



STAFFORD MSD

SPECIAL EDUCATION

Operational Procedures

IF YOU TRY TO BREAK YOU MAY SHATTER
IF YOU TRY TO FORCE IT YOU WILL
BUT THE SCENT OF ROSES WILL
LINGER AROUND IT STILL

TRUTH AND REASON CONSTITUTE
THE INTELLECTUAL GOLD
THAT DEFIES DESTRUCTION

EACH HEART HOLDS THE SECRET
KINDNESS IS THE WORD.

WHATSOEVER THY HAND FINDETH
TO DO DO IT WITH THY MIGHT.

IN TEMPERANCE IS A DANGEROUS
COMPANION.

A MAN SHOULD NEVER BE ASHAMED
TO OWN THAT HE HAS BEEN IN THE
WRONG.

BY ATTENTION IDEAS ARE
REGISTERED IN THE MEMORY



TABLE OF CONTENTS

Introduction	3
1. Child Find Duty	4
2. Focus on Learning Needs	16
3. Dyslexia Services	20
5. Services Birth through Age 5.....	33
6. Instructional Arrangements & Settings	37
7. Children from Outside of the District..	38
8. Parents	43
9. Full and Individual Evaluation	47
10. Disabilities.....	57
11. FAPE and ARD Committee.....	96
12. Assessments	100
13. Transition Services	117
14. Annual Goals.....	121
15. Least Restrictive Environment	135
16. SPED Services.....	143
17. Graduation	149
18. Extended School Year	153
19. Enrollment in STafford MSD.....	157
20. Appendix	157



INTRODUCTION

The Stafford Municipal School District is required to develop and implement policies, procedures and practices related to the provision of special education services to eligible students. Operating guidelines are the written guidelines developed locally which outline the implementation of these practices.

Furthermore, according to the requirements of IDEA (34 CFR 300.646(b) (1)), the State Education Agency must provide for review and, if appropriate, revision of the policies, procedures and practices related to serving student with disabilities. This process is conducted through the Special Education Monitoring unit of the Division of Program Monitoring and Interventions at the Texas Education Agency.

To assist in meeting the above requirement, the following Operating Guidelines document was directly aligned to the Legal Framework for the Child-Centered Special Education Process hosted at <https://framework.esc18.net>. Each section provides the legal requirements for the identified area.

Operating Procedures are reviewed on a yearly basis and updated as needed throughout the year.

SPED Operating Procedures Writing Team

Director of Federal and State Programs	Dr. Margaret C. Patton
High School Diagnostician	Shaunte Norris
Elementary Diagnostician	Stephanie Reagle
Licensed School Specialist in Psychology	Adrienne Bodah
Dyslexia Coordinator	Brenda Kort



9. FULL AND INDIVIDUAL EVALUATION

Federal and State Requirements

Each public agency must conduct a full and individual initial evaluation before the initial provision of special education and related services to a child with a disability under this part 34 CFR 300.301 (a). The initial evaluation must consist of procedures to determine if the child is a child with a disability and to determine the educational needs of the child 34 CFR 300.301 (c) (2). The initial evaluation must be conducted within 45 school days of receiving parental consent for the evaluation 34 CFR 300.301 (c) (1).

Either a parent of a child, or a state education agency (SEA), other State agency, or Local Education Agency (LEA) may initiate a request for an initial evaluation to determine if the child is a child with a disability 34 CFR 300.301 (b)

Evaluation Procedures

Stafford's System

Responsible Staff:

- Campus Diagnostician*
- Campus Principal or Assistant Principal*
- General and Special Education Teachers (as needed)*
- Related Services Specialist/Therapists (as needed)*

Federal law requires that any standardized tests given to the student must be validated for the specific purpose for which they are used and must be administered by trained personnel in conformance with the instructions supplied by their producer. The evaluator determines the degree of evaluation needed in each area depending on the eligibility criteria for the suspected disability. The area of language proficiency is evaluated first to determine the language that will be used in further evaluation.

Evaluation instruments must not be culturally or racially discriminatory and must be administered in accordance with standardized procedures in order to prevent inappropriate evaluations for specific cultural groups. A variety of evaluation instruments and strategies are used to gather relevant functional and developmental information about the student, including information provided by the parent. All data is reviewed, interpreted, and compiled into a Full and Individual Initial Evaluation (FIIIE) report. All evaluation personnel are responsible for adhering to all auditable dates for initial evaluations, re-evaluations, and transfers where the student has been in special education in another district.

Tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those designed to provide a single general intelligence quotient. Tests are to be selected and administered to ensure that the test results of a student who has impaired sensory, manual, or speaking skills, will accurately reflect his or her aptitude or achievement level or whatever other factors the test purports to measure. Only tests approved by the Special Education Department will be used for evaluations.



Evaluation of the student covers all areas related to the suspected disability, including (where appropriate):

- health
- vision
- hearing
- social and emotional status
- general intelligence
- academic performance
- communicative status
- motor abilities

The evaluation must be sufficiently comprehensive to identify all of the student's special education and related service needs. The instruments used and strategies must provide relevant information that directly assists persons in determining the educational needs of the student.

A written report of a full individual and initial evaluation of a student for purposes of special education services shall be completed not later than the 45th school day following the date on which the school district receives written consent for the evaluation, signed by the student's parent or legal guardian. The ARD/IEP committee meeting shall be completed no later than 30 calendar days following completion of the FIE.

Procedures for Considering Outside (Private) Evaluations for Eligible Students

A parent can choose to have their child evaluated by an outside evaluator at any time, even if the time does not coincide with an initial or re-evaluation. The Team will convene in 10 days after reviewing the evaluation. However, the Team should not make any changes to disability determination or major changes in the IEP based on the outside evaluation. If the outside evaluation brings some serious concerns to light, then we should request parents' signature on a "Consent for Evaluation" so that we can conduct our own testing. Once our testing is complete, a ARDC meeting will be scheduled to review the results, go through the eligibility process, and write an IEP, if appropriate.

Procedures for Considering Outside Evaluations for General Education Students

If a parent of a general education student shares an outside evaluation that he has had completed, the Diagnostician in the building will schedule a meeting with the parent to review the evaluation to review the results and to discuss whether it is necessary or appropriate to initiate RTI. The parent always has the right to request a special education evaluation and not wait to complete RTI. If the parent decides to do so, Rtl forms will be completed and a "Consent for Evaluation" form will need to be signed by the parent. An IEP is never to be generated based only on an outside evaluation for a general education student. We have the right to conduct our own evaluation.



Parent Request for an Evaluation

Stafford's System

For those students who are having difficulty in the regular classroom, all school districts may consider tutorial, compensatory, and other academic or behavior support services that are available to all students, including a process based on Response to Intervention (RtI). The implementation of RtI has the potential to have a positive impact on the ability of districts to meet the needs of all struggling students.

If a student is experiencing learning difficulties, his or her parent may contact the **counselor** to learn about the school's overall general education referral or screening system for support services. This system links students to a variety of support options, including making a referral for a special education evaluation or for a Section 504 evaluation to determine if the student needs specific aids, accommodations, or services. A parent may request an evaluation for special education or Section 504 services at any time.

Special Education Referrals:

If a parent makes a written request for an initial evaluation for special education services to the director of special education services or an administrative employee of the school district, the district must respond no later than 15 school days after receiving the request. At that time, the district must give the parent a prior written notice of whether it agrees to or refuses to evaluate the student, along with a copy of the Notice of Procedural Safeguards. If the school district agrees to evaluate the student, it must also give the parent the opportunity to give written consent for the evaluation.

Please note that a request for a special education evaluation may be made verbally and does not need to be in writing. Districts must still comply with all federal prior written notice and procedural safeguard requirements and the requirements for identifying, locating, and evaluating children who are suspected of being a child with a disability and in need of special education. However, a verbal request does not require the district or charter school to respond within the 15-school-day timeline.

If the district decides to evaluate the student, it must complete the student's initial evaluation and evaluation report no later than 45 school days from the day it receives a parent's written consent to evaluate the student. However, if the student is absent from school during the evaluation period for three or more school days, the evaluation period will be extended by the number of school days equal to the number of school days that the student is absent.

There is an exception to the 45-school-day timeline. If a district receives a parent's consent for the initial evaluation at least 35 but less than 45 school days before the last instructional day of the school year, it must complete the written report and provide a copy of the report to the parent by June 30 of that year. However, if the student is absent from school for three or more days during the evaluation period, the June 30th due date no longer applies. Instead, the general timeline of 45 school days plus extensions for absences of three or more days will apply.

Upon completing the evaluation, the district must give the parent a copy of the evaluation report at no cost.

Additional information regarding special education is available from the district in a TEA document titled Parent's Guide to the Admission, Review, and Dismissal Process.



Eligibility Determination and Documentation

Federal and State Requirements

Upon completion of the administration of assessments and other evaluation measures a group of qualified professionals and the parent of the child determines whether the child is a child with a disability and the educational needs of the child [34 CFR 300.306\(a\)\(1\)](#).

Stafford's System

There are two components to consider for determining whether a student is eligible for special education services: (1) a student must have a disability, and (2) as a result of the disability, the student must need special education services to benefit from education. In Texas, an ARD/IEP Committee makes decisions about eligibility. Within 30 calendar days of completing the Full Individual Evaluation (FIE), the ARD/IEP Committee must meet to review the written report and determine whether the student is eligible for special education services. A copy of the evaluation report must be provided to the parent at no cost.

A child must not be determined by the ARD/IEP Committee to be a child with a disability if the determinant factor for such determination is:

- Lack of appropriate instruction in reading, including in the essential components of reading instruction as defined in the Elementary and Secondary Education Act (IDEA) which means explicit and systematic instruction in (a) Phonemic awareness, (b) Phonics, (c) Vocabulary development, (d) Reading fluency, including oral reading skills, and (e) Reading comprehension strategies
- Lack of appropriate instruction in math
- Limited English proficiency

Not all struggling learners have a disability. In these situations, the campus-based support team may meet and recommend other services or programs in general education to help the student. In the Response to Intervention (RTI) process, the campus-based support team may recommend additional interventions available to non-disabled students.

If the evaluation shows that the student has a disability, the ARD/IEP Committee must then decide whether the student needs special education services to benefit from education. If the student does not have an educational need for special education services, then he or she is not eligible for any such services.

If it is determined, through an appropriate evaluation under the full and individual evaluation frameworks, that a child has one of the disabilities but only needs a related service and not special education, the child is not a child with a disability under the [Individuals with Disabilities Education Act](#).



Federal and State Requirements

The LEA must ensure that a re-evaluation of each child with a disability is conducted ([34 CFR 300.303\(a\)](#) and 20 USC 1414(a)(2)(A).

- If the LEA determines the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation ([34 CFR 300.303\(a\)\(1\)](#) and 20 USC 1414(a)(2)(A));
- If a re-evaluation is requested by the child's parents or teacher ([34 CFR 300.303\(a\)\(2\)](#)); or
- Before determining that the child is no longer a child with a disability ([CFR 34.300.305\(e\)](#) and 20 USC 1414(c)(5)(A)).

A re-evaluation is not required (but a [SUMMARY OF PERFORMANCE](#) is required) before the termination of a child's eligibility due to ([34 CFR 300.303\(a\)\(2\)](#) and 20 USC 1414(c)(5)(B)(i)):

- Graduation from secondary school with a regular diploma ([34 CFR 300.305\(e\)\(2\)](#) and 20 USC 1414(c)(5)(B)(i)); or
- Exceeding the age eligibility for a free appropriate public education under state law ([34 CFR 300.305\(e\)\(2\)](#) and 20 USC 1414(c)(5)(B)(i).

