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Sacramento County  
Special Education Local Plan Area  
(SELPA)

Eligibility Criteria

Handbook

December 14, 2017

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*This handbook is the product of the Sacramento County SELPA Eligibility Criteria Handbook committee: Paulette Abegglen (SELPA), Tracie Daubenmire (Center Unified), Josh Harris (SELPA), Caitlin Robles (SCOE), and Christina Saad (SCOE). The committee gratefully acknowledges the contributions by various individuals from member districts and other SELPAs/districts in California including Lora Gonzalez (Yuba County SELPA), Ronda Last (Natomas Unified) , Melanie Rivera (Dry Creek Joint Elementary School District) and the Sacramento County SELPA Operations Council.*

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## GUIDING PRINCIPLE

Decisions regarding the student's eligibility for an Individualized Education Plan are made by the members of the IEP Team as a whole during an IEP meeting, based upon the eligibility criteria set forth in the California Code of Regulations as follows:

### 5 CCR § 3030 Eligibility Criteria

(a) A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361. The decision as to whether or not the assessment results **demonstrate that the degree of the child's impairment requires special education** shall be made by the IEP team, including personnel in accordance with Education Code section 56341(b). The IEP team shall take into account all the relevant material which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education. [Emphasis added in bold]

***Based on a review of written assessments and IEP Team (including the parent) discussion, the IEP Team must determine:***

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

# **AUTISM**

## **DEFINITIONS**

### **Federal - 34 CFR §300.8(c)(1)**

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

### **State - 5 CCR §3030(b)(1)**

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

- (A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.
- (B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

## **ASSESSMENT STANDARDS**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. Assessment shall include:

1. A comprehensive developmental history
2. A current psychoeducational assessment conducted by a credentialed school psychologist or other qualified individual.
3. A current language assessment conducted by a Speech-Language Pathologist or other qualified individual.
4. Previous school history, education progress, and medical reports when applicable.

## CHECKLIST FOR AUTISM

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

<input type="checkbox"/>	A written report from a school psychologist or other person with experience and training in working with children with autism that documents cognitive, social and behavioral levels as well as stereotyped movements and resistance to environmental change or change in daily routines and adaptive behavior. Observations in multiple settings are recommended in the areas of social skills, sensory needs, communication and behavior.
<input type="checkbox"/>	A written report from a speech language pathologist that documents verbal and non-verbal communication skills (including receptive/expressive language <i>and pragmatic or social interaction skills</i> , as well as any other suspected area of need).
<input type="checkbox"/>	A written report from the school nurse or other authorized personnel indicating current health functioning and indicating results of a hearing and vision screening.
<input type="checkbox"/>	A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.
<input type="checkbox"/>	If reports from outside-school providers/professionals were considered, these should be referenced in eligibility report(s).
<input type="checkbox"/>	Written reports from any other members of the multidisciplinary team who individually assessed the student.

## **DEAF-BLINDNESS**

### **DEFINITIONS**

#### **Federal - 34 CFR §300.8(c)(2)**

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

#### **State - 5 CCR §3030(b)(2)**

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

### **ASSESSMENT STANDARDS**

See Assessment Standards for Deafness and Visual Impairment.

## CHECKLIST FOR DEAF-BLINDNESS

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

<input type="checkbox"/>	<p>A written report from a school psychologist or other person with experience and training in working with children with dual hearing and vision impairment that documents delays in communication and other developmental areas that are directly related to the hearing and visual impairments.</p>
<input type="checkbox"/>	<p>A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including receptive/expressive language and pragmatic or social interaction skills, as well as any other suspected area of need).</p>
<input type="checkbox"/>	<p>A written report from an audiologist that documents a hearing loss, with or without amplification and the needs for environmental accommodations or assistive technology supports. If available, information about age of onset, progression of hearing loss and severity of hearing loss can assist in educational planning.</p>
<input type="checkbox"/>	<p><b><i>A written report from a vision specialist that documents a visual impairment that is reflected by one of the following:</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b><i>Blind or Functionally Blind: Uses tactile or other senses most effectively for learning, as opposed to using vision (although may be able to use some residual vision to perform some daily tasks with the supports listed below).</i></b></li> <li><input type="checkbox"/> <b><i>Low Vision: has a significant loss in vision that cannot be fully corrected by prescriptive lenses; is able to use vision to perform daily tasks using visual strategies, assistive technology, environmental accommodations or materials in alternative formats.</i></b></li> </ul> <p><b><i>If available, information about age of onset, progression of vision loss and severity of vision loss can assist in educational planning.</i></b></p>
<input type="checkbox"/>	<p>A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.</p>
<input type="checkbox"/>	<p>A written report from a credentialed teacher that documents current academic levels of performance.</p>
<input type="checkbox"/>	<p>Written reports from any other members of the multidisciplinary team who individually assessed the student.</p>



## DEAFNESS

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(3)**

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

#### **State - 5 CCR §3030(b)(3)**

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

### ASSESSMENT STANDARDS

- a. The assessment shall be conducted by a multidisciplinary team (as specified on the Assessment Plan) including a credentialed teacher of Deaf/Hard of Hearing students and may include an Educational Audiologist and other specialists, as appropriate. The assessment may include a review of medical and educational records for the following background information:
  1. Additional disabilities
  2. Onset and detection of hearing loss
  3. Amplification history
  4. Medical and educational history
  5. Communication at home and at school
  6. Home language
  7. Effect of child's deafness on other family members
  8. If deafness is determined to be neurologically based, the team may consider further assessment of gross and fine motor skills
- b. Current audiological measures of auditory functioning with and without amplification as determined by an audiologist who documents the loss, will be available. Initial and triennial assessment shall include tests (and/or modifications of tests as appropriate) which measure air and bone conduction threshold sensitivity, speech audiometry (including measure of speech discrimination and/or auditory comprehension of connected language), impedance measurements and tests to determine suitability and benefit obtained from personal and group amplification. Ensure that hearing aids worn by pupil are functioning properly.
- c. Current level of receptive and expressive communication skills.
- d. Measures of academic functioning as well as previous school reports are crucial in evaluating the effects of hearing loss on educational performance.
- e. Depending upon the extent of the hearing loss, the multidisciplinary team should consider using a sign language interpreter to be part of the assessment process.
- f. **PLEASE SEE THE "SELPA SUPPLEMENTARY GUIDE FOR ASSESSMENT OF DEAF CHILDREN IN THE EDUCATIONAL ENVIRONMENT" FOR ADDITIONAL GUIDANCE AND RESOURCES.**

