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Eligibility Determination

Eligibility Determination Meeting

The MET, which includes the parent, must meet within fourteen (14) calendar days of the completion of the evaluation to determine if the child is eligible for special education services. The parent must be invited in writing to attend the eligibility determination meeting. The CCSD uses the Meeting Invitation and Reply that contains all of the required components.

The parent is provided a copy of the evaluation report(s) at least seven (7) calendar days prior to the eligibility determination meeting unless the parent waives this right in writing. *For example, if the eligibility determination meeting is scheduled fourteen (14) calendar days after the completion of the evaluation, the MET has up to seven (7) calendar days to provide the parent the evaluation report(s). If the eligibility determination meeting is scheduled ten (10) calendar days after the completion of the evaluation, the MET has up to three (3) calendar days to provide the parent the evaluation report(s). If the parents waive their right to a copy of the evaluation report before the meeting, a copy should be provided at the eligibility determination meeting. In these cases, the eligibility determination meeting may be held in fewer than seven (7) calendar days after the evaluation is completed.*

The MET cannot pre-determine a child's disability before the eligibility determination meeting.

However, as specialized personnel are required to determine eligibility for some disability categories, the MET must ensure that any required examiners must be available to participate in the decision-making process. MET members may participate in person, by submitting a written statement, or by other technological means such as by phone. Assessment information may need to be explained to the parent at the beginning of the meeting to allow the parent to participate in the determination of the presence of a disability; therefore, one (1) or more members of the MET must be available at the eligibility determination meeting who can explain the evaluation data and report(s) to the parents.

In the event that the parent cannot participate in the eligibility determination meeting despite good faith efforts to accommodate the parent's schedule, *the CCSD will hold the meeting within the deadline to prevent a delay in determining the eligibility of the child.*

The CCSD will provide the parent a copy of the Eligibility Determination Report documenting the MET's determination of eligibility or ineligibility.

If the determination is eligible, a Prior Written Notice will be provided to the parent indicating the CCSD's intention to develop and implement an Individualized Education Program (IEP) for the child.

The parent retains the right to disagree with the MET decision and may request an Independent Educational Evaluation (IEE) at public expense.

If the determination is ineligible, a Prior Written Notice will be provided to the parent indicating the Eligibility Team's decision and the reasons for the decision.



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Eligibility Determination Report

During the eligibility determination meeting, the MET (which consists of the parent, the child (if appropriate), a qualified examiner, and a regular education teacher with knowledge of the child in the general curriculum, and MTSS interventionist) will review the evaluation report(s) to create an eligibility determination report to document the decision of the MET about the determination of eligibility for the child and, if eligible, the child's disability category.

A MET Chairperson (the individual who has the ability to allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions or a designee) should be in attendance. The MET will document the agreement or disagreement of each team member on the Eligibility Determination Report. **All individuals who participate in the eligibility determination meeting must sign the eligibility determination report, and the report must be dated.**

Note: Signature stamps cannot be used on any evaluation or eligibility form.

A copy of the eligibility determination report, along with documentation of supporting evidence, and/or dissenting statements, if any, must be kept in the child's file and also provided to the parents.

Determination of Eligibility

The MET will use the Eligibility Determination Report to document the team's decision: **Data do not support eligibility**. If it is determined that the data do not support the presence of a disability or the need for special education and related services, the MET must record that the child is ineligible and consider other methods of assisting the child in the general education setting.

The CCSD will ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, and the Eligibility Determination Report documenting the MET's determination of ineligibility and Prior Written Notices indicating the Eligibility Team's decision and reasons for the decision.

Data support eligibility

If it is determined that the **data do support** the presence of a disability **and the need for special education and related services**, the MET will record that the child is eligible and designate the disability category for which eligibility was established.

The CCSD will ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, the Eligibility Determination Report documenting the MET's determination of eligibility, and a Prior Written Notice of the district's intention to develop and implement an Individualized Education Program (IEP) for the child. Receipt of the Prior Written Notice must be verified and documented.

Parents have the right to disagree with the MET decision. If a parent disagrees with the MET decision on eligibility status or disability category, the parent must indicate his/her disagreement on the Eligibility Determination Report and submit a written statement of his/her conclusions to the MET Chair. The



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parents have the right to request an Independent Educational Evaluation (IEE) at public expense if the parent disputes the district's evaluation.

If the members of the MET fail to reach a consensus in determining eligibility and/or the disability category, the MET Chairperson (the individual who has the ability to allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions or a designee) must make a decision. If any member of the MET disagrees with this decision, he/she must indicate his/her disagreement of the Eligibility Determination Report and submit a written statement of his/her conclusions to the MET Chair.

Eligibility Category

There are twelve (12) categorical disabilities and one (1) noncategorical designation (i.e., Developmentally Delayed) under Mississippi policies. (See Attachment B Eligibility Categories)

Maintaining Data on Eligibility

The CCSD maintains records for all children who have been evaluated for special education—whether the child was determined to be eligible or ineligible.

The MET Chairperson must ensure the following information is forwarded to the Director of Special Education in accordance with district procedures:

- The child's name, race, grade/academic placement, and school of attendance;
- The child's eligibility status and the date of the eligibility determination;
- If eligible, the child's disability category; and
- Whether the determination was based on an initial assessment or a reevaluation.

The CCSD has developed policies and procedures for recording and maintaining student special education records to ensure compliance with the provisions of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA), including confidentiality, access, and storage provisions.

Individualized Education Program (IEP)

If the MET determines that a child is eligible for special education and related services, the CCSD will form an IEP Committee, composed of an agency representative, the child's educators, the parent, and, if appropriate, the child. The IEP Committee will meet to develop an IEP to provide the child with special education and related services, supplemental aids and services, program modifications and accommodations, and support for school personnel that ensure that the child receives a Free Appropriate Public Education (FAPE) in the child's Least Restrictive Environment (LRE).

The child's IEP must be developed within thirty (30) calendar days of the date the child is determined to be eligible for special education by the MET. The MET, which includes the parent, may choose to



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develop the child's IEP during a meeting held immediately following the eligibility determination meeting or during a separate meeting to be held within thirty (30) calendar days of the eligibility determination



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meeting. The IEP is developed jointly with the parents to ensure their input in goal development and service provision. Once developed, the IEP must be implemented immediately.

NOTE: *The child's MET and IEP Committee may have largely the same or very different membership depending upon the needs determined for the child. Some roles are the same including the child's general education teacher, the special education teacher (although a different special education teacher—namely the child's new special education teacher—may serve on the IEP Committee), the parent, and an Agency Representative. In some cases, members of the MET may not be appropriate to serve on the IEP Committee (e.g., a Psychometrist who conducts academic/cognitive assessments but does not provide special education or related services, or a Speech-Language Pathologist who assessed the child but found no deficits in communication).*

(See **Individualized Education Program (IEP)** section)

Forms

Meeting Invitation to Committee Meeting and Reply (under Child Find)

Eligibility Determination Report

Prior Written Notice (under Child Find)

Appendix B: Eligibility Categories

Eligibility Checklist for each Category



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ELIGIBILITY DETERMINATION REPORT

PERSONAL DATA	
Child's Name:	MSIS#:
District:	School:

Based on the attached (re)evaluation report(s) completed, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee determines that:

- The child MEETS the criteria for the presence of _____*
- The child MEETS the criteria for the presence of a Language/Speech Impairment (LS) that is not the primary disability but requires language and/or speech services as a related service _*
- The child DOES NOT meet the criteria for the presence a disability due to:*
 - Failure to meet required criteria: _____
 - Exclusionary factors: _____

Attach any applicable eligibility determination checklists and required statements from professionals.

DATE OF MEETING:

By signing below, I certify that his report DOES reflect my conclusions.		By signing below, I certify that his report DOES NOT reflect my conclusions. <i>I will submit a separate statement with my conclusions.</i>	
Signature	Position	Signature	Position
	MET Chairperson		MET Chairperson
	General Teacher		General Teacher
	Special Teacher		Special Teacher
	Parent/Guardian		Parent/Guardian
	Parent/Guardian		Parent/Guardian
	Child		Child
	Language/Speech Therapist		Language/Speech Therapist
	School Psychometrist/ Psychologist		School Psychometrist/ Psychologist
	Administrator		Administrator
	Other		Other
	Other		Other
	Other		Other

For children who meet the criteria for a Specific Learning Disability (SLD): *The MET/IEP Committee must include the child's general education teacher who is knowledgeable of the child OR a general education teacher licensed to teach children the same age as the child; a special education teacher; and a diagnostic examiner such as a School Psychologist, a Psychometrist, a Speech/Language Pathologist.*

For children who meet the criteria for an Emotional Disability (EmD): *If the MET/IEP Committee concludes a child **does not** meet the criteria for EmD because all behavior patterns appear to be the result of social maladjustment, this eligibility determination report must indicate this conclusion and documentation must be included to support the conclusion that the behaviors are indicative of social maladjustment.*



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Appendix B: Eligibility Categories
Appendix B

AUTISM (AU)

DEFINITION

Autism (also commonly referred to as Autism Spectrum Disorder) means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child's educational performance. Additional 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. It is not necessary for the student to exhibit all of these additional characteristics to meet the criteria.

Included in the Autism category are the Pervasive Developmental Disorders, including Autistic Disorder, Asperger Disorder, Pervasive Developmental Disorder-Not Otherwise Specified, Rett's Disorder, and Childhood Disintegrative Disorder. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. A child who manifests the characteristics of Autism after age three (3) could be identified as having Autism if the definition is satisfied and data consistently support an eligibility ruling of Autism.

EVALUATION REQUIREMENTS

Personnel must gather, document and carefully consider:

A. Results of instruments, observations and/or other data which address:

1. Receptive and expressive language skills, including language semantics and pragmatics; prosody (linguistics including intonation, rhythm and focus in speech); and the need for assisted communication; and
2. Social interactions; and
3. Responses to sensory experiences; and
4. Engagement in repetitive activities and stereotyped movements; and
5. Resistance to environmental change or change in daily routines.

B. A developmental history and/or other documentation which serves to determine the age of onset of autistic characteristics.

C. A statement by a qualified professional supporting the multidisciplinary evaluation team's conclusion that the student meets the eligibility criteria for Autism as defined by federal regulations and State policy. A qualified professional is defined as one of the following:

1. School psychologist currently licensed by MDE,
2. Psychometrist currently licensed by MDE,
3. Board-licensed psychologist,
4. Nurse Practitioner, or
5. Physician.



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DEAF-BLIND (DB)

DEFINITION

Deaf-Blindness means concomitant hearing and visual impairments that adversely affect a child's educational performance, 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.

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Deaf-Blind category:

- A. A statement that the child cannot properly function in a special education program designed solely for children with hearing impairments or visual impairments must be included in the comprehensive evaluation and/or eligibility determination report, and
- B. Procedures for assessing both Hearing Impairment and Visual Impairment must be followed.



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DEVELOPMENTALLY DELAYED (DD)

DEFINITION

A child in the age range of birth through nine (9) who is experiencing significant delays in two or more of the five developmental areas (cognitive, fine/gross motor, communication, social/emotional/behavioral, and adaptive behavior) meets the eligibility criteria for Developmentally Delayed if, by reason of the developmental delays, they need special education and related services due to a disability that adversely affects a child's pre-academic or educational performance. For preschool age children, the results of the evaluation must indicate an adverse impact of the child's ability to participate in developmentally appropriate activities. The criteria for DD could also be met if the child has a diagnosed disorder of known etiology which affects development in a negative fashion and has a high probability of resulting in a developmental delay. For diagnosed disorders, a diagnosis from a physician and research that supports the predicted developmental delays are required.

EVALUATION REQUIREMENTS

Developmentally Delayed is for non-categorical identification when the child has a disability and needs special education and related services, but does not clearly fit one of eleven (11)* eligibility categories (not including language/speech). If the eligibility criteria are clearly met for one or more of the eleven (11) (AU, DB, EmD, HI, ID, MD, OI, OHI, SLD, TBI, VI) eligibility categories (not including language/speech), DD should not be used. Mississippi has determined that DD applies to the age range birth through nine (9) years. A new eligibility determination must occur before the child's tenth (10th) birthday. The DD eligibility ruling cannot be maintained beyond the child's tenth (10th) birthday.

The following requirements apply to the DD category:

- A. Standard scores must be used when the instrument(s) yields standard scores.
- B. A significant delay is defined as 1.5 standard deviations below the mean of the test or subtest when the instrument yields standard scores.
- C. If the instrument yields only age equivalents, then significant delay is defined as a developmental age 25% below the child's chronological age or corrected age on the test or subtest.
- D. Follow guidelines in the test manual for calculating corrected age for children who were born pre-term. If the manual does not address corrected age calculation, the following guidelines should be considered:
 - 1. Calculate corrected age for children born prior to thirty-eight (38) weeks gestation, and
 - 2. Calculate corrected age up to twenty-four (24) months chronological age.

A variety of instruments should be considered and selected to yield information about the full range of the child's functioning in all five (5) developmental areas. When informants are used to gather information, they must have sufficient knowledge of the child's functioning in the areas for which the informant provides input. A description of all methods and informants used must be included in the report and must meet the administration guidelines and standardized procedures for each instrument.



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EMOTIONAL DISABILITY (EmD)

DEFINITION

Emotional Disability (EmD) exists when a student exhibits one (1) or more of the following characteristics over a long period of time and/or to a marked degree, adversely affecting educational performance:

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

Emotional Disability includes schizophrenia. The term does not refer to children who are socially maladjusted, unless it is determined that they have an Emotional Disability.

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Emotional Disability category, the multidisciplinary team evaluation report and/or eligibility determination report must include:

- A. Narrative descriptions of:
 1. the student's behaviors, and situations in which the behaviors occur and situations in which the behaviors do not occur, and
 2. antecedents leading to the behaviors, and
 3. consequences immediately following the behaviors;
- B. Functional assessments of the student's behavior, if conducted;
- C. Attempts to address the behaviors and the results, including:
 1. Behavior Intervention Plans, if developed and implemented during the pre-referral process; and
 2. office discipline referrals; and
 3. disciplinary actions;
- D. Documentation to support the behaviors have been exhibited for a long period of time and/or to a marked degree;
- E. A description of how the behaviors adversely affect educational performance;
- F. A statement as to whether the behaviors are typical for the student's age, setting, circumstances, and peer group, and if not, how the behaviors are different;
- G. The association between documented patterns of behavior and results of emotional and behavioral assessments;
- H. A statement by a qualified professional supporting the team's conclusion that the student meets the eligibility criteria for EmD. Prior to eligibility determination, the qualified professional making the statement must:
 1. observe the child,
 2. review all information gathered during the comprehensive evaluation,
 3. be qualified to interpret the test instruments administered according to the user qualifications for each measure, and
 4. review the eligibility criteria for EmD.

Qualified personnel for this purpose include at least one of the following:

1. School psychologist currently licensed by MDE,
2. Board-licensed psychologist, or
3. Psychiatrist.

I. If the team concludes the child does not meet the criteria for EmD because all behavior patterns appear to be the result of social maladjustment, the eligibility determination report must indicate this conclusion. Documentation must be included to support the team's conclusion that the behaviors are indicative of social maladjustment.



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HEARING IMPAIRMENT (HI)

DEFINITION

Hearing Impairment (HI) means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing with or without amplification that adversely affects a child's educational performance.

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Hearing Impairment category, which includes Deafness, the multidisciplinary team evaluation report and/or eligibility determination report must include:

- A. An audiometric evaluation explaining each of the following items:
 1. type of loss;
 2. age of onset, if known;
 3. severity of loss;
 4. speech reception or speech awareness thresholds, if obtainable;
 5. speech discrimination scores, if applicable;
 6. recommendations regarding amplification; and
 7. other recommended interventions, if any, including the need for assistive technology.
- B. A description of the follow-up examination and results, including:
 1. how the conditions noted during the examination might interfere with educational testing and performance; and
 2. recommendations for accommodations, modifications, and educational programming.
- C. Acoustic Immitance measures;
- D. An audiogram and/or measures of auditory evoked potential, such as Auditory Brainstem Response (ABR), Auditory Steady State Response (ASSR), and Otoacoustic Emissions (OAE) that would define the hearing loss;
- E. How the hearing loss impacts educational performance; and
- F. Communication abilities and needs, including the need for assisted communication.

NOTE: The audiological examination must be conducted by one of the following:

- i. an audiologist who holds MDE licensure in audiology,
- ii. an audiologist who holds ASHA--CCC certification,
- iii. a physician with expertise in conducting audiological evaluations using appropriate audiological equipment,
- iv. a qualified audiologist who holds certification from the American Academy of Audiology (AAA), or v. a qualified audiologist who is appropriately licensed through the designated licensure authority for the State of Mississippi.



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INTELLECTUAL DISABILITY (ID)

DEFINITION

Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance. Significantly subaverage general intellectual functioning is defined as two (2) standard deviations or more below the mean, including a standard score of 70, on a measure of cognitive ability.

A child with an eligibility ruling of Intellectual Disability exhibits learning problems which vary in degree from mild to severe. Delays in cognitive abilities, adaptive behavior, and developmental milestones must have been evidenced during a child's developmental period and, upon entering school, such delays must have adversely affected a child's educational performance.

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Intellectual Disability category, the multidisciplinary team evaluation report and/or eligibility determination report must include results of:

- A. An individual standardized achievement test;
- B. An individual standardized measure of cognitive abilities;
- C. A norm-referenced measure of adaptive behavior, which must include the home version of the measure if it is a component of the measure; completed by the primary caregiver(s). If the adaptive behavior measure allows for an informant other than the primary caregiver, the informant must be knowledgeable of how the child functions outside the school environment.



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LANGUAGE OR SPEECH IMPAIRMENT (LS)

DEFINITION

Language or Speech Impairment (LS) means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. Speech disorders include impairments in articulation, fluency and/or voice. Language disorders include developmental or acquired impairments in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may range in severity from mild to profound and may appear in combination with other communication disorders. A communication disorder may be the primary disability or secondary to other disabilities.

The American Speech Language and Hearing Association recognizes four (4) communication disorders described in A-D below:

A. An articulation/phonological processing disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility. Phonological processing includes the rules governing the addition or substitution of a phoneme, including but not limited to:

1. voicing processes;
2. deletion processes;
3. fronting processes;
4. syllable processes; and
5. phoneme processes.

B. A fluency disorder is an interruption in the flow of speaking characterized by:

1. atypical rate,
2. atypical rhythm, and
3. repetitions in sounds, syllables, words, and phrases.

These characteristics might also be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

C. A voice disorder is characterized by the abnormal production and/or absences of:

1. vocal quality,
2. pitch,
3. loudness,
4. resonance, and/or
5. duration, which are inappropriate for an individual's age and/or sex.

D. A language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems including:

1. the form of language (phonology, morphology, syntax),
2. the content of language (semantics), and/or
3. the function of language in communication (pragmatics).

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Language or Speech Impairment category, the multidisciplinary team evaluation report and/or eligibility determination report must include:

- A. Results of hearing screening;
- B. Results of an orofacial examination, which is required for suspected articulation disorders, and, if necessary, a statement from a medical specialist noting physical problems which would interfere with speech production;
- C. A physician's statement of release and recommendation(s) for services when a voice evaluation has been conducted;
- D. The number, types, and severity of disruptions, and a description of secondary characteristics in various settings (e.g., reading, monologue, conversation) when a fluency evaluation has been conducted;
- E. Results of a standardized measure(s) of language, when a language evaluation has been conducted;

NOTE: The score(s) must be at least 1.5 standard deviations below the mean of the test in the areas of expressive language and/or receptive language, including morphology, syntax, semantics and/or pragmatics for an eligibility ruling in Language.