A re-evaluation must occur:

- Not more frequently than once a year, unless the parent and the LEA agree otherwise ([34 CFR 300.303\(b\)\(1\)](#) and 20 USC 1414(a)(2)(B)); and
- At least once every three years, unless the parent and the LEA agree that a re-evaluation is unnecessary (34 CFR 300.303(b)(2) and 20 USC 1414(a)(2)(B)).

Review of Existing Evaluation Data (REED)

Stafford's System

Beginning of the School Year

- Each Diagnostic Specialist and Speech-Language Pathologist is responsible for compiling the list of students needing re-evaluation within the school year.
- The Diagnostic Specialist and Speech-Language Pathologist schedules a Review of Existing Evaluation Data (REED) meeting approximately one semester prior to the due date of the three-year re-evaluation date so that the evaluation can be completed within the timeline.

Data Collection

- The Diagnostic Specialist or Speech-Language Pathologist is responsible for collecting previous evaluations and information provided by the parents, current classroom-based,



local, and/or state assessments, classroom-based observations and related service providers, and health information provided by the school nurse.

- General education and/or special education personnel forms may be completed by multiple sources.
- Any personnel with relevant information concerning the student will be asked to complete, sign, and date the form.
- The person completing the form should address those competencies about which they have direct knowledge and/or observation.
- Information from parents should be sent home for completion by the parent(s)/guardian(s).
- The school nurse completes the health information form (all relevant health information should be addressed).

Review of Data

- The Diagnostic Specialist or Speech-Language Pathologist convenes a REED (Review of Existing Evaluation Data) meeting to review the student's current eligibilities and current progress.
- Based on the available data, the determination of the need for a formal evaluation is made by the REED committee with the same membership as an ARD committee.
- If the decision is to formally evaluate, the parent, guardian, or adult student will be provided Notice of the Evaluation and asked to sign the Consent for Evaluation.
- If the decision is to continue the current disability identification without any additional formal evaluation information, the Diagnostic Specialist or Speech-Language Pathologist will complete the REED document and it will become the new Full and Individual Evaluation Report. This information is placed in the student's special education eligibility folder.
- The Diagnostic Specialist or Speech-Language Pathologist will schedule an ARD/IEP committee meeting, at which time the Diagnostic Specialist or Speech-Language Pathologist will review the re-evaluation data.
- The FIE will need to be finalized by the FIE due date.

ARD/IEP Committee

The ARD/IEP Committee must include persons needed to establish eligibility for specific disabilities.

- For VI students, a representative of the Programs for the Visually Impaired must be present.
- For DHH, a representative from the Program for the Deaf and Hard of Hearing must be a part of the ARD/IEP Committee.



In determining whether additional data is needed, the committee should consider the following:

- The specific disability: Certain disabilities may change over time and require formal evaluation to substantiate developmental changes.
- Every three years, the REED committee will consider whether full, partial assessment, or a documented review of existing evaluation data should be completed. Depending on the student needs, formal and full evaluations could be completed more often but not more than once a year unless parent and school agree.
- Age of the student: Each case should be considered on an individual basis.
- Emotional/behavioral factors: Behavioral considerations should be documented in various settings for all students. Specific documentation and appropriate and current evaluations will impact future decisions if a Manifestation Determination Review (MDR) is needed.
- Special education services and supports provided: Special education services and supports that are in place and the effect of eliminating, reducing, or changing those services should be considered.
- Instructional demands of grade level standards: A major consideration should be the degree to which the student is able to meet the instructional demands of grade-level standards without special education and related services.

Parents

- The parent/guardian's right to request a formal evaluation always overrides the committee's decision to continue the disability identification.
- The parent has the right to request a formal evaluation to determine whether the student continues to be a student with a disability.

Summary of Performance

Federal and State Requirements

A *summary of performance* generally refers to a summary of the child's academic achievement and functional performance, which will include recommendations on how to assist the child with a disability in meeting the child's postsecondary goals. 20 USC § 1414(c)(5)(B)(ii), 34 CFR part 300.305(e)(2), 300.305(e)(3), 19 TAC §89.1070(c), 89.1070(e) 20 USC § 1414(c)(5)(B)(ii), 34 CFR part 300.305(e)(3)

Stafford's System

When writing the summary of performance, SMSD considers, as appropriate:

- The views of the parent;
- The views of the child; and
- Written recommendations from adult service agencies on how to assist the child in meeting postsecondary goals.



Elements of Summary of Performance

Stafford MSD provides each child with a summary of performance that contains:

- A summary of the child's academic achievement;
- A summary of the child's functional performance; and
- Recommendations on how to assist the child in meeting the child's postsecondary goals.

The High School Special Education teacher completes the Summary of Performance. Summary of Performance will be discussed at the graduation ARD and a copy will be given to the student.

Independent Educational Evaluation (IEE)

A parent has the right to an Independent Educational Evaluation (IEE) at public expense if the parent disagrees with an evaluation obtained by the LEA (34 CFR 300.502(b)(1)). Public expense means that the LEA either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parent consistent with the provisions of the Individuals with Disabilities Education Act (IDEA) regarding the use of IDEA Part B formula amounts in general. A parent is limited to only one IEE at public expense each time the LEA conducts an evaluation with which the parent disagrees (34 CFR 300.502.(b)(5)).

Stafford's System

Parents have a right to request and obtain an Independent Educational Evaluation or IEE at any time during their child's education and to have the FIE considered by the school district in any decision made with respect to providing a free, appropriate, public education (FAPE).

- An independent educational evaluation (IEE) is an evaluation conducted by a qualified examiner who is not employed by the school district responsible for the student's education.
- Submit a request for an IEE if he/she disagrees with the evaluation results (a) of testing conducted by the appraisal staff or (b) because the student was not assessed in an area. It is typical, but not a requirement, that a request for an IEE occurs in an ARD Committee meeting following an initial evaluation or reevaluation.
- When the parent presents the school with a parent-initiated evaluation or an IEE, the data is given to the diagnostician for consideration by the Admission Review and Dismissal Committee (ARD).
- After the ARD Committee has reviewed the data, the ARD committee will report and take any action deemed appropriate by the district.

While the parent has a right to obtain an IEE at his/her own expense, federal law provides a parent with the right to one IEE at public expense if the parent disagrees with the school district's evaluation. A parent may request a publicly funded IEE for each evaluation completed by the district. When a parent notifies the district that he or she disagrees with an evaluation and requests an IEE, the district must respond within a reasonable time, either by agreeing to provide the IEE or by initiating a due process hearing to show that the school district's FIE is appropriate.

If request for an IEE is granted, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the school uses when it initiates an evaluation. The school may not impose any other



conditions or timelines related to obtaining an IEE. Note. See Federal Program Director for district's evaluation rates.

SPP Data Collection

The Individuals with Disabilities Education Act of 2004 (IDEA 2004), Section 616(b)(2)(B), requires states to collect data from LEAs for State Performance Plan (SPP) indicators 1-14 in order to report data for the State Performance Plan / Annual Performance Report. The LEA is responsible for assuring that the data is accurate and therefore, must be knowledgeable of the process. Once entered and complete, the LEA certifier will certify the data. Every district must have a complete and certified status regardless of whether the district has no data to enter. If a district has no data to enter a zero should be entered into the application before the data collection is certified.

SPP Indicator 11: Child Find

Stafford's System

Monthly, the *Director of Federal and State Programs* checks the [SPP11 EVAL Tracking Report](#). This report reflects the information input by campus Diagnostic Specialists and Speech/Language Pathologists. This report provides:

- Evaluations completed within the state established timeline;
- Evaluations not completed within state established timelines;
- Determined not eligible;
- Determined eligible;
- Determined to have been delayed and the reason for delay. Detailed Records* would be sent by the campus to the Diagnostician/Speech Pathologist to support the reason for delay;
- And all other required components of Indicator 11.

After the data are entered, the entries are reviewed by our *Director of Federal and State Programs* for incomplete information to ensure accuracy and to ensure all schools are reported.

*Detailed Records may include, but are not limited to: certified letters; detailed physician's letters, comprehensive records of phone calls made or attempted along with the results of those calls, copies of correspondence sent to parents and any responses received, records of visits made to the parent's home or place of employment and the results of those visits, log of multiple attempts to contact parents or guardians; etc. should be collected as circumstances warrant.

SPP Indicator 12: Early Childhood Transitions

The Individuals with Disabilities Education Act of 2004 (IDEA 2004), Section 616(b)(2)(B), requires states to collect data from LEAs for State Performance Plan (SPP) indicators 1-14 in order to report data for the State Performance Plan / Annual Performance Report. State Performance Plan (SPP) Indicator 12 is a percentage of students referred by Part C / Early Childhood Intervention (ECI) prior to age 3 who are found eligible for Part B / District Special Education Services and who have an IEP (Individualized Education Program) developed and implemented by their third birthday.



Stafford's System

Monthly, the *Director of Federal and State Programs* checks the [SPP12 ECT Tracking Report](#) that reflects the information input by campus Diagnostic Specialists and Speech/Language Pathologists. This report provides the data collected for SPP 12:

- Student demographics (including Date of Birth);
- 120-day transition date;
- Referral date;
- Evaluation date;
- ARD/IEP date; and
- Reason for evaluation delay. Detailed Records* would be sent by the campus to the Appraisal Specialist to support the reason for delay.

After the data are entered, the entries are reviewed by the *Director of Federal and State Programs* for incomplete information to ensure accuracy and to ensure all schools are reported. This document is also utilized to support PEIMS reporting.

*Detailed Records may include, but are not limited to: certified letters; detailed physician's letters, comprehensive records of phone calls made or attempted along with the results of those calls, copies of correspondence sent to parents and any responses received, records of visits made to the parent's home or place of employment and the results of those visits, log of multiple attempts to contact parents or guardians; etc. and should be collected as circumstances warrant.



10. DISABILITIES

General Information:

20 U.S.C. § 1401 (3); 34 CFR §§ 300.8, 300.301-300.306 (Evaluations and Reevaluations), 300.307-300.311 (Additional Procedures for Identifying Children with Specific Learning Disabilities), and 300.122; TEC §29.003; 19 TAC §§ 89.1040 (Eligibility Criteria), 89.1050 (The Admission, Review, and Dismissal Committee)

Special education services shall be provided to eligible students in accordance with all applicable federal law and regulations, state statutes and rules, school policies and procedures, and this Special Education Administrative Procedures.

Eligibility Determination:

Special education services shall be provided to eligible students in accordance with all applicable federal law and regulations, state statutes and rules, school policies and procedures, and this Special Education Administrative Procedures.

To be eligible to receive special education services, a student must be a "child with a disability." To qualify as a "child with a disability," a student must have been determined to:

1. have met the definition of one or more of the disabilities listed in federal regulations, state law, or both; and
2. need special education and related services as a result of the disability or disabilities.

The provisions in this section specify the criteria to be used in determining whether a student's condition meets one or more of the definitions in federal regulations or in state law. A student must be assessed in all areas of suspected disability.

The student's Admission, Review, and Dismissal Committee (ARDC) make the determination of whether a student is eligible for special education and related services. Any evaluation or re-evaluation of a student shall be conducted in accordance with all applicable law. The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following:

1. A licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or
2. A licensed or certified professional for a specific eligibility category.

The student's disability condition must be documented in the Full and Individual Evaluation (FIE) and in the ARD/IEP report. There must be an Eligibility Report for each disability condition in the ARD/IEP reports. These reports must be kept in the eligibility file as well as the file kept by the school personnel.