## CHECKLIST FOR DEAFNESS

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

<input type="checkbox"/>	A written report from a school psychologist with experience and training in working with children with hearing impairment that documents delays in language and other developmental areas that are directly related to the hearing impairment.
<input type="checkbox"/>	A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including the impact of the hearing loss on receptive/expressive language and pragmatic or social interaction skills; the development of articulation or phonological skills and speech intelligibility; voice quality).
<input type="checkbox"/>	A written report from a teacher of the deaf/hard or hearing that documents the impact of the hearing loss on the acquisition of concepts or academic skills and the need for accommodations and modifications in the educational setting.
<input type="checkbox"/>	A written report from an audiologist that documents a hearing loss, with or without amplification, and the need for environmental accommodations or assistive technology supports. If available, include information about age of onset, progression of and/or severity of hearing loss to assist in educational planning.
<input type="checkbox"/>	A written report from the school nurse or other authorized personnel indicating current health functioning and indicating results of a hearing and vision screening.
<input type="checkbox"/>	A written report from a credentialed teacher that documents current academic levels of performance.
<input type="checkbox"/>	Written reports from any other members of the multidisciplinary team who individually assessed the student.

## EMOTIONAL DISTURBANCE

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(4)**

(i) *Emotional disturbance* means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

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

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

#### **State - 5 CCR §3030(b)(4)**

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

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

### ASSESSMENT STANDARDS

- a. The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. Assessment shall include:
  - 1. Summaries of the health and developmental history, school history, and educational progress of the pupil.
  - 2. A description of the steps previously taken to assist the pupil in the areas of his/her learning, behavioral and/or emotional difficulty and the results of such assistance.
  - 3. Observations of the student in his/her educational environment, including a description of the environmental factors and peer and teacher interactions affecting his/her functioning.
  - 4. An assessment of the pupil's level of academic performance including measured achievement and classroom functioning.
  - 5. An assessment of the pupil's intellectual functioning.
  - 6. Review of other medical, psychiatric and/or psychological reports, when available.

7. Review of history of behavior interventions utilized.

b. The assessment should investigate whether the student exhibits one or more of the following characteristics:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors

Non-ED causes of an inability to learn must be ruled out. A child meeting this criterion should be so severely emotionally disturbed that he or she has an inability to learn, despite appropriate educational interventions.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers

The child should be unable to initiate and/or maintain satisfactory interpersonal relationships with peers and teachers. The fact that a child may have no friends or that their behaviors result in no other children in the class wanting to interact with them does not necessarily satisfy this criterion. An absence of meaningful peer relationships in the home and community (across settings) may be considered.

3. Inappropriate types of behavior or feelings under normal circumstances

This characteristic includes behaviors that are psychotic, overtly bizarre, and atypical, for which no observable reason exists. Examples of behaviors that fit this characteristic include: visual and auditory hallucinations, responses to delusions, severe anxiety, catastrophic reactions to everyday occurrences, self-injurious behaviors, and inappropriate fits of laughter and crying.

4. A general pervasive mood of unhappiness or depression

Symptomology typically includes changes in four major areas: affective, motivational, physical and motor functioning, and cognition. Examples include: dejection, hopelessness, fatigue (insomnia), loss of appetite or significant weight loss, sleep disturbances, and loneliness, with the student feeling little pleasure in any activities. Eating, writing, or getting dressed may become overwhelming, with an overall feeling that things will not change.

5. A tendency to develop physical symptoms or fears associated with personal or school problems

Physical symptoms may range from headaches, stomach pains, and physical body tension to blindness and paralysis attributable to psychological stress. None of the symptoms should have a demonstrated organic cause. The symptoms should not be under cognitive control. Fears may range from incapacitating feeling of anxiety to specific and severe phobic reactions and panic attacks. Typically, such feelings include persistent and irrational fears of particular objects, activities, individuals or situations.

c. The following criteria *must* be met:

1. The disorder may have been considered to have been exhibited *over a long period of time* if:
  - a. Typically, "long period of time" is considered to have been met when the behavioral characteristics presently existing have been observed for six months or more, despite comprehensive behavior intervention; this does not preclude somewhat shorter periods of time when interventions have not been successful.
  - b. The behavioral characteristics are not due to situational stress, crisis reaction, or temporary adjustment problems.
2. The disability has been exhibited to a *marked degree* as follows:
  - a. The behavioral characteristics are pervasive: present in *all* situations and conditions including school, community and home, and with *almost all* individuals.
  - b. The behavioral characteristics produce significant distress either to the individual or others in their environment, and must be related to emotional disturbance.
3. The disability is such that it *adversely affects the student's educational performance*:
  - a. If a student is able to demonstrate satisfactory progress in a regular educational setting, then classification of that student as emotionally disturbed is neither necessary nor appropriate.
  - b. Measured by standardized achievement tests in relation to cognitive abilities or reported in teacher observations, work samples, curriculum based assessments, and grade reports reflecting classroom functioning which may include work completion and on task behavior.
  - c. In addition to consideration of academic skills, the team may consider factors such as social-emotional development which significantly and negatively impacts the student's ability to interact with peers in learning activities.
- d. Students *solely* manifesting social maladjustment are not appropriately identified as having an emotional disturbance, although social maladjustment and emotional disturbance can be concomitant. In general, the socially maladjusted student exhibits one or more of the following in relation to their behaviors:
  1. Aggression.
  2. Socialized aggression (gang involvement, bullying).
  3. Behaviors under operant control (e.g. goal oriented, reinforced by consequence of behavior such as avoiding a task, gaining an object, getting a specific staff response, etc.).
  4. Situation specific rather than pervasive; the intensity and frequency of such behaviors tend to vary as a function of time and domain.

## CHECKLIST FOR EMOTIONAL DISTURBANCE

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

<input type="checkbox"/>	<p>A written report compiled by a school psychologist which includes cognitive, social, emotional and behavioral functioning, observations of the student in multiple settings, review of parent input, and which indicates one or more of the following:</p> <ul style="list-style-type: none"><li>• An inability to learn that cannot be explained by intellectual sensory or health factors.</li><li>• An inability to build or maintain satisfactory interpersonal relationships</li><li>• Inappropriate types of behavior or feelings under normal circumstances</li><li>• A general pervasive mood of unhappiness or depression</li><li>• A tendency to develop physical symptoms or fears</li></ul> <p>The report must rule out social maladjustment as the only adverse impact to education.</p>
<input type="checkbox"/>	<p>A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.</p>
<input type="checkbox"/>	<p>A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.</p>
<input type="checkbox"/>	<p>Written reports from any other members of the multidisciplinary team who individually assessed the student.</p>

[Source: Tibbets, T. (2013). *Identifying and Assessing Students with Emotional Disturbance*. Baltimore, Maryland: Paul H. Brookes Publishing Co.]