F. When an articulation evaluation has been completed for children ages 30 months and older, evidence that the



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child's articulation skills are below age-appropriate peers based on normative data, including a measure of stimulability;

G. Documentation that the child's communication impairment adversely affects educational performance including the child's ability to communicate in academic, social and vocational settings; and

H. Documentation of the child's speech/language skills in conversational speech.

MULTIPLE DISABILITIES (MD)

DEFINITION

Multiple Disabilities (MD) means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that children cannot be accommodated in special education programs solely for one of the impairments. Multiple Disabilities do not include Although disabilities in two (2) or more areas may exist in the following categories, Deaf-Blindness, Specific Learning Disability, Developmental Delay or Language or Speech Impairment, these categories do not constitute Multiple Disabilities, in and of themselves. Language/speech, along with another disability, is generally viewed as a secondary condition, not MD.

EVALUATION REQUIREMENTS

When the multidisciplinary evaluation team is considering eligibility under the Multiple Disabilities category, the categories that are evidenced by the data and a statement that the child cannot be appropriately served in a special education program designed solely for one of the disabilities must be included in the eligibility determination report.

ORTHOPEDIC IMPAIRMENT (OI)

DEFINITION

Orthopedic Impairment (OI) means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly (e.g., clubfoot or absence of one or more members), impairments caused by disease (e.g., poliomyelitis or bone tuberculosis), and impairments resulting from other causes (e.g., cerebral palsy, amputations, and fractures or burns causing contractures).

EVALUATION REQUIREMENTS

When the multidisciplinary evaluation team is considering eligibility under the Orthopedic Impairment category, the evaluation report and/or the eligibility determination report must include a diagnostic report from a physician or a nurse practitioner that provides information regarding:

- A. The nature of the student's congenital or acquired Orthopedic Impairment, and
- B. Limitations and precautions to be considered, and
- C. Recommendations for educational programming.

OTHER HEALTH IMPAIRMENT (OHI)

DEFINITION

Other Health Impairment (OHI) means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

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

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Other Health Impairment category, the evaluation report and/or the eligibility determination report must include a diagnostic report from a physician or a nurse



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practitioner that provides information regarding:

- A. The nature of the student's health impairment, and
- B. Limitations and precautions to be considered, and
- C. Recommendations for educational programming.

When the evaluation team is considering eligibility under the Other Health Impairment (OHI) category due to an attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), the comprehensive evaluation report and/or eligibility determination report must include all of the following:

- A. A description of the student's behaviors, settings in which the behaviors occur, antecedents leading to the behaviors, and consequences immediately following the behaviors;
- B. Attempts to address the behaviors and the results, including office discipline referrals and disciplinary actions;
- C. A description of how the behaviors adversely affect educational performance;
- D. A statement as to whether the behaviors are typical for the student's age, setting, circumstances, and peer group, and if not, how the behaviors are different; and
- E. The correlation between documented behaviors and results of ADHD assessments.

NOTE: For ADD and ADHD, a diagnostic report from a physician or a nurse practitioner is not required.

SPECIFIC LEARNING DISABILITY (SLD)

DEFINITION

Specific Learning Disability (SLD) 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. Specific Learning Disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disability or of environmental, cultural differences, or economic disadvantage.

PRE-REFERRAL REQUIREMENTS

To ensure that underachievement in a child suspected of having a specific learning disability is not due to a lack of appropriate instruction in reading or math, the multidisciplinary evaluation team must consider, as part of the evaluation:

- A. Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in general education settings, delivered by qualified personnel; and Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the evaluation and reevaluation timeframes, unless extended by mutual written agreement of the child's parents and a group of qualified professionals:

- A. If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction; and
- B. Whenever a child is referred for an evaluation.

EVALUATION REQUIREMENTS

When determining whether a child has a Specific Learning Disability, public agencies:

- A. May consider whether a process based on the child's response to scientific, research-based intervention(s) is sufficient to determine eligibility (i.e., Response to Intervention—RtI); and, in addition
- B. May use other alternative research-based procedures; and/or
- C. May use a severe discrepancy between intellectual ability and achievement.

NOTE: Severe discrepancy is defined as 1.5 standard deviations below the measure of intellectual ability.

TEAM COMPOSITION

The multidisciplinary evaluation team must include the child's parents and a team of qualified professionals, including:



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- A. The child's general education teacher; or
- B. If the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of his or her age; or
- C. For a child of less than school age, an individual licensed by the SBE to teach a child of his or her age; and
- D. A special education teacher; and
- E. At least one person qualified to conduct and interpret individual diagnostic examinations of children, such as a school psychologist, psychometrist, speech/language pathologist, or remedial reading teacher.

REPORT REQUIREMENTS

When the evaluation team is considering eligibility under the Specific Learning Disability category, the eligibility determination report must include:

- A. Documentation of an observation using the following guidelines:
 - 1. The public agency must ensure that the child is observed in the child's learning environment (including the general education classroom setting) to document the child's academic performance and behavior in the areas of difficulty.
 - 2. The multidisciplinary evaluation team must:
 - i. Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
 - ii. Have at least one member of the multidisciplinary evaluation team conduct an observation of the child's academic performance in the general education classroom after the child has been referred for an evaluation and parental consent is obtained.
 - 3. In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.
- B. Statements indicating:
 - 1. Whether the child has a specific learning disability; and
 - 2. The basis for making the determination; and
 - 3. The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning; and
 - 4. The educationally relevant medical findings, if any; and
 - 5. Whether:
 - i. The child does not achieve adequately for the child's age or fails to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards in the following areas:
 - a) Oral expression
 - b) Listening comprehension
 - c) Written expression
 - d) Basic reading skill
 - e) Reading fluency skills
 - f) Reading comprehension
 - g) Mathematics calculation
 - h) Mathematics problem solving;
 - ii. The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in the paragraph (5.i.) above when using a process based on the child's response to scientific, research-based intervention; or
 - iii. The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments.
 - 6. The determination of the group concerning the effects of a visual, hearing, or motor disability, intellectual disability; emotional disturbance; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
 - 7. If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
 - i. The instructional strategies used and the student-centered data collected; and
 - ii. The documentation that the child's parents were notified about:
 - a) MDE's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; and
 - b) Strategies for increasing the child's rate of learning; and



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c) The parents' right to request an evaluation.

C. Each group member, including parent(s), must certify in writing whether the report reflects the member's conclusions. If it does not reflect the member's conclusions, the group member must submit a separate statement presenting his or her conclusions.

TRAUMATIC BRAIN INJURY (TBI)

DEFINITION

Traumatic Brain Injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and/or speech. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

EVALUATION REQUIREMENTS

When the evaluation team is considering eligibility under the Traumatic Brain Injury category, the comprehensive evaluation report(s) and/or eligibility determination report must include the information included in A, B, and C below:

A. Information from a variety of sources (e.g., assessments, evaluations, the student's teacher(s), parents and/or caregivers) who are familiar with the student's educational differences in functioning prior to and following the injury, if relevant, in the following areas:

1. cognition;
2. language;
3. memory;
4. attention;
5. reasoning;
6. abstract thinking;
7. judgment;
8. problem-solving;
9. sensory, perceptual and motor abilities;
10. psychosocial behavior;
11. physical functions;
12. information processing; and/or
13. speech.

B. A description of the acquired brain injury and cause of the injury; and

C. Reports from physicians, providers of rehabilitation services, and/or other healthcare providers describing precautions, limitations, and recommendations to consider when planning educational services, if available.



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VISUALLY IMPAIRED (VI)

DEFINITION

Visual Impairment (VI) 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 REQUIREMENTS

When the evaluation team is considering eligibility under the Visually Impaired category, the comprehensive evaluation report(s) and/or eligibility determination report must include a report from an ophthalmologist or optometrist that includes all of the following:

- A. visual acuity,
- B. diagnosed visual problems,
- C. a statement of how the child's visual problem might affect educational performance, and
- D. recommendations for educational programming.



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ELIGIBILITY DETERMINATION CHECKLIST: AUTISM (AU)

DEFINITION: Autism is a disability category characterized by a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child’s educational performance. Included in the Autism category are the Pervasive Developmental Disorders, including Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder-Not Otherwise Specified, Rett’s Disorder, and Childhood Disintegrative Disorder.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child’s performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child’s performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child’s evaluation is sufficiently comprehensive, based on the information available, to identify all of the child’s educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers “yes” to 1 or 2 or “no” to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Significant delays in verbal and nonverbal communication	
<input type="checkbox"/> Y <input type="checkbox"/> N Significant delays in social interaction	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

OPTIONAL CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Repetitive activities and/or stereotyped movements	
<input type="checkbox"/> Y <input type="checkbox"/> N Resistance to environmental change or changes in daily routines	
<input type="checkbox"/> Y <input type="checkbox"/> N Unusual responses to sensory experiences	
<input type="checkbox"/> Y <input type="checkbox"/> N Delays before the age of 3	

The child must meet all required criteria AND may (not) meet the optional criteria to be eligible for this category. See Exclusions.

EXCLUSIONS: <i>The child’s performance is</i>	SUPPORTING EVIDENCE
<input type="checkbox"/> Y <input type="checkbox"/> N Primarily affected by an emotional disability	

The child cannot be considered eligible for this category if the MET answers “yes” to the exclusion item.

^A The supporting evidence must contain data of receptive/expressive language, including semantics, pragmatics, prosody (linguistics including intonation, rhythm, and focus in speech), and need for assisted communication, social interactions, responses to sensory experiences, engagement in repetitive activities and stereotyped



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movements, and resistance to environmental change or change in daily living; a developmental history and/or other documentation that determines the age of onset of Autistic characteristics; and a statement from a licensed school psychologist, licensed psychometrist, board-licensed psychologist, nurse practitioner, or physician supporting eligibility.

ELIGIBILITY DETERMINATION CHECKLIST: DEAF-BLIND (DB)

DEFINITION: Deaf-Blindness (DB) means concomitant hearing and visual impairments that adversely affect a child’s educational performance, 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.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child’s performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child’s performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child’s evaluation is sufficiently comprehensive, based on the information available, to identify all of the child’s educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers “yes” to 1 or 2 or “no” to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<p>Hearing Impairment (HI):</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Deaf (severe impairments in processing linguistic information through hearing with or without amplification)</p> <p>- OR -</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Hearing impairment (permanent or fluctuating hearing impairment)</p>	
<p>Visually Impaired (VI):</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Blind (little or no vision)</p> <p>- OR -</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Partially sighted (significant vision loss)</p> <p>- OR -</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Legally blind (visual acuity of ≤20/200 in better eye after correction or contracted peripheral field of <20°)</p> <p>- OR -</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Other severe visual problems</p>	
<p><input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance</p>	
<p><input type="checkbox"/> Y <input type="checkbox"/> N Educational, developmental, or communication needs that cannot be accommodated in HI or VI programs alone.</p>	



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The child must have a hearing AND a vision impairment AND an adverse educational impact with educational, developmental, or communication needs that cannot be accommodated in either HI programs or VI programs alone to be eligible for this category.

^A The supporting evidence must contain a statement that the child cannot properly function in a special education program designed solely for children with HI or VI and evidence that procedures for assessing both HI and VI were followed.



ELIGIBILITY DETERMINATION CHECKLIST: DEVELOPMENTALLY DELAYED (DD)

DEFINITION: Developmentally Delayed (DD) is a non-categorical disability for a child ages birth through nine (9) years who is experiencing significant delays in two (2) or more of the five (5) developmental areas (cognitive, fine/gross motor, communication, social/emotional/behavioral, and adaptive behavior) that adversely affects a child's pre- academic or educational performance and that requires special education and related services –OR– a diagnosed disorder of known etiology which affects development in a negative fashion and has a high probability of resulting in a developmental delay.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 2. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 3. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 4. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or "no" to 2, 3 or 4.

ALTERNATE CRITERIA: <i>The child demonstrates:</i>		SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N	Significant delay in cognitive development ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N	Significant delay in fine/gross motor development ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N	Significant delay in communication development ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N	Significant delay in social/emotional/behavioral development ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N	Significant delay in adaptive behavior development ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N	Child is <u>less than</u> ten (10) years of age	

The child must have significant delay in two (2) or more areas of development AND be less than ten (10) years of age to be eligible for this category using these criteria. See Exclusions.

^A The supporting evidence must include a variety of instruments that yield information about the full range of the child's functioning in all five (5) developmental areas using informants with sufficient knowledge of the child's functioning in the areas for which they provide input. A description of all methods and information used following administrative guidelines and standardized procedures must be included in the report.

^B A significant delay is defined as 1.5 standard deviations below the mean of the test or subtest based on standard scores, if the instrument(s) used yields standard scores, or a developmental age 25% below the child's chronological age or corrected age on the test or subtests based on age equivalents, if standard scores are not provided by the instrument(s) used. Corrected ages must use the guidelines for the instrument(s) used or, if not provided, for children born prior to thirty-eight (38) weeks of gestation up to twenty-four (24) months of chronological age.



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ALTERNATE CRITERIA: <i>The child demonstrates:</i>		SUPPORTING EVIDENCE^C
<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosed disorder which negatively affects development with a high probability of resulting in a delay	
<input type="checkbox"/> Y <input type="checkbox"/> N	Child is <u>less than</u> ten (10) years of age	
<i>The child must have a diagnosed disorder that negatively affects development AND be <u>less than</u> ten (10) years of age to be eligible for this category using these criteria. See Exclusions.</i>		

^C The supporting evidence must contain a statement from a physician indicating a diagnosis AND research that supports the predicted developmental delays.

EXCLUSIONS: <i>The child clearly meets the criteria for:</i>		SUPPORTING EVIDENCE
<input type="checkbox"/> Y <input type="checkbox"/> N	Autism (AU)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Deaf-Blind (DB)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Emotional Disability (EmD)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Hearing Impairment (HI)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Intellectual Disability (ID)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Multiple Disabilities (MD)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Orthopedic Impairment (OI)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Other Health Impairment (OHI)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Specific Learning Disability (SLD)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Traumatic Brain Injury (TBI)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Visually Impaired (VI)	
<i>The child cannot be considered eligible for this category if the MET answers “yes” to any exclusion items.</i>		



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ELIGIBILITY DETERMINATION CHECKLIST: EMOTIONAL DISABILITY (EmD)

DEFINITION: Emotional Disability (EmD) exists when a child exhibits one (1) or more of the following characteristics over a long period of time and/or to a marked degree, adversely affecting educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory or health factors, (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (c) inappropriate types of behaviors or feelings under normal circumstances, (d) a general pervasive mood of unhappiness or depression, and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. EmD includes schizophrenia; however, EmD does not refer to children who are socially maladjusted, unless it is determined that they have an emotional disability.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

OBSERVATION: *An observation was conducted:*

Location of observation: _____ Date of observation: _____
 Observer name: _____
 Qualifications: MDE-licensed school psychologist Board-licensed psychologist Psychiatrist

REQUIRED CRITERIA: *The child demonstrates:* **SUPPORTING EVIDENCE^A**

<input type="checkbox"/> Y <input type="checkbox"/> N	(A) Inability to learn that cannot be explained by intellectual, sensory or health factors	
<input type="checkbox"/> Y <input type="checkbox"/> N	(B) Inability to build or maintain satisfactory interpersonal relationships with peers and teachers	
<input type="checkbox"/> Y <input type="checkbox"/> N	(C) Inappropriate types of behaviors or feelings under normal circumstances	
<input type="checkbox"/> Y <input type="checkbox"/> N	(D) General pervasive mood of unhappiness or depression	
<input type="checkbox"/> Y <input type="checkbox"/> N	(E) Tendency to develop physical symptoms or fears associated with personal or school problems	
<input type="checkbox"/> Y <input type="checkbox"/> N	Emotional characteristics (A-E) have been exhibited over a long period of time or to a marked degree	



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<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	
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The child must meet one (1) or more required criteria (A-E) AND demonstrate characteristics over a long period of time/to a marked degree AND have an adverse educational impact to be eligible for this category. See Exclusions.

EXCLUSIONS: *The child's performance is primarily affected by:* **SUPPORTING EVIDENCE^B**

<input type="checkbox"/> Y <input type="checkbox"/> N Social maladjustment without a concomitant emotional disability	
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The child cannot be considered eligible for this category if the MET answers "yes" to the exclusion item.

^A The supporting evidence must contain narrative descriptions of child behavior(s), situations in which the behavior(s) do(es) and do(es) not occur, antecedents leading to the behavior(s), and consequences immediately following the behavior(s); functional assessments of the child behavior (if conducted); descriptions of attempts to address the behavior(s) including Behavior Intervention Plans (if developed and implemented during the pre-referral process), office discipline referrals, and disciplinary actions and the results of these attempts; documentation to support the existence of the behavior(s) for a long period of time and/or to a marked degree; a description of how the behavior(s) adversely affect educational performance; a statement as to whether the behavior(s) are typical for the child's age, setting, circumstances, and peer group, and if not, how the behavior(s) are different; a description of the association between documented patterns of behavior and results of emotional and behavioral assessments; a statement from an MDE-licensed school psychologist, board-licensed psychologist, or psychiatrist supporting eligibility based on an observation, review of all information gathered during the comprehensive evaluation, interpretations of test instruments used, and review of eligibility criteria.

^B If the team concludes the child does not meet the criteria for EmD because all behavior patterns appear to be the result of social maladjustment, the eligibility determination report must indicate this conclusion. Documentation must be included to support the team's conclusion that the behaviors are indicative of social maladjustment.



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ELIGIBILITY DETERMINATION CHECKLIST: HEARING IMPAIRMENT (HI)

DEFINITION: Hearing Impairment (HI) means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing with or without amplification that adversely affects a child's educational performance.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Deaf (severe impairments in processing linguistic information through hearing with or without amplification) - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Hearing impairment (permanent or fluctuating hearing impairment)	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must have one (1) type of hearing impairment AND an adverse educational impact to be eligible for this category.

^A The supporting evidence must contain an audiometric evaluation conducted by an audiologist (MDE license in audiology, MSDH license, ASHA-CCC, or AAA certification) or physician with expertise in audiological exams using appropriate audiological equipment explaining each of the following: (a) type of loss, (b) age of onset (if known), (c) severity of loss, (d) speech reception or speech awareness thresholds (if obtainable), (e) speech discrimination scores (if applicable), (f) recommendations regarding amplification, and (g) other recommended interventions, if any, including the need for assistive technology; a description of a follow-up examination and results, including how the conditions noted during the examination might interfere with educational testing and performance and recommendations for accommodations, modifications, and educational programming; acoustic immittance measures; an audiogram and/or measures of auditory evoked potential, such as Auditory Brainstem Response (ABR), Auditory Steady State Response (ASSR), and Otoacoustic Emissions (OAE) that would define the hearing loss; a description of how the hearing loss impacts educational performance; and communication abilities and needs including the need for assisted communication.



