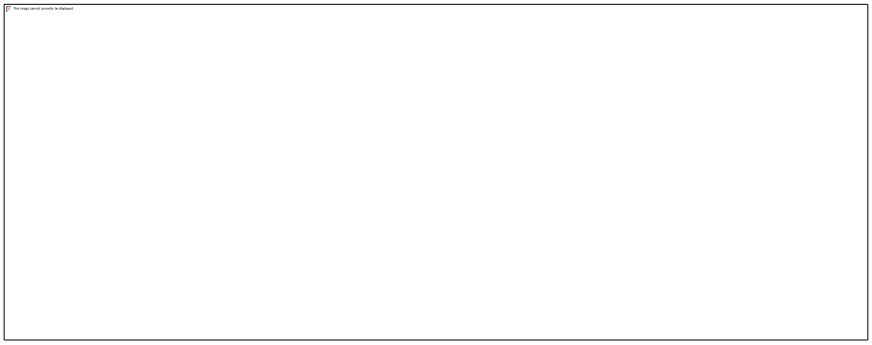
Mississippi Department of Education
Office of Special Education

PROCEDURES FOR STATE BOARD POLICY 7219

VOLUME I:

Child Find

Evaluation and Eligibility



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Using this Document

This multi-volume document *Procedures for State Board Policy 7219* is intended to assist Public Agencies in the implementation of the State Board of Education Policy 7219: *State Policies Regarding Children with Disabilities under the Individuals with Disabilities Education Act Amendments of 2004 (IDEA 2004)*. This document contains information about the requirements of IDEA and State Board Policy 7219, recommendations from the Mississippi Department of Education's Office of Special Education's Division of Instructional Support, and guidance on Best Practices as determined by research and professional practice. Specific directives or requirements of IDEA and/or State Board Policy 7219 will include *must* or *may not* in the statement. Other recommendations and guidance on Best Practices will include *should* or *may* in the statements. In addition, all days listed in the document refer to calendar days, unless otherwise noted. The forms in the Procedures documents are not required forms. These forms are suggested or recommended forms designed to assist districts in having the appropriate documentation to use in implementing the requirements of State Board Policy 7219. The only required forms in the Procedures documents are The Individual Education Program (IEP) and the Extended School Year (ESY) Fact Sheet. A Public Agency may modify these forms or use their own forms as long as they meet the requirements of State Board Policy 7219.

For additional information or clarification, please contact:

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CHAPTER 1:
CHILD FIND

Public Agency in this document refers to agencies responsible for providing education to children with disabilities, including the Mississippi Department of Education (MDE), Local Education Agencies (LEAs), Educational Service Agencies (ESAs), State Schools, State Agency schools, and nonprofit public charter schools that are not a part of an LEA or ESA.

Child Find Responsibilities

Each public agency is responsible for identifying, locating, and evaluating all children with disabilities from birth through twenty-one (21) years of age.

This requirement applies to, but is not limited to:

- Highly mobile children, such as migrant and homeless children;
- Children who are not enrolled in school but who have not yet graduated;
- Children who are wards of the State;
- Children with disabilities who are enrolled by their parents in private or parochial elementary and secondary schools;
- Children who are enrolled in public educational programs, such as Head Start;
- Children who are suspected of having a disability and may be in need of special education, even though they are advancing from grade to grade; and
- Children who are ages birth to three (3), including those receiving Part C services through the Mississippi State Department of Health (MSDH) Early Intervention Programs (EIP), known as First Steps.

Collaboration with other agencies and personnel may include:

- Mississippi Department of Human Services and Local Offices;
- Mississippi Department of Mental Health and Regional Community Mental Health Centers;
- Mississippi State and Local Departments of Health, including their EIPs (First Steps);
- Mississippi Department of Corrections;
- State and Local Juvenile Detention Centers;
- Mississippi Schools for the Deaf and for the Blind;
- Mississippi School for Math and Science;
- Mississippi School of the Arts;

- Head Start agencies;
- University-based programs;
- Physicians, nurse practitioners and other primary healthcare providers; and
- Private and parochial schools.

Child Find Coordinator and Child Find Contacts

Each public agency should designate an agency/district-level Child Find Coordinator who is responsible for coordinating all Child Find activities. If appropriate, the public agency may also designate local/school-level Child Find Contacts who are responsible for receiving information concerning any child suspected of having a disability and for communicating this information to the Agency/District Child Find Coordinator. All verbal or written requests made by a parent, teacher, Teacher Support Team (TST), or public agency should be given to the Local/School Child Find Contact (or Agency/District Child Find Coordinator if there is no Local/School Child Find Contact). The Local/School Child Find Contact should inform both the Agency/District Child Find Coordinator and the school-level Multidisciplinary Evaluation Team (MET) any time there is a child from birth through twenty-one (21) years of age suspected of having a disability. The *Child Find Request* (Appendix CF.G), or a similar form, may be used to document any requests received.

NOTE: The public agency's Child Find policies should include procedures for documenting verbal requests as well as a process for handling any requests when school is not in session.

Annual Child Find Publicity Campaign

The Agency/District Child Find Coordinator is responsible for conducting an annual Child Find publicity campaign to identify, locate, and evaluate all children residing in the jurisdiction of the agency/district who are suspected of having a disability and may be in need of special education and related services. A child is considered to be residing in an agency/district if:

- The child physically resides full time, weekdays/nights and weekends, at a place of abode located within the limits of a district (*see State Board Policy 6600: Residency Verification*);
- The child resides with a resident of the district who meets the definition of parent in the *Individuals with Disabilities Education Act* (IDEA) and State Board of Education policies;
- The child physically resides in the district as a result of placement by court order or by a State agency and the child is a ward of the State; and/or
- The child is legally transferred to the agency/district as prescribed in State law and State Board of Education policies and procedures.

The Child Find publicity campaign **MUST** be conducted at least once each school year involving personal **AND** written contacts with appropriate agencies and using outreach materials, such as

letters, brochures, and news articles, and Child Find notifications, which may include the use of electronic media such as websites and other social media. Documentation of the annual Child Find publicity campaign must be maintained on file in the district or at the agency. All written contact documents, outreach materials, and Child Find notifications must include:

- The Child Find Coordinator's name and contact information;
- Information about the agency/district's responsibilities and Child Find timelines;
- Information about characteristics of children who may be in need of special education and related services; and
- A statement that Child Find applies to children from birth through twenty-one (21) years of age.

Interagency Collaboration

Collaboration with State Schools

State schools are jointly responsible with school districts to ensure appropriate Child Find procedures are implemented for children served by that school. Each State school may designate an Agency Child Find Coordinator who receives information concerning children who may have a disability and communicates the information to the District Child Find Coordinator of the district of residence. The child's district of residence will collaborate with the State school personnel in the evaluation and eligibility process. This may include, but not be limited to, provision of educational records as well as other pertinent information or data and will assist in determining the educational needs of the child. Evaluations will be conducted in accordance with State policies. See *List of State Schools* (Appendix CF.B).

Collaboration with Correctional Facilities

Juvenile Detention Centers are responsible for collaborating with the assigned sponsoring school district to identify, locate, and evaluate children suspected of having a disability. The child's district of residence will collaborate in the process by providing the child's educational record in a timely manner. See *Sponsoring School Districts for Juvenile Detention Centers* (Appendix CF.C).

State juvenile correctional facilities operated by the Mississippi Department of Human Services (MDHS) are responsible for identifying, locating, and evaluating children suspected of having a disability. The child's district of residence will collaborate with MDHS in the evaluation process by providing the child's educational records and will assist in determining the educational needs of the child.

State adult correctional facilities are responsible for identifying, locating, and evaluating all children suspected of having a disability who are seventeen (17) years of age or younger. Youth ages eighteen (18) through twenty-one (21) years are included in Child Find activities only if they had been previously identified as having a disability. The child/youth's school district of residence or previous school district of residence, if the child left school prior to incarceration, will collaborate with Mississippi Department of Corrections (MDOC) personnel in the evaluation process by providing the child/youth's educational records. MDOC must make reasonable efforts to obtain and review the child/youth's educational records to determine if the child/youth had been previously identified as having a disability and if an Individualized Education Program (IEP) had been developed in their last educational placement.

NOTE: If a youth with an out-of-state eligibility ruling enters a State adult correctional facility, the facility is responsible for providing an initial evaluation using Mississippi eligibility criteria. In these cases, the facility would be responsible for providing reevaluations, special education, and related services for any youth who enters the facility with an existing eligibility ruling.

Collaboration with MSDH Early Intervention Programs (First Steps)

Under IDEA, both the lead agency for Part C services (i.e., MSDH) and the lead agency for Part B services (i.e., MDE) have shared responsibilities for Child Find. The MDE and MSDH have specified their shared responsibilities in an Interagency Agreement (IA) outlining how they will work collaboratively to ensure compliance with (a) Child Find responsibilities including the identification, location, and evaluation of children eligible for early intervention and/or special education services, (b) early childhood transition, (c) provision of services according to the *IDEA*, (d) the *Family Educational Rights and Privacy Act (FERPA)*, and (e) the Federal reporting requirements of these Acts. The MSDH-MDE IA also describes the procedures for collaboration between the Mississippi EIPs known as First Steps and local school districts.

For any infant or toddler from birth to forty-five (45) calendar days prior to the child's third birthday (i.e., 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, the local school district must notify the MSDH EIP Central Referral Unit within seven (7) calendar days after the identification or receipt of the request. The local school district and First Steps EIP should collaborate to ensure that the child is evaluated and served, if appropriate.

For each preschool child referred to the MSDH or local First Steps EIP who is fewer than forty-five (45) calendar days before the child's third birthday (i.e., older than 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, the MSDH must notify the MDE and the local school district of residence after securing written parental consent to release personally identifiable information (i.e., the child's

name, the child's date of birth, the parent's name, and the parent's contact information) as required in IDEA. First Steps will not conduct an evaluation or develop an Individualized Family Service Plan (IFSP) for these children.

Local First Steps EIPs must notify the local school district of residence of children they serve who meet the definition of *potentially eligible for Part B special education and related services* (i.e., toddlers who are twenty-seven (27) months of age or older with an active status in First Steps and an implemented IFSP). The assigned First Steps Service Coordinator must notify the Special Education Director of the school district of residence in writing using a Child Find letter. This written notification will contain the: (a) child's name, (b) child's date of birth, (c) parent's name and contact information, and (d) Service Coordinator's name and contact information. In addition, the MSDH EIP Central Office must provide an electronic notification of the same information to the MDE to enter into the Mississippi Student Information System (MSIS).

If a child is referred to a local First Steps EIP between twenty-seven (27) and thirty-four-and-one-half (34.5) months of age, the assigned Service Coordinator must send written notification to the Special Education Director of the child's district of residence within ten (10) business days* of determining eligibility for Part C early intervention services—not waiting until an IFSP has been implemented—to ensure timely notification and response by the local school district. In addition, the MSDH EIP Central Office must provide an electronic notification of the same information to the MDE to enter into the MSIS.

It is recommended that a local interagency agreement between local school districts and local First Steps EIPs be developed to (a) designate the responsibilities of each agency, (b) define referral procedures, (c) support the use of joint evaluations, and (d) maximize resources.

**The procedures governing sharing information from Part C to Part B are contained within MSDH Part C Policies and Procedures and the MDE-MSDH Interagency Agreement, including the definition of ten (10) business days.*

Collaboration with Head Start

Personnel from Head Start are responsible for screening and referring children suspected of having a disability to the child's district of residence per Head Start procedures. The Head Start should provide relevant information concerning the child's suspected disability and participate in the evaluation, should one be conducted. The child's district of residence is responsible for Child Find requirements including the identification and evaluation of the child. It is recommended that a local interagency agreement between local school districts and the Head Start agencies serving children in their jurisdiction be developed to (a) designate the responsibilities of each agency, (b) define referral procedures, and (c) maximize resources.

Collaboration with University-Based Programs

University-Based Programs are not responsible for Child Find and must refer any child suspected of having a disability to the appropriate Child Find agency. For children ages birth through forty-five (45) calendar days before their third birthday (i.e., thirty-four and a half (34.5) months), the appropriate Child Find agency is the MSDH First Steps EIP. For children older than thirty-four and a half (34.5) months, the appropriate Child Find agency is the school district of residence.

Collaboration with Private Facilities with DHS or Court Placement

When children with suspected disabilities who are wards of the State are placed in a private residential facility with a school, the LEA in which the private facility is located must be responsible for Child Find activities. The LEA must work with the private facility or school as well as a surrogate parent appointed by LEA, unless the judge overseeing the court ordered placement appointed one.

Collaboration with Private Facilities with Parental Placement

When children with suspected disabilities who are wards of the State are placed in a private residential facility with a school, the LEA in which the private facility is located must be responsible for Child Find activities. The LEA must work with the private facility or school as well as a surrogate parent appointed by the LEA, unless the judge overseeing the court ordered placement appoints one.

Participation of Private or Parochial School Children in Child Find

Each local school district, or Local Education Agency (LEA), must identify, locate, and evaluate all children suspected of having a disability who have been enrolled by their parents in private or parochial elementary and secondary schools located within the district. Child Find activities for these children must be similar to those undertaken for public school children, including the identification and evaluation of these children, and must ensure the equitable participation of parentally-placed school children. The Child Find process must be completed in a time period comparable to that for children attending public schools in the LEA. An accurate count of these children must be maintained by the LEA which includes the number of private and parochial school children evaluated, the number determined to be children with disabilities, and the number of children served. The cost of carrying out these Child Find requirements, including individual evaluations, may not be considered in determining if the LEA has met its obligations.

In cases where a child resides in one district but attends a private or parochial school located in the jurisdiction of another school district, the district where the private or parochial school is located is responsible for Child Find, including conducting an initial evaluation, if appropriate. If the child is eligible, the LEA where the private or parochial school is located may develop and implement a Service Plan, if the child has been designated to receive services. The child's district of residence also has responsibility for Child Find activities for this child; however, this district is encouraged to collaborate with the district where the private or parochial school is located to ensure the Child Find process is completed and to share educational records including evaluations, with parental consent, to be able to offer to provide a Free Appropriate Public Education (FAPE) for eligible children were they to enroll in the district of residence.

In cases where a parentally-placed private or parochial school child resides in a state other than the state in which the private or parochial school is located, the child must be included in the Child Find process of the LEA where the school is located. The child's district of residence is encouraged to collaborate with the district where the private or parochial school is located to ensure the Child Find process is completed and to be able to offer to provide a FAPE for eligible children were they to enroll in the district of residence.

NOTE: Private and parochial preschool programs and facilities do not meet the State definition of "schools" and are therefore not considered a private or parochial school. In these cases, the district of residence is responsible for Child Find and for the provision of a FAPE. The LEA where these preschool programs are located is not responsible for Child Find for children who reside in another district.

Child Find Requests and Referral Procedures

Each public agency must have Child Find policies and procedures for responding to requests and/or concerns from schools, parents, public agencies and other individuals knowledgeable about the child to ensure that no child is "lost" in the Child Find process from the initial request through the evaluation process. A request for an evaluation may be made by any source who:

- Has knowledge of or interest in a child ages birth through twenty-one (21) years, including but not limited to parents, teachers, and Teacher Support Team (TST) members, or representatives of other public agencies; and
- Suspects that child may have a disability.

Public agencies must ensure that requests for initial evaluations and responses to such requests are not limited by the number per year or the time of year requests are received.

When a written or verbal request for an initial evaluation is made, a Multidisciplinary Evaluation Team (MET) composed of the parent, the child (if appropriate), and qualified professionals must be convened within fourteen (14) calendar days to review the request including all pertinent existing documentation. The public agency must invite the parent to participate; however, if the parent is unable to attend, the MET team must proceed. The MET should also include a MET Chairperson who can allocate school resources for the evaluation and, if necessary, resolve disagreements in eligibility determination decisions. Day one is the day the parent, teacher, Teacher Support Team (TST) member or representative of another public agency makes the request to the LEA.

The appropriate composition of the MET including the selection of qualified professionals will depend on the concerns included in the initial request. See *Chapter 2: Evaluation and Eligibility, MET Membership* for more information. Consideration should be given to the *Special Education Eligibility Determination Guidelines* which specify the qualified professionals required for each disability category in assembling the initial MET; however, as a child's disability must not be pre-determined, the composition of the MET must be flexible to change over time as needed for conducting specific evaluations, assessments, observations and procedures necessary for determining the eligibility and the educational needs of the child.

The MET has the sole responsibility for deciding whether or not to evaluate a child. See *Chapter 2: Evaluation and Eligibility, Section 2: Determining the Need for an Initial Evaluation* for more information. If the MET determines that the need for an evaluation is substantiated, *Prior Written Notice* (Appendix PS.E), *Informed Parental Consent* (Appendix PS.F), and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) must be given to the parent within seven (7) calendar days of the meeting. In these cases, the MET must obtain informed written consent from the parent before it can proceed with an initial evaluation (i.e., no individual assessments may be conducted prior to obtaining this consent). If the MET determines that the need for an Initial Evaluation <u>is not</u> substantiated at this time, *Prior Written Notice* (Appendix PS.E) and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) must be given to the parent within seven (7) calendar days of the meeting. In these cases, the MET may refer the child to the TST for focused supplemental instruction or intensive interventions using the Three Tier Instructional Model to promote the child's success in the general education curriculum. The *MET Documentation Form* (Appendix CF.H), or a similar form, may be used to document MET meetings and decisions.

NOTE: It is critical to remember that the Three Tier instructional model adopted by the State Board of Education, which is based on a Response to Intervention (RTI) process, provides a school-wide approach to address the needs of all children in the general education setting. It does not constitute the provision of special education services. Under the provisions of Child Find, it is required to identify, locate, and evaluate all children suspected of having a disability

in a timely manner and to ensure that no procedures or practices, including Response to Intervention (RTI) procedures or practices, result in delaying or denying this process. All public agencies including the MDE have an obligation to ensure timely evaluations of children suspected of having a disability whether or not the child has participated in the Three Tier instructional model prior to an evaluation. Therefore, if a child suspected of having a disability is identified through Child Find procedures or a request for evaluation is made by a parent, guardian, representative of a public agency or others acting on behalf of a child, the public agency ***may not delay or deny*** *the evaluation on the basis that the child has not participated in an RTI process as stated in the OSEP 11-07 Letter from Musgrove* (located online at *https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf*).

Consent to Evaluate for Children Who Are Wards of the State

Public agencies are not required to obtain *Informed Parental Consent* (Appendix PS.F) from a biological or adoptive parent to conduct an evaluation of a child who is a ward of the State and who does not reside with a biological or adoptive parent under the following conditions:

- The public agency cannot locate the biological/adoptive parent despite reasonable efforts; or
- The rights of the biological/adoptive parent have been terminated in accordance with State law; or
- The rights of the biological/adoptive parent to make educational decisions have been subrogated by a judge and the judge has appointed an individual to represent the child (i.e., a surrogate parent).

In these cases, consent to conduct an initial evaluation must be obtained from one of the persons listed below, in the following order:

- A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;
- A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child;
- An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- A surrogate parent who has been appointed.

NOTE: If a child is a ward of the State, the State cannot be considered the "parent" of the child for educational decision-making purposes. Any public agency service provider or case manager for a child or any family member of that child may not act as the "parent" for the child. Instead, a surrogate parent must be appointed to make educational decisions for the child.

Parent Refusal for Consent to Evaluate

If the parent of a child either does not provide consent for an initial evaluation or fails to respond to a requested consent, the public agency may, but is not required, to pursue the evaluation by using means available per the procedural safeguards, i.e., mediation or due process procedures. However the public agency would not be considered in violation of its obligation for Child Find if it declines to pursue the evaluation under these circumstances.

NOTE: For homeschooled or parentally-placed private or parochial school children, the public agency may not pursue the evaluation by using mediation or due process procedures to override the parent refusal to evaluate.

REGULATORY REFERENCE
§§300.111; 300.300; 300.301

APPENDICES

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Top 11 Highlights for Child Find

1. Each public agency is responsible for identifying, locating, and evaluating all children with disabilities from birth through twenty-one (21) years of age.

2. Child Find is an ongoing, year-round process not limited to the school year.

3. Child Find is the responsibility of the child's local education agency (LEA) of residence, unless otherwise indicated. (See FAPE.B, Volume II)

4. LEAs must collaborate with any applicable agencies or service personnel for Child Find.

5. Each school district must select an individual to serve as the Agency/District Child Find Coordinator. In addition, each agency or LEA with multiple locations (e.g., schools) should select an individual to serve as the Building/School Child Find Contact.

6. Each public agency has a proactive responsibility for conducting an annual publicity campaign to identify and locate children. The publicity campaign should not be limited to a newspaper article but should include a variety of outreach methods. Documentation of the publicity campaign must be maintained on file by the public agency.

7. Each public agency must accept both verbal and written requests for a comprehensive evaluation and have procedures for documenting any verbal requests.

8. Each public agency must ensure that requests for a comprehensive evaluation and the assembly and decisions of a Multidisciplinary Evaluation Team (MET) to such requests are not limited by a total number of requests or the time of year requests are received. Each public agency must respond to any requests within fourteen (14) calendar days including requests made when school is not in session.

9. Any infant or toddler from birth to forty-five (45) calendar days prior to the child's third birthday (i.e., 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, the local school district must notify the MSDH Early Intervention Program (EIP) Referral Unit within seven (7) calendar days after the identification or receipt of the request.

10. University-Based Programs are not responsible for Child Find and must refer any child suspected of having a disability to the appropriate Child Find agency. For children ages birth through forty-five (45) day before their third birthday (i.e., thirty-four and a half (34.5) months), the appropriate agency is the MSDH first Steps EIP. For children older than thirty-four and a half (34.5) months, the appropriate agency is the school district of residence.

11. No policies, procedures, or practices, including Response to Intervention, may result in delaying or denying a child access to the Child Find process. Children cannot be required to participate in a minimum amount of time in Tiered Intervention supports before a request can be considered by the MET.