## HEARING IMPAIRMENT

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(5)**

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

#### **State - 5 CCR §3030(b)(5)**

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

### ASSESSMENT STANDARDS

- a. The assessment shall be conducted by a multidisciplinary team (as specified on the Assessment Plan) including a credentialed teacher of Deaf/Hard of Hearing students and may include an Educational Audiologist and other specialists, as appropriate. The assessment may include a review of medical and educational records for the following background information:
  1. Additional disabilities
  2. Onset and detection of hearing loss
  3. Amplification history
  4. Medical and educational history
  5. Communication at home and at school
  6. Home language
  7. Effect of child's deafness on other family members
  8. If deafness is determined to be neurologically based, the team may consider further assessment of gross and fine motor skills
- b. Current audiological measures of auditory functioning with and without amplification as determined by an audiologist who documents the loss, will be available. Initial and triennial assessment shall include tests (and/or modifications of tests as appropriate) which measure air and bone conduction threshold sensitivity, speech audiometry (including measure of speech discrimination and/or auditory comprehension of connected language), impedance measurements and tests to determine suitability and benefit obtained from personal and group amplification. Ensure that hearing aids worn by pupil are functioning properly.
- c. Current level of receptive and expressive communication skills.
- d. Measures of academic functioning as well as previous school reports are crucial in evaluating the effects of hearing loss on educational performance.
- e. Depending upon the extent of the hearing loss, the multidisciplinary team should consider using a sign language interpreter to be part of the assessment process.
- f. **PLEASE SEE THE "SELPA SUPPLEMENTARY GUIDE FOR ASSESSMENT OF DEAF CHILDREN IN THE EDUCATIONAL ENVIRONMENT" FOR ADDITIONAL GUIDANCE AND RESOURCES.**

## CHECKLIST FOR HEARING IMPAIRMENT

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

<input type="checkbox"/>	A written report from a school psychologist with experience and training in working with children with hearing impairment that documents delays in language and other developmental areas that are directly related to the hearing impairment.
<input type="checkbox"/>	A written report from a speech-language specialist that documents verbal and non-verbal (e.g. manual or sign language) communication skills (including the impact of the hearing loss on receptive/expressive language and pragmatic or social interaction skills; the development of articulation or phonological skills and speech intelligibility; voice quality).
<input type="checkbox"/>	A written report from a teacher of the deaf/hard or hearing that documents the impact of the hearing loss on the acquisition of concepts or academic skills and the need for accommodations and modifications in the educational setting.
<input type="checkbox"/>	A written report from an audiologist that documents a hearing loss, with or without amplification, and the need for environmental accommodations or assistive technology supports. If available, include information about age of onset, progression of and/or severity of hearing loss to assist in educational planning.
<input type="checkbox"/>	A written report from the school nurse or other authorized personnel indicating current health functioning and indicating results of a hearing and vision screening.
<input type="checkbox"/>	A written report from a credentialed teacher that documents current academic levels of performance.
<input type="checkbox"/>	Written reports from any other members of the multidisciplinary team who individually assessed the student.



# INTELLECTUAL DISABILITY

## DEFINITIONS

### **Federal - 34 CFR §300.8(c)(6)**

*Intellectual disability* means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance. The term "intellectual disability" was formerly termed "mental retardation."

### **State - 5 CCR §3030(b)(6)**

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

## ASSESSMENT STANDARDS

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. Assessment may include:

- a. Information that the student's adaptive behavior is significantly below average compared to his/her normative age group.
- b. Information that the student's general cognitive functioning is significantly below average in comparison to same age peers\*.
- c. Information that, based on a comprehensive developmental history, the foregoing were manifested during the developmental period.
- d. Information that the combination of deficits in adaptive behavior and cognitive functioning adversely affects the pupil's educational performance.

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

## CHECKLIST FOR INTELLECTUAL DISABILITY

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

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

## **MULTIPLE DISABILITIES**

### **DEFINITIONS**

#### **Federal - 34 CFR §300.8(c)(7)**

*Multiple disabilities* means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. *Multiple disabilities* does not include deaf-blindness.

#### **State - 5 CCR §3030(b)(7)**

*Multiple disabilities* means concomitant impairments, such as intellectual disability-blindness or intellectual disability-orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. "*Multiple disabilities*" does not include deaf-blindness.

### **ASSESSMENT STANDARDS**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. The team *may* include a licensed occupational or physical therapist, as appropriate. If visual or hearing impairment is a suspected disability, the appropriately credentialed teacher and/or specialist (i.e., audiologist, orientation/mobility specialist) shall participate. An assistive technology assessment may also be included.

## CHECKLIST FOR MULTIPLE DISABILITIES

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

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

## ORTHOPEDIC IMPAIRMENT

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(8)**

*Orthopedic impairment* means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

#### **State - 5 CCR §3030(b)(8)**

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

### ASSESSMENT STANDARDS

**Medical** - Written verification of serious orthopedic impairment.

**Educational** – The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate.

## CHECKLIST FOR ORTHOPEDIC IMPAIRMENT

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

<input type="checkbox"/>	<p>A written report from a school psychologist documenting:</p> <ul style="list-style-type: none"> <li>● A medical evaluation of the child's orthopedic impairment by a licensed physician (if available and in collaboration with the District Nurse).</li> <li>● Observations and/or staff and parent reports concerning mobility and activities of daily living, for example, signs of poor coordination, frequent accidents, or complaints of acute or chronic pain.</li> <li>● Consideration of physical access to buildings, computers, libraries, or equipment that facilitates learning in collaboration with the assessment team, unless otherwise documented in reports by other specialists and/or special education teacher.</li> <li>● Adaptive behaviors (potentially through various checklists, inventories, rating scales, and/or interviews).</li> <li>● Cognitive development.</li> <li>● Social, emotional and behavioral skill development.</li> </ul> <p>Recommendations regarding strategies that may assist in developing the student's independence.</p>
<input type="checkbox"/>	<p>A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.</p>
<input type="checkbox"/>	<p>A written report from a credentialed teacher that documents current academic levels of performance in order to establish an adverse effect on the child's educational performance.</p>
<input type="checkbox"/>	<p>A written report from occupational and/or physical therapists and/or adapted physical education specialists* that documents the impact of the orthopedic impairment on fine motor, gross motor and/or sensory skills and the need for adaptive equipment (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.)</p>
<input type="checkbox"/>	<p>A written report from a speech-language specialist* that documents the impact of the orthopedic impairment on expressive communication skills (as well as any other suspected area of need.) (*may or may not be necessary to establish eligibility, but if it is an additional area of suspected disability should be conducted concurrently.) <b>Note: Eligibility criteria under "Speech-Language Impairment" are not required if SLI is not a primary/secondary disability. In this scenario, the purpose of speech-language assessment is to document any potential educational needs based on current communication skills.</b></p>
<input type="checkbox"/>	<p>Written reports from any other members of the multidisciplinary team who individually assessed the student.</p>

