

The New Mexico T.E.A.M.

New Mexico Public Education Department—April 2007

Technical Evaluation and Assessment Manual

**New Mexico
T.E.A.M.**

**Determining Eligibility
for IDEA Part B
Special Education Services**



**“ Along we can do so little;
together we can do so much.”**

-Helen Keller

**New Mexico Public Education Department
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New Mexico Technical Evaluation and Assessment Manual: Determining Eligibility for IDEA Part B Special Education Services

April 2007

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T.E.A.M.*

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Table of Contents

New Mexico
T.E.A.M.



NM T.E.A.M. Vision & Overview..... 2-8



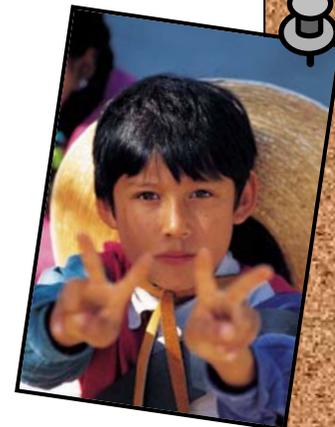
Individual Categories of Disability..... 9-161

- I. Autism Spectrum Disorder 9-26
- II. Deaf-Blindness 27-37
- III. Deaf or Hard of Hearing..... 38-47
- IV. Developmental Delay 48-59
- V. Emotional Disturbance 60-69
- VI. Mental Retardation 70-80
- VII. Multiple Disabilities 81-89
- VIII. Orthopedic Impairment 90-99
- IX. Other Health Impairment..... 100-108
- X. Specific Learning Disability 109-127
- XI. Speech-Language Impairment..... 128-140
- XII. Traumatic Brain Injury 141-151
- XIII. Visual Impairments, Including Blindness 152-161



Appendices A-I

- A. Student Assistance Team 1-3
- B. Evaluation and Assessment:
Federal and New Mexico Regulations 4-26
- C. Multilingual Assessment Issues in NM..... 27-35
- D. Unique Service Delivery Issues 36-41
- E. Glossary of Terms Used in the NM T.E.A.M. .. 42-43
- F. References for the NM T.E.A.M. 44-45
- G. Regression Table—Severe Discrepancy..... 46-47
- H. Reproducible Worksheets/Forms begin on page 48
- I. NM TEAM Frequently Asked Questions..... 105



New Mexico Technical Evaluation and Assessment Manual

Vision Statement

Educational assessment is a process designed to explore, document, and communicate, fairly and systematically, the unique learning and functioning of a student. In New Mexico, cultural and linguistic diversity are foundational considerations and must be considered in planning and implementing all aspects of educational assessment. The functions of assessment are diagnosis (determining eligibility), classification (grouping by selected characteristics), and planning supports (assuring services and monitoring response to instruction and intervention). Educational assessment is integrally related to student learning and teaching, and is a component of the continuous feedback loop necessary to assure that students with disabilities have access to the general curriculum, appropriate supports for educational success, and maximum participation in school life.

Introduction

The title **NM TEAM** is an acronym that was chosen because it conveys the most basic premise of the evaluation process. The decisions required in the evaluation process must be made by a team of professionals, including the parents of the child or student, and the child if appropriate. Section 601 (c) (5) (B) of the IDEA 2004 places special emphasis upon the involvement of parents in special education, "...the education of students with disabilities can be made more effective by strengthening the role and responsibility of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home." The New Mexico Public Education Department (NMPED) chose the title NM TEAM to highlight these two components of the evaluation process; namely, that the process must be based upon the collective judgment of a team and that parents should have meaningful opportunities to participate in the process.

Project Overview

The New Mexico Technical Evaluation and Assessment project was completed with the assistance of the collective knowledge and experience of expert panelist teams from throughout the state convening to determine eligibility requirements in each

IDEA Part B disability category. The panelists convened, beginning on August 29, 2004, at various locations throughout the state to review the touchstone for the conversation, the 1996 DRAFT *Technical Assistance and Best Practices Evaluation and Assessment* manual. The NMPED is additionally indebted to those who contributed to the development of the 1996 DRAFT and helped pave the way for our discussions.

The panelists in each of the disability categories made written recommendations regarding eligibility requirements for each category to the New Mexico Evaluation and Assessment Core Team (NMEACT). The NMEACT took the recommendations into consideration and finalized their own recommendations, in the form of a DRAFT of the *New Mexico Technical Evaluation and Assessment Manual (NM TEAM)*, that they submitted to the NMPED on April 29, 2005. The NMPED distributed the draft version to various agencies throughout the State and within the Department for final comment from May 9–24, 2005. These final comments were then received and addressed by staff in the Special Education Bureau, and the 2005 NM TEAM document was finalized. The document has been further refined by thorough review of public comment and additional input from the NMEACT in August of 2006.

The NMPED is pleased that Local Education Agencies (LEAs) and representatives from higher education across the state were and continue to be represented in this process. Their voices were crucial throughout the design and execution of the project. In addition, individual panel members, representing a wide variety of groups, actively participated and had many opportunities to make recommendations directly to the NMPED. The project was organized in this manner in order to be sensitive to local needs and concerns and to reflect high standards of practice.

The Special Education Bureau (SEB) and the NMPED recognize that panelists would not have been allowed to participate in this process if not for the support that district and university administrators provided. The panelists are, without exception, extremely valuable district and university staff members first and foremost. We honor the commitment of resources that administrators provided to the project by allowing these staff members to contribute to this endeavor. We also honor the contribution of several districts that provided meeting space for our project.

The NM TEAM presents a sustained effort to standardize evaluation and assessment procedures and eligibility criteria in every IDEA disability category across the state.

LEAs are expected to attend to the recommendations that it establishes. In the SLD category, these expectations set official NMPED eligibility policy, which LEAs are now required to adhere to under the Final Regulations of the IDEA 2004.

NM TEAM Template

The core of this manual provides individual discussion and guidance for each category of disability under the IDEA. Each category follows a similar outline of topics, with few exceptions. These topics are delineated below.

IDEA Definition

Each disability category begins with the IDEA definition provided by 34 CFR Sec. 300.8. The definitions are supplemented in certain categories by further elaboration that is specific to New Mexico. These elaborations are the NMPED's interpretation of the definition and were only developed when panelists believed that the IDEA definition required further elaboration. These sections all begin with the phrase, "In New Mexico..."

Potential Educational Impact

In this section, each panel attempted to discuss the most common educational impacts that the disability has upon students in educational settings. Of course, the nature of the impact of each disability on any given student is as varied as the individual him or herself. Our collective efforts were an attempt to simply provide some guidance regarding issues that might need to be considered as teams of parents and professionals make sustained efforts to identify and meet the needs of students with disabilities.

Consideration of all Student Assistance Team (SAT) Factors

The SAT considerations are relatively uniform throughout the manual, with the exception of the Developmental Delay category, where adjustments were necessary as a matter of course. This section highlights the key components of a complete SAT file, in terms of both forms and the processes required to complete the recommended forms. It is imperative that intensive efforts are made to meet the needs of all students in the regular education classroom. In situations where a student has an obvious disability or a serious and urgent problem, however, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.

This attention to providing research-based instruction and scientific, research-based intervention in general education is particularly important for districts that implement the dual discrepancy model for identification of specific learning disabilities. The instructional quality, documentation, and data analysis required by the dual discrepancy model will not be feasible unless districts assure that SATs function properly. Implementation of the Three-Tiered Model of Student Intervention not only reduces unnecessary referrals to special education, it also provides students with the help that they need in the developmental period in which that help is most important through early intervention. LEAs now have an additional resource to guide them in this effort in the *Response to Intervention: A Systematic Process for Increasing Outcomes for All Students* guidance document, available on the NMPED website.

There are both Federal laws and State Rules that support the successful implementation of SATs in LEAs. These requirements can be found in Appendix B.

Initial Evaluation

All evaluations must be conducted according to the requirements established by Section 614 of the IDEA 2004 and 34 CFR 300. The evaluation team must first document informed parental consent before any individual evaluations are conducted. The initial evaluation section establishes the assessments, evaluations, observations, and data that need to be gathered throughout the initial evaluation process. There are three subsections within this section: 1) Highly recommended components; 2) Potential Additional Components; and, 3) Eligibility Criteria. When necessary, descriptive language was developed regarding what areas each assessment, evaluation, observation, and/or data gathering procedure should target, who should administer the assessment, etc. The language developed is specific to each disability and the evaluation team is encouraged to conduct their evaluations according to the recommendations included within each section.

The NMPED must qualify the use of formula-based decision-making processes. This is particularly important in the Developmental Delay, Mental Retardation, and Specific Learning Disability categories. Each of these categories requires the consideration of eligibility criteria that are based upon formulas related to data thresholds, such as an IQ of 70 considering standard error of measure, the determination of 1.5 standard deviations, and so forth. The NMPED cautions that the implementation of these formulas must always be guided by professional



judgment. The criteria offered are not intended to be isolated from the complete picture of the student's functioning or intended to become the sole, mechanistically applied gatekeepers in the evaluation process. They are simply one piece of information that must be considered within the context of the entire body of evidence collected by the evaluation team. The data results provided by assessments must be contextualized within the student's complete social history and interpreted by the professionals administering the assessments in order to attend to contextual issues such as the age of the child, the validity of the assessment itself, issues that occur during the administration of the assessment, etc.

The components of the initial evaluation must be administered, reviewed, and/or gathered by personnel licensed by the State of New Mexico and/or the NMPED to complete or collect each of the components respectively. For instance, individualized assessments of cognitive/ intellectual ability must be administered by NMPED-licensed Educational Diagnosticians or New Mexico licensed Psychologists. (See Appendix E for licensure requirements.)

Reevaluation

The IEP team must first document informed parental consent before any individual reevaluations are conducted. The reevaluation requirements are those listed in Section 614 of the IDEA 2004 and 34 CFR Section 300. Unless the parent and the LEA agree that a reevaluation is not necessary, it must meet the requirements established by Section 614 (see Appendix B).

Discontinuation of Special Education Services

The guidance provided by the manual must be considered within the context of the requirements established by Section 614(c) (5). Thus, LEAs should evaluate a child before determining that the child is no longer a child with a disability except in cases where the child graduates from secondary school with a diploma or whose eligibility terminates based upon age.

Possible Resources

The list of possible resources is provided for LEAs that may need or desire to gather additional information related to each disability that is beyond the scope

of this manual. The NMPED does not guarantee that the sites provided will be active, nor does the inclusion of these possible resources constitute approval of specific content found therein by the NMPED.

Initial Evaluation Eligibility Worksheets—Appendix H

The worksheets in Appendix H are provided to assist LEAs as they walk through the initial evaluation eligibility process. They are reproducible for your convenience. It is important to note that the use of this worksheet does not replace the MDT form recommended by the NMPED.

Each worksheet begins with a reminder for the MDT of the IDEA definition, including additional language developed by the NMPED that is specific to New Mexico.

In *Section A*, there are boxes next to all of the *Highly Recommended* or *Required* components, which MDTs can check to ensure that each component has been completed in an appropriate manner. There are also additional *Yes/No* questions that the MDT is encouraged to answer. These questions highlight key aspects of the IDEA definition, or support considerations that the NMPED deems to be important during this process. It is essential that the team provide rationale and documentation for the answers that they give to each of these questions.

In *Section B*, the MDT must determine that the student needs special education and related services by answering two questions that assist the team in making this determination.

Conclusion

This overview has provided a brief history of the project, a synopsis of what to expect in the text of each disability category, and clarification about the worksheets designed to correspond with each disability category (found in Appendix H). Note that the Developmental Delay category has an additional subsection titled *Unique Evaluation Issues*. This addition was necessary due to the specific subtleties that assessing younger children and students presents.

This section presents a discussion of each category of disability separately.

- I. Autism Spectrum Disorder
- II. Deaf-Blindness
- III. Deaf or Hard of Hearing
- IV. Developmental Delay
- V. Emotional Disturbance
- VI. Mental Retardation
- VII. Multiple Disabilities
- VIII. Orthopedic Impairment
- IX. Other Health Impairment
- X. Specific Learning Disability
- XI. Speech-Language Impairment
- XII. Traumatic Brain Injury
- XIII. Visual Impairment, Including Blindness

NOTE: You will notice that, sprinkled throughout this manual, are areas left open. Feel free to use this space (such as below) to jot down your own thoughts, ideas, or questions.



New Mexico
T.E.A.M.

Autism Spectrum Disorder

- I. Autism Spectrum Disorder
 - A. Definition under the IDEA
 1. Autistic Disorder (299.0)
 - Rett's Disorder (299.80) ****
 - Childhood Disintegrative Disorder (299.10) ****
 2. Asperger's Disorder (299.80)
 3. Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism) (299.80)
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



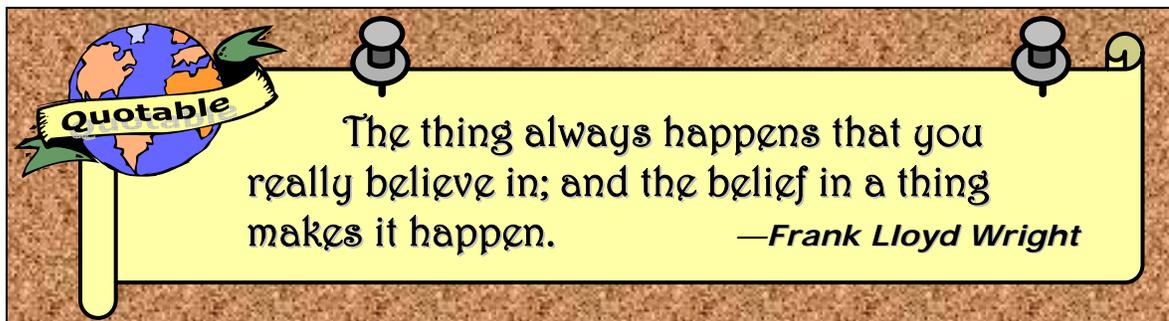
*** Must be differentiated from Autistic Disorder**

A.

What is the definition under the IDEA?

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. 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. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria described in paragraph (c)(1)(i) of this section are satisfied. (34 CFR Sec. 300.8 (c) (1))

In New Mexico, all disabilities within the three Autism Spectrum Disorder (ASD) categories discussed below are classified under the autism category for purposes of determining eligibility for IDEA Part B services. However, students must also demonstrate a need for special education services in order to be eligible.



In New Mexico, an operational definition of ASD has been quantified using the *Diagnostic Statistical Manual IV* (DSM-IV). The following three categories and criteria provide valuable descriptive information for evaluators as they attempt to address ASD in school settings. However, the evaluation team must be mindful of the fact that they are making an educational, not a medical, determination.



Autistic Disorder (299.0)



To make an educational determination that a child has an Autistic Disorder, a total of six or more items from the three lists below must be present. At least two must be from the first list, and one each from the second and third lists.

1. Qualitative impairment in social interaction, as manifested by at least *two* of the following characteristics:
 - a. Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - b. Failure to develop peer relationships appropriate to developmental level
 - c. A lack of spontaneous pursuit of shared enjoyment, interests, or achievements with other people (e.g., demonstrating a lack of showing, bringing, or pointing out objects of interest to others)
 - d. A lack of social or emotional reciprocity

2. Qualitative impairment in communication as manifested by at least *one* of the following characteristics:
 - a. Delay in, or total lack of, development of spoken language (not accompanied by an attempt to compensate through alternative models of communication, such as gesture or mime)
 - b. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - c. Stereotyped and repetitive use of language or idiosyncratic language
 - d. Lack of varied spontaneous make-believe play or social and imitative play appropriate to developmental level

3. Restrictive repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least *one* of the following characteristics:
 - a. Preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - b. Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping, twisting, or complex whole-body movements)
 - d. Persistent preoccupation with parts of objects

In addition to the traits described above, Autistic Disorder is also characterized by two other factors.



Delays or abnormal functioning in at least *one* of the following areas, with onset prior to age three:

- social interaction
- language as used in social communication
- symbolic or imaginative play



The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

If Rett's Disorder or Childhood Disintegrative Disorder are suspected, parents should be encouraged to promptly consult a medical professional.

Rett's Disorder (299.80)

In order to differentiate between Autistic Disorder and Rett's Disorder, the following conditions must be addressed. Rett's Disorder includes:



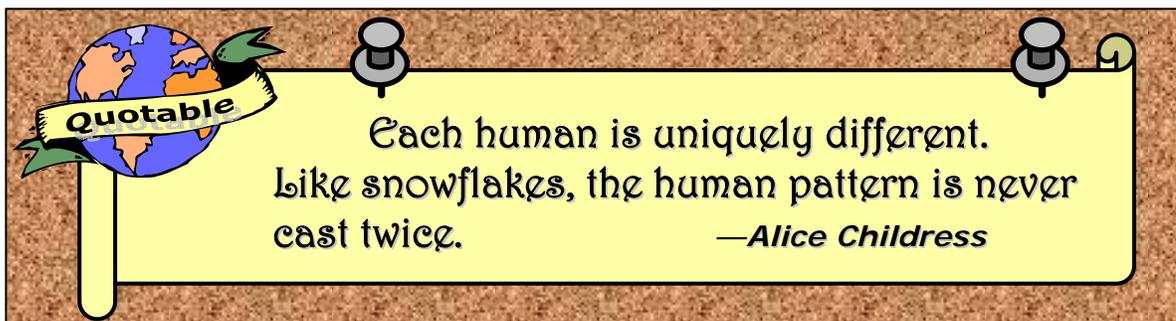
All of the following:

1. Apparently normal prenatal and perinatal development
2. Apparently normal psychomotor development through the first 5 months after birth
3. Normal head circumference at birth



Onset of all of the following after the period of normal development:

1. Deceleration of head growth between ages 5 and 48 months
2. Loss of previously acquired purposeful hand skills between 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand wringing or hand washing)
3. Loss of social engagement early in the course (although often social interaction develops later)
4. Appearance of poorly coordinated gait or trunk movements
5. Severely impaired expressive and receptive language development with severe psychomotor retardation



Childhood Disintegrative Disorder (299.10)

In order to differentiate between Autistic Disorder and Childhood Disintegrative Disorder, the following conditions must be addressed. Childhood Disintegrative Disorder includes:

A

Apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior.

B

Clinically significant loss of previously acquired skills before age 10 in at least *two* of the following areas:

1. Expressive or receptive language
2. Social skills or adaptive behavior
3. Bowel or bladder control
4. Play
5. Motor Skills

C

Abnormalities of functioning in at least *two* of the following areas:

1. Qualitative impairment in social interaction (e.g., impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity).
2. Qualitative impairment in communication (e.g., delay or lack of spoken language, inability to initiate or sustain conversation, stereotyped and repetitive)
3. Restricted, repetitive, and stereotyped patterns of behavior, interest, and activities including motor stereotypes and mannerisms.
4. The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.





Asperger's Disorder (299.80)

To make an educational determination that a child has Asperger's Disorder, consider these characteristics.



Qualitative impairment in social interaction, as manifested by at least *two* of the following traits:

1. Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
2. Failure to develop peer relationships that are appropriate to developmental level
3. Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., lack of showing, bringing or pointing out objects of interest to other people)
4. Lack of social or emotional reciprocity



Restricted, repetitive, and stereotyped patterns of behaviors, interests and activities, as manifested by at least *one* of the following characteristics:

1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in either intensity or focus
2. Apparent inflexible adherence to specific nonfunctional routines or rituals
3. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)
4. Persistent preoccupation with parts of objects



The disturbance causes clinically significant impairment in social, occupational or other important areas of functioning.

D

There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3).

E

There is no clinically significant delay in cognitive development or in the development of age-appropriate self help skills, adaptive behavior (other than in social interaction,) and curiosity about the environment in childhood.

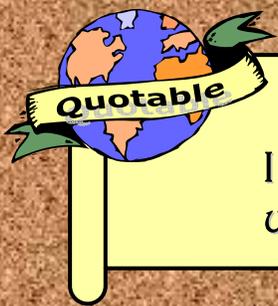
F

Criteria are not met for another specific Pervasive Developmental Disorder or for Schizophrenia.