Public and Private Facilities

State Agency Schools	County/Regional Detention Centers		Private Facilities
MS School for the Blind	Alcorn County Regional Correctional Facility	Jefferson-Franklin County/Regional Correctional Facility	Millcreek Rehabilitation Centers
MS School for the Deaf	Bolivar County Correctional Facility	Kemper-Neshoba County/Regional Correctional Facility	CARES
MS School for the Arts	Carroll-Montgomery County/Regional Correctional Facility	Leake County Correctional Facility	Diamond Grove
MS School for Mathematics and Science	Chickasaw County RCF	Marion-Walthall County/Regional Correctional Facility	Park Academy/Olive Branch
University Based Schools	Holmes-Humphreys County/Regional Correctional Facility	Winston-Choctaw County/Regional Correctional Facility	Sand Hill Academy
USM The Children's Center for Communication and Development	Issaquena County Correctional Facility		Gulf Oaks Therapeutic Day School
USM Dubard Language School			New Learning Resources
USM Autism Demonstration			Magnolia Speech School
MSU T.K. Martin Center			Crossroads School/The Crossing
UMC Children's Hospital			

State Adult Correctional Facilities	Juvenile Detention Centers		State Facilities
Central Mississippi Correctional Facility	Adams County Juvenile Detention Center	Lee County Juvenile Detention Center	Hudspeth
Mississippi State Penitentiary (Parchman)	Alcorn County Juvenile Detention Center	Leflore County Juvenile Detention Center	Ellisville State School
South Mississippi Correctional Institution	Desoto County Juvenile Detention Center	Lowndes County Juvenile Detention Center	MS Adolescent Center
State Juvenile Correctional Facilities	Forrest County Juvenile Detention Center	Rankin County Juvenile Detention Center	Magnolia Grove School
The Youth Offender Unit	Harrison County Juvenile Detention Center	Warren County Juvenile Detention Center	East MS State Hospital
Walnut Grove	Hinds County Juvenile Detention Center	Washington County Juvenile Detention Center	MS State Hospital
Williams School	Jackson County Juvenile Detention Center	Yazoo County Juvenile Detention Center	North MS Regional Center
	Jones County Juvenile Detention Center		South MS Regional Center
			Lakeside School
			Roger Amos McMurtry School / Specialized Treatment Facility

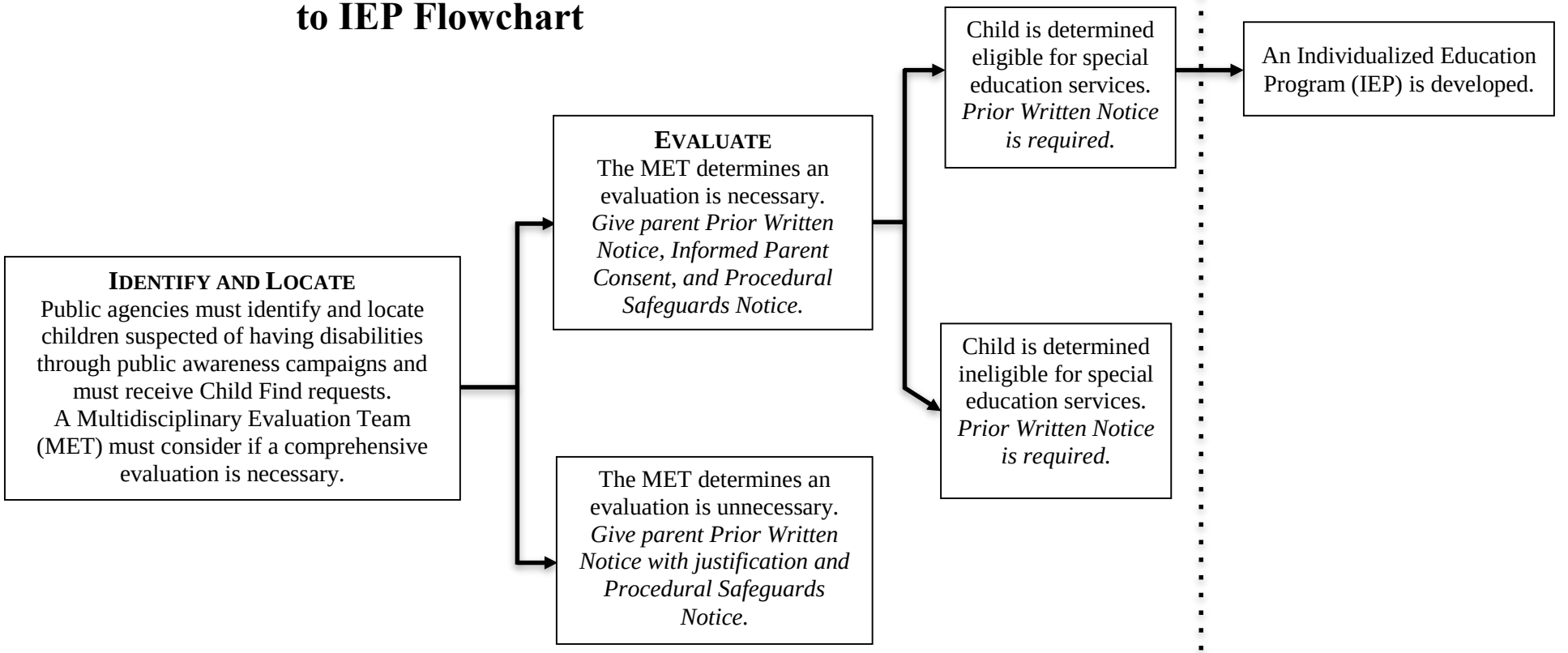
Sponsoring School Districts for Local Juvenile Detention Centers

Local Juvenile Detention Centers	Sponsoring School Districts
Adams County Juvenile Detention Center	Natchez-Adams School District
Alcorn County Juvenile Detention Center	Corinth School District
DeSoto County Juvenile Detention Center	DeSoto County School District
Forrest County Juvenile Detention Center	Hattiesburg School District
Harrison County Juvenile Detention Center	Biloxi Public School District
Hinds County Juvenile Detention Center	Jackson Public School District
Jackson County Juvenile Detention Center	Pascagoula-Gautier School District
Jones County Juvenile Detention Center	Laurel School District
Lee County Juvenile Detention Center	Lee County School District
Leflore County Juvenile Detention Center	Leflore County School District
Lowndes County Juvenile Detention Center	Columbus Municipal School District
Rankin County Juvenile Detention Center	Rankin County School District
Warren County Juvenile Detention Center	Vicksburg-Warren School District
Washington County Juvenile Detention Center	Greenville Public School District
Yazoo County Juvenile Detention Center	Yazoo County School District

Child Find to IEP Flowchart

CHILD FIND states all children with disabilities residing in Mississippi, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services are identified, located, and evaluated.

IEP is a written plan for individualized services and supports for a child with a disability.



TIMELINE

Once a verbal or written request is made to the LEA, the MET must convene within **14 days** to review the existing documentation. The initial evaluation must be completed within **60 days** of receiving parental consent for the evaluation. *The only exemptions to the timeline are if the child moves during the process, if the parent fails to make the child available for testing, and if the parent and public agency agree in writing to extend the timeline for evaluation of a child suspected of having a Specific Learning Disability when using a Response to Intervention process but the data are not clear after 60 days.*

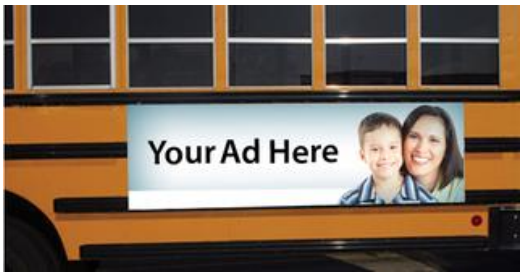
The IEP is developed within **30 days** of the determination of eligibility. The IEP must be implemented immediately without delay.

Publicity Campaign Activities and Sample Materials

Public agencies should employ a variety of methods for their annual publicity campaign for Child Find.

Public agencies may develop promotional materials and should consider innovative methods for distributing them:

- Print media (e.g., flyers, posters, banners, brochures, and newspapers) *See sample flyer.*
- Nonprint media (e.g., websites, radio/TV ads, social media, and 211 or help line)
- Tangibles (e.g., pens/pencils, crayon packs, notepads, and magnets)






Typical outreach activities involve collaborating with a variety of partners and/or placing promotional materials in a variety of highly visible locations including, but not limited to:

- Hospitals, clinics, and doctors' offices
- Health Department and Human Services offices
- Department of Mental Health and Community Mental Health Centers
- (Early) Head Start or child care centers
- Local MS Child Care Resource & Referral site *(see http://msucares.com/childcare/)*
- Newspaper or community magazine
- Libraries or community centers
- School events or meetings
- Community events and groups
- Churches or religious centers
- Local businesses and commercial retailers (e.g., real estate agencies, grocery stores, laundromats, restaurants, gas stations, baby or children's clothing stores, and toy stores)

Targeted outreach activities involve hosting events designed specifically to generate referrals including but not limited to:

- Local Health Fairs
- Mass developmental screening offered at local events (e.g., school registration days, school events, community events or fairs, and children's events)

Are you concerned about your child's speech, learning, behavior, or development?



What is Child Find?

Child Find is a process required by the *Individuals with Disabilities Education Act* (IDEA) to **identify**, **locate**, and **evaluate** all children from birth through 21 years of age who may have disabilities and may need early intervention or special education services. It is an ongoing process of public awareness activities and evaluations to ensure children with special needs can receive the help they need to succeed as early as possible.

How are children identified and located?

Anyone concerned about a child's speech, learning, behavior, or development can make a Child Find request. A multidisciplinary evaluation team will meet with the family within 14 days to decide if an evaluation is needed. If so, written permission from the child's parent is required before an evaluation is conducted.

What is a multidisciplinary evaluation?

A multidisciplinary evaluation will involve a series of observations and tests with the child and interviews with caregivers conducted by two or more specialists such as a speech language pathologist, a school psychologist, or a special educator. A written summary of this evaluation will be provided to the family and a meeting will be held to determine if the child needs special services.

Child Find Request

↓

Multidisciplinary Evaluation Team meets with the family

↓

No testing needed | **Multidisciplinary Evaluation**

Who should I contact about making a Child Find request?

For a child birth through two years, contact your local Health Dept.
For a child three to twenty-one years, contact your local school district.

What should I bring to the meeting to determine if a multidisciplinary evaluation is necessary?

Although you do not have to bring anything with you, any records or information you have that can assist you in describing your concerns about your child would be helpful.

For more information contact:
[add your local Part C agency and Part B agency contact information]

Child Find Checklist

The *Child Find Checklist* is a tool to help public agencies plan their Child Find publicity campaign and interagency collaboration activities. Each public agency is responsible for conducting Child Find activities as outlined in the Procedures for State Board Policy 7219. The *Child Find Checklist*, or a similar form, is recommended for use when planning a comprehensive Child Find effort to ensure activities will target relevant groups, partnerships with key collaborative partners are developed, and specific public awareness materials and strategies are developed.

1. Gather all Child Find policies and procedures including any relevant materials and resources currently used by the public agency and formal and informal agreement documents with collaborative partners.

2. Review the Child Find policies and procedures implemented as well as the materials and resources used to ensure that all of the listed special groups are addressed. Check the box if sufficient policies and procedures as well as materials and resources are in place. If any special groups are not appropriately addressed, consider revisions to the policies and procedures or the development of specialized materials and resources that ensure awareness and education about Child Find obligations in these special groups.

3. Review the formal and informal agreements with collaborative partners to ensure Child Find obligations are met. Check the box if a formal or informal agreement is in place and the procedures result in sufficient referrals. If the agreements are insufficient, consider revisions to these formal and informal agreements. If no agreements exist, plan how the public agency can develop formal or informal agreements with these collaborative partners.

4. Review the public awareness activities currently conducted or used. Check the box if the materials are available and/or if the approach is used. Consider if additional activities could be undertaken or enhanced. Consider if revisions are needed for any existing materials and resources or if any additional materials or resources need to be planned or developed to improve the current Child Find public awareness campaign.

Child Find Checklist

Special groups to consider:

- ☐ Children who are highly mobile, such as children who are homeless or migrant
- ☐ Children who are wards of the State
- ☐ Children ages three (3) to five (5) years
- ☐ Children ages birth to three (3) years, including those receiving Part C services
- ☐ Children who are enrolled in private or parochial schools
- ☐ Children who are homeschooled
- ☐ Children in hospitals or other institutions
- ☐ School children in Tiers One, Two, or Three whose teachers suspect a disability
- ☐ School children in Tiers One, Two, or Three whose parents request an evaluation
- ☐ School children in Tiers Two or Three who have not responded to supplemental instructional/intensive interventions (i.e., made insufficient progress)

Collaborative Partners

- ☐ MS Dept. of Human Services: Divisions of Early Childhood Care and Development, Family and Children's Services, and Youth Services
- ☐ MS Dept. of Mental Health and Community Mental Health Centers
- ☐ MS Dept. of Health: Women's and Children's Services and Early Intervention Programs (First Steps)
- ☐ Head Start agencies
- ☐ Local preschool and childcare centers
- ☐ Hospitals, clinics, and local physicians and nurse practitioners
- ☐ Private and parochial schools

Public Awareness Activities

- ☐ Post flyers/posters
- ☐ Distribute brochures
- ☐ Post/Place notice/article in local newspapers
- ☐ Post information on the school websites
- ☐ Place radio/TV ads
- ☐ Distribute tangibles with Child Find contact information
- ☐ Provide information at school events
- ☐ Provide information at community meetings
- ☐ Provide information to local help/crisis line
- ☐ Provide information to local churches
- ☐ Post information at local businesses
- ☐ Post/Provide information in public libraries
- ☐ Post information on school signs and banners
- ☐ Conduct/Participate in local Health Fairs
- ☐ Conduct mass developmental screenings

Child Find Request

The *Child Find Request* may be used to document verbal or written requests for a comprehensive evaluation made by any person who has knowledge of and/or interest in a child ages birth through twenty-one (21) years and who suspects the child may have a disability. In addition, the *Child Find Request* can be completed by any person empowered by the public agency to receive a written or verbal request for a comprehensive evaluation.

1. Record information about the person making the request, including the person's name, agency represented (if applicable), contact information (i.e., address, email, and phone), and relation to the child. *If the form is being completed by the public agency receiving the request from a parent or a representative of another agency, record information about the person making the request, not the person completing the form.*
2. Record the date the public agency receives the request; this is considered day one (1) of the fourteen (14) day timeline for convening a Multidisciplinary Evaluation Team (MET) to respond to Child Find requests. If the form is being completed to document a written or verbal request that was received by the public agency on a previous day, record the day the original verbal or written request was received by the public agency – not the day the form is being completed.
3. Record as much of the information as is available, including any information known about the child and her/his family, home language, and educational setting, as well as any concerns about the child's development, behavior, and/or learning; however, if some of the information is unknown, leave the item blank. *This Child Find Request form is provided to assist public agencies with documenting requests for a comprehensive evaluation. Failure to complete any part of this form may <u>not</u> be used as a justification to delay or deny a referral to a Multidisciplinary Evaluation Team (MET).*

To evaluate the public agency's Child Find efforts, the public agency may review the responses to "*How did you hear about Child Find?*"

Public agencies are encouraged to personalize the Child Find Request, or a similar form containing the same information, and to provide the form to collaborative partners and the public so anyone who wishes knows how to make a request for a comprehensive evaluation.

Child Find Request

[School District Name]
[School District Address 1]
[School District Address 2]

[Child Find Coordinator]
[Child Find Coordinator Phone Number]
[Child Find Coordinator Email Address]

Person Making the Request and Agency Represented:	**Relation to Child:**
Requester's Address:	**Requester's Phone:**
Requester's Email:	**Date Request Received:**

PERSONAL DATA			
Child's Full Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
Child's Physician:	**Physician's Address:**		

HOME AND FAMILY INFORMATION	
Parent/Guardian 1:	**Parent/Guardian 2:**
Home Address:	**Home Address:**
Home Phone:	**Home Phone:**
Employer/Occupation:	**Employer/Occupation:**
Work Phone:	**Work Phone:**
Child Lives With:	
Directions to the Child's Home:	

LANGUAGE(S) SPOKEN IN THE HOME

Is any language other than English spoken in the child's home? ☐ Yes ☐ No (skip to next section)
Parent/Guardian's Language: _____
Child's Language: _____

CHILD'S EDUCATIONAL SETTING

Does the child attend a public/private school or preschool/childcare center? ☐ Yes ☐ No (skip to next question)

School/Center Name:	**School/Center Phone:**
School/Center Address:	**Teacher:**

CONCERNS FOR THE CHILD

Describe any concerns that you have about the child's development, behavior, and/or learning.

How did you hear about Child Find?

MET Documentation Form

The *MET Documentation Form* is a tool to guide public agencies in MET discussions, document the information discussed at MET meetings, and the determination of the MET. The *MET Documentation Form*, or a similar form, is recommended for use when conducting a MET meeting to ensure all data have been collected, reviewed, and considered in documenting a MET decision.

1. Collect all data necessary to make an informed decision about a particular child. The data will vary depending on the type of decision that will be determined.

2. Record the student's information (i.e., name, school, MSIS number, date of birth, grade, age, and gender). Also, document the referral source of the student to be discussed.

3. Record the date the public agency received the request; this is considered to be day one (1) of the fourteen day timeline for convening MET to respond to any Child Find requests. Also, record the date of the actual MET meeting. The date of MET should be within 14 days of the Child Find request.

4. Record the information that was available and reviewed during the MET meeting by checking the appropriate boxes. Not all of the data listed on the form may be required. If information is not available, but needed, the MET Chairperson should document what will be additionally collected and who is responsible for each piece of information. If the MET suspects that the student may be a child with a disability, the additional documentation should be collected as part of the evaluation process

5. Record the recommendations of the MET and the actions taken or needed. Record additional recommendations if they are necessary.

6. Record the members present at the meeting and their positions. ALL required members should be in attendance with documentation provided that the parent was in attendance or invited.

7. Provide copies of the form to the parent along with the required documents determined by the committee's decision.

MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION

MET DOCUMENTATION FORM

Name:_____ School:_____

MSIS:_____ DOB:_____ Grade:_____ Age:_____ Gender:_____

Referral Source: Teacher____ TST Committee____ Parent____ Reevaluation____ Preschool____ Other:____

Date of Request:_____ Date of MET meeting:_____

The following information was reviewed by MET: **(Check only the documentation reviewed)**	
□ Information/Reports provided by parent/guardian	□ Current grades
□ Universal Screening results student and class data	□ Vision screening
□ Required Tier I, II, and III forms	□ Hearing screening
□ Progress monitoring for academic objectives	□ Teacher Narrative
□ Progress monitoring for behavior objectives	□ Behavior logs
□ Student Data Form	□ FBA/BIP
□ Social/Emotional Worksheet	□ Developmental History
□ Copy of cumulative record insert	□ Classroom observation
□ Discipline reports from current and previous years	□ Current or previous IEP with goals updated
□ Attendance reports from current and previous years	□ L/S Dismissal Narrative
	□ Reevaluation Summary
	□ Other/Specify:

Recommendation of Team for Initial Referrals:
____Comprehensive Assessment is recommended.
____Comprehensive Assessment is not recommended.
Recommendation of Team for Reevaluations:
____IEP Committee Decision – Comprehensive Assessment is recommended.
____Notice for Additional Assessment is completed at MET.
____School will complete Notice for Additional Assessment with parent.
____IEP Committee Decision – Comprehensive Assessment is not recommended at this time. Based on information reviewed, this student continues to need special education services and related services as indicated on the current IEP. The current eligibility should be continued.
____Notice for No Additional Assessment is completed at MET
____School will complete Notice for No Additional Assessment with parent.
____Language/Speech Dismissal: Committee recommends dismissal from speech services.
(If Parent does not attend meeting, Parent must be given written notice for decision within 7 days)
Other Recommendations:

MET Members Signatures/Positions:	

CHAPTER 2:
EVALUATION AND ELIGIBILITY

Public Agency in this document refers to agencies responsible for providing education to children with disabilities including the Mississippi Department of Education (MDE), Local Education Agencies (LEAs), Educational Service Agencies (ESAs), State Schools, State Agency schools, and nonprofit public charter schools that are not a part of an LEA or ESA.

Evaluation and Eligibility Determinations

An evaluation is an individualized discovery process to determine if a child meets the eligibility criteria for special education and related services under the Individuals with Disabilities Education Act of 2004 (IDEA) and, if so, what are the child's educational programming needs. Evaluations are conducted by a Multidisciplinary Evaluation Team (MET) consisting of multiple methods including reviewing existing records, interviewing important informants, observing the child in his/her environmental settings, and administering formal and informal assessments and measures. The results of an evaluation are summarized in a psychoeducational report used by the MET to determine eligibility for special education and related services.

The Local education agencies (LEAs), State Board-governed schools, State adult and juvenile correctional facilities (see CF.C), and special State agency schools **may** make educational eligibility determinations. University-based programs, the 15 local juvenile detention centers (See appendix CF.C), private school programs, private facilities, and Head Start centers **may not** determine eligibility; rather, they must work with the public agencies responsible for Child Find to determine eligibility for special education and related services. The following sections provide detailed information about procedures used by LEAs, State Board-governed schools, or special State agency schools regarding: the MET, the evaluation process, the eligibility determination process, and the re-evaluation process.

Multidisciplinary Evaluation Team (MET)

The public agency must assemble a MET to respond to requests for comprehensive evaluations for children identified through Child Find activities, referrals from Part C Early Intervention Programs (First Steps), and requests from parents, teachers, Teacher Support Teams (TST), and other individuals knowledgeable about the child.

Each MET is responsible for:

- Determining if the child is in need of a comprehensive evaluation;
- Designing the comprehensive evaluation; and
- Determining if the child meets eligibility criteria for special education and related services.

MET Membership

The MET must include input from parents and collect, analyze, and interpret information to make an informed decision about the eligibility of a child for special education and related services. Depending upon the requirements of the specific evaluation and the nature of the child's suspected disability, many different people may be members of the MET. The MET must consist of the parents or guardians designated to make educational decisions for the child (unless they choose not to participate), qualified professionals from the list below who can administer individual diagnostic assessments and interpret the results, a general education teacher and/or care providers with direct knowledge of the child. It is recommended a MET Chairperson who can allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions be included as needed.