AUTISM (AU) OR OTHER PERVASIVE DEVELOPMENTAL DISORDER

34 CFR §300.8(c) (1); 19 TAC § 89.1040(c) (1)

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which 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. A child who manifests the characteristics of autism after age 3 could be identified as having autism if he or she meets the other eligibility criteria. A student does not qualify as a child with autism if his educational performance is adversely affected primarily because the child has an educational disturbance, as defined in 34 CFR § 300.8(c)(4).

A student who has autism is one who has been determined to meet the criteria for autism as stated in 34 CFR § 300.8(c) (1) by a multidisciplinary team. Students with pervasive developmental disorders are included under this category. Thus, the multidisciplinary team must determine that the student:

1. has a developmental disability significantly affecting verbal and nonverbal communication and social interaction; and
2. the developmental disability affecting verbal and nonverbal communication and social interaction must have an adverse effect on the child's educational performance. The team's written report of evaluation shall include specific recommendations for behavioral interventions and strategies. Autism does not apply if the child's educational performance is adversely affected primarily because the child has an EMOTIONAL DISTURBANCE.

The team's written report of evaluation shall include specific recommendations for behavioral interventions and strategies.

Evaluation Procedures

Data may be collected from a medical doctor (i.e., psychiatrist, neurologist, etc.) as well as the members of a Student Review meeting, to include; The Licensed Specialist in School Psychology (LSSP), Educational Diagnostician, Speech-Language Pathologist, general education teacher, counselor, and administrator to collect information which supports that there is a suspicion of autism.

Qualified Professionals

Qualified professionals involved in the evaluating a student suspected of autism include a Licensed Specialist in School Psychology (LSSP), Educational Diagnostician, and Speech-Language Pathologist will conduct their respective portions of the autism evaluation. The Licensed Specialist in School Psychology (LSSP) will conduct the psychological portion of the evaluation, the Educational Diagnostician will conduct the intellectual/cognitive, adaptive behavior, and educational and performance levels of the assessment, and the Speech-Language Pathologist will conduct all areas of assessment in the areas of language and communication.



Procedures: Initial and Reevaluation

Informal (e.g., parent and teacher interviews, observations, etc.) and formal assessment tools (e.g., parent and teacher rating scales, play-based assessments, etc.) are used to determine whether a student meets eligibility criteria as a student with autism.

Cultural and Linguistic Differences Considerations

It is important to determine the cultural, linguistic, and experiential factors that may influence the student's learning and behavioral patterns. The following sociological factors must be taken into consideration:

- whether the student comes from a non-English speaking home or geographic area
- whether the student is a recent immigrant
- whether the student's family is highly mobile or migrant
- whether the student displays limited or sporadic school attendance
- whether home and school expectations are congruent
- or any other factors that may affect the student's learning or behavioral patterns.

Procedures used when requesting a Functional Behavioral Assessment (FBA)

First, consent to conduct consultative psychological services is collected from the parent which allows the Licensed Specialist in School Psychology (LSSP) to observe the child in the classroom setting as well as the collection of data from multiple data sources to include parent and teacher interviews. Informal data is collected from student observations across multiple settings, parent and teacher interviews, as well as information collected from the Full and Individual Evaluation help to create the appropriate Behavior Intervention Plan (BIP) goals and objectives.

Procedures used when drafting a Behavior Intervention Plan (BIP).

The data collected from the FBA and Full and Individual Evaluation results may be used to develop specific behavior goals and objectives that are included in the students' IEP, through a Behavior Intervention Plan (BIP), to implement strategies to assist teachers, both general and special education, to decrease problematic behaviors in the classroom.

Autism Supplement

For students eligible under autism, the strategies must be considered by the ARDC, based on peer-reviewed, research-based programming practices to the extent practicable, and when needed, addressed by the IEP:

1. extended educational programming (for example: extended day and/or extended school year services that consider the duration of programs/settings based on assessment of behavior, social skills, communication, academics, and self-help skills);
2. daily schedules reflecting minimal unstructured time and active engagement in learning activities (for example: lunch, snack, and recess periods that provide flexibility within routines; adapt to individual skill levels; and assist with schedule changes, such as changes involving substitute teachers and pep rallies);
3. in-home and community-based training or viable alternatives that assist the student with acquisition of social/behavioral skills (for example: strategies that facilitate maintenance and generalization of such skills from home to school, school to home, home to community, and school to community);



4. positive behavior support strategies based on relevant information, for example:
 - a. antecedent manipulation, replacement behaviors, reinforcement strategies, and data-based decisions; and
 - b. a behavioral intervention plan developed from a functional behavioral assessment that uses current data related to target behaviors and addresses behavioral programming across home, school, and community-based settings;
5. beginning at any age, consistent with subsection (h) of this section, futures planning for integrated living, work, community, and educational environments that considers skills necessary to function in current and post-secondary environments;
6. parent/family training and support, provided by qualified personnel with experience in Autism Spectrum Disorders (ASD), that, for example:
 - a. provides a family with skills necessary for a student to succeed in the home/community setting;
 - b. includes information regarding resources (for example: parent support groups, workshops, videos, conferences, and materials designed to increase parent knowledge of specific teaching/management techniques related to the student's curriculum); and
 - c. facilitates parental carryover of in-home training (for example: strategies for behavior management and developing structured home environments and/or communication training so that parents are active participants in promoting the continuity of interventions across all settings);
7. suitable staff-to-student ratio appropriate to identified activities and as needed to achieve social/behavioral progress based on the student's developmental and learning level (acquisition, fluency, maintenance, generalization) that encourages work towards individual independence as determined by, for example:
 - a. adaptive behavior evaluation results;
 - b. behavioral accommodation needs across settings; and
 - c. transitions within the school day;
8. communication interventions, including language forms and functions that enhance effective communication across settings (for example: augmentative, incidental, and naturalistic teaching);
9. social skills support and strategies based on social skills assessment/curriculum and provided across settings (for example: trained peer facilitators (e.g., circle of friends), video modeling, social stories, and role playing);
10. professional educator/staff support (for example: training provided to personnel who work with the student to assure the correct implementation of techniques and strategies described in the IEP); and
11. teaching strategies based on peer reviewed, research-based practices for students with ASD (for example: those associated with discrete-trial training, visual supports, applied behavior analysis, structured learning, augmentative communication, or social skills training).



DEAF-BLINDNESS (DB)

34 CFR §300.8(c) (2); 19 TAC §§ 89.1040(c) (2), 89.1050(b), 89.1050(c) (3) (C); TEC § 29.310(c)

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

Procedures

The procedures and materials used for the assessment and placement of the child who is deaf or hard of hearing must be in the child's preferred mode of communication. The evaluation data reviewed by the ARD committee in connection with the determination of the child's disability based on deaf blindness must comply with the evaluation procedures of DHH and Visual Impairment.

Eligibility Criteria

A student with deaf-blindness is one who has been determined to meet the criteria for deaf-blindness in 34 CFR § 300.8(c) (2). A student with deaf-blindness is one who, based on the evaluations specified in 34 CFR §§ 300.8(c) (3) (Deaf/Hard of Hearing) and 300.8(c) (12) (Visual Impairment):

1. Meets the eligibility criteria for DHH in 34 CFR § 300.8(c)(3) and visual impairment in 34 CFR §§ 300.8(c) (12);
2. Meets the eligibility criteria for a student with a visual impairment and has a suspected hearing loss that cannot be demonstrated conclusively, but a speech/language therapist, a certified speech and language therapist, or a licensed speech language pathologist indicates there is no speech at an age when speech would normally be expected;
3. Has documented hearing and visual losses that, if considered individually, may not meet the requirements for DHH or visual impairment, but the combination of such losses adversely affects the student's educational performance; or
4. Has a documented medical diagnosis of a progressive medical condition that will result in concomitant hearing and visual losses that, without special education intervention, will adversely affect the student's educational performance.

Admissions, Review, and Dismissal Committee (ARDC)

For a student with a suspected or documented deaf-blindness, the ARDC must include a certified teacher of the deaf and a teacher certified in the education of students with visual impairments.

Students (0-2)

For a student from birth through two years of age with visual impairment and/or hearing loss, an individualized family services plan (IFSP) meeting must be held in place of an ARD committee meeting in accordance with 34 CFR §§ 300.320-300.325, and the memorandum of understanding between the Texas Education Agency and the Department of Assistive and



Rehabilitative Services. For students three years of age and older, school districts must develop an IEP.

Use of Stafford MSD Medical Consultants for Otolaryngologist or Audiologists

If the parent is unable to financially access an Otolaryngologist, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Otolaryngologist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Otolaryngological). The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

If the parent is unable to financially access a licensed Audiologist, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Audiologist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Audiological). The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

Role of the Specialist

Specialists complete the assessment of the student's potential for communication through a variety of means, including oral (spoken) and aural (hearing), fingerspelling, and/or sign language.

The Speech-Language Pathologist is responsible for collecting information to determine the student's potential for communication through a variety of means.

Use of Stafford MSD Medical Consultants for Ophthalmologist or Optometrist

If the parent is unable to financially access a licensed ophthalmologist or optometrist, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Audiologist or Otolaryngologist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Ophthalmology or Optometry). The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

Transportation to the Otolaryngologist, Audiologists, Ophthalmologist, or Optometrist

If a contracted vendor is utilized as part of the Full Individual Evaluation process and the parent is not able to access transportation to the vendor's office, the Director of Federal and State Programs in collaboration with the Transportation Department will assist the parent with transportation arrangements at no cost to the parent.



Staff Roles

For a student with a suspected or documented deaf-blindness, the ARDC must include a teacher who is certified in the education of students with auditory impairments and a teacher certified in the education of students with visual impairments. It is also important to consult with assistive technology specialists to discuss possibilities of low to high tech devices for increasing independence and participation. Some students with visual impairments will benefit from light boxes to increase contrast between objects and background and/or other devices to enlarge or magnify print and materials. Students with hearing impairments may benefit from amplification systems or assistive listening devices.

Evaluation Procedures that Involve the Notice of Release/Consent to Request Confidential Information

- The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.
- If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.
- By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to an Other Health Impairment or Orthopedic Impairment.

DEAF OR HARD OF HEARING (DHH)

34 CFR § 300.8(c) (3), (5); 19 TAC §§ 89.1040(c) (3), 89.1050(b), 89.1050(c) (3) (B); TEC § 29.310(c)

A student with a hearing loss is one who has been determined to meet the criteria for deafness as stated in 34 CFR § 300.8(c)(3), or for hard of hearing as stated in 34 CFR § 300.8(c)(5).

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

Hard of Hearing means a loss 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.

Evaluation Procedures

The procedures and materials used for the assessment and placement of the child who is deaf or hard of hearing must be in the child's preferred mode of communication.

The evaluation data reviewed by the multidisciplinary team in connection with the determination of a student's eligibility based on an auditory impairment must include:



1. An otological examination performed by an Otolaryngologist (or by a licensed medical doctor with documentation that an Otolaryngologist is not reasonably available);
2. An audiological evaluation by a licensed audiologist shall also be conducted; and
3. The evaluation data shall include a description of the implications of the hearing loss for the student's hearing in a variety of circumstances with or without recommended amplification.
4. A communication assessment report provided by a speech-language pathologist, a person certified in deaf education, or another qualified individual. The communication assessment should determine the student's ability to use a variety of modes of communication such as sign language, speech, speech reading or finger spelling.