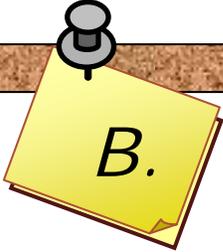


**Pervasive Developmental Disorder Not Otherwise Specified
(Including Atypical Autism) (299.80)**

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairments in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities—but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes “atypical autism” presentations that do not meet the criteria for Autistic Disorder because of late age of onset, atypical symptomatology, subthreshold symptomatology, or all of these.



Tell me and I'll forget, show me, and I may not remember. Involve me and I'll understand. —Native American saying



B.

What educational impact does this disability typically have on students?

The National Research Council (NRC) published the following description of the features of autism: *Autism is a disorder that is present from birth or very early in development that affects essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. It generally has life-long effects on how children learn to be social beings, to take care of themselves and to participate in the community. Autism is a developmental disorder of neurobiological origin that is defined on the basis of behavioral and developmental features. Although precise neurobiological mechanisms have not yet been established, it is clear that autism reflects the operation of factors in the developing brain. As yet, known direct links between pathophysiology and behavior in autism are still rare and have not yet had great influence on treatments or diagnoses* (Rumsey et al., 2000).

Nevertheless, current biologic research, such as genetics, may already have important implications for families of children with autistic spectrum disorders.

Autism is best characterized as a spectrum of disorders that vary in severity of symptoms, age of onset, and associations with other disorders (e.g., mental retardation, specific language delay, epilepsy). The manifestations of autism vary considerably across children and within an individual child over time. There is no single behavior that is always typical of autism and no behavior that would automatically exclude a child from a diagnosis of autism, even though there are strong and consistent commonalities, especially in social deficits (NRC, 2001).

The potential academic impact, social skills, behavior, communication, sensory integration differences, and developmental challenges related to the disability must be addressed by educational stakeholders in order to ensure that access to the general educational curriculum and the student's ability to function appropriately in the community is supported and maintained consistently throughout the student's educational program.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>. Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms below should be completed in order to support the goals of the assessment and evaluation process.

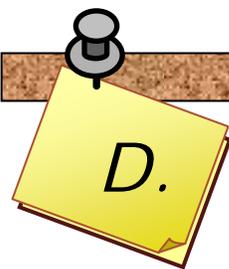
1. Notice of and Invitation to SAT meeting
2. SAT Referral Packet
3. Student Observation(s)
4. SAT Meeting Summary(ies)
5. SAT Intervention Plan
6. SAT Intervention Progress Report(s) and Follow-Up
7. Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to



gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



What comprises an initial evaluation?

Students with ASD often show "uneven" patterns of cognitive development that include strengths in visual and perceptual skills and differences in verbal expression and verbal comprehension; therefore, information regarding both verbal and nonverbal cognitive abilities must be obtained.



Highly recommended components of an initial evaluation:

1. Review and consideration of **complete SAT file** documentation, with special attention given to medical information
2. **Direct observations**, completed by member(s) of evaluation team
 - community/home setting(s), and/or
 - school setting(s), and/or
 - symbolic play skills, when appropriate
3. An individually administered **assessment of cognitive/intellectual abilities** gives meaningful information on the student's capacity to learn, level of concept development, and method of processing information. The assessment must be composed of at least the core test battery, as defined by the test author.

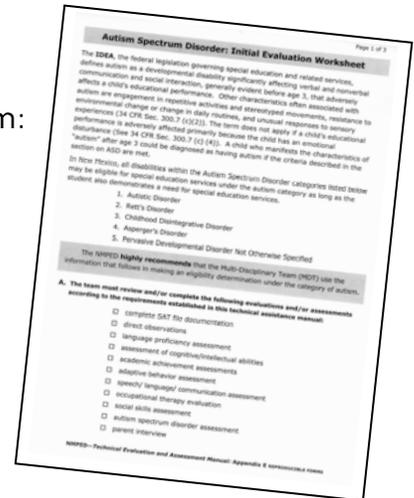
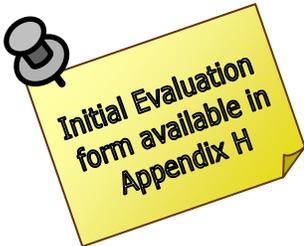
- 
4. Both standardized and non-standardized **academic achievement assessments** provide information about how the student functions in the areas of reading, written language, and mathematics, and offer a measure of the student's strengths, weaknesses, and mastery of skills. The standardized assessment must be composed of full academic assessment clusters, as defined by the test author(s).
 5. An **adaptive behavior assessment** gives information regarding conceptual, social, and practical skills.
 6. A **speech/language/communication assessment** provides information regarding level(s) of expressive and receptive language development (e.g., pre-linguistic, concrete-linguistic, and symbolic-linguistic)
 - To the extent possible, assessment of language content, form, and function (semantics, syntax, pragmatics) should include both formal and informal descriptive measures. Pragmatic language skills must be assessed.
 - Assessment of oral/peripheral structure and function, including oral-motor skills, articulation/phonology, prosody, and voice (resonance) when appropriate, should be conducted.
 - A communication/language evaluation may include an augmentative/alternative assessment.
 7. An **occupational therapy evaluation** results in information regarding motor development as well as degree of hyper- or hypo-sensitivity or other sensory issues.
 8. A formal and/or informal **social skills assessment** offers information regarding interactive skills across multiple settings.
 9. An **Autism Instrument**—If the assessment results/observations gathered from components 1-9 listed above lead the evaluation team to suspect that the student may be a child with ASD, an instrument that has been specifically designed to identify students with ASD should be administered.

10. A **Parent Interview**—If the assessment results/observations gathered from components 1-9 listed above lead the evaluation team to suspect that the student may be a child with ASD, a parent interview specific to the symptomatology of autism should be conducted.



Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Language proficiency assessment
2. Physical therapy evaluation
3. Psychological evaluation
4. Physical examination
5. Neurological assessment
6. Functional behavior assessment
7. Behavior rating scale



ASD is a behaviorally defined syndrome that has multiple etiological causes. It is associated with many medical and neurobiological factors. Because of the many biological factors associated with the syndrome of ASD, it is critical that a medical professional be an important part of the evaluation team. Genetic syndromes such as Down Syndrome can occur with ASD. Students with ASD may have associated seizures in as many as 25 to 30 percent of the autistic population. Therefore, medical information is vital to consider if the assessment team is making an initial diagnostic evaluation. Parents are encouraged to consult medical specialists if the evaluation team suspects that their child may be a child with ASD. Questions to ask the medical professional might include ones such as those that follow.

11. *Does the medical history rule out or confirm etiologies? (e.g., Fragile X Syndrome, Neuro-fibromatosis, Tuberous Sclerosis, or other chromosomal abnormalities)*
12. *Have sleeping and eating disorders been documented?*
13. *If medical management is appropriate, is there accurate accounting and monitoring of medication by medical personnel?*

14. *Are there specific behaviors that demonstrate regression of skills?* (e.g., hand use)



To receive special education or related services, a student must meet these eligibility criteria:

1. The student meets the requirements of the autism (ASD) definition.
2. Educational performance is not affected primarily because of an emotional disturbance.
3. A speech-language impairment is not the sole exceptionality.
4. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
5. The student demonstrates a need for special education services.



E. What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should first consider updated medical information, and then additional information, as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations

More than an "IDEA"
It's the LAW!

- observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
- Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?

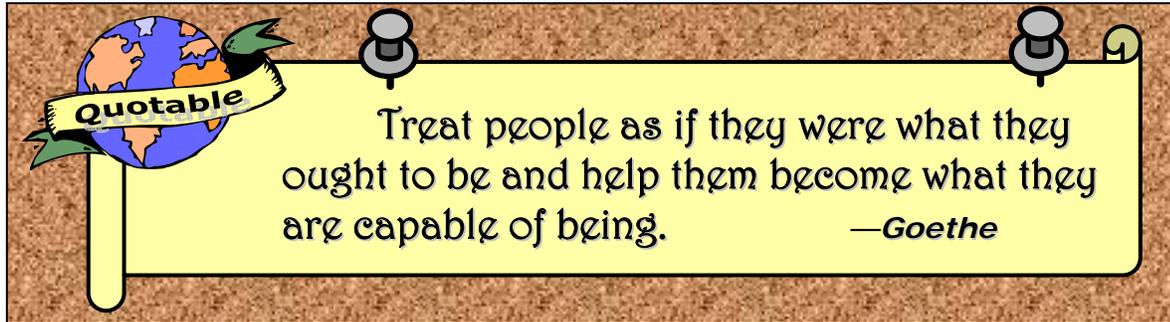


In addition to meeting the requirements under the law, the following are **highly recommended** components of a reevaluation.

1. **Educational stakeholder interviews**, to include information regarding adaptive skills, social skills, behavioral issues, communication skills, and self-help/independence
2. **Documentation of interventions** tried in multiple environments and the results of the interventions
3. **Data** that indicate whether the student is or is not benefiting from current educational services
4. Systematic review of **individual academic achievement**, including analysis of standardized and/or non-standardized measures
5. A standardized or non-standardized **speech/language/communication assessment** to assess level(s) of expressive and receptive language development as described in the initial evaluation
6. **Related service evaluations** for all services being rendered
7. **Transition Assessment**



Finally, potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed necessary as a result of concerns, questions, or developments since the last evaluation. The assessment of cognitive/intellectual abilities is particularly important if the most current cognitive results were gathered before age eight.



When are special education services to be discontinued?

Students with ASD should be considered for discontinuation of services when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Monitoring of social skills, behavior, communication, current levels of academic performance, and independence may continue to be necessary. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



What are some possible resources to get more information about this disorder?

Here is a list of local and national resources related to ASD.

The Autism Research Institute (ARI)
Voice 619-281-7165
Fax 679-563-6840
www.autism.com/ari

Autism Society of America
1-800-3-autism
www.autism-society.org

Cure Autism Now
1-888-8AUTISM
www.cureautismnow.org/

Early Childhood Evaluation Program
Center for Development & Disability
University of New Mexico
1-800-337-6076 (toll free)
505-272-2756 (Albuquerque)

LINC (Library and Information
Network for the Community)
University of New Mexico
1-800-827-6380 (toll free) or
505-272-0281 (Albuquerque)

Long Term Services Division
Developmental Disabilities Programs
1-877-696-1492 (toll free)
www.health.state.nm.us/ltsd

New Mexico Autism Society
505-332-0306 (Albuquerque)
www.nmautismsociety.org

OAR—Organization for
Autism Research
(703) 351-5031

Parents for Behaviorally
Different Children
1-800-273-7232
www.pbdconline.org

Parents Reaching Out
1-800-524-5176 (toll free) or
505-247-0192 (Albuquerque)
www.parentsreachingout.org

Public Education Department
Special Education Bureau
505-827-1457
www.ped.state.nm.us/seo/index.htm

SouthWest Autism Network
1-800-270-1861 (toll free) or
505-272-1852 (Albuquerque)

To access Project SET directly
(505) 272-3012 (Albuquerque)



Family Infant Toddler Program (FIT)
Long Term Services Division
New Mexico Department of Health
1-877-696-1472 (toll free)
www.health.state.nm.us/ltsd/fit

Families for Early Autism Treatment
(FEAT)
(916) 843-1536 www.feat.org/

New Mexico
T.E.A.M.



See Appendix H
for a reproducible
initial evaluation
worksheet for ASD.

NOTES

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Thoughts?
Ideas?
Questions?



New Mexico
T.E.A.M.

Deaf-Blindness

II. Deaf-Blindness

- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of Special Education Services
- G. Possible Resources



A.

What is the definition under the IDEA?

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. (34 CFR Sec. 300.8 (c)(2))

B.

What educational impact does this disability typically have on students?

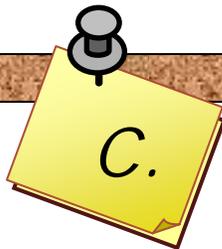
The National Technical Assistance Consortium for Children and Young Adults Who are Deaf-Blind provides an overview of the impact of deaf-blindness:

People rely upon information about the world around them in order to learn, function, and interact with others. Vision and hearing are the major senses through which this information is accessed. Individuals, who have combined vision and hearing loss or deaf-blindness, are unable to access this essential information in a clear and consistent way. Deaf-blindness is a disability of access—access to visual and auditory information.

Deaf-blindness does not necessarily refer to a total inability to see or hear. Many individuals who are deaf-blind have some usable hearing and/or vision. However, the concomitant effect of both vision and hearing loss is significant. It greatly affects the ability to access information.

There are many issues that affect the student's ability to access information and should be considered as part of the evaluation process, most notably age and sequence of onset, for example, Usher Syndrome.

However, a student may have both hearing and vision impairments that are not significantly affecting his or her educational performance and thus the student may not be in need of special education services. The category of multiple disabilities is not appropriate for students who are deaf-blind if there are no other concomitant, significant disabling conditions.



What must be considered with respect to the SAT (Student Assistance Team)?

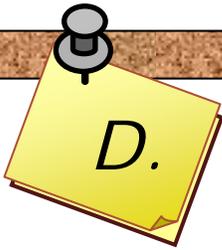
Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>. Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.





What comprises an initial evaluation?

Since few formal assessments have been standardized with students who are deaf-blind, the evaluation team relies heavily on informal, individually planned assessment information for evaluation and program planning.



Highly recommended components of an initial evaluation:

1. Review and consider the **complete SAT file** documentation
2. Conduct a current, comprehensive **audiological evaluation** to determine unaided and aided hearing levels and other audiological measures deemed necessary by a licensed audiologist to determine degree and type of hearing loss.
3. Obtain an **eye examination** conducted by a licensed eye specialist, such as an ophthalmologist or an optometrist, to determine the presence of an eye condition. A written report (see Appendix H) must be on file that includes the diagnosis of the eye condition, visual acuity, and recommendations in regard to using prescription lenses.
4. Do a **functional vision evaluation** to provide information regarding the amount and efficiency of the student's use of vision in an educational setting. This must include:

- observations of visual responses; screening tests of visual abilities; observations by family and teachers; self report of visual abilities (when appropriate)
- observation of accommodations in classroom methods, materials, and environment (including lighting, time of day, location in the classroom, etc.).



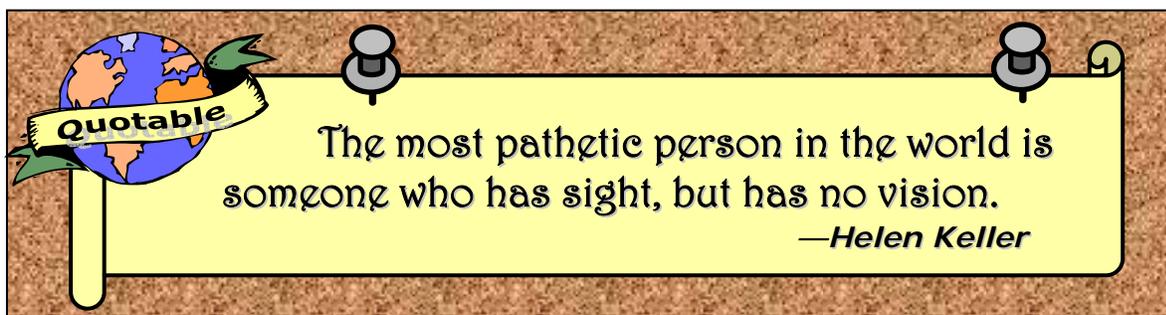
- This assessment must be conducted by teacher(s) of the visually impaired or those with specific training in this area.
5. Give a **speech/language/communication assessment** to acquire information regarding the student's communication. In order to choose appropriate tests and procedures, the evaluator must first determine which language, or communication system(s) the child uses. The assessment should include a description of the intelligibility of all systems used.

The communication evaluation for deaf-blind should focus on three areas:

- Identifying the child's communicative strengths and weaknesses
- Comparing the child's communication skills to those of other students the same age with normal hearing abilities
- Assessment of receptive and expressive language content (semantics), form (morphology/syntax), and function (pragmatics) should include both standardized and non-standardized descriptive measures

Assessment of oral/peripheral structure and function, articulation/phonology, voice and prosody, when appropriate, should be conducted.

The communication/language evaluation may include an augmentative/alternative assessment.



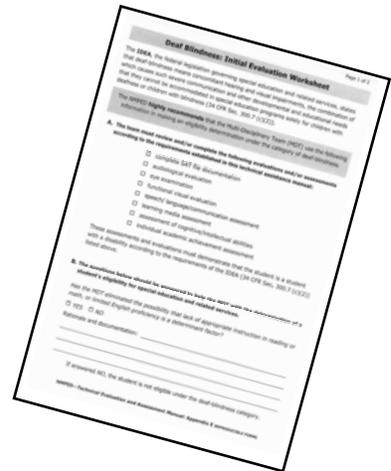
6. A **learning media assessment** must be conducted by teacher(s) of the visually impaired or those with specific training in this area. "Learning media" are defined as the materials or methods that a student uses for reading and writing as well as the sensory channels utilized to access information.

- 
7. The **assessment of cognitive/intellectual abilities** will provide meaningful information on the student's capacity to learn, level of concept development, and method of processing information.
- The examiner will need to consider the results of the student's **functional vision evaluation, hearing evaluation, learning media assessment, and speech/language/communication assessment** and may wish to consult with a person(s) who is trained in the education of students who are deaf/hard of hearing and visually impaired regarding choice of test instruments and any modifications in the methods, materials, and environment that might enhance the assessment.
 - If formal evaluation is not feasible, an assessment of adaptive behaviors will be necessary in order to gather information regarding the student's cognitive abilities.
8. An **individual academic achievement assessment** must provide information as to how the student functions in the areas of reading, written language, mathematics and will provide a measure of the student's strengths, weaknesses, and mastery of skills.
- The examiner will need to consider the results of the student's **functional vision evaluation, hearing evaluation, learning media assessment, and speech/ language/ communication assessment** and may wish to consult with a person who is trained in the education of students who are deaf/hard of hearing and visually impaired regarding choice of test instruments and any modifications in the methods, materials, and environment that might enhance the assessment.
 - If formal evaluation is not feasible, assessments of functional skills will be necessary in order to gather information about the student's present levels of performance.



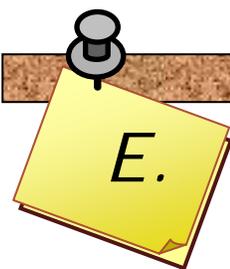
Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Assessment of motor skills
2. Adaptive behavior assessment
3. Assessment of the student's orientation and mobility skills
4. Assessment of student's social-emotional development
5. Assistive Technology evaluation
6. Functional Vocational evaluation



To receive special education or related services, a student must meet the eligibility criteria:

1. The student meets the requirements of the deaf-blindness definition.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.



Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation must meet the following requirements established by the IDEA (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



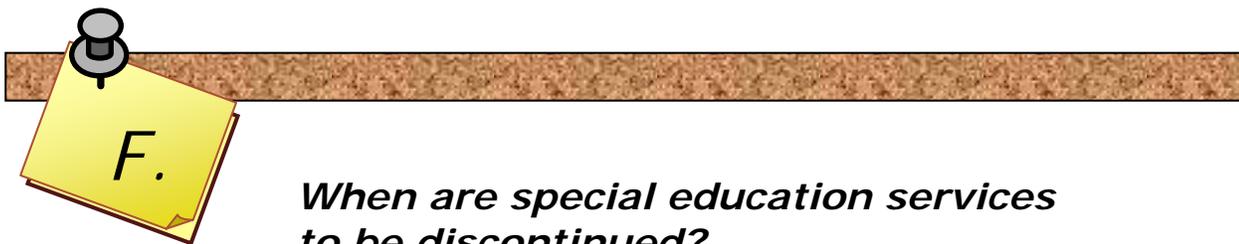
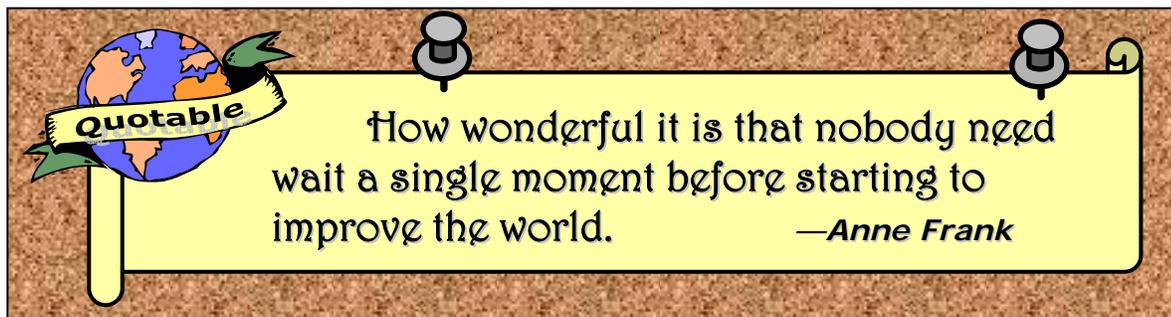
In addition to meeting the requirements under the law, the following are **highly recommended components** of a reevaluation.