Qualified professionals who are a part of the MET may include:

- ***Regular Education Teachers*** who have knowledge of the child, general curriculum, and Tiered Intervention supports;
- ***Special Education Teachers*** who have knowledge of disabilities and educational programming needs and who can conduct educational assessments;
- ***Speech-Language Pathologists*** who have knowledge of typical and atypical language and speech development and impairments and who can conduct speech, language, fluency, and/or voice assessments;
- ***Speech Therapists*** who have knowledge of typical and atypical speech development and impairments and who can conduct speech assessments;
- ***School Psychologists*** who have knowledge of typical and atypical development, education, interventions, and disabilities and who can conduct cognitive, academic, adaptive, social-emotional, and behavioral assessments, interviews, and observations;
- ***Psychometrists*** who have knowledge of human development and the administration of formal assessments and, depending upon their specialized training, who can conduct cognitive, academic, adaptive, social-emotional, and behavioral assessments, interviews, and observations;
- ***School Health Nurses*** who have knowledge of physical development, health, and impairments and who can conduct health screenings and orofacial examinations;
- ***School Counselors*** who have knowledge of typical and atypical social-emotional and occupational development and, depending upon their specialized training, who can conduct child and family interviews, educational/occupational assessments, and child observations;

- ***School Social Workers*** who have knowledge of typical and atypical social functioning and family systems and who can conduct child and family interviews, adaptive assessments and environmental observations; or
- ***Representatives of other agencies and/or additional examiners*** as needed, such as Audiologists, Physical Therapists, Physicians/Nurse Practitioners, Psychiatrists, Occupational Therapists, Ophthalmologist/Optometrists, or Rehabilitation Specialists.
- ***Behavior Specialists*** who has knowledge of and provides specialized behavioral assessments and treatment interventions.

NOTE: In the case of a preschool child who is not enrolled in a district preschool education program, a teacher qualified to teach children of that age or the child's current direct care providers (e.g., Head Start teachers or private preschool providers), if applicable, should be invited to participate as a member of the MET.

MET membership must be configured based on the specific concerns of the referral. MET membership may change based on needs or concerns identified during the evaluation process. See *Qualified Examiners* (Appendix EE.D) and State Board Policy 7219, Special Education Eligibility Guidelines for additional information on the specific qualifications required for members of the MET. The *MET Documentation Form* (Appendix CF.H), or a similar form, may be used to document any MET meetings or decisions.

Determining the Need for an Initial Evaluation

When a parent, public agency representative, TST member, or other individual knowledgeable about the child makes a verbal or written request for an evaluation of a child, the public agency will assemble a MET to consider the request and determine the need for conducting a comprehensive evaluation. The public agency should have procedures for documenting verbal requests, as well as the process for handling any requests when school is not in session. **The public agency must ensure that requests for evaluations and responses to those requests are not limited by the number per year or the time of year the requests are received.**

The MET must meet within fourteen (14) days of receiving the request to consider the request and review any pertinent documentation and existing data. The public agency must invite the parent and others knowledgeable of the child to participate in the meeting. The MET may use the *Meeting Invitation* (Appendix PS.D), or a similar form, to invite the parent to participate in the meeting. Parental consent is <u>not</u> required for the review of existing data (e.g., existing teacher or related service provider observations, ongoing classroom assessments, criterion-referenced tests that are used to determine child progress, administration of tests or other assessments that are administered to all children, or screening by teachers or specialists to determine appropriate

instructional strategies for curriculum implementation) to determine the need for a comprehensive evaluation.

Based on this review, the MET will either determine:

- There is sufficient evidence to suspect that the child may have a disability; or
- There is insufficient evidence to suspect that the child may have a disability.

NOTE: The standard of "suspecting a child may have a disability" is an intentionally low threshold to ensure that all children who may—but not necessarily will—qualify for special education services are provided a comprehensive evaluation. The intention is to prevent under-identification, as well as over-identification, of children with disabilities who need special education and related services. The MET should not attempt to pre-determine whether or not a child will be eligible for special education before conducting a comprehensive evaluation.

If the MET determines there is sufficient evidence to suspect that the child may have a disability and may be in need of special education services, the MET must:

- Give the *Prior Written Notice* (Appendix PS.E), or a similar form, to the parent seven (7) calendar days prior to the meeting to inform the parent the LEA is requesting an initial evaluation; and
- Give the *Informed Parental Consent* (Appendix PS.F), or a similar form, to inform the parent of the evaluation process and to secure written consent for the initial evaluation; and
- Give a copy of *Procedural Safeguards: Your Family Special Education Rights* (Appendix PS.H) to the parent.

If the MET determines there is insufficient evidence to suspect that the child may have a disability, the MET must:

- Give the *Prior Written Notice* (Appendix PS.E), or a similar form, to the parent within seven (7) calendar days prior to the meeting to inform the parent that the LEA is declining the request for an initial evaluation and the reasons for the decision; and
- Give a copy of *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) to the parent with an explanation of the due process procedures that the parent may use to dispute the MET's decision.

See *Volume III: Chapter 7: Procedural Safeguards* and *Chapter 8: Dispute Resolution* for more information on obtaining parental consent for evaluation and due process procedures for resolving disputes.

NOTE: Infants/toddlers receiving early intervention (First Steps) services who are transitioning from Part C to Part B services are entitled to receive a comprehensive evaluation per the MSDH-MDE Interagency Agreement; therefore, an initial MET meeting is not required. When

these children reach twenty-seven (27) months of age, the district of residence will receive written notification from First Steps of children "potentially eligible for Part B services." If the parent invites Part B personnel to participate in the transition meeting, this meeting can cover topics typically addressed in the initial MET meeting, such as informing the parents about Part B services, the evaluation and eligibility process, and, if consent is given, planning the evaluation.

Initial Comprehensive Evaluation

The purpose of an initial comprehensive evaluation is to assess a child's academic, developmental, and functional skills, identifying any specific strengths and deficits to determine:

- If the child meets the criteria for one or more of the disabilities as defined by the Individuals with Disabilities Education Act (IDEA) and State Board Policy 7219; and
- If the child needs special education and related services; and
- If so, what special education and related services are needed by the child?

During an initial comprehensive evaluation, the MET must assess broad areas of development, achievement, and functioning to identify all areas of concern with special emphasis given to areas related to the initial referral question(s) and to any areas of concern or deficit identified during the evaluation process, whether or not they are included in the original referral or commonly associated with the child's disability. To conduct an appropriate evaluation, the MET must plan and conduct the evaluation process in accordance with Federal regulations and State Board policies and using best practices as dictated by research and professional standards. The MET must then interpret the results of the evaluation in reliable and valid ways to make meaningful decisions for the child.

Planning the Comprehensive Evaluation

To plan an initial comprehensive evaluation, the MET must first determine what existing information is available and relevant for decision-making, including:

- Information and evaluations provided by the parent;
- Classroom-based assessments, interventions and observations provided by the teacher(s);
- Developmental screeners/assessments and/or medical records;
- Hearing and/or vision screeners gathered through mass screening;
- Other educational records, including early intervention, childcare, preschool or Head Start records, if applicable.

Based on this review of existing information, the MET will determine what existing records are current and what, if any, additional academic, functional, and developmental information are needed to determine eligibility and plan for programming. See *Existing Records* (p. 17) to determine if records are current.

When planning additional assessment for the evaluation, the MET must consider various approaches and data-collection techniques to be used including the: (a) collecting and reviewing of existing records, samples of the child's work, and other relevant material; (b) conducting of interviews with important informants (e.g., parents and teachers), (c) conducting of observations of the child in his/her environmental settings (e.g., classrooms and playgrounds), and (d) administering of formal and informal norm-referenced and criterion-referenced academic, developmental and functional tests. The MET may use the *Evaluation Plan* (Appendix EE.E), or a similar form, to develop a comprehensive evaluation plan to assess all areas of development using a variety of techniques. The MET must ensure the parent has the opportunity to provide meaningful input and to participate in decision-making as a member of the team. This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, Informed Parental Consent (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

All materials and procedures used for assessment and placement should be selected and administered so as not to be racially or culturally discriminatory. This is to ensure that children are not misclassified, misplaced or unnecessarily labeled as having a disability due to the inappropriate selection, administration or interpretation of materials or procedures.

Other considerations in selecting assessment strategies and/or measures for conducting an initial evaluation include best professional research-based practices outlined below:

- The assessment materials and procedures must have been validated for the purposes for which they will be used (i.e., they must have been validated for use in determining eligibility and programming for special education).
- If the child is an English Language Learner (ELL), assessments must be administered in the child's native language, if available and appropriate, and the materials and procedures selected for assessing the child's academic, developmental, and functional skills should not be impacted by the child's lack of English proficiency.
- If the child has a known sensory, motor, and/or language deficit(s), the materials and procedures selected for assessing the child's other academic, developmental, and functional skills should not be impacted by the child's identified deficit(s) except when determining the extent of the child's sensory, motor, and language impairments. For example, if the child has a known expressive language impairment, the child's cognitive abilities should not be assessed using materials and procedures that require the child to respond using language.

Conducting the Comprehensive Evaluation

The MET must conduct an individualized comprehensive evaluation in accordance with IDEA regulations and State Board Policy 7219 before the provision of any special education services.

General Provisions. To determine whether a child is eligible for special education services, the MET ensures the comprehensive evaluation gathers information that:

- Consistently supports the presence of a disability; and
- Indicates the need for special education and related services for the child to participate in the general education curriculum or appropriate activities; and
- Identifies all of the child's educational needs to be addressed in the IEP whether or not those needs are typically linked to the disability category identified.

NOTE: If data appears to represent inconsistencies but the MET agrees that the preponderance of the data supports the presence of a disability and the need for special education and related services, the inconsistencies must be documented and explained in the evaluation report.

To be eligible for special education and related services, the MET must document an adverse educational impact (i.e., performance in academic, developmental, functional, social, behavioral, and vocational areas) due to the child's disability. To do so, the MET must ensure the determinant factor for the adverse educational impact is not a result of:

- A lack of appropriate instruction in math or reading, including the essential components of reading instruction as defined in the *Elementary and Secondary Education Act* (ESEA), i.e., phonemic awareness, phonics, vocabulary development, reading fluency, including oral reading skills, and reading comprehension strategies;
- Limited proficiency in understanding and/or speaking English; or
- Social or cultural differences of the child.

Timelines. After securing informed written parental consent to conduct an evaluation, the MET has a maximum of sixty (60) calendar days in which to complete the evaluation, except for the following specific situations:

- The parent repeatedly fails or refuses to produce the child for evaluation.
- The child transfers to another public agency after the timeline has begun but before eligibility could be determined.
- The MET is using ongoing progress monitoring data collected to determine the child's Response to Intervention (RtI) as a method for identifying a Specific Learning Disability (SLD), the data do not clearly indicate the presence or absence of a disability at the end of the sixty (60) day time period, and the public agency and the parent mutually agree in writing to extend the time period.

Existing Records. Existing current data may be used as part of the evaluation process to determine the presence of a disability, a need for special education and related services, and the educational needs of a child. Data that falls outside of the following time frames are of historical value but are no longer valid for making decisions about eligibility or educational programming:

Definition of Current	Types of Existing Records
No more than **one (1) year** old at the time the parent signs consent	• Intelligence measures • Hearing screening and follow-up evaluations • Vision screening and follow-up evaluations • Physical examinations
No more than **six (6) months** old at the time the parent signs consent	• Teacher Narrative (Appendix EE.I) • Achievement measures • Social, behavioral, adaptive, and emotional measures • Language/speech assessments • Motor assessments • Curriculum-based assessments
No more than **three (3) months** old at the time the parent signs consent	• Developmental History (Appendix EE.H) • Developmental instruments

Data Collection. Unless otherwise indicated, the MDE does not dictate which assessment methods or instruments to use. It is the responsibility of the MET to determine the appropriate methods and instruments necessary to obtain sufficient information to determine the presence of a disability, a need for special education and related services, and the educational needs of a child. The MET should carefully consider the administration of each assessment instrument and use what is necessary, as under-assessment may result in inconclusive data resulting in the MET's inability to make decisions and over-assessment can lead to fatigue in the child resulting in inconsistent or uninterpretable data.

To complete the evaluation, the MET must gather information about the child using a variety of assessment tools and strategies, which must include, but are not limited to:

- The *Teacher Narrative* (Appendix EE.I) and/or *Developmental History (Ages 3 to 9)* (Appendix EE.H-A) or *Developmental History (Ages 10 to 21)* (Appendix EE.H-B)
- Documentation of the child's functioning in the home, classroom and/or in an early childhood setting through interview, observation, assessment, or other means;
- Information contained in the child's cumulative record, including results of Statewide assessments;
- Information about the child's physical condition, including fine and gross motor skills, general physical condition, hearing, vision, and if necessary, orofacial examination;
- Information about the child's social, behavioral, emotional, and adaptive functioning;
- Information about pre-academic and/or academic performance;
- Information about how the child communicates;
- Indicators of cognitive abilities;
- Evaluations and other information provided by the parent;

- Evidence that the child has received appropriate instruction in reading and math (for preschool/kindergarten children, information regarding early education experiences);
- Information about the impact of social and cultural background and limited English proficiency on educational performance;
- For children age fourteen (14) and above, appropriate and ongoing assessment of the student's needs, preferences, and interests related to the demands of current and future working, educational, living, personal and social environments; and
- For re-evaluations, information from IEPs.

NOTE: When significant emotional and/or behavioral issues have been identified as adversely impacting the educational process, a qualified professional must be a member of the MET when determining eligibility. This applies regardless of the eligibility category being considered for the child.

Medical and Mental Health Diagnoses. Some children may have a medical or mental health diagnosis available in their existing records. In most cases, a diagnosis from a psychologist, psychiatrist, nurse practitioner, physician or other health care professional using criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and/or *International Statistical Classification of Diseases and Related Health Problems* (ICD-9 or ICD-10 Codes) is neither required to determine special education eligibility nor is it sufficient, in the absence of other data, to determine eligibility for special education. When diagnostic or prescriptive information from a health care professional or psychologist is available to the public agency, the MET must consider the information when making an eligibility determination for special education. When a diagnosis, evaluation, or statement by qualified professionals is required to determine eligibility under a particular special education disability category, this requirement is listed as part of the eligibility criteria for that disability.

General Evaluation Procedures. The MET should conduct evaluations using the best professional and research-based practices. In addition, the MET must follow these procedures:

- Assessment measures must be administered by qualified personnel as specified in the instructions and guidelines provided by the assessment author or publisher.
- No single assessment measure shall be used as the sole criterion for determining a disability and for determining an appropriate educational program for a child.
- Assessment measures must be administered in the child's native language, or other mode of communication, unless it is clearly not feasible to do so.
- Nonstandard administrations of standardized assessments must be noted with descriptions of the extent to which they vary from standard conditions in the evaluation report. Caution must be used in interpreting these results.
- Descriptions of and data from all assessments, including observations, used as a part of the comprehensive evaluation must be included in the written evaluation report.

Procedures for Special Assessments

Special Assessments for Communication

The MET must consider the communication needs of all children with a disability. If the MET suspects the child has special communication needs, the MET must assess the child's methods of communication, demands, and opportunities for communication using a variety of methods across a variety of settings, and the skills and strategies necessary to meet those communicative demands and take advantage of communicative opportunities across settings. The MET must also assess how appropriately and effectively the child can communicate and what types and amount of support, if any, the child may need to communicate using a variety of methods across a variety of settings. See *Special Assessments for Assistive Technology* (p. 19) if the child's need for an assistive technology device or service is being is assessed.

Special Assessments for Assistive Technology

An *assistive technology device* is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

An *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. The term includes:

- The evaluation of the assistive technology needs of the child, including a functional evaluation of the child in his/her customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by the child;
- 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 or rehabilitation plans and programs;
- Training and/or technical assistance for the child or his/her family, if appropriate; and
- Training and/or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are substantially involved in the major life functions of the child.

The MET must consider the assistive technology needs of all children with a disability. If the MET suspects the child has a disability due to sensory or motor deficits, including a Hearing Impairment (HI), Deaf-Blind (DB), Visually Impaired (VI), Orthopedic Impairment (OI), Other

Health Impairment (OHI), or Traumatic Brain Injury (TBI), or has a disability which may indicate a need for an alternate means of communication, including Autism (AU), Language/Speech Impairment (L/S), Intellectual Disability (ID), or other disability impacting communication, the MET must assess the child's need for an assistive technology device or service to support mobility, communication, or other adaptive functioning in the child's environment. In addition to areas of assessment described under *Special Assessments for Communication, Special Assessments for Children who are Blind or Visually Impaired*, and *Special Assessments for Children who are Deaf or Hearing Impaired*, the MET must assess the child's methods of locomotion, the physical demands on the child across a variety of settings, and how appropriately and effectively the child can navigate around and engage with equipment and materials in his/her environment. The MET must also assess the skills and strategies the child needs to meet the physical demands across a variety of settings, and what types and amount of support and in which settings and/or situations the child needs support, if any, to increase, maintain, or improve his/her functional capabilities.

Special Assessments for Children who are Blind or Visually Impaired

If the MET suspects the child may be Visually Impaired (VI) or Deaf-Blind (DB), the child must have her/his vision evaluated by a qualified examiner, including, if appropriate, a functional vision assessment and clinical low vision assessment to determine (a) how the child uses vision in various activities in the natural environment and (b) any recommendations for devices, tools, and/or strategies to enhance vision. The MET must also determine the child's (c) appropriate reading and writing media, including print, Braille, or both, and (d) any current or future need for instruction in Braille or the use of Braille or other reading and writing medium. See additional information in *Special Assessments for Assistive Technology* (p. 19) if the child's need for an assistive technology device or service is being is assessed.

Special Assessments for Children who are Deaf or Hearing Impaired

If the MET suspects the child may have a Hearing Impairment (HI) or be Deaf-Blind (DB), the child must have his/her hearing evaluated by a qualified examiner and receive an assessment to determine his/her (a) language and communication mode, including oral and manual methods, and opportunities of direct communications with peers and professional personnel in the child's language and communication mode, (b) need for any devices, tools, and/or strategies to facilitate communication such as an amplification system, (c) any current or future need for instruction in communication modes including the need for speech, language, and auditory training and/or instruction in sign language, and (d) need for additional accommodations such as favorable setting or captioning, services and supports such as interpretive and/or note-taking assistance, or modifications such as changes to classroom acoustics. See additional information in *Special*

Assessments for Assistive Technology (p. 19) if the child's need for an assistive technology device or service is being is assessed.

Special Assessments for Behavior

If the MET suspects the child has significant behavioral concerns that impede his/her learning or the learning of others and requires an individualized Behavior Intervention Plan (BIP), a qualified examiner should conduct a Functional Behavioral Assessment (FBA) as a part of the comprehensive evaluation. An FBA is an assessment process that involves collecting data from a variety of sources, including interviews and direct observations, to develop descriptions of the child's behavior in a variety of settings and conditions and to determine the function or purpose of the child's behavior. An FBA must include the following components:

- A clear description(s) of problematic behavior;
- Identification of the antecedent events, times, and situations that predict when the problematic behavior will and will not occur;
- Identification of the consequences of the problematic behavior; and
- Hypothesis and summary statements that describe the problem behavior and its functions.

If the child has previously had an FBA and BIP, the MET must review the FBA and BIP to ensure they are currently applicable and effective. If the child's behavior(s) and the function(s) of the behavior(s) have not changed, the MET may determine the existing FBA is sufficient. If either the behavior(s) or the function(s) has appeared to change, the MET should update the FBA. In addition, if a review of the progress monitoring data collected to evaluate the BIP indicates the BIP is currently effective, the MET may determine the existing BIP is sufficient. If a review of the progress monitoring data indicates the current BIP is ineffective, the MET may determine the FBA must be updated to determine how to modify the BIP and/or may conduct additional assessments to determine the need for additional services, accommodations, modifications, and support(s) for personnel. See *Volume IV: Chapter 10: Discipline* for more information about conducting FBAs and developing BIPs as well as suggested assessment and progress monitoring tools.

Special Assessments for Children with Limited English Proficiency

If the child is an English Language Learner (ELL), the MET must determine the dominant language(s) used in the child's home, the child's primary language of communication at home and in school, the cultural values and beliefs of the parents about education and language acquisition, and the child's level of acculturation. The MET must also assess the child's language needs, including the language demands and opportunities for skill development across various settings and/or situations and the types and amount of supports necessary to meet those demands

and take advantage of those opportunities, to ensure that the child will be able to communicate and learn appropriately and effectively.

Special Assessments for Vocational, Occupational, and Secondary Transition Needs

State Board Policy 7219 requires each child ages fourteen (14) years or older, or earlier if determined appropriate by the MET or IEP Committee, to have measurable postsecondary goals related to education, employment, and, where appropriate, independent living skills as part of the child's secondary transition plan. As these postsecondary goals must be based upon assessments, the MET must assess a child with a secondary transition plan using formal and informal age-appropriate assessments of the child's needs, preferences, and interests in current and future employment, educational or training programs that support employment, and living in personal and social environments. See *Volume V: Chapter 11: Secondary Transition* for more information about conducting transition assessments.

Procedures for Assessing Specific Areas of Development

An evaluation is an individualized discovery process. A comprehensive evaluation requires the examination of all areas of development using a variety of assessment methods and instruments including the assessment of the child's:

- Physical functioning and development, including general physical condition, hearing and vision, orofacial examination (if necessary), and gross/fine motor development and skills;
- Communication skills and development;
- Adaptive skills and development;
- Social/Emotional/Behavioral skills and development; and
- Academic/Cognitive skills and development, including visual and auditory perception, achievement, and cognitive abilities.

During the comprehensive evaluation, special emphasis should be given to areas related to the initial referral question(s) and to any areas of concern or deficit identified during the evaluation process; however, the MET must not attempt to predetermine the disability category or limit assessments to those used to substantiate eligibility for one specific disability category. The types of assessment approaches used and the order in which assessments are conducted should be determined by best professional practices. In general, direct assessments of a child should occur in the following order: (1) physical assessments, including sensory assessments of hearing and vision; (2) communication assessments to determine how the child receives and conveys information; and (3) all remaining adaptive, behavioral, social-emotional, academic, and cognitive assessments. Sensory and communication assessments must be conducted before academic and cognitive assessments as the child's sensory and communication abilities should

be considered in the selection of appropriate academic and cognitive measures. The review and comparison of evaluations may result in members of the MET identifying discrepancies in sensory and communication abilities. In those instances, it is acceptable to revisit and if necessary, administer additional evaluations to explain/further explore these noted discrepancies. In these cases, a statement **must** be included to explain why evaluations were conducted or further explored out of the sequence noted above in this section.

See *Qualified Examiners* (Appendix EE.D) for more information about which specialists are required for conducting various assessments.

Physical Assessments

As part of the comprehensive evaluation, the MET must assess the child's general physical condition, sensory abilities (i.e., hearing and vision), and fine and gross motor skills and development to determine the presence or absence of any concerns. Physical assessments examine the child's general health, strength, vitality, alertness, and sensory processing needed to function in a learning environment and perceptual motor function, object control, locomotor skills, and physical fitness needed to navigate a variety of school and community environments and to use equipment and materials effectively. The MET must also determine if there are any physical or sensory issues that will impact the selection or administration of assessments for other areas of development.