Admissions, Review, and Dismissal Committee (ARDC)

For a student with a suspected or documented hearing loss, the ARDC must include a certified teacher of the deaf.

Students (0-2)

For a student from birth through two years of age with visual impairments and/or hearing loss, an individualized family services plan (IFSP) meeting must be held in place of an ARD committee meeting in accordance with 34 CFR §§ 300.320-300.325, and the memorandum of understanding between the Texas Education Agency and the Department of Assistive and Rehabilitative Services. For students three years of age and older, school districts must develop an IEP.

Otological (Part A) Evaluation

The otological assessment must indicate a serious hearing loss even after corrective medical treatment or use of amplification. The report must be signed by an Otolaryngologist (ENT doctor) or a licensed practitioner with documentation that an Otolaryngologist is not reasonably available. The campus-based evaluator will send the otological report form to the Otolaryngologist. The campus evaluator should follow up with frequent calls to ensure that the completed form, including date and Doctor's signature, is returned in a timely manner.

Audiological (Part B) Evaluation

The audiological assessment describes the type of hearing loss, with and without amplification, as well as the implications of the hearing loss for the student's hearing in a variety of circumstances. A licensed Audiologist must sign the report. The campus evaluation specialist will send the audiological report form to the Audiologist. The campus evaluation specialist should follow up with frequent calls to ensure that the completed form, including date and Audiologist's signature, is returned in a timely manner.

Use of Stafford MSD Medical Consultants for Otolaryngologist or Audiologists

If the parent is unable to financially access an Audiologist or Otolaryngologist, Fort Bend ISD is required to contract with an outside vendor for this portion of the evaluation and the evaluation



will be completed at no cost to the parent. If the contracted Audiologist or Otolaryngologist is required, the campus evaluation specialist must email or call in the request to the Program Manager of Evaluation. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Audiological and/or Otological). The Program Manager will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

Use of RDSPD Audiologist and RDSPD Medical Consultant for Otolaryngologist Evaluation

If a DHH student receives direct RDSPD services (itinerant or site based) and the parent is unable to financially access an Audiologist or Otolaryngologist, the Brazoria-Fort Bend RDSPD will conduct the audiological portion of the evaluation utilizing the RDSPD Audiologist. The RDSPD will contract with an outside vendor for the portion of the otological evaluation and the evaluation will be completed at no cost to the parent. Transportation to the Audiologist or Otolaryngologist If a contracted vendor is utilized as part of the Full Individual Evaluation process and the parent is not able to access transportation to the vendor's office, the Program Manager of Evaluation & Related Services must be notified to assist the parent with transportation arrangements at no cost to the parent.

Communication Language (Part C) Evaluation

TEC §30.083(a)(6)

This portion of the evaluation describes the language and communication ability and the method of communication that will meet the individual needs of the student. The student's ability to communicate through a variety of modes of communication such as listening, speech, sign language, speech reading, and finger spelling are addressed. Each area in the Skill Levels of Specific Communication Competencies should be addressed. If the area is not applicable, it should be noted as "not applicable due to ...". Information for the Speech, Audition, Oral Language, Written Language, and Functional Communication Ability areas should be obtained from the Full Individual Evaluation, including standardized and functional assessment, and classroom teacher and parent input. If NO areas of weakness are noted, this may result in no educational need for the eligibility of DHH or for direct DHH services. This evaluation is completed by the speech-language pathologist with assistance from the deaf educator, upon request. The Disability Report-Deaf/Hard of Hearing (Part C)-Communication Assessment is located in SEAS.

Evaluation	Evaluation Specialist	Person Responsible	Report Form
Full and Individual Evaluation	Diagnostician/LSSP	Diagnostician/LSSP	Full and Individual Evaluation
Otological	ENT and Otolaryngologist	Diagnostician/LSSP	DHH Part A
Audiological	Audiologist	Diagnostician/LSSP	DHH Part B
Communication	SLP and Deaf Educator	SLP	DHH Part C
Speech-Language	Speech-Language Pathologist	SLP	Full and Individual Evaluation

Brazoria-Fort Bend Regional Day School Program for the Deaf (RDSPD) Referral for AI If an evaluation is being completed and eligibility of DHH is being considered, the Program Manager for Evaluation or the initial evaluation team should contact the RDSPD office to have a RDSPD representative assigned to participate with the evaluation team. The RDSPD representative will



collaborate with the evaluation team to review all student information, complete observations and functional assessment related to hearing loss, and provide a written summary to the evaluation specialist to be included in the FIE. If the eligibility of DHH is recommended, a RDSPD representative must be present at ARD meetings. If an evaluation is completed and a RDSPD representative was not included in the evaluation process, contact the RDSPD Coordinator and Program Manager for Evaluation to determine if additional information is needed.

Re-Evaluation Recommendations for DHH

As part of the planning process for a re-evaluation for a DHH student, a SCORE meeting (scope of reevaluation and evaluation) planning meeting must be held to determine the scope of the re-evaluation. The teacher of the deaf/hard of hearing assigned to work with or monitor the student should be included. The following guidelines should be referenced during the SCORE meeting:

- Young children through 8th grade—for each re-evaluation a complete audiological, otological, and communication assessment (Part A, B, and C) should be strongly considered. An aided audiogram provides valuable information as to how a student accesses information in the classroom. Otological (part A) re-evaluation may not be recommended if the previous two evaluations show no medical changes.
- High School student re-evaluation—if hearing has remained consistent and there are no significant academic changes, the audiological, otological and communication assessment (part A, B, and C) are not required. Communication Assessment (part C) may be recommended if there have been changes to or questions concerning the student's mode of communication. The parent may have updated audiological information from routine visits for hearing aid or cochlear implant maintenance that can be shared with the assessment team upon request.
- Change in services- if service providers feel a service is no longer needed, a SCORE meeting should be held to discuss which portions of the evaluation may be needed in order to discontinue the service.
- Suspected change in hearing ability- if a service provider or teacher suspects a change in the student's hearing ability or speech production, a conference/SCORE meeting should be held to determine if new evaluation/services are needed. A parent conversation may reveal new information from the student's private audiologist that may also provide helpful information for service providers.

Procedures to follow if a student refuses to wear amplification/listening device or the student is not wearing a listening device

- If a student refuses to wear his/her amplification/listening device, talk to the student and contact the parent to discuss the issue. If a resolution is not found, an ARD should be held, including the parent, to discuss the issue, develop interventions and supports to make sure the aids/listening device are being used.
- If behavior is causing the student to not wear the amplification/listening device, the LSSP should be consulted and a Functional Behavior Assessment (FBA) and Behavior goals and objectives and a Behavior Intervention Plan (BIP) may be warranted.



- If the student is not wearing the hearing aids/listening device for other reasons such as a lost or broken device, talk to the student and contact the parent to discuss the issue. If a resolution is not found, an ARD should be held, including the parent, to discuss the issue, discuss supports that may be available to assist the parent with the broken device. The ARD should also consider alternatives for the student to have access to information, such as an assistive listening device with headphones, written or picture communication, etc.
- If the student is not making adequate progress, document why the student is not making progress (e.g., student does not wear listening device; therefore, is not hearing the sounds/oral directions correctly). The classroom teacher should keep a daily log documenting the use of amplification. (see Amplification Monitoring Record form found in the Appendix)

While personal care items such as hearing aids and cochlear implants or other listening devices are not provided by the district, the district can give recommendations for possible resources. Contact the campus nurse or campus social worker representative first. If additional support is needed, contact the Coordinator for the Brazoria-Fort Bend RDSPD.

Assistive Listening Device (ALD)

- An Assistive Listening Device (ALD) such as a FM unit may be recommended by an Audiologist. An ALD is equipment that increases the functionality of a hearing aid or cochlear implant by helping the student separate the teacher's voice from background noise. When the school district provides an ALD, it should be documented on the Assistive Technology Supplement as well as the Accommodations Page of the student's ARD paperwork and daily documentation kept by the student's teacher on the Amplification Monitoring Record (see Appendix). If a student identified as receiving special education services is not receiving direct weekly services from a RDSPD Teacher, contact the Program Specialist for Assistive Technology to assist with determining the need for an ALD.
- If a student identified as receiving special education services does receive direct, weekly RDSPD services, contact the RDSPD Teacher for the provision of an ALD.
- If the student is not identified with a Special Education eligibility and receives 504 services due to hearing loss, and an ALD has been recommended, the ALD is provided through the 504 committee.

Frequently Asked Questions Referrals

1. When should the district/ECL agency refer a student for consideration of the eligibility of Deaf/Hard of Hearing (DHH)?

When a certified audiologist has determined the student has a significant hearing loss.

2. What is the process for making a referral for the consideration of eligibility of DHH for school age students, 3-21-year old's?



- Once a certified audiologist has determined a student to have a significant hearing loss and the district determines a referral for special education services is needed, a Full Individual Evaluation should be requested by the district.
- Contact the RDSPD office for a representative to be assigned to collaborate with the assessment team.
- The RDSPD representative will collaborate with the assessment team to review all student information, complete observations and functional assessment related to hearing loss, and provide a written summary to be included in the FIE. • If the eligibility of DHH is recommended, a RDSPD representative must be present at ARD meetings. If an evaluation is completed and a RDSPD representative was not included in the evaluation process, contact the RDSPD Coordinator and Program Manager for Evaluation to determine if additional information is needed.

3. What is the process for making a referral for the consideration of parent-infant services from the RDSPD for a birth-2-year-old?

- Once a certified audiologist has determined a child to have a hearing loss, the student is referred to an ECI agency, or referred to the RDSPD if already receiving ECI services. An otological evaluation should be obtained and information sent to the RDSPD Office Clerk (phone 281-634-1497 or fax/scan 281-327-1497).
- The RDSPD Records Clerk will send a "Referral for DHH Services" form to the ECI agency outlining any additional information that is needed.
- The RDSPD Coordinator or Audiologist will review the data and a RDSPD teacher will complete a Communication Assessment if hearing loss is confirmed.
- If DHH services are recommended, services must be added at an Individual Family Service Plan (IFSP) meeting with the RDSPD representative present, and the student must be registered in FBISD.

4. When should the district NOT refer a student for consideration of the eligibility of DHH?

When a certified audiologist has determined the student has a significant hearing loss that is conductive in nature. If the loss is conductive, the student should be treated medically. Following medical treatment, the student should have a follow-up hearing test to document the current hearing status. The student's hearing may have returned to normal.

5. What if the conductive loss cannot be treated medically? Or medical treatment will be ongoing or delayed indefinitely?

A referral for evaluation or ECI services should be made for students who have a conductive loss that is untreatable medically or for whom such treatment will be delayed indefinitely.

6. Who should the district/ECI agency contact regarding the status of DHH assessment?

RDSPD Office Clerk, at 281-634-1497. Parents should contact staff of their neighborhood school/district or ECI agency.



7. When should a referral to Texas State School for the Deaf (TSD) in Austin be made?

If the ARD/IEP committee determines the school district cannot provide a free and appropriate public education (FAPE) for the student in question. TSD is always an option for the parent to pursue. Parents should be informed at every annual ARD/IEP meeting that TSD is not being recommended by the district, but it is an option in the state of Texas for students who are Deaf or Hard of Hearing and use ASL as their mode of communication.