1. A current **audiological evaluation** (within the last 12 months) by the audiologist
2. A current **eye examination** (within the last 12 months) by the eye care specialist
3. A **functional vision evaluation**
4. A **speech/language/communication assessment**



Finally, potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed needed, including

1. Learning media assessment
2. Academic achievement assessment
3. Orientation and mobility evaluation
4. Functional vocational assessment
5. Assistive technology evaluation



Students with deaf-blindness should be considered for discontinuation of services when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to deaf-blindness.

The New Mexico School for the Blind and Visually Impaired Instructional Resource Center (IRC) (505) 439-4437.
<http://www.nmsvh.k12.nm.us/>

American Printing House for the Blind (APH) 1(800) 223-1389
www.aph.org

AFB (American Foundation for the Blind) 1(800) 232-5463
www.afb.org

New Mexico State Talking Book Library 1(800) 456-5515
www.stlib.state.nm.us

RFB&D Recordings for the Blind and Dyslexic 1(800) 221-4792
www.rfbd.org

Library of Congress 1(800) 424-8567
www.loc.gov/nls

New Mexico School for the Blind and Visually Impaired 1(800) 437-3505

National Federation of the Blind/
National Organization of Parents of
Blind Children (NOPOBC)
www.nfb.org/nopbc.htm

Parents Reaching Out (PRO)
1(800) 524-5176
www.parentsreachingout.org

New Mexico School for the Blind and Visually Impaired 1(800) 437-3505
<http://www.nmsvh.k12.nm.us/>

Texas School for the Blind and Visually Impaired
www.tsbvi.edu

New Mexico Public Education Department, Special Education Bureau (505) 827-1457
www.ped.state.nm.us/seo/index.htm

DB Link 1(800) 438-9376. TTY 1(800) 854-7013
www.dblink.org

Project for New Mexico Students who are Deaf-Blind 1(877) 614-4051 e-mail:
nmdb@salud.unm.edu

Helen Keller National Center for Deaf-blindness 1(516) 944-8900
www.hknc.org

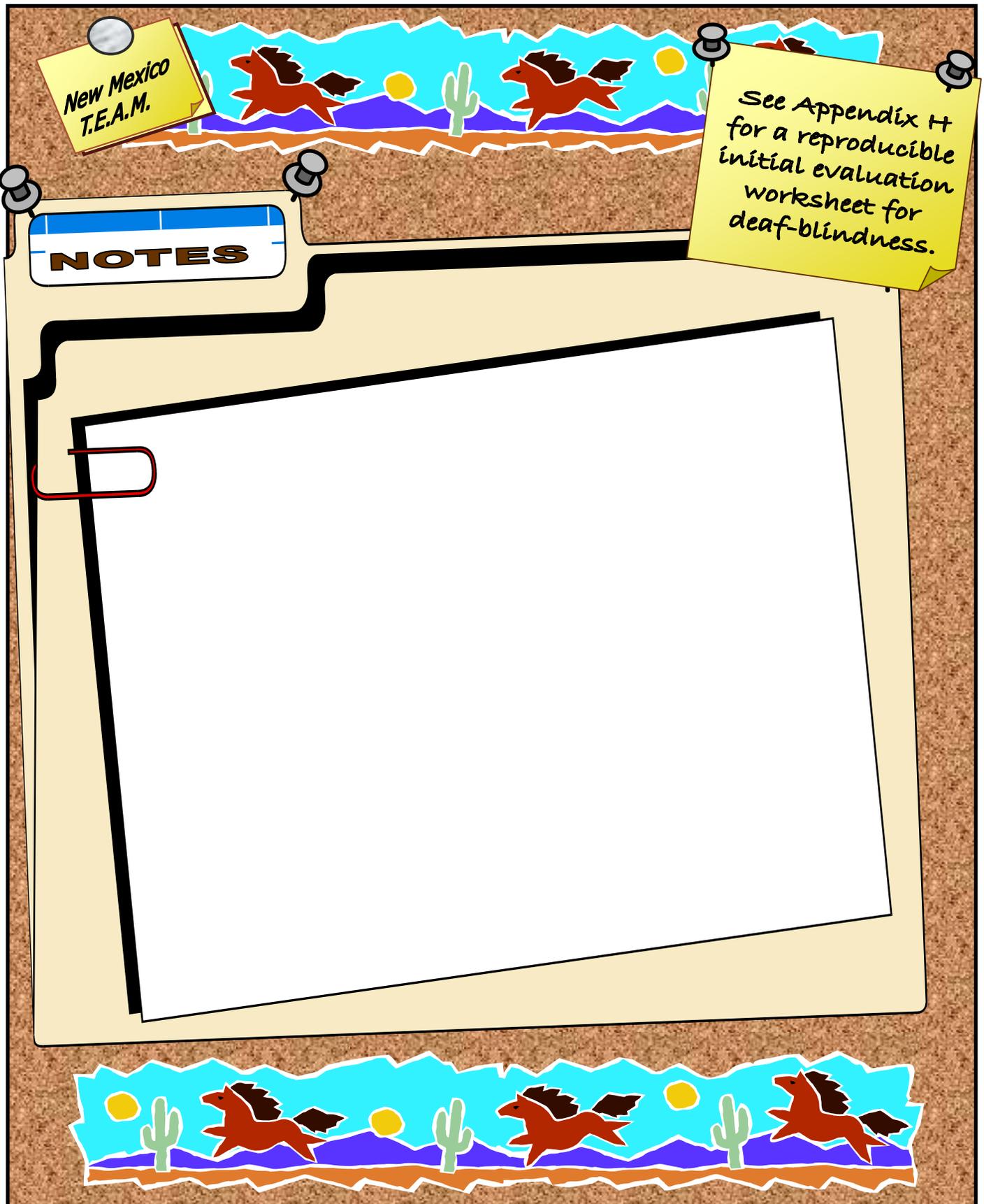
New Mexico Commission for the Blind
www.state.nm.us/cftb

AER (Association for the Education and Rehabilitation for the Blind and Visually Impaired)
www.aerbvi.org

Local Lion's Club - www.lionsclubs.org

New Mexico Ophthalmological Society
www.nmos.org

New Mexico Kids www.newmexicokids.org

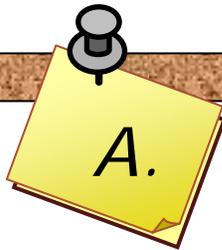




Deaf or Hard of Hearing

III. Deaf or Hard of Hearing

- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of Special Education Services
- G. Possible Resources

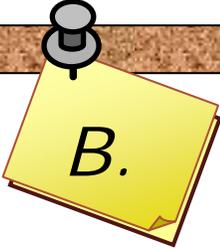


What is the definition under the IDEA?

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.

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. (34 CFR Sec. 300.8 (c)(3), (5))

In New Mexico, the term "hard of hearing" is used instead of "hearing impaired." This distinction is made in order to indicate a developmental/linguistic, rather than a pathological, perspective. Deaf or hard of hearing can mean mild through profound, bilateral or unilateral, sensorineural or conductive, permanent or fluctuating hearing loss, with or without amplification, as documented in a comprehensive audiological evaluation administered by a licensed audiologist.



B.

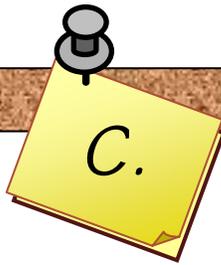
What educational impact does this disability typically have on students?

Students who are deaf or hard of hearing do not have full, or in some cases any, auditory access to expressive and receptive language through which the majority of information is presented and obtained in educational settings. Many families in New Mexico are bi- and even tri-lingual with Spanish or a Native American language being the predominant language at home, thus adding to the complexity of assessing and educating students who are deaf or hard of hearing.

The lack of development of early and appropriate communication skills may lead to academic achievement deficits, social communication deficits, and, potentially, vocational limitations. Supporting such development requires the earliest possible exposure to communication and language. Research validates the importance of early and meaningful "natural" communication as a crucial stepping-stone for the full development of language and English skills.

Depending on the individual child, "natural" communication may include a variety of communication modes, systems and languages, including American Sign Language (ASL), various forms of manually coded English, and spoken language. In addition, a child who is exposed to appropriate early communication is more apt to reach important cognitive and developmental milestones in the first few years of life. (New Mexico Task Force, 2003)

Factors such as etiology, age of onset, amount of residual hearing, cultural and language background, multiplicity of disabilities, communication skills, language environment, and cognitive ability affect the language proficiency a student, who is deaf or hard of hearing, has or may acquire. This may impact his or her ability to learn language visually through sign language or auditorily through speech, utilize amplification or assistive hearing technology, develop concepts, maximize his or her learning potential, and be an active participant in his/her educational environment.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>. Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

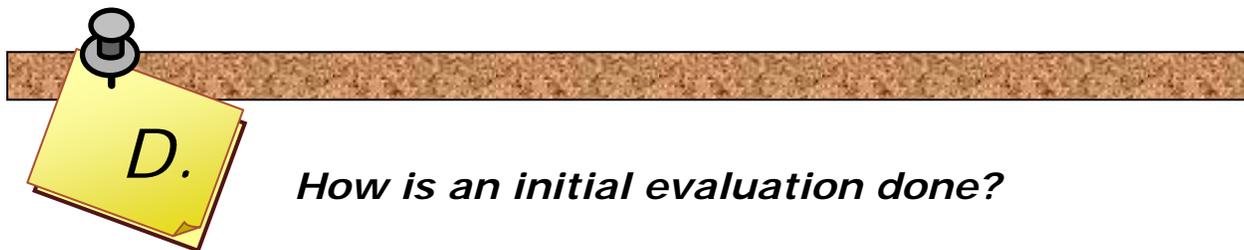
- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to



gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



How is an initial evaluation done?

The evaluation team makes use of an interpreter as needed. Formal assessments done using an interpreter require special consideration. Professionals conducting evaluations using an interpreter must take the following steps:

- Determine prior to the evaluation whether the child has sufficient language skills to use an interpreter and is at a developmental level that is adequate for understanding the role of the interpreter.
- Make a reasonable effort to use a Registry of Interpreters for the Deaf (RID) certified interpreter for any diagnostic assessment or evaluation that is done to determine eligibility for services.
- Meet with the interpreter prior to the testing to review the language of the test and determine how the interpreter will present the instructions and questions in a manner that is both consistent with the test standardization and comprehensible to the child.



Highly recommended components of and initial evaluation:

1. Review and consider the **complete SAT file** documentation. Because hearing loss places an increased demand on visual functioning, give special attention to **vision screening records**.

- 
2. Conduct a current, comprehensive **audiological evaluation** to assess unaided and aided hearing levels, and auditory skills developmental level and other audiological measures deemed necessary by a licensed audiologist to determine degree and type of hearing loss and functional use of hearing.
 3. Give a speech/language/communication assessment to acquire information about the student in the following areas:
 - Identifying the student's language strengths and weaknesses
 - Comparing the student's language and communication level with his or her potential
 - Comparing the student's language skills with those of other students the same age who have a similar degree of hearing loss
 - Comparing the student's language skills to those of other students the same age who are hearing

In order to choose appropriate tests and procedures, the evaluator must first determine which language, or communication system(s) the student uses. The evaluator must be competent and trained in evaluating the student's language and/or communication system(s). The assessment should include a description of the intelligibility of all systems used.

Assessment of students who are deaf should include standardized measures that are normed for students with hearing loss. Measures whose norm group is composed of students who are hearing may also be used if they are appropriate for the student's level of communicative functioning. In the latter case, scores should be used with caution and primarily for descriptive purposes.

Assessment of oral/peripheral structure and function, articulation/ phonology, voice and prosody, as appropriate, should be conducted.

4. The **assessment of cognitive/intellectual abilities** provides meaningful information on the student's capacity to learn, level of concept development, and method of processing information. The assessment must be composed of at least the core test battery, as defined by the test author.

The examiner will need to consider the results of the student's **audiological evaluation** and **speech/language/communication evaluation** and may wish to consult with a person who is trained in the education of students who are deaf or hard of hearing regarding choice of test instruments and any modifications in the methods, materials, and environment that might enhance the assessment.

5. An **individual academic achievement assessment** provides information as to how the student functions in the areas of reading, written language, mathematics and offers a measure of the student's strengths, weaknesses, and mastery of skills.

The examiner will need to consider the results of the student's **audiological evaluation** and **speech/language/communication evaluation** and, as above, may wish to consult with a person trained in the education of deaf or hard of hearing students.



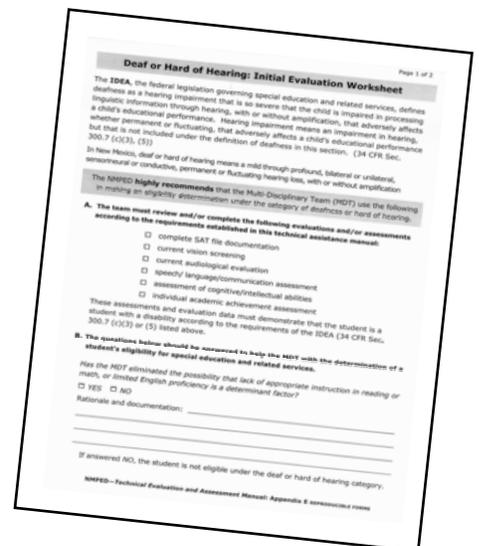
Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Adaptive behavior assessment
3. Assessment of visual perceptual skills
4. Social-emotional development
5. Motor skills evaluation
6. Career vocational evaluation



To receive special education or related services, a student must meet the eligibility criteria:

1. The student meets the requirements of the deaf or hard of hearing definition.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.





E.

What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



More than an "IDEA"
It's the LAW!



In addition to meeting the requirements under the law, the following are **highly recommended** components of a reevaluation.

1. A current **audiological evaluation**
2. A **visual screening**
3. A **speech/language/communication assessment**, as appropriate
4. An **assessment of achievement**

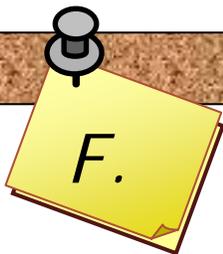


Potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed necessary as a result of concerns, questions, or developments since the last evaluation.

Quotable

It is one of the most beautiful compensations of life, that no man can sincerely try to help another without helping himself.

—Ralph Waldo Emerson



When are special education services to be discontinued?

Students who are deaf or hard of hearing can be considered for discontinuation of services when they demonstrate the ability to function independently and access direct and incidental communication needed for instruction. In addition, students should be able access and perform adequately in the general curriculum and no longer demonstrate a need for special education services. Any student whose special education services are discontinued must be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to the deaf or hard of hearing.

The New Mexico School for the Deaf
1(800) 841-6699
www.nmsd.k12.nm.us

Outreach Program—
www.nmsd.k12.nm.us/outreach/rescenter.html

Step*Hi (for families with children up to age six years old).
<http://www.nmsd.k12.nm.us/outreach/earlyin.html>

New Mexico Public Education
Department, Special Education Bureau
(505) 827-1457
www.ped.state.nm.us/se/index.htm

Laurent Clerc National Deaf
Education Center
<http://clerccenter.gallaudet.edu/>

American Speech-Language-Hearing
Association www.asha.org

New Alexander Graham Bell Association
for the Deaf www.agbell.org

Community Outreach Program for the
Deaf (COPD) 505-255-7636 800-229-
4262 <http://www.copdnm.org>

Registry of Interpreters for the Deaf
www.rid.org

Parents Reaching Out (PRO) 800-524-
5176 www.parentsreachingout.org

Families for Hands and Voices
www.handsandvoices.org

New Mexico Commission for the Deaf
and Hard of Hearing www.nmcdhh.org

American Society for Deaf Children
www.deafchildren.org

Conference of Educational
Administrators of Schools and Programs
for the Deaf (CEASD) www.ceasd.org

New Mexico
T.E.A.M.

See Appendix H
for a reproducible
initial evaluation
worksheet for deaf or
hard of hearing.

NOTES



New Mexico
T.E.A.M.

Developmental Delay

IV. Developmental Delay

- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of Special Education Services
- G. Possible Resources



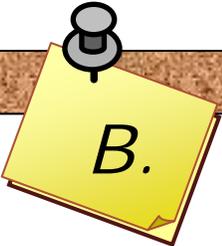
A.

What is the definition under the IDEA?

Developmental Delay is defined in the Code of Federal Regulations (34 CFR Sec. 300.8 (b)). Eligibility is limited to children aged three through nine experiencing developmental delays. *Child with a disability* for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111(b), include a child who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, needs special education and related services.

In New Mexico, the category of Developmental Delay, established by Section 6.31.2.7 (C)(5) NMAC, includes students who are aged three through nine with documented delays in development which are at least two standard deviations or 30 percent below chronological age; or, who in the professional judgment of the MDT and one or more qualified evaluators needs special education or related services in at least one of the following five areas: receptive or expressive language, cognitive abilities, gross and/or fine motor functioning, social or emotional development or self-help/adaptive functioning. Use of the developmentally delayed option by individual local educational agencies is subject to the further requirements of Section 6.31.2.10 F(2) NMAC.

Section 6.31.2.10 (F)(2) NMAC establishes that the use of developmentally delayed classification for children aged three through nine may be used at the option of individual local education agencies but may only be used for children who do not qualify for special education under any other available disability category. The addition of this classification for children aged five through nine shall not affect its continued availability for preschool children with disabilities aged three and four. However, its continued use for such children shall be subject to the diagnostic criteria in Section 6.31.2.7 (C)(5) NMAC. Children who are classified as developmentally delayed must be reevaluated during the school year in which they turn nine and will no longer be eligible in this category when they become 10. A student who does not qualify under any other available category at age 10 will no longer be eligible for special education and related services.



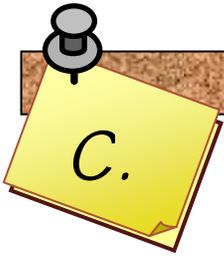
B.

What educational impact does this disability typically have on students?

Students with a developmental delay in one of the areas listed below have a disability that adversely affects their involvement and progress in the general curriculum or their participation in developmentally appropriate activities. The impact of the disability must be manifested in one or more of the following five domains:

- physical development—fine and gross motor, such as writing, cutting, coloring, running, jumping, moving, etc.
- cognitive development—conceptual development, creativity, thinking, reasoning, problem-solving
- communication development—expressive and receptive language use, articulation, voice, fluency, etc.
- social or emotional development—express feelings under normal circumstances, interaction, ability to establish interpersonal relationships, responses to social expectations, sharing, etc.
- adaptive development—conceptual, social, and practical skills, such as toileting, dressing, eating, self-care, etc.

Each of these children is an individual with a unique configuration of strengths, challenges, and temperament characteristics. Assessment is complicated by a myriad of unique development issues and typical fluctuations in terms of performance skills. Multiple transitions between and among multiple settings affect the student's performance skills, as well. Collaboration in the development of educational programs is difficult, as there are many different professionals involved. Evaluation teams must keep in mind that "at risk" behaviors do not necessarily equate to a developmental delay.



What must be considered with respect to the SAT (Student Assistance Team)?

The SAT process, though not specifically required by current regulations for pre-school age children, is a model that should be followed by early childhood personnel in order to ensure thorough communication of student needs in the pre-school to school transition. For instance, the documentation of developmental/educational interventions that have been utilized in the home, community, and classroom and their efficacy should be included in the referral file.

For school-age students, appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: The Student Assistance Team and the Three-Tiered Model of Student Intervention. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>. Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

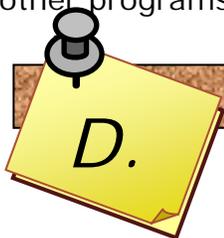


- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically

diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of level of acculturation, cultural or sociolinguistic differences, or additional intangible factors. The SAT and all evaluators are responsible for gathering information and examining underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



What comprises an initial evaluation?