General Physical Condition. Existing medical records of physical examinations conducted by a licensed physician or nurse practitioner may be available. If any are provided by the parent, the MET must consider them; however, only current medical records or reports may be considered valid for making decisions about eligibility or educational programming. See *Existing Records* (p. 17) to determine if records are current.

If a child is suspected of having a disability affecting the child's general physical condition, a qualified examiner, such as a licensed physician or nurse practitioner, must conduct a physical examination and submit a report that contains the information necessary to determine the child's disability in accordance with the procedures outlined for each specific disability. The *Report of Physical Observation* (Appendix EE.G), or similar report or statement completed by a physician or nurse practitioner, may be used as documentation.

Examinations are necessary for determining eligibility for a Developmental Delay (DD) - Diagnosed Disorder, Language/Speech Impairment – Voice (LS - Voice), Orthopedic Impairment (OI), Other Health Impairment (OHI)*, Traumatic Brain Injury (TBI), or other

disability that may be primarily the result of a congenital physical problem, an acquired physical disability, or a diagnosed disorder of known etiology.

**NOTE: A physician's report is not required to determine the presence of ADHD for eligibility under OHI unless the MET determines an examination is necessary.*

Hearing and Vision. A hearing and vision screening and, if necessary, follow-up examinations must be conducted in accordance with the *Appendix EE.F: Hearing and Vision Guidelines*. The results must be documented on the *Hearing and Vision Screening Report* (Appendix EE.F) or on a similar form that contains all the required components. If the child fails the school-based hearing screenings, an audiologist holding MDE licensure, State Board licensure, or American Speech and Hearing Association (ASHA) CCC audiological certification or a physician with expertise in conducting audiological evaluations with appropriate audiological equipment must conduct a follow-up examination. If the child fails the school-based vision screenings, a licensed ophthalmologist or optometrist must conduct a follow-up examination. The assessment must be discontinued until the follow-up results are obtained. Existing hearing and vision screenings or examination reports conducted by a qualified examiner provided by the parent may be used if they provide the required information and are current. Additional information about hearing and vision screenings and examinations is included in the *Handbook for Speech-Language Pathologists in Mississippi Schools*.

If the MET suspects the child may have a Hearing Impairment (HI) or be Deaf-Blind (DB), the child must have his/her hearing evaluated by a qualified examiner and receive an assessment to determine his/her language and communication needs, including the need for instruction in alternative modes of communication. If the MET suspects the child may be Visually Impaired (VI) or Deaf-Blind (DB), the child must have her/his vision evaluated by a qualified examiner and receive an assessment to determine appropriate reading and writing media, including the current or future need for instruction in Braille or the use of Braille. See *Special Assessments for Children who are Blind or Visually Impaired* and *Special Assessments for Children who are Deaf or Hearing Impaired* (p. 20) for more information on evaluating children with sensory deficits.

Orofacial Examination. If the MET suspects the child may have an articulation Language/ Speech Impairment, the child must have an orofacial examination conducted by a qualified examiner to determine if the orofacial mechanism is functioning appropriately. The examination must evaluate the following structures: facial symmetry, dentition, hard and soft palate, uvula, fauces, pharynx and tongue. Additional information about orofacial examinations is included in the *Handbook for Speech-Language Pathologists in Mississippi Schools*.

If the MET determines a follow-up medical examination is necessary, a licensed physician or dentist must conduct an examination to determine the cause of the child's impairment and to provide a statement of adverse educational impact and recommendations, if any. The MET may use an existing medical report from a licensed physician or dentist provided by the parent in lieu of obtaining a new orofacial examination if the report includes the required information about the functioning of the orofacial mechanism and is considered current data according to procedures for *Existing Records* (p. 17).

Gross and Fine Motor. The MET must assess the child's gross and fine motor skills and development as part of the comprehensive evaluation. Assessment methods include conducting record reviews, observations, interviews, and/or criterion-referenced and norm-referenced assessments, as needed.

If the MET suspects the child has a disability that may impact the child's gross and fine motor skills or development, a qualified examiner, such as a licensed physician, Occupational Therapist, or Physical Therapist, should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in motor skills and development and, if so, the child's special educational needs. These assessments should examine the child's learning environments to determine her/his ability to be mobile and engage with equipment and materials and the child's physical ability to engage in self-care including feeding and hygiene, to use gross motor skills and visual-gross motor coordination functionally, and to use fine motor skills and visual-fine motor coordination functionally, as needed.

Communication Assessments

As part of the comprehensive evaluation, the MET must assess the child's speech and language skills and development and the child's communication needs to determine the presence or absence of any concerns. Communication assessments examine the child's ability to produce fluid and intelligible speech, to understand language, to use language to express thoughts, feelings, and needs, and to understand and use language in social and practical exchanges with other people. The MET must also determine if there are any communication issues that will impact the selection or administration of assessments for other areas of development.

Speech and Language. The MET must assess the child's speech and language skills and development as part of the comprehensive evaluation. Assessment methods include conducting record reviews, observations, interviews, and/or criterion-referenced and norm-referenced assessments, as needed.

If the MET suspects the child has a disability that may impact the child's articulation, a qualified examiner, such as a Speech-Language Therapist (216) or Speech-Language Pathologist (215), should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in speech skills and development and, if so, the child's special educational needs. If the MET suspects the child has a disability that may impact the child's voice or fluency of speech or language skills or development, a qualified examiner, such as a Speech-Language Pathologist (215), should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in speech and language skills and development and, if so, the child's special educational needs. The areas that must be assessed and the types of instruments that may be used for evaluations are listed in the *Handbook for Speech-Language Pathologists in Mississippi Schools*.

Other Communication Needs. If the MET suspects the child has a disability affecting her/his communication abilities including a Hearing Impairment (HI), Autism (AU), Traumatic Brain Injury (TBI), Specific Learning Disability (SLD) in oral expression or listening comprehension, or Developmental Delay (DD) with a delay in communication, a qualified examiner should be added as a member of the MET (if not already included). The examiner must conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in communication skills and development and, if so, the child's special educational needs including, if appropriate, the need of an alternate means of communication or assistive augmentative communication device, such as a speech generating device, communication board, or picture exchange communication system (PECS). See *Special Assessments for Communication* (p. 19) for more information.

Adaptive Assessments

As part of the comprehensive evaluation, the MET must assess the child's adaptive skills and behavior to determine the presence or absence of any concerns. Adaptive assessments examine the child's practical, everyday skills needed to function in and meet the demands of his/her environment, including the skills s/he needs to take care of himself/herself independently and to interact with other people.

If the MET suspects the child has a disability that may impact the child's adaptive functioning including an Intellectual Disability (ID), a qualified examiner must assess the child's adaptive skills and behaviors using observations, interviews, and criterion-referenced and/or norm-referenced assessments to determine the presence of any deficits in adaptive functioning and, if so, the child's special educational needs.

Social, Emotional, and Behavioral Assessments

As part of the comprehensive evaluation, the MET must assess the child's social and emotional skills and development and behavior management to determine the presence or absence of any concerns. Social and emotional assessments examine the child's ability to recognize and regulate his/her emotions to function in and meet the demands of his/her environment and the ability to develop and maintain social relationships with adults and peers. Behavioral assessments examine the child's behaviors and ability to recognize and regulate her/his behavior to function in the learning environment including the ability to engage in responsible decision-making.

If the MET suspects the child may have a disability that may impact the child's social or emotional skills or development, including Autism (AU), Traumatic Brain Injury (TBI), or Developmental Delay (DD) with a delay in social-emotional development, a qualified examiner, such as a School Psychologist, Board-Licensed Psychologist, Psychiatrist, or psychometrist (with specific training in the areas assessed) should be added as a member of the MET (if not already included). For a student with Emotional Disability (EmD), a School Psychologist, Board-Licensed Psychologist, or Psychiatrist must be a part of the MET. The examiner must determine the presence of any deficits in social or emotional skills and development and the child's special educational needs, if any, using observations in important settings, particularly those in which the child may be experiencing social and/or emotional difficulties, interviews with the parents, teachers, other important caregivers, and child, if appropriate, criterion-referenced and/or norm-referenced assessments including rating scales as necessary and appropriate. To determine eligibility determination for EmD, a School Psychologist, Board-Licensed Psychologist, or Psychiatrist must review all of the assessment data and make a statement supporting the MET's conclusion that the child has an Emotional Disability. Any existing records of medical or psychological evaluations conducted by a qualified examiner provided by the parent must be considered by the MET; if these records contain data considered current according to procedures for *Existing Records* (p. 17), they may be used by the MET for making decisions about eligibility or educational programming.

If the MET suspects the child has any behavioral concerns that impede his/her learning or the learning of others, a qualified examiner must assess the child's behavioral skills to determine the presence of any deficits in behavioral regulation and, if so, the child's special educational needs using observations, interviews, and criterion-referenced and/or norm-referenced assessments. If the MET suspects the child requires an individualized Behavior Intervention Plan (BIP) to address any significant behavioral concerns, a qualified examiner should conduct a Functional Behavioral Assessment (FBA) as a part of the comprehensive evaluation. The FBA must be completed within the 60 day timeline. See *Special Assessments for Behavior* (p. 21) for more information.

Cognitive, Academic, and Educational Assessments

As part of the comprehensive evaluation, the MET must assess the child's academic, educational, and cognitive skills and development to determine the presence or absence of any concerns. Academic and educational assessments examine the child's ability to learn, recall, and use information and skills that have been taught through formal instruction such as language, reading, writing, mathematics, and other content subjects such as science and social studies. Cognitive assessments examine the child's ability to perceive, recognize, recall, and use information to think, reason, and problem-solve using verbal and nonverbal contexts.

If the MET suspects the child has a disability that may impact the child's academic, educational, and cognitive skills and development, including a Specific Learning Disability (SLD) or Intellectual Disability (ID), a qualified examiner such as a Psychometrist or School Psychologist should be added as a member of the MET (if not already included). The examiner must assess the child's academic performance, general cognitive functioning, and the learning environment, as needed, using observations of the child and his/her learning environment, interviews with the parents, teachers, other important caregivers, and child, if appropriate, and criterion-referenced and/or norm-referenced assessments to determine the presence of any deficits in academic, educational, and cognitive skills and development and, if so, the child's special educational needs. Additional interviews and observations must be conducted to assess the learning environment, such as teacher instructional strategies, curriculum demands, and environmental influences, to determine their impact on the child's academic performance. For preschool children, the examiner must determine the child's developmental or pre-academic readiness skills using observations, interviews, norm- and/or criterion-referenced developmental measures.

Although cognitive functioning must be considered as part of the comprehensive evaluation, an assessment of intelligence using a standardized measure is not required unless specified in the eligibility criteria (e.g., Intellectual Disability (ID)). If required, a qualified examiner such as a Psychometrist or School Psychologist must assess the child using a standardized norm-referenced measure of cognitive abilities selected and administered with consideration given to the child's sensory and communication abilities.

If the MET suspects the child has a neurological impairment that impacts the child's cognitive skills and/or development, a qualified examiner with specialized training and experience must assess the child's perception and processing skills (e.g., auditory/visual perception and language processing) using criterion- and/or norm-referenced measures of these skills.

Interpreting the Evaluation

To interpret the assessment data, the MET should consider information obtained from a variety of sources, including formal and informal assessments, parent input, teacher recommendations, medical and psychological reports, and observations of physical status, adaptive behavior, and social/emotional/behavioral skills, and considerations of social, cultural, linguistic, and economic background. The MET must ensure that all of the information obtained from these sources is documented and carefully considered in the decisions made for children.

Based on the review of information, the MET members must ensure the collected data are sufficient to determine the child's present level(s) of academic achievement and functional performance and the child's educational needs. The MET must also consider and explain any inconsistencies found in the data (e.g., different scores on rating scales administered with different informants). If these inconsistencies cannot be reasonably explained, additional assessment may be warranted for clarity. Inconsistencies and their resolution must also be explained in the evaluation report(s).

Furthermore, consideration should be given to the child's culture, environment, and socio-economic status when interpreting the information gathered since differences can affect children's learning in important ways (Hamayan et.al, 2007).

First, culture provides the context for making sense of the world in which all new learning occurs and can affect the child's general level of comfort about his/her place in the school environment. The child's and the parents' levels of acculturation can be determined using acculturation measures collected through structured interviews with family members to gather information regarding cultural differences and adjustment to the new culture.

The MET must consider the impact of cultural differences in situations that include, but are not limited to:

- If the child's cultural background is different from the dominant/primary culture of the school, community, and/or larger society;
- If the child is a member of a minority group (i.e., cultural, linguistic, racial/ethnic, religious, or other);
- If the child (and/or the child's family) has recently emigrated to the United States;
- If the child has had limited experiences in academic culture; or
- If the child has had limited involvement in organizations and activities of any culture.

Second, the environmental and socioeconomic differences of families impact life experiences and exposure to language and enrichment activities. Families play a large role in their child's education by developing an awareness of importance of school and creating home conditions that impact school learning and the development of appropriate behavior. These environmental and socioeconomic differences also can affect the child's general level of comfort about his/her place

in the school environment. The child's and the parents' experiences and expectations as well as the impact of environmental and socioeconomic differences can be determined through structured interviews with family members and developmental histories which gather information regarding opportunities to learn and other necessary information.
The MET must consider the impact of environmental or socioeconomic differences in situations that include, but are not limited to:

- Irregular attendance (i.e., absences of at least 25% of the time in a grading period or for extended periods at a time);
- High mobility (i.e., two or more moves in a single school year) that impact the exposure to curriculum and prevent adequate mastery of skills;
- Individual family histories that may impact school performance (e.g., divorce, death, imprisonment, unemployment, traumatic events, etc.);
- Family income at or below subsistence level with or without public assistance; or
- Family resides in a disadvantaged neighborhood/area that may experience concentrated poverty, violence, and/or a significant lack of resources.

If most of the children from a cultural, environmental, and/or socioeconomic group are struggling in a similar way as the child being evaluated, then these factors may, but do not necessarily, explain these difficulties. However, if the child being evaluated is receiving the same instruction in a similar learning environment but not achieving in similar ways as his/her cultural, environmental, and/or socioeconomic peers, then these factors would not appear to be the determinant for his/her learning difficulties. See *Appendix EE.K: Environmental/Cultural Differences and Economic Disadvantage Assessment* for additional guidance.

Evaluation Reports

At the conclusion of the evaluation, the MET must document their findings in an evaluation report(s). The MET has the discretion to compile all evaluation information into a single comprehensive report or to allow evaluation team members to submit individual reports. The evaluation report(s) summarizes the child's current status in all relevant developmental areas, functional levels, and (pre-) academic performance. A description of areas of strengths, weaknesses, and significant deficit(s), if any, should be included in the evaluation summary.

A copy of all evaluation report(s) must be provided to the parent at least seven (7) calendar days prior to the meeting to determine eligibility unless the parent has waived this right in writing in advance of the meeting.

NOTE: The evaluation report must not include any statements regarding the determination of eligibility or disability category. This is a MET decision made as a team at the eligibility

determination meeting. Any written conclusions or recommendations from professionals based on evaluation results should be presented at this meeting.

Comprehensive Report

If the MET is using a comprehensive report, all of the information gathered from existing records and the formal and informal assessments for the evaluation must be integrated and interpreted in the report. This report must be submitted to the MET Chair.

The comprehensive report must include a summary of the following from all examiners:

- Dates of assessments;
- Name, title, and qualifications of examiners, informants, and/or observers;
- Testing conditions and behaviors noted during testing and observations;
- Results and interpretations of assessments;
- Explanations of any deviations from standardized testing procedures; and
- Justifications of use of instruments that are not age-appropriate.

The comprehensive report must also include the signatures of the examiners and individuals involved in writing the report and the date the report was completed. This date serves as the date that the evaluation is completed; therefore, it must be within sixty (60) calendar days of parental consent for the comprehensive evaluation.

Individual Reports

If the MET is using individual reports, information gathered from existing records and formal and informal assessments by each examiner must be described and interpreted in his/her report. Each report must be submitted to the MET Chair.

NOTE: The MET will integrate the information from individual reports at the eligibility determination meeting.

Each individual report must include a summary of the following:

- Date(s) of assessments;
- Name, title, and qualifications of examiner(s), informants, and/or observers;
- Testing conditions and behaviors noted during testing and observations;
- Results and interpretations of assessments;
- Explanations of any deviations from standardized testing procedures; and
- Justifications of use of instruments that are not age-appropriate.

Each individual report must also include the signature of the examiner and any individual involved in writing the report and the date the report was completed. The date of the last report submitted serves as the date that the evaluation is completed; therefore, it must be within sixty (60) calendar days of parental consent for the comprehensive evaluation.

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 public agency may use the *Meeting Invitation* (Appendix PS.D) or a similar form that contains all of the required components.

The parent must also be 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. See *Volume III: Chapter 7: Procedural Safeguards* for more information on notifying the parent of MET and IEP Committee meetings.

In the event that the parent cannot participate in the eligibility determination meeting despite good faith efforts to accommodate the parent's schedule, the public agency must hold the

meeting within the deadline to prevent a delay in determining the eligibility of the child. However, the public agency must provide the parent a copy of the *Eligibility Determination Report* (Appendix EE.M), or other documentation of the MET's determination of eligibility or ineligibility, and, if eligible, a *Prior Written Notice* (Appendix PS.E) of the public agency's intention to develop and implement an Individualized Education Program (IEP) for the child. In addition, the parent retains the right to disagree with the MET decision and may request an Independent Educational Evaluation (IEE) at public expense. See *Volume III: Chapter 7: Procedural Safeguards* and *Chapter 8: Dispute Resolution* for more information.

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, the general curriculum, and Tiered Intervention supports, must 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 (e.g., the individual who has the ability to allocate school resources **for the evaluation** and resolve disagreements in eligibility determination decisions or a designee) should also be in attendance. The MET may use the *Eligibility Determination Checklists* (Appendix EE.L) or other methods of documentation to identify the basis for the MET's decision (i.e., data supporting the presence or absence of one or more disability categories). The MET may then document the agreement or disagreement of each team member on the *Eligibility Determination Report* (Appendix EE.M) or a similar form that contains all the required information. 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 checklists, 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 may use the *Eligibility Determination Report* (Appendix EE.M) to document the team's decision as follows:

- ***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 public agency must ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, and the *Eligibility Determination Report* (Appendix EE.M), or similar form, documenting the MET's determination of ineligibility.
- ***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 must record that the child is eligible and designate the disability category for which eligibility was established.

The public agency must ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, the *Eligibility Determination Report* (Appendix EE.M), or similar form, documenting the MET's determination of eligibility, and a *Prior Written Notice* (Appendix PS.E) of the public agency'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. In addition, the parents have the right to request an Independent Educational Evaluation (IEE) at public expense. See *Volume III: Chapter 7: Procedural Safeguards* and *Chapter 8: Dispute Resolution* for more information.

If the members of the MET fail to reach a consensus in determining eligibility and/or the disability category, the MET Chairperson (e.g., 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. The MET may use the *Eligibility Determination Checklists* (Appendix EE.L) or other forms to document the supporting evidence for required, optional, alternate, and/or additional criteria, as applicable, for each of the specific disabilities considered. For each criterion listed for each disability category, the MET should record the data source(s) used as the basis for determining if the child meets or fails to meet the criterion. For example, when determining whether a child meets or fails to meet the eligibility criteria for the disability category of Autism, results from a standardized communication measure, a parent version of a rating scales measure, and an unstructured observation may support or fail to support the presence of the "significant delays in verbal and nonverbal communication" criterion while parent reports on a developmental history and medical records may support or fail to support the "delays before the age of 3" criterion. Required and recommended supporting evidence for each disability category can be found in *Disability Categories* (pages 296-326 of State Board Policy 7219) and are noted on each *Eligibility Determination Checklist*.

Individualized Education Program (IEP)

If the MET determines that a child is eligible for special education and related services, the public agency will form an IEP Committee, composed of an agency representative, the child's

educators, the parent, and, if appropriate, the child. The IEP Committee must 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 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 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. See *Volume II: Chapter 4: Individualized Education Program* for more information on the IEP Committee and development of the IEP.

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).

Maintaining Data on Eligibility

The district must maintain 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 any district or agency 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.

Each public agency must develop 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. See *Volume III: Chapter 9: Confidentiality* for more information on maintaining records.

Reevaluation

Public agencies will ensure 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 public agency 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 may consist of (a) a review of existing and ongoing progress monitoring data, with or without a limited collection of new data, or (b) a comprehensive reevaluation. In many cases, the more limited reevaluation is appropriate, such as when the IEP Committee establishes the child's continuing eligibility under the same disability category with changes only to some services and supports. However, when major changes are being considered, a child's parent or teacher has requested a comprehensive reevaluation, or when IEP Committee members disagree on a child's eligibility status or disability category, a comprehensive reevaluation is necessary. When considering a dismissal from any related service (i.e. 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/benchmarks. These existing data sources should enable most reevaluations to occur within a relatively short period of time. In cases where a comprehensive reevaluation is required, the reevaluation may take more time.

Review of Existing Data for Reevaluation

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

- 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/or
- Information contained in the current IEP, including progress reports on goals.

The review of data may be conducted by the IEP Committee with or without a meeting; however, each IEP Committee member, including the parent, must be given the opportunity to 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 (a) the child continues to be a child with a disability and (b) the child's special education or related service needs, the IEP Committee must document this decision in writing. See *Volume III: Chapter 7: Procedural Safeguards* for more information on notifying the parent about IEP Committee meetings.

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 public agency must inform the parent of this right. See *Volume III: Chapter 8: Dispute Resolution* for more information on due process procedures for resolving disputes.

Parental Consent for Reevaluation

Parental consent is recommended but not required 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* (Appendix PS.E) of the public agency's intention to conduct a reevaluation and obtain *Informed Parental Consent* (Appendix PS.F) 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 public agency may proceed with new individual assessments for reevaluation without written parental consent, if it has made reasonable attempts to obtain consent from the parent. If the parent refuses to consent for additional data collection for reevaluation, the public agency may not conduct new individual assessments for the reevaluation. However, the public agency may continue to collect ongoing progress monitoring data used to determine sufficient progress on annual measurable goals and short-term instructional objectives or benchmarks, and 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. See *Volume III: Chapter 7: Procedural Safeguards* for more information on parental consent procedures for evaluations and reevaluations.

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?