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ELIGIBILITY DETERMINATION CHECKLIST: INTELLECTUAL DISABILITY (ID)

DEFINITION: Intellectual Disability (ID) 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.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

REQUIRED CRITERIA: The child demonstrates: SUPPORTING EVIDENCE^A

<input type="checkbox"/> Y <input type="checkbox"/> N Significant subaverage general intellectual functioning (cognitive abilities) ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N Significant deficits in adaptive behavior ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N Significant deficits evidenced in reaching developmental milestones in early childhood	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must meet all required criteria to be eligible for this category.

^A The supporting evidence must contain evidence of mild to severe learning problems that adversely affected the child's educational performance and delays in cognitive abilities, adaptive behavior, and developmental milestones before entering school as indicated on an individualized standard achievement test, an individualized standardized measure of cognitive abilities, and a norm-referenced measure of adaptive behavior, which must include the home version of the measure if it is a component of the measure; completed by the primary caregiver(s). If the adaptive behavior measure allows for an informant other than the primary caregiver, the informant must be knowledgeable of how the child functions outside the school environment.

^B Significantly subaverage general intellectual functioning is defined as two (2) or more standard deviations below the mean, including a standard score of 70, on a measure of cognitive ability. Significantly deficits in adaptive behavior is two (2) or more standard deviations below the mean, including a standard score of 70, on a measure of adaptive functioning.



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ELIGIBILITY DETERMINATION CHECKLIST: LANGUAGE / SPEECH IMPAIRMENT (LS)

DEFINITION: Language or Speech Impairment (LS) means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. Speech disorders include impairments in articulation, fluency and/or voice. Language disorders include developmental or acquired impairments in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may range in severity from mild to profound and may appear in combination with other communication disorders. A communication disorder may be the primary disability or secondary to other disabilities.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

ALTERNATE CRITERIA: *The child demonstrates:* SUPPORTING EVIDENCE^A

<p>Articulation Disorder (A1)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Atypical production of speech sounds with substitutions, omissions, additions, or distortions that may interfere with intelligibility</p>	
<p>Phonological Processing Disorder (A2)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Impairment in following the rules governing the addition or substitution of a phoneme including impairments in voicing, deletion, fronting, syllable, phoneme, and other processes</p>	
<p><input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance</p>	

OROFACIAL EXAM: *An orofacial exam was conducted:*

Examiner: _____ Date of exam: _____

Qualifications: Speech-Language Pathologist (215 AA)
 Speech-Language Therapist (216 A) Other: _____

The child must have an Articulation Disorder (A1) OR a Phonological Processing Disorder (A2) AND an adverse educational impact to be eligible for this category using these criteria.

^A Supporting evidence must contain the results of an orofacial examination and, if necessary, a statement from a medical specialist noting physical problems which would interfere with language/speech production. In addition, evidence of articulation skill below age-appropriate peers based on normative data, including a measure of stimulability, are required for articulation evaluations for children ages 30 months and older.



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ALTERNATE CRITERIA: <i>The child demonstrates an interruption in the flow of speaking with:</i>		SUPPORTING EVIDENCE^B
Fluency Disorder <input type="checkbox"/> Y <input type="checkbox"/> N (B1) An atypical rate, atypical rhythm, and repetitions in sounds, syllables, words, and phrases		
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance		
OPTIONAL CRITERIA: <i>The child demonstrates:</i>		SUPPORTING EVIDENCE*
<input type="checkbox"/> Y <input type="checkbox"/> N (B2) Excessive tension, struggle behavior, and secondary mannerisms		
<i>The child must have a Fluency Disorder (B1) AND an adverse educational impact AND may (not) have optional characteristics (B2) to be eligible for this category using these criteria.</i>		

^B Supporting evidence includes the child's ability to communicate in academic, social and vocational settings and must contain a statement of the number, types, and severity of disruptions, and a description of secondary characteristics in various settings (e.g., reading, monologue, conversation).

ALTERNATE CRITERIA: <i>The child demonstrates:</i>		SUPPORTING EVIDENCE^C
Voice Disorder <input type="checkbox"/> Y <input type="checkbox"/> N Abnormal production and/or absences of vocal quality, pitch, loudness, resonance and/or duration inappropriate for the child's age and/or sex		
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance		
<i>The child must have a Voice Disorder AND an adverse educational impact to be eligible for this category using these criteria.</i>		

^C Supporting evidence includes the child's ability to communicate in academic, social and vocational settings and must contain a statement of release and recommendations for services from a physician, if conducted.

ALTERNATE CRITERIA: <i>The child demonstrates impairment in comprehension and/or use of spoken, written and/or other symbol systems with:</i>		SUPPORTING EVIDENCE^D
<input type="checkbox"/> Y <input type="checkbox"/> N (D1) Impairment in phonology, morphology, and syntax (i.e., form of language)		
<input type="checkbox"/> Y <input type="checkbox"/> N (D2) Impairment in semantics (i.e., context of language)		
<input type="checkbox"/> Y <input type="checkbox"/> N (D3) Impairment in pragmatics (i.e., function of language in communication)		
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance		
<i>The child must have <u>one (1) or more</u> characteristics (D1, D2, D3) of a Language Disorder AND an adverse educational impact to be eligible for this category using these criteria.</i>		



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^D Supporting evidence includes the child's ability to communicate in academic, social and vocational settings and must contain the results of a standardized measure of expressive and/or receptive language including morphology, syntax, semantics and/or pragmatics.



ELIGIBILITY DETERMINATION CHECKLIST: MULTIPLE DISABILITIES (MD)

DEFINITION: Multiple Disabilities (MD) means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that children cannot be accommodated in special education programs solely for one of the impairments. Although disabilities in two (2) or more areas may exist in the following categories, Deaf-Blindness, Specific Learning Disability, Developmental Delay or Language or Speech Impairment, these categories do not constitute Multiple Disabilities, in and of themselves. Language/Speech Impairment, along with another disability, is generally viewed as a secondary condition, not MD.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Autism (AU) <input type="checkbox"/> Y <input type="checkbox"/> N Emotional Disability (EmD) <input type="checkbox"/> Y <input type="checkbox"/> N Hearing Impairment (HI) <input type="checkbox"/> Y <input type="checkbox"/> N Intellectual Disability (ID) <input type="checkbox"/> Y <input type="checkbox"/> N Orthopedic Impairment (OI) <input type="checkbox"/> Y <input type="checkbox"/> N Other Health Impairment (OHI) <input type="checkbox"/> Y <input type="checkbox"/> N Traumatic Brain Injury (TBI) <input type="checkbox"/> Y <input type="checkbox"/> N Visually Impaired (VI)	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><i>Complete the two (2) or more associated eligibility determination checklist and attach it to this checklist.</i></p> </div>
<input type="checkbox"/> Y <input type="checkbox"/> N Severe educational needs that cannot be accommodated in special educational programs designed for one impairment	

The child must have two (2) or more disabilities AND severe educational needs that cannot be accommodated in special education programs designed for one (1) of the disabilities alone to be eligible under this category. See Exclusions for each disability selected.

^AThe supporting evidence must contain the required supporting evidence of eligibility for each disability category indicated.

^B When considering eligibility under MD, remember that DB is its own individual category. A child with HI and VI would be considered DB, not MD; however, a child with DB, OI, and OHI may be considered MD if the resulting educational needs were severe and could not be accommodated by a special education program designed for DB.



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ELIGIBILITY DETERMINATION CHECKLIST: OTHER HEALTH IMPAIRMENT (OHI)

DEFINITION: Other Health Impairment (OHI) means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (A) is due to chronic or acute health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette Syndrome; and (B) adversely affects a child’s educational performance.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child’s performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child’s performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child’s evaluation is sufficiently comprehensive, based on the information available, to identify all of the child’s educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers “yes” to 1 or 2 or “no” to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Significant limitations of strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness to the educational environment ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N Chronic or acute health problem (e.g., asthma, ADD/ ADHD, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette Syndrome) ^B	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must meet all required criteria AND may (not) meet the optional criteria to be eligible for this category.

^A When considering eligibility under OHI due to ADD/ADHD, the supporting evidence must contain a description of the child’s behaviors, settings in which the behaviors occur, antecedents leading to the behaviors, and consequences immediately following the behaviors; AND descriptions of attempts to address the behaviors and the results including office discipline referrals and disciplinary actions; AND a description of how the behaviors adversely affect educational performance; AND a statement as to whether the behaviors are typical for the child’s age, setting, circumstances, and peer group, and, if not, how the behaviors are different; AND a description of the correlation between documented behavior and results of ADHD assessments. [NOTE: A diagnostic report from a physician or nurse practitioner is not required for ADD/ADHD.]

^B The supporting evidence must contain a diagnostic report from a physician or nurse practitioner that provides information on the nature of the child’s health impairment, limitations and precautions to be considered, and recommendations for educational programming.



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ELIGIBILITY DETERMINATION CHECKLIST: ORTHOPEDIC IMPAIRMENT (OI)

DEFINITION: Orthopedic Impairment (OI) means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot or absence of one or more members), disease (e.g., poliomyelitis or bone tuberculosis), and other causes (e.g., cerebral palsy, amputations, fractures or burns causing contractures).

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Severe orthopedic impairment due to a congenital anomaly, a disease, or other cause	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must have a severe orthopedic impairment due to a congenital anomaly, a disease, or other cause AND an adverse educational impact to be eligible for this category.

^A *The supporting evidence must contain a diagnostic report from a licensed physician or nurse practitioner that describes the nature of the child's congenital or acquired orthopedic impairment, any limitations and precautions and any recommendations for educational programming.*



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ELIGIBILITY DETERMINATION CHECKLIST: SPECIFIC LEARNING DISABILITY (SLD)

DEFINITION: Specific Learning Disability (SLD) 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. Specific Learning Disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disability or of environmental, cultural differences, or economic disadvantage.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

BASIS: This decision is based on one (1) or more of the following (documentation of the procedures used for must be included):

- Y N Child's response to scientific, research-based interventions (RTI)
- Y N A severe discrepancy^A between intellectual ability and achievement
- Y N Alternative research-based procedures

OBSERVATION: An observation was conducted:

^BLocation of observation:

^BDate of observation:

- Y N Behaviors that interfere with learning noted during observation
(If yes, attach statement about the relationship of behavior to the child's academic functioning.)

REQUIRED CRITERIA: The child demonstrates for one (1) or more of the areas indicated below: **SUPPORTING EVIDENCE^C**

<input type="checkbox"/> Y <input type="checkbox"/> N Inadequate achievement for age - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Failure to meet State-approved, grade-level standards	
<input type="checkbox"/> Y <input type="checkbox"/> N Pattern of strengths and weaknesses in performance, achievement, or both relative to age, expectations, or intellectual development - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Lack of response to scientifically- based instruction	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

AREA(S) OF SPECIFIC LEARNING DISABILITY



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- | | | |
|--|---|--|
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Mathematics Problem Solving |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Reading Comprehension | |



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The child must meet all required criteria AND have one (1) or more area(s) indicated to be eligible for this category. See Exclusions.

EXCLUSIONS: The child's performance is <u>primarily</u> due to:	SUPPORTING EVIDENCE ^C
<input type="checkbox"/> Y <input type="checkbox"/> N Visual Impairment (VI)	
<input type="checkbox"/> Y <input type="checkbox"/> N Hearing Impairment (HI)	
<input type="checkbox"/> Y <input type="checkbox"/> N Motor Disabilities	
<input type="checkbox"/> Y <input type="checkbox"/> N Intellectual Disability (ID)	
<input type="checkbox"/> Y <input type="checkbox"/> N Emotional Disability (EmD)	
<input type="checkbox"/> Y <input type="checkbox"/> N Environmental or economic disadvantage	

The child cannot be considered eligible for this category if the MET answers "yes" to any exclusion items.

^A Severe discrepancy is defined as 1.5 standard deviations below the measure of intellectual ability.

^B The supporting evidence must include an observation conducted in the child's learning environment (including the general education classroom setting) documenting academic performance and behavior in the areas of difficulty in routine classroom instruction and monitoring of the child's performance done before the child was referred for an evaluation OR in the general education classroom after the child was referred for an evaluation and parental consent is obtained OR in an appropriate environment for a child for children less than school age or out of school.

^C The supporting evidence must include a description of educationally relevant medical findings, if any; documentation of the provision of learning experiences and instruction appropriate for the child's age or State-approved grade-level standards in any area indicated; and, when using the child's response to scientific, research-based intervention as the basis, a description of instructional strategies used and student-centered data collected and documentation of provision to parents information about MDE's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided, strategies for increasing the child's rate of learning, and their right to request a comprehensive evaluation.



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ELIGIBILITY DETERMINATION CHECKLIST: TRAUMATIC BRAIN INJURY (TBI)

DEFINITION: Traumatic Brain Injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and/or speech. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child's performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child's performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child's evaluation is sufficiently comprehensive, based on the information available, to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers "yes" to 1 or 2 or "no" to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N An acquired brain injury caused by external physical force	
<input type="checkbox"/> Y <input type="checkbox"/> N Physical impairments	
<input type="checkbox"/> Y <input type="checkbox"/> N Attention, sensory-perception, or sensory-motor impairments	
<input type="checkbox"/> Y <input type="checkbox"/> N Cognitive impairments <i>(i.e., memory, reasoning, abstract thinking, judgment, information processing, or problem-solving)</i>	
<input type="checkbox"/> Y <input type="checkbox"/> N Language or speech impairments	
<input type="checkbox"/> Y <input type="checkbox"/> N Psychosocial impairments	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must meet all required criteria AND have one (1) or more impairment(s) to be eligible for this category.

EXCLUSIONS: <i>The child's performance is primarily affected by a brain injury due to:</i>	SUPPORTING EVIDENCE
<input type="checkbox"/> Y <input type="checkbox"/> N Congenital or degenerative causes	
<input type="checkbox"/> Y <input type="checkbox"/> N Birth trauma	

The child cannot be considered eligible for this category if the MET answers "yes" to any exclusion items.

^A The supporting evidence must contain (a) information about impairments collected from a variety of sources (e.g., existing records, interviews, observations, and tests with the child, teachers, and parents and/or caregivers) who are familiar with the child's educational differences in functioning prior



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to and following the injury, (b) a description of the acquired brain injury and the cause of the injury, and (c) a statement from a physician, rehabilitation service provider, or healthcare provider describing any precautions, limitations, and/or recommendations.



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ELIGIBILITY DETERMINATION CHECKLIST: VISUALLY IMPAIRED (VI)

DEFINITION: Visual Impairment (VI) 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.

The Multidisciplinary Evaluation Team (MET) has determined

- Y N 1. The determinant factor for the child’s performance is due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA;
- Y N 2. The determinant factor for the child’s performance is due to limited English proficiency or social or cultural differences;
- Y N 3. The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained;
- Y N 4. The child’s evaluation is sufficiently comprehensive, based on the information available, to identify all of the child’s educational needs, regardless of whether those needs are typically linked to the disability category;
- Y N 5. The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

The child is not eligible for special education at this time if the MET answers “yes” to 1 or 2 or “no” to 3, 4 or 5.

REQUIRED CRITERIA: <i>The child demonstrates:</i>	SUPPORTING EVIDENCE^A
<input type="checkbox"/> Y <input type="checkbox"/> N Blind (little or no vision) - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Partially sighted (significant vision loss) - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Legally blind (visual acuity of $\leq 20/200$ in better eye after correction or contracted peripheral field of $< 20^\circ$) - OR - <input type="checkbox"/> Y <input type="checkbox"/> N Other severe visual problems	
<input type="checkbox"/> Y <input type="checkbox"/> N Adverse impact on educational performance	

The child must have one (1) type of vision impairment AND an adverse educational impact to be eligible for this category.

^A The supporting evidence must contain a statement from an ophthalmologist or optometrist supporting eligibility that includes descriptions of visual acuity, diagnosed visual problems, a statement of how the child’s visual problems affect educational performance and recommendations for educational programming.



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Reevaluation

CCSD ensures that all children with disabilities are reevaluated periodically to determine whether the child continues to have a disability that requires special education and related services. Reevaluations must occur no less than once every three (3) years but may not occur more than once in a twelve (12) month period unless the parent and the district agree that a reevaluation is needed. A reevaluation may occur more frequently than once every three (3) years, such as cases where:

- The child's parent or teacher has requested a reevaluation;
- The child's educational or related service needs, including improved academic achievement and functional performance, warrant a reevaluation;
- The child's disability category is no longer appropriate; or
- The child is to be exited from special education services for reasons other than graduation with a regular diploma, reaching the maximum age of eligibility for services, or parent revocation of services.

A reevaluation will consist of

- a review of existing and ongoing progress monitoring data, with or without a limited collection of new data (No Additional Testing), or
- a comprehensive reevaluation (Additional Testing Required).

When considering a dismissal from any related service (such as- speech, OT, PT), a reevaluation **should** be conducted.

The reevaluation process should be informed by records of services provided, ongoing progress monitoring data, and progress reports on measurable annual goals and short-term instructional objectives.

Review of Existing Data for Reevaluation

The IEP Committee, of which the parent and other qualified professionals are members, must review existing information, including any evaluation data, on a child:

- Evaluations and information provided by the parent;
- Current curriculum-based assessments, progress monitoring data, and other ongoing observations;
- Information from existing observations by teachers and related service providers; and
- Information contained in the current IEP, including progress reports on goals.

The review of data will be conducted by the IEP Committee. Each member of the IEP Committee must review all existing data and information to assist him/her in determining if additional data are necessary to establish continued eligibility and determine appropriate service provision. If the IEP Committee unanimously decides no additional data are necessary to determine

- the child continues to be a child with a disability and
- the child's special education or related service needs, the IEP Committee must document this decision on the Eligibility Determination form and provide Prior Written Notice to the parent.



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Determining if Additional Data are Necessary for Reevaluation

If the IEP Committee as a whole or if any IEP Committee members determine additional data are needed, the IEP Committee, including the parent, must identify the data needed to determine:

- Whether the child continues to have a disability;
- Whether the child continues to need special education and related services;
- The child's present levels of academic achievement and functional performance;
- The child's educational needs; and
- Any additions or modifications to the child's special education and related services necessary for the child to meet the measurable annual goals addressed in the IEP and/or to participate in the general curriculum or developmentally appropriate activities, as appropriate for the child.

Even in situations where members of the IEP Committee disagree with the parent over the need for conducting additional assessments or conducting a comprehensive reevaluation, the parent has the right to request assessments or a comprehensive reevaluation to determine eligibility under IDEA and their child's current educational needs. The district must inform the parent of this right.

Parental Consent for Reevaluation

Parental consent is recommended prior to conducting a reevaluation using existing data. When additional data are needed to substantiate continued eligibility and/or current educational needs, the IEP Committee must provide the parent Prior Written Notice of the district's intention to conduct a reevaluation and obtain Informed Parental Consent prior to conducting any new individual assessments (e.g., interviews, observations, and formal and informal tests).

If the parent fails to respond to the request for consent, the district should make continued attempts to notify the parent and use the Prior Written Notice to document the district's decision and attempts to obtain consent. If the parent refuses to consent for additional data collection for reevaluation, the district may not conduct new individual assessments for the reevaluation. However, the district may continue to collect ongoing progress monitoring data used to determine sufficient progress on annual measurable goals and short-term instructional objectives. The IEP Committee may use these data to determine if the child continues to be eligible for special education and the child's educational needs. In addition, the public agency may use procedures outlined under procedural safeguards to conduct a reevaluation.