Evaluation considerations for students with developmental delays are particularly complex, and **unique evaluation issues** must be addressed. In part, *professional judgment* enters into the team's consideration of a child's qualifications for eligibility.

In New Mexico, the NMPED has established the following **professional judgment requirements** in an effort to further clarify expectations previously published in the *Technical Assistance Document for the Category of Developmentally Delayed and Use of Professional Judgment* manual. The NMPED must emphasize that the use of professional judgment for eligibility decisions is not an individual decision, it is a team decision. These requirements are adapted from the American Association on Mental Retardation (AAMR).



Purpose of Professional Judgment

The overall purpose of professional judgment is to ensure best practices. The use of professional judgment in a particular case enhances the precision, accuracy, and integrity of the professionals' decision in that case.

Definition of Professional Judgment

Professional judgment is a special type of judgment rooted in a high level of professional expertise and experience; it emerges directly from extensive data. It is based on the professionals' explicit training, direct experience with those with whom the professionals are working, and specific knowledge of the person and the person's environment. Competent professional judgment is based upon the specific strategies highlighted in the box below. Professional judgment is characterized by being: *systematic* (i.e., organized, sequential, and logical), *formal* (i.e., explicit and reasoned), and *transparent* (i.e., apparent and communicated clearly).

Competent Professional Judgment: Six Strategies

1. Conducting a thorough social history
2. Aligning data and its collection to the critical question(s) at hand
3. Applying broad-based assessment strategies
4. Implementing intervention best practices
5. Planning, implementing, and evaluating supports
6. Reflecting cultural competence and diversity

Contraindications of Professional Judgment

Professional judgment should not be thought of as a justification for abbreviated evaluations, a vehicle for stereotypes or prejudices, a substitute for insufficiently explored questions, an excuse for incomplete or missing data, or a way to solve political problems.

The use of professional judgment is to be employed only when a student does not meet the eligibility criteria established in 6.31.2.7 C (5) NMAC, referenced above. Given that initial stipulation, there are three situations that typically require the use of professional judgment:

1. Formal assessment is less than optimal (e.g., unreliable, invalid, incomplete, inappropriate) and cannot be improved, but, even so, may be sufficient to provide a partial basis for making professional judgment.
2. Complex medical or behavioral conditions require multiple analyses (e.g., descriptive, functional, ecological, outcome) that must be balanced in the application of professional judgment.
3. Cultural diversity and/or linguistic factors impact or affect the information needed for decisions. Consideration of those cultural and/or linguistic factors will require professional judgment. (AAMR, 2005)

The use of professional judgment to determine eligibility for special education services under the developmental delay category requires that particular care should be taken to analyze "at risk" factors, such as low birth weight, poverty, prematurity, parenting, and in utero development. While these at risk factors may create barriers to learning, they do not constitute, in and of themselves, developmental delay in the absence of specific developmental concerns.

Similar care should be applied when attending to the individualized needs of dual language learners and culturally diverse children/students. Evaluation teams must take care to address cultural and linguistic considerations in order to successfully distinguish between language differences and language disabilities.

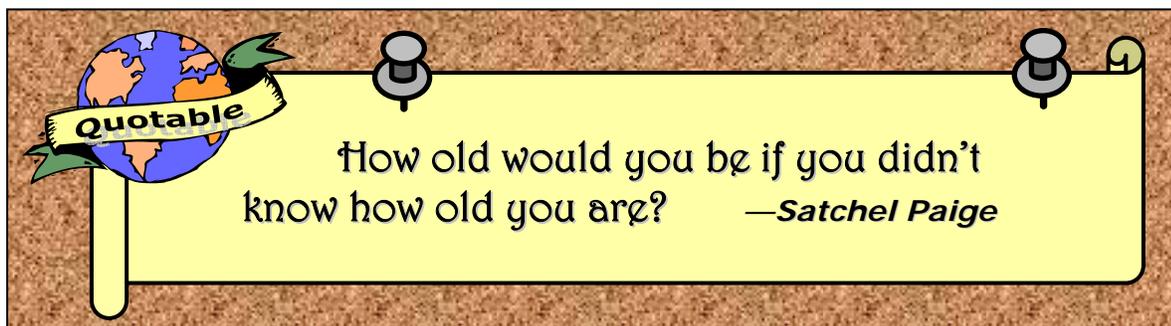
The evaluation process is further complicated by the fact that evaluation data may not be reliable for children due to their age and/or complications presented by the developmental nature of their functioning.

In addition to the challenges presented by the complex situations discussed above, there may be complications related to the timing of the initial referral and evaluation.

Specifically, referrals that are received at the end of the school year from early childhood programs make SAT documentation requirements difficult to accomplish. LEAs are encouraged to proceed with the evaluation based on the early childhood referral, conduct the MDT meeting, and determine, with the parent/caregiver,

if additional data are needed at that time. If so, they identify the specific data needed, according to the requirements established by the Individuals with Disabilities Education Improvement Act (IDEA) 2004, Sec. 614 (c)(1)(B).

Evaluation teams must keep in mind, as they make decisions in this evaluation process, that one of the intended functions of the developmental delay category is to provide children and students with access to appropriate service early enough to maximize development with early intervention. The category of developmental delay may be an appropriate determination when the evaluation team is unable to make an appropriate disability determination under any other category, as long as the evaluation is conducted within the expectations established by this manual.



To identify children/students with developmental delays, a holistic view of their development in all areas must be formulated and supported by observations, narratives, and assessment data supplied by evaluation team members. To obtain a holistic view, a range of data sources that compose a complete body of evidence must be collected. Families and various agencies will be involved in this process.



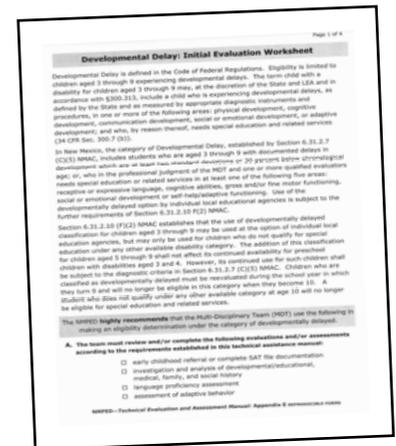
Highly recommended components of an initial evaluation:

1. For pre-school children, consider the comprehensive **early childhood referral** package. For school-age students, review and consider the **complete SAT file** documentation.
2. Do an **investigation and analysis** of developmental/educational, medical, family, and social history.
3. Give an individually administered **assessment of adaptive behavior** to provide information regarding conceptual, social, and practical skills. The assessment must utilize a standardized instrument(s) that is normed on the general population, including persons with and without disabilities.

4. Do an **analysis** of current standardized and/or non-standardized developmental/educational data and performance.
5. **Review** existing evaluation data.
6. Conduct formal and/or informal **observations** by different members of the evaluation team (which includes parents/caregivers). To determine developmental/educational functioning, do these observations in multiple settings, both structured and unstructured.
7. Conduct **interviews** of parents, caregivers, and students to determine student preferences, individual strengths and needs, family assets and needs, and any potential additional concerns.
8. If formal evaluation is not feasible, **assessments of functional skills** will be necessary in order to gather information about the student's present levels of performance.



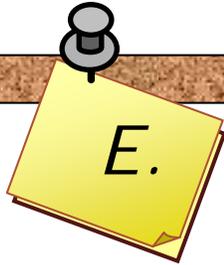
Additional components of an initial evaluation should be determined based on evaluation teams' considerations related to eliminating other disability categories as potential options. The team may also make recommendations to establish which domain (or domains) of the disability is impacted—physical, cognitive, communication, social, emotional, and/or adaptive development.



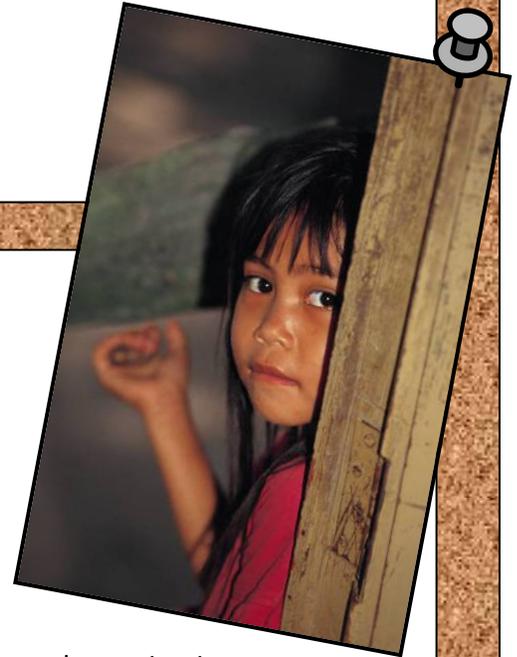
To receive special education or related services, a student must meet the eligibility criteria:

1. Lack of *appropriate* instruction in reading or math, or limited English proficiency is not a determinant factor.
2. The child does not meet eligibility requirements for any other IDEA disability category.
3. The child has documented delays in development which are at least two standard deviations or 30 percent below chronological age.

4. If the child does not meet requirements established in #3, the MDT, including one or more qualified evaluators, may use *professional judgment* to determine that he or she needs special education services in at least one of the following five areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development.
5. The disability must have an adverse affect on the child's developmentally appropriate activities or educational performance respectively.



What about reevaluation?

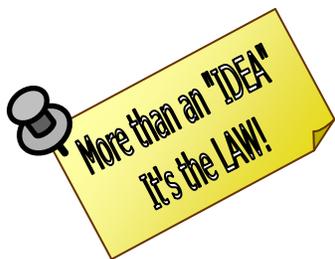


Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation. A reevaluation must be conducted in the school year in which the student turns age nine. If the Local Education Agency (LEA) and the parent agree that a reevaluation is necessary prior to age nine, the IEP team should consider updated medical information. Additionally, the requirements under the IDEA for reevaluation must be met.

Unless the parent and the Local Education Agency (LEA) agree that a reevaluation is not necessary, the IEP team should proceed as described below:

The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:



- current classroom-based, local, or state assessments, and classroom-based observations
- observations by teachers and related service providers

2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status.

The team must answer each of these questions:

- Does the child continue to have a disability and what are the child's educational needs?
- What are the child's present levels of academic achievement and related developmental needs?
- Does the student continue to need special education and related services?
- What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



F.

When are special education services to be discontinued?

In the school year in which the student turns age nine, he or she must be reevaluated in order to determine eligibility for any other IDEA disability category. Initial evaluation requirements must be met for the MDT to make this eligibility determination. If a student is not eligible, he or she must be referred to the SAT to ensure that appropriate supports are not simply dropped or discontinued.

Students with a developmental delay should be considered for discontinuation of services when they demonstrate the ability to function independently and access direct and incidental communication needed for instruction. In addition, students should be able to access and perform adequately in the general curriculum and no longer demonstrate a need for special education services. Any student whose special education services are discontinued must be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



G.

What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to developmental delay.

New Mexico Public Education Department, Special Education Bureau 505-827-1457
www.ped.state.nm.us/seo/index.htm

Center for Development and Disability (CDD) 505-272-3000 <http://cdd.unm.edu/>

Tresco Tots 1-800-595-TOTS (8687)
www.trescoinc.org

Alta Mira Specialized Family Services 505-262-0801 www.altamiranm.org

Division for Early Childhood (DEC) (406) 243-5898 www.dec-sped.org

CDD's Preschool Network 505-272-0384
<http://cdd.unm.edu/ec/PSN/>

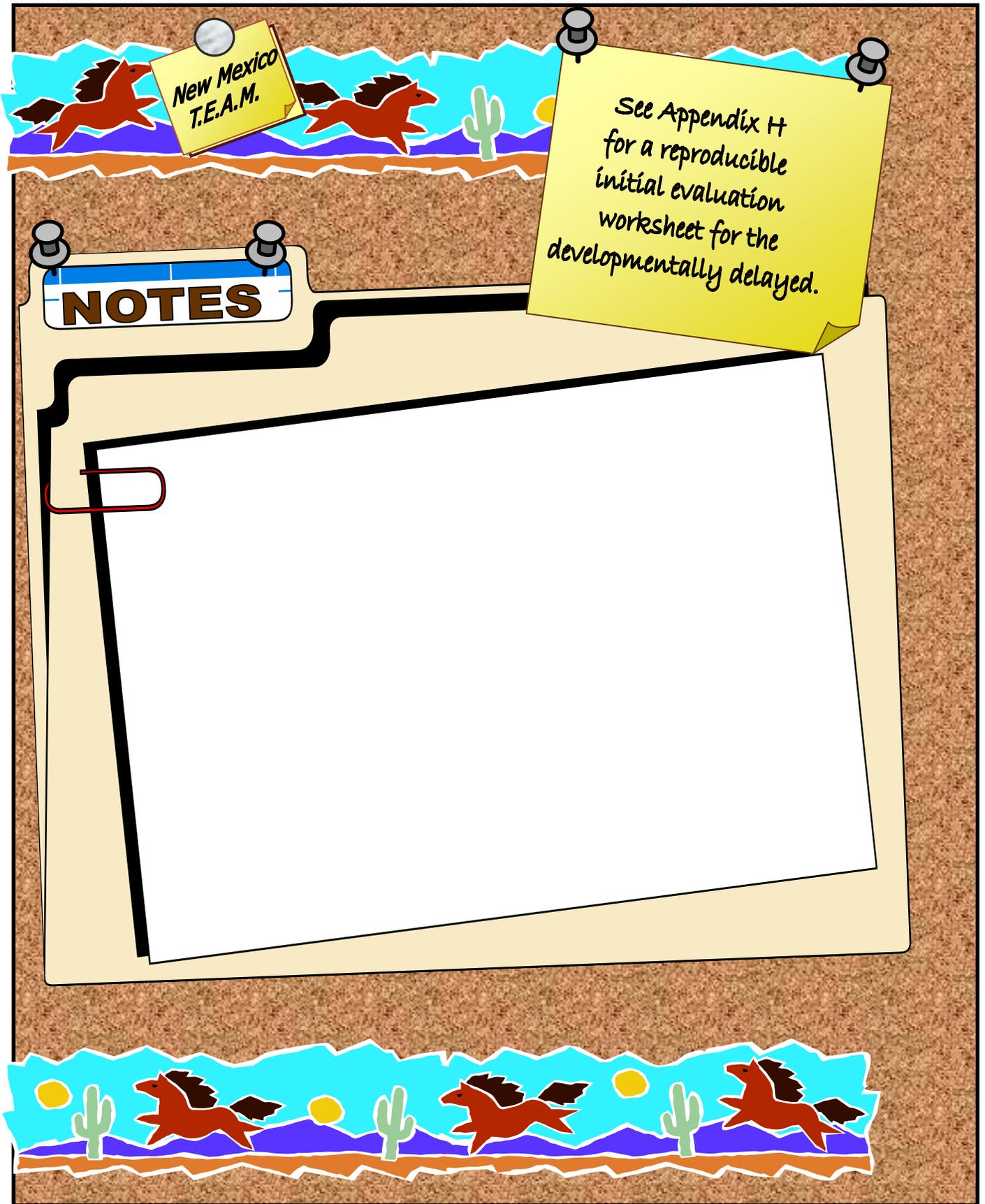
New Mexico Department of Health 505-827-2613 <http://www.health.state.nm.us/>

National Association of the Education of Young Children (NAEYC) 1-800-424-2460
<http://www.naeyc.org/>

Council for Exceptional Children (CEC) 1-888-CEC-SPED (232-7733) www.cec.sped.org

Developmental Delay Resources (301) 652-2263
<http://www.devdelay.org/>

Parents Reaching Out (PRO) 1-800-524-5176
<http://www.parentsreachingout.org/>



New Mexico
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See Appendix H
for a reproducible
initial evaluation
worksheet for the
developmentally delayed.

NOTES

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New Mexico
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Emotional Disturbance

- V. Emotional Disturbance
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

Emotional Disturbance is 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:

- an inability to learn which cannot be explained by intellectual, sensory, or other health factors
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behavior or feelings under normal circumstances
- a general pervasive mood of unhappiness or depression
- a tendency to develop physical symptoms or fears associated with personal or school problems

Emotional Disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they (also) have an emotional disturbance under paragraph (c)(4)(i) of this section. (34 CFR Sec. 300.8 (c)(4))

The Office of Special Education Programs (OSEP) has clarified that a generally acceptable definition of "a long period of time" is a range of from two to nine months, assuming

preliminary interventions have been implemented and proven ineffective during that period (*Letter to Anonymous*, 231 IDELR 247, OSEP 1989). Neither the IDEA statute, nor its regulations at 34 CFR 300.7 (c)(4)(i), define the requirement that a student's qualifying behavior manifest itself "to a marked degree." OSEP takes the position that it generally refers to the frequency, duration, or intensity of a student's emotionally disturbed behavior in comparison to the behavior of peers, and can be indicative of either degree or acuity or pervasiveness (*Letter to Anonymous*, 213 IDELR 247, OSEP 1989). Attempts have been made to elicit clarification from federal agencies such as OSEP, regarding contentious points in the ED definition. For instance, when asked, "What constitutes educational performance?" OSEP replied in a policy letter dated September 14, 1990, that *educational performance must be determined on an individual basis and should include non-academic as well as academic standards as determined by standardized measures*. The letter concluded that the *measurement of 'educational performance' for children with IEPs will be different for each child and must be limited to each child's unique educational needs. Therefore, this Office, as of this time, has not developed a single definition of the term 'educational performance.'* (*Letter to Lybarger*, 17 IDELR 54, OSEP 1990)

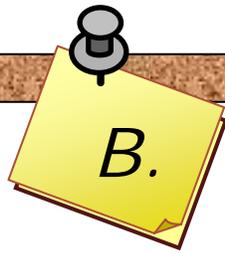
In New Mexico, Emotional Disturbance is a condition exhibiting *one or more* of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- an inability to learn which cannot be explained by intellectual, sensory, or other health factors
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behavior or feelings under normal circumstances
- a general pervasive mood of unhappiness or depression
- a tendency to develop physical symptoms or fears associated with personal or school problems

The term does not apply to children who are socially maladjusted unless it is determined that they (also) have an emotional disturbance. The term does not apply to students experiencing sociolinguistic stress, acculturational stress, or any other situational challenges, unless it is determined that they (also) have an emotional disturbance.

"Socially maladjusted" remains a concept for which there is currently no universally accepted definition. If a team recommends excluding a child from eligibility as not having an emotional disturbance due to being socially maladjusted, the team should assure that

a scientifically-based conceptual framework for defining and assessing social maladjustment is used and documented.



What educational impact does this disability typically have on students?

Emotional disturbance affects both male and female students. Care should be taken to assure that all children with this disability receive appropriate referrals, evaluations, and services. Male students with emotional disturbance frequently demonstrate an adverse relationship with the educational environment and present externalizing behavior patterns that may include numerous discipline referrals for defiance of authority and disruptive behavior, low grades, and poor attendance. Female students with emotional disturbance frequently present more internalizing behavior patterns that may include withdrawal, depression, and irritability. Externalizing behaviors generally are more readily identified. Internalizing behaviors, however, may also indicate a need for special education and related services that is just as critical for the student. The disruptiveness of a behavior must neither dictate nor obscure a student's diagnosis and needs.

Quotable How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these.

—George Washington Carver

C.

What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>. Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.



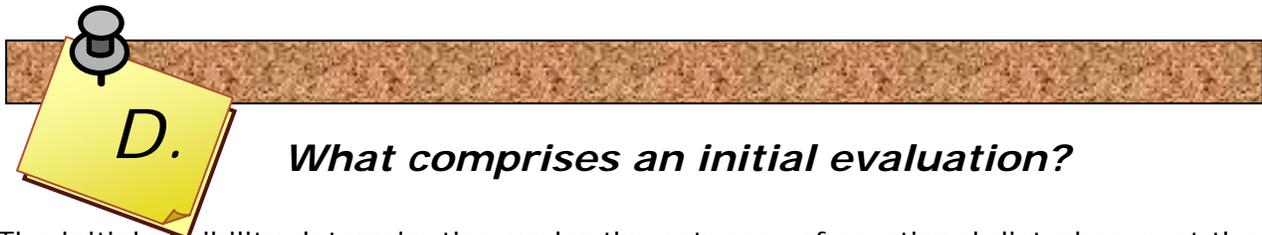
- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors such as culture and language considerations must be systematically and formally addressed.

Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic

differences or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



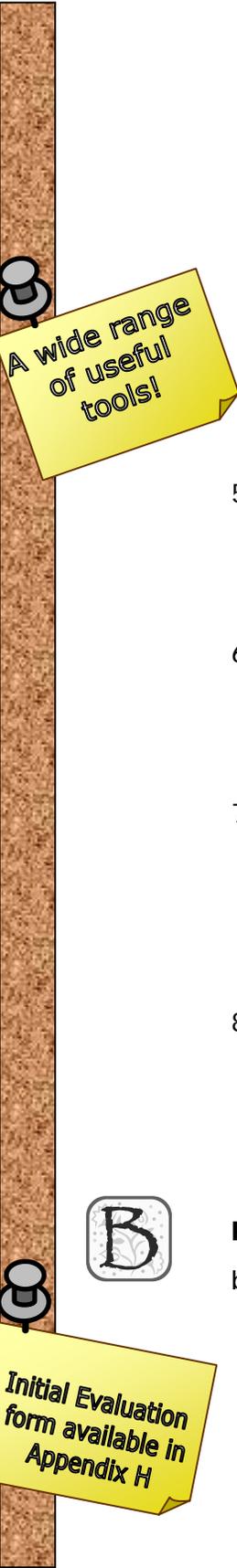
What comprises an initial evaluation?

The initial eligibility determination under the category of emotional disturbance at the MDT must include the participation of a New Mexico licensed psychologist. The following components are adapted from National Association of School Psychologists recommendations (McConaughy, et.al., 2003). **It is expected that components six through nine below are conducted and documented by licensed psychologists.**



Highly recommended components of an initial evaluation:

1. Review and consider the **complete SAT file** documentation. The team must consider a student's cultural/ experiential background plus level of acculturative stress and/or identity issues that may affect his or her ability to function appropriately within the school environment, but are not the result of emotional disturbance.
2. Conduct an **assessment of cognitive/intellectual abilities** to get meaningful information on the student's capacity to learn, level of concept development, and method of processing information.
3. Use **individual academic achievement assessments** to provide information about how the student functions in the areas of reading, written language, and mathematics and offer a measure of the student's strengths, weaknesses, and mastery of skills.

- 
4. Give a **speech/language/communication assessment** to achieve a more accurate diagnosis, by gathering information that helps the team consider the complex interrelationships between communication disorders and emotional and behavioral disorders. Communication problems and emotional difficulties are not mutually exclusive; therefore, the MDT must be concerned with the degree of contribution of each on a student's functioning. Because many psychological assessment tools are language based, it is also important that the S/L evaluation provide information regarding the student's language development and communication skills. (JSHD, 1990)
 5. Use a **psychological evaluation** to acquire insights into and information about a student's personal characteristics and psychological functioning related to the student's educational performance.
 6. Employ the use of broad-band **behavior rating scales/checklists** to collect data about frequency and intensity of behaviors (internalizing or externalizing) considered to be deviant.
 7. Use multiple **behavioral observations** in structured and unstructured school settings, supplemented by information from other settings if available, will be used to compare the type and frequency of the behaviors noted with those of the student's peer group.
 8. **Interview** educational stakeholders to bring to light information about the student in the areas of learning styles, general health (etiologies), interpersonal relationships, social skills, and emotional functioning, and contributions of comorbidity.

Potential additional components of an initial evaluation, as determined by the evaluation team:

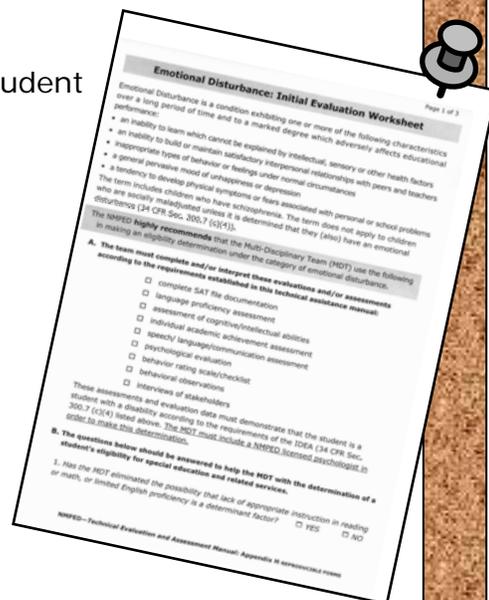
1. Language Proficiency Assessment
2. A functional behavioral assessment to provide specific information about a student's targeted behavioral functioning in school in various settings and time frames

3. A physical examination



To receive special education or related services, a student must meet the eligibility criteria:

1. The student meets the requirements of the emotional disturbance definition.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.



E.

What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Education Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should first consider updated medical information, and then proceed as described on the next page.

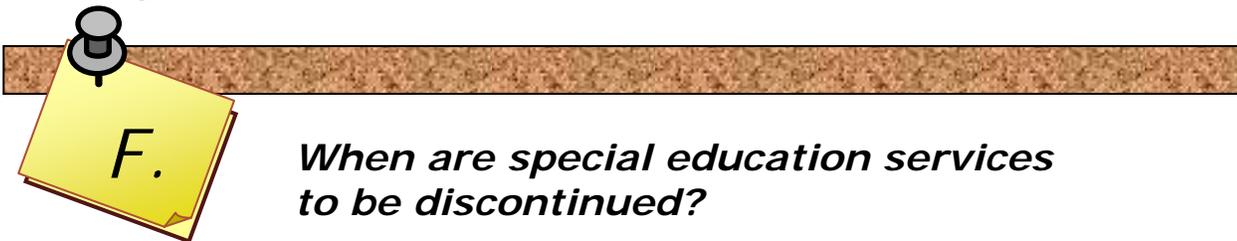
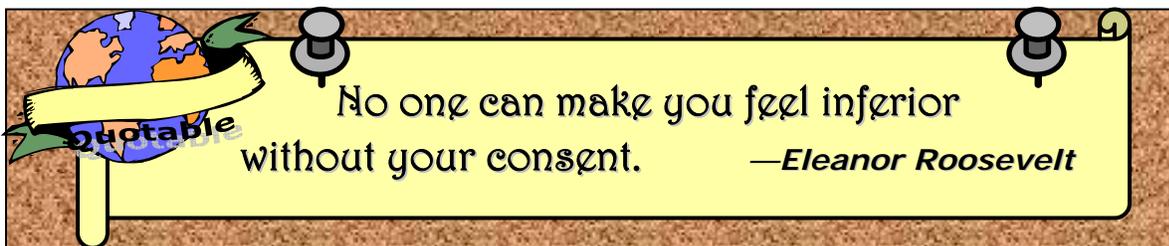
The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers

More than an "IDEA"
It's the LAW!

2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:

- Does the child continue to have a disability and what are the child's educational needs?
- What are the child's present levels of academic achievement and related developmental needs?
- Does the student continue to need special education and related services?
- What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



Students with an emotional disturbance should be considered for discontinuation of services when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Monitoring of social skills, behavior, communication, current levels of academic performance, and independence may continue to be necessary. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



What are some possible resources to get more information about this disorder?

New Mexico Public Education Department,
Special Education Bureau 505-827-1457
www.ped.state.nm.us/seo/index.htm

National Mental Health Information (NAMI) New Mexico
www.mentalhealth.org

National Association of School Psychologists
301-657-0270 www.nasponline.org

Council for Children with Behavioral Disorders
<http://www.ccbd.net/>

National Dissemination Center for Students
with Disabilities <http://www.nichcy.org/>

The Child Psychologist
<http://www.childpsychologist.com/ED/emotiona.htm>

American Academy of Child & Adolescent
Psychiatry <http://www.aacap.org/>

Residential Programs for Deaf/Emotionally
Disturbed students
<http://clerccenter.gallaudet.edu/>

Positive Behavioral Interventions and
Supports www.pbis.org

RxP Legislation Resources www.apa.org

Programs for Children and Adolescents—
provides connections to multidisciplinary
mental health professionals (UNM)
505-272-2190

Parents for Behaviorally Different Children
<http://www.uwcnm.org/organizations/parents.htm>

Parents Reaching Out 800-524-5176
www.parentsreachingout.org

ParentPals
<http://parentpals.com/gossamer/pages/>

The United Way, find local chapters
505-247-3671

<http://national.unitedway.org/myuw/brows/eCities.cfm?abbr=NM&app>

Addressing Student Behavior – A Guide for
All Educators.

<http://www.ped.state.nm.us/seo/discipline/guide.htm>

New Mexico
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See Appendix H
for a reproducible
initial evaluation
worksheet for
emotional disturbance.

NOTES

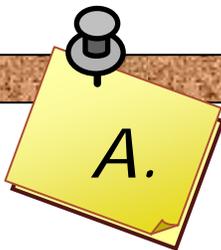




Mental Retardation

VI. Mental Retardation

- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of Special Education Services
- G. Possible Resources



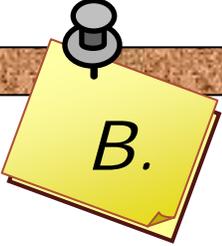
What is the definition under the IDEA?

Mental retardation means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance. (34 CFR Sec. 300.8 (c)(6))

In New Mexico, mental retardation refers to a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18. The following five assumptions, provided by the American Association on Mental Retardation (AAMR), are essential to the application of this definition:

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3. Within an individual, limitations often coexist with strengths.
4. An important purpose of describing limitations is to develop a profile of needed supports.

5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve. (AAMR, 2002)



B.

What educational impact does this disability typically have on students?

Students with mental retardation have the capacity to learn, to develop, and to grow. With supports, these citizens can become contributing and full participants in society. Appropriate educational services assist these students as they strive to accomplish this vision.

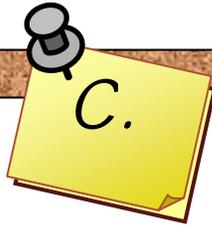
As with all education, differentiating instruction to meet individual needs is the starting point for successful learning. Throughout their child's education, parents are an integral part of the planning and teaching team.

In teaching students with mental retardation, it is important to consider their valued membership in their learning communities and society and their goals for adult life. Pedagogical considerations may include the following:

- Students with mental retardation should be included to the maximum extent appropriate with their school peers in the regular education classroom in order to ensure access to the general curriculum;
- Teach skills that students will use frequently in such a way that students can generalize the skills in multiple settings;
- Select interventions and strategies that are research-based, data driven, and systematically evaluated for effectiveness; and,
- Align instruction for students with mental retardation to grade-level academic expectations. Nationwide data are showing that students with cognitive disabilities are learning more than ever before as they begin to be held to higher academic standards and have access to the general curriculum.

Students with mental retardation need the same basic opportunities that all people need for development. These include education, career preparation, health services,

recreational/leisure opportunities, and social opportunities. In addition, students with mental retardation may need individualized supports. Such supports may include educational programs that differentiate instruction, support inclusion in the regular classroom, academics, develop and implement transition plans, and provide opportunities to prepare for independent living and competitive employment.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed.



Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



D.

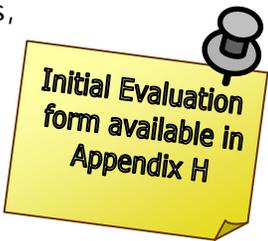
What comprises an initial evaluation?



A

Highly recommended components of an initial evaluation:

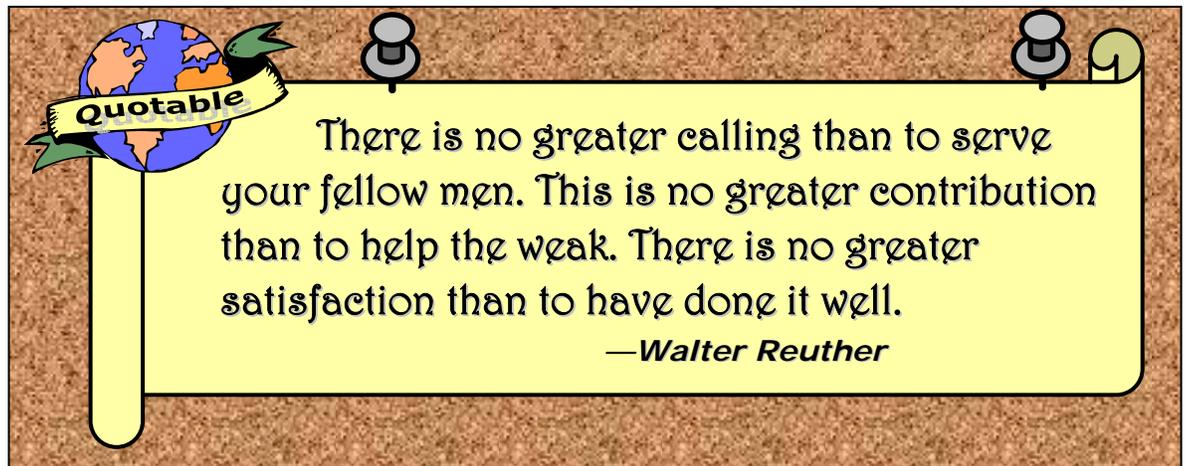
1. Review and consider the **complete SAT file** documentation.
2. Do an **investigation and analysis** of developmental/educational, medical, family, and social history.
3. Conduct formal and/or informal **observations** in multiple settings, both structured and unstructured.
4. Give an individually administered **assessment of cognitive/ intellectual abilities** to provide meaningful information on the student's reasoning, planning, problem-solving skills, abstract thinking ability, comprehension of complex ideas, learning fluency, and ability to learn from experience. Intellectual functioning is best represented by IQ scores when obtained from appropriate



Initial Evaluation form available in Appendix H

assessment instruments, consistent with the five AAMR assumptions essential to the application of the definition.

5. Give an individually administered **assessment of adaptive behavior** to provide information regarding communication, social, and practical skills. The assessment must utilize a standardized instrument(s) that is normed on the general population, including persons with and without disabilities.
6. Provide **documentation** of manifestation of the disability before the age of 18.
7. Conduct an **individual academic achievement assessment** to provide information as to how the student functions in the areas of reading, written language, mathematics and offers a measure of the student's strengths, weaknesses, and mastery of skills.

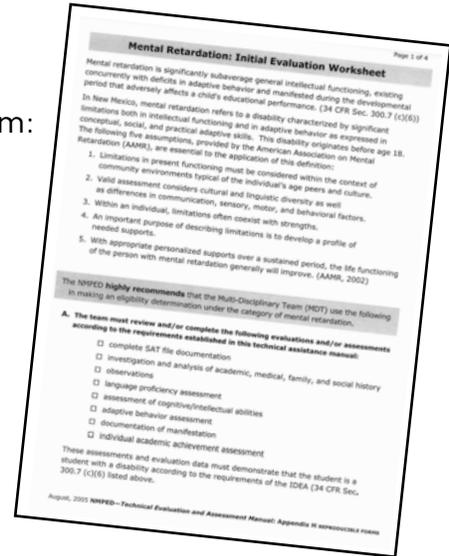


IMPORTANT NOTE: It is paramount to diagnose accurately when considering eligibility under any disability category, but this is particularly true and poignant in the case of mental retardation. Misidentifying a child who has mental retardation, such as under the category of specific learning disability, is both false and misleading and can be detrimental to the life and well-being of the child and family, particularly when considering school to life transition issues. (see Atkins v. Virginia)



Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Language proficiency assessment
2. Speech/language/communication evaluation
3. Functional behavioral assessment
4. Motor assessment
5. Assistive technology evaluation
6. Transition assessment



To receive special education or related services, a student must meet the eligibility criteria:

1. The student has a valid overall IQ score that is a standard score of 70 or below, considering standard error of measurement.
2. The student has a valid adaptive behavior score that is at least two standard deviations below the mean in communication, social, or practical skills, or an overall score that includes those components.
3. The student's cognitive disability existed before the age of 18.
4. The disability must have an adverse affect on educational performance.
5. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
6. Student demonstrates a need for special education services.



E.

What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



In addition to meeting the requirements under the law, the following are **highly recommended components** of a reevaluation.

1. **Review** of academic, adaptive behavior, and classroom functioning/participation
2. **Observations** conducted in multiple settings, to include both structured and unstructured environments
3. Current **academic assessment** results
4. Any **standardized testing** needed to satisfy eligibility questions related to IQ or adaptive behavior



Potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed necessary as a result of concerns, questions, or developments since the last evaluation.



F.

When are special education services to be discontinued?

Students with mental retardation will likely continue to need special education and/or related services throughout their school tenure. With appropriate special education supports, the student's functioning will generally improve. Avoid prematurely discontinuing special education supports and services. The intensity of the supports may simply need to be adapted. However, students should be considered for an exit plan if they demonstrate the ability to independently access the general curriculum and no longer demonstrate a need for special education services. Students whose special education services are discontinued should be referred to the SAT at the school in which he or she resides. This will ensure that necessary services and supports are not simply dropped or discontinued as the student makes this important transition.



G.

What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to mental retardation.

The American Association on Mental Retardation <http://www.aamr.org>

The Arc (301) 565-3842
www.thearc.org

The Association for Persons with Severe Handicaps (TASH)
(410) 828-8274 www.tash.org

Parents Reaching Out
1-800-524-5176
www.parentsreachingout.org



New Mexico
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See Appendix H
for a reproducible
initial evaluation
worksheet for
mental retardation.

NOTES



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Thoughts?
Ideas?
Questions?



New Mexico
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Multiple Disabilities

VII. Multiple Disabilities

- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of
Special Education Services
- G. Possible Resources



A.

What is the definition under the IDEA?

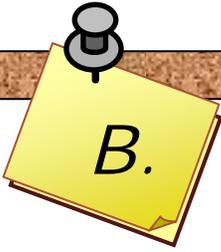
Multiple disabilities means concomitant impairments (such as mental retardation–blindness or mental retardation–orthopedic impairment), the combination of which produces such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness. (34 CFR Sec. 300.8 (c)(7))

In New Mexico, this means that the category of multiple disabilities is an extremely low-incidence category that involves complex, inseparable interactions between two or more disabilities and is characterized by the need for extensive or pervasive intensities of educational supports. Therefore, it is neither generally possible nor appropriate to designate the disabilities within this category as primary and secondary.

Quotable

A sure way for one to lift himself up is
by helping to lift someone else

—Booker T. Washington



What educational impact does this disability typically have on students?

Early intervention programs, preschool, and educational programs with the appropriate support services are important to students with multiple disabilities. Family members, educators, and related service providers are all members of the team that may provide supports and/or services, along with others, as needed for each individual. Assistive technology, such as computers and augmentative/alternative communication devices and techniques may provide valuable instructional assistance in the educational programs for these students.

In discussing multiple disabilities, it is important to gain a perspective about the interacting factors in multiple impairments. Each disability does not act in isolation and should therefore not be managed in isolation. In order to effectively address the considerable needs of individuals with multiple disabilities, educational programs need to incorporate a variety of components, including academic instruction that is tied to the New Mexico Content Standards and Benchmarks and/or the Expanded Performance Standards, language and/or communication development, social/emotional development, functional skill development (i.e., self-help skills) and vocational skill development. Related services will typically be provided during the natural routine of the school and community, rather than having the student removed from class for isolated therapy. Goal development and service delivery will require systematic coordination among related service providers, educators, and parents, facilitated through regularly scheduled meetings.

The classroom environment must take into consideration the student's access to the general curriculum and participation with age-group peers. Adaptive aids and equipment may enable students to increase their range of functioning and accessibility. The use of computers, augmentative/alternative communication systems, head sticks, and adaptive switches are some examples of the technological devices that enable students with sensory and additional disabilities to participate more fully in integrated settings.

C.

What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link:

<http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

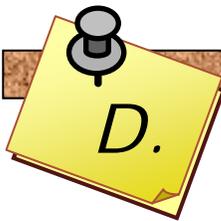
- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and



examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



What comprises an initial evaluation?



Highly recommended components of an initial evaluation:

1. Review and consider the **complete SAT file** documentation.
2. Do an **investigation and analysis** of developmental/educational, medical, family, and social history.
3. Do an **analysis** of current standardized and non-standardized academic data and performance.
4. Have multiple educational stakeholders conduct **observations** in multiple settings, both structured and unstructured environments, to determine academic and social functioning.
5. Conduct **interviews** of parents, caregivers, and students to determine student preferences, individual strengths and needs, family assets and needs, and any potential additional concerns.