The IEP Committee can use a variety of assessment strategies described in *Procedures for Assessing Specific Areas of Development* (p. 19) and *Procedures for Special Assessments* (p. 25) to collect the necessary information.

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* (p. 14), *Procedures for Special Assessments* (p. 19), *and Procedures for Assessing Specific Areas of Development* (p. 22) 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. The reevaluation report(s) must meet the criteria described in *Evaluation Reports* (p. 30). Public agencies are recommended to provide parents a copy of all reevaluation reports at least seven (7) calendar days prior to the meeting to determine or reestablish eligibility unless the parent has expressed their preference to receive the reevaluation report at the meeting.

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. Any written conclusions or recommendations from professionals based on reevaluation results should be presented at this meeting.

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 public agency may use the *Notice of Invitation to Committee Meeting* (Appendix PS.D) or a similar form. See *Eligibility Determination Meeting* (p. 32) for more information.

Eligibility Determination Report

During the eligibility determination meeting, the IEP Committee must document the decision in an 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.
- 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* (Appendix PS.E) of this change. The public agency 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* (Appendix PS.E) 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* (Appendix PS.E) for any revisions in the IEP. The public agency must document the parent's receipt of this notice. If the parent is in attendance at the IEP Committee meeting, the public agency may provide any required Prior Written Notice to the parent at the meeting.

Removal of Students from Special Education Programs (reference 300.305 (a)(e))

If the child is determined to be ineligible for special education services based on the results of a comprehensive reevaluation, the IEP Committee must provide the parents *Prior Written Notice* (Appendix PS.E) 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 public agency must document the parent's receipt of this notice. See *Volume III: Chapter 7: Procedural Safeguards* for more information on providing the parent Prior Written Notice and *Volume III: Chapter 8: Dispute Resolution* for more information on the due process procedures for resolving disputes.

REGULATORY REFERENCE
§§300.8, 300.39, 300.300- 300.311

APPENDICES

Appendix EE.A	Top 22 Highlights for Evaluation & Eligibility
Appendix EE.B	Initial Evaluation and Eligibility Flowchart
Appendix EE.C	Reevaluation Flowchart
Appendix EE.D	Qualified Examiners
Appendix EE.E	Evaluation Plan
Appendix EE.F	Hearing and Vision Guidelines
Appendix EE.G	Report of Physical Observations
Appendix EE.H-A	Developmental History (Ages 3 to 9)
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Appendix EE.I	Teacher Narrative
Appendix EE.J	Classroom Observation
Appendix EE.K	Environmental/Cultural Differences and Economic Disadvantage Assessment
Appendix EE.L	Eligibility Determination Checklists
Appendix EE.M	Eligibility Determination Report

Top 22 Highlights for Evaluation and Eligibility

1. Each school should have either a school-based Multidisciplinary Evaluation Team (MET) or a person designated to receive requests for evaluations. If the school has a MET, then the MET can proceed with the process to (1) determine if the child is in need of a comprehensive evaluation, (2) identify areas that need to be assessed, and (3) determine if the child meets the eligibility criteria for special education and related services. If the school has a person designated to receive requests for evaluations, that person can compile the necessary information and forward this information to the MET.

2. When a verbal or written request for a comprehensive evaluation is made by a parent, a public agency, or Teacher Support Team, the MET has fourteen (14) calendar days to meet and to consider the request. The first day of this timeline is the day that the request is made.

    a. If the MET suspects the child has a disability, they must provide the parent *Prior Written Notice* (Appendix PS.E) of the intent to conduct an evaluation, *Informed Parental Consent* (Appendix PS.F), and *Procedural Safeguards: Your Family Special Education Rights* (Appendix PS.H) within seven (7) calendar days of the meeting.

    b. If the MET does not suspect the child has a disability, the MET must provide *Prior Written Notice*, a justification for their decision, and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) within seven (7) calendar days of the meeting.

3. The MET **must** adhere to the fourteen (14) day timeline when requests are made during any break in instruction including extended breaks such as Christmas, Spring Break, or **summer months**.

4. The MET should consist of the parent, the child (if appropriate), and qualified professionals (as stated on page 11). The MET should also include a MET Chairperson who can allocate school resources for the evaluation and, if necessary, resolve disagreements when making eligibility determination decisions.

5. When the MET is evaluating a child suspected of having a disability that may fall under the category of a Specific Learning Disability (SLD), the child's current general education teacher (preferably) or a general education teacher qualified to teach children of that age should be a member of the MET.

6. In the case of a preschool child who is not enrolled in a district preschool education program, a teacher qualified to teach children of that age or the child's current direct care providers (e.g., Head Start teachers or private preschool providers), if applicable, should be invited to participate as a member of the MET.

7. The first meeting of the MET is a fact-finding meeting where existing data and reports of people with knowledge of the child are considered and the next steps are formulated.

8. If the MET refers a child for a comprehensive evaluation, the MET must develop an *Evaluation Plan* (Appendix EE.E) that addresses the reason(s) for the referral. This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, *Informed Parental Consent* (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

9. *Informed Parental Consent* (Appendix PS.F) is required prior to any assessments to ensure:
    a. The parent has been fully informed, in their native language or other mode of communication, of all information about the action for which consent is given.
    b. The parent understands and has agreed in writing to that action.
    c. The parent understands that the consent is voluntary on their part and they know they **may withdraw their consent at any time.**

10. The initial evaluation must be conducted within **sixty (60) calendar days** of receiving *Informed Parental Consent* (Appendix PS.F) for the evaluation unless the following exceptions occur:
    a. The child moves out of the jurisdiction for the public agency;
    b. The parent does not make the child available for testing; or
    c. When using a Response to Intervention (RtI) process to identify a child with a Specific Learning Disability (SLD) and the resulting data are unclear. *NOTE: The parent and school district **must** agree in writing to this extension.* *See page 16.*

11. The General Information section of the *Special Education Eligibility Determination Guidelines*, including the variety of information to be collected, applies to all comprehensive evaluations and the determinations of eligibility, including those conducted with preschool children.

12. Screeners should never be used as the sole criterion for determining the need for a comprehensive evaluation or to determine eligibility status. If a measure has two versions, one of which is a shortened version (sometimes referred to as a screener) the longer, more complete version should be used as part of the evaluation to determine eligibility.

13. Scientific, research-based interventions may be used to determine eligibility for SLD. They can occur before the MET meets to determine the need for a comprehensive evaluation or **concurrently** with a comprehensive evaluation.

14. Functional Behavioral Assessment (FBA) is a type of individual assessment that may be conducted as part of an evaluation and requires *Informed Parental Consent* (Appendix PS.F). *NOTE: Ongoing observations for progress monitoring do not require parental consent.*

15. The MET should only consider current data as defined below. Depending upon the situation, the MET may determine that existing data are insufficient and should be updated to reflect the child's current status.

Definition of Current	Types of Existing Records
No more than one (1) year old at the time the parent signs consent	• Intelligence measures • Hearing screening and follow-up evaluations • Vision screening and follow-up evaluations • Physical examinations
Definition of Current	**Types of Existing Records**
No more than six (6) months old at the time the parent signs consent	• Teacher Narrative (Appendix EE.I) • Achievement measures • Social, behavioral, adaptive, and emotional measures • Language/speech assessments • Motor assessments • Curriculum-based assessments
No more than three (3) months old at the time the parent signs consent	• Developmental History (Appendix EE.H) • Developmental instruments

16. Districts have up to sixty (60) calendar days to complete the evaluation process. The initial evaluation process is finalized on the date the comprehensive report or last individual report is completed. The evaluation report(s) must be given to the parent seven (7) calendar days prior to the eligibility determination meeting unless the parent waives the seven (7) calendar day requirement in writing.

17. The initial eligibility determination meeting must be scheduled within fourteen (14) calendar days after the completion of the evaluation process. If the parent does not respond after multiple attempts using various methods to secure parental involvement in the eligibility determination meeting, the MET **must** determine eligibility without the parent's participation.

18. At the eligibility determination meeting, there must be a qualified professional who can explain the results of the evaluation to parent and other participants.

19. If the qualified examiners of the MET fail to reach a consensus in determining eligibility and/or the disability category, the MET Chairperson (e.g., 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. If the parent disagrees with the school personnel, the parent may request an

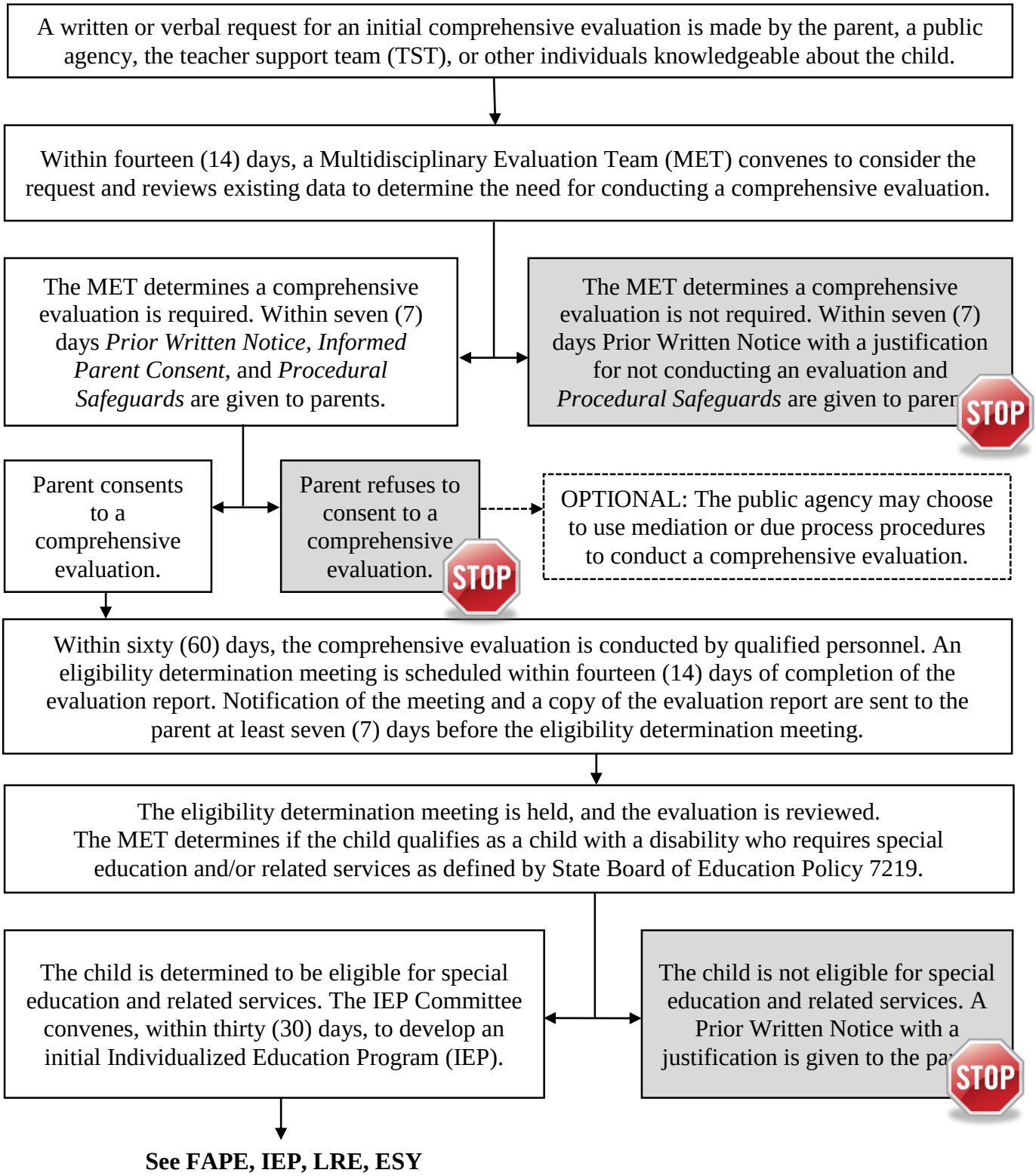
Independent Educational Evaluation (IEE) at public expense as outlined in *Volume III: Chapter 7: Procedural Safeguards*.

20. If the IEP Committee is considering a change in the child's disability category or eligibility status, a comprehensive reevaluation must be conducted. If the reevaluation supports a change in disability category or eligibility status, the IEP Committee must provide the parent *Prior Written Notice* (Appendix PS.E) before implementing these changes.

21. Public school districts, State Board-governed schools, and special State agency schools are allowed to make special education eligibility determinations for children.

22. University-based programs, local juvenile detention centers and private school programs are **not allowed** to make eligibility determinations for children and **must** work with the school district responsible for Child Find to determine special education eligibility.

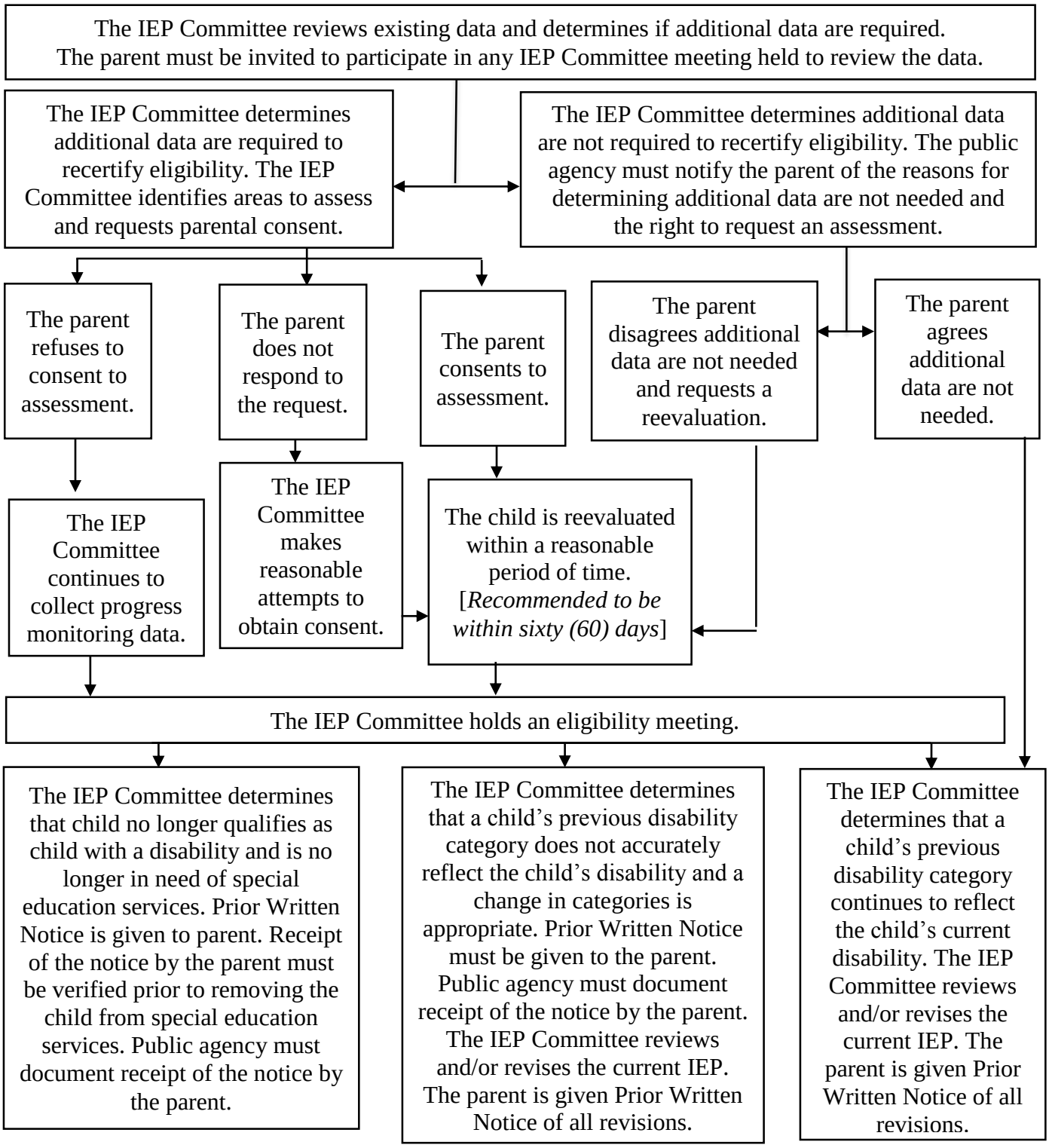
Initial Evaluation and Eligibility Flowchart



See FAPE, IEP, LRE, ESY

Reevaluation Flowchart

Reevaluations are conducted 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, or due to other warranted situations.



Qualified Examiners

Multidisciplinary Evaluation Team (MET) members who conduct and interpret assessments to determine eligibility and program planning should have appropriate training and certification according to the required background, experience, and training specified in the assessment manual. The following qualifications are provided for examiners who administer and interpret assessments for eligibility and programming purposes; however, these guidelines are not intended to lower the requirements listed in any assessment manual should they exceed the criteria listed below:

Achievement Assessments

Examiners who administer and interpret achievement assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the achievement assessments according to standardized practices specified in the manual and professional best practices. This includes MDE-licensed Special Educators (221), Psychometrists (213), School Psychologists (451), and other examiners who meet the qualifications specified by the manual or the publisher of the measure.

Articulation Assessments

Examiners who administer and interpret articulation tests must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the articulation assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of typical/atypical speech development and speech disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;
2. Ability to interpret speech development and its impact on education to determine eligibility and to inform program planning; and
3. Ability to write a coherent report for school personnel and parents.

This includes MDE-licensed Speech-Language Clinicians (215) and Speech-Language Therapists (216), and other examiners who meet the qualifications specified by the manual or the publisher of the measure.

Behavioral, Social, or Emotional Assessments

Examiners who administer and interpret standardized behavioral, social, or emotional assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the behavioral, social, or

emotional assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of measure selection based on characteristics including the (a) purposes of the measure; (b) age and sex norms, including proportional representation of the population on key demographics; and (c) test reliability and validity data;
2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, percentiles, percentile ranks, and stanines;
3. Ability to interpret behavioral, social, or emotional strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
4. Knowledge of typical/atypical development and specific behavioral, social, or emotional disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
5. Ability to write a coherent report for school personnel and parents.

This may include MDE-licensed Special Educators (206), Psychometrists (213), School Psychologists (451), School Guidance Counselors (436), Psychologists licensed by the Board of Psychological Examiners, Psychiatrists, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure. *NOTE: Refer to eligibility requirements when selecting an appropriate examiner.*

Developmental Assessments

Examiners who administer and interpret developmental assessments must (a) have the required background, experience, and/or specialized training specified in the manual, including specialized training in assessing young children, and (b) be able to administer and interpret the achievement assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of measure selection based on characteristics including the (a) purposes of the measure; (b) age and sex norms, including proportional representation of the population on key demographics; and (c) test reliability and validity data;
2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, normal curve equivalents, age equivalents, percentiles, percentile ranks, and stanines;
3. Ability to interpret developmental strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
4. Knowledge of typical/atypical development and specific developmental disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
5. Ability to write a coherent report for school personnel and parents.

This includes MDE-licensed Special Educators (211/221), Psychometrists (213), Speech-Language Clinicians (215), School Psychologists (451), and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Intelligence Tests

Examiners who administer and interpret intelligence tests must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the intelligence assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of test selection based on the test's characteristics including the (a) purposes of the test; (b) use, dependent upon the child's native language; (c) age and grade norms, including proportional representation of the population on key demographics; and (d) test reliability and validity data;
2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, normal curve equivalents, age and grade equivalents, percentiles, percentile ranks, and stanines;
3. Ability to administer and score intelligence tests accurately according to standardized practices described in the test manual and professional best practices;
4. Ability to interpret strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
5. Knowledge of typical/atypical development and specific disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
6. Ability to write a coherent report for school personnel and parents.

This includes MDE-licensed Psychometrists (213), School Psychologists (451), Psychologists licensed by the Board of Psychological Examiners, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Language, Voice, and Fluency Assessments

Examiners who administer and interpret standardized language, voice, or fluency assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the language, voice, or fluency assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of typical/atypical language, voice, or fluency development and specific language, voice, or fluency disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;

2. Ability to interpret voice, fluency, or language development and its impact on education to determine eligibility and to inform program planning; and
3. Ability to write a coherent report for school personnel and parents.

This includes MDE-licensed Speech/Language Clinicians (215), Speech-Language Pathologists with a master's degree and/or an American Speech and Hearing Association (ASHA) Certificate of Clinical Competence (CCC) in Speech/Language Pathology, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Motor Assessments

Examiners who administer and interpret standardized motor assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the motor assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

A. Knowledge of typical/atypical motor development and specific motor disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;
B. Ability to interpret motor development and its impact on education to determine eligibility and to inform program planning; and
C. Ability to write a coherent report for school personnel and parents.

This includes occupational therapists, physical therapists, physicians, nurse practitioners, rehabilitation specialists and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Orofacial Examinations

Examiners who can conduct orofacial examinations according to professional best practices include MDE-licensed Speech/Language Clinicians (215), Speech/Language Therapists (216), and other qualified medical personnel.

Specialized Instruments for Specific Disabilities or Disorders

In addition to the criteria described above, examiners who administer and interpret assessments for specific disabilities or disorders such as Autism, Traumatic Brain Injury, Attention Deficit Hyperactivity Disorder (ADHD), Tourette's Syndrome, Schizophrenia, Fetal Alcohol Spectrum Disorders, or other neurodevelopmental, health, or psychological disorders must have specialized training in the administration and interpretation of these assessments as well as specialized training in assessing children with these disabilities or disorders.

Evaluation Plan

To complete the *Evaluation Plan*, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee should:

1. Review any existing data, including information and evaluations provided by the parent, current classroom-based assessments, interventions, observations, and/or the child's educational records. Any current results to be used from existing records should be recorded in the "Review of Records" column.

2. The MET or IEP Committee must determine what, if any, additional information will be needed to determine eligibility and/or programming needs.

   For each area of development (i.e., physical, communication, adaptive, social-emotional, and cognitive), list any assessment approaches/data-collection techniques that will be used. All areas of development must be assessed; however, not all forms of assessments are required for each area of development. For example, one area of development may be assessed through conducting observations and interviews while another area of development may be assessed through an interview and a test.

