education program team determines has a high predictability of requiring special education and services.

(e) When standardized tests are considered invalid for children between the ages of three and five years, alternate means, including scales, instruments, observations, and interviews, shall be used as specified in the assessment plan.

(f) In order to implement the eligibility criteria in subdivision (b), the Superintendent shall do all of the following:
   (1) Provide for training in developmentally appropriate practices, alternative assessment, and placement options.
   (2) Provide a research-based review for developmentally appropriate application criteria for young children.
   (3) Provide program monitoring for appropriate use of the eligibility criteria.

(g) If legislation is enacted mandating early intervention services to infants and toddlers with disabilities pursuant to the federal Individuals with Disabilities Act (20 U.S.C. Sec. 1400 et seq.), the Superintendent shall reconsider the eligibility criteria for preschool children, between the ages of three and five years, and recommend appropriate changes to the Legislature.

(Amended by Stats. 2011, Ch. 347, Sec. 36, Effective January 1, 2012.)

California Education Code §56445

b. Prior to transitioning an individual with exceptional needs from a preschool program to kindergarten, or first grade as the case may be, an appropriate reassessment of the individual shall be conducted pursuant to Article 2 (commencing with Section 56320) of Chapter 4 to determine if the individual is still in need of special education and services.

c. It is the intent of the legislature that gains made in the special education program for individuals who received special education services, in accordance with this chapter, are not lost by too rapid a removal of individualized programs and supports for these individuals.

d. As part of the transitioning process, a means of monitoring continued success of the child shall be identified by the individualized education program team for those children of kindergarten or first grade equivalency who are determined to be eligible for less intensive special education programs.

e. As part of the exit process from special education, the present levels and learning style shall be noted by the individualized education program team. This information shall be made available to the assigned regular education teachers upon the child's enrollment in kindergarten or first grade as the case may be.

ASSESSMENT STANDARDS

For student transitioning from infant services into preschool programs:

a. Assessment will be conducted by a multidisciplinary team as specified in the Assessment Plan, including an authorized early childhood education specialist that serves students with disabilities. Assessment **may** include:
   5. A comprehensive developmental history conducted by a credentialed school nurse or other qualified individual (to determine age of onset).
   6. A current psychological assessment conducted by a credentialed school psychologist or other qualified individual
   7. A current language assessment conducted by a Speech-Language Pathologist or other qualified individual

8. A current play-based assessment conducted by the authorized early childhood education specialist
9. Previous school history, education progress, and medical reports when applicable
10. A current fine motor assessment conducted by an Occupational Therapist or other qualified individual
11. A current gross motor assessment conducted by a Physical Therapist or other qualified individual
12. A current vision assessment conducted by a Visual Impairment specialist or other qualified individual
13. A current orientation and mobility assessment conducted by an Orientation and Mobility specialist or other qualified individual

CHECKLISTS

The following are areas to consider for assessment/documentation in order to establish eligibility and to identify educational needs and are meant for guidance only:

☐	Upon referral contact referring individual and/or agency, identify areas of concern as they relate to: physical development, cognitive development, communication development, social or emotional development, or adaptive development by reviewing all reports from referring agencies.
☐	Completed assessment in identified areas of concern.
☐	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
☐	A written report from a school psychologist or other person with experience in working with preschool aged children with various disabilities that documents delays in cognitive, behavioral, academic, and other developmental areas that are directly related to the qualifying disability.
☐	A written report from a speech-language specialist that documents verbal and non-verbal communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need). **Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.**
☐	A written report from the early childhood education specialist that documents need in the areas related to play-based assessment.
☐	A written report from related service personnel that documents need in the areas of gross, fine-motor, vision and orientation and mobility, etc.
☐	A written report from a credentialed early childhood teacher that documents current academic levels of performance.

Based on review of written assessment and IEP Team (including the parent) discussion:

- ☐ The combined assessments, observations, and input of IEP Team members provide enough information for the IEP Team to identify needs, develop appropriate goals, and recommend supplementary supports, accommodations/modifications, and services.
- ☐ The severity of the disability has an adverse impact on the student's educational performance.
- ☐ The student requires special education and services to achieve a free appropriate public education.
- ☐ The student meets the eligibility criteria as an individual with exceptional needs between the ages of three and five years, inclusive.