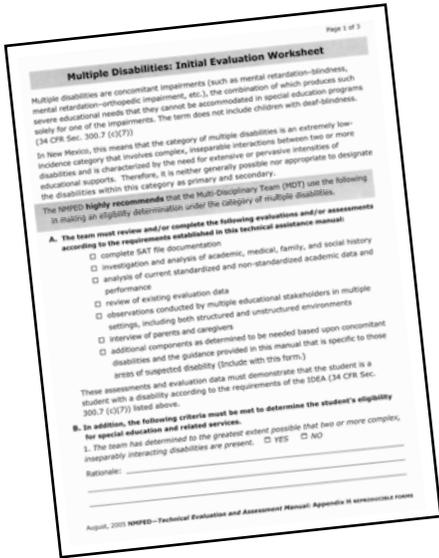


Potential additional components should be determined by the evaluation team based upon the concomitant disabilities and the guidance provided in this manual that is specific to those areas of suspected disability. Thus, there are no specific potential additional evaluation components listed here.

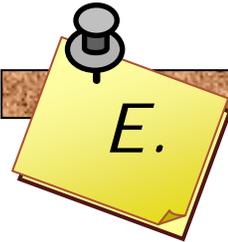


To receive special education or related services, a student must meet the eligibility criteria. The evaluation team must do the following:

Initial Evaluation form available in Appendix H



1. Establish to the greatest extent possible according to the relevant eligibility criteria, two or more complex, inseparably interacting disabilities that cannot be designated as primary or secondary
2. Document the need for extensive and/or pervasive intensities of educational support
3. Exclude eligibility based upon deaf-blindness alone
4. Conclude that lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
5. Determine that there is a need for special education and related services



What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:

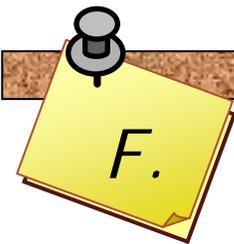
- current classroom-based, local, or state assessments, and classroom-based observations
- observations by teachers and related service providers

2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:

- Does the child continue to have a disability and what are the child's educational needs?
- What are the child's present levels of academic achievement and related developmental needs?
- Does the student continue to need special education and related services?
- What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



In addition to meeting the requirements under the law, it is **highly recommended** that additional components of a reevaluation be determined by the IEP team based upon the concomitant disabilities and the guidance provided elsewhere in this manual that is specific to the reevaluation requirements of those areas of suspected disability.



When are special education services to be discontinued?

Students with multiple disabilities will likely continue to need special education and/or related services throughout their school tenure. With appropriate special education supports, the student's functioning will generally improve. Avoid prematurely discontinuing special education supports and services. The intensity of the supports may simply need to be adapted. However, students should be considered for an exit plan if they demonstrate the ability to independently access the general curriculum

and no longer demonstrate a need for special education services. Students may still require continued support in academic areas and in the form of adaptations to ensure continued access to the general curriculum. Students whose special education services are discontinued should be referred to the SAT at the school in which he or she resides. This will ensure that necessary services and supports are not simply dropped or discontinued as the student makes this important transition.



G.

What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to multiple disabilities.

Check these out.

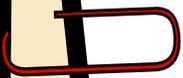
- The American Association on Mental Retardation <http://www.aamr.org>
- The Arc of New Mexico (301) 565-3842 www.thearc.org
- The Association for Persons with Severe Handicaps (TASH) (410) 828-8274 www.tash.org
- The National Rehabilitation Information Center (NARIC) 800-346-2742 www.naric.com
- United Cerebral Palsy (UCP) 800-872-5827 <http://www.ucp.org/>
- Association of University Centers for Excellence (AUCE) 301-588-8252 www.auce.org
- Center for Development and Disability—UNM 505-272-3000 <http://cdd.unm.edu/>
- Parents Reaching Out (PRO) 800-524-5176 <http://www.parentsreachingout.org/>
- Hands and Voices 866-422-0422 www.handsandvoices.org



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See Appendix H
for a reproducible
initial evaluation
worksheet and
medical forms.

NOTES



Orthopedic Impairment

New Mexico
T.E.A.M.

- VIII. Orthopedic Impairment
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by 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). (34 CFR Sec. 300.8 (c)(8))

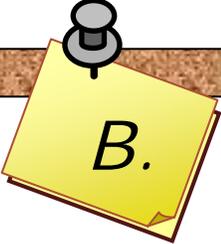
In New Mexico, this definition can be clarified by understanding that an orthopedic impairment involves a chronic physical or structural limitation of the skeleton, joints, muscles, and/or fascia. This may cause impaired ability to use, move, or control the arms, legs, hands, feet, head, neck and/or trunk resulting in difficulty in the performance of gross-motor and/or fine-motor activities. Disabilities may be congenital or acquired anomalies, excluding traumatic brain injury.

A congenital anomaly refers to a condition which is present at birth. Examples include, but are not limited to, deformities, dislocation, abnormal position and/or rotation of the bones, or absence of limbs or bones. Club foot, hip dysplasia, and achondroplasia may be the result of congenital deformities. Scoliosis may be congenital or acquired. Polio, rheumatoid arthritis, muscular dystrophy, and osteogenesis imperfecta are examples of orthopedic impairments caused by disease.

Other causes of orthopedic impairments might include those occurring as a result of severe burns or physical trauma.

The determination of whether an orthopedic impairment is "severe" should be made in consultation with a neuromotor specialist (occupational therapist or physical therapist) and the school nurse. All available medical records and educational evaluation information should be reviewed. The severity of an orthopedic impairment should be analyzed according to the impact on educational performance. Educational performance is adversely affected when the student is unable to perform necessary skills as a result of the orthopedic impairment even when appropriate adaptations in the general education setting have been provided. Educational performance related to orthopedic impairments may include the student's ability to

- access the general education curriculum
- participate in general education classrooms
- safely negotiate throughout the school campus
- utilize school resources (e.g., playground equipment, cafeteria, science labs, media centers, restrooms, etc.)
- participate in physical education activities



B.

What educational impact does this disability typically have on students?

Orthopedic impairments can significantly impact a student's ability to function at school. These can be divided into five factors: neuromotor, language, individual, psychological, and learning environment.

NEUROMOTOR FACTORS: Limited functional use of extremities (arms, hands, legs, feet) may result in such problems as the inability to use standard writing tools, turn pages of a book, explore the school environment, or participate in activities that require fine-tuned movements. Postural, mobility, and endurance issues may restrict participation in activities and movement from one location to another. They may also affect the student's ability to sit in a chair or at the lunch table.

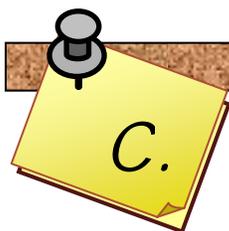
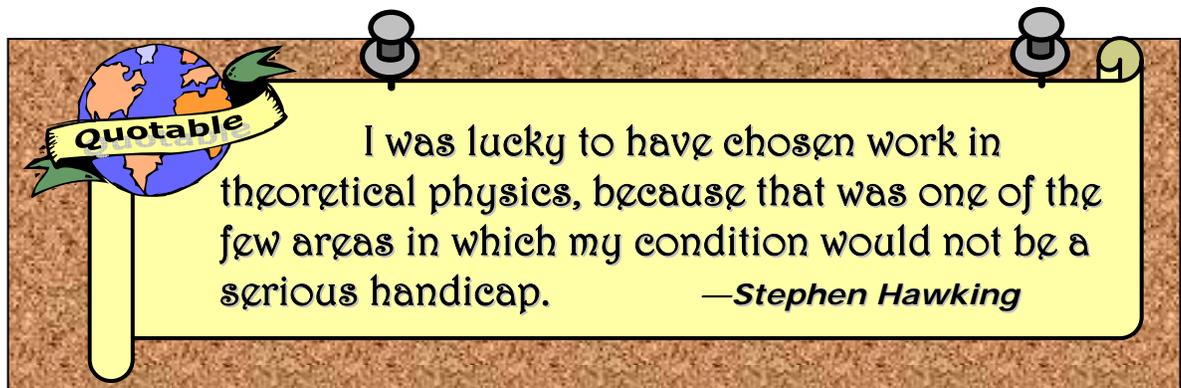
LANGUAGE FACTORS: Students who have concomitant speech/language impairments may be affected academically by being unable to fully communicate

their ideas, needs, and desires. These issues may also affect the student's ability to ask for clarification or fully participate in educational and social activities.

INDIVIDUAL FACTORS: Students may have other issues as part of their orthopedic impairments that affect educational performance. These issues may include pain and discomfort, fatigue and endurance limitations, and the effects of medications and absenteeism.

PSYCHOLOGICAL FACTORS: Students with orthopedic impairments may demonstrate psychological and/or social/emotional difficulties. Academic performance may be affected by lack of motivation, learned helplessness, and/or depression.

LEARNING ENVIRONMENT FACTORS: Students with orthopedic impairments are often stereotyped as having cognitive impairments. This perception may inappropriately limit educational expectations for the student and may also contribute negatively to the psychological factors described above.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and

documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed.

Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.





What comprises an initial evaluation?

Initial Evaluation form available in Appendix H



Highly recommended components of an initial evaluation:

1. Review and consider the **complete SAT file** documentation.
2. Document **medical diagnosis** of a chronic orthopedic impairment.
3. Have a **functional neuromotor assessment** completed by OT/PT to provide information about the quality of the student's self-help skills, mobility, posture, range of motion, strength, endurance, fine and gross motor skills, sensorimotor, and balance. The report should also include information that addresses the student's potential need for adaptive equipment, environmental adaptations, and/or assistive technology.
4. Administer individually an **academic achievement assessment** to acquire information about how the student functions in the areas of reading/literacy, written language, mathematics, and listening skills (when appropriate), and to provide a measure of the student's strengths, weaknesses, and mastery of skills.



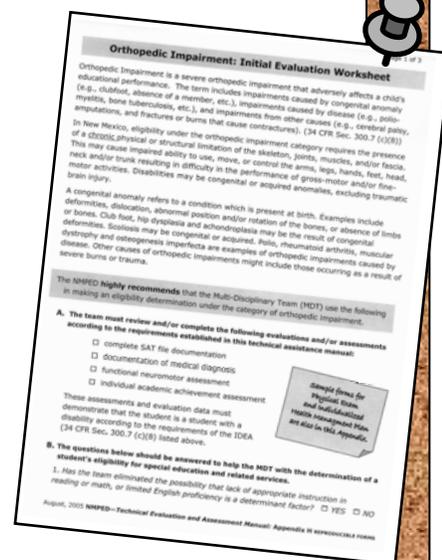
Potential additional components of an initial evaluation, as determined by the evaluation team:

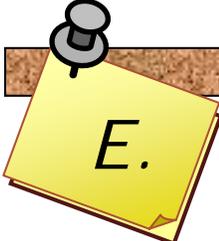
1. Assessment of cognitive/intellectual abilities
2. Speech/language/communication evaluation
3. Functional behavioral assessment
4. Assistive technology evaluation



To receive special education or related services, a student must meet the eligibility criteria:

1. The student meets the requirements of the orthopedic impairment definition, as described above.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.





E.

What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



More than an "IDEA"
It's the LAW!



In addition to meeting the requirements under the law, it is **highly recommended** that additional components of a reevaluation be determined by the IEP team based upon the concomitant disabilities and the guidance provided elsewhere in this manual that is specific to the reevaluation requirements of those areas of suspected disability.



When are special education services to be discontinued?

Discontinuation of special education services for students with orthopedic impairments can be considered when a student demonstrates the ability to access the general education curriculum with adaptations that are available in the general education classroom and no longer demonstrates a need for specially designed instruction and related services. Students who have orthopedic impairments may make significant progress in terms of their medical program, technological support(s), and academic programs that help to alleviate their educational concerns. Any student whose special education services are discontinued must be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



G.

What are some possible resources to get more information about this disorder?

Kiwanis Club 317-875-8755

<http://www.kiwanis.org/>

Dwarf Athletic Association of America
972-317-8299

<http://www.daaa.org/>

Disabled Sports USA 301-217-0960

www.dsusa.org/links-drsr.html

Shriners of North America 813-281-0300

<http://www.shrinershq.org/>

New Mexico New Mexico Technology Assistance Program (NMTAP)
800-866-2253

<http://www.nmtap.com/>

Kiwanis Club 317-875-8755

<http://www.kiwanis.org/>

Adelante Development, Inc.
505-449-4026

www.goadelante.org/news_archive.html

New Mexico Department of Health
505-827-2613

<http://www.health.state.nm.us/index.html>

Indian Health Services 505-248-4500

<http://www.ihs.gov/>

New Mexico School for the Deaf (NMSD)
505-476-6300

<http://www.nmsd.k12.nm.us/>

New Mexico School for the Blind and Visually Impaired (NMBSVI) 800-437-3505

<http://www.nmsvh.k12.nm.us/>

University of New Mexico Center for Development and Disability (UNM-CDD)

505-272-3000 <http://cdd.unm.edu>

Carrie Tingley Hospital 505-272-5200

<http://www.hospitalsoup.com/rn/asp/HospitalId.12547/pt/hospitaldetails3.asp> &

Carrie Tingley Hospital Foundation 505-243-6626

<http://carrietingleyhospitalfoundation.org/>

Very Special Arts (VSA) New Mexico

505-345-2872 <http://www.vsartsnm.org/>

New Mexico Public Education Department, Division of Vocational Rehabilitation (DVR)
505-954-8500

<http://www.dvrgetsjobs.com/>

Parents Reaching Out (PRO)

800-524-5176

www.parentsreachingout.org

Easter Seals Foundation

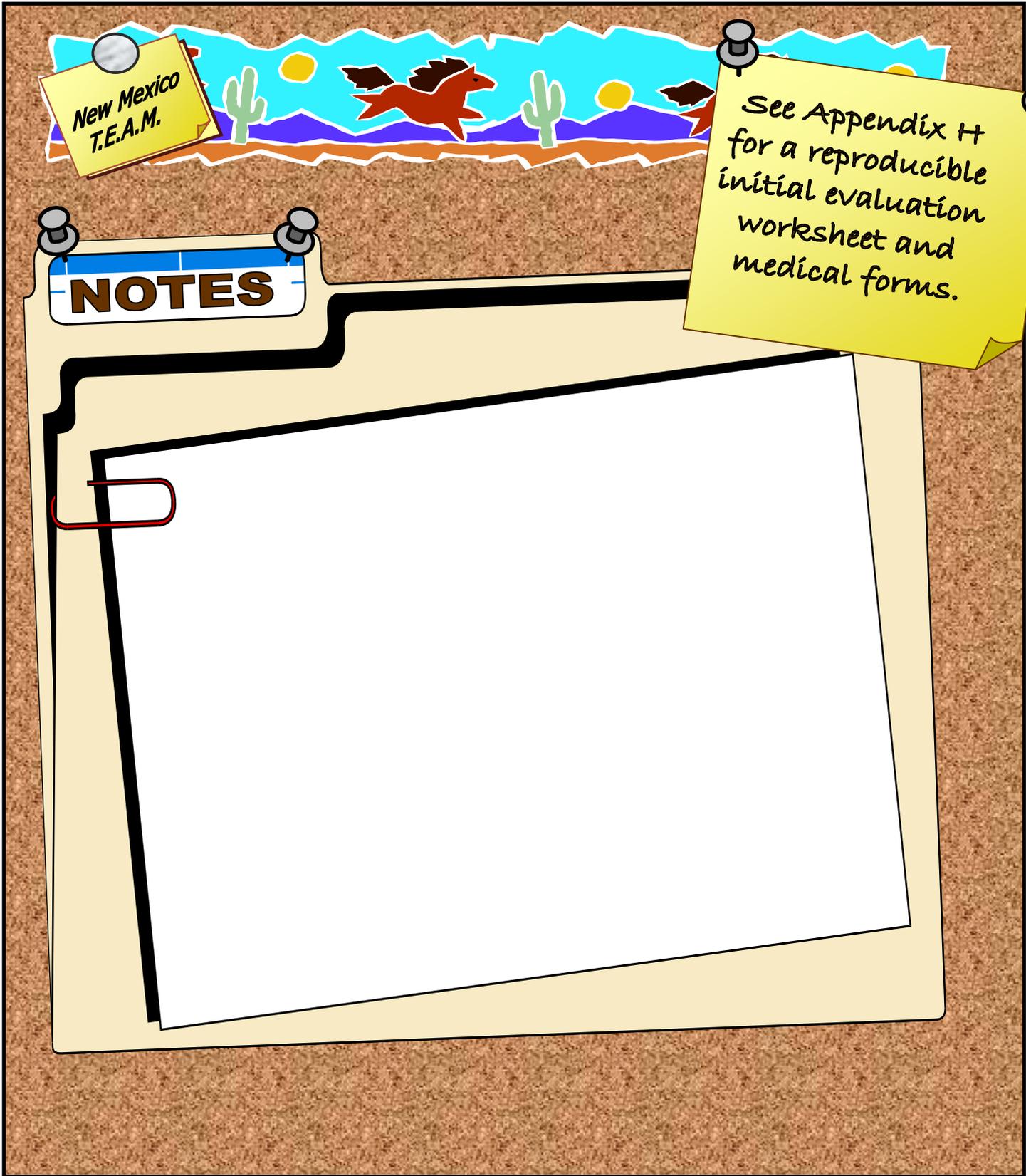
312-726-6200

www.easterseals.com/site/PageServer

Council for Exceptional Children (CEC)

888-CEC-SPED (232-7733)

www.cec.sped.org





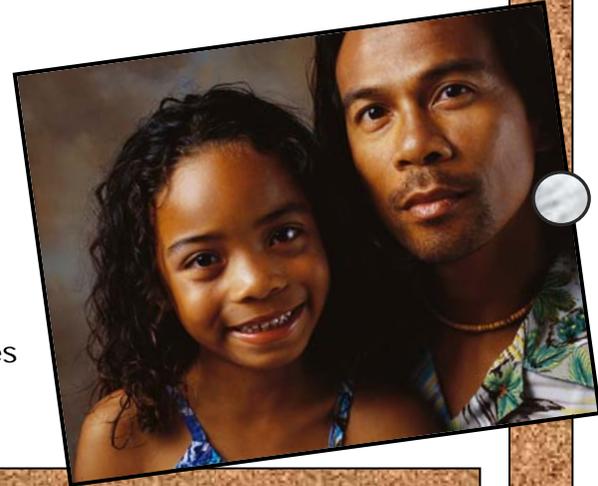
Thoughts?
Ideas?
Questions?



New Mexico
T.E.A.M.

Other Health Impairment

- IX. Other Health Impairment
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

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 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 adversely affects the child's educational performance. (34 CFR Sec. 300.8 (c)(9))

In New Mexico, the other health impairment category includes impairments that are typically physical, physiological, and/or neurological in nature. Some students with isolated mental health issues may be eligible under the Emotional Disturbance category. **The mere presence of a DSM-IV diagnosis does not make a student automatically eligible under the IDEA.** Students with a medical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) may be considered as eligible under this category if the MDT also determines that their educational performance is adversely affected. A student with

a medical Fetal Alcohol Syndrome (FAS) diagnosis may also be included under this category if the MDT also determines that his or her educational performance is adversely affected.



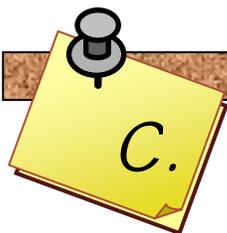
B.

What educational impact does this disability typically have on students?

Limited strength, vitality, or alertness can be observed as reduced capacity for endurance, exertion, or power to continue academic and/or social performance throughout the school day. An inability to be attentive and ready to understand, learn, or participate in school settings may also be observed. Students with chronic health impairments often have frequent school absences due to illness, surgery, or prolonged periods of recuperation.

Students who are medically fragile or considered to have complex medical needs are those students whose health impairment is severe enough to require prolonged dependency on medical care or technology and require intense nursing services at school in order to maintain health and well-being. The health impairment will be characterized by periods of acute exacerbation or potentially life-threatening episodes and may require frequent hospitalizations or prolonged recuperation periods at home.