Assessment for Reevaluation

The IEP Committee may conduct assessments as part of the reevaluation when they determine the need for additional information to answer any of the following questions:

- What is the child's present level of academic achievement and functional performance?
- What are the child's current educational needs?
- What special education and related services does the child need?
- What, if any, additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals addressed in the IEP and/or to participate, as appropriate, in the general curriculum or, for the preschool child, to participate in age-appropriate activities?



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Comprehensive Reevaluation

If the IEP Committee is considering a change in the child's disability category, a comprehensive evaluation of all areas of development that meets the requirements of the Initial Comprehensive Evaluation must be conducted. A comprehensive reevaluation process should be completed within a reasonable period of time. It is recommended that a comprehensive reevaluation be completed at least every six (6) years.

Reevaluation Report

At the conclusion of the reevaluation, the IEP Committee must document the results in a written reevaluation report(s). The IEP Committee may compile all reevaluation information into a single comprehensive report or may allow each examiner to submit an individual report.

NOTE: The reevaluation report **must not include any statements regarding the determination of eligibility or disability category**. This is an IEP Committee decision made as a team at the meeting to determine or reestablish eligibility.

Eligibility Determination Meeting

The IEP Committee, which includes the parent, must meet to review the reevaluation report(s) and to draft an eligibility determination report. The parent must be invited in writing to attend the eligibility determination meeting. The district provides the Notice of Invitation to Committee Meeting and Reply.

Eligibility Determination Report

During the eligibility determination meeting, the IEP Committee must document the decision on the Eligibility Determination Report either to continue or to change the child's eligibility status and/or disability category:

- If the results of the reevaluation support the child's current eligibility status and disability category, the IEP Committee will document the continued eligibility status and disability category. Provide the parent with Prior Written Notice.
- If the results of the reevaluation support the child's eligibility status but no longer reflect the child's disability category, the IEP Committee will document the change in disability category as appropriate and provide the parent Prior Written Notice of this change. The district must document the parent's receipt of the Prior Written Notice.
- If the results of the reevaluation no longer support the child's eligibility status, the IEP Committee will document this decision and provide the parent Prior Written Notice (of the intent to exit the child from special education services).

Individualized Education Program (IEP)

If the child continues to be eligible for special education services, the IEP Committee will revise the child's IEP to reflect any necessary changes in educational programming and provide the parent Prior Written Notice for any revisions in the IEP. The district must document the parent's receipt of this notice. If the parent is in attendance at the IEP Committee meeting, the district may provide any required Prior Written Notice to the parent at the meeting.

Removal of Students from Special Education Programs

If the child is determined to be ineligible for special education services based on the results of a



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comprehensive reevaluation, the IEP Committee must provide the parents Prior Written Notice explaining their intention to exit the child from special education services at least seven (7) calendar days prior to terminating services. The Prior Written Notice must contain the basis for the decision, an explanation of the parent's right to obtain an Independent Educational Evaluation (IEE), and the parent's right to a due process hearing. The district must document the parent's receipt of this notice.



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Forms

Reevaluation Steps

Prior Written Notice (Under Child Find)



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Reevaluation Steps & Checklist

Reevaluations are conducted by the Clairborne County School District every three (3) years, prior to discontinuation of special education services or any related services, prior to change of eligibility category, at the request of parent, (parent may request no more than one reevaluation a year) or due to other warranted situations.

When should a teacher recommend a comprehensive reevaluation?

- The teacher suspects that the student no longer has the disability of the ruling (seizure disorder well controlled, cancer but no longer receiving treatments and is considered in remission, etc.)
- The teacher suspects another disability category is more appropriate for the student, such as OHI(ADHD) but now suspect emotional problems, ruled emotionally disabled but no longer exhibits the characteristics, etc.
- The student no longer needs special education services, specially designed instruction. (Possibly DD students prior to age 9.9; OHI(ADHD); State and district assessments indicate student is performing at the expected grade level and specially designed instruction is no longer needed, etc.)

___ At the beginning of the school year - August, each teacher will receive a list of students from District Case Manager whose eligibility ruling will expire during the current school year. The teacher should begin the reevaluation process **at least 6 months** prior to the expiration of the current eligibility.

___ At the beginning of the school year – August, teachers with students with a DD ruling will receive a list of students turning 10 within the school year from District Case Manager. To ensure that the timeline is met, the teacher will begin the reevaluation process **at least 6 months prior to the student's tenth (10th) birthday.**

Note: *The IEP committee should consider reevaluating students ruled DD around 8 years old in order to determine an appropriate eligibility ruling.*

___The IEP Roster's teacher will collect and compile the following information and data for the reevaluation:

- Information/Reports provided by the parent/guardian, if applicable
- The student's current IEP with progress monitoring data for all goals (including related services - OT, PT, counseling, L/S, etc.)
- Teacher Narrative (from general education teachers in core subjects, unless not participating in general education)
- Developmental History or updated developmental history – Completed by Parent
- Classroom observation form - Completed by School Interventionist or Assistant Principal
- Teacher observations, if any available
- FBA/BIP with progress monitoring data, if applicable
- Behavior logs if applicable
- Discipline reports from current school year



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- Attendance reports from current school year
- Copy of cumulative record



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- Universal screening assessment results with the student's growth levels, performance levels in comparison to classmates
- Any other relevant information (Medical or outside evaluation reports)

___ The IEP Roster teacher will contact the special education director **at least 75 days** before the IEP meeting will be scheduled ***if additional testing might be requested by the teacher or parent.***

___ If additional testing **will not** be requested, the IEP Roster teacher will contact the District Case Manager **at least 30 days** before the IEP meeting will be scheduled.

___ The IEP Roster teacher will schedule the IEP team's reevaluation meeting.

___ The parent will be invited to participate in the IEP Committee meeting held to review the data. The IEP Roster teacher will send the Invitation to Committee Meeting and Reply form. (Rev-1) Notices will be sent to the parent at least 7 days prior to the meeting date.

___ Members of the IEP team will be invited to the IEP meeting (including the student if appropriate).

The District Office will be notified that the meeting has been scheduled in the form of Google Calendar.

___ The IEP Roster teacher will verify receipt of the Invitation to Committee Meeting with the parent.

- Receipt of the Invitation to Committee Meeting will be verified by
 - ✓ Parent returns the Parent Response form with signature, date of signature and appropriate indication of his/her intent to attend the meeting.
 - If the parent requests that the meeting be rescheduled for another time, the IEP Roster teacher will find a mutually agreeable time and date to reschedule the meeting.
 - If the Parent Response form is not clear about the parent's intent to attend the meeting or the parent request to be contacted, the IEP Roster teacher will contact the parent to schedule the IEP team meeting.
 - ✓ If the parent has not responded to the Invitation to Committee Meeting within 3 days of sending the Notice, the IEP Roster teacher will contact the parent, by phone, text, or in school contact system, to verify receipt and the parent's intent. ***There must be at least 3 documented attempts to verify receipt of the Invitation to Committee Meeting prior to conducting the IEP Meeting without the parent.***

Note: Documented attempts may be documented on the Parent Response form.

___ The IEP Committee (*all required members*) will convene to review existing data. (Data collected by the IEP Roster teacher listed above). Based on the review of all information the IEP committee will make a decision regarding the students' reevaluation needs.)

___ The IEP Committee may decide additional data are **not** required to recertify eligibility. The IEP Committee will discuss the reasons for determining additional data are not needed. (The Clairborne County School District recommends the IEP Committee consider a comprehensive reevaluation – additional testing- every 3 years and at least once every six years.)

Possible reasons additional data is not needed –



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- ✓ The student received a comprehensive reevaluated 3 years ago and data gathered continues to support the disability and the need for special education and related services.



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- ✓ Based on the review of data gathered and reviewed, there is no need for additional standardized testing. (**VI** – no change in vision or vision reports indicate deterioration and data gathered supports the need for continued special education and related services; **HI** – no change in hearing or specialist reports indicate deterioration; **OI** – no change in orthopedic disability and data gathered supports the need for continued special education and related services; **TBI** -data gathered supports continued need for special education and related services, etc.)

The IEP Roster teacher will inform the parent of their right to request an assessment.

The parent has the following options:

- The parent **disagrees** additional data are not needed and requests a reevaluation. (*If the parent request additional testing the student must receive a comprehensive reevaluation.*)
 - ✓ The parent will provide consent for testing on the Informed Parental Consent form (Rev-2) – Reevaluation. Prior Written Notice will be provided to the parent. The parent has a right to one comprehensive evaluation a year. The district cannot refuse this reevaluation. If a second reevaluation in the same calendar year can be refused if the parent does not agree.
 - ✓ The comprehensive reevaluation will be conducted.
- The parent **agrees** additional data are not needed. The committee proceeds with the reevaluation and documents the eligibility of on the Determination of Eligibility form. (Rev-4) Prior Written Notice will be provided to the parent.

___ The IEP Committee may decide additional data are required to recertify eligibility. The IEP Committee identifies areas to assess and requests parental consent. The following may occur:

- The parent refuses to consent to additional testing. The parent signs refusal for reevaluation with additional testing on the Informed Parental Consent form. A Prior Written Notice is given or sent to the parent documenting the district's proposal to conduct a comprehensive reevaluation (with additional testing) and the reasons for this proposed action. Develop an IEP based on the data gathered and reviewed.
- *HOWEVER, if the IEP Committee believes that a comprehensive reevaluation is needed in order to provide a FAPE, the members of the IEP Committee should continually communicate on the student's performance and progress and discuss the need for the additional testing. **This is not to pressure the parent to change his/her mind but to keep the parent informed.** REMEMBER: The district is responsible for providing FAPE.*
- The parent does not respond to the request regarding the Reevaluation. The IEP Committee will make reasonable attempts to obtain consent. The IEP Roster teacher will send the parent Prior Written Notice of the committee's decision and the reasons for the decision. The IEP Committee will develop the IEP based on the information gathered and reviewed.

___ The parent provides consent for additional assessment and signs the Informed Parental Consent. The speech pathologist and psychometrist, as needed, will conduct the reevaluation and notify the school/special education director once the assessment and reports are complete. The IEP Team will



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be reconvened to review all of the data and make an eligibility determination.

_____ The IEP Committee will hold an eligibility meeting and make one of the following determinations:

- The IEP Eligibility Committee determines the child no longer qualifies as a child with a disability and is no longer in need of special education services. Document the decision on the Eligibility Determination form.
 - ✓ Prior Written Notice must be given to parent informing the parent of the district's **intention to exit** the student from special education. The Prior Written Notice should be given at least **seven (7) calendar days** prior to the termination of services.
 - ✓ The Prior Written Notice **must** contain the basis for the decision, an explanation of the parent's right to obtain an Independent Educational Evaluation (IEE), and the parent's right to a due process hearing.
 - ✓ Receipt of the Prior Written Notice by the parent **must be verified prior to removing** the child from special education services. The district must document receipt of the notice by the parent.
- The IEP Eligibility Committee determines that the student meets a different disability category and based on that disability is in need of special education and related services. Document the committee's decision on the Eligibility Determination form. Prior Written Notice must be given to the parent. The IEP Roster teacher must document receipt of the notice by the parent. The IEP Committee reviews and/or revises the current IEP. The parent is given Prior Written Notice of all revisions.
- The IEP Eligibility Committee determines that a child's previous disability category continues to reflect the child's current disability. The committee's decision is documented on the Determination of Eligibility form. The parent is provided Prior Written Notice of the decision and receipt is verified. The IEP Committee reviews and/or revises the current IEP. The parent is given Prior Written Notice of the review/revision of the IEP. The IEP Roster teacher will obtain verification of the of receipt of the notice by the parent.

_____ The IEP Roster teacher will follow the procedures to update all information in the Central Office, Special Education systems.

_____ All original documentation/data gathered and completed forms will be submitted to the Special Education Director and/or District Case Manager.

_____ A copy of the documentation/data gathered and completed forms will also be placed in the IEP folder that is kept by the IEP Roster teacher.



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INDIVIDUALIZED EDUCATION PLAN (IEP)

The *Individuals with Disabilities Education Act (IDEA)* and *State Board of Education (SBE) Policy 74.19* have established the Individualized Education Program (IEP) as the structure for planning and implementing individualized services and supports for children with disabilities.

An IEP is a written collaboratively for each child with a disability by a committee of persons including, but not limited to, the parents/guardians, a general education teacher, a special education teacher, a representative of the CCSD that is knowledgeable about the curriculum and available resources, an individual who can interpret assessment results, appropriate related services personnel, others with special knowledge of the child, and the child. If transition is being discussed, a school counselor is required at the meeting. The IEP describes the unique needs of the child, annual goals the child is expected to achieve, and the educational program developed to assist the child. **The IEP is a legally binding document describing the specially designed instruction, related services, and accommodations and modifications needed to provide a child with a disability a Free Appropriate Public Education (FAPE).**

Responsibilities

The CCSD has established policies and procedures for developing, implementing, reviewing, maintaining, and revising an Individualized Education Program (IEP) periodically but not less than annually. Educational placement decisions are determined by the IEP Committee. The CCSD initiates and conducts meetings to develop, review and revise the IEP of a child with a disability residing within its jurisdiction who is provided special education and related services in accordance with the procedures outlined below. **The development of the draft IEP is the responsibility of the Roster Sped Teacher. The SWD's Roster Teacher must assist teachers and related service providers understand the SWD's disability and how the disability affects the student's access and progress towards meeting the State Education Standards.**

IEPs in Effect

The CCSD will provide for the provision of a FAPE and ensure an IEP is in effect in accordance with the procedures outlined below. (DO NOT MISS TIMELINES)

- At the beginning of each school year, an IEP will be in effect for each child identified with a disability under IDEA, residing within the district's jurisdiction.
- An IEP will be in effect for each child with a disability before special education and related services are provided and must be implemented as soon as possible without undue delay following the IEP meeting.
- For a child with a disability who initially receives special education and related services, a meeting to develop the IEP will be held within thirty (30) calendar days of the initial eligibility determination.
- As soon as possible following the development of the IEP, special education and related services will be made available in accordance with the child's IEP.
- Beginning at age three (3), children with disabilities will be served in accordance with an IEP. If a child's third birthday occurs during the summer, the child's IEP Committee will determine the date when services under the IEP will begin. This date will be no later than the beginning of the school year.



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- A child's IEP will be accessible to each regular education teacher, special education teacher, related service provider and any other service provider who is responsible for its implementation. At the **beginning of the school year**, these individuals will be informed of their specific responsibilities related to implementing the child's IEP, including the specific accommodations, modifications and supports that must be provided for the child in accordance with the IEP. The special education teacher will use the Verification of Receipt of IEP Supplementary Aids and Services, Personnel Supports in Regular Education to document that each individual has received a copy of the supplementary aid and services page of the IEP.

Moves with ruling and IEP within MS

- If a child with a disability enrolls in the CCSD from a district **within the State** *within the same school year*, a FAPE will be provided to the child, including services comparable to those described in the child's IEP from the previous district.
 - ✓ The district may adopt the child's IEP from the previous district; or
 - ✓ Develop, adopt, and implement a new IEP that provides services **comparable** to those described in the child's IEP from the previous district.

Moves from Out of State with a Current IEP

- If a child with a disability (who had an **IEP in effect in a previous State**) enrolls in the CCSD *within the same school year*, the district will provide the child with a FAPE in consultation with the parents. The FAPE provided will include **comparable** services to those described in the previous IEP from the previous school until
 - ✓ A comprehensive **initial** evaluation (if determined to be necessary, (Not more than 60 days); and
 - ✓ Develops, adopts, and implements a new IEP, if appropriate, that is **comparable** in services to those described in the previous IEP from the previous school).

The CCSD will take reasonable steps to promptly obtain the child's records, including the IEP and supporting documents and any other records relating to the provision of special education services to the child from the previous school/district in which the child was enrolled.

The IEP must be designed to:

- Indicate what the child is expected to be able to achieve within one (1) year;
- Provide high expectations and educational benefit for children with disabilities;
- Ensure access to the general education curriculum and standards in the general classroom, to the maximum extent possible; and
- Provide effective transition services to promote successful postsecondary experiences including college and career to prepare children with disabilities to lead productive and independent adult lives.

Responsibility for IEP Development, Review, and Revision

When the CCSD is responsible for providing a FAPE to a child with a disability the CCSD will ensure the development, review, and revision of the IEP for a child with a disability. Some children with disabilities may be placed in or attend another public or private educational facility including state



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agency schools and institutions, private facilities and schools, university-based programs, and correctional facilities.

The CCSD is responsible for the development, review, and revision of the IEP for children with disabilities, ages three (3) through twenty (20) years, who:

- Reside with a parent or guardian within the boundaries of the CCSD;
- Reside by placement of a court order within the boundaries of the CCSD;
- Reside by placement of a State agency within the boundaries of the CCSD, for children who are wards of the State;
- Are legally transferred to the CCSD as allowed under State law and/or State Board of Education policies; or
- Are allowed under the McKinley-Vento Act, for children who meet the definition of homeless.

IEP Committee Participants

The IEP Committee is a team of individuals who work collaboratively to develop, review, or revise the IEP designed to meet the needs of a child with a disability in his/her Least Restrictive Environment (LRE). The IEP Committee must include the parent, the child (if appropriate), at least one general educator of the child, at least one special educator or service provider of the child, and a representative of the CCSD.

At the discretion of the parent and/or the CCSD, other individuals with knowledge or special expertise regarding the child may serve as IEP Committee members. Representatives of other public or private agencies may be invited to participate on the IEP Committee, as appropriate. At least one member of the IEP Committee must be able to interpret the instructional implications of evaluation results. This person may be a member of the child's Multidisciplinary Evaluation Team (MET) or one of the other members of the IEP Committee.

For each child with a disability, his/her IEP Committee must include:

- **Parent:** the biological, adoptive, or foster parent; a guardian authorized to act as the child's parent and/or authorized to make educational decisions for the child; an individual with whom the child lives who acts in the place of a biological or adoptive parent; an individual legally responsible for the child's welfare; or an appointed surrogate parent;
- **Child:** the child with a disability, whenever appropriate and at the discretion of the parent, to ensure he/she actively participates in his/her educational planning;
- **General Education Teacher:** not less than one general education teacher of the child who is knowledgeable of the general education curriculum for the age/grade of the child when the child participates in or may participate in the general education curriculum;
- **Special Education Teacher:** not less than one special education teacher or service provider of the child who is responsible for implementing the child's IEP; and
- **CCSD Representative:** a representative of the district, or a designee, who is qualified to provide or supervise the provision of special education, is knowledgeable about the general curriculum, and has the authority to allocate resources to provide the services outlined in the IEP.

NOTE: For preschool-age children, the general education teacher must be an individual qualified to teach children of that age in a regular education program. The IEP Committee may include a teacher in a Head Start, public or private preschool classes, public or private Kindergarten, pre-K in the public school, and child development/childcare centers.



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At the discretion of the parent and/or the CCSD, other individuals with knowledge or special expertise regarding the child may serve as IEP Committee members. The parent or CCSD who invites the individual to be a member of the IEP Committee determines who has knowledge and special expertise regarding the child.