APPENDIX B

INDIVIDUALS WITH EXCEPTIONAL NEEDS INFANT OR TODDLER (BIRTH TO AGE 3)

DEFINITIONS

Federal - 34 CFR §303.21

(a) Infant or toddler with a disability means an individual under three years of age who needs early intervention services because the individual

(1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
(i) Cognitive development.
(ii) Physical development, including vision and hearing.
(iii) Communication development.
(iv) Social or emotional development.
(v) Adaptive development; or

(2) Has a diagnosed physical or mental condition that—
(i) Has a high probability of resulting in developmental delay; and
(ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

(b) Infant or toddler with a disability may include, at a State's discretion, an at-risk infant or toddler (as defined in §303.5).

(c) Infant or toddler with a disability may include, at a State's discretion, a child with a disability who is eligible for services under section 619 of the Act and who previously received services under this part until the child enters, or is eligible under State law to enter, kindergarten or elementary school, as appropriate, provided that any programs under this part must include—

(1) An educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for children ages three and older who receive part C services pursuant to §303.211; and

(2) A written notification to parents of a child with a disability who is eligible for services under section 619 of the Act and who previously received services under this part of their rights and responsibilities in determining whether their child will continue to receive services under this part or participate in preschool programs under section 619 of the Act.

(Authority: 20 U.S.C. 1401(16), 1432(5))

State - 5 CCR §3031

Additional Eligibility Criteria for Individuals with Exceptional Needs - Age Birth to Younger Than Three Years

(a) A child, age birth to younger than three years, shall qualify as an individual with exceptional needs pursuant to Education Code section 56026(c)(1) and Government Code section 95014 if the Individualized Family Service Plan (IFSP) team determines that the child meets the following criteria:

(1) Is identified as an individual with exceptional needs pursuant to section 3030, and

(2) Is identified as requiring intensive special education and services by meeting one of the following criteria:

(A) The child has a developmental delay as determined by a significant difference between the expected level of development for their age and their current level of functioning in one or more of the following five developmental areas:

1. Cognitive development;
2. Physical and motor development, including vision and hearing;
3. Communication development;
4. Social or emotional development; or
5. Adaptive development.

A significant difference is defined as a 33 percent delay in one developmental area before 24 months of age, or, at 24 months of age or older, either a delay of 50 percent in one developmental area or a 33 percent delay in two or more developmental areas.

(B) The child has a disabling medical condition or congenital syndrome which the IFSP team determines has a high predictability of requiring intensive special education and services.

(b) Programs for individuals with exceptional needs younger than three years of age are permissive in accordance with Education Code sections 56001(c) and (d) except for those programs mandated pursuant to Education Code section 56425.

Federal - 34 CFR §303.322

(a) *General*.
- (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.
- (2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) *Definitions of evaluation and assessment. As used in this part—*
- (1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of ''infants and toddlers with disabilities'' in §303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.
- (2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—
  - (i) The child's unique strengths and needs and the services appropriate to meet those needs; and
  - (ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) Evaluation and assessment of the child. The evaluation and assessment of each child must—
- (1) Be conducted by personnel trained to utilize appropriate methods and procedures;
- (2) Be based on informed clinical opinion; and
- (3) Include the following:
  - (i) A review of pertinent records related to the child's current health status and medical history.
  - (ii) An evaluation of the child's level of functioning in each of the following developmental areas:
    - (A) Cognitive development.
    - (B) Physical development, including vision and hearing.
    - (C) Communication development.
    - (D) Social or emotional development.
    - (E) Adaptive development.
  - (iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

(d) Family assessment.
- (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
- (2) Any assessment that is conducted must be voluntary on the part of the family.
- (3) If an assessment of the family is carried out, the assessment must—
  - (i) Be conducted by personnel trained to utilize appropriate methods and procedures;
  - (ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) Timelines.

(1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45- day time period required in §303.321(e).

(2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with §303.345 (b)(1) and (b)(2).

(Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (a)(2), (d)(1), and (d)(2))

State - 17 CCR Title 17, Public Health, Division 2, Chapter 2, Article 2 - Evaluation and Assessment

52082 - Procedures for Evaluation and Assessment to Determine Eligibility

(a) The determination of eligibility for an infant or toddler shall be made with the participation of the multidisciplinary team including the parent.

(b) Evaluation and assessment shall be based on informed clinical opinion and include:

(1) A review of pertinent records related to the infant or toddler's health status and medical history provided by qualified health professionals who have evaluated or assessed the infant or toddler;

(2) Information obtained from parental observation and report; and,

(3) Evaluation by qualified personnel of the infant's or toddler's level of functioning in each of the following areas:

(A) Cognitive development;

(B) Physical and motor development, including vision and hearing;

(C) Communication development;

(D) Social or emotional development; and,

(E) Adaptive development.

(c) No single procedure shall be used as the sole criterion for determining an infant's or toddler's eligibility.

(d) Standardized tests or instruments may be used as part of the evaluation specified in 52082(b) above, and, if used, they shall:

(1) Be selected to ensure that, when administered to an infant or toddler with impaired sensory, motor or speaking skills, the tests produce results that accurately reflect the infant's or toddler's aptitude, developmental level, or any other factors the test purports to measure and not the infant's or toddler's impaired sensory, motor or speaking skills unless those skills are the factors the test purports to measure;

(2) Be validated for the specific purpose for which they are used.

(e) If standardized, normed or criterion referenced instruments are used as part of the evaluation specified in 52082(b) above, a significant difference between an infant's or toddler's current level of functioning and the expected level of development for his or her age shall be established when an infant's or toddler's age equivalent score falls one third below age expectation.

(f) Procedures and materials for evaluation and assessment of infants and toddlers shall be selected and administered so as not to be racially or culturally discriminatory.

(g) Infants or toddlers with solely low incidence disabilities shall be evaluated and assessed by qualified personnel of the LEA whose professional preparation, license or credential authorization are specific to the suspected disability.

(h) Regional centers, LEAs and multidisciplinary teams shall not presume or determine eligibility, including eligibility for medical services provided through the Department of Health Services, for any other state or local government program or service when conducting evaluations or assessments of an infant or toddler or their family.

(Authority cited: Section 95009 and 95028, Government Code)
(Reference: Section 303.300(b) and (c), 303.322, 303.344, and 303.323(b) and (c), Title 34 Code of Federal Regulations; Sections 95014(a)(1), and 95016, Government Code)

52084 - Assessment for Service Planning

(a) Assessment for service planning for eligible infants or toddlers shall identify all of the following:
    (1) The infant's or toddler's unique strengths and needs in each of the five areas specified in Section 52082(b)(3);
    (2) Early intervention and other services appropriate to meet the needs identified in (a)(1) of this subsection; and,
    (3) If the family consents to a family assessment, the resources, priorities and concerns of the family and the support and services necessary to enhance the family's capacity to meet the developmental needs of an infant or toddler with a disability.
(b) For purposes of service planning, regional centers and LEAs may use existing evaluation materials if the multidisciplinary team agrees that the existing materials adequately describe the levels of development and service needs for the infant or toddler.
(c) Assessment for service planning shall be based on age appropriate methods and procedures which may include any of the following:
    (1) A review of information related to the infant's or toddler's health status and medical history provided by qualified health professionals who have evaluated or assessed the infant or toddler;
    (2) Developmental observations by qualified personnel and the parent;
    (3) Other procedures used by qualified personnel to determine the presence of a developmental delay, established risk condition, or high risk for a developmental disability; and,
    (4) Standardized test or instruments.
(d) Assessments of family resources, priorities and concerns related to enhancing the development of the infant or toddler shall be voluntary on the part of the family. The family assessment shall:
    (1) Be conducted by qualified personnel trained to utilize appropriate methods and procedures;
    (2) Be based on information provided by the family through a personal interview;
    (3) Incorporate the family's description of its resources, priorities and concerns related to enhancing the development of the infant or toddler; and
    (4) Be conducted in the language of the family's choice or other mode of communication unless it is not feasible to do so.
(e) Evaluations pursuant to Section 52082 and assessments for service planning shall be conducted in natural environments whenever possible.