The presence of a health impairment does not necessarily mean that a student is in need of special education services. The Student Assistance Team (SAT) must seriously consider whether the student's needs can be met and services provided under Section 504 of the Rehabilitation Act, without placing the student in a special education program. In such cases, recommendations for program modifications may include special busing, nursing services, assistive technology, modifications in teaching methods and materials, shortened school day, assistance with personal care, etc. Any required adaptations should be documented in a written 504 Plan.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the



manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



D.

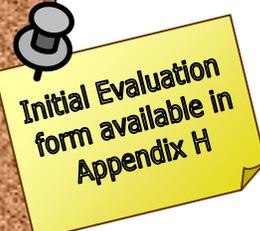
What comprises an initial evaluation?



A

Highly recommended components of an initial evaluation:

1. Review and consider the **complete SAT file** documentation.
2. Do an **analysis** of current standardized and non-standardized academic data and performance.
3. Document a **diagnosis** of a chronic or acute physical, physiological, or neurological impairment that results in limited strength, vitality, and/or alertness.
4. Give an individually administered **assessment of cognitive/ intellectual abilities** to provide meaningful information on the student's capacity to learn and his or her level of concept development and method of processing information.
5. Conduct an **individual academic achievement assessment** to provide information about how the student functions in the areas of reading, written language, mathematics and offers a measure of the student's strengths, weaknesses, and mastery of skills.



Initial Evaluation
form available in
Appendix H

6. If the referral concern being considered is attention, focus, and/or hyperactivity, use **behavior rating scales/checklists** completed by different observers in different settings; a **time-sampled classroom observation** must also be conducted.



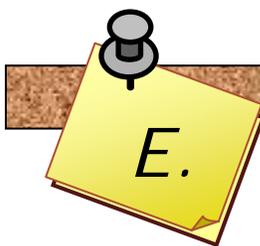
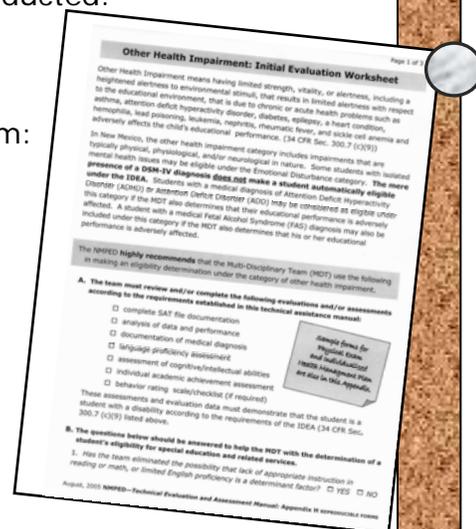
Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Speech/language/communication evaluation
2. Motor assessment
3. Assistive technology evaluation



To receive special education or related services, a student must meet the eligibility criteria:

1. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
2. The student has a documented chronic or acute physical, physiological, or neurological impairment that results in limited strength, vitality, and/or alertness.
3. The disability must have an adverse affect on the student's educational performance.
4. Student demonstrates a need for special education services.



What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



In addition to meeting the requirements under the law, the following are **highly recommended components** of a reevaluation.

1. Have a registered nurse (RN) conduct a **health assessment**, including a current hearing and vision screening/review. The RN should assist in the review and compilation of current documentation of a chronic or acute physical, physiological, and/or neurological impairment.
2. If specific concerns arise regarding the original diagnosis or additional concomitant medical factors have developed, doing an **additional medical evaluation** is appropriate.

3. Provide **documentation** from teachers and related service providers that address strength, vitality, and/or alertness, and current educational performance, including progress toward annual goals and any additions that may be needed to enable the student to meet the measurable annual goals set out in the student's IEP.



Potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed necessary as a result of concerns, questions, or developments since the last evaluation.



When are special education services to be discontinued?

Discontinuation of special education services for students with a health impairment can be considered when the student demonstrates the ability to access the general education curriculum with adaptations that are available in the general education classroom and no longer demonstrates a need for specially designed instruction and related services. Students who have a health impairment may make significant progress in terms of their medical program, technological support(s), and academic programs that help to alleviate their educational concerns. Any student whose special education services are discontinued must be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



G.

What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to other health impairments.

The New Mexico Public Education, Special Education Bureau
505-827-1457 www.ped.state.nm.us/seo/index.htm

Aids Research Information Center (ARIC)
www.critpath.org/aric/index.html

American Burn Association (ABA)
<http://www.ameriburn.org/>

American Cancer Society (ACS)
www.cancer.org/docroot/home/index.asp

American Diabetes Association (ADA)
<http://www.diabetes.org/home.jsp>

Amyotrophic Lateral Sclerosis Association (ALSA) <http://www.alsa.org/>

Multiple Sclerosis Foundation (MSF)
<http://www.msfacts.org/>

Muscular Dystrophy Association (MDA) <http://www.mdausa.org/>

National Organization for Rare Disorders (NORD)
<http://rarediseases.org/>

Tourette Syndrome Association (TSA) <http://www.tsa-usa.org/>

Epilepsy Foundation of America
<http://www.epilepsyfoundation.org/>

Guillain-Barre Syndrome Foundation International (GBS) www.guillain-barre.com/overview.html

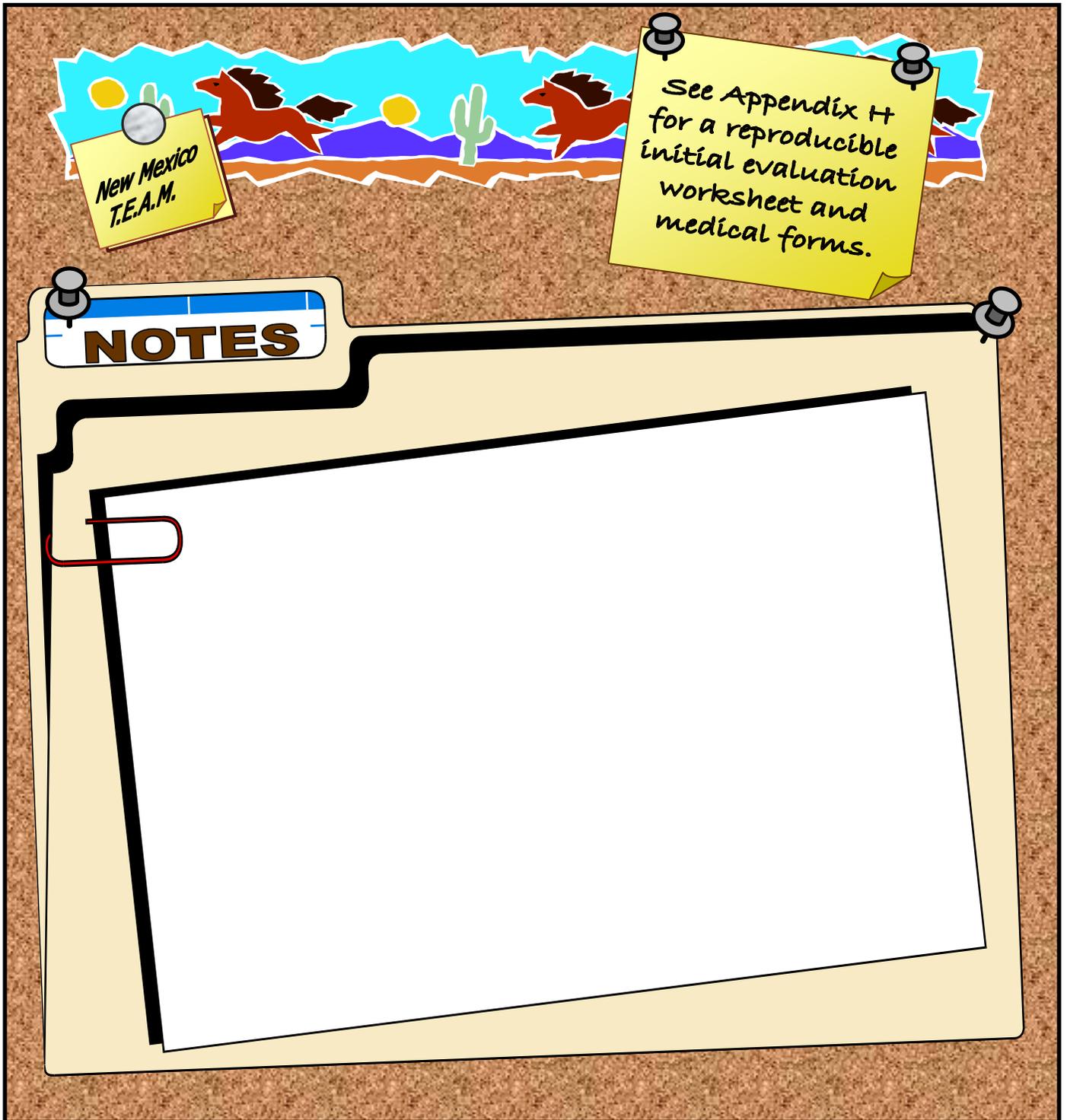
National Spinal Cord Injury Association (NSCIA)
<http://www.spinalcord.org/>

Lupus Foundation of America
<http://www.lupus.org/>

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) <http://www.chadd.org/>

Access Unlimited
<http://www.accessunlimited.com/>

Parents Reaching Out (PRO)
800-524-5176
<http://www.parentsreachingout.org/>



New Mexico
T.E.A.M.

See Appendix H
for a reproducible
initial evaluation
worksheet and
medical forms.

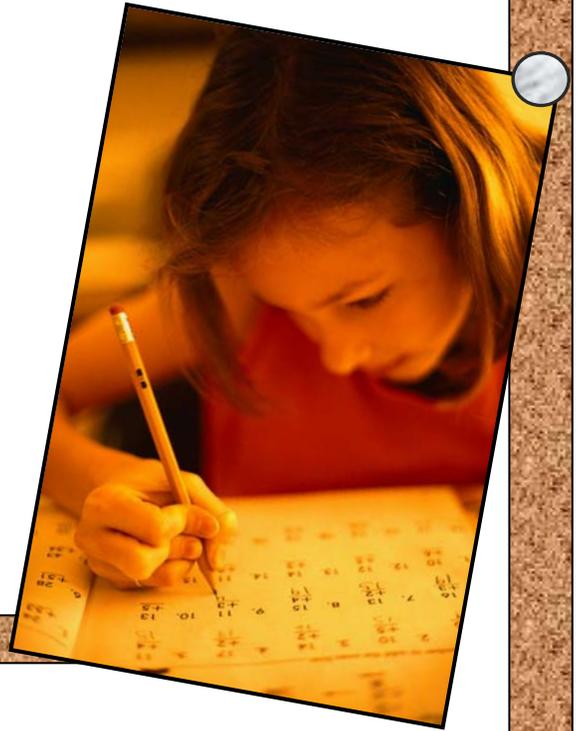
NOTES

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Specific Learning Disability

- X. Specific Learning Disability
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - Option 1: Dual Discrepancy Model
 - Option 2: Severe Discrepancy Model
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

A 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, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. 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. (34 CFR Sec. 300.8 (c)(10))

In New Mexico, this means that a specific learning disability is a disability rooted in a neurological processing deficit (e.g., auditory processing, memory, processing speed, phonological processing, visual/perceptual processing, etc.) and results in significant academic underachievement following sustained, high-quality, scientific, research-based instruction and intervention. A specific learning disability is unique to the individual and is not the result of exclusionary factors. In order to identify a specific learning disability, the following four elements must be supported:

1. The student demonstrates significant academic underachievement, qualified by a pattern of strengths and weaknesses in performance and/or achievement, despite sustained, high-quality, scientific, research-based instruction and intervention.
2. There is evidence of basic neurological processing deficit.
3. The nature of the disability is heterogeneous (inter/intra individual).
4. The student's challenges are not caused by exclusionary factors.

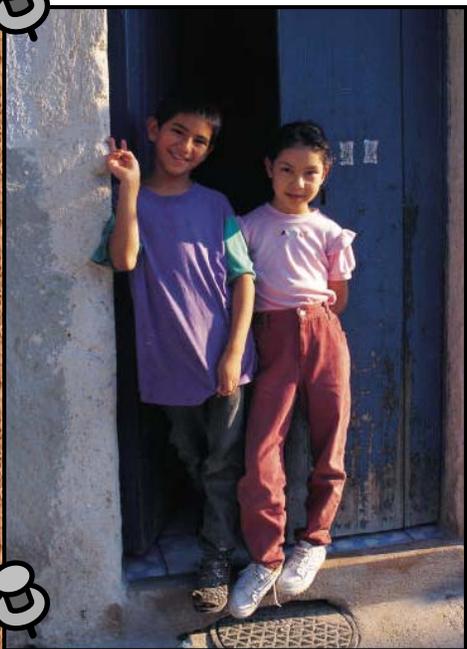
Student Assistance Teams (SAT's), evaluation teams, and Multi-Disciplinary Teams (MDT's) must systematically document strong connections to the factors listed above through standards-based measurements, work samples, anecdotal information (particularly in the area of significant academic underachievement following sustained, high-quality instruction and intervention), and relevant teaching-learning observational information. Specific learning disability identification and eligibility may be manifested in the following areas:

- oral expression
- listening comprehension
- written expression
- basic reading skill
- reading fluency skills
- reading comprehension
- mathematics calculation
- mathematics problem solving

Specific learning disabilities are not the result of

- lack of appropriate instruction in reading
- lack of appropriate instruction in math
- limited English proficiency
- visual, hearing, or motor disability
- mental retardation
- emotional disturbance
- cultural factors
- environmental or economic disadvantage

"Cultural factors" and "environmental or economic disadvantage" are interpreted in New Mexico as limited access to sustained resources that are necessary prerequisites for typical development and growth. The disadvantage may also be the result of systematic trauma to an entire cultural group (unified by ethnicity, religion, gender, socioeconomic background, beliefs, values, styles, and/or practices) that negatively impacts the learning of students in the group, possibly for several generations.



The NMPED recognizes that there may be an overlap between the specific learning disability category and the speech-language impairment category in the area of language. Oral expression and listening comprehension are academic areas and should be treated as such in the evaluation process. The information provided through a speech-language evaluation may support the presence of a learning disability.

In addition, eligibility determinations under the category of SLD may require the use of professional judgment in situations where assessment and evaluation information is not reliable. If the MDT employs the use of professional judgment in the eligibility determination process, it must meet the following expectations (adapted from Schalock & Luckasson 2005):

Purpose of Professional Judgment

The overall purpose of professional judgment is to ensure best practices. The use of professional judgment in a particular case enhances the precision, accuracy, and integrity of the professionals' decision in that case.

Definition of Professional Judgment

Professional judgment is a special type of judgment rooted in a high level of professional expertise and experience; it emerges directly from extensive data. It is based on the professionals' explicit training, direct experience with those with whom the professionals are working, and specific knowledge of the person and the person's environment. Competent professional judgment is based upon the specific strategies highlighted in the box below. Professional judgment is characterized by being: *systematic* (i.e., organized, sequential, and logical), *formal* (i.e., explicit and reasoned), and *transparent* (i.e., apparent and communicated clearly).

Competent Professional Judgment: Six Strategies

1. Conducting a thorough social history
2. Aligning data and its collection to the critical question(s) at hand
3. Applying broad-based assessment strategies
4. Implementing intervention best practices
5. Planning, implementing, and evaluating supports
6. Reflecting cultural competence and diversity

Contraindications of Professional Judgment

Professional judgment should not be thought of as a justification for abbreviated evaluations, a vehicle for stereotypes or prejudices, a substitute for insufficiently explored questions, an excuse for incomplete or missing data, or a way to solve political problems.



B.

What educational impact does this disability typically have on students?

Students with specific learning disabilities typically do not make expected academic gains or progress in the general curriculum in a manner that is consistent with non-disabled peers. Examples of characteristics that are often associated with specific learning disabilities may include disorganization, an inability to anticipate or predict, and general study skills deficits. Manifestations of specific learning disabilities are oftentimes perceived as laziness, not trying hard enough, or lack of motivation. Educational stakeholders must take care to differentiate between skill deficits and performance deficits in order to understand the nature of the disability.

Learning disabilities can also have an effect on other areas that may impact classroom management, such as social skills and behavior. Many students with a specific learning disability exhibit low self-esteem and, frequently, communication challenges. The disability may manifest itself in a lessened ability to cope with everyday expectations. Students with a specific learning disability often demonstrate a need to learn lifelong strategies to compensate and may need intensive training to make a successful post-secondary transition.

C.

What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

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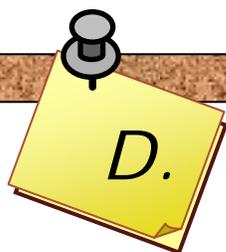
- Notice of and Invitation to SAT meeting
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- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)



Throughout the SAT process, all noted intangible factors such as culture and language considerations must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a handicapping condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information

and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

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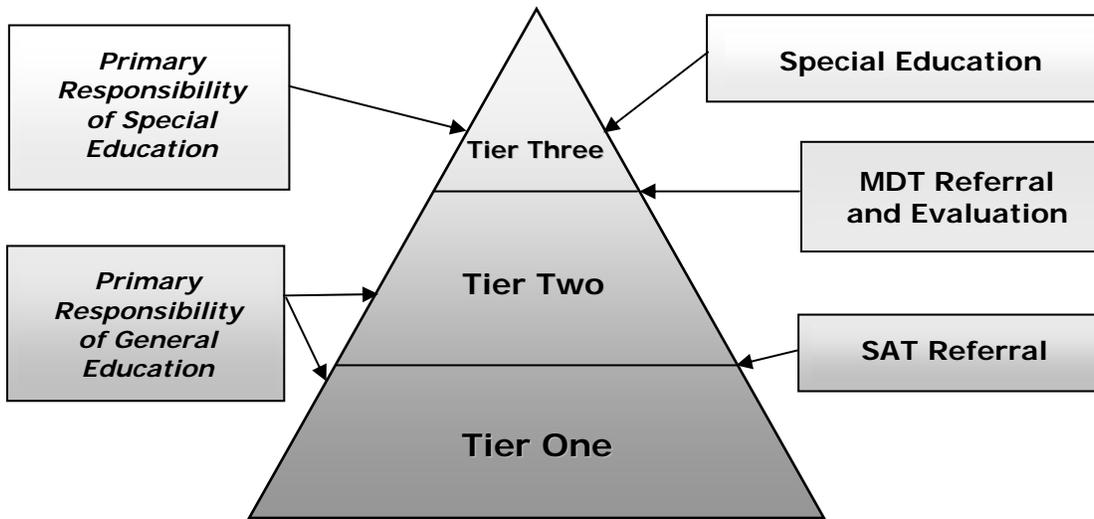
What comprises an initial evaluation?

In New Mexico, specific evaluation data systems and processes for the alternative learning disability identification model, called the *Dual Discrepancy* evaluation model, are in the process of being developed and refined at the State and local levels. As the severe discrepancy model has been shown to delay the implementation of appropriate pedagogical interventions in the early elementary years, being called the "wait to fail model," the NMPED will require, pending adoption in the 6.31.2.10 NMAC, that all Local Educational Agencies (LEAs) in the State of New Mexico implement the *Dual Discrepancy* evaluation model on or before **July 1, 2007** in *Pre-Kindergarten through Third* grades. This model is based upon the instructional response to intervention process that generates the student achievement data needed to make the calculations required. Until this time, LEA Multi-Disciplinary Teams have the two options described below to select from when making eligibility determinations at all grade levels.

It is expected that the *Dual Discrepancy* model will be required in the State of New Mexico in *grades four through six* by **July 1, 2008**. It is also expected that LEAs will continue to have the option of selecting either the dual discrepancy or severe discrepancy model for students in grades 7-12.

The NMPED has appropriate legal ground on which to require the use of the dual discrepancy model, provided by §300.307 (b), "A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability." Additional guidance can be found in the Discussion section for §300.307 (b) of the Final Regulations, page 46646.

OPTION 1: Dual Discrepancy and the Three-Tiered Model of Student Intervention



Tier One—*Primary Intervention* is high-quality, whole-group, research-based general instruction delivered by qualified personnel, combined with general screening processes. For example, instruction must include those features that research has shown to be critical for early reading, literacy, and numeracy. The vast majority of students will respond to this intervention level. At Tier One, primary intervention is a function of general education (classroom teacher and paraprofessionals); therefore, general education staff would be responsible for leading and/or facilitating any discussions regarding student progress at the primary intervention level.