NOTE: *The inclusion of an attorney as an individual who has knowledge or special expertise regarding the child must be made on a case-by-case basis. The Office of Special Education Programs (OSEP) has strongly discouraged the attendance of attorneys at IEP meetings as the presence of attorneys can contribute to a potentially adversarial atmosphere at the meeting that would not necessarily be in the best interests of the child. In addition, attorneys' fees may not be awarded relating to any meeting of the IEP team unless the meeting is convened as a result of an administrative proceeding or judicial action, or, at the discretion of the State, for a mediation conducted prior to the request for a due process hearing.*

For more information, see Letter to Clinton (<http://www2.ed.gov/policy/speced/guid/idea/letters/2001-3/clinton072330iep.doc>).

Representatives of other public or private agencies may be invited to participate on the IEP Committee as appropriate. These representatives may include but are not limited to:

- **Part C Service Coordinator or Service Provider:** the Part C Service Coordinator or a service provider of the child, invited at the discretion the parent;
- **University-Based Program Representative:** a representative of the university-based program when the school places a child in the program;
- **Private School Representative:** a representative of the private school in which the child is enrolled;
- **Private Facility Representative:** a representative of the private facility in which the child resides or is enrolled; and
- **Transition Agency Representative:** a representative of any public agency that may be responsible for assisting with or providing transition services for children with disabilities fourteen (14) years of age, or younger if appropriate.

NOTE: *The name of any representative and his/her agency must be included on the Notice of Invitation to Committee Meeting for the IEP Committee meeting.*

IEP at Transition from Part C to Part B

For any child who receives services through Part C Early Intervention (First Step) services who has been determined to be eligible for and will be transitioning to Part B 619 (Preschool) services, the CCSD will develop and implement an IEP **by the child's 3rd third birthday**. If the child's third birthday occurs during the summer, the IEP Committee must consider the child's need for ESY services. If appropriate, these ESY services must be provided.

NOTE: *If the CCSD receives a late notification of a child transitioning from Part C to Part B (i.e., less than ninety (90) days before the child's third birthday), the district is not required to complete the evaluation, determine eligibility, and develop and implement the IEP by the child's third birthday. However, the district will continue to meet the sixty (60) day timeline for conducting an evaluation, the fourteen (14) day timeline for determining eligibility, and the thirty (30) day timeline for developing and implementing the IEP.*



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IEP Committee Meetings

The IEP Committee meeting functions as the main method for communication among the IEP Committee members allowing them to make informed decisions jointly as equal partners in determining the special education and related services, supplemental aids and services, program modifications and accommodations, and supports for school personnel necessary to provide the child a FAPE and what constitutes the child's LRE.

The IEP Committee is responsible for ensuring the child:

- Participates in the general curriculum and extracurricular activities to the maximum extent appropriate with his/her non-disabled peers;
- Is offered the same rigorous opportunities as general education children and is held accountable for meeting appropriate age-/grade-level expectations;
- Has measurable annual goals that address the child's educational needs affected by the disability and are linked to appropriate State standards;
- Benefits from the educational program; and
- Is being prepared for college, careers, and life beyond the completion of high school.

When an IEP Committee Meeting Is Required

The IEP Committee **must** hold a formal IEP Committee to make the following decisions:

- To develop the child's **initial IEP**, including annual goals, short-term instructional objectives or benchmarks, services and supports, secondary transition plans, and behavior support plans and to determine the child's LRE and need for Extended School Year (ESY) services;
- To make **significant changes** to the child's IEP based on the results of formal assessment or reevaluation (e.g., adding a Behavior Intervention Plan (BIP) program modification based on the results of a Functional Behavior Assessment (FBA)), due to changing needs or situations (e.g., considering a more restrictive environment or determining the child should participate in a Subject Area Alternative Assessment after successfully completing a subject area course but failing the related Subject Area Test), due to insufficient progress on his/her annual goals (e.g., deciding to increase the amount or type of services provided), or due to a request from a parent, teacher, or other IEP Committee member to meet to review and/or revise the IEP;
- To discuss **disciplinary actions** or conduct a Manifestation Determination Review (MDR);
- To develop an IEP before the public agency places the child in a private school/facility; and
- To review and revise the child's IEP, at least once annually.

When an IEP Committee Meeting Is Not Required

The IEP Committee may review data about the child's performance collaboratively and make minor changes to the IEP without a formal IEP Committee meeting.

- If the IEP needs corrections or minor changes between annual meetings, the IEP Committee may agree to amend the IEP without a meeting as long as (1) the changes and the parent's and



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CCSD's agreement to the changes are in writing and (2) every member of the IEP Committee is informed of the changes.



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NOTE: Changes to the IEP made without a meeting **may not involve** a redrafting of the entire IEP and may not be substituted for holding an annual meeting. If there is any confusion on whether or not a meeting is necessary to make the changes desired, the public agency is recommended to err on the side of caution and to hold an IEP Committee meeting.

Requesting an IEP Committee Meeting

Although the CCSD must call a meeting to address the development of and changes to the IEP as described in *When an IEP Committee Meeting Is Required*, the parent may also request an IEP Committee meeting to request changes to the child's IEP (e.g., changes to special education and related services, annual goals, placement, etc. ensure he/she is provided a FAPE. As there is not maximum number of IEP Committee meetings to develop or revise an IEP to meet a child's needs, the CCSD will grant any reasonable request for such a meeting and will hold the meeting within a reasonable time frame of the request.

If the CCSD **refuses to convene an IEP meeting** requested by the parent, the district will provide the parent a prior a Prior Written Notice with an explanation of why the district has determined the meeting to be unnecessary to provide the child a FAPE. The parent may dispute this decision using dispute resolution procedures.

If another member of the IEP Committee feels an IEP Committee meeting is needed to address changes to the child's IEP (e.g., changes to placement or services) to ensure the provision of a FAPE, the IEP Committee member may request an IEP Committee meeting according to the policies of the CCSD to which the IEP Committee member belongs.

Calling an IEP Committee Meeting

When calling an IEP Committee meeting, the CCSD will schedule the meeting at times and locations to enable the IEP Committee members, including the parent, to participate. The parent must be given a Invitation to Committee Meeting and Reply that includes:

- A list of who will be in attendance by name and position, including any legal representative(s) and his/her law firm;
- A statement that the parent or district may invite other individuals who have knowledge or special expertise regarding the child; and
- The time, location, and a description of the purpose of the meeting.

The Roster teacher will send the Invitation of Committee Meeting and Reply to the parent at least 3 days prior to the scheduled meeting. (Invitation may be sent home with the child, mailed or emailed, hand delivered at home or work.

The IEP Roster teacher must verify that the parent received the Invitation to Committee Meeting. Within 3 days of sending the Invitation to Committee the Meeting, if the parent did not return the Reply form with his/her intent to attend the meeting, reschedule or not attend the meeting, the teacher **must** contact the parent by phone, text, email, school's electronic system or home/work visits to confirm that the



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parent received the Invitation to the Committee Meeting and their intent to attend, reschedule or not attend the meeting.

The Roster teacher must make at least 3 attempts to contact the parent to verify receipt of the Invitation to Committee Meeting. If after 3 attempts the parent has not responded to the attempts, the IEP committee should continue the IEP meeting without the parent's participation. The attempts to verify parental receipt must be documented. Documentation may be with Contact Sheets, SPED TRACK or the Reply form **For Office Use Only** section.

Parent Participation

The CCSD will undertake efforts to ensure the parent is given the opportunity to participate in any meeting to develop or revise the child's IEP.

1. The district will find mutually agreed times and locations for the IEP Committee meeting. **The meeting may be rescheduled to another time and/or location to accommodate the parent provided the timelines for meetings are not violated, including the thirty (30) day timeline to develop the IEP after the determination of eligibility and an annual IEP Committee meeting to review and revise the IEP.**
2. The district will notify the parent of any IEP Committee meeting early enough (3 days) to ensure he/she has an opportunity to make arrangements to attend the meeting. The district may need to use multiple methods to notify the parent (e.g., written notices, texts, emails, telephone calls, parent-teacher communication systems and personal visits) to ensure the parent is aware of the IEP Committee meeting. In addition, the CCSD will document all of its efforts to notify the parent of the IEP Committee meeting and the results of those efforts. Files must be maintained on (a) detailed records of any telephone calls made or attempted and the results of those calls; (b) copies of any correspondence sent to the parents and any responses received; and (c) detailed records of any visits made to the parent's home or place of employment and the results of those visits.
3. If the parent is unable to attend the IEP Committee meeting in person, alternate means must be offered to allow the parent to participate, such as video conferences or conference calls. If the parent is still unable to participate, the remaining members of the IEP Committee may meet; however, the parent must be notified of the outcomes of the meeting and a Prior Written Notice must be provided to the parent before any changes determined during the meeting are implemented.

The CCSD will ensure the parent can actively participate during the IEP Committee meeting. The district will provide an interpreter for a parent who is deaf or a translator for a parent whose native language is not English if needed to ensure the parent can understand the proceedings of the meeting and is able to participate in any group discussions related to the educational decisions for their child.

Participation of a Child with a Disability

A child with a disability will be provided the opportunity to participate in meetings to develop or revise their IEP if the parent determines this is appropriate. The CCSD will inform the parent of his/her right to invite the child to attend the IEP Committee meeting. A child who is fourteen (14) years of age, or younger if appropriate, **must be invited via written notice** to participate in any meeting to develop a



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secondary transition plan, including the consideration of postsecondary goals and transition services. If the child does not attend the IEP Committee meeting, the district **must** ensure the child's preferences and interests are considered in the development of the secondary transition plan.

Excusal of IEP Committee Members

Any IEP Committee member may be excused from an IEP Committee meeting, in whole or in part, **only** if the parent and the district agree in writing. If the excused member's curricular or service area is to be addressed, he/she must provide written input for the development of the IEP to the IEP Committee, including the parent, prior to the meeting for which he/she was excused.

This input may include:

- Interpretations of data from assessment(s) and/or progress monitoring;
- Recommendations on measurable annual goals, services, and/or supports;
- Recommendations on participation in State-wide assessments and/or accommodations;
- Recommendations on postsecondary goals, secondary transition services, and/or exit options;
- Considerations on placement and the child's Least Restrictive Environment (LRE); and/or
- Recommendations on the need for Extended School Year (ESY) services.

The parent and the district may use an Excusal of IEP Committee Member to document their agreement and the written input, if required.

NOTE: *If the CCSD representative is excused, another IEP Committee member who is in attendance must have the authority to obligate the district to the decisions of the IEP Committee. If a representative of the public agency responsible for assisting with or providing transition services does not attend, efforts must be made to obtain participation from the agency in transition planning and must be documented in the IEP under transition services.*

Substituting IEP Committee Members

Some IEP Committee members may be substituted (e.g., the general education teacher or public agency representative) provided the substituted person is able to serve the same role and is equally knowledgeable of the child and content area/specialty as the person originally scheduled to attend. For example, if the general education reading teacher of a child with deficiencies in reading cannot attend the IEP meeting, another general education teacher who is highly-qualified in reading for the child's grade would be an appropriate substitute—not a general education teacher who is highly-qualified in math.

Conducting an IEP Committee Meeting

The IEP Committee meeting must be conducted by an IEP Committee member (e.g., the CCSD representative or special education teacher) or an assigned facilitator. Always introduce the members and positions of the committee. Explain the purpose of the IEP meeting. Discuss and complete and/or revise/amend each applicable section of the IEP. Solicit conversation and input from all committee members including the parent. Ensure the discussions are relevant to the task/student, remain on topic and remember confidentiality (do not discuss other students, parents). **Decisions that pertain to**



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identification, evaluation, placement, or provision of FAPE, must be made by the team as a through consensus or general agreement among the members.

If the parent or district feels that, due to present or previous disagreements, the IEP Committee will need assistance in reaching consensus, the parent or district may request a facilitator to be provided by the Mississippi Department of Education (MDE). In addition, the parent or the CCSD may choose to record IEP Committee meetings provided the other party is notified at least twenty-four (24) hours prior to the IEP Committee meeting.

The CCSD will provide the parent a copy of the Procedural Safeguards Notice at least once annually. At subsequent IEP Committee meetings, the parent may waive their right to be provided the Procedural Safeguards Notice. However, during any IEP Committee meeting, the Clairborne County School District will assist the parent in understanding his/her and her/his child's rights as described in the Procedural Safeguards Notice. In addition, the district will assist the parent in understanding the IEP developed for his/her child.

The CCSD has the ultimate responsibility to ensure that the **IEP** includes the services the student needs in order to receive a free appropriate public education (FAPE).

Following an IEP Committee Meeting

Following the IEP Committee meeting, the CCSD will provide the parent a copy of the IEP as developed at the meeting and a Prior Written Notice of any proposed changes or refused changes with justifications. The Prior Written Notice must be given to the parent whenever a change is made to the IEP or upon request.

When a review/revision is made, simply indicate the modifications on the **IEP**, mark review and/or revise and list the members of the IEP committee. Enter revisions into SPEDTRACK no later than five (5) school days and provide a copy to the parent/guardian within five (5) school days.

NOTE: *The copy of the IEP **must** be provided to the parent at no cost. In addition, each general education teacher, special education teacher, related service provider, and any other service provider responsible for implementing any portion of the IEP **must be provided access to the complete IEP** and be informed of his/her specific responsibilities in implementing the IEP, including the provision of any services, accommodations, modifications, and supports to provide the child a FAPE.*

Advocates of the Parent

The parent has the right to bring additional participant to the IEP meeting. The role of the parent's advocate is primarily to provide parents with timely information about special education, including state specific information, so that they may participate effectively in meeting the educational needs of their children. The IEP Committee Chairperson must ensure that all of the parental rights are provided.

Parental Refusal of Special Education Services

Parents always have the right to refuse service at any point. If such a request is made, encourage the parent to come to an IEP meeting and complete the Refusal of Special Education Services form. An



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IEP meeting is recommended to discuss the decision but not a requirement. If the parent does not wish to participate in an IEP meeting, the form may be sent home for completion.

Written Parental Permission for Initial Placement

Written parental permission **must** be obtained prior to the child receiving special education and related services in accordance with an IEP. The permission for placement will be obtained on the IEP form and maintained on file. This permission ensures that the parent(s) agrees with the program outlined on the IEP and understands that the disability exists.

Parental Consent Not Provided for Services

If the parent fails to respond to the CCSD's efforts to obtain consent or if the parent refuses to provide consent for special education and related services, the CCSD will not be considered to be in violation of the requirement to provide the child a FAPE. The CCSD **may not use dispute resolution procedures (e.g., mediation or due process) to obtain consent** nor is the district required to convene an IEP Committee meeting or develop an IEP.

Review and Revision of IEP

Although the IEP is a legally binding document, it is also a living document that may be changed as often as needed to meet the unique needs of the child and to ensure the child benefits from his/her education. The IEP must be updated at least once annually; however, there is no limit to the number of IEP Committee meetings or IEP changes that may occur throughout the year.

A review and/or revision of the IEP may occur for the following purposes:

- To determine whether the annual goals have been achieved and to revise the IEP if additional goals are needed or if a lack of expected progress toward the annual goals and/or in the general education curriculum is found;
- To review and revise the child's postsecondary goals, as needed, and to determine whether the child is making sufficient progress to achieve these postsecondary goals and/or if revisions to the type or amount of transition services are needed;
- To determine whether any additional assessments are necessary and/or to incorporate the results of any assessments conducted;
- To review any new information about the child provided to, or by, the parent; and
- To address the child's new academic, developmental, and functional needs.

Annual Review

The IEP Committee **must** review and/or revise each child's IEP at least once each year, on or before the date of the last annual review. The IEP Committee may conduct the annual review meeting anytime throughout the year, as long as the twelve (12) month time frame is met and the IEP is in effect at the beginning of the school year. During the annual review meeting, the IEP Committee must consider and update each section of the IEP as appropriate. Following the IEP Committee meeting, the CCSD must provide the parent a copy of the new IEP and a Prior Written Notice of any proposed changes or refused changes with justifications. In addition, every member of the IEP Committee and every service provider responsible for implementing the IEP must be informed of any changes.



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NOTE: *The IEP Committee Meeting Date and Projected Date of Annual Review recorded on the first page of the IEP should be updated.*

Revisions or Amendments Between the Annual Review

The IEP Committee may choose to conduct reviews, revisions, or amendments to a child's IEP of a more limited scope that are not considered an annual review. These changes may occur with or without an IEP Committee meeting. See the sections - *When an IEP Committee Meeting Is Required* and *When an IEP Committee Meeting Is Not Required* to determine if a meeting is required. If an IEP Committee is held, the meeting and changes should be recorded in the *Additional IEP Meetings to Review, Revise, or Amend the IEP* and *Summary of Revision* sections of the IEP. If the IEP Committee decides to amend the IEP without a meeting, the parent and the Clairborne County School District must agree to the process and the amendments in writing. An *IEP Amendment Form* may be used to document this process and agreement. In addition, changes may be recorded in the *Summary of Revision* section of the IEP. Following any revision or amendment to the IEP, the Clairborne County School District will provide the parent a copy of the new IEP and a *Prior Written Notice* of any proposed changes or refused changes with justifications. Every member of the IEP Committee and every service provider responsible for implementing the IEP must be informed of any changes.

NOTE: *The purpose, date, and attendees of the IEP Committee meeting should be recorded on the second page of the IEP; however, the IEP Committee Meeting Date and Projected Date of Annual Review recorded on the first page of the IEP should not be updated.*

Access to the IEP Document

Each general education teacher, special education teacher, related service provider, *and any other service provider responsible for implementing any portion of the IEP* will be provided access to the complete IEP and be informed of his/her specific responsibilities in implementing the IEP, including the provision of any services, accommodations, modifications, and supports to provide the child a FAPE.

Transmittal of Records

When a child transfers from a MS school district or educational agency to the CCSD, the district will take reasonable steps to obtain the child's records promptly from the previous district or agency. Records include the child's IEP and any supporting documents or other records relating to the provision of special education or related services to the child. The previous public school district or agency must take reasonable steps to promptly respond to the request from the Clairborne County School District.



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Educational Benefit

In the landmark decision of Board of Education v. Rowley, the U.S. Supreme Court noted that while The Education for All Handicapped Children Act of 1975, a precursor to The Individuals with Disabilities Education Act (IDEA), does not require States to develop IEPs that “maximize the potential of each handicapped child,” it does require them to “identify and evaluate handicapped children, and to provide them with access to a free public education.”

The U.S. Supreme Court further noted that the purpose of these services was to provide children with disabilities access to a FAPE, defined as “access to specialized instruction and related services which are individually designed to provide educational benefit to the handicapped child.” As a result, the U.S. Supreme Court held that in order to satisfy the FAPE requirement the personalized instruction and services provided to children with disabilities must:

- Be provided at public expense;
- Meet the State's educational standards;
- Approximate the grade levels used in the State's regular education (i.e., in Mississippi, this would be Kindergarten through 12th grade, including preschool and secondary education to twenty-one (21) years, unless the child turns twenty-one (21) years on or prior to September 1st); and
- Be delivered in the LRE according to the child's IEP.
- Furthermore, to receive a FAPE, a child's IEP should not only be procedurally compliant but also should enable the child to benefit from the education in the LRE.