ASSESSMENT STANDARDS

All referrals for children that fall within the zero to age two are typically made by either parents or medical professionals to the local regional center. If the child is identified as having a low incidence disability, the local education agency will make an automatic referral for Early Start services through the

SAMPLE

APPENDIX C

Sample Student History Interview Form for Emotional Disturbance Criteria

IDENTIFYING INFORMATION

NAME: _____ DOB: _____ DATE: _____

LEA: _____ SITE: _____

GRADE: _____ AGE: _____ GENDER: _____

Home

Number of Siblings and ages: _____

Current living situation: _____

Father's education _____ Father's occupation _____

Mother's education _____ Mother's occupation _____

How do you get along with your mother, father, and each sibling? _____

_____

_____

Strengths

Do you participate in extracurricular activities? Yes No

What are your Career Goals? _____

What do you see as your strengths? What would others say your strengths are? _____

_____

_____

What do you enjoy doing in your free time? _____

_____

_____

School

Current School Subjects and Grades _____

_____

_____

Why do you believe you are behind academically in school? _____

_____

_____

Do you have a history of truancy or skipping classes? Yes No

Do you complete homework assignments? Yes No

BEHAVIOR

Do you have or have you displayed any behavior which you cannot explain? _____

_____

How do you feel most of the time? _____

_____

Describe your fears, what makes you angry, sad, and happy? _____

_____

_____

Do you feel depressed very often? _____

Have feelings of hopelessness and sadness? _____

Does this occur often?

What are the circumstances when you might feel that way_____

_____

Do you get angry easily? Yes No

If yes, when does it normally happen? _____

Do you have many friends? Yes No

Comments: _____

_____

_____

Do you prefer to be by yourself or with your peers? _____

Have you now or in the past had difficult time thinking or concentrating? Under what circumstances? _____

_____

_____

Have you now or in the past had recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation. When and for how long? _____

_____

Do you now or have you in the past had problems with:

Having a poor appetite or overeating?	Yes No
Problems sleeping or sleeping too much?	Yes No
Low energy or fatigue?	Yes No
Poor concentration?	Yes No
Do you/have you intentionally self-harmed?	Yes No
Do you ever hear things other people do not?	Yes No
Do you ever see things other people do not?	Yes No
Do you worry or are you preoccupied with recurring thoughts?	Yes No
Do you enjoy close relationships with other people?	Yes No

MEDICAL

Have you now or in the past had a significant weight loss or weight gain when not dieting or decrease or increase in appetite nearly every day? When and for how long? _____

_____

_____

Somatic concerns present? _____

_____

_____

Taking Medications: Yes No If yes: _____ Wear glasses? _____

AOD/ Legal

Have you ever been involved with the Juvenile Justice system? If yes, when and for what have you had contacts with legal system? _____

_____

_____

Have you ever been involved with drugs? If yes when and how frequent was your use? _____

_____

_____

If yes, why do you think you use drugs or alcohol? _____

_____

_____

Are you currently on probation? Yes No

Comments: _____

_____

_____

_____

Miscellaneous

Is there anything that has not been asked that should be known? _____

_____

_____

What would be helpful to you at school? _____

_____

_____

APPENDIX D

A Guide for Differentiating Emotional Disturbance and Social Maladjustment

The special education definition for emotional disturbance (ED) includes an exclusion clause such that a child or youth cannot be found to be ED if the behavior is specifically the result of a social maladjustment.