   Comprehensive evaluations should be individualized. Use of a standard protocol or battery of tests with all children (e.g., all children receive an achievement and an intelligence test) is unlikely to produce the most relevant information for making decisions for individual children. To select appropriate assessment approaches or tools:
   - Consider the referral question(s) and expressed area(s) of concern when determining what evaluations are necessary. Evaluation plans should be individualized to address these concerns with sufficient detail to determine if the child has a mild, moderate, or severe impairment in the areas of concern.
   - Review the criteria for any suspected disabilities to ensure that all of the required assessments and documentation will be collected during the evaluation.
   - Ensure that the evaluation plan is flexible and amendable to be able to assess any concerns that may be identified during the evaluation process even if they are unrelated to the initial referral question.
   - Consider the child's known characteristics (e.g., sensory, communication, behavior) and use appropriate assessment approaches and tools so that assessment results are valid.
   - Ensure all materials and procedures used for assessment are selected and administered so as not to be racially or culturally discriminatory.
   - Consider who is a qualified evaluator and what are appropriate assessments for a child who is an English Language Learner (ELL) depending upon the child's level of

acculturation and language fluency. If available and appropriate, assessment materials should be administered in the child's native language.

- Consider who on the MET/IEP Committee is a qualified examiner and if additional examiners may be needed.
- Consider appropriate assessments for the child if s/he is found to have sensory, motor, and/or language deficit(s). Assessment materials and procedures should be selected carefully so as not to be impacted by identified deficit(s) (except when determining the extent of sensory, motor, and language impairments).
- Ensure all materials and procedures used have sufficient reliability and validity for the purposes for which they will be used.

3. The *Evaluation Plan* may serve as a communication tool for the MET/IEP Committee to:
   - Inform parents about the range of assessments to be conducted as part of the evaluation, including contingency plans if additional concerns are identified during the evaluation that may require additional assessment (e.g., if a child fails a hearing screening, a follow-up examination by an audiologist may be required); and
   - Assist multiple examiners in understanding their various roles in the evaluation process and in coordinating assessment efforts.

NOTE: This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, Informed Parental Consent (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

EVALUATION PLAN

	RECORD REVIEWS *May include medical, health, psychological, or educational records, prior evaluations, and work samples*	**INTERVIEWS** *May include rating scales and/or clinical/ structured and/or unstructured interviews*	**OBSERVATIONS** *May include structured (event, interval, and/or ratings) or unstructured (narrative) observations*	**TESTS** *May include formal, informal, CBM, and/or norm- and/or criterion-referenced tests*
PHYSICAL STATUS *Includes health, vision, hearing, and fine and gross motor abilities*				
COMMUNICATION STATUS *Includes articulation, receptive language, and expressive language*				
ADAPTIVE STATUS *Includes functional behavior, personal responsibility, self-sufficiency, and adjustment*				
SOCIAL-EMOTIONAL STATUS *Includes social and self-awareness, social skills, and self-management*				
COGNITIVE AND ACADEMIC STATUS *Includes academic achievement and general intelligence*				

Hearing and Vision Guidelines

Hearing and vision must be screened as part of a comprehensive evaluation to ensure that sensory impairments in hearing or vision are not the determinant factors of a child's difficulties. A public agency may conduct hearing and vision screenings without obtaining parental consent if there is an agency policy for (a) mass screenings, or (b) students who have not been successful in general education programs as a means of determining if hearing and/or vision problems are the cause of the child's lack of success. However, once a student has been referred by the MET for a comprehensive evaluation, hearing and vision evaluation becomes a component of the comprehensive evaluation and requires *Informed Parental Consent* (Appendix PS.F).

Hearing Screening and Evaluation

School-Based Hearing Screening

Hearing screenings should be conducted by a licensed professional who has been clinically trained to administer hearing screenings, such as a school nurse or Speech/Language Pathologist.

Administration of first school-based hearing screening. To screen children for potential hearing difficulties, conduct a pure tone screening of the following required frequencies and levels, i.e., Speech Reception Thresholds (SRT), in a quiet room to reduce ambient noise:

	Optional	**Required**	**Required**	**Required**	*Optional*	*Optional*
Frequency (Hz)	500	**1000**	**2000**	**4000**	6000	8000
Level (dB)	30	**25**	**25**	**25**	30	30

Record the results of the hearing screening on *Hearing/Vision Screening Report: Part I-A*, or a similar form.

NOTE: If a child cannot be conditioned to respond to a hearing screening, a developmentally appropriate quantitative description of the child's hearing must be completed by an individual who (a) works with the child, (b) has knowledge of the child's hearing, and (c) is trained in recognizing developmentally appropriate hearing behavior. Use Hearing/Vision Screening Report: Part II-A, or a similar form, to record the quantitative description. If the student is not able to be conditioned for the hearing screening after 2 attempts and Part II of the hearing screening report is completed, the student **must** be referred to a qualified examiner for further evaluation before the comprehensive assessment can continue.

Results of first school-based hearing screening. If the child fails to respond to any of the required frequencies at the required levels in either ear, indicate the missed items by placing a minus (-) in the corresponding box, and indicate "FAIL" on the screening form under the "1st Screening" heading. The examiner must record his/her name and the date of the screening. If the child responds to all of the required frequencies at the required levels for both ears, indicate the passed items by placing a plus (+) in the corresponding boxes, and indicate "PASS" on the screening form under the "1st Screening" heading. The examiner must record her/his name and the date of the screening.

Administration of second school-based hearing screening. A child is considered as having a potential hearing impairment if the child fails to pass:

- One or more required frequencies at the required levels in at least one ear—or—
- Any Speech Reception Threshold (SRT) at 25 dB in at least one ear.

Children considered as having potential hearing impairments should have a second individual hearing screening conducted within seven (7) calendar days of a failed first screening. Procedures and criteria for the second hearing screening are the same as those of the first using traditional pure tone screening. When a child fails two school-based hearing screenings, the child should be referred to a licensed or certified audiologist or otolaryngologist.

Clinic-Based Hearing Evaluation

A clinic-based hearing evaluation should be conducted by a licensed or certified audiologist or otolaryngologist. This evaluation should consist of a protocol deemed appropriate for the individual child.

- If the audiologist or otolaryngologist determines the child does not have a hearing loss, the audiologist or otolaryngologist should provide a statement indicating such. This statement will be deemed sufficient for the MET to consider the child as not having a hearing impairment.
- If the child's hearing ability cannot be formally determined by a licensed or certified audiologist or otolaryngologist, but there is evidence that a disability exists, then MET can continue with the comprehensive evaluation and determine eligibility taking into consideration the recommendations of the licensed examiner and documenting any deviations from standard assessment procedures undertaken as a result. The MET is responsible for using appropriate assessment tools and methods in these cases to ensure that the assessments do not underestimate the child's performance due to difficulties in hearing (e.g., inappropriate reliance on verbally-loaded measures to determine cognitive abilities).

Clinic-Based Hearing Evaluation

When a child fails a clinic-based hearing screening, the child should receive a hearing evaluation by a licensed or certified audiologist or otolaryngologist. This evaluation should include all of the components of a complete hearing evaluation to be used in determining the eligibility of Hearing Impairment as defined in State Board Policy 7219.
NOTE: Even in cases where a child has failed the hearing screenings due to medical conditions (e.g., colds, sinus infections, cerumen [earwax], or otitis media [inflammation of the middle ear]), the comprehensive evaluation must be completed.

Vision Screening and Evaluation

School-Based Vision Screening

Vision screenings should be conducted by a licensed professional who has been trained to administer vision screenings and to use vision screening equipment and/or instruments appropriately, such as a school nurse.

Administration of first school-based vision screening. To screen children for potential vision difficulties, conduct a screening with the right eye, left eye, and both eyes. If the child wears glasses, then the glasses should be worn during screening.

Grades	Appropriate Measures for Near-sightedness
PreK to 4th Grade	• Snellen "E" • Hand Chart* • Other appropriate eye charts*
5th Grade to 12th Grade	• Snellen "E" • Alphabet Chart*

* Other instruments may be used, but the scores must be stated in Snellen equivalents.

Ages	Appropriate Measures for Far-sightedness
3-5 years	• Near vision chart
6-20 years	• +2.00 lens**

** It is strongly recommended that no vision testing machine be used for screening children before the 5th grade.

Record the results of the vision screening on the *Hearing/Vision Screening Report: Part I-B* or a similar form.

NOTE: If a child cannot be conditioned to respond to a vision screening, a developmentally appropriate quantitative description of the child's vision must be completed by an individual who (a) works with the child, (b) has knowledge of the child's vision, and (c) is trained in recognizing developmentally appropriate visual behavior. Use Hearing/Vision Screening

Report: Part II-B or a similar form to record the quantitative description. If the student is not able to be conditioned for the vision screening after 2 attempts and Part II of the vision screening report is completed, the student **must** be referred to a qualified examiner for further evaluation before the comprehensive assessment can continue.

Results of first school-based vision screening. If the child demonstrates acceptable near vision for both eyes, and far vision in both eyes and each individual eye, record the child's far vision acuities in the corresponding boxes, indicate "PASS" on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.

- Near vision is screened with both eyes only. If the child can read the 20/20 line of the near vision chart with +2.00 lenses, or if a child cannot read the 20/20 line of a near vision chart at 13 inches unaided, indicate "FAIL" for near vision on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.
- If the child fails far vision in either eye or both eyes, record the child's visual acuities in the corresponding boxes, indicate "FAIL" on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.

Administration of second school-based vision screening. A child is considered "At-Risk" for having visual problems or impairments if the child demonstrates:

- Near-sightedness defined as vision worse than 20/40 using both eyes; or
- Far-sightedness defined as reading the 20/20 line with the +2.00 lens for children ages six (6) to twenty (20) or inability to read the 20/30 line on the near vision chart for children ages three (3) to five (5).

Children considered "at-risk" for visual impairments should have a second individual vision screening conducted within three (3) to ten (10) calendar days of a failed first screening. Procedures and criteria for the second vision screening are the same as those of the first. When a child fails school-based vision screenings, the child should be evaluated by a licensed or certified ophthalmologist or optometrist

Clinic-Based Vision Evaluation

A clinic based vision evaluation should be conducted by a licensed or certified ophthalmologist or optometrist. This evaluation should consist of a protocol deemed appropriate for the individual child and will determine if the child has a visual problem or impairment according to professional standards or the protocol.

- If the ophthalmologist or optometrist determines the child does not have a vision problem or impairment, the ophthalmologist or optometrist should provide a statement indicating such.

This statement will be deemed sufficient for the MET to consider the child as not being visually impaired.

- If the ophthalmologist or optometrist determines the child has a vision problem correctable with aids such as glasses or contacts, the ophthalmologist or optometrist should provide a statement indicating such. This statement will be deemed sufficient for the MET to consider the child as not being visually impaired.
- If the child's vision ability cannot be formally determined by a licensed or certified ophthalmologist or optometrist, but there is evidence that a disability exists, then MET can continue with the comprehensive evaluation and determine eligibility taking into consideration the recommendations of the examiner and documenting any deviations from standard assessment procedures undertaken as a result. The MET is responsible for using appropriate assessment tools and methods in these cases to ensure that the assessments do not underestimate the child's performance due to difficulties in vision without correction (e.g., inappropriate over-reliance on spatial-visual measures to determine cognitive abilities).

Clinic-Based Vision Evaluation

When a child fails a clinic-based vision evaluation, the child should receive a complete vision evaluation by a licensed or certified ophthalmologist or optometrist. This evaluation should include all of the components of a complete vision evaluation to be used in determining the eligibility of Visually Impaired as defined in State Board Policy 7219.

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HEARING/VISION SCREENING REPORT

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

PART I – INSTRUMENTAL ASSESSMENT

A. HEARING SCREENING
Instrument:

	1st Screening		2nd Screening	
1000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
2000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
4000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
Optional:	L Ear		L Ear	
	R Ear		R Ear	
Hearing	**PASS**		**PASS**	
	FAIL		**FAIL**	
EXAMINER				
DATE				

B. VISION SCREENING
Instrument:

		1st Screening		2nd Screening	
Screened wearing glasses?		YES		YES	
		NO		NO	
Near Vision (Both Eyes)		**PASS**		**PASS**	
		FAIL		**FAIL**	
Far Vision	Left Eye	/		/	
	Right Eye	/		/	
	Both Eyes	/		/	
		PASS		**PASS**	
		FAIL		**FAIL**	
EXAMINER					
DATE					

PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD

A. HEARING	YES	NO
1. Does the child respond to his or her name when called?		
2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?		
3. Does the child interact with others verbally?		
4. Can the child identify a body part when requested to do so verbally?		
5. Does the child respond to simple verbal commands?		
6. Can the child point to a person or objects when asked?		
7. Does the child imitate the speech of others?		
8. Does the child turn his or her eyes and/or head toward a voice?		
9. Does the child react when told "No!"? (NOTE: Compliance is not required.)		
10. Does the child attend to music or songs sung to him or her?		
EXAMINER		
DATE		

B. VISION	YES	NO
1. Does the child follow an object with his or her eyes?		
2. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes?		
3. Does the child pick up objects placed on a table or the floor?		
4. Does the child reach for objects being handed to him or her?		
5. Does the child reach for objects unaided or without direction from teacher?		
6. Does the child look at an object or scan an image placed in front of him or her?		
7. Does the child look at pictures in a book?		
8. Does the child turn his or her eyes and/or head toward a light that is introduced?		
9. Does the child watch his or her own hand movements?		
10. Does the child look at himself or herself in a mirror?		
11. Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight?		
EXAMINER		
DATE		

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming:

Report of Physical Observation (ROPO)

The *Report of Physical Observation (ROPO)* documents an examination by a qualified healthcare provider (i.e., physician or nurse practitioner) to determine if a child has any significant physical/health impairments and/or injuries that should be considered by the Multidisciplinary Evaluation Team (MET) in their determination of eligibility and, if eligible, in the development of an Individualized Education Program (IEP). The *Report of Physical Observation*, or a similar form containing the same information, must be used when considering eligibility under the following disability categories: Developmental Delay (DD) – Diagnosed Disorder, Language/Speech Impairment–Voice (L/S-Voice), Orthopedic Impairment (OI), Other Health Impairment (OHI)*, or Traumatic Brain Injury (TBI).

1. The *Report of Physical Observation* must document any problems that might affect the child's performance on psychological and educational evaluations, such as side effects of medication and/or poor motor control.

2. The *Report of Physical Observation* must document any problems that would require special planning for or adaptations of the child's program, such as the need for leg braces or a wheelchair.

3. The specialty of the healthcare provider who completes the examination must be recorded along with the provider's signature and the date on the bottom of the form.

4. The Report of Physical Observation should not delay the evaluation process for a student with DD. The committee must document attempts to get *ROPO* and utilize the preponderance of data to determine eligibility. If the *ROPO* is available after eligibility, the committee must reconvene to consider the data. The *ROPO* is not required for a DD ruling unless the child has a diagnosed disorder that needs to be considered. Districts should consider a *ROPO* in all cases for a potential DD ruling.

** NOTE: For an OHI eligibility for ADHD, a diagnostic report from a physician or a nurse practitioner is not required.*

Report of Physical Observation

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

IMPAIRMENTS OR INJURIES

Describe any congenital or acquired impairment(s) in the child's general physical condition, fine and gross motor skills, hearing, vision, orofacial functioning, and/or physical/health problems (e.g., allergies, diabetes, asthma) or any injuries that impact cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and/or speech, if any.

MEDICATIONS

List any medications that have been prescribed for the child, dosages, and potential side effects, particularly any that may impact classroom performance and/or educational testing.

LIMITATIONS AND PRECAUTIONS

Describe any limitations or precautions to consider when planning educational services, such as restrictions on mobility, activity, speech, equipment/adaptations, etc.

RECOMMENDATIONS FOR SCHOOL-BASED SERVICES

Describe any recommendations to consider when planning educational services, such as adaptive physical education, physical therapy, occupational therapy, speech/language therapy, mobility training, functional/self-care education, etc.

Healthcare Provider Specialty: _____

Signature: _____ **Date:** _____

Developmental History (Ages 3 – 9)

The *Developmental History (Ages 3 – 9)* is used to document a parent or guardian's concerns for their child and information about their child's overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The, or a similar form containing the same information, should be used when considering eligibility under any category, especially for children ages three (3) to nine (9) years of age.

1. The *Developmental History (Ages 3 – 9)* should be completed as part of a **structured interview** with the child's parent or guardian. Most parents/guardians will not be able to complete all areas of the *Developmental History (Ages 3 – 9)* without adequate guidance and explanations.

2. The child's parent or guardian should be encouraged—but not required—to answer all of the questions included on the *Developmental History (Ages 3 – 9).* Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.

3. The *Developmental History (Ages 3 – 9)* should document any concerns of the parent or guardian.

4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.

5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

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DEVELOPMENTAL HISTORY (Ages 3 – 9)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	**Relationship to the Child:**

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION		
Parent(s)/Guardian(s):		**Age:**
Home Address:	**Home Phone:**	
Employer/Occupation:	**Work Phone:**	

Child lives with: ☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Parent and Step-Parent ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Persons Living in the Home

Name	Age	Gender	Relationship	Special Needs
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

Your Child's Strengths

Describe your child's strengths.

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

MEDICAL / PHYSICAL DEVELOPMENT

Birth History

Mother's age at birth:_____ years | **Mother received prenatal care during pregnancy?** ☐ Yes ☐ No

Were there any complications during pregnancy or delivery? ☐ Yes ☐ No (skip to next question)
☐ High blood pressure/toxemia ☐ Maternal injury/illness ☐ Exposure to alcohol/cigarettes /drugs
☐ Rubella/German measles ☐ Gestational diabetes ☐ Emergency C-section
☐ Premature (___ weeks gestation) ☐ Low birth weight (indicate one: ☐ <2.3 lbs. ☐ 2.3-3.3lbs ☐ 3.4-5.4 lbs.)
☐ Other: _____

Did your child have an extended stay in the hospital after birth? ☐ Yes ☐ No (skip to next question)
Length of time: ☐ < one week ☐ one to four weeks ☐ one month or more (___ months)
Reason: _____

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)
Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)
☐ Eye or vision problems ☐ Heart problems ☐ Hydrocephalus, hemorrhages, and/or shunt
☐ Ear infections and/or ear tubes ☐ Seizures/neurological issues ☐ Allergies (specify:_____)
☐ Asthma or breathing difficulties ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers
☐ Other: _____

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)
☐ Motor vehicle accident(s) ☐ Fall-related injury(ies) ☐ Significant blow(s) to the head
☐ Other: _____
Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)
☐ Eating difficulties/disorders ☐ Sleeping difficulties/disorders ☐ Toileting difficulties/disorders
Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)
Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No
When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year
May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No
Is your child currently taking any medications? ☐ Yes ☐ No
Explain: _____

Has your child ever received speech, physical, or occupational therapy? ☐ Yes ☐ No (skip to next question)
Explain: _____

Hearing and Vision

Has your child ever had his/her hearing and/or vision tested? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Motor Development

Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).

Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.).

Describe any additional concerns you have about your child's physical development.

EDUCATIONAL BACKGROUND

Has your child ever attended a preschool program or childcare center? ☐ Yes ☐ No (skip to next question)
Name: _____ Phone: _____
Address: _____ Teacher: _____

Describe any difficulties your child has had with learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)
By whom: _____ When: _____
Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

Can your child follow directions? ☐ Yes ☐ No (skip to next question)
☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

Does your child know any of the following information about him/herself?
☐ Name ☐ Age ☐ Gender
☐ Parent(s) name(s) ☐ Address ☐ Home phone number

Does your child:
☐ Identify parts of the body ☐ Identify colors ☐ Count (highest number: _____)
☐ Identify letters of the alphabet ☐ Play with building toys/puzzles ☐ Identify size (e.g., big, little, tall, short, etc.)
☐ Looks at books independently ☐ Enjoy being read to ☐ Identify shapes (e.g., circle, square, etc.)
☐ Recognize written words ☐ Read books independently ☐ Identify money (e.g., dime, quarter, dollar)

Does your child independently:
☐ Drink from a cup without spilling ☐ Dress self completely ☐ Use toilet without accidents during day
☐ Eat with a spoon and fork ☐ Put shoes on correct feet ☐ Use toilet without accidents during night
☐ Brush hair and teeth ☐ Put on a coat/jacket ☐ Clean table/space after eating/activity
☐ Bathe self ☐ Make up bed ☐ Cross the street safely

Describe any additional concerns you have about your child's thinking or daily living skills.

COMMUNICATION DEVELOPMENT

Does your child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No
Explain:

How does your child communicate?
☐ Gestures only ☐ Gestures and some speech ☐ Primarily speech with some gestures

Does your child…
☐ Make up stories/songs ☐ Talk about daily activities ☐ Use "*me*," "*you*," plurals, and past tense

Who can understand what your child says? (check all that apply)
☐ Family/caregivers ☐ Other children ☐ Unfamiliar adults

Describe any additional concerns you have about your child's language or speech skills.

SOCIAL / EMOTIONAL DEVELOPMENT

In the first three years, was/did your child:

☐ Difficult to calm/comfort	☐ Resist being cuddled	☐ Show fascination with specific objects
☐ Excessively irritable	☐ Fail to make eye contact	☐ Engage in frequent head banging
☐ Have poor sleep routines	☐ Fail to look at caregivers	☐ Difficult to feed/nurse

If any of these behaviors have continued beyond age 3, give an example:

Describe your child's behavior (compared to other children his/her age):

How active is your child?	☐ less active than others	☐ about the same	☐ more active
How well does your child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does your child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does your child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strong are your child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is your child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is your child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if your child has had any of the following difficulties:

☐ Refuses to follow directions	☐ Withdrawn or keeps to self	☐ Cries easily or whines frequently
☐ Aggression/fighting	☐ Extremely fearful or nervous	☐ Explosive outbursts or impulsive
☐ Cruelty to animals	☐ Depressed or very unhappy	☐ Stealing or lying
☐ Destructive behavior/starts fires	☐ Easily frustrated	☐ Frequently complains of aches/pains

For any difficulties identified, give an example:

Does your child play with siblings or other children? ☐ Yes ☐ No (skip to next question)

Describe how your child plays with siblings or other children?

☐ plays near—not with—others (e.g., dolls, cars)	☐ plays together with others (e.g., chase/tag games)
☐ plays turn-taking games (e.g., hide-and-seek, hopscotch)	☐ plays games with rules (e.g., board games, sports)

☐ plays make-believe or role-playing games (e.g., playing house, cops and robbers, recreating scenes from movies)

Describe any additional concerns you have about your child's social-emotional development or behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____ **Date completed** _____

Developmental History (Ages 10 – 21)

The *Developmental History* (Ages 10 – 21) is used to document a parent or guardian's concerns for their child and information about their child's overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Developmental History (Ages 10 – 21),* or a similar form containing the same information, should be used when considering eligibility under any category, especially for children ages ten (10) to twenty-one (21) years of age.