“To meet its substantive obligation under the IDEA, a school must offer an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances. *Pp. 9–16, Andrew F. v. Douglas County School Dist., United States Court of Appeals for the Tenth Circuit*

For example, the IEP for a child with a disability who is educated in the regular classroom should enable the child to be successful in the regular education environment. Although it is difficult to determine how much progress the child should make to be able to demonstrate sufficient educational benefit, the U.S. Supreme Court cited evidence such as achieving passing marks, advancing from grade to grade, and graduating. For children who are not able to be educated in the regular classroom, subsequent decisions have emphasized the provision of a full continuum of alternate settings that are selected individually for the child based on his/her unique needs and enabling the child to progress in not just academic learning, but also in socialization, adaptive/functional skills, language/communication, and appropriate behavior.

The subsequent *IDEA* and *State Board Policy 74.19* have further expounded upon the requirements of FAPE and content to be included in the IEP. This includes:

- Having high expectations for all children;
- Ensuring children with disabilities have access to the general education curriculum and standards in the general classroom to the maximum extent possible;
- Preparing children with disabilities to lead productive and independent adult lives; and
- Providing effective transition services to promote successful post-school employment or education.



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To ensure educational benefit, the IEP Committee must:

- Systematically develop and monitor progress for a child's IEP for each year;
- Evaluate the overall outcomes of the IEP at the annual review; and
- Periodically monitor the collective outcomes over multiple years.

To ensure the child benefits from his/her annual educational program, the child's IEP must be developed using a data-driven process:

- First, consider the child's grade-level or alternate standards and determine the child's level of functioning relative to these standards;
- Second, using available data, identify the child's educational needs in the PLAAFP;
- Third, using the PLAAFP as the baseline, develop measurable annual goals and STIO/Bs designed to help the child make progress on grade-level or alternate standards;
- Fourth, select the services and supports necessary for the child to attain her/his goals;
- Fifth, monitor the child's progress, making adjustments as needed.

If the child benefits from each annual IEP, the IEP Committee should be able to track growth trends from year to year, seeing progress not only on goals but in access to the general or alternate education curriculum.



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Forms

Appendix C: IEP Requirements for Children Placed Outside of the Local School District

Verification of Receipt of IEP Supplementary Aids and Services, Personnel Supports in Regular Education

Excusal of IEP Committee Member

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Appendix D: IEP Development

Appendix E: Accommodations/Modifications

Appendix F: Transition (ages 14 and older)

Appendix G: Accommodation Examples for Specific Disabilities



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Appendix C

IEP Requirements for Children Placed Outside of the Local School District

State Agency Schools and Institutions

A state school or institution that provides educational services is responsible for the development, review, and revision of IEPs for children with disabilities, ages three (3) through twenty (20) years, who are placed in the state school or institution. (School for the Deaf, School for the Blind, Hudspeth Center, etc.)

Private Facilities and Schools

For a child placed in a private facility or enrolled in a private school, the responsibilities for providing a FAPE and an educational plan (i.e., IEP or Service Plan) **depend upon which person or entity has placed the child in the private facility or school.**

CCSD Placement in a Private Facility or Private School

If the CCSD determines it is necessary to place a child with disability in a **private residential or day program or private school in order to provide the child a FAPE**, the CCSD will ensure the development, review, and revision of the child's IEP. The CCSD will develop the IEP in consultation with a representative from the private facility or school. The representative from the private facility or school may participate in person, through a telephone conference call, or other allowed methods.

After initial placement, the private facility or school may, at the discretion of the CCSD, initiate and conduct a meeting to review or revise a child's IEP; however, the CCSD has the final responsibility for ensuring the development and implementation of the IEP for each child placed in the private facility or school by the district. If the private facility or school initiates and conducts the IEP meeting, the CCSD will ensure:

- IEP meetings are conducted in accordance with SBE Policy 74.19; and
- Parents and an agency representative from the CCSD are involved in any decisions about the IEP; and
- Parents and an agency representative from the CCSD agree to any proposed changes before those changes are implemented.

Parental Placement in a Private Facility or Private School

If a child with a disability is **parentally placed** in a private facility or school, the district where the private facility or school is located may develop a Service Plan for the child if the CCSD has determined the provision of equitable services. If the district of the private facility's or school's location develops a Service Plan, the Plan must be developed in consultation with a representative from the private school or facility. The representative from the private school or facility may participate in person, through a telephone conference call, or other allowed methods.

NOTE: *The district where the private school or facility is located is responsible for locating, identifying, and evaluating all children with disabilities in those private schools or facilities through Child Find*



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activities. The district **may** develop a Service Plan for any children who are determined to be eligible and for whom the CCSD has determined the provision of equitable services.

University-Based Programs

For a child placed in a University-Based Program (UBP), the responsibilities for **providing a FAPE and IEP depend upon which person or entity has placed the child in the UBP.**

LEA Placement in a University-Based Program

If the CCSD determines it is necessary to place a child with disability in a UBP in order to provide a FAPE, the district will ensure the development, review, and revision of the child's IEP. The CCSD will develop an IEP in consultation with a representative from the UBP. The representative from the UBP may participate in person, through a telephone conference call, or other allowed methods.

After initial placement, the UBP may, at the discretion of the CCSD, initiate and conduct a meeting to review or revise a child's IEP; however, the CCSD has the final responsibility for ensuring the development and implementation of the IEP for each child placed in the UBP by the district. If the UBP initiates and conducts the IEP meeting, the CCSD will ensure:

- IEP meetings are conducted in accordance with SBE Policy 74.19; and
- Parents and an agency representative from the CCSD are involved in any decision about the IEP; and
- Parents and an agency representative from the CCSD agree to any proposed changes before those changes are implemented.

Parental Placement in a University-Based Program

If a parent requests to place a child with a disability in a UBP, the UBP will contact the CCSD, if the child resides in the district, to initiate Child Find Procedures or IEP/FAPE.

- CCSD will offer the parent an appropriate IEP to meet the child's needs, if eligible.
 - ✓ Send the parent a Notice of Committee Meeting for an IEP meeting.
 - ✓ If the parent refuses consent, send a Prior Written Notice. (Obtain Signed Refusal of Services if appropriate.)
- Inform the parent of the CCSD's program/services and to contact the Director of Special Education at any time for questions or services.
- If the parent chooses to place the child in the UBP and refuses the CCSD's program/services, the CCSD will have no responsibility to further services for the child.

Head Start

The CCSD is responsible for the provision of a FAPE and the development, review, and revision of an IEP for any preschool children who attend Head Start and reside in their district. The residence of the child—not the location of the Head Start program the child attends—determines which district provides services to the child. The CCSD has a local interagency agreement with each Head Start program/agency that enrolls children from its district. The interagency agreement addresses issues of



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service provision and the development, review and revision of an IEP with the participation of Head Start personnel, as well as Child Find, evaluation, and eligibility decisions.

Correctional Facilities

When a child with a disability is located in a **juvenile detention center**, the CCSD will be responsible for the development, review, and revision of the child's IEP. The child's district of residence **must** collaborate in the process by providing the child's educational record and, as necessary, providing assistance in determining the educational needs of the child in a timely manner.

When a child with a disability is located in a **State juvenile correctional facility**, the public agency responsible by law for such facilities, i.e., the Mississippi Department of Human Services, is responsible for the development, review and revision of the child's IEP in accordance with the policies and procedures for IEPs. The CCSD will provide the child's educational records in accordance with confidentiality requirements to assist in the provision of services.

When a child with a disability is located in a **State adult correctional facility**, the Department of Corrections is responsible for the development, review and revision of the child's IEP in accordance with the policies and procedures addressed above. The CCSD will provide the child's educational record in accordance with the confidentiality requirements to assist in the provision of services.



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**Verification of Receipt of IEP Supplementary Aids and Services, Personnel Supports in
General Education**

Name of Student: _____ School Year: _____

Teacher Responsibility and Student Expectations:

- Complete all course requirements, with specific accommodations that do not fundamentally alter or lower the standard or expectation of course/standard/tests. The purpose of these accommodations is to provide access, participation, and benefit from your course for this student. The course grade should be based on the same standard or achievement as other students in this class as long as all accommodations are implemented as required in both the instructional and assessment phases of this student's classroom performance. Different methods of demonstrating an achieved standard are permissible if they do not fundamentally alter or lower the standard. These methods should facilitate the student demonstrating content mastery without the impediments due to disability or learning style differences.
- Complete some course requirements with specific modifications that although fundamentally altering or lowering the standard or expectation of the course/standard/tests allow access for this student to participate in the general education setting of your classroom. There is an individualized purpose for this student participating in your class. The rationale for modifications are contained in the students' IEP. The course grade should be based on the specific criteria developed by the students' IEP.

My signature below verifies that I did receive a copy of the accommodations, modifications and/or support needed for his student. I understand that these must be implemented as stated on the student's IEP.

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____



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EXCUSAL OF IEP COMMITTEE MEMBER

PERSONAL DATA		
Child's Name:	MSIS #:	DOB:
District:	School:	Grade:
Time and Date of IEP Committee Meeting:		
Location of IEP Committee Meeting:		
COMMITTEE MEMBER REQUESTING TO BE EXCUSED		
IEP Committee Member Name:	Role: <input type="checkbox"/> General Educator <input type="checkbox"/> Agency Representative <input type="checkbox"/> Special Educator <input type="checkbox"/> Other: _____	
Request to be excused for: <input type="checkbox"/> Entire meeting <input type="checkbox"/> Part of meeting	Indicate whether the IEP Committee member's area will be addressed: <input type="checkbox"/> Member's curricular/service area is not to be addressed. <input type="checkbox"/> Member's curricular/service area is to be addressed. <i>The IEP Committee member must provide written input prior to the IEP Committee meeting.</i>	
PUBLIC AGENCY AGREEMENT TO EXCUSE IEP COMMITTEE MEMBER		
Public Agency: <input type="checkbox"/> The Public Agency does agree to excuse the IEP Committee member for the indicated meeting. <input type="checkbox"/> The Public Agency does NOT agree to excuse the IEP Committee member for the indicated meeting. The Public Agency requests that the IEP Committee member attend the meeting at the scheduled time. <input type="checkbox"/> The Public Agency does NOT agree to excuse the IEP Committee member for the indicated meeting. The Public Agency would like to reschedule the meeting for: _____		
Public Agency Representative:		Date:
PARENT AGREEMENT TO EXCUSE IEP COMMITTEE MEMBER		
As the Parent, I have been informed and understand: All of the IEP Committee members must attend all IEP Committee meetings in their entirety unless the Parent <u>and</u> the Public Agency agree in writing that the IEP Committee member may be excused in whole or in part. If the IEP Committee member's curricular or service area is to be addressed during the scheduled meeting, the IEP Committee member must submit written input for the development of the IEP prior to the meeting, such as: <ul style="list-style-type: none"> • Interpretations of data from assessment(s) and/or progress monitoring; • Recommendations on measurable annual goals, services, and/or supports; • Recommendations on participation in State-wide assessments and/or accommodations; • Recommendations on postsecondary goals, secondary transition services, and/or exit options; • Considerations on placement and the child's Least Restrictive Environment (LRE); and/or • Recommendations on the need for Extended School Year (ESY) services. 		
Parent: <input type="checkbox"/> I do agree to excuse the IEP Committee member for the indicated meeting. <input type="checkbox"/> I do NOT agree to excuse the IEP Committee member for the indicated meeting. I request that the IEP Committee member attend the meeting at the scheduled time. <input type="checkbox"/> I do NOT agree to excuse the IEP Committee member for the indicated meeting. I would like to reschedule the meeting for: _____		
Parent:		Date:
WRITTEN INPUT FOR THE DEVELOPMENT OF THE IEP ATTACHED		
<input type="checkbox"/> Interpretations of data from assessment(s) and/or progress monitoring <input type="checkbox"/> Recommendations on participation in State-wide assessments and/or accommodations <input type="checkbox"/> Considerations for placement and the child's LRE	<input type="checkbox"/> Recommendations on measurable annual goals, services, and/or supports <input type="checkbox"/> Recommendations on postsecondary goals, secondary transition services, and/or exit options <input type="checkbox"/> Recommendations for ESY services	



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REVOCATION OF CONSENT

Claiborne County School District
Director of Special Education
404 Market Street
Port Gibson, MS 39150
601-437-4232

To: _____

Date: _____

Public agencies are required to provide written notice to the parent when they propose or refuse to initiate or change the identification, evaluation, or educational placement of a child or propose or refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE).

On _____, the Claiborne County School District received your written revocation of consent for your child, _____, to receive special education and related services. This letter is to inform you that, although the Claiborne County School District believes that your child continues to need special education and related services, the Claiborne County School District will stop providing these services on __ based on your written revocation of consent for services.
[date of termination of services]

When you revoke special education and related services, the Claiborne County School District cannot use mediation or Due process procedures to challenge your decision to terminate services. The Claiborne County School District must honor your request within a reasonable time after the receipt of your letter.

Once your revocation of consent is effective, your child will no longer be considered as a child with a disability for educational purposes and will lose all of the protections and procedural safeguards afforded to him/her by the Individual with Disabilities Education Act of 2004 (IDEA). Your child will no longer be eligible for a free appropriate public education (FAPE) as defined by IDEA. The Claiborne County School District will not reconvene an IEP meeting, conduct a reevaluation, or develop an IEP. Your child will be subjected to all requirements that apply to general education students including, but not limited to, district and statewide assessments, graduation requirements, extracurricular activities, and discipline.

Revocation of consent for special education and related services is not retroactive. The district will not amend your child's records to remove any references of special education and related services. However, if you wish to have your child receive special education and related services in the future, an initial comprehensive evaluation must first be conducted (as if your child was never a child with a disability). If you do wish to have your child considered for special education and related services in the future, please contact the Director of Special Education or District MET Chairperson to make a request for an initial evaluation.

I have included the following important information for you:

- Resource list of parent advocacy groups
- Procedural Safeguards Notice
- Other:

Please contact me if you have any questions regarding this information.

Sincerely,
_____, Director of Special Education



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Appendix D

IEP Development

The IEP includes the following:

1. A statement of the child's present level of academic achievement and functional performance, including how the child's disability affects involvement and progress in the general education curriculum (participation in appropriate activities for preschool children)
2. A statement of measurable annual goals, including academic and functional goals, to enable the child to be involved in and make progress in the general education curriculum, as well as meet other educational needs (short-term objectives are required for students who take alternate assessments)
3. A description of how progress will be measured and at what intervals progress will be measured
4. A statement of services, including related services and supplementary aids and services, that will be provided to allow the student to progress toward the annual goals and to be involved in, and progress in, the general education curriculum
5. An explanation of any non-participation in general education services and activities
6. A statement of accommodations necessary for participation in State- and district-wide assessments or determination of participation in alternate assessments including a statement of the assessment that will be taken
7. Projected dates for special education services and related services

The CCSD will develop IEPs based on Standards-Based Reform that includes the idea that special education students have the right to be taught with the same high standards expected for all students and the idea that all students must be provided opportunities to learn the general education curriculum. In doing so, students with disabilities will be given equitable access to the general education curriculum. Content standards from the general education curriculum are aligned to accountability, IEP goals and objectives are linked to the standards, statewide assessment is based on the standards, and educational benefit is the focus for the student.

The following steps will be utilized by CCSD in developing Standards-Based IEPs:

1. Identify grade-level content standards for the grade in which the student is enrolled or would be rolled based on age.
2. Establish how to address the unique needs presented by the student's disability by analyzing the disability and determining how the disability will impact learning.
3. Examine classroom and student data to determine where the student is functioning in relation to the grade-level standards. Data to examine should include:
 - Courses of study and/or curriculum guides
 - Current assessment data
 - State assessments
 - Curriculum-based assessments
 - Evaluation Reports and or ATR
 - Universal Screeners
 - Work samples
 - Previous year's IEP



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- Other information such as grades, discipline referrals, attendance reports, etc.
4. Use data to summarize the present level of academic achievement and functional performance by developing the PLAAFP. The PLAAFP, Present Levels of Academic and Functional Performance, provides a summary of baseline information that indicates the student's academic achievement by focusing on the student's learning and progressing in the general curriculum, identifies current functional performance which focuses on the student accessing the general curriculum, and explains how the disability affects the student's involvement and progress in the general education curriculum. The PLAAFP must be standards-centered, data-driven, understandable, and measurable.
 5. Develop measurable annual goals aligned with grade-level academic content standards. Goals will describe what a student can reasonably expect to accomplish in one school year.
 6. Assess and report the student's progress throughout the year using a variety of assessments. This must be done as frequently as reporting for general education students, and in order to be able to adjust instruction as needed.
 7. Identify specially designed instruction, including accommodations and/or modifications needed to access and progress in the general education curriculum.
 8. Determine the most appropriate assessment option for the state-wide testing program, considering the conditions of the assessment and the testing accommodations.



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Appendix E

ACCOMMODATIONS & MODIFICATIONS

The term "accommodation" may be used to describe an alteration of environment, curriculum format, or equipment that allows a SWD to gain access to content and/or complete assigned tasks. Accommodations allow a SWD to pursue a regular course of study with the same learning expectations as students without disabilities. Since accommodations do not alter what is being taught, the same grading scale and grading procedures are implemented for SWD as they are for students without disabilities. Examples of accommodations include: sign language interpreters for students who are deaf; computer text-to-speech computer-based systems for students with visual impairments; extended time for students with fine motor limitations, visual impairments, or learning disabilities; large-print books and worksheets for students with visual impairments; preferential seating and trackballs and alternative keyboards for students who operate standard mice and keyboards. Accommodations are allowable for SWD based on individual needs regardless of graduation track.

The term "modification" may be used to describe a change in the curriculum. Modifications are made for a SWD who is unable to comprehend all of the content. Examples of modifications include: fewer objectives; reducing assignments and assessments, so a student only needs to complete a limited number of problems; revising assignments or assessments to make them easier such as deleting half of the response choices on a multiple-choice test; etc.

The following is the process to be completed by the last working day in August for the **Accommodations & Modifications Notification for General Ed** form:

1. Complete a form for each student.
2. Make enough copies of the form for each of the student's general education teachers to have one.
3. Meet with each of the student's teachers and explain their responsibilities with regards to accommodations and modifications.
4. Have the general education teacher sign the original form.
5. Give a copy of the form to each of the student's general education teachers prior to the first student day of school.
6. File the original with the IEP and send copies to the central office.
7. If accommodations or modifications change during the year, repeat these steps.

The **Accommodations & Modifications Notification for General Ed** form documents the general education teachers receipt of the Assessment Procedures for the student.



TRANSITION

Ages 14 and older

34 C.F.R. 300.43: The term transition services means a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation.

Transition services are a coordinated set of activities for a child with a disability that – (a) is designed with a results-oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation; (b) based on the individual child's needs, taking into account the child's strengths, preferences, and interests, and (c) including instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation."

While IDEA 2004, requires beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Committee, and updated annually thereafter; MS State Board Policy 7219 requires we begin no later than the first IEP to be in effect when the child turns fourteen (14), or younger if determined appropriate by the IEP committee, and updated annually thereafter.



ACCOMMODATION EXAMPLES FOR SPECIFIC DISABILITIES

Here are some examples of accommodations and services that might be considered for specific disability profiles. Please keep in mind that these examples are not intended to be all-inclusive or mandatory. Do not use these examples as a "checklist" as accommodations are to be made on a case-by-case basis specific to individual need.