8. What assessment is needed to determine the eligibility of DHH?

- An otological evaluation to be completed by an Otolaryngologist (Ear, Nose, and Throat Physician). This assessment should be completed on the district form to make sure that all required information is provided.
- An audiological assessment (unaided and aided) to be completed by a certified Audiologist. (A hearing screening by a school nurse is inadequate.) This assessment should be completed on the district form to make sure that all required information is provided. Implications of the hearing loss are required.
- A speech and language assessment including a communication assessment to be completed by the Speech-Language Pathologist. A certified teacher of the deaf may assist with the communication assessment for school age students or complete the communication assessment for birth to two-year old's.
- A Full Individual Evaluation, including cognitive, functional and academic information to be completed by an Educational Diagnostician or LSSP. Data must be reviewed to determine if the student's educational performance is adversely affected by the loss of hearing.

9. What if the student is not currently being served by the Speech-Language Pathologist?

The district Speech-Language Pathologist should still complete the speech and language assessment and communication assessment. The communication assessment may also be completed in conjunction with a certified teacher of the deaf. The receptive and expressive language and listening information is very important information to be included in the FIE.

10. Can a Diagnostician/LSSP or Speech-Language Pathologist test a student who is not wearing amplification?

Yes, if the student has never worn amplification before or has not used amplification for a significant amount of time.

11. What information is needed to determine the eligibility of DHH?

- All items listed in #8 above.
- Grades and state or local assessment information.
- Previous ARD/IEP documentation, as appropriate to the situation.



12. Can a student be determined to meet the guidelines for the eligibility of DHH and learning disabled (LD)?

No, if the learning disability is in the area of language development. It is typically very difficult to determine that a language disorder is unrelated to the hearing loss.

Yes, if the learning disability can be shown to be unrelated to the hearing loss, such as with a learning disability in the area of math calculation but not math reasoning.

13. When should a student be determined to meet the guidelines for the eligibility of deaf blind (DB)?

- If the student meets the guidelines for the eligibility criteria for Deaf/Hard of Hearing (DHH) and visual impairment (VI);
- If the student meets the guidelines for the eligibility criteria visual impairment (VI) and has a suspected hearing loss that cannot be demonstrated conclusively, but a certified speech-language pathologist indicates there is no speech at an age when speech would normally be expected;
- If the student has documented hearing and visual losses that, if considered individually, may not meet the requirements for DHH or VI, but the combination of such losses adversely affects that student's educational performance; or
- If the student has a documented medical diagnosis of a progressive medical condition that will result in concomitant hearing and visual losses that without special education intervention, will adversely affect the student's educational performance.

14. When does a student meet the guidelines for the eligibility of DHH?

- When the loss of hearing, whether permanent or fluctuating, is so severe that it adversely affects educational performance but is not included in the definition of deafness. This is the federal definition for "hearing impairment."
- When the loss of hearing is so severe that the student is impaired in processing linguistic information through hearing with or without amplification and the impairment adversely affects educational performance. This is the federal definition for "deafness."
- When the documented hearing loss creates an educational need for special education and related services.

15. When does a student meet the guidelines for membership in the RDSPD?

When a student who is eligible as DHH has an educational need for services from a teacher of the deaf on a weekly (itinerant) or daily (site location) basis.

16. Can a student be determined to meet the guidelines for the eligibility of DHH and not be a member of the RDSPD?

Yes. In this case, the documented hearing loss creates an educational need for special education and related services and the needs of the student can be met by the local campus and district staff.



17. Can a student have a hearing loss or deafness and not be in special education?

Yes. If there is no educational need for special education and/or related services, the student may not be referred to special education. If a student has been in special education and no longer exhibits an educational need for services, he/she can be dismissed from special education and/or the DHH eligibility may be removed. The Full Individual Evaluation must support the removal of DHH eligibility. The student continues to have a hearing loss and may receive accommodations through 504 services.

18. Can a student who is dismissed from special education still receive services through the Texas Offices of Deaf and Hard of Hearing Services upon graduation?

Yes, if the requirement for the departmental services are met.

Evaluation Procedures that Involve the Notice of Release/Consent to Request Confidential Information

- The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.
- If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.
- By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to an Other Health Impairment or Orthopedic Impairment.

When a licensed medical professional has provided documentation because a licensed otolaryngologist is not reasonably available, what is the procedure used for continuing to pursue documentation by an otolaryngologist? How is that information recorded in the evaluation?

If the parent is unable to financially access an Otolaryngologist, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Audiologist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Otolaryngology). The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

EMOTIONAL DISTURBANCE (ED)

34 CFR § 300.8(c) (4); 19 TAC 89.1040(c) (4); 22 TAC § 465.38(1) (C); TX Occupations Code § 501.503

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:



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

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 34 CFR § 300.8(c) (4) (i).

Admission, Review, and Dismissal Committee (ARDC)

The assessment of emotional or behavioral disturbance, for educational purposes, using psychological techniques and procedures is considered the practice of psychology. A person commits an offense if the person engages in the practice of psychology or represents that the person is a psychologist in violation of the Occupations Code.

Evaluation Procedures

A student with an emotional disturbance is one who has been determined to meet the criteria for emotional disturbance as stated in 34 CFR § 300.8(c) (4).

The written report of evaluation shall include specific recommendations for behavioral supports and interventions. The written report of evaluation should also include:

1. The type and severity of the emotional disturbance;
2. The functional implications of the disability for situations involving instruction; and

The degree to which in-school and out-of-school behavior reflects symptoms consistent with the diagnosis and identification of behavior considered to be a direct result of the emotional disability.

Informal information must be collected through classroom observations through multiple settings, parent and teacher interviews, as well, if applicable, any outside information that is provided by a psychiatrist, psychologist, neurologist, etc.)

What professionals are included in the group of qualified professionals when evaluating a student suspected of having an emotional disturbance?

Licensed Specialist in School Psychology (LSSP), Educational Diagnostician, as well as Behavioral Specialists are used to evaluate a student suspected as having an emotional disturbance.



What procedures are used for planning an initial evaluation and a reevaluation for emotional disturbance?

For initial evaluations and reevaluations, consent to conduct consultative psychological services is collected from the parent which allows the Licensed Specialist in School Psychology (LSSP) to observe the child in the classroom setting as well as collection data from multiple sources to include informal and formal assessment tools which are used to determine whether an evaluation is warranted.

Role and expectations of various professionals in completing the evaluation for emotional disturbance.

The Licensed Specialist in School Psychology (LSSP), Educational Diagnostician, parent and teacher information, and observations are used to evaluate a student for a possible eligibility as a student with an Emotional Disturbance.

Procedures when requesting a Functional Behavioral Assessment (FBA).

First, consent to conduct consultative psychological services is collected from the parent which allows the Licensed Specialist in School Psychology (LSSP) to observe the child in the classroom setting as well as the collection of data from multiple data sources to include parent and teacher interviews. Informal data is collected from student observations across multiple settings, parent and teacher interviews, as well as information collected from the Full and Individual Evaluation help to create the appropriate Behavior Intervention Plan (BIP) goals and objectives.

Procedures used when drafting a Behavior Intervention Plan (BIP).

The data collected from the FBA and Full and Individual Evaluation results may be used to develop specific behavior goals and objectives that are included in the students' IEP, through a Behavior Intervention Plan (BIP), to implement strategies to assist teachers, both general and special education, to decrease problematic behaviors in the classroom.

What are your PBIS system procedures?

RTI behavioral data are collected from the student's teachers to determine the appropriateness of the behavioral interventions or whether the student needs to move from one tier to another from the 3-Tier system that is set in place that involves more intensive strategies.

How are cultural and linguistic differences considered when evaluating for an emotional disturbance?

It is important to determine the cultural, linguistic, and experiential factors that may influence the student's learning and behavioral patterns. The following sociological factors must be taken into consideration:

- whether the student comes from a non-English speaking home for geographic area
- whether the student is a recent immigrant
- whether the student's family is highly mobile or migrant



- whether the student displays limited or sporadic school attendance
- whether home and school expectations are congruent
- or any other factors that may affect the student's learning or behavioral patterns.

INTELLECTUAL DISABILITY

34 CFR § 300.8(c) (6); 19 TAC § 89.1040(c) (5)

Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

Evaluation Procedures

The evaluation data reviewed by the ARDC must include:

1. a standardized individually administered test of cognitive ability; and
2. adaptive behavior assessment in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

The district recommends that a student with an intellectual disability be evaluated by all certified specialists every 3 years so that the most current data of the student's progress can be determined. The re-adoption of the previous Full and Individual Evaluation is not best practice.

Evaluation Criteria

A student with an intellectual disability is one who has been determined to meet the criteria for intellectual disability as stated in 34 CFR § 300.8(c)(6). In meeting the criteria stated in 34 CFR § 300.8(c)(6), a student with an intellectual disability is one who has been determined to have significantly sub-average intellectual functioning that:

1. is measured by a standardized, individually administered test of cognitive ability in which the overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test; and
2. concurrently exhibits deficits in at least two of the following areas of adaptive behavior:
 - communication;
 - self-care;
 - home living;
 - social/interpersonal skills;
 - use of community resources;
 - self-direction;
 - functional academic skills;
 - work;
 - leisure;
 - health;
 - safety; and
3. is manifested during the developmental period; and



4. adversely affects the child's educational performance.

Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

- a. it has been determined that the student has a significantly sub-average intellectual functioning as measured by a standardized, individually administered test of cognitive ability; and
- b. concurrently exhibits deficits in at least two of the following areas of adaptive behavior: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

How are cultural and linguistic differences considered when evaluating for an intellectual disability?

It is important to determine the cultural, linguistic, and experiential factors that may influence the student's learning and behavioral patterns. The following sociological factors must be taken into consideration:

- whether the student comes from a non-English speaking home for geographic area
- whether the student is a recent immigrant
- whether the student's family is highly mobile or migrant
- whether the student displays limited or sporadic school attendance
- whether home and school expectations are congruent
- or any other factors that may affect the student's learning or behavioral patterns.

MULTIPLE DISABILITIES (MD)

34 CFR §300.8(c) (7); 19 TAC § 89.1040(c) (6)

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 do not include deaf-blindness.

A student with multiple disabilities is one who has been determined to meet the criteria for multiple disabilities as stated in 34 CFR § 300.8(c) (7).

In meeting the criteria stated in 34 CFR 300.8(c) (7), a student with multiple disabilities is one who has a combination of disabilities defined in 19 TAC § 89.1940 and who meets all of the following conditions:

1. the student's disability is expected to continue indefinitely; and
2. the disabilities severely impair performance in two or more of the following areas:
 - psychomotor skills;
 - self-care skills;
 - communication;
 - social and emotional development; or
 - cognition.

Students who have more than one of the disabilities defined in Section 89.1040 but who do not meet the above criteria shall not be classified or reported as having multiple disabilities.



Full and Individual Evaluation (FIE) Requirements

The FIE must include the eligibility report for multiple disabilities and the specific eligibility reports for the two or more disabilities.

After obtaining consent to perform an evaluation of the student in the areas of suspected disability, the Licensed Specialist in School Psychologist (LSSP), Educational Diagnostician, Speech-Language Pathologist, Certified Teacher of the Visually Impaired, Occupational Therapist, Physical Therapist, and Orientation and Mobility Specialist may conduct a Comprehensive evaluation to assess all areas of concern. Each assessment team member is responsible for finding the appropriate assessment materials to test the student in the respective areas involving their respective specialty. Once the multi-disciplinary team collects all testing data each assessment team member is responsible for writing their specific portion of the evaluation report. Once the evaluation reports are completed, they are compiled into one evaluation report. The results of the assessment will be reviewed by the multi-disciplinary team before the ARD meeting takes place.