1. The *Developmental History (Ages 10 – 21)* should be completed as part of a **structured interview** with the child's parent or guardian. Most parents/guardians will not be able to complete all areas of the *Developmental History (Ages 10 – 21)* without adequate guidance and explanations.

2. The child's parent or guardian should be encouraged—but not required—to answer all of the questions included on the *Developmental History (Ages 10 – 21)*. Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.

3. The *Developmental History (Ages 10 – 21)* should document any concerns of the parent or guardian.

4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.

5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

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DEVELOPMENTAL HISTORY (Ages 10 – 21)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	**Relationship to the Child:**

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION	
Parent(s)/Guardian(s):	**Age:**
Home Address:	**Home Phone:**
Employer/Occupation:	**Work Phone:**

Child lives with: ☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Parent and Step-Parent ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Persons Living in the Home

Name	Age	Gender	Relationship	Special Needs
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	**Child**		**Parent(s)/Guardian(s)**	
	Understands	**Speaks**	**Understands**	**Speaks**
English				

Your Child's Strengths

Describe your child's strengths.

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's behavior, learning, or functioning (e.g., inattention, angry outbursts, withdrawn, difficulties with school work, difficulties with adults or peers, etc.).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

Describe any involvement your child has had with State/local agencies (e.g., mental health, human services, juvenile justice, etc.).

MEDICAL / PHYSICAL

Developmental

Describe any problems in birth or early childhood that may have impacted your child's development.

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)
Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)
☐ Eye or vision problems ☐ Heart problems ☐ Hydrocephalus, hemorrhages, and/or shunt
☐ Ear infections and/or ear tubes ☐ Seizures/neurological issues ☐ Allergies (specify:_____)
☐ Asthma or breathing difficulties ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers
☐ Other: _____

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)
☐ Motor vehicle accident(s) ☐ Fall-related injury(ies) ☐ Significant blow(s) to the head
☐ Other: _____
Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)
☐ Eating difficulties/disorders ☐ Sleeping difficulties/disorders
Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)
Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No
When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year
May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No
Is your child currently taking any medications? ☐ Yes ☐ No
Explain: _____

Has your child ever received physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
Explain: _____

Hearing and Vision

Does your child have normal hearing and vision? ☐ Yes (skip to next question) ☐ No
☐ Problems with hearing only ☐ Problems with vision only ☐ Problems with hearing and vision
Hearing difficulties: _____
Vision difficulties: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Physical Functioning

Describe any concerns you have about your child's physical functioning.

EDUCATIONAL / COGNITIVE

Can your child follow multi-step directions? ☐ Yes ☐ No (skip to next question)

Does your child regularly need:

☐ significant help with homework ☐ afterschool tutoring ☐ significant help organizing their school work
☐ follow-up to ensure s/he completes homework ☐ instructions or directions to be repeated or explained

Indicate any areas that your child has difficulties with:

☐ Getting along with teachers ☐ Basic math calculations ☐ Reading aloud, pronouncing words
☐ Planning ahead/solving problems ☐ Figuring money, time, etc. ☐ Understanding what s/he reads
☐ Other: _____
☐ Other: _____

Describe any difficulties your child has with thinking or learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)
By whom: _____ When: _____
Results: _____

ADAPTIVE

Does your child independently:

☐ Groom his/herself appropriately ☐ Run errands for the family ☐ Take care of his/her possessions
☐ Complete chores at home ☐ Handle money/make change ☐ Take care of younger siblings or relatives

Describe any concerns you have about your child's daily living skills.

COMMUNICATION

Indicate any areas that your child has difficulties with:

☐ Articulation (e.g., pronouncing sounds and words) ☐ Receptive language (e.g., understanding what others say)
☐ Expressive language (e.g., express thoughts and feelings)

Describe any concerns you have about your child's language or speech skills.

Has your child ever received language/speech therapy? ☐ Yes ☐ No (skip to next question)
Explain: _____

SOCIAL / EMOTIONAL / BEHAVIORAL

Indicate if your child has had any of the following difficulties:

☐ Difficulty making friends ☐ Being a victim of teasing/bullying ☐ Engaging in teasing/bullying behavior
☐ Aggression/fighting ☐ Anxious in groups of people ☐ Fearful of speaking in social settings
☐ Withdrawn or keeps to self ☐ Inflexible/difficulty compromising ☐ Insensitive to others' emotions/needs

Describe any concerns you have about your child's ability to get along with peers.

Indicate if your child has had any of the following difficulties:

☐ Extremely fearful or nervous ☐ Cries easily or whines frequently ☐ Frequently complains of aches/pains
☐ Depressed or very unhappy ☐ Easily frustrated ☐ Explosive/angry outbursts
☐ Self-injurious (e.g., cutting) ☐ Suicidal thoughts ☐ Obsessive/compulsive behaviors

Describe any concerns you have about your child's emotional functioning.

Has your child ever received counseling services? ☐ Yes ☐ No (skip to next question)
Explain: _____

Describe your child's behavior (compared to other children his/her age):

How active is your child?	☐ less active than others	☐ about the same	☐ more active
How well does your child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does your child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does your child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strong are your child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is your child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is your child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if your child has had any of the following difficulties:

☐ Stealing or lying	☐ Gang involvement	☐ Defiance/oppositional behavior
☐ Drug/alcohol abuse	☐ Cruelty to animals	☐ Destructive behavior/starts fires

Has your child:

☐ skipped school repeatedly or had a truancy officer contacted to address lack of school attendance

☐ been suspended from school [*indicate the reason for each suspension and the total days of each suspension*]

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

☐ been expelled from school [*indicate the reason for expulsion and the amount days of expulsion*]

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

Describe any concerns you have about your child's behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

_____ _____

Form completed by **Date completed**

Teacher Narrative

The *Teacher Narrative* is used to document the concerns of the child's general education teacher (and/or special education teacher when used for a reevaluation) and important information about the child's learning and development. It should be used to identify areas that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Teacher Narrative*, or a similar form containing the same information, must be used when considering eligibility under any disability category.

1. The *Teacher Narrative* must be completed prior to the administration of any academic or social/emotional/behavioral assessments. The information gathered from this document should be used by the MET to assist in the selection of assessment instruments in these areas.

2. The *Teacher Narrative* must be completed by the child's general education teacher and/or the child's special education teacher.

3. The *Teacher Narrative* must document any academic and/or behavioral problems that might affect the child's performance in an educational setting.

4. The *Teacher Narrative* must document any interventions and/or accommodations that have been used with the child to address academic and/or behavioral problems.

5. Supporting evidence such as academic and behavioral records that highlight concerns about the child (e.g., State and/or districtwide assessment data, grade reports, attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, work samples, behavior intervention plans, etc.) must be collected with the *Teacher Narrative*.

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TEACHER NARRATIVE

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

History of Parent Contacts

Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing? ☐ Yes ☐ No

Have you contacted/been contacted by the child's parent(s) to discuss any concerns about the child's academic progress, development, and/or behavior? ☐ Yes ☐ No (skip to next section)

Date	Reason for Contact	Results

REFERRAL INFORMATION

Child's Strengths

Describe the child's strengths.

Reason for Referral

Describe any concerns that you have or any recent changes in the child's academic progress, development, or behavior (e.g., attendance, difficulties with school work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.).

Has the child ever been evaluated/assessed/tested for special education? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____

Results: _____

COGNITIVE AND ACADEMIC CONCERNS

Please attach any applicable academic records available that highlight your concerns about the child's cognitive and/or academic progress such as State and/or districtwide assessment data (MCT scores), grade reports, universal screening data, Tier intervention records, progress monitoring charts, work samples, etc.

Cognitive Concerns

Can the child understand and follow directions? ☐ Yes ☐ No

If yes: *Indicate*: ☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

If no: *Describe any additional support the child requires to understand and follow directions.*

Describe any concerns you have about the child's cognitive abilities (e.g., memory, problem-solving, imagination, etc.).

Academic Concerns

Indicate any academic areas in which the child is having difficulties:

☐ Listening comprehension	☐ Basic reading skills	☐ Mathematics calculation
☐ Oral expression	☐ Reading fluency skills	☐ Mathematics reasoning
☐ Written expression	☐ Reading comprehension	☐ Other: _____

Describe the specific problems the child is having in any area(s) indicated.

Does the child know learning expectations (e.g., learning goals and demonstration of mastery)? ☐ Yes ☐ No

Describe how you communicate these expectations to the child.

Indicate all instructional methods that engage the child and support his/her successful learning:

☐ independent seatwork	☐ whole class instruction	☐ cooperative/small group learning
☐ independent reading	☐ whole class discussions	☐ small group activities/projects
☐ child-directed activities	☐ highly-structured activities	☐ one-on-one/peer-assisted learning

Describe how the child participates in the classroom.

Can the child complete classroom assignments with typical instruction and guidance? ☐ Yes ☐ No

Describe the child's learning needs (compared to other children his/her age):

How much explanation does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much guided practice does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much independent practice does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much feedback does s/he need?	☐ less than most	☐ about the same	☐ more than most

Describe the child's learning behaviors (compared to other children his/her age):

How much initiative does s/he demonstrate?	☐ less than most	☐ about the same	☐ more than most
How conscientious or attentive to detail is s/he?	☐ less than most	☐ about the same	☐ more than most
How much persistence does s/he demonstrate?	☐ less than most	☐ about the same	☐ more than most
How often does s/he ask for assistance?	☐ less than most	☐ about the same	☐ more than most

Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.

ADAPTIVE CONCERNS

Describe any concerns you have about the child's adaptive functioning and daily living skills.

MEDICAL / PHYSICAL CONCERNS

General Health

Has the child had any significant medical conditions and/or accidents? ☐ Yes ☐ No (skip to next question)
Describe any concerns.

Does the child take any regular medications? ☐ Yes ☐ No (skip to next question)
Describe any impacts noted.

Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
☐ PT - frequency: _____
☐ OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does the child use devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Describe any concerns you have about the child's hearing or vision.

Motor Skills

Describe any concerns you have about the child's gross motor skills, fine motor skills, and/or physical development.

COMMUNICATION CONCERNS

Does the child receive speech or language therapy? ☐ Yes ☐ No (skip to next question)
Frequency: _____

Does the child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No
Explain:

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?
☐ Yes (skip to next question) ☐ No
Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?
☐ Yes ☐ No (skip to next question)
Explain:

Describe any additional concerns you have about the child's language or speech development and skills (e.g., voice is always hoarse/harsh/breathy, voice is too loud/soft, speaks too fast/slow, stuttering, etc.).

SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS

Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, behavior intervention plans, etc.

Does the child know the classroom rules and behavior expectations? ☐ Yes ☐ No

Describe how you communicate these rules and expectations to the child.

Does the child receive social skills instruction or counseling services? ☐ Yes ☐ No (skip to next question)

☐ social skills instruction - frequency: _____

☐ counseling services - frequency: _____

Indicate if the child has had any of the following difficulties:

☐ Difficulty making friends	☐ Being a victim of teasing/bullying	☐ Engaging in teasing/bullying behavior
☐ Aggression/fighting	☐ Anxious in groups of people	☐ Fearful of speaking in social settings
☐ Withdrawn or keeps to self	☐ Inflexible/difficulty compromising	☐ Insensitive to others' emotions/needs
☐ Does not speak in class	☐ Refrains from physical contact	☐ Does not interact well in groups

Describe any concerns you have about the child's ability to get along with peers.

Indicate if the child has had any of the following difficulties:

☐ Extremely fearful or nervous	☐ Cries easily or whines frequently	☐ Frequently complains of aches/pains
☐ Depressed or very unhappy	☐ Easily frustrated	☐ Explosive/angry outbursts
☐ Self-injurious (e.g., cutting)	☐ Suicidal thoughts	☐ Obsessive/compulsive behaviors
☐ Unwarranted self-blame/criticism	☐ Out of touch with reality	☐ Repetitive behaviors (e.g., rocking)

Describe any concerns you have about the child's emotional functioning.

Describe the child's behavior (compared to other children his/her age):

How active is the child?	☐ less active than others	☐ about the same	☐ more active
How well does the child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does the child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does the child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strongly are the child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is the child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is the child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if the child has had any of the following difficulties:

☐ Stealing or lying	☐ Suspected gang involvement	☐ Defiance/oppositional behavior
☐ Suspected drug/alcohol abuse	☐ Abusive to others	☐ Destructive behavior
☐ Denies mistakes/blames others	☐ Cheating on assignments/tests	☐ Truancy/cuts classes

Describe any additional concerns you have about the child's behavior.

Disciplinary Actions

Has the child ever:

☐ been suspended from school (*indicate the reason for each suspension and the total days of each suspension*)

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

☐ been expelled from school (*indicate the reason for expulsion and the amount days of expulsion*)

- reason: _____ days: _____
- reason: _____ days: _____

ADDITIONAL INFORMATION

Please attach any additional information that would help us understand the child and his/her difficulties better.

Form completed by _____ **Date completed** _____

(OPTIONAL FORM) Characteristics: Please check those characteristics that the student exhibits consistently and in relation to the other students in your classroom. If the child exhibits none of the characteristics, check "no problems observed." Please circle the appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the MET meeting.

General Physical ☐ **No problems noted.**					
☐	Always complains of feeling sick	☐	Takes prescription medicine	☐	Has improper eye movements
☐	Is continually thirsty	☐	Wears glasses	☐	Seizures observed in classroom
☐	Has fluid draining from ears	☐	Complains of double/blurred vision	☐	Often has bruises on body
☐	Wears hearing aids	☐	Frequently squints/rubs eyes	☐	Tics – involuntary movements/noises
☐	Has frequent earaches	☐	Eating problems	☐	Has a serious illness
☐	Complains of not being able to see the board	☐	Holds printed material too close/too far away	☐	Health problems that require special care
☐	Other (Specify):				

Gross Motor ☐ **No problems noted.**					
☐	Difficulty going up/down stairs, alternating feet	☐	Difficulty throwing a ball	☐	Has unusual gait
☐	Problems with lower body motor movement	☐	Difficulty catching a ball	☐	Problems with balancing
☐	Problems with upper body motor movement	☐	Difficulty hopping, skipping, or jumping	☐	Uses walker/wheelchair
☐	Other (Specify):				

Fine Motor ☐ **No problems noted.**					
☐	Problems with reaching/retaining motions	☐	Problems with grasping reflex	☐	Difficulty copying letters/numbers/words
☐	Cannot transfer objects hand to hand	☐	Difficulty holding crayon/pencil	☐	Difficulty spacing
☐	Difficulty cutting paper with scissors	☐	Difficulty building a tower of blocks	☐	Other (Specify):
☐	Difficulty tying/buttoning/zipping	☐	Difficulty staying in lines when writing		

Social Skills ☐ **No problems noted.**					
☐	Rarely interacts with others	☐	Engages in rocking/repetitive movements	☐	Does not join in group
☐	Is frequently alone at lunch/recess	☐	Unaware/takes no interest in other people	☐	Does not share with others
☐	Is frequently teased by others	☐	Does not recognize another's feelings	☐	Does not apologize
☐	Usually withdraws from touch	☐	Cannot deal with being left out	☐	Does not express own feelings
☐	Does not ask for help	☐	Does not accept "no" as an answer	☐	Other (specify):
☐	Does not look at person talking	☐	Does not accept consequences of own actions		

Adaptive Behavior ☐ **No problems noted.**					
☐	Need for a high degree of supervision	☐	Unable to wash/dry hands independently	☐	Not toilet trained
☐	Immature for his/her age	☐	Inadequate skills in exchange of money	☐	Inadequate skills in telling time
☐	Has only younger playmates	☐	Inadequate skills in using telephone	☐	
☐	Constant thumb/finger sucking	☐	Does not engage in independent community skills		
☐	Constant hair chewing	☐	Inadequate skills in appropriate personal hygiene		
☐	Difficulty feeding self	☐	Lacks daily living skills such as sweeping, mopping, using washer/dryer, etc.		
☐	Other (Specify):				

Behavior ☐ **No problems noted.**					
☐	Unable to interact with minimal friction	☐	Frequently quarrels, pouts, or sulks	☐	Difficulty staying on task
☐	Denies mistakes/blames others	☐	Insults other students/adults	☐	Easily frustrated
☐	Prefers to be alone or isolated	☐	Acts before thinking/impulsive	☐	Easily loses temper
☐	Frequently found to be untruthful	☐	Yells at other students/adults	☐	Teases others
☐	Mute/refuses to speak	☐	Fails to complete assignments	☐	Bullies others
☐	Threatens other students	☐	Fails to turn in homework	☐	Interrupts others
☐	Puts down peers	☐	Refuses to complete work	☐	Fails to bring materials to class
☐	Difficulty paying attention to a task, extracurricular activity, or academics				
☐	Disciplinary actions have been initiated by principal or other school authorities				
☐	Oppositional/resistant/noncompliant/negative/defiant				
☐	Disciplinary actions initiated through juvenile court system				
☐	Other (Specify):				

Emotional ☐ **No problems noted.**					
☐	Upset by ANY change in routine	☐	Talks about suicide or death wishes	☐	Unresponsiveness
☐	Pronounced fear of failure	☐	Exhibits unwarranted self-blame/self-criticism	☐	Shows excessive fears of specific objects
☐	Irritable for greater part of day	☐	Performs obsessive/compulsive behaviors	☐	Engages in self-destructive behaviors
☐	Appears withdrawn from peers	☐	Changes mood for no apparent reason	☐	Rarely laughs or smiles
☐	Depressed for most of the day	☐	Creates imaginary/fantasy situations in an attempt to escape reality		
☐	Has attempted suicide	☐	Tells of extremely strange/illogical thoughts or fears		
☐	Has experienced significant changes in activity levels or concentration or school grades or interests				
☐	Other (Specify):				

Receptive Language ☐ **No problems noted.**			
☐	Difficulty comprehending new ideas	☐	Does not understand vocabulary words related to the curriculum
☐	Does not comprehend questions	☐	Does not understand age-appropriate vocabulary
☐	Does not understand spoken directions	☐	Does not understand information in class that is presented orally
☐	Cannot identify simple objects	☐	Does not follow multi-step directions
☐	Does not demonstrate use of position words such as on, under, front, behind, beside, over, etc.		
☐	Other (Specify):		

Expressive Language ☐ **No problems noted.**					
☐	Difficulty organizing thoughts	☐	Nonverbal	☐	Uses oral grammar incorrectly
☐	Does not use age appropriate grammar	☐	Difficulty asking questions	☐	Hesitant to engage in verbal interaction
☐	Difficulty finding the right words	☐	Silent much of the time	☐	Difficulty giving directions
☐	Does not tell definitions of words	☐	Cannot retell a story	☐	Difficulty telling a story
☐	Difficulty putting thoughts down on paper	☐	Does not use spoken compound sentences	☐	Does not name objects/actions in pictures
☐	Uses immature words	☐	Uses immature sentence patterns		
☐	Verbal responses do not relate to questions asked or subject under discussion				
☐	Other (Specify):				

Speech ☐ **No problems noted.**					
	Articulation		Voice		Fluency
☐	Substitutes one sound for another	☐	Too loud or too soft	☐	Rate of delivery too fast or too slow
☐	Omits sounds	☐	Consistently hoarse/harsh/breathy	☐	Disruption in normal flow of speech
☐	Distorts sounds	☐	Nasal sounding – like a constant cold	☐	Words prolonged
☐	Difficulty sequencing sounds	☐	Pitch too high or too low	☐	Excessive repetition syllable/sound/word
☐	Difficult to understand	☐	Voice “lost” by end of or during day	☐	Interferes with daily communication
☐	Able to self-correct errors	☐	Quality makes difficult to understand	☐	Inserts unnecessary words into speech
☐	Uses dialect	☐	Quality resulting from culture	☐	
☐	If additional characteristics are noted in any area of speech, please specify:				

Visual Perception ☐ **No problems noted.**					
☐	Visual tracking difficulties	☐	Transposes letters	☐	Prefers auditory activities
☐	Visually confuses objects/letters/numbers	☐	Confuses left to right on pencil/paper activities	☐	Difficulty identifying shapes in various sizes and positions
☐	Difficulty discriminating between words with similar appearance	☐	Difficulty completing missing details in objects or pictures	☐	Difficulty in copying assignments from board to desk/book to paper
☐	Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6				
☐	Other (Specify):				

Auditory Perception ☐ **No problems noted.**			
☐	Difficulty understanding spoken directions	☐	Does not orally form phrase/sentence correctly
☐	Difficulty sounding out word, sound by sound	☐	Does not retain auditory stimuli
☐	Difficulty identifying rhyming words	☐	Other (Specify):
☐	Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling		

Classroom Observation

The *Classroom Observation* documents an observation by a qualified professional to examine the child's learning and behavior in a classroom setting, the teacher's support for the child's learning and behavior, and the impact of the child's instructional environment. Direct observations of the child in the classroom should be considered by the Multidisciplinary Evaluation Team (MET) in their determination of eligibility and, if eligible, in the development of an Individualized Education Program (IEP). The *Classroom Observation*, or a similar form containing the same information, is recommended for use when conducting a comprehensive evaluation or reevaluation for any disability categories but must be used when considering eligibility for Specific Learning Disabilities (SLD).

1. The *Classroom Observation* must be completed by a professional trained in conducting classroom observations. The specialty/position of the qualified professional who completes the classroom observation should be recorded along with the observer's signature and the date on the bottom of the form.

2. The *Classroom Observation* must be conducted in the location(s) and/or during instruction in the subject(s) in which the child is reported to have difficulties. Multiple observations may need to be conducted to ensure that adequate information is gathered to assist in determining eligibility and to provide for quality planning for the child's IEP, if eligible.

3. The *Classroom Observation* should be used to document strengths as well as weaknesses of the child and the child's instructional environment to enable quality planning for the child's IEP, if eligible.

4. To conduct the *Classroom Observation*:
    a. Before conducting the observation, the observer should record the student information and the area(s) of concern.
    b. At the beginning of the observation, the observer should record information about the observational setting including the location, subject(s), and teacher(s) being observed as well as describe the physical environment of the classroom.
    c. During the observation, the observer should record narratives of supporting evidence related to each of the learning and behavioral components being observed.
    d. At the end of the observation, the observer should rate the amount/quality of evidence supporting each of the learning and behavioral components being observed and complete the observation summary statements.

MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION

CLASSROOM OBSERVATION

PERSONAL DATA		
Name:	**MSIS #:**	**DOB:**
District:	**School:**	**Grade:**

AREA(S) OF CONCERN

Indicate any academic area(s) of concern:

- ☐ Listening comprehension
- ☐ Oral expression
- ☐ Written expression
- ☐ Basic reading skills
- ☐ Reading fluency skills
- ☐ Reading comprehension
- ☐ Mathematics calculation
- ☐ Mathematics reasoning
- ☐ Other: _____
- ☐ Other: _____

Indicate any behavioral area(s) of concern:

- ☐ Inattention, hyperactivity, and/or impulsivity
- ☐ Planning ahead/problem solving
- ☐ Social interaction/social problem solving
- ☐ Externalizing emotional/behavioral concerns (e.g., disruptive behaviors or explosive outbursts)
- ☐ Internalizing emotional/behavioral concerns (e.g., withdrawn, fearful, or depressed)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

OBSERVATIONAL SETTING

Location:	**Subject(s) observed:**	**Teacher(s):**

Describe the physical environment (e.g., arrangement of seating, classroom organization, level of noise/activity).

SUPPORTS FOR LEARNING

Instructional method(s) observed: ***(check all that apply)***

- ☐ Independent seatwork
- ☐ Independent reading
- ☐ Child-directed activities
- ☐ Whole class instruction
- ☐ Whole class discussions
- ☐ Highly-structured activities
- ☐ Cooperative/small group learning
- ☐ Small group activities/projects
- ☐ One-on-one/peer-assisted learning
- ☐ Other: _____

Pacing of instruction is consistent with the child's skill level and attention span.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

The child is provided opportunities to be an active and involved learner.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Assigned activities are directly connected to the instructional goals and produce meaningful learning.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

The child receives adequate review and practice, especially in area(s) of difficulty.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

SUPPORTS FOR BEHAVIOR

Behavioral support method(s) observed: ***(check all that apply)***

- ☐ Prevention strategies (e.g., supervision, student choice, rules/routines, advanced organizers, check in/check out)
- ☐ Educative strategies (e.g., social skills training, peer coaching, instruction/modeling of behavioral expectations)
- ☐ Reinforcement strategies (e.g., positive feedback, token reinforcement, work passes, earned breaks)
- ☐ Consequence strategies (e.g., time-out, verbal/nonverbal feedback, response costs, overcorrection, restitution)
- ☐ Other: _____

Classroom climate (e.g., teacher-child interactions, child's comfort level, etc.) is positive and supportive.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Classroom rules and routines are clearly understood by the child.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Directions are clear and reasonable for the child to achieve.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Effective strategies are used to motivate the child's performance and behavior.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

OBSERVATION SUMMARY

Describe the learning and behavioral supports that promote the child's achievement in the classroom.

Describe any additional learning and behavioral supports needed to increase the child's achievement that <u>can be embedded</u> in the typical classroom routine.

Describe any additional learning and behavioral supports needed to increase the child's achievement that <u>exceed those that can be embedded</u> in the typical classroom routine.

Observer:	**Position:**	**Observation Date:**

Environmental/Cultural Differences and Economic Disadvantage Assessment

To determine if a child is eligible for special education, the public agency must first rule out cultural differences, environmental differences, and economic disadvantages as the determinant factor affecting the child's academic or functional performance.

Cultural Differences

Cultural differences are present for any child who is not a member of the dominant culture, even if they are natural-born citizens. When ruling-out cultural differences as the determinant factor, the Multidisciplinary Evaluation Team (MET) should review the disaggregated results of achievement data which compare performance among subgroups (e.g., race/ethnicity, gender) in the district. This disaggregated data might indicate that most children of a particular cultural or ethnic group are achieving at acceptable levels in response to the instruction they are receiving. For example, if a particular child is receiving the same instruction in a similar learning environment but not achieving commensurate with the child's cultural or ethnic group with similar levels of acculturation, the child's learning difficulties are unlikely to be due to cultural factors.

Cultural differences affect the learning of children in two ways (Hamayan et.al, 2007). First, culture provides the context for making sense of the world through which all new learning is filtered. The way children and their families understand or interpret educational content or the learning process will vary according to their culture. Second, culture can affect the child's general level of comfort about his/her place in the school environment. The child's and family's level of acculturation should be determined using an acculturation measure as membership in a particular ethnic group or length of time in the U.S. cannot be equated with level of acculturation. Interviews with families will be important to gather information regarding cultural differences and adjustment to the culture of the school, which may be impacting student learning.

Cultural difference considerations include, but are not limited to:

- Child's cultural background is different from the (dominant or primary) culture of the school, community, and/or larger society;
- Child has had limited experiences in culture of the school;
- Child has had limited involvement in organizations and activities of any culture.

For more information refer to: Rhodes, R. L., Ochoa, S. H., & Ortiz, S. O. Assessing culturally and linguistically diverse students: A practical guide.

Environmental Differences and Economic Disadvantages

Children who attend a school, as with the general population, will represent a diversity of family compositions, environmental conditions, and socioeconomic groups. When ruling out environmental differences and economic disadvantages as the determinant factor, the MET should review the disaggregated results of district achievement test data which compare the performance of children of similar socioeconomic status and race/ethnicity in the district, as well as conducting interviews with the family and collecting developmental histories. Families will play a large role in determining whether environmental or socioeconomic factors play a primary role in a child's learning difficulties. Family interviews and developmental histories can assist in gathering the necessary information to determine any effects of environmental differences or economic disadvantage.

Environmental difference considerations include, but are not limited to:

- Patterns of school attendance;
- Mobility within and across school districts;
- Extent of social networks and systems of support;
- Family history that may impact school performance (e.g., divorce, stress, trauma, etc.).

Economic disadvantage considerations include, but not limited to:

- Family is low income at subsistence level;
- Child resides in a depressed economic area;
- Child receives public assistance.

NOTE: Economic factors are to be considered but do not necessarily determine the child's achievement or lack thereof. Public agencies must recognize that there are cultural/ environmental differences and economic disadvantages among children; however, the public agency must determine that those differences/disadvantages are NOT the determinant factor for the child's lack of progress in the general education curriculum.

Environmental/Cultural Differences and Economic Disadvantage Assessment

The *Environmental/Cultural Differences and Economic Disadvantage Assessment* documents the decision of Multidisciplinary Evaluation Team (MET) of whether or not environmental/cultural and/or economic factors are the determinant factor(s) for the child's educational difficulties. The MET will review all of the information gathered throughout the evaluation process, including the *Developmental History* (Appendix EE.H-A or Appendix EE.H-B), *Teacher Narrative* (Appendix EE.I), and parent and teacher interviews, for any evidence of environmental/cultural and/or economic factors including differences in opportunity, motivation, and/or attendance that may have impacted the child's educational performance. The *Environmental/Cultural Differences and Economic Disadvantage Assessment*, or a similar assessment or a form containing similar information, is recommended for use when conducting a comprehensive evaluation or reevaluation for all disability categories.

ENVIRONMENTAL/CULTURAL DIFFERENCES AND ECONOMIC DISADVANTAGE ASSESSMENT

Document all information gathered throughout the evaluation process that would describe the impact of environmental or economic factors on the child's educational difficulties. As a team, decide if any of the following are the determinant factor (i.e., the primary cause of) the child's educational difficulties.

LACK OF OPPORTUNITY		COMMENTS
☐ Y ☐ N	Did the child receive high quality early childhood education and/or experiences?	
☐ Y ☐ N	Was the child delayed in entering formal education?	
☐ Y ☐ N	Did the child receive high quality instruction upon entering formal education?	
☐ Y ☐ N	Does the child have access to educational resources or experiences in the home?	
☐ Y ☐ N	Do caregivers provide instructional support?	

Provide any additional evidence that lack of opportunity impacts the child's educational difficulties:

☐ **Lack of opportunity appears to be the determinant factor for the child's educational difficulties.**

☐ **Lack of opportunity does <u>not</u> appear to be the determinant factor for the child's educational difficulties.**

CULTURAL FACTORS		COMMENTS
☐ Y ☐ N	Is the child a member of a minority group in the composition of the school district?	
☐ Y ☐ N	Is the child isolated or had limited experiences with majority populations (e.g., limited participation in community activities or organizations)?	
☐ Y ☐ N	Are the cultural expectations for the child and the child's family in conflict with the cultural expectations for the majority population?	

Provide any additional evidence that cultural factors impact the child's educational difficulties:

☐ **Cultural factors appear to be the determinant factor for the child's educational difficulties.**

☐ **Cultural factors do <u>not</u> appear to be the determinant factor for the child's educational difficulties.**

LACK OF ATTENDANCE		COMMENTS
☐ Y ☐ N	Does the child have a high absentee rate due to illness, disciplinary issues, or other factors?	
☐ Y ☐ N	Has the child's attendance at multiple schools impacted the child's ability to access adequate instruction on a consistent manner sufficient to make academic gains?	

Provide any additional evidence that lack of attendance impacts the child's educational difficulties:

☐ **Lack of attendance appears to be the determinant factor for the child's educational difficulties.**
☐ **Lack of attendance does <u>not</u> appear to be the determinant factor for the child's educational difficulties.**

SITUATIONAL TRAUMA		COMMENTS
☐ Y ☐ N	Has the child's academic performance fallen significantly in the last six (6) to twelve (12) months?	
☐ Y ☐ N	Is there knowledge of any situations within the child's family that would contribute to a drop in academic performance?	

Provide any additional evidence that situational trauma impacts the child's educational difficulties:

☐ **Situational trauma appears to be the determinant factor for the child's educational difficulties.**
☐ **Situational trauma does <u>not</u> appear to be the determinant factor for the child's educational difficulties.**

ECONOMIC FACTORS		COMMENTS
☐ Y ☐ N	Does the child qualify for free or reduced lunch?	
☐ Y ☐ N	Does the child's family receive public assistance (e.g., TANF)?	
☐ Y ☐ N	Has there been a recent disruption in the family's employment status?	
☐ Y ☐ N	Has there been economic hardship (e.g., bankruptcy, foreclosure, illness)?	

Are there any other economic factors that may be impacting the child's educational difficulties?

☐ **Economic factors appear to be the determinant factor for the child's educational difficulties.**
☐ **Economic factors do <u>not</u> appear to be the determinant factor for the child's educational difficulties.**

Eligibility Determination Checklists

The eligibility determination checklists are used by the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee to document their determination of eligibility based on a review of the (re)evaluation report(s). Each checklist provides the definition, criteria, and any exclusionary factors for each disability category.

1. For all disability categories, the MET/IEP Committee must first determine that:

   The determinant factor for the child's performance is NOT:
   - 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; or
   - Due to limited English proficiency or social or cultural differences.

   The evaluation results SUPPORT the following statements:
   - The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained.
   - The evaluation is sufficiently comprehensive to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category.
   - The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

2. For individual categories, the MET/IEP Committee must review disability specific criteria. See notes for required and recommended supporting evidence at the bottom of each checklist.
   - **Required Criteria**: The MET/IEP Committee must provide supporting evidence for each of these criteria.
   - **Optional Criteria** (Autism and Other Health Impairment): The MET/IEP Committee must provide supporting evidence when behaviors are present.
   - **Alternate Criteria** (Developmental Disability, Language/Speech Impairment): The MET/IEP Committee must provide supporting evidence of at least one of the multiple routes to determine eligibility for this disability category.
   - **Additional Criteria** (Traumatic Brain Injury): The MET/IEP Committee must provide supporting evidence of at least one or more of the additional criteria.

3. For individual categories, the MET/IEP Committee must review and document any exclusionary factors, if applicable.

NOTE: For Specific Learning Disability (SLD), the MET/IEP Committee must specify one or more of the methods for the basis of the determination:
- *The child's response to scientific, research-based interventions (RtI); and/or*
- *A severe discrepancy between intellectual ability and achievement; and/or*
- *Alternative research-based procedures.*

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: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Significant delays in verbal and nonverbal communication	
☐ Y ☐ N Significant delays in social interaction	
☐ Y ☐ N Adverse impact on educational performance	

OPTIONAL CRITERIA: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Repetitive activities and/or stereotyped movements	
☐ Y ☐ N Resistance to environmental change or changes in daily routines	
☐ Y ☐ N Unusual responses to sensory experiences	
☐ Y ☐ N Delays before the age of 3	

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

EXCLUSIONS: *The child's performance is*	**SUPPORTING EVIDENCE**
☐ Y ☐ 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 sematics, 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 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 practicioner, or physician supporting elilgibility.

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

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 chidren 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: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Significant delay in cognitive development[B]	
☐ Y ☐ N Significant delay in fine/gross motor development[B]	
☐ Y ☐ N Significant delay in communication development[B]	
☐ Y ☐ N Significant delay in social/ emotional/behavioral development[B]	
☐ Y ☐ N Significant delay in adaptive behavior development[B]	
☐ Y ☐ N Child is <u>less than</u> ten (10) years of age	

The child must have significant delay in <u>two (2) or more</u> areas of development AND be <u>less than</u> 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 informations 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.

ALTERNATE CRITERIA: *The child demonstrates:*			**SUPPORTING EVIDENCE[C]**
☐ Y	☐ N	Diagnosed disorder which negatively affects development with a high probability of resulting in a delay	
☐ Y	☐ N	Child is <u>less than</u> ten (10) years of age	
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.			

[C] The supporting evidence must contain a statement from a physician indicating a diagnosis <u>AND</u> research that supports the predicted developmental delays.

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

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

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]**
☐ Y ☐ N Social maladjustment without a concomitant 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 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 implementd 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 elilgibility 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.*

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: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Deaf (severe impairments in processing linguistic information through hearing with or without amplification) - OR - ☐ Y ☐ N Hearing impairment (permanent or fluctuating hearing impairment)	
☐ Y ☐ 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 immitance 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.*

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]**
☐ Y	☐ N	Significant subaverage general intellectual functioning (cognitive abilities)[B]	
☐ Y	☐ N	Significant deficits in adaptive behavior[B]	
☐ Y	☐ N	Significant deficits evidenced in reaching developmental milestones in early childhood	
☐ Y	☐ N	Adverse impact on educational performance	

The child must meet <u>all</u> 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.*

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]**
Articulation Disorder (A1) ☐ Y ☐ N Atypical production of speech sounds with substitutions, omissions, additions, or distortions that may interfere with intelligibility	
Phonological Processing Disorder (A2) ☐ Y ☐ 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	
☐ Y ☐ N Adverse impact on educational performance	

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.*

ALTERNATE CRITERIA: *The child demonstrates an interruption in the flow of speaking with:*	**SUPPORTING EVIDENCE[B]**
Fluency Disorder ☐ Y ☐ N (B1) An atypical rate, atypical rhythm, and repetitions in sounds, syllables, words, and phrases	
☐ Y ☐ N Adverse impact on educational performance	
OPTIONAL CRITERIA: *The child demonstrates:*	**SUPPORTING EVIDENCE***
☐ Y ☐ N (B2) Excessive tension, struggle behavior, and secondary mannerisms	
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.	

[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: *The child demonstrates:*	**SUPPORTING EVIDENCE[C]**
Voice Disorder ☐ Y ☐ N Abnormal production and/or absences of vocal quality, pitch, loudness, resonance and/or duration inappropriate for the child's age and/or sex	
☐ Y ☐ N Adverse impact on educational performance	
The child must have a Voice Disorder AND an adverse educational impact to be eligible for this category using these criteria.	

[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: *The child demonstrates impairment in comprehension and/or use of spoken, written and/or other symbol systems with:*	**SUPPORTING EVIDENCE[D]**
Language Disorder ☐ Y ☐ N (D1) Impairment in phonology, morphology, and syntax (i.e., form of language) ☐ Y ☐ N (D2) Impairment in semantics (i.e., context of language) ☐ Y ☐ N (D3) Impairment in pragmatics (i.e., function of language in communication)	
☐ Y ☐ N Adverse impact on educational performance	
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.	

[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: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Autism (AU) ☐ Y ☐ N Emotional Disability (EmD) ☐ Y ☐ N Hearing Impairment (HI) ☐ Y ☐ N Intellectual Disability (ID) ☐ Y ☐ N Orthopedic Impairment (OI) ☐ Y ☐ N Other Health Impairment (OHI) ☐ Y ☐ N Traumatic Brain Injury (TBI) ☐ Y ☐ N Visually Impaired (VI)	*Complete the two (2) or more associated eligibility determination checklist and attach it to this checklist.*
☐ Y ☐ N Severe educational needs that cannot be accommodated in special educational programs designed for one impairment	

The child must have <u>two (2) or more</u> 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.

[A]The 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.

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: *The child demonstrates:*		**SUPPORTING EVIDENCE[A]**
☐ Y ☐ 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]	
☐ Y ☐ 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]	
☐ Y ☐ N	Adverse impact on educational performance	

The child must meet <u>all</u> 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; <u>AND</u> descriptions of attempts to address the behaviors and the results including office discipline referrals and disciplinary actions; <u>AND</u> a description of how the behaviors adversely affect educational performance; <u>AND</u> 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; <u>AND</u> a description of the correlation between documented behavior and results of ADHD assessments. [NOTE: A diagnostic report from a physician or nurse practitioner is <u>not</u> 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, limititations and precautions to be considered, and recommendations for educational programming.

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: *The child demonstrates:*		**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N	Severe orthopedic impairment due to a congenital anomaly, a disease, or other cause	
☐ Y ☐ 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.*

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:*

[B]Location of observation: [B]Date 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]
☐ Y ☐ N Inadequate achievement for age - OR - ☐ Y ☐ N Failure to meet State-approved, grade-level standards	
☐ Y ☐ N Pattern of strengths and weaknesses in performance, achievement, or both relative to age, expectations, or intellectual development - OR - ☐ Y ☐ N Lack of response to scientifically-based instruction	
☐ Y ☐ N Adverse impact on educational performance	

AREA(S) OF SPECIFIC LEARNING DISABILITY

☐ Listening Comprehension	☐ Basic Reading Skill	☐ Mathematics Calculation
☐ Oral Expression	☐ Reading Fluency Skills	☐ Mathematics Problem Solving
☐ Written Expression	☐ Reading Comprehension	

The child must meet <u>all</u> required criteria AND have <u>one (1) or more</u> 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]
☐ Y ☐ N Visual Impairment (VI)	
☐ Y ☐ N Hearing Impairment (HI)	
☐ Y ☐ N Motor Disabilities	
☐ Y ☐ N Intellectual Disability (ID)	
☐ Y ☐ N Emotional Disability (EmD)	
☐ Y ☐ 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 <u>OR</u> in the general education classroom after the child was referred for an evaluation and parental consent is obtained <u>OR</u> 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.*

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: *The child demonstrates:*			**SUPPORTING EVIDENCE[A]**
☐ Y	☐ N	An acquired brain injury caused by external physical force	
☐ Y	☐ N	Physical impairments	
☐ Y	☐ N	Attention, sensory-perception, or sensory-motor impairments	
☐ Y	☐ N	Cognitive impairments (*i.e., memory, reasoning, abstract thinking, judgment, information processing, or problem-solving*)	
☐ Y	☐ N	Language or speech impairments	
☐ Y	☐ N	Psychosocial impairments	
☐ Y	☐ 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: *The child's performance is primarily affected by a brain injury due to:*			**SUPPORTING EVIDENCE**
☐ Y	☐ N	Congenital or degenerative causes	
☐ Y	☐ 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 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.*

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: *The child demonstrates:*	**SUPPORTING EVIDENCE[A]**
☐ Y ☐ N Blind (little or no vision) - OR - ☐ Y ☐ N Partially sighted (significant vision loss) - OR - ☐ Y ☐ N Legally blind (visual acuity of ≤20/200 in better eye after correction or contracted peripheral field of <20º) - OR - ☐ Y ☐ N Other severe visual problems	
☐ Y ☐ 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 opthalmologist 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.*

Eligibility Determination Report

The *Eligibility Determination Report* documents the conclusion of the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee regarding their determination of eligibility based on a review of the (re)evaluation report(s) and the completion of one or more eligibility determination checklists, as necessary.

1. At the eligibility determination meeting, the MET/IEP Committee should review the evaluation report(s) to determine areas of impairment or delay. The assessment results must be explained sufficiently to the parent before the determination of the presence of a disability to ensure the parent can actively participate in the decision-making process.

2. The MET/IEP Committee should select one or more eligibility determination checklists, as appropriate, to review the criteria. For an initial evaluation, all possible disability categories based on the evidence should be considered; however, the eligibility determination checklist would only be completed on identified areas using applicable checklists.

3. The MET/IEP Committee should record the date of the meeting.

4. Based upon their review of the evaluation report(s) and the criteria for eligibility, the MET/IEP Committee select the appropriate statement(s) about their determination:

    a. If eligibility has been determined, record the disability category in the space provided. If the child has a Language/Speech Impairment that is not the primary disability, record this as a related service. The parent must receive a copy of the *Eligibility Determination Report* including any *Eligibility Determination Checklists* completed as part of the meeting. Parents must also receive a *Meeting Invitation* (Appendix PS.D) to develop an Individualized Education Program (IEP) for the child.

    b. If eligibility is not supported by the data, record the reasons for not determining eligibility, listing criteria not met and/or exclusionary factors. The parent must receive a copy of the *Eligibility Determination Report* including any *Eligibility Determination Checklists* completed as part of the meeting.

5. Each MET/IEP Committee member, including the parent, must sign the *Eligibility Determination Report* certifying either agreement or disagreement with the determination. If any member does not agree with the eligibility determination, that member must also submit a separate statement presenting their conclusions to the MET Chair. If the parent disagrees with the determination, they must be informed of their right to request an independent education evaluation (IEE) at public expense as outlined in the Procedural Safeguards.

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ELIGIBILITY DETERMINATION REPORT

PERSONAL DATA		
Child's Name:	**MSIS #:**	**DOB:**
District:	**School:**	**Grade:**

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 this report DOES reflect my conclusions.		***By signing below, I certify that this report DOES NOT reflect my conclusions. I will submit a separate statement with my conclusions.***	
Signature	**Position**	**Signature**	**Position**
	MET Chairperson		MET Chairperson
	General Educator		General Educator
	Special Educator		Special Educator
	Parent/Guardian		Parent/Guardian
	Parent/Guardian		Parent/Guardian
	Child		Child
	Language/Speech Pathologist/Therapist		Language/Speech Pathologist/Therapist
	School Psychologist/Psychometrist		School Psychologist/Psychometrist
	Administrator		Other: _____
	Other: _____		Other: _____
	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 knowlegeable of the child OR a general education teacher licensed to teach children the same age as the child; a special education teacher; and a diagnositic 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.

NOTES



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