## OTHER HEALTH IMPAIRMENT

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(9)**

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the education environment, that--

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

#### **State – California Education Code §56339(a)**

A pupil whose educational performance is adversely affected **by a suspected or diagnosed** attention deficit disorder or attention deficit hyperactivity disorder and demonstrates a need for special education and related services by meeting eligibility criteria specified in paragraph (4) or (9) of subdivision (b) of Section 3030 of Title 5 of the California Code of Regulations or Section 56337 and paragraph (10) of subdivision (b) of Section 3030 of Title 5 of the California Code of Regulations for the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) categories of “emotional disturbance,” “other health impairments,” or “specific learning disabilities,” is entitled to special education and related services. [Emphasis added in **bold**]

#### **State - 5 CCR §3030(b)(9)**

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

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

### ASSESSMENT STANDARDS

#### **Medical**

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

#### **Educational**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. The following information shall be reviewed by the IEP Team:

- a. The type of chronic illness.
- b. The possible medical side effects and complications of treatment that could affect school functioning.
- c. The educational and social implications of the health impairment to include but not be limited

to the likelihood of fatigue, absences, changes in physical appearance, amputations or problems with fine and gross motor control.

- d. Special considerations necessitated by outbreaks of infectious diseases, if applicable.



## CHECKLIST FOR OTHER HEALTH IMPAIRMENT

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

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

## SPECIFIC LEARNING DISABILITY

### DEFINITIONS

#### **Federal - 34 CFR §300.8(c)(10)**

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

#### **State - 5 CCR §3030 (b)(10)**

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

- (A) Specific learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.
- (B) In determining whether a pupil has a specific learning disability, the public agency may consider whether a pupil has a severe discrepancy between intellectual ability and achievement in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning. The decision as to whether or not a severe discrepancy exists shall take into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the IEP team shall use the following procedures:
  1. When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the intellectual ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

2. When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.
3. If the standardized tests do not reveal a severe discrepancy as defined in subdivisions 1. or 2. above, the IEP team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:
  - (i) Data obtained from standardized assessment instruments;
  - (ii) Information provided by the parent;
  - (iii) Information provided by the pupil's present teacher;
  - (iv) Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
  - (v) Consideration of the pupil's age, particularly for young children; and
  - (vi) Any additional relevant information.
4. A severe discrepancy shall not be primarily the result of limited school experience or poor school attendance.

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

1. The pupil does not achieve adequately for the pupil's age or to meet state approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the pupil's age or state-approved grade-level standards:
  - (i) Oral expression
  - (ii) Listening comprehension
  - (iii) Written expression
  - (iv) Basic reading skill
  - (v) Reading fluency skills
  - (vi) Reading comprehension
  - (vii) Mathematics calculation
  - (viii) Mathematics problem solving, and
2. (i) The pupil does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified in subdivision (b)(10)(C)(1) of this section when using a process based on the pupil's response to scientific, research-based intervention; or  
(ii) The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with 34 C.F.R. §§ 300.304 and 300.305; and
3. The findings under subdivisions (b)(10)(C)(1) and (2) of this section are not primarily the result of:
  - (i) A visual, hearing, or motor disability;
  - (ii) Intellectual disability;
  - (iii) Emotional disturbance;

- (iv) Cultural factors;
  - (v) Environmental or economic disadvantage; or
  - (vi) Limited English proficiency.
4. To ensure that underachievement in a pupil suspected of having a specific learning disability is not due to the lack of appropriate instruction in reading or math, the group making the decision must consider:
- (i) Data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
  - (ii) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents.
5. In determining whether a pupil has a specific learning disability, the public agency must ensure that the pupil is observed in the pupil's learning environment in accordance with 34 C.F.R. §300.310. In the case of a child of less than school age or out of school, a qualified professional must observe the child in an environment appropriate for a child of that age. The eligibility determination must be documented in accordance with 34 C.F.R. §300.311.

## **ASSESSMENT STANDARDS**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, and may include other specialists, as appropriate. A student being assessed for a specific learning disability may need all or some of the following:

- a. A credentialed special education teacher qualified to assess and work with students with specific learning disabilities.
- b. A school psychologist to determine patterns of processing strengths and weaknesses, and the research supported correlation between those processing weaknesses and the areas of academic deficit.
- c. Speech-Language Pathologist to assist in determining student's patterns of strengths and weaknesses in the area of language.
- d. Authorized personnel to discuss vision and hearing screenings within the last 12 months.
- e. Authorized personnel to assist with the evaluation of any issues relating to second language acquisition.
- f. A general education teacher to report on functioning in the general education environment.

## CHECKLIST FOR SPECIFIC LEARNING DISABILITY

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

<input type="checkbox"/>	<p>A written report from a school psychologist documenting patterns of processing strengths and weaknesses, social emotional and behavioral functioning, and which indicates a processing weakness in at least one of the following areas:</p> <ul style="list-style-type: none"><li>• Attention</li><li>• Auditory Processing</li><li>• Visual Processing</li><li>• Sensory Motor</li><li>• Cognitive Abilities (conceptualization, expression and/or association)</li></ul>
<input type="checkbox"/>	<p>A written report documenting a student's Otherwise Normal Cognitive Ability Profile (ONCAP) who possess unexpected underachievement which indicates a domain-specific processing weakness in at least one of the following areas:</p> <ul style="list-style-type: none"><li>• Oral Expression</li><li>• Listening Comprehension</li><li>• Written Expression</li><li>• Basic Reading Skill</li><li>• Reading Fluency Skills</li><li>• Reading Comprehension</li><li>• Mathematics Calculation</li><li>• Mathematics Problem Solving</li></ul>
<input type="checkbox"/>	<p>A written statement by a school psychologist stating that the discrepancy between cognitive or alternative measured ability and academic functioning is the result of the documented processing weakness and not due to limited school experience or poor school attendance, and is not primarily the result of visual, hearing, or motor disabilities; or intellectual disability; or emotional disturbance; or of environmental, cultural or economic disadvantage; or due to lack of appropriate instruction in reading or math; or limited English proficiency.</p>
<input type="checkbox"/>	<p>A written report from a credentialed teacher(s) documenting the student's progress toward <u>state approved grade level standards</u>, patterns of academic strengths and weaknesses, and current academic functioning, that has manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculation which is manifested in one or more of the following areas:</p> <ul style="list-style-type: none"><li>• Oral Expression</li><li>• Listening Comprehension</li><li>• Written Expression</li><li>• Basic Reading Skills</li><li>• Reading Fluency Skills</li></ul>