Emotional Disturbance Using IDEA Definition	Social Maladjustment
1. Inappropriate behaviors must be indicative of an emotional condition. The condition is documented by behavior observations, self-report (interviews, questionnaires) in the following areas: ❖ Feelings are often emotional overreactions including anxiety, depression, and guilt. ❖ Thoughts may be inappropriate to situation, confused, bizarre, and emotionally overloaded. ❖ Perceptions are often not congruent with usual perceptions of reality and can be confused or overly suspicious. ❖ Behaviors may be idiosyncratic, unusual, bizarre, as well as inappropriate. ❖ Lack of social awareness. Student may not understand or may misinterpret social conventions and behavioral expectations.	1. Inappropriate behaviors which originate in social maladjustment and are not indicative of an emotional condition: ❖ Emotional overreactions may occur only when behavior is criticized and punishment is applied. Anger is the most frequent reaction. ❖ Perceptions are usually practically related to situations and congruent with other people's perceptions. ❖ Thoughts are usually practically related to situations ❖ Behavior may be goal directed, self-serving, and manipulative. Student acts according to own perception of self-interest (even though others may consider behavior to be self-defeating). ❖ Student usually understands, but chooses not to accept, general social conventions and behavior standards. However, student may accept and follow counter-cultural standards of neighborhood and peer groups.
2. Exhibited "…over a long period of time…" ❖ ED behaviors must be persistent, generalized, inappropriate behaviors over time and situations.	2. Socially maladjusted behaviors may or may not be exhibited over a long time period. ❖ May often be situation-specific rather than occurring in many situations. ❖ Are often not observed until preadolescence or adolescence.
3. "…to a marked degree…" ❖ Serious Problems ❖ Low frequency in peer group	3. Socially maladjusted behaviors: ❖ May or may not be serious. ❖ May occur with higher frequency in delinquent peer group.
4. "…which adversely affects educational performance…" ❖ ED behaviors result in a demonstrable educational need in achievement, grades and/or dysfunctional behaviors in academic situations.	4. Socially maladjusted behaviors: ❖ May or may not have adverse effect on educational performance. ❖ Educational deficits, when present, are often related to truancy, tardiness, work refusal, and occasionally to limited intellect or educational background. ❖ A subgroup of socially maladjusted students have a history of language deficits and lowered verbal intelligence which predisposes them to chronic educational problems and social maladjustment related to lack of success.

Associated Characteristics	
Emotional Disturbance	**Social Maladjustment**
1. ED student usually has limited or no social support for inappropriate behavior.	1. Possible home, neighborhood, and/or peer support for socially maladjusted behavior
2. ED student usually demonstrates limited self-control. ❖ Low frustration tolerance, emotional overreactions, and impulsivity are common. ❖ ED Student often displays limited premeditation or planning and has limited ability to predict consequences of behavior. ❖ Behavior escalates quickly and cool down periods are often needed.	2. Socially maladjusted students have variable rather than limited self-control. They may preplan behavior and may be vigilant in social situations to avoid detection of misbehavior. Misbehavior may be goal-directed, even though the goals may be limited rather than long range. Socially maladjusted students may be able to stop misbehavior quickly if apprehended by authorities.
3. ED behaviors generally are dissocial and have no clear relationship to social morals or law enforcement.	3. Socially maladjusted behaviors are antisocial in that they violate social conventions and often exploit others. Attitudes and behaviors are generally anti-law enforcement: law enforcement officers are seen as interfering with the achievement of their self-interest.
4. Inappropriate behavior is disturbing to the ED student. ❖ May experience anxiety, guilt, depression, distress. ❖ ED student often expresses desires to want to change or improve behavior.	4. Inappropriate behavior is not disturbing to socially maladjusted students. ❖ Limited emotion may be attached to misbehavior. ❖ Socially maladjusted student may have an incentive to continue misbehavior to reach goals.
5. Social relationships are distorted and may be characterized by inappropriate dependence and over-closeness and/or inappropriate rebellion and defiance.	5. Social relationships tend to be superficial and transitory, although loyalty may be given to a delinquent peer group.
6. Self-esteem is usually low and self-concept is usually distorted.	6. Socially maladjusted student may appear to others to have adequate self-esteem and self-concepts; however, feelings of inadequacy often underlie veneer of adequacy.
7. ED student is often preoccupied with his/her conflicts and overly self-concerned; however, some ED students translate their problems into behavior immediately and have limited self-awareness.	7. Socially maladjusted students often have a very superficial sense of self and are rarely self-reflective.
8. ED student is more likely to respond to psychotherapeutic interventions.	8. Because of the characteristics mentioned above, including difficulty forming relationships and limited affective development, the socially maladjusted student who is not ED is less likely to respond to psychotherapeutic interventions. Alternative educational programs need to be developed for these students.