ARTHRITIS

EXAMPLE: A student with severe arthritis may have persistent pain, tenderness or swelling in one or more joints. A student experiencing arthritic pain may require a modified physical education program.

Possible Accommodations and Services:

- Provide a rest period during the day
- Accommodate for absences for doctors' appointments
- Provide assistive devices for writing (e.g., pencil grips, non-skid surface, typewriter/computer, etc.)
- Adapt physical education curriculum
- Administer medication following medication administration protocols
- Train student for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Arrange for assistance with carrying books, lunch tray, etc.
- Provide book caddy
- Implement movement plan to avoid stiffness
- Provide seating accommodations
- Allow extra time between classes
- Provide locker assistance
- Provide modified eating utensils
- Develop health care plan and emergency plan
- Provide for accommodations for writing tasks: a note taker, a computer or tape recorder for note-taking
- Make available access to wheelchair/ramps and school van for transportation
- Provide more time for massage or exercises
- Adjust recess time
- Provide peer support groups
- Arrange for instructional aide support
- Install handle style door knobs (openers)
- Record lectures/presentations
- Have teachers provide outlines of presentations
- Issue Velcro fasteners for bags
- Obtain padded chairs
- Provide a more comfortable style of desk
- Adjust attendance policy, if needed
- Provide a shorter school day
- Furnish a warmer room and sit student close to the heat
- Adapt curriculum for lab classes
- Supply an extra set of books for home use and keep a set at school
- Let student give reports orally rather than in writing



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- Provide an awareness program for staff and students
- Monitor any special dietary considerations
- Involve school health consultants in school health related issues
- Provide post-secondary or vocational transition planning

ASTHMA

EXAMPLE: A student has been diagnosed as having severe asthma. The doctor has advised the student not to participate in physical activity outdoors.

Possible Accommodations and Services:

- Adapt activity level for recess, physical education, etc.
- Provide inhalant therapy assistance
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Remove allergens (e.g., hair spray, lotions, perfumes, paint, latex)
- Make field trips that might aggravate the condition non-mandatory and supplement with videos, audiotapes, movies, etc.
- Accommodate medical absence by providing makeup work, etc.
- Adjust for administration of medications
- Provide access to water, gum, etc.
- Adapt curriculum expectations when needed (i.e., science class, physical education, etc.)
- Develop health care and emergency plans
- Have peers available to carry materials to and from classes (e.g., lunch tray, books)
- Provide rest periods
- Make health care needs known to appropriate staff
- Provide indoor space for before and after school activities
- Have a locker location which is centralized and free of atmosphere changes
- Adapt attendance policies, school day duration, or 180-day requirement, if needed
- Place student in most easily controlled environment

ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)

EXAMPLE: The student has a disability ruling in the area of OHI (ADHD). Accommodations are needed in order for the student to access the general education standards.

Possible Accommodations and Services:

- Seat the student away from distractions and in close proximity to the teacher
- State classroom rules, post in an obvious location, and enforce consistently
- Use simple, concise instructions with concrete steps
- Provide seating options
- Tolerate (understand the need) excessive movement
- Provide a peer tutor/helper
- Teach compensatory strategies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Monitor for stress and fatigue; adjust activities
- Adjust assignments to match attention span, etc.



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- Vary instructional pace
- Vary instructional activities frequently
- Provide supervision during transitions, disruptions, field trips
- Model the use of study guides, organizing tools
- Accommodate testing procedures; lengthy tests might be broken down into several shorter administrations
- Provide counseling and prompt feedback on both successes and areas needing improvement
- Initiate frequent parent communication
- Establish a school/home behavior management program
- Provide training for staff
- Have the student use an organizer; train in organizational skills
- Establish a nonverbal cue between teacher and student for behavior monitoring
- Assign chores/duties around room/school
- Adapt environment to avoid distractions
- Reinforce appropriate behavior
- Have child work alone or in a study carrel during high stress times
- Highlight required or important information/directions
- Provide a checklist for student, parents, and/or teacher to record assignments of completed tasks
- Use a timer to assist student to focus on given task or number of problems in time allotted; stress that problems need to be done correctly.
- Have student restate or write directions/instructions
- Allow student to respond in variety of different modes (i.e., may place answers for tests on tape instead of paper)
- Give student opportunity to stand/move while working
- Provide additional supervision to and from school
- Adapt student's work area to help screen out distracting stimuli
- Grade for content integrity not just neatness/presentation
- Schedule subjects which require greater concentration early in the day
- Supply small rewards to promote behavior change
- Avoid withholding physical activity as a negative reinforcer
- Allow for periodic, frequent physical activity, exercise, etc.
- Determine trigger points and prevent action leading to trigger points
- Provide for socialization opportunities, such as circle of friends

CANCER

EXAMPLE: A student with a long-term medical problem may require special accommodations. For example, a student with cancer may need a class schedule that allows for rest and recuperation following chemotherapy.

Possible Accommodations and Services:

- Adjust attendance policies
- Limit numbers of classes taken; accommodate scheduling needs (breaks, etc.)
- Send teacher/tutor to hospital, as appropriate



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- Take whatever steps are necessary to accommodate student's involvement in extra- curricular activities if they are otherwise qualified
- Adjust activity level and expectations in classes based on physical limitations; don't require activities that are too physically taxing
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Provide appropriate assistive technology
- Provide dietary accommodations
- Provide a private area in which to rest
- Shorten school day
- Arrange for home tutoring following treatment
- Send additional set of texts and assignments to hospital schools
- Tape lessons. Accept the fact that the lessons and content-area tests may not be appropriate; the student is learning many life lessons through this experience
- Adjust schedule to include rest breaks
- Provide counseling; establish peer group support
- Adapt physical education
- Provide access to school health services
- Provide awareness training to appropriate staff and students
- Develop health care emergency plan to deal with getting sick at school
- Offer counseling for death and dying to peers/teachers/staff
- Furnish a peer tutor
- Provide student with a student buddy for participation in sports
- Initiate a free pass system from the classroom
- Provide lessons using mastery learning techniques
- Provide individual school counseling
- Begin friendship groups for the student
- Provide teachers with counseling, emphasizing positive attitudes
- Have a health plan for care of mediport/any other intravenous lines and medical needs
- Plan ongoing communication about school events
- Notify parents of communicable diseases in school
- Designate a person in school to function as liaison with parents as a means of updating changing health status

CEREBRAL PALSY

EXAMPLE: The student has serious difficulties with fine and gross motor skills. A wheelchair is used for mobility.

Possible Accommodations and Services:

- Provide assistive technology devices
- Allow for extra time between classes
- Assist with carrying books, lunch trays, etc.
- Adapt physical education curriculum
- Provide for physical therapy as appropriate. Such therapy needs to relate directly to "life skills"
- Train for proper dispensing of medications; monitor and/or distributed medications; monitor for



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side effects

- Adapt eating utensils
- Initiate a health care plan that also addresses emergency situations
- Train paraprofessionals in the case of this student (i.e. feeding, diapering, transporting to and from the wheelchair)
- Adapt assignments
- Educate peers/staff with parent/student permission
- Ensure that programs conducted in the basement or on second or third floor levels are accessible
- Ensure that bathroom facilities, sinks and water fountains are readily accessible.
- Provide post-secondary or vocational transition planning.

DEAF/HEARING IMPAIRMENT

EXAMPLE: Student has a ruling of Hearing Impaired. Student has both a hearing loss and a mild speech impediment. He compensates through both lip reading and sign language. Academic abilities test in the average range.

Possible Accommodations and Services:

- Allow for written direction/instructions in addition to oral presentation
- Ensure delivery of instruction facing the student to allow lip reading
- Provide visual information as primary mode of instruction
- Allow for provision of interpreter services
- Install acoustical tile, carpeting
- Seat in a location with minimal background noise
- Provide paper and pencil/pen to write/draw requests when needed
- Facilitate acquisition of TDDs and related assistive technology
- Allow for extra time between classes
- Provide post-secondary or vocational transition planning

EMOTIONAL DISABILITY

EXAMPLE: Student has a ruling in the area of Emotional Disability.

Possible Accommodations and Services:

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Maintain weekly/daily journals for self-recording of behavior
- Establish home-school communication system
- Schedule periodic meetings with home and treatment specialists
- Provide carry-over of treatment plans into school environment
- Assist with inter-agency referrals
- Utilize behavior management programs
- Develop contracts for student behavior
- Post rules for classroom behaviors; teach expectations



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- Provide counseling, social skills instruction
- Reinforce replacement behaviors
- Educate other students/staff/school personnel
- Foster carryover of treatment plans to home environment
- Reinforce positive behavior
- Schedule shorter study/work periods according to attention span capabilities
- Be consistent in setting expectations and following up on reinforcements/consequences
- Provide post-secondary or vocational transition planning



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EPILEPSY

EXAMPLE: Student has a ruling of Other Health Impaired.

Possible Accommodations and Services:

- Call parent and document the characteristics of each seizure
- Assess breathing after seizure
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Train staff and students and prepare an emergency plan
- Anticipate recovery process should a seizure occur. Move seating/clear space during seizure. Do not insert objects into the student's mouth during seizure; administer no fluids if student is unconscious. Turn the unconscious student on his or her side to avoid aspiration of vomit. Provide rest time and return to academic considerations following seizure.
- Arrange a buddy system, especially for field trips
- Avoid portable chalk boards or furniture that would topple over easily
- Provide an alternative recess, adapt activities such as climbing and/or swimming
- Plan for academic make-up work
- Alter door openings to allow access from the outside (i.e., bathroom stall doors that swing both ways)
- Observe for consistent triggers (e.g., smells, bright light, perfume, hair spray)
- Provide post-secondary or vocational transition planning

LEARNING DISABILITIES

Student is ruled SLD in Reading areas.

Possible Accommodations and Services:

- Provide lower-readability materials covering course context
- Provide extended time on tests
- Arrange for student/volunteer readers
- Provide information on accessing materials through recordings for the Blind and Dyslexic (i.e., books on tape)
- Allow access to spell checkers and/or word processing
- Provide information on accommodations for college-entrance/qualifying exams (i.e., PSAT)
- Written directions in addition to oral
- Clearly sequenced instruction
- Visual graphs/charts/diagrams to support instruction
- Provision of computer access
- Seating toward the instructor
- Support/suggestions relative to post-secondary/career options
- Support in the use of organizational/time-management strategies
- Support in the use of strategies to assist memory and problem-solving
- Use of multi-sensory instructional methods (i.e., visual graphs and charts to accompany oral presentation)
- Provide post-secondary or vocational transition planning



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ORTHOPEDICALLY IMPAIRED

EXAMPLE: The student has limited mobility and uses a wheelchair. Student ruled Orthopedically Impaired.

Possible Accommodations and Services:

- Develop a health care and emergency plan
- Implement an adaptive physical education program
- Provide physical therapy at school
- Correct problems with physical accessibility of facilities/pathways between buildings
- Provide extra time to get to class
- Supply a set of textbooks for home
- Provide a copy of class notes from a peer
- Practice emergency exit from school building
- Ensure that access to programs held in the basement or on second or third floors is handicapped accessible
- Ensure that bathroom facilities, water fountains, sinks, etc. are readily accessible
- Provide post-secondary or vocational transition planning

TOURETTE'S SYNDROME

EXAMPLE: The student has a ruling of Other Health Impaired.

Possible Accommodations and Services:

- Provide student with a means of catching up on missed lessons
- Pair with a fellow student for study if indicated
- Educate other students about associated outbursts/gestures/tics
- Arrange for frequent parental interaction if indicated
- Monitor administration/side effects of medication
- Implement a behavior management program if indicated; cue student about inappropriate behaviors
- Provide supervision for transition activities, during periods of "acting out"
- Provide alternative/larger work space or appropriate space for the child to act out if indicated
- Teach compensatory strategies
- Adapt assignments if indicated
- Provide peer/teacher in-service with parent/student permission
- Provide post-secondary or vocational transition planning

TRAUMATIC BRAIN INJURY

EXAMPLE: The student has a ruling of TBI.

Possible Accommodations and Services:

- Provide extended school year/time
- Furnish memory/organizational aids
- Provide alternative testing



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- Initiate tutoring programs



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- Arrange an emergency plan
- Monitor for seizure activity
- In-service staff and peers with student/parent permission
- Monitor fatigue/mental exhaustion
- Provide frequent short breaks during periods of intense concentration
- Shorten the instructional day if indicated
- Provide strategies for organizing/sequencing tasks
- Provide post-secondary or vocational transition planning

VISUAL IMPAIRMENT

EXAMPLE: Student has a ruling of Visually Impaired.

Possible Accommodations and Services:

- Preferential seating
- Adaptations to the physical environment (i.e., consistent room arrangement, removal of obstacles to path of entry)
- Copies of text/reading materials for adaptation
- Modified writing tools (i.e., dark felt tip pens)
- Perkins Braille
- Slate and stylus
- Raised lines on writing paper
- Dark lined writing paper
- Lighting aids
- Low vision devices including magnifiers, monocular glass, closed-circuit TV
- Desktop slant board
- Enlarged print materials; textbooks, workbooks, worksheets
- Braille textbooks/reading materials
- Books on tape
- Audiotape recorder, tapes and organizational location (headphones if needed)
- Oral instead of written tests
- Standardized tests (i.e., CAT, SAT) in large print or Braille
- Tactile maps
- Computer with enlarged print screen/adaptations
- Speech synthesizer for input and output
- Screen reading device
- Optical Character Recognition System Scanner
- Mobility devices (i.e., white cane)
- Abacus



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Free Appropriate Public Education (FAPE)

Clairborne County School District is committed to providing a Free Appropriate Public Education (FAPE) to children with disabilities. FAPE means that children with a disability are provided appropriate special education and related services at the expense of the district, at no cost to the parent. A FAPE must meet the requirements of the Mississippi Department of Education's *State Policies Regarding Children with Disabilities under the Individuals with Disabilities Education Act (IDEA) of 2004* (State Board Policy 7219). It is binding on all public agencies who receive payments under Part B of IDEA. A FAPE includes an appropriate preschool, elementary or secondary public education in the student's Least Restrictive Environment. A FAPE is provided in conformity with the student's Individual Education Plan (IEP) that meets the requirements of §§300.320 through 300.324.

Eligibility for a FAPE

A FAPE will be available to all children who have been determined eligible for special education and whose parents reside in the CCSD including children who

- Are between the ages of three (3) and twenty (20) years;
 - ✓ Including children from the date of their third birthday; and
 - ✓ Including youth who are twenty (20) years of age on or before September 1st, even if they will turn twenty-one (21) years of age during the school year;
- Have been suspended or expelled from school;
- Are placed by the CCSD in a private school or preschool/early childhood program; or
- Are placed in a residential facility or long-term medical facility.

Special Education Services

Children with disabilities are provided specially-designed instruction, related services, and modifications and accommodations as necessary to meet the unique needs of a child with a disability services as determined by each individual IEP committee. The CCSD provides special education at no cost to the parent, except in the incidental fees normally charged to nondisabled children and their parents as part of the general education program. Special education services comply with the Individuals with Disabilities Education Act Amendments 2004 (IDEA) and the Mississippi Department of Education's *State Policies Regarding Children with Disabilities under the Individuals with Disabilities Education Act of 2004* (State Board Policy 74.19). A FAPE is provided based on the child's individual needs and are not based on a disability category.

Specially Designed Instruction

Specially designed instruction means adapting, as appropriate, the content, methodology or delivery of instruction to meet the unique needs of a child with a disability. The CCSD ensures the child benefits from his/her education and has access to the general curriculum, to the maximum extent appropriate, so that the child can meet the grade-level educational standards or, in the case of a child with a significant cognitive disability, individually



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determined alternate standards. The CCSD provides a full continuum of services including general education classrooms, in the home or hospital or special schools or institutions, in community-based preschool programs and in other settings.

Specially designed instruction includes but is not limited to the provision of:

- Academic instruction;
- Speech and/or language instruction;
- Special and/or adapted physical education;
- Vocational instruction;
- Social skills instruction;
- Organizational skills/strategies;
- Training in functional living skills;
- Special and/or adapted instruction in developmental and pre-academic skills; and
- Extended School Year (ESY) services, if determined necessary by the IEP Committee.

Physical Education means the development of physical and motor fitness, fundamental motor skills and patterns, and skills for specific physical activities (e.g., dance, exercise, individual and/or group games and sports). It also includes special physical education, adapted physical education, movement education and motor development.

Physical education services, specially designed, if necessary, must be made available to every child with a disability unless the public agency does not provide physical education to children without disabilities in the same grades. Regular physical education with nondisabled children must be made available to children with disabilities unless the child is enrolled full time in a separate facility.

If the child is unable to participate in regular physical education with modifications, the child must receive specially designed physical education as described in the child's IEP. The Clairborne County School District is responsible for providing these services directly or for making arrangements for these services to be provided through other public or private programs.

Vocational Education is specialized instruction and practice by qualified personnel in a specific field to prepare children to enter into, continue, or upgrade employment in recognized trades or occupations. These are typically organized educational programs that are directly related to the preparation for paid or unpaid employment or for additional preparation for a career that does not require a baccalaureate or advanced degree.

Social Skills Instruction is specialized instruction to acquire and effectively apply knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.



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Organizational Skills Instruction is specialized instruction to acquire and effectively apply knowledge and skills necessary to use organizational tools and routines, to remember assignments and keep track of materials needed for assignments, to manage time effectively, and to create and execute plans.

Functional Living Skills means the development of skills used in daily living, such as, taking care of oneself (e.g., toileting, dressing, bathing, feeding), basic communication (e.g., expressing needs, asking for assistance, engaging in social conversation), and completing household chores (e.g., putting possessions away, setting table, laundry, using vacuum, sweeping). It also includes skills that enable involvement in the community, such as safety skills (e.g., crossing the street, stranger awareness), money management (e.g., recognizing money, making purchases), and prevocational tasks (e.g., clerical tasks, cleaning tasks, yard maintenance, stocking shelves).

Developmental and Pre-academic Skills is specialized instruction for children ages three (3) to five (5) years to enable them to be engaged in developmentally appropriate activities now and in the future in a variety of settings, including their homes, schools, and communities, to develop positive social-emotional skills, acquire and use knowledge and skills, and use appropriate behavior to meet their needs.

NOTE: *Speech and/or language services may be considered specialized instruction or a related service depending upon whether or not language or speech impairments are considered the child's primary disability.*

Related Services

Related services are developmental services, corrective services, and other supported services required to ensure a child with a disability benefit from special education. The IEP Committee must review all of the evaluation information, to identify any related services the child may need and to include them in the IEP.

Related services include but are not limited to: • Assistive technology services; • Audiology services; • Early identification and assessment of disabilities; • Interpretive services; • Medical services for diagnosis or evaluation purposes; • Orientation and mobility services; • Parent counseling and training; • Physical and/or occupational therapy services; • Psychological and/or counseling services; • Recreation and/or therapeutic recreation services; • Rehabilitation counseling; • School health services and school nurse services; • Social work services in schools; • Speech and/or language services; and • Transportation services.

This list of related services is not exhaustive. Other developmental, corrective, or supportive services may be required to assist a child with a disability to benefit from special education.

Assistive Technology Device is any item, piece of equipment or product system, whether acquired commercially, modified, or customized, used to increase, maintain, or improve the functional capabilities of a child with a disability. Examples include mobility equipment, hearing aids, and augmentative communication devices.