	<ul style="list-style-type: none"> <li>• Reading Comprehension</li> <li>• Mathematics Calculation</li> <li>• Mathematics Problem Solving</li> </ul>
<input type="checkbox"/>	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
<input type="checkbox"/>	<p>AND/OR</p> <p>A written statement from the IEP Team that indicates that if standardized assessment does not indicate a severe discrepancy, a severe discrepancy <b>does</b> exist as a result of a processing disorder in one of the basic psychological processes. The statement shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• Data obtained from standardized assessment instruments;</li> <li>Information provided by the parent(s);</li> <li>• Information provided by the student's present teacher;</li> <li>• Evidence of the student's performance in the regular and/or special education classroom (obtained from observations, work sample, and group test scores);</li> <li>• Consideration of the student's age, particularly for young children; and,</li> <li>• Any additional relevant information.</li> </ul>
<input type="checkbox"/>	Written reports from any other members of the multidisciplinary team who individually assessed the student.

## **SPEECH OR LANGUAGE IMPAIRMENT**

### **DEFINITIONS**

#### **Federal - CFR §300.8(c)(11)**

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

#### **State - 5 CCR §3030(b)(11)**

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

(A) Articulation disorder.

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

(B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

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

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

1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7<sup>th</sup> percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or
2. The pupil scores at least 1.5 stand deviations below the mean or the score is below the 7<sup>th</sup> percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subdivision (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by the representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialists shall document why a fifty utterance sample was

not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

## **ASSESSMENT STANDARDS**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a licensed or credentialed Speech-Language Pathologist (SLP), and may include a School Psychologist and any other specialists, as appropriate. In cases where the only area of suspected disability is speech or language impairment, the assessment may be conducted primarily by the SLP with additional input from others, such as a school nurse, classroom teacher and parent.

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

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

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

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

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

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

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



## **Guidelines for Non-English Speaking Students**

Indicators of a disability may include:

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

## CHECKLIST FOR SPEECH OR LANGUAGE IMPAIRMENT

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

<input type="checkbox"/>	<p>A written report from a speech-language specialist documenting one or more of the following disorders:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Articulation Disorder:</b> The pupil displays reduced intelligibility or an inability to use the speech mechanism which interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupils' production of single or multiple speech sounds on a developmental scales of articulation competence is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.</li><li><input type="checkbox"/> <b>Abnormal Voice:</b> A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.</li><li><input type="checkbox"/> <b>Fluency Disorder:</b> A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.</li><li><input type="checkbox"/> <b>Language Disorder:</b> The pupil has an expressive or receptive language disorder when he or she meets <b>one</b> of the following criteria:<ul style="list-style-type: none"><li><input type="checkbox"/> Scores* at least 1.5 standard deviations below the mean, or below the 7<sup>th</sup> percentile, for his or her chronological age or developmental level on <b>two</b> or more standardized tests in one or more of the following areas of language development:<ul style="list-style-type: none"><li>● Morphology</li><li>● Syntax</li><li>● Semantics</li><li>● Pragmatics</li></ul></li><li><input type="checkbox"/> Scores* at least 1.5 standard deviations below the mean, or below the 7<sup>th</sup> percentile, for his or her chronological age or developmental level on <b>one</b> or more standardized tests in one of the areas listed (e.g. morphology, syntax, semantics, pragmatics), <b>and</b> displays inappropriate or inadequate usage of expressive or receptive language as measured by the representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialists shall document why</li></ul></li></ul>
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	<p>a fifty-utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample.</p> <p><i>* When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.</i></p>
<input type="checkbox"/>	<p>A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.</p>
<input type="checkbox"/>	<p>Written reports from any other members of the multidisciplinary team who individually assessed the student.</p>

# **TRAUMATIC BRAIN INJURY**

## **DEFINITIONS**

### **Federal - 34 CFR §300.8(c)(12)**

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

### **State - 5 CCR §3030(b)(12)**

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior, physical function; information processing; and speech.

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

## **ASSESSMENT STANDARDS**

### **Medical**

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

### **Educational Assessment**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist and a credentialed special education teacher authorized to serve students with traumatic brain injuries, and may include other specialists, as appropriate. This may include data from the following areas:

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

## CHECKLIST FOR TRAUMATIC BRAIN INJURY

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

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

## **VISUAL IMPAIRMENT**

### **DEFINITIONS**

#### **Federal - 34 CFR §300.8(c)(13)**

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

#### **State - 5 CCR §3030(b)(13)**

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

### **ASSESSMENT STANDARDS**

#### **Medical**

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

#### **Educational**

The assessment shall be conducted by a multidisciplinary team (as specified in the Assessment Plan) which shall include a School Psychologist, a credentialed special education teacher authorized to serve students with Visual Impairments and a credentialed Orientation and Mobility Specialist, and may include other specialists, as appropriate. This may include data from the following areas:

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

#### **California Education Code § 56352**

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

## CHECKLIST FOR VISUAL IMPAIRMENT

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

<input type="checkbox"/>	A written report from a school psychologist or other person with experience and training in working with children with visual impairment that documents delays in developmental areas that are directly related to the visual impairment.
<input type="checkbox"/>	<p>A written report from a credentialed teacher of the visually impaired (and an orientation/mobility specialist, if appropriate) that documents all areas related to the suspected disability including, where appropriate:</p> <ul style="list-style-type: none"> <li>● Health and development;</li> <li>● Vision, including low vision</li> <li>● Motor abilities</li> <li>● Language function</li> <li>● General ability</li> <li>● Academic performance</li> <li>● Self-help</li> <li>● Orientation and mobility skills</li> </ul>
<input type="checkbox"/>	A determination of the appropriate reading medium or media for the student should be considered by the teacher of the visually impaired.
<input type="checkbox"/>	For students with residual vision, a low vision assessment is recommended.
<input type="checkbox"/>	A written report from the school nurse or other authorized personnel indicating current health functioning as well as a review of information from outside health providers (if available) and indicating results of a hearing and vision screening.
<input type="checkbox"/>	A written report from a credentialed teacher that documents current academic levels of performance.
<input type="checkbox"/>	The following information regarding the vision loss is helpful in educational planning and may be summarized by one of the above reports: age of onset of visual impairment, degree of impairment, site of impairment, prognosis for improvement or degeneration in condition, day-to-day stability of condition, individual tolerance for visual fatigue, and the extent and complexity of any co-existing additional impairments.
<input type="checkbox"/>	Written reports from any other members of the multidisciplinary team who individually assessed the student.