NON-CATEGORICAL EARLY CHILDHOOD (NCEC)

19 TAC § 89.1040(c) (13)

Under IDEA, younger students (ages 3-9) may be eligible for special education and related services under a broader category called "Developmental Delay." In Texas, this category is called Noncategorical Early Childhood (NCEC).

Evaluation Procedures

The child must be assessed in all areas of suspected disability. The Admission, Review, and Dismissal Committee ("ARDC") that collects or reviews evaluation data in connection with the determination of the child's eligibility based on non-categorical must include the applicable members for intellectual disability, emotional disturbance, specific learning disability, or autism. The evaluation data reviewed by the ARDC in connection with that determination of the child's disability based on non-categorical must comply with the applicable evaluation procedures of auditory impairment and visual impairment.

Appropriate assessment instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; as well as an assessment by related service personnel may be used to determine eligibility in this area.

A student may be described as NCEC if the child:

1. is between the ages of three to five; and
2. has been evaluated as having intellectual disability, emotional disturbance, a specific learning disability, or autism.

****If NCEC is being utilized as the eligibility criteria, it MUST be noted as the Primary Disability in the ARD Document.**



Additional Stafford MSD Guidance

What does that mean?

In Texas, a child under the age of six that meets eligibility criteria with the disability of ID, ED, SLD, or AU could qualify for this category of disability.

When would it be used?

This criterion is typically used when a child meets the eligibility criteria, but it is the opinion of the evaluation team that there may be other factors contributing to the child's functioning. An example of this is a child who is evaluated at age three and prior to the evaluation the child may have had limited experiences outside of the home setting. Evaluation data indicates the child is functioning in the range of an intellectual disability, however the evaluators cannot determine the extent to which the limited experiences are contributing to the child's current functioning. Therefore, the evaluation team may determine that NCEC is the primary disability.

When must you reevaluate?

The eligibility criteria in 19 TAC § 89.1040(13) states that this eligibility category is only appropriate if the child is between three and five years of age. This means that the child must be reevaluated and have an ARD prior to the child's sixth birthday regardless of whether the three-year reevaluation is due.

How do I keep track of this?

Student rosters at the campus are updated to show students that have the non-categorical eligibility. Campus' must keep track of this information and make sure you get it done! If a PEIMS report is run and a child turns six and is NCEC it will produce a fatal error. At that point, you will be notified from the special education office that the evaluation is overdue.

Must I complete an Autism supplement if the child is non-cat AU?

Yes. The child is regarded as having the condition of autism, so the supplement is required.

ORTHOPEDIC IMPAIRMENT (OI)

34 CFR § 300.8(c) (8); 19 TAC § 89.1040(c) (7)

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).

A student with an orthopedic impairment is one who has been determined to meet the criteria for orthopedic impairment as stated in 34 CFR § 300.8(c)(8). The multidisciplinary team must determine that the student: (1) has a severe orthopedic impairment (2) that adversely affects the child's educational performance.



Admission, Review, and Dismissal Committee (ARDC)

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on an orthopedic impairment must include a licensed physician.

Evaluation Procedures that Involve the Notice of Release/Consent to Request Confidential Information

The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.

If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.

By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to Other Health Impairment or Orthopedic Impairment.

OTHER HEALTH IMPAIRMENT (OHI)

34 CFR § 300.8(c) (9); 19 TAC § 89.1040(c) (8)

Evaluation Criteria

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:

1. 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
2. adversely affects a child's educational performance. A student with an Other Health Impairment is one who has been determined to meet the criteria for other health impairment 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's Disorder as stated in 34 CFR § 300.8(c) (9).

Evaluation Procedures

A student's eligibility based on an Other Health Impairment must include a licensed physician, in addition to the licensed or certified practitioners. The medical doctor is the one responsible for ultimately making the determination if a student meets eligibility criteria as a student with an Other Health Impairment 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's Disorder as stated in 34 CFR § 300.8(c) (9).

What other professionals are included in the group of qualified professionals when evaluating a student suspected of having an Other Health Impairment?

The Licensed Specialist in School Psychologist (LSSP), Educational Diagnostician, Speech-Language Pathologist, Certified Teacher of the Visually Impaired, Occupational Therapist, Physical Therapist, and Orientation and Mobility Specialist may conduct a Comprehensive evaluation to assess all areas of concern.

Each assessment team member is responsible for finding the appropriate assessment materials to test the student in the respective areas involving their respective specialty. Once the multi-disciplinary team collects all testing data each assessment team member is responsible for writing their specific portion of the evaluation report. Once the evaluation reports are completed, they are compiled into one evaluation report. The results of the assessment will be reviewed by the multi-disciplinary team before the ARD meeting takes place.

Admission, Review, and Dismissal Committee (ARDC)

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on other health impairment must include a licensed physician.

Use of Stafford MSD Medical Consultants

If the parent is unable to financially access a Licensed Physician, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Ophthalmologist or Optometrist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed (Licensed Physician). The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

Evaluation Procedures that Involve the Notice of Release/Consent to Request Confidential Information

- The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.
- If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.



- By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to an Other Health Impairment or Orthopedic Impairment.

SPECIFIC LEARNING DISABILITY (SLD)

34 CFR §§ 300.8(c) (10), 300.307-300.311; 19 TAC § 89.1040(c) (9)

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 the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Disorders not included: Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Prior to and part of the evaluation, and in order 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 mathematics, the following must be considered:

1. Data that demonstrates the child was provided appropriate instruction in reading (as described in 20 USC, 6368 (3), and/or mathematics within general education settings delivered by qualified personnel; and
2. Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal evaluation of student progress during instruction. Data-based documentation of repeated assessments may include, but is not limited to, Response to Intervention (RTI) progress monitoring results, in-class tests on grade level curriculum, or other regularly administered assessments. Intervals are considered reasonable if consistent with the assessment requirements of a student's specific instructional program.

A student with a specific learning disability is one who:

- a. Has been determined through a variety of assessment tools and strategies to meet the criteria for a specific learning disability and
- b. Does not achieve adequately for the child's age or meet state-approved grade level standards in oral expression, listening comprehension, written expression, basic reading skills, reading fluency, reading comprehension, mathematics calculation or mathematics problem solving when provided appropriate instruction, as indicated by performance on multiple measures such as in class tests; grade average over time; norm or criterion referenced tests, statewide assessments; or a process base on the child's response to scientific, research based intervention and



(I) does not make enough progress when provided a process based on the child's response to scientific, research-based intervention (as defined in 20 USC, 7801 (37), as indicated by the child's performance relative to the performance of the child's peers on repeated, curriculum-based assessments of achievement at reasonable intervals, reflecting student progress during classroom instruction or

(II) exhibits a pattern of strengths and weaknesses in performance, achievement, or both relative to age, grade-level standards, or intellectual ability, as indicated by significant variance among specific area of cognitive function, such as working memory and verbal comprehension, or between specific areas of cognitive function and academic achievement.

Stafford MSD Criteria for Specific Learning Disabilities

Stafford MSD has adopted the Modern Operational Definition and the "Dual Discrepancy/Consistency Model" of SLD (both of which are featured in Flanagan, D.P., Ortiz, S.O., & Alfonso, V.C. (2013) *Essentials of Cross Battery Assessment* 3rd edition, Wiley and Sons). This model is widely accepted as a best practice in the identification of SLD and is based on multiple sources of literature and research (e.g., Kavale & Forness, 2000; Kavale et al., 2009; Berninger, 2001; Feifer 2012; Fletcher - Janzen & et al., 2001; Geary, Hoard, & Bailey, 2001); Hale & Fiorello, 2004; Hale et al., 2011; McClosky et al., 2012; Naglieri, 2011; Reynolds & Shaywitz, 2009; Siegal, 199; Stanovich, 1999; Vellutino, Scanlon, & Lyon, 2000).

There are six (6) diagnostic markers for SLD. Each one of the following markers needs to be present to make a SLD edibility determination.

1. A significant academic impairment. The student needs to have significant difficulties in an academic area of eligibility based on multiple sources. While a deficient standardized score is necessary, other supporting data is necessary to corroborate the difficulty (grades, STAAR, CBA, data from supplemental interventions etc.).
2. A significant cognitive impairment. According to IDEA, SLD is defined as "A disorder in one or more of the basic psychological processes" (300.8(c) (10) (i)). According to the CHC Theory of Human Cognitive Abilities, there are seven (7) broad cognitive areas (Gs): Fluid Reasoning, Long Term Retrieval, Short Term Retrieval, Processing Speed, Crystallized Intelligence, Visual Spatial, and Auditory Processing.
3. Generally average ability to think and reason. Individuals with SLD are of average or better overall cognitive ability but have a "specific" area of disability. SLD is not an appropriate eligibility for those students who have learning difficulties for reasons other than specific cognitive dysfunction. Global Learning Deficit has never been an eligibility category in Texas. A student with SLD should be able to perform academically at a level close to her/his typically achieving peers when provided with individualized instruction, as well as appropriate accommodations and instructional modification. Additionally, students with SLD should possess the ability to learn compensatory strategies and apply them independently, which often requires higher level thinking and reasoning. Specific software tools are utilized for the process of determining this marker. Overall, it must be determined that the student has a generally average ability to think and reason. This also could be evidenced by typical performance in areas outside of those under consideration for SLD.



4. Consistency between academic and cognitive impairments. This is where the determination is made that the cognitive impairment (marker #2) is likely the primary cause of the academic impairment (marker #1). For example, Ga (phonetic coding) links to a disability in basic reading but not math calculation. However, a deficit in auditory processing could be a likely cause of impairment in Basic Reading Skills, as research and data strongly support a linkage between those two areas. This consistency would be further supported by classroom data and evidence pointing towards the primary cause.
5. The cognitive impairment is domain specific. SLD is a vertical problem, not horizontal. The cognitive impairment (marker #2) is different from the other cognitive areas and stands out. We must determine whether the cognitive impairment is significantly different from the intact abilities and if the degree of the difference is rare and unusual.
6. Evidence of unexpected underachievement. The area of academic impairment is significantly different from what would be expected considering the overall cognitive ability of the student.

Exclusionary Criteria

The eligibility team is required to take into consideration the effects of what are commonly referred to as “exclusionary” factors.

Federal Regulations, require that the multidisciplinary team determine that its findings (that address the criteria for SLD) are not PRIMARILY the result of – “visual, hearing, or motor disabilities; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency.” Some factors to consider are the student’s attendance history, the impact of the student’s language/culture, sociological factors, trauma, and behaviors.

Role of the Evaluation Staff

Diagnostician/LSSP/SLP: trained to interpret test results. While tests provide a lot of necessary information, they are not the only factor in determining eligibility. Teachers: provide ecological data and information not again from standardized measures.

Where will a child younger than school age or out of school be observed?

It is best practice that the child be brought to the school setting so that all evaluation personnel may observe the child and ask the parents some informal questions about the areas of concern in question.

How is the appropriateness of instruction for a student who is homeschooled addressed?

The only requirements to legally homeschool in Texas are that:

- The instruction must be bona fide (i.e., not a sham);
- The curriculum must be in visual form (e.g., books, workbooks, video monitor);
- The curriculum must include the basic subjects of reading, spelling, grammar, mathematics, and good citizenship.

The child may also be taught in another family’s home or you may use a tutor for instruction.

The courts have determined the Texas homeschools are private schools for the purpose of compulsory attendance. Therefore, homeschools are not regulated, do not require teacher



certification or third-party curriculum approval and are exempt from compulsory attendance laws.

Limited English Proficient (LEP) – Culturally and Linguistically Diverse (CLD) Students for Specific Learning Disability, Intellectual Disability, and Other Health Impairment

The following information is a guideline for evaluating CLD students for Specific Learning Disability and/or Intellectual Disability and/or Other Health Impairment Evaluation.