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The term **does not include a surgically implanted medical device** such as a cochlear implant. For surgically implanted medical devices, the CCSD will ensure that the external components are functioning properly. The CCSD is not responsible for post-surgical maintenance, programming or replacement of such devices or for the replacement of an external component of the surgically implanted device.

NOTE: As hearing aids are assistive technology devices, the CCSD will **ensure that the hearing aids worn in school by children with hearing impairments are functioning properly**. However, it is not the responsibility of the CCSD to provide hearing aids at the expense of the district.

Assistive Technology Service is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Some examples would include:

- Evaluating the needs of a child with a disability, including functional evaluation of the child in his/her customary environment;
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with a disability or, if appropriate, the child's family; and
- Training or technical assistance for professionals, including individuals providing education or rehabilitation services. This would also include employers or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the child.

The CCSD will ensure that assistive technology devices and/or assistive technology services are made available to a child with a disability, if deemed appropriate by the IEP Committee. School-purchased assistive technology devices may be used in the child's home or in other settings if determined to be necessary by the IEP Committee and specified on the child's IEP.

NOTE: IDEA regulations do not relieve any insurer or similar third party from their own obligation to provide or to pay for assistive technology devices and services provided to a child with a disability. For more information, see SBE Policy 74.19 §300.154 – Methods of ensuring services.

Accommodations and Modifications

Accommodations are changes to the environment, instruction and/or assessments to enable children with disabilities to be successful learners and to participate actively with other children in the general education classroom and in school-wide activities. An accommodation is a teaching support or service that a child needs to meet expectations or goals of the general education curriculum. Accommodations do not change what the child learns but rather addresses strategies instructors use to help the child learn and methods the child will use to demonstrate what he/she has learned.

Generally, most accommodations can be grouped into four categories:

- **Timing/Scheduling** accommodations are changes to the total amount of time allowed or



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segmenting the task over a larger time frame. Examples include giving a child extended time to complete a task or a test or allowing a child to separate a task into smaller segments completed over several days.

- **Setting** accommodations are changes to the location or environment where a task is to be completed. Examples include completing a test in a quiet room or in a carrel or working with a small group to complete an assignment.
- **Presentation** accommodations are changes to the way instruction is provided. Examples include ensuring that written directions are also provided orally or providing graphic displays to support instruction provided orally. Presentation accommodations may also include accommodations to materials or equipment such as changes to the instructional material provided to the child. Examples include allowing a child to use a calculator or manipulatives to complete a task or using large print materials.
- **Response** accommodations are changes to the way the child demonstrates acquisition of the skill being learned. Examples include the child completing a test orally or using a scribe or the child making an oral presentation/graphic representation/written report to demonstrate knowledge.

Modifications are changes to the environment, instruction and/or assessments for children with disabilities that alter, lower, or reduce expectations for what the child learns. Modifications may change the complexity of the task or reduce the amount of content to be learned.

Modifications of the child's curriculum, activities and/or responses are designed to meet the needs of the child so he/she can participate actively with other children in the general education classroom and school-wide activities; however, this results in child work that is not equal to the work required to demonstrate mastery of grade-level standards.

- First, you must determine what the child is expected to learn and master.
- Second, you must determine what changes the child needs to be able to complete the task. Last, you must determine how the change affects whether or not the child can demonstrate similar mastery of the learning expectation as children who do not receive supports.

If the change made to the instruction and/or assessment allows the child to demonstrate mastery of the goal, then the change is an accommodation. If the change made to the instruction and/or assessment does not allow the child to demonstrate mastery of the goal, then the change is a modification.

Refer to *Access for All*, Mississippi Department of Education Publication

Responsibility for IEP Development, Review and Revision

The CCSD ensures that a FAPE is provided to children with disabilities by ensuring the development, review, and revision of the IEP for the child with a disability. Some children with disabilities may be placed in or attend another public or private educational facility including state schools and institutions, private facilities and schools, university-based programs, and correctional facilities.

Extended School Year (ESY)

Extended School Year (ESY) services are special education and related services provided to a child



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with a disability beyond the typical school year (as set by State law and/or guidelines). The CCSD ensures that ESY services are available as necessary for a child with a disability to receive a FAPE and to benefit from his/her education. ESY services must be provided in accordance with the child's IEP and at no cost to the parents.

The IEP Committee must consider the need for ESY services at every IEP meeting for all children, ages three (3) through twenty (20) who have a current eligibility, even if the decision to provide the services is not made at that time. The CCSD will not limit these services to specific disability categories or unilaterally limit the type, amount, or duration of the services.

NOTE: *The determination for the need for ESY should be completed by April 15th of each school year to facilitate the submission of the ESY Project Application. However, if any child with a disability enrolls in school or will be three (3) years after the April 15th date, the IEP Committee must still consider ESY as a part of FAPE and amend the ESY Project, if necessary. Paperwork will be due in Central Office when the Director of Special Education determines each year.*

Program Options or Service Delivery Models to Provide a FAPE

Children with disabilities must be provided special education and related services through a continuum of placement options that allow for the provision of supplementary aids and services. Options for service delivery must be considered by the IEP Committee based on the child's needs and outlined on the IEP. *Inclusion is not a service delivery model but rather a belief system that values diversity and fosters a shared responsibility to help all children to reach their potential.* The CCSD ensures children with disabilities have access to the general curriculum, to the maximum extent appropriate, so that they benefit from their education.

The CCSD uses joint agreements among agencies serving children with disabilities to share the costs of providing appropriate services. The CCSD will ensure there is no delay in implementing a child's IEP in any case in which the payment source for providing special education and related services has not yet been determined.

The CCSD **will not require** the parent to sign up for or enroll in public benefits or insurance programs, require parents to incur out-of-pocket expenses such as the payment of a deductible or co-pay, or use public benefits if it decreases available lifetime coverage. The parent will not be required to pay for services that are covered by the public benefits or an insurance program and that are required for the child outside of the time the he/she is in school or would increase the premiums or lead to discontinuation of benefits or loss of eligibility/home and community based waivers. The CCSD will obtain written parental consent prior to accessing a parent's or child's public benefits or insurance.

NOTE: *IDEA regulations do not relieve any insurer or similar third party from their own obligation to provide or to pay for services provided to a child with a disability. For more information, see SBE Policy 74.19 §300.154 – Methods of ensuring services*

Additional Placement Options Required to Provide a FAPE

At times, a child with a disability may require specialized services and supports that are not available within the CCSD. In these cases, the CCSD will consider additional placement options that may be



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required to provide the child a FAPE.

Placement by Claiborne County School District

The CCSD may place a child with a disability in a private school or residential facility as a means of providing special education and related services. The special education and related services will be provided in accordance with the IEP and at no cost to the parent. The services provided will meet the standards that apply to education provided by the CCSD. These children have all of the rights of a child with a disability who is served by the Claiborne County School District.

NOTE: *Children with disabilities **enrolled by their parents in private schools** or facilities that meet the definition of elementary or secondary school, including religious schools, may be served by the CCSD in which the school or facility is located; however, they **are not entitled to receive a FAPE**. The CCSD is responsible for Child Find and for determining whether the child receives services through equitable participation as outlined on the Service Plan.*

Placement Due to Lack of a FAPE in the Claiborne County School District

If a Hearing Officer determines that the CCSD has not made FAPE available to a child with a disability or has not made FAPE available in a timely manner, the parents may place the child in a private school or facility that provides appropriate services. In addition, the Hearing Officer may order the CCSD to pay for these services. A Hearing Officer or a court may find the parental placement is appropriate even if it does not meet Mississippi's standards that apply to public agencies.

Exceptions to a FAPE

The obligation to provide a FAPE does not apply in the following circumstances:

- Children whose 21st birthday occurs on or before September 1.
- Children eighteen (18) to twenty-one (21) years who were not identified as a child with a disability in their last educational placements prior to incarceration.
- Children with disabilities who have graduated from secondary school with a standard high school diploma.
- Children who have been determined through an evaluation to no longer be a child with a disability.
- Children who move out of state
- Children whose parent revokes consent for special education and related services.



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LEAST RESTRICTIVE ENVIRONMENT (LRE)

The Individuals with Disabilities Education Act (IDEA) of 2004 established the provision for educating children with disabilities in their Least Restrictive Environment (LRE). All children with disabilities ages three (3) through twenty (20) years are to be educated with age-appropriate, nondisabled peers to the maximum extent appropriate, including children who are placed in public or private institutions and other care facilities. The CCSD offers an array of services and a continuum of educational settings to meet the individual LRE needs of each child.

An appropriate LRE is one that enables the child to make reasonable gains toward goals identified in an individualized education program (IEP). The child's IEP indicates his/her LRE and describes the extent to which, if any, the child will participate in the general education classroom environment, the general education curriculum, and/or extracurricular or other nonacademic activities.

Special classes, separate schooling, and other removals of a child with a disability from the general education environment may occur only when the nature or severity of the disability is such that education in the general education class, even with the use of supplementary aids and services, cannot be achieved satisfactorily.

The CCSD provides these procedures to be used to implement Least Restrictive Environment Policies.

Continuum of Services

The IEP committee must consider the child's needs and the continuum of alternative placements and related services appropriate to meet those needs when determining appropriate settings and services for a child with a disability. The continuum of settings includes instruction in general education classes, special classes, special schools, home bound instruction and instruction in hospitals and institutions. In addition, the district will make a provision for supplemental services, such as resource services or itinerant instruction, to be provided in conjunction with the general classroom. All LRE considerations apply to preschool children ages 3 to 5 years with disabilities who are entitled to receive a free appropriate public education (FAPE).

Placement Options

Each child's educational placement, including the placement for preschool children, is determined at least once a year based on the child's IEP and determined by the child's IEP Committee. Federal law requires children with disabilities to be educated "to the maximum extent appropriate in the regular education classroom." Education in a regular classroom may not meet the needs of all children with disabilities; however, serious consideration must be given to educating children with disabilities in regular classrooms or other opportunities to participate with their non-disabled peers.

As placement decisions are made, the IEP committee will consider the following principals: The child's placement is as close to his/her home as possible.

1. The child's placement is as close to his/her home as possible.
2. The child attends the school he/she would attend if he/she did not have a disability, unless the IEP requires some other arrangement.



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3. The placement should not produce harm to the child that cannot be addressed through supplementary aids and services.
4. The child is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum or the failure to provide supplementary aids and services.

The **Continuum of Educational Options** – available to meet the needs of children with disabilities for special education and related services includes (300.115 (b)(1)(2)(3))

- Instruction in General Education Classes
 - ✓ Itinerant Instruction in conjunction with General Education class placement
- Special Education Classes
 - ✓ Resource Room Instructional Support in conjunction with General Education placement
 - ✓ Part-Time Special Class
 - ✓ Full-time Special Class
- Special Schools
- Home Instruction
- Instruction in Hospitals and Institutions
- Community-Based Services

Provide access to general State-wide and district-wide assessment programs, with appropriate accommodations, where necessary.

Considerations for Placement Decisions

The IEP Committee makes LRE decisions annually for each child with a disability considering the following factors:

- **The Child's IEP:** The child's IEP is developed prior to the determination of the location of services and settings. The services and settings needed by each child with a disability are determined by his/her IEP Committee and, must be based on the child's IEP and unique needs that result from his/her disability, not on the child's disability category.
- **Location of School:** A child with a disability should be educated in the school as close as possible to the child's home. Unless the IEP requires some other arrangement, the child is educated in the school he/she would attend if not disabled.
- **Harmful Effects:** Consideration should be given to any potential current or long-term harmful effect on the child or on the quality of services the child receives, including the child's ability to graduate and achieve his/her postsecondary goals.
- **Age-Appropriate Peers:** A child with a disability should be educated with age-appropriate peers to the maximum extent appropriate. A child with a disability is not removed from age-appropriate general education environments solely because of needed accommodations and/or adaptations in the general education curriculum.
- **Accommodations and Modifications:** A child with a disability is not removed from general



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education settings solely because of needed accommodations and/or adaptations in the general education curriculum. The IEP committee is required to make a genuine effort to first provide supplementary aides and services in regular education classes and to modify the regular education curriculum for children with disabilities. The Clairborne County School District is not required to modify the regular education program beyond recognition or to the extent that the disabled child is not required to learn any of the skills normally taught in regular education.

Nonacademic and Extracurricular Services and Activities

The CCSD will allow children with disabilities the opportunity to participate with nondisabled peers in nonacademic and extracurricular services and activities to the maximum extent appropriate. These services and activities may include, but are not limited to, meals, recess, field trips, counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the district, referrals to community agencies, career development, and assistance in making outside employment available. The IEP Committee is required to determine the supplementary aids and services that are appropriate and necessary for the child to participate in nonacademic settings and extracurricular services and activities.

Four Steps for Placement Decisions

The IEP committee will *consider* the following four-step procedure for making LRE decisions. The procedure is designed to help the IEP Committee make a valid decision regarding placement in the LRE for each child.

Step One: Review IEP and Setting Information

1. The IEP Committee should begin with the assumption that the appropriate placement for the child is the general education classroom for at least 80% of the school day.
2. The IEP Committee should ensure the child's IEP goals and short-term instructional objectives are written so they can be implemented in a general education setting.

The IEP Committee should address the following questions in the discussion:

1. What are the characteristics and needs of the child? For example:
 - What is the child's overall functioning level?
 - At what rate does the child learn?
 - What are the child's learning strengths?
 - What are the child's preferences that might contribute to learning?
 - How skillful is the child in social interactions with peers and adults?
 - What are the child's strengths and needs in the area of behavior?
 - What other special considerations need to be made for this child: Health matters? Safety matters? Physical matters?
2. What are the characteristics of the general education setting? For example:
 - What learning competencies are a part of the curriculum for the setting?



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- What are the characteristics of the physical environment?
 - To what extent can social, behavioral, functional, and other goals be integrated with those pertaining to academics?
3. What are possible nonacademic and extracurricular settings that must be considered in addition to the general education classroom in deliberations about the least restrictive environment (for example: lunch, recess, physical education, school field trips, clubs, athletic committees, yearbook staff)?

Step Two: Discuss Supplementary Aids and Services

The IEP Committee should address the following questions in the discussion:

1. What supplementary aids and services are needed in this child's educational environment to enable the child to be successful? If appropriate, what documentation has been gathered to demonstrate the extent to which accommodations and/or modifications have been implemented and the impact of these on child outcomes?
2. If these accommodations and/or modifications cannot be made in the general education setting, why is that so?
 - What specific aspects of the child's education cannot be implemented in the general education setting? Why not?
 - If the general education curriculum is utilized in the special education classroom, what prevents the child from accessing it in general education with accommodations and/or modifications?
3. What supports (e.g., equipment, personnel, professional development) might assist the teacher to be able to provide appropriate accommodations and/or modifications?

Step Three: Address Additional Factors

For any decision that involves removal of the child from general education, the IEP Committee should address the following questions in the discussion:

1. How long is it anticipated that this child should be placed in a setting other than general education?
2. What criteria will be used to judge the child's rate of progress in the setting outside general education? How will the child's progress be documented? How frequently will the child's progress be reviewed? What level of progress will be sufficient to consider changing the child's placement back to the general education environment?
3. What is the cost to the child (loss sustained by the child) of placement outside general education? How can that cost (loss) be minimized? For example, how might expectations in the separate setting be different from those in general education? How might this negatively affect the child's learning? What are the potential effects of the stigma of the separate



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setting?

4. What are the potential harmful effects of the planned setting on the child and the educational process (e.g., would travel to a different school result in a lengthy bus ride that would detract from educational goals)?

Step Four: Document the Decision and the Specific Process Used to Reach It

1. The IEP Committee should document the LRE decisions as well as the specific basis on which the decisions were made.
2. The IEP Committee should select the data collection procedures to be used for monitoring progress on the IEP goals and STIOs for the assigned placement.

Additional Considerations for LRE Discussions

The IEP committee should keep in mind the following points when discussing the appropriate placement for a child eligible for special education services:

1. LRE must be considered at least annually, and any placement outside general education should be carefully assessed for costs to the child in terms of loss of learning opportunities (loss of educational benefit) versus benefits.
2. LRE applies to early childhood programs as well as programs for school-age children.
3. Children should make satisfactory progress in the general education setting for that setting to be considered their least restrictive environment.
4. The fact that a child cannot make the same progress in the general curriculum as other children is not in and of itself a valid basis for selecting another placement.
5. Decisions about placement in general education should not be made based on whether children can "keep up". Instead they must be based on progress as defined by the child's characteristics and the IEP.
6. A child's ability to learn via print is not in and of itself a valid basis for selecting another placement.
7. The fact that a child learns very differently from other children is not in and of itself a valid basis for selecting another placement.
8. If a child is not placed in the general education setting, the District still has a responsibility to ensure that the child has as much contact with nondisabled peers as is appropriate based on the child needs.
9. Placement decisions may never be made solely on the basis of the disability specified in the eligibility ruling or the severity of that disability.
10. Placement decisions may not be made based on the willingness or comfort level of general education or special education staff related to working with a particular child or in a particular setting.
11. Placement decisions may not be made on the basis of the availability of space.
12. Placement decisions may not be made on the basis of teacher, parent, or administrative convenience or convention.

NOTE: The Director of Special Education must be invited to participate in IEP Meetings where Change of Placement for student is being discussed and determined.



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Private Schools

A child with a disability may not be placed for educational purposes in a private school by the CCSD unless that private school can provide a FAPE for the child in the LRE. The District will work with the private school and enter into an interagency agreement.



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SCD Determination Guidance Document

SCD Standard 1: The student demonstrates **significant cognitive deficits and poor adaptive skill levels** (as determined by the student’s comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.

The student has an IQ score or developmental level two or more standard deviations below the mean.	True	False
The student is not able to exhibit adaptive skills that would allow him/her to function independently and safely in daily life.	True	False
With accommodations/modifications in place, the student is not able to participate in and make progress in the standard academic curriculum.	True	False
The student meets the criteria for SCD Standard 1 (must mark True to all statements in order to mark Yes).	Yes	No

SCD Standard 2: The student consistently requires extensive direct instruction in both **academic and functional** skills in multiple settings to accomplish the application and transfer of those skills.

The student consistently requires extensive repeated, individualized instruction and support that is not of a temporary or a transient nature, in both academic and functional skills in order to gain educational benefit.	True	False
The student uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate, and transfer skills across multiple settings.	True	False
The student meets the criteria for SCD Standard 2 (must mark True to all statements in order to mark Yes).	Yes	No

SCD Standard 3: The student’s inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

The student’s absences may be excessive and/or extended, but are not the primary reason the student cannot complete the standard academic curriculum.	True	False
The student’s inability to complete the standard academic curriculum is not primarily due to one of the following: Specific Learning Disability, Emotional Disability, Language/Speech Impairment, Visual Impairment, Hearing Impairment, Orthopedic Impairment and/or Other Health Impairment	True	False
The student meets the criteria for SCD Standard 3 (must mark True to all statements in order to mark Yes).	Yes	No



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Does the student meet the criteria for all three (3) SCD Standards?

YES



The student is considered as having a Significant Cognitive Disability. The student's instruction should be based on the Alternate Academic Achievement standards and will participate in the MAAP-A.

NO



The student is not considered as having a Significant Cognitive Disability. The student's instruction should be based on the MS College and Career Ready Standards and will participate in the MAAP.