# APPENDICES

## Code of Federal Regulations

**34 C.F.R. 300.8(c) - Definitions of disability terms.** The terms used in this definition of a child with a disability are defined as follows:

(1)

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

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

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

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

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

(4)

(i) **Emotional disturbance** means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

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

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

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



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

**(8)Orthopedic impairment** means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

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

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

(ii) Adversely affects a child's educational performance.

**(10)Specific learning disability -**

**(i)General.** Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in 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.

**(ii)Disorders not included.** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

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

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

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

## **California Education Code**

### **§56026.**

“Individuals with exceptional needs” means those persons who satisfy all the following:

(a) Identified by an individualized education program team as a child with a disability, as that phrase is defined in Section 1401(3)(A) of Title 20 of the United States Code.

(b) Their impairment, as described by subdivision (a), requires instruction and services which cannot be provided with modification of the regular school program in order to ensure that the individual is provided a free appropriate public education pursuant to Section 1401(9) of Title 20 of the United States Code.

(c) Come within one of the following age categories:

(1) Younger than three years of age and identified by the local educational agency as requiring intensive special education and services, as defined by the board.

(2) Between the ages of three to five years, inclusive, and identified by the local educational agency pursuant to Section 56441.11.

(3) Between the ages of five and 18 years, inclusive.

(4) Between the ages of 19 and 21 years, inclusive; enrolled in or eligible for a program under this part or other special education program prior to his or her 19th birthday; and has not yet completed his or her prescribed course of study or who has not met proficiency standards or has not graduated from high school with a regular high school diploma.

(A) Any person who becomes 22 years of age during the months of January to June, inclusive, while participating in a program under this part may continue his or her participation in the program for the remainder of the current fiscal year, including any extended school year program for individuals with exceptional needs established pursuant to Section 3043 of Title 5 of the California Code of Regulations and Section 300.106 of Title 34 of the Code of Federal Regulations.

(B) Any person otherwise eligible to participate in a program under this part shall not be allowed to begin a new fiscal year in a program if he or she becomes 22 years of age in July, August, or September of that new fiscal year. However, if a person is in a year-round school program and is completing his or her individualized education program in a term that extends into the new fiscal year, then the person may complete that term.

(C) Any person who becomes 22 years of age during the months of October, November, or December while participating in a program under this act shall be terminated from the program on December 31 of the current fiscal year, unless the person would otherwise complete his or her individualized education program at the end of the current fiscal year.

(D) No local educational agency may develop an individualized education program that extends these eligibility dates, and in no event may a pupil be required or allowed to attend school under the

provisions of this part beyond these eligibility dates solely on the basis that the individual has not met his or her goals or objectives.

(d) Meet eligibility criteria set forth in regulations adopted by the board, including, but not limited to, those adopted pursuant to Article 2.5 (commencing with Section 56333) of Chapter 4.

(e) Unless disabled within the meaning of subdivisions (a) to (d), inclusive, pupils whose educational needs are due primarily to limited English proficiency; a lack of instruction in reading or mathematics; temporary physical disabilities; social maladjustment; or environmental, cultural, or economic factors are not individuals with exceptional needs.

#### **§56136.**

The superintendent shall develop guidelines for each low incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of, specialized services to pupils with low incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving pupils with low incidence disabilities pursuant to subdivision (a) of Section 56836.04. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements.

#### **§56320.**

Before any action is taken with respect to the initial placement of an individual with exceptional needs in special education instruction, an individual assessment of the pupil's educational needs shall be conducted, by qualified persons, in accordance with requirements including, but not limited to, all of the following:

(a) Testing and assessment materials and procedures used for the purposes of assessment and placement of individuals with exceptional needs are selected and administered so as not to be racially, culturally, or sexually discriminatory. Pursuant to Section 1412 (a)(6)(B) of Title 20 of the United States Code, the materials and procedures shall be provided in the pupil's native language or mode of communication, unless it is clearly not feasible to do so.

(b) Tests and other assessment materials meet all of the following requirements:

(1) Are provided and administered in the language and form most likely to yield accurate information on what the pupil knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer as required by Section 1414(b)(3)(A)(ii) of Title 20 of the United States Code.

(2) Are used for purposes for which the assessments or measures are valid and reliable.

(3) Are administered by trained and knowledgeable personnel and are administered in accordance with any instructions provided by the producer of the assessments, except that individually administered tests of intellectual or emotional functioning shall be administered by a credentialed school psychologist.

(c) Tests and other assessment materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

(d) Tests are selected and administered to best ensure that when a test administered to a pupil with impaired sensory, manual, or speaking skills produces test results that accurately reflect the pupil's aptitude, achievement level, or any other factors the test purports to measure and not the pupil's impaired sensory, manual, or speaking skills unless those skills are the factors the test purports to measure.

(e) Pursuant to Section 1414 (b)(2)(B) of Title 20 of the United States Code, no single measure or assessment is used as the sole criterion for determining whether a pupil is an individual with exceptional needs or determining an appropriate educational program for the pupil.

(f) The pupil is assessed in all areas related to the suspected disability including, if appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general intelligence, academic performance, communicative status, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status. A developmental history shall be obtained, when appropriate. For pupils with residual vision, a low vision assessment shall be provided in accordance with guidelines established pursuant to Section 56136. In assessing each pupil under this article, the assessment shall be conducted in accordance with Sections 300.304 and 300.305 of Title 34 of the Code of Federal Regulations.

(g) The assessment of a pupil, including the assessment of a pupil with a suspected low incidence disability, shall be conducted by persons knowledgeable of that disability. Special attention shall be given to the unique educational needs, including, but not limited to, skills and the need for specialized services, materials, and equipment consistent with guidelines established pursuant to Section 56136.