Determination of the evaluation battery is to be done on an individualized basis.

Goal of the Evaluation Process

To determine the level of academic skills and eligibility for CLD students in order to show benefit from the educational process.

Definitions

1. **Culturally and Linguistically Diverse Students:** Students with language, cultural, and dialectical differences. Students who vary in languages and modality of communication (i.e. regional dialects, augmentative communication, language differences) and whose culture varies from the mainstream of the community.
2. **Native language:** The term “native language,” when used with respect to an individual who is limited English proficient, means the language normally used by the individual or, in the case of a child, the language normally used by the parents of the child.
3. **Specific Learning Disability:** Is a disability that affects the child's ability to learn. Exposure to two languages is not the cause of the disability.

Full Individual and Initial Evaluation

The evaluation shall be conducted using procedures that are appropriate for the student's most proficient method of communication when possible.

Determination of Eligibility

Additional Requirements (in Evaluation, Eligibility Determination section)

Evaluations and other evaluation materials used to assess a child under this section:

- (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;
- (ii) Are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to provide or administer.

Special Rule for Eligibility Determination

In deciding eligibility a child shall not be determined to be a child with a disability if the determinant factor for such determination is Limited English proficiency:

- **Monolingual Language Learner:** A student who uses one language for communication purpose.



- **Simultaneous Bilingual Language Learner:** A student who uses two or more languages for functional purposes before the age of three.
- **Sequential Bilingual Language Learner:** A student who used one language for functional purposes before the age of three and after the age of three was introduced to a second language as a means of communication.

Dynamic Evaluation:

Dynamic evaluation refers to a method involving a process of testing, teaching, and retesting a skill that was not demonstrated correctly in the evaluation process in order to measure the student's modifiability. If he/she learns the skill with minimal difficulty and minimal assistance from the teacher/clinician, a disorder in that area is questionable.

Basic Interpersonal Communication Skills (BICS): This is the face-to-face communication in daily discourse situations such as the student's level of conversation skills. (Cummins, 1984)

Cummins suggests that it may take one to two years for an individual to become proficient in a language at the BICS level.

Cognitive/Academic Language Proficiency (CALP): This is the language proficiency used in the development of literacy skills or language needed to perform in the academic areas within the classroom. (Cummins, 1984) Cummins suggests that it may take 5 to 7 years for an individual to become proficient in a language at the CALP level. Poor academic performance may reflect limited English proficiency rather than cognitive/ linguistic deficits.

Evaluation of Specific Learning Disability, Intellectual Disability, and Other Health Impairment

A comprehensive history of response to intervention and the Profile of Language Dominance and Proficiency sheet should be completed on each child during the SST process.

Monolingual Language Learners: Evaluation should be conducted in their home/native language if possible.

Simultaneous or Sequential Bilingual Language Learners will be tested first in English and then in their second language if possible, as needed.

Generally, students in Spanish (bilingual) classes will need a Spanish evaluation if the majority of their instructional language is in Spanish. Students in English classes and identified as LEP will need to be evaluated in Spanish and English. Students in English classes and not identified as LEP, generally will need to be evaluated in English. If an ELL student appears to be dominant in English and no longer proficient in Spanish, the evaluation staff may have an interpreter have a conversation with the student in Spanish. If the student does not appear to comprehend Spanish, testing in English may be warranted.

Procedures for CLD Evaluations

Languages other than Spanish: Bilingual evaluations for languages other than Spanish are to be conducted with the assistance of an interpreter, if determined to be needed. To schedule the interpreter, call or email appropriate person to secure the interpreter, with the date, time, campus, and language needed for the evaluation. Please allow a two-week notice prior to the date you wish to do the evaluation.

If a translator / interpreter is used for the administration of a test, remember the test is not normed in this fashion and may alter the validity of the results of the test administered --- use



extreme caution when using interpreters. In addition, when using an interpreter, consideration should be made regarding the reporting of standard scores.

Spanish Re-evaluation

The campus evaluation specialist facilitates the SCORE meeting. English testing that is needed should be completed by the campus diagnostician or LSSP. If Spanish testing is needed, contact the Program Manager of Evaluation and Related Services and a bilingual evaluator will be assigned to the case. The bilingual evaluator's role will be to complete testing in areas that require Spanish and the bilingual evaluator will be responsible for writing up those respective sections. The campus evaluation specialist will write the majority of the report and the campus evaluation staff will work in collaboration with the bilingual evaluation staff to determine conclusion and recommendations. The campus evaluation specialist is responsible for taking the lead on the collaborative FIE.

Procedures for Evaluations Conducted Using Alternate Forms of Communication

Any accommodations that are used during the evaluation process should be reported in the Full Individual Evaluation (i.e. accepted signed responses, utilized an augmentative communication device to respond). Standardized scores should not be reported. Criterion referenced scores may be used.

Note. If the student is identified as an ELL is being evaluated for a specific learning disability the evaluation staff must use the Cross-Battery Approach (use the cross-battery software system accompanied by the XBASS)

Procedures to Review Evaluation of SLD Transfer Student (In State/Out of State)

To facilitate the transition for a child with a disability:

The new LEA in which the child enrolls must take reasonable steps to promptly obtain the child's record from the previous LEA in which the child was enrolled, including:

- The individualized education program (IEP) and supporting documents; and any other records relating to the provision of special education or related services to the child;
- The previous LEA in which the child was enrolled must take reasonable steps to promptly respond to such request from the new LEA.

The Texas Record Exchange System (TReX) was created for the transmittal of records. Within 10 school days of the receipt of a record request, the sending district must send the most recent ARD documentation via TReX and all additional special education documentation may be sent via postal service.

However, all special education records must be sent within the 10-day timeframe. Enrollment in a new school district constitutes consent to send records with NO separate signature required under FERPA.

SPEECH IMPAIRMENT (SI)

34 CFR, §300.8(c) (11) (Speech or Language Impairment); 19 TAC § 89.1040(c) (10) (Speech Impairment)

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



A student with a speech impairment is one who has been determined to meet the criteria for speech or language impairment as stated in 34 CFR §300.8(c) (11).

Admission, Review, and Dismissal Committee (ARDC)

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a speech impairment must include:

- a certified speech and hearing therapist;
- a certified speech and language therapist; or
- a licensed speech/language pathologist.

Limited English Proficient (LEP) – Culturally and Linguistically Diverse (CLD) Students Speech Evaluation Process

Goal of the Evaluation Process

To determine the level of communication skills and eligibility for CLD students in order to show benefit from the educational process.

Definitions

1. Culturally and Linguistically Diverse Students: Students with language, cultural, and dialectical differences. Students who vary in languages and modality of communication (i.e. regional dialects, augmentative communication, language differences) and whose culture varies from the mainstream of the community.

2. Native language: The term "native language," when used with respect to an individual who is limited English proficient, means the language normally used by the individual or, in the case of a child, the language normally used by the parents of the child.

3. Definition of Speech/language Impairment: Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects the child's educational performance.

4. Communication Disorders and Variations (ASHA, 1993): "A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems." "Communication difference/dialect is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language."

5. Language-Learning Disability: A language disorder is a disability that affects the child's ability to learn any language. Exposure to two languages is not the cause of the disability. Bilingual children with language disorders will have difficulty learning English, Spanish, or any other language. Students should not be considered to have language learning disabilities if "problems" are observed only in the English language. If a student is truly language disordered, problems in communication should be evident in BOTH ENGLISH AND THE PRIMARY LANGUAGE (Roseberry-McKibbin 1995).



Full Individual Initial Evaluation

The evaluation shall be conducted using procedures that are appropriate for the student's most proficient method of communication.

Determination of Eligibility

Additional Requirements (in Evaluation, Eligibility Determination section)

Evaluations and other evaluation materials used to assess a child under this section—

- Are selected and administered so as not to be discriminatory on a racial or cultural basis;
- Are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to provide or administer.

Special Rule for Eligibility Determination—

In deciding eligibility under paragraph (4) (A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is-- (C) Limited English proficiency

- **Monolingual Language Learner:** A student who uses one language for communication purpose.
- **Simultaneous Bilingual Language Learner:** A student who uses two or more languages for functional purposes before the age of three.
- **Sequential Bilingual Language Learner:** A student who used one language for functional purposes before the age of three and after the age of three was introduced to a second language as a means of communication.
- **Dynamic Evaluation:** Dynamic evaluation refers to a method involving a process of testing, teaching, and retesting a skill that was not demonstrated correctly in the evaluation process in order to measure the student's modifiability. If he/she learns the skill with minimal difficulty and minimal assistance from the teacher/clinician, a disorder in that particular area is questionable.
- **Basic Interpersonal Communication Skills (BICS):** This is the face-to-face communication in daily discourse situations such as the student's level of conversation skills. (Cummins, 1984) Cummins suggests that it may take one to two years for an individual to become proficient in a language at the BICS level.
- **Cognitive/Academic Language Proficiency (CALP):** This is the language proficiency used in the development of literacy skills or language needed to perform in the academic areas within the classroom. (Cummins, 1984) Cummins suggests that it may take 5 to 7 years for an individual to become proficient in a language at the CALP level. Poor academic performance may reflect limited English proficiency rather than cognitive/ linguistic deficits.

Language of Evaluation

A comprehensive language history interview should be completed on each child during the Campus Intervention process. Analysis of the answers to the questions on the language history flow chart will determine if the child is a monolingual, simultaneous, or sequential language learner.



- Monolingual Language Learners: Evaluation should be conducted in their home/native language. No language proficiency testing is needed.
- Simultaneous Bilingual Language Learners: Should be tested in both languages learned before age three. Language proficiency testing should be completed in both languages.
- Sequential Bilingual Language Learners: Should be tested in the native (first learned) language. Language proficiency testing should be completed if significant changes in L1 have been noted and performance in L2 is not as expected.

As a rule, students in Spanish (bilingual) classes will need a Spanish evaluation. Students in English classes and identified as LEP will need to be evaluated in Spanish and English. Students in English classes and not identified as LEP, generally will need to be evaluated in English.

If an ELL student appears to be dominant in English and no longer proficient in Spanish, the SLP may have an interpreter have a conversation with the student in Spanish. If the student does not appear to comprehend Spanish, testing in English may be warranted.

Procedures for CLD Evaluations

1. Languages other than Spanish: Bilingual evaluations for languages other than Spanish are to be conducted with the assistance of an interpreter. To schedule the interpreter, call or email the appropriate person with the date, time, campus, and language needed for the evaluation. Please allow a two-week notice prior to the date you wish to do the evaluation.
2. Spanish Evaluations (initial): The campus SLP will gather the referral information, obtain consent, and send the referral folder with signed consent to the Program Manager for Evaluation and Student Services. The folder will then be assigned to a district-wide evaluation specialist. Spanish Re-evaluation: The campus SLP facilitates the SCORE meeting for speech only CLD students. English testing that is needed should be completed by the campus SLP. If Spanish testing is needed contact the Lead Speech Pathologist and a bilingual evaluator will be assigned to the case. The bilingual evaluator's role will be to complete testing in areas that require Spanish and the bilingual evaluator will be responsible for writing up those respective sections. The campus SLP will write the majority of the report and will work in collaboration with the bilingual evaluation staff member to determine conclusion and recommendations. The campus SLP is responsible for taking the lead on the collaborative FIE.
3. Procedures for Evaluations Conducted using alternate Forms of Communication: Any accommodations that are used during the evaluation process should be reported in the Full Individual Evaluation (i.e. accepted signed responses, utilized an augmentative communication device to respond). Standardized scores should not be reported. Criterion referenced scores may be used.