(h) As part of an initial assessment, if appropriate, and as part of any reassessment under Part B of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and this part, the group that includes members of the individualized education program team, and other qualified professionals, as appropriate, shall follow the procedures specified in Section 1414(c) of Title 20 of the United States Code. The group may conduct its review without a meeting.

(i) Each local educational agency shall ensure that assessments of individuals with exceptional needs who transfer from one district to another district in the same academic year are coordinated with the individual's prior and subsequent schools, as necessary and as expeditiously as possible, in accordance with Section 1414(b)(3)(D) of Title 20 of the United States Code, to ensure prompt completion of the full assessment.

#### **§56339.**

(a) A pupil whose educational performance is adversely affected by a suspected or diagnosed attention deficit disorder or attention deficit hyperactivity disorder and demonstrates a need for special education and related services by meeting eligibility criteria specified in paragraph (4) or (9) of subdivision (b) of Section 3030 of Title 5 of the California Code of Regulations or Section 56337 and paragraph (10) of subdivision (b) of Section 3030 of Title 5 of the California Code of Regulations for the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) categories of "emotional disturbance," "other health impairments," or "specific learning disabilities," is entitled to special education and related services.

(b) If a pupil with an attention deficit disorder or attention deficit hyperactivity disorder is not found to be eligible for special education and related services pursuant to subdivision (a), the pupil's instructional program shall be provided in the regular education program.

(c) It is the intent of the Legislature that local educational agencies promote coordination between special education and regular education programs to ensure that all pupils, including those with attention deficit disorders or attention deficit hyperactivity disorders, receive appropriate instructional interventions.

(d) It is further the intent of the Legislature that regular education teachers and other personnel be trained to develop an awareness about attention deficit disorders and attention deficit hyperactivity disorders and the manifestations of those disorders, and the adaptations that can be implemented in regular education programs to address the instructional needs of pupils having these disorders.

#### **§56341.**

(a) Each meeting to develop, review, or revise the individualized education program of an individual with exceptional needs shall be conducted by an individualized education program team.

(b) The individualized education program team shall include all of the following:

(1) One or both of the pupil's parents, a representative selected by a parent, or both, in accordance with the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.).

(2) Not less than one regular education teacher of the pupil, if the pupil is, or may be, participating in the regular education environment. If more than one regular education teacher is providing instructional services to the individual with exceptional needs, one regular education teacher may be designated by the local educational agency to represent the others. The regular education teacher of an individual with exceptional needs, to the extent appropriate, shall participate in the development, review, and revision of the pupil's individualized education program, including assisting in the determination of appropriate positive behavioral interventions and supports, and other strategies for the pupil, and the determination of supplementary aids and services, program modifications, and supports for school personnel that will be provided for the pupil, consistent with Section 1414(d)(1)(A)(i)(IV) of Title 20 of the United States Code.

(3) Not less than one special education teacher of the pupil, or if appropriate, not less than one special education provider of the pupil.

(4) A representative of the local educational agency who meets all of the following:

(A) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of individuals with exceptional needs.

(B) Is knowledgeable about the general education curriculum.

(C) Is knowledgeable about the availability of resources of the local educational agency.

(5) An individual who can interpret the instructional implications of the assessment results. The individual may be a member of the team described in paragraphs (2) to (6), inclusive.

(6) At the discretion of the parent, guardian, or the local educational agency, other individuals who have knowledge or special expertise regarding the pupil, including related services personnel, as appropriate. The determination of whether the individual has knowledge or special expertise regarding the pupil shall be made by the party who invites the individual to be a member of the individualized education program team.

(7) Whenever appropriate, the individual with exceptional needs.

(c) In accordance with Sections 300.308 and 300.310 of Title 34 of the Code of Federal Regulations, for a pupil suspected of having a specific learning disability, at least one member of the individualized education program team shall be qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher. In accordance with Section 300.310 of Title 34 of the Code of Federal Regulations, at least one team member shall observe the pupil's academic performance and behavior in the areas of difficulty in the pupil's learning environment, including in the regular classroom setting. In the case of a child who is less than schoolage or out of school, a team member shall observe the child in an environment appropriate for a child of that age.

(d)

(1) The local educational agency shall invite an individual with exceptional needs to attend his or her individualized education program meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the individual and the needed transition services for the individual to assist the individual in reaching those goals under subparagraphs (A) and (B) of paragraph (8) of subdivision (a) of Section 56345.

(2) If the individual with exceptional needs does not attend the individualized education program meeting, the local educational agency shall take steps to ensure that the individual's preferences and interests are considered.

(3) To the extent appropriate, with the consent of the parents or an individual with exceptional needs who has reached the age of majority, in implementing the requirements of paragraph (1), the local educational agency shall invite a representative of a participating agency that is likely to be responsible for providing or paying for transition services.

(e) A local educational agency may designate another local educational agency member of the individualized education program team to serve also as the representative required pursuant to paragraph (4) of subdivision (b) if the requirements of subparagraphs (A), (B), and (C) of paragraph (4) of subdivision (b) are met.

(f) A member of the individualized education program team described in paragraphs (2) to (5), inclusive, of subdivision (b) shall not be required to attend an individualized education program meeting, in whole or in part, if the parent of the individual with exceptional needs and the local educational agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

(g) A member of the individualized education program team described in subdivision (f) may be excused from attending an individualized education program meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if both of the following occur:

(1) The parent, in writing, and the local educational agency consent to the excusal after conferring with the member.

(2) The member submits, in writing, to the parent and the individualized education program team input into the development of the individualized education program prior to the meeting.

(h) A parent's agreement under subdivision (f) and consent under subdivision (g) shall be in writing.

(i) In the case of a child who was previously served under Chapter 4.4 (commencing with Section 56425), Early Education for Individuals with Exceptional Needs, or the California Early Intervention Services Act under Title 14 (commencing with Section 95000) of the Government Code, an invitation to the initial individualized education program team meeting shall, at the request of the parent, be sent to the infants and toddlers with disabilities service coordinator, as described in Subchapter III (commencing with Section 1431) of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), or other representatives of the early education or early intervention system to assist with the smooth transition of services.

#### **§56350.**

Unless the context otherwise requires, the definitions set forth in this section shall govern the construction of this article.

(a) A "functionally blind pupil" means a pupil who relies basically on senses other than vision as major channels for learning.

(b) A "pupil with low vision" means a pupil who uses vision as a channel for learning, but who may also benefit from instruction in braille.

(c) A "visually impaired pupil" means a pupil who is functionally blind or a pupil with low vision. For purposes of this article, a "visually impaired pupil" does not include a pupil who is eligible for special education and related services based on a specific learning disability identified pursuant to Section 56338.

(d) "Braille" means the system of reading and writing through touch commonly known as "Standard English Braille, American Edition."

#### **§56352.**

(a) A functional vision assessment conducted pursuant to Section 56320 shall be used as one criterion in determining the appropriate reading medium or media for the pupil.

(b) An assessment of braille skills shall be required for functionally blind pupils who have the ability to read in accordance with guidelines established pursuant to Section 56136. A local educational agency may provide pupils with low vision with the opportunity to receive assessments to determine the appropriate reading medium or media, including braille instruction, for the pupils.

(c) The determination, by a pupil's individualized education program team, of the most appropriate medium or media, including braille, for functionally blind pupils who have the ability to read shall use as one criterion the assessment provided for pursuant to subdivision (b) and shall be in accordance with guidelines established pursuant to Section 56136.

(d) Except as provided in subdivision (b) of Section 56351.5, braille instruction shall be provided by a teacher who holds an appropriate credential, as determined by the Commission on Teacher Credentialing, to teach pupils who are functionally blind or visually impaired.

(e) Each visually impaired pupil shall be provided with the opportunity to receive an assessment to determine the appropriate reading medium or media, including braille instruction, if appropriate, for that pupil.

## **§56361.**

The continuum of program options shall include, but not necessarily be limited to, all of the following or any combination of the following:

(a) Regular education programs consistent with subparagraph (A) of paragraph (5) of subsection (a) of Section 1412 of Title 20 of the United States Code and implementing regulations.

(b) A resource specialist program pursuant to Section 56362.

(c) Designated instruction and services pursuant to Section 56363.

(d) Special classes pursuant to Section 56364.2.

(e) Nonpublic, nonsectarian school services pursuant to Section 56365.

(f) State special schools pursuant to Section 56367.

(g) Instruction in settings other than classrooms where specially designed instruction may occur.

(h) Itinerant instruction in classrooms, resource rooms, and settings other than classrooms where specially designed instruction may occur to the extent required by federal law or regulation.

(i) Instruction using telecommunication, and instruction in the home, in hospitals, and in other institutions to the extent required by federal law or regulation.

## **California Code of Regulations**

### **5 CCR §3030**

(a) A child shall qualify as an individual with exceptional needs, pursuant to [Education Code section 56026](#), if the results of the assessment as required by [Education Code section 56320](#) demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in



one or more of the program options authorized by [Education Code section 56361](#). The decision as to whether or not the assessment results demonstrate that the degree of the child's impairment requires special education shall be made by the IEP team, including personnel in accordance with [Education Code section 56341\(b\)](#). The IEP team shall take into account all the relevant material which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education.

- (b) The disability terms used in defining an individual with exceptional needs are as follows:
- (1) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
    - (A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.
    - (B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.
  - (2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
  - (3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.
  - (4) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
    - (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
    - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
    - (C) Inappropriate types of behavior or feelings under normal circumstances.
    - (D) A general pervasive mood of unhappiness or depression.
    - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
    - (F) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under subdivision (b)(4) of this section.
  - (5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.
  - (6) Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

- (7) Multiple disabilities means concomitant impairments, such as intellectual disability-blindness or intellectual disability-orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities" does not include deaf-blindness.
- (8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
- (9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that:
- (A) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
  - (B) Adversely affects a child's educational performance.
- (10) Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes include attention, visual processing, auditory processing, phonological processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.
- (A) Specific learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.
  - (B) In determining whether a pupil has a specific learning disability, the public agency may consider whether a pupil has a severe discrepancy between intellectual ability and achievement in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning. The decision as to whether or not a severe discrepancy exists shall take into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the IEP team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the IEP team shall use the following procedures:
    1. When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the intellectual ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy

is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

2. When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.
  3. If the standardized tests do not reveal a severe discrepancy as defined in subdivisions 1. or 2. above, the IEP team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:
    - (i) Data obtained from standardized assessment instruments;
    - (ii) Information provided by the parent;
    - (iii) Information provided by the pupil's present teacher;
    - (iv) Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
    - (v) Consideration of the pupil's age, particularly for young children; and
    - (vi) Any additional relevant information.
  4. A severe discrepancy shall not be primarily the result of limited school experience or poor school attendance.
- (c) Whether or not a pupil exhibits a severe discrepancy as described in subdivision (b)(10)(B) above, a pupil may be determined to have a specific learning disability if:
1. The pupil does not achieve adequately for the pupil's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the pupil's age or State-approved grade-level standards:
    - (i) Oral expression.
    - (ii) Listening comprehension.
    - (iii) Written expression.
    - (iv) Basic reading skill.
    - (v) Reading fluency skills.
    - (vi) Reading comprehension.
    - (vii) Mathematics calculation.
    - (viii) Mathematics problem solving, and
  - 2.(i) The pupil does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in subdivision (b)(10)(C)(1) of this section when using a process based on the pupil's response to scientific, research-based intervention; or

- (ii) The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with [34 C.F.R. sections 300.304](#) and [300.305](#); and
  - 2. The findings under subdivisions (b)(10)(C)(1) and (2) of this section are not primarily the result of:
    - (i) A visual, hearing, or motor disability;
    - (ii) Intellectual disability;
    - (iii) Emotional disturbance;
    - (iv) Cultural factors;
    - (v) Environmental or economic disadvantage; or
    - (vi) Limited English proficiency.
  - 3. To ensure that underachievement in a pupil suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group making the decision must consider:
    - (i) Data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
    - (ii) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents.
  - 4. In determining whether a pupil has a specific learning disability, the public agency must ensure that the pupil is observed in the pupil's learning environment in accordance with [34 C.F.R. section 300.310](#). In the case of a child of less than school age or out of school, a qualified professional must observe the child in an environment appropriate for a child of that age. The eligibility determination must be documented in accordance with [34 C.F.R. section 300.311](#).
- (11) A pupil has a language or speech disorder as defined in [Education Code section 56333](#), and it is determined that the pupil's disorder meets one or more of the following criteria:
- (A) Articulation disorder.
    - 1. The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.
    - 2. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.
  - (B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

- (C) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.
- (D) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:
  - 1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or
  - 2. The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subdivision (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.
- (12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.
  - (A) Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.
- (13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.