Guidelines for Evaluating CLD Students (Speech-Language Evaluation)

Determination of the evaluation battery is to be done on an individualized basis. The following information is a guideline only. The instruments listed in this section are not a comprehensive list of instruments on the market. These instruments are available in Fort Bend ISD. When selecting evaluation instruments, the student should be matched with the standardization sample based on sex, cultural factors, age, and linguistics.



All Initial Evaluations

1. Developmental history
2. BICS/CALP Teacher checklist
3. Pragmatic checklist
4. Oral Peripheral examination
5. Dynamic evaluation (see definition section)
6. Language sample

Monolingual Students	Use evaluation instruments in the student's native language. (I.e. if the child speaks only English, use English tests. If the child speaks only Spanish, test in Spanish.)
PPCD/ECSE Age	(Simultaneous language learner) Test in both languages. (L1 and English)
PPCD/ECSE Age	(Sequential language learner) Test in native language. Test in L2 as a supplement. Language Proficiency testing is recommended.

For Spanish speaking students, the following instruments are available.

Language

- EOWPVT-Bilingual edition; 2;0 to 70+
- ROWPVT-Bilingual edition; 2;0 to 70+ • PLS-5 Spanish; Birth–7:11
- CASL-2 or CELF-4/CELF-5 is recommended for English language testing when testing in English and Spanish.
- SLAP; 3.0-8.0
- STAMP; 3.0-8.0

Articulation

- PLS-5 Articulation Screener
- Arizona Articulation Test (use Fort Bend adaptation scoring form) 1.5-18
- SAM (Spanish Articulation Measure) 3 and up; Informal Data Gathering • Contextual Probes of Articulation Competence-Spanish (CPAC-S) ; 3.0 and up • Goldman Fristoe Test of Articulation-3 :2.0- 21.11



***School Age: (Sequential language learner)**

Test in native language. Test in L2 (second language) as a supplement. Establish eligibility based on native language or by analyzing characteristics common to both languages.

- Portfolio evaluation
- LPAC scores

Guidelines for Determining Eligibility

Language

1. Sequential language learners—eligibility should be determined based on the language skills in the native language. Communication deficits in L2 must also be present in L1.
2. Simultaneous language learners—eligibility should be determined based on the development of the languages learned before the age of three. Eligibility is not determined based on the student's language proficiency level. The student's communication competence should be derived through careful analysis of the case history and evaluation data.

Articulation

1. Sequential language learners—eligibility should be determined based on the articulation skills in the native language. (Not based on their English sound production). If articulation errors in the primary language do not exist, articulation impairment does not exist.
2. Simultaneous language learners—eligibility should be determined based on the sound development of the languages functionally used before age three.

Stuttering

1. Sequential language learners—determination of a stuttering disorder is based on the evaluation results from the native language.
2. Simultaneous language learners—determination of a stuttering disorder is based on the evaluation results in all languages learned before the age of three.

Language Proficiency (Speech-only Referrals)

Language proficiency testing should be completed for:

1. Initial evaluations of simultaneous language learners (simultaneous—meaning students who functionally used two languages before the age of three).
2. Sequential language learners who appear to exhibit minimal use of L1 and L2.
3. Proficiency testing is not necessary for articulation (only) referrals.

Language proficiency testing instruments may include:

1. Woodcock Munoz Language Survey
2. Woodcock Johnson Tests of Achievement - IV

Reliability for the younger-aged children is typically poor; therefore, these instruments should be completed in conjunction with the parent and teacher interview of language development.



Parent and teacher interview should also be factored in the determination of proficiency for school age children as well.

For children who are too young for standardized proficiency testing, report the parent and teacher report of the percentages of usage of L1 and L2.

Speech CLD Re-Evaluations

Goal

To determine continued eligibility and/or present levels of academic and functional performance.

Reporting Progress

Standardized testing is NOT completed for the purpose of measuring progress. Progress cannot be measured w/ standardized scores. Measuring progress is done through criterion referenced testing, grades, weekly performance, therapy data, and the student's ability to access his/her curriculum.

Standardization Sample Population

Be cognizant of matching the student to the standardization sample of the instrument. If the student does NOT match the standardization sample, standardized scores should not be reported. ONLY report criterion references.

How are TSHA guidelines used for considering a speech or language impairment?

Texas Speech and Hearing Association (TSHA) SI Eligibility Templates for Articulation, Language, Fluency, and Voice. These guidelines are intended to be a living document subject to change based on TSHA SI Eligibility Template reviews and evidenced based practices (Standardized test measures for all areas of assessment are subject to periodic revisions).

TRAUMATIC BRAIN INJURY (TBI)

34 CFR § 300.8(c) (12); 19 TAC § 89.1040(c) (11)

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.

A student with a traumatic brain injury is one who has been determined to meet the criteria for traumatic brain injury as stated in 34 CFR § 300.8(c) (12).



Admission, Review, and Dismissal Committee (ARDC)

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a traumatic brain injury must include a licensed physician, in addition to the licensed or certified practitioners specified in 19 TAC § 89.1040(b)(1).OF 1

Describe procedures followed for obtaining, at no cost to the parents, an examination performed by a licensed physician.

If the parent is unable to financially access a Licensed Physician, Stafford MSD is required to contract with an outside vendor for this portion of the evaluation and the evaluation will be completed at no cost to the parent. If the contracted Ophthalmologist or Optometrist is required, the campus evaluation specialist must email or call in the request to the Director of Federal and State Programs. The following information must be submitted: Student Name, DOB, Parent Name, Campus, Type of Evaluation needed. The Director of Federal and State Programs will contact the campus evaluation specialist when the contract is executed, and the parent may be notified to schedule the appointment.

Evaluation Procedures that Involve the Notice of Release/Consent to Request Confidential Information

- The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.
- If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.
- By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to an Other Health Impairment or Orthopedic Impairment.

VISUAL IMPAIRMENT (VI)

34 CFR § 300.8(c) (13); 19 TAC §§ 89.1040(c) (12), 89.1050(b), 89.1050(c) (3) (A); TEC § 30.002(c-1) (2)

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.

Evaluation Procedures

A student with a visual impairment is one who has been determined to meet the criteria for visual impairment as stated in 34 CFR § 300.8(c) (13). The visual loss should be stated in exact measures of visual field and corrected visual acuity at a distance and at close range in each eye in a report by a licensed ophthalmologist or optometrist. The report should also include



prognosis whenever possible. If exact measures cannot be obtained, the eye specialist must so state and provide best estimates.

In meeting the criteria stated in 34 CFR 300.8(c) (13), a student with a visual impairment is one who:

1. has been determined by a licensed ophthalmologist or optometrist:
 - to have no vision or to have a serious visual loss after correction; or
 - to have a progressive medical condition that will result in no vision or a serious visual loss after correction; and
2. has been determined by the following evaluations to have a need for special services:
 - a functional vision evaluation by a professional certified in the education of students with visual impairments or a certified orientation and mobility specialist;

The evaluation must include:

- the performance of tasks in a variety of environments requiring the use of both near and distance vision; and
- recommendations concerning the need for a clinical low vision evaluation.
- a learning media assessment by a professional certified in the education of students with visual impairments. The learning media assessment must include:
 - recommendations concerning which specific visual, tactual, and/or auditory learning media are appropriate for the student; and
 - whether or not there is a need for ongoing evaluation in this area.

Consultation with a Certified Teacher of the Visually Impaired

This specialist provides consultative support to discuss the best way to provide direct instructional services, either in the general and/or special education classroom. technology devices for increasing independence and participation. Some students with visual impairments will benefit from light boxes to increase contrast between objects and background and/or other devices to enlarge or magnify print and materials. Other options include Braillewriters, closed-circuit televisions, and screen enlargers. Recommendation from the certified teacher of the visually impaired that the student be placed in a self-contained special education classroom or the need for residential placement at the Texas School for the Blind and Visually Impaired.

Consultation with orientation and mobility specialists which helps the child prepare for more independent travel. Orientation refers to an awareness of one's self in relation to the physical environment, as well as understanding the many objects one encounters in their environment. It is for this reason that Orientation & Mobility specialists stress the area of concept development, particularly body image concepts, spatial orientation and environmental concepts. Mobility is the ability to travel safely, efficiently, and as independently as possible. Put simply, it is the ability to walk in a safe manner and know where you are going.



Confidential Information

- The evaluation staff member must review all parent and school referral information prior to the parent informed consent meeting to ensure a clear understanding regarding areas of concern and the scope of the evaluation.
- If a referral entails information that would require a physician or another outside provider's input, the evaluation staff member should draft the Release of Confidential Information and obtain consent to contact those outside individuals along with the consent to conduct a Full and Individual Evaluation.
- By acquiring the Consent for Release of Confidential Information at the referral consent meeting, there is ample time for the evaluator to send and receive all appropriate documents to be included and considered in the Full and Individual Evaluation. This is particularly important when the suspected eligibility includes a TEA eligibility that requires a physician's form such as but not limited to an Other Health Impairment or Orthopedic Impairment.

TIMELINES FOR IDENTIFYING DISABILITY CONDITIONS:

Initial evaluations

The LEA must conduct an initial full and individual evaluation (FIE) in accordance with the legal framework, before the initial provision of special education and related services to a child with a disability. Such initial evaluation must consist of procedures to determine: Whether a child is a child with a disability; and the educational needs of such child.

Timeline: From the date of parental consent, the Full and Individual Initial evaluation assessment must be conducted with 45 school days. The evaluation report must be completed within 30 calendar days, unless: The parent of a child repeatedly fails or refuses to produce the child for the evaluation; or the child transfers from one LEA to another when an evaluation is pending, and the LEA complies with the Transfer Students section

Reevaluations

The ARD committee members must review existing evaluation data on the child, including:

- Evaluations and information provided by the parents of the child;
- Current classroom-based, local, or state assessments, and classroom-based observations; and
- Observations by teachers and related services providers.

On the basis of that review, and input from the child's parents, the ARD committee members must identify what additional data, if any, are needed to determine: -Whether the child is a child with a disability, and the educational needs of the child, or, in case of a reevaluation of a child, whether the child continues to have such a disability and the educational needs of the child; Whether the child needs special education and related services, or in the case of a reevaluation of a child, whether the child continues to need special education and related services; The present levels of academic achievement and related developmental needs of the child; and Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the individualized



education plan (IEP) of the child and to participate, as appropriate, in the general education curriculum.

Timeline: A Re-evaluation must occur at least once every 3 years, unless the parent and LEA agree otherwise.

EVIDENCE OF PRACTICE:

- **Forms or checklists used**
ARD Packet (Initial, Re-evaluation, Annual, etc.), Goals and Objectives, Present Levels of Academic Achievement and Performance (PLAAFP), Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), and Psychological Services.
- **Training artifacts (sign-in sheets, agendas, etc.)**
ARD Agenda Sheet, List of ARD Participants, Deliberations, Signature of ARD Participants.
- **List of qualified evaluators with appropriate licenses and certifications**
Licensed Specialist in School Psychology (LSSP), Educational Diagnosticians, Speech Language Pathologists, Certified Teachers of the Visually Impaired, Occupational Therapists, Physical Therapists, and Orientation and Mobility Specialists.
- **Copies of evaluations**
Copies of evaluations may be provided at parent's requests. A copy of all the evaluation documents, including the ARD Packet, must be kept in the Federal Programs state folder.