Tier Two—*Secondary Intervention* is scientific, research-based intervention. It is targeted, small-group, or individual instruction in specific deficit areas. The learning environment becomes more intensive and restrictive. At Tier Two, secondary intervention remains a function of general education (classroom teacher, para-professionals, and established SAT); however, the SAT may include representatives from special education on an as-needed basis functioning solely as resources and not as evaluation specialists. General education staff members are

responsible for implementing the scientific, research-based interventions and leading any discussion of the student's progress based on standards-based assessments at this level. It is entirely appropriate and possible that the SAT would choose to run through multiple cycles of secondary intervention in an effort to meet the needs of students in the general education classroom. This would particularly be appropriate if a student is making progress and the team continues to gather to fine tune instructional strategies to allow for greater success.

Multi-Disciplinary Evaluation is the fine line between Tier Two and Tier Three. The student is referred for a multi-disciplinary evaluation after the SAT has determined that the student has received sustained, high-quality instruction in the regular education classroom with scientific, research-based interventions that have been implemented with fidelity and are specific to the area(s) of deficit, but that have not resulted in significant improvement. Parental Rights under the IDEA are in effect upon referral for evaluation. The MDT evaluation leads to one of two possible conclusions, based upon the eligibility determination requirements established in this manual:

1. Not eligible: Student is referred back to the SAT to consider new data and other possible interventions.
2. Eligible: Student moves into Tier Three (Tertiary Intervention). The IEP process begins.

Tier Three—Tertiary Intervention is individualized supports that are beyond the scope of general education, including, but not limited to, instruction and intervention through the delivery of special education and related services, as appropriate.



Response to Intervention (RtI) is an instructional model that is the process that all SATs in New Mexico follow to meet student needs. As such, RtI is required in the NMAC (Section 6.31.2.10) and has been required for almost two years. RtI is a systematic process of analyzing and addressing student achievement that is framed

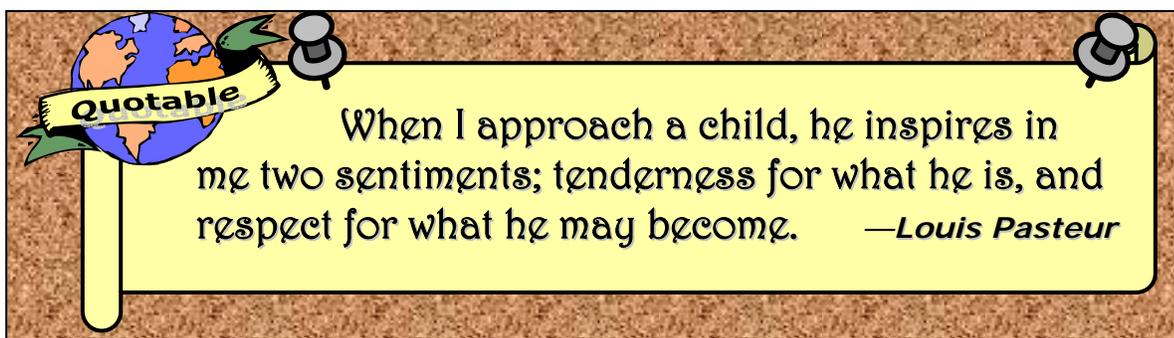
within a Three-Tiered model. It is explained in detail in both the NMPED's

Technical Assistance Manual: The Student Assistance Team and the Three-Tiered Model of Student Intervention and the Response to Intervention: A Systematic Process for Increasing Learning Outcomes for All Students guidance document.

To successfully make an appropriate eligibility determination under the specific learning disability category, Multi-Disciplinary groups must understand the criteria that serve as eligibility requirements under this model (listed below). The concept of dual discrepancy is addressed in the *Identification of Learning Disabilities: Research to Practice* (Gresham, 2002). A dual discrepancy exists when the student both performs below the level evidenced by grade-level peers and also shows a learning rate substantially below that of grade-level peers. In New Mexico, the dual discrepancy criteria are defined as:

1. A difference of 1.5 standard deviations between a student's mean standards-based assessment scores and that of all grade-level classmates in the district.
2. A difference of 1.5 standard deviations between the student's standards-based assessment growth rate (slope) and that of grade-level classmates in the district. (Adapted from Gresham, 2002)

Multi-Disciplinary Teams must be careful to make a clear determination that the difficulties that a student is facing are not solely related to a *language difference* when making eligibility determinations. The dual discrepancy profile established above may indeed fit a student who is simply struggling to learn a second language. *Evaluation teams must carefully document that they have distinguished between a language difference and a language disability as a necessary step in this evaluation process.*



Multi-Disciplinary Teams that employ the dual discrepancy model must also carefully differentiate between skill (acquisition) deficits and performance (motivational) deficits. Skill deficits refer to the absence of an academic skill in a student's repertoire ("can't do")

problems), whereas performance deficits describe a lack of motivation to perform a given academic skill (“won’t do” problems). A reasonable mode in which to make this determination is to provide reinforcers during assessment conditions. If the student is able to complete the task with targeted reinforcement, then the problem is a performance deficit. The dual discrepancy model, founded in the RtI process, is solely aimed at finding skill deficits.

Standards-Based Assessment (SBA) involves the assessment of how well a student is meeting New Mexico’s Standards for Excellence, which includes content standards, strands, benchmarks, and performance standards. Components of a cohesive SBA system must be aligned to New Mexico’s Standards for Excellence and may include test results from the New Mexico Standards-Based Assessments (NMSBA), ongoing progress monitoring tools such as the short-cycle assessments required by the NMPED’s Educational Plan for Student Success (EPSS) system, district-wide standards-based assessments, and curriculum-based measures. An SBA system, in its application to the SLD eligibility determination process, must look at academic skill areas, such as reading, writing, and mathematics. An SBA system is thus based on formative, benchmark, and summative assessments that are administered as needed, at instructional benchmark points, and on a yearly basis respectively. Assembling the ongoing data on a chart and/or graph tracks student success and allows for direct comparison in a standardized manner to district-wide, grade level classmates.



Highly recommended components of an initial evaluation:

1. Review and consideration of the **complete SAT file** documentation
2. **Investigation and analysis** of academic, medical, family, and social history
3. **Interview(s)** of parents/caregivers and students (as appropriate) to determine student preferences, individual and family strengths and needs, and any potential additional concerns
4. **Additional observation** completed by a diagnostic evaluator or the evaluator’s designee in a setting relevant to the area of suspected disability
5. **Documentation that standards-based assessments** have been implemented reflecting the student’s significant underachievement following documented, sustained, high-quality, scientific, research-based intervention.

6. An individually administered **assessment of cognitive/ intellectual abilities** to collect meaningful information on the student's capacity to learn, level of concept development, and method of processing information. The assessment must be composed of at least the core test battery, as defined by the test author. Under the dual discrepancy model, the results from the assessment of cognitive/intellectual abilities should be utilized solely to determine the level of the student's cognitive functioning. The data is not to be used for making discrepancy determinations.
7. Individually administered **academic achievement assessment** in academic area(s) of suspected disability.
8. An **assessment of processing skills** to get information regarding potential processing deficits in the areas of auditory processing, memory, processing speed, phonological processing, visual/perceptual processing, etc.



Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Language proficiency assessment
2. Mental health evaluation
3. Speech/language/communication evaluation
4. OT/PT evaluation



To receive special education or related services, a student **must** meet the NMPED's adopted eligibility criteria:

1. The student demonstrates significant underachievement, based upon ability. Dual discrepancy is denoted by having a difference of 1.5 standard deviations between *both* the student's mean standards-based assessment *scores* and *growth* (slope) measured against those of grade-level students in the LEA's area(s) of concern.
2. Standards-based achievement results are both below the average range and support the dual discrepancy in the area(s) of concern.

Initial Evaluation form available in Appendix H

3. The student was provided with appropriate instruction and intervention by qualified personnel in regular education settings.
4. Learning difficulties are not the result of lack of appropriate instruction in reading, lack of appropriate instruction in math, limited English proficiency, visual, hearing, or motor disability, mental retardation, emotional disturbance, cultural factors, or environmental or economic disadvantage.
5. Student demonstrates a need for special education services

The NMPED cannot require a LEA to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematical calculation, or mathematical problem solving. If a LEA chooses to utilize a severe discrepancy model in evaluating a student for eligibility in the specific learning disability category, the LEA must adhere to the following requirements.

OPTION 2: Severe Discrepancy Model



Highly recommended components of an initial evaluation:

1. Review and consideration of the **complete SAT file** documentation
2. **Investigation and analysis** of academic, medical, family, and social history
3. **Interview(s)** of parents/caregivers and students (as appropriate) to determine student preferences, individual and family strengths and needs, and any potential additional concerns
4. **Additional observation** completed by a diagnostic evaluator or the evaluator's designee in a setting relevant to the area of suspected disability
5. An individually administered **assessment of cognitive/intellectual abilities** to collect meaningful information on the student's capacity to



learn, level of concept development, and method of processing information. The assessment must be composed of at least the core test battery, as defined by the test author.

6. An **individual academic achievement assessment** to provide information about how the student functions in the areas of oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning and to provide a measure of the student's strengths, weaknesses, and mastery of skills.
7. An **assessment of processing skills** to get information regarding potential processing deficits in the areas of auditory processing, memory, processing speed, phonological processing, visual/perceptual processing, etc.



Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Language proficiency assessment
2. Mental health evaluation
3. Speech/language/communication evaluation
4. OT/PT evaluation

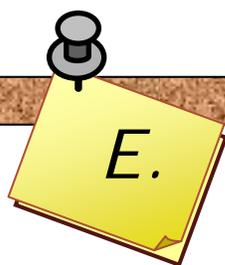
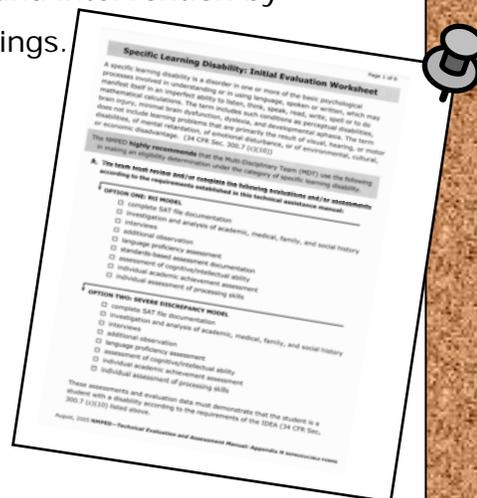


To receive special education or related services, a student must meet these NMPED adopted eligibility criteria:

1. The student demonstrates a severe discrepancy, of at least **1.5** standard deviations when considering co-normed assessments. If the assessments are not co-normed, and only when the assessments are not co-normed, considering the regression table found in Appendix G, which accounts for the standard error of measure of the difference between the child's predicted achievement level and actual achievement in the area(s) of concern.
2. The student's standards-based achievement results are both below the average range and support the discrepancy in the area(s) of concern.

Initial Evaluation
form available in
Appendix H

3. The student was provided with appropriate and intervention by qualified personnel in regular education settings.
4. Learning difficulties are not the result of lack of appropriate instruction in reading, lack of appropriate instruction in math, limited English proficiency, visual, hearing, or motor disability, mental retardation, emotional disturbance, cultural factors, or environmental or economic disadvantage.
5. Student demonstrates a need for special education services.



What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should first consider updated information, and then proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and and classroom-based observations
 - observations by teachers and related service providers



- observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
- Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?

Highly recommended components of a reevaluation

The IEP team must ensure that continued eligibility criteria are met through this evaluation.

1. The student was provided with high-quality, scientific, research-based instruction and intervention by qualified personnel.
2. Learning difficulties are not the result of exclusionary factors.
3. Student demonstrates a need for special education services, based on data gathered from multiple sources.



Students with specific learning disabilities should be considered for discontinuation of services when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Monitoring of social skills, behavior, communication,



current levels of academic performance, and independence may continue to be necessary. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.

G.

What are some possible resources to get more information about this disorder?



Below is a list of local and national resources related to specific learning disability.

National Research Center on Learning Disabilities <http://www.nrcl.org/>

Intervention Central <http://www.interventioncentral.org/>

National Center on Student Progress Monitoring www.studentprogress.org

Response to Intervention Topical Page <http://www.wested.org/nerrc/rti.htm>

The New Mexico Public Education Department, Special Education Bureau
505-827-1457
www.ped.state.nm.us/seo/index.htm

What Works Clearinghouse www.whatworks.ed.gov

LD Online <http://www.ldonline.org/>

Learning Disabilities Association of America <http://www.lदानatl.org/>

Parents Reaching Out (PRO)
800-524-5176
www.parentsreachingout.org

Southwest International Dyslexia Association (SWIDA)
505-255-8234
www.southwestida.com

New Mexico
T.E.A.M.

See Appendix H
for a reproducible
initial evaluation
worksheet for
specific learning disability.

NOTES





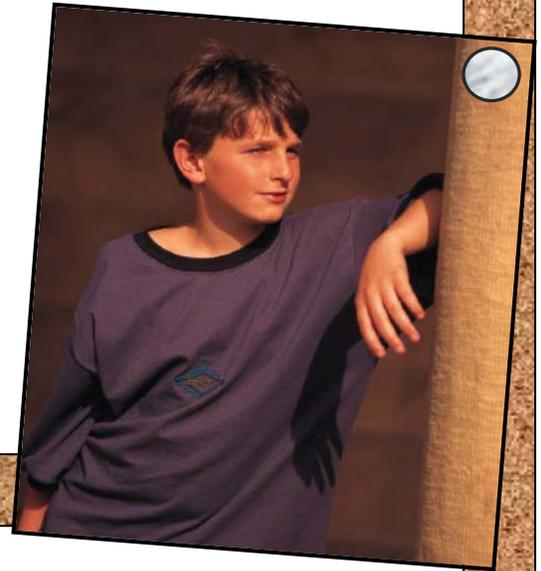
Thoughts?
Ideas?
Questions?



New Mexico
T.E.A.M.

Speech-Language Impairment

- XI. Speech-Language Impairment
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

A 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. (34 CFR Sec. 300.8 (c)(11))

In New Mexico, speech and/or language impairments are those disorders that adversely affect a student's educational performance by interfering with or limiting the student's "ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems."

Speech and language impairments may be exhibited as disorders ranging from mild to severe and may be developmental or acquired. A speech-language impairment is to be differentiated from a speech-language difference which may be due to bilingualism, dialectical or cultural differences in language use, or being non-English dominant. A communication difference/dialect is a variation of a communication system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors and should not be considered a disorder of speech or language. The following language is adapted from the American Speech-Language Hearing Association (ASHA).

SPEECH DISORDERS (adapted from ASHA 1993)

An Articulation Disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions, or distortions that may interfere with intelligibility and which adversely affects communication between the student and the listener. It may include the inability to use the oral mechanism for speech, as well as the reception and processing of phonemes (speech sounds) at a level below average for the student's chronological age or developmental level.

A Fluency Disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions of sounds, syllables, words, and phrases which adversely affects communication between the student and the listener. This may be accompanied by excessive tension, struggle, behavior, and/or secondary mannerisms.

A Voice Disorder is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration which is inappropriate for a student's age and/or gender and which adversely affects communication between the student and the listener.

LANGUAGE DISORDERS (adapted from ASHA 1993)

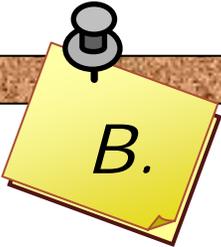
Language Impairment is an impairment in the ability to comprehend, process, or produce language in the areas of form, content, or use. The disorder may involve:

- the form of language (phonology—the sound system of a language and the rules that govern the sound combinations; morphology—the rule system that governs the structure of words and the construction of word forms; syntax—the rule system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence);
- the content of language (semantics—the system that governs the meaning of words and sentences; content also refers to the environment in which a communicative act is occurring, as well as the relationship of the communication partners); and,



Language Impairment
FORM
CONTENT
USE

- the use of language (pragmatics—the system that combines the above language components in functional and socially appropriate communication).



B.

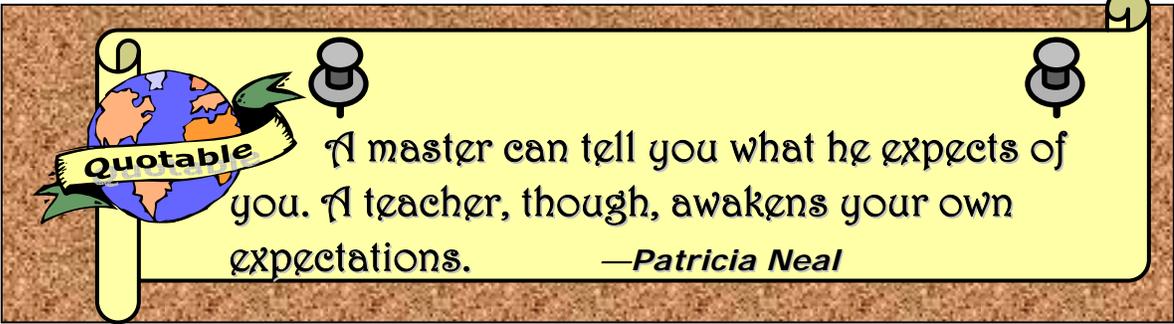
What educational impact does this disability typically have on students?

“Education takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to access education.”

(Michigan Speech-Language Hearing Association, 1995). Adverse effect of the disorder on the student’s ability to participate in the educational process includes preacademic/academic, social-emotional, and vocational performance. For example, a student with a language disorder may show impaired comprehension and poor verbal expression. The adverse social effect may be exclusion from play and group activities or the student may withdraw from group activities. The adverse learning effect may be failure to understand instruction, resulting in lack of educational progress. “The meaning of ‘educational performance’ cannot be limited to showing of discrepancies in age/grade performance in academic subject-matter areas.” (OSERS policy interpretation, 1980)

A speech-language impairment may negatively impact the student’s ability to benefit from the educational process in one or more of the following areas:

- Academic—ability to progress in the curriculum
- Social—ability to interact with peers and adults
- Vocational—ability to participate in vocational activities



Quotable

A master can tell you what he expects of you. A teacher, though, awakens your own expectations. —*Patricia Neal*

B.

What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link:

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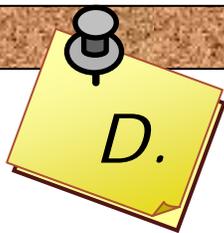
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Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and



behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



What comprises an initial evaluation?

For both speech and language disorders, review and consideration of the **complete SAT file** documentation is the first component for initial evaluation.



Speech Disorders



In addition to SAT documentation, the following components of an initial evaluation for **SPEECH DISORDERS** are **highly recommended**:

1. Articulation Disorder

- Case history
- Functional communication, i.e., interviews, observations.

- Educational status, i.e., review of classroom performance.
- Stimulability assessment
- Conversational intelligibility assessment
- Oral mechanism/oral motor exam
- Standardized and/or non-standardized inventory(ies) of speech sounds/phonological processes

2. Voice

- Case history
- Functional communication, i.e., interviews, observations.
- Educational status, i.e., review of classroom performance.
- Conversational intelligibility assessment
- Oral mechanism/oral motor exam
- Measures of and/or qualitative descriptions of quality, resonance, pitch, and volume

NOTE: A voice evaluation by an SLP may begin in the absence of diagnostic medical information regarding the complaint. However, further dispositions regarding therapy should be deferred until it is available (ASHA 2001). A referral to a medical specialist may be appropriate.

3. Fluency

- Case history
- Test of fluency or a clinical evaluation of stuttering severity
- Functional communication, i.e., interviews, observations, checklists/scales
- Educational status, i.e., review of classroom performance
- A speech sample, noting:
 - a. extent of fluency/non-fluency
 - b. types and frequencies of primary and secondary stuttering behaviors
 - c. fluency/non-fluency across speaking situations
- Speech rate
- Observations of oral, laryngeal, and respiratory behaviors
- Oral mechanism/oral motor exam



Initial Evaluation form available in Appendix H

- Qualitative description of non-measurable aspects of fluency (i.e., coping behaviors, such as circumlocution, starter devices, postponement tactics, or attempts to disguise stuttering and emotional reactions)



Potential additional components of an initial evaluation for speech disorders, as determined by the evaluation team:

1. Assistive technology assessment
2. Motor skills assessment
3. Audiological evaluation
4. Psychological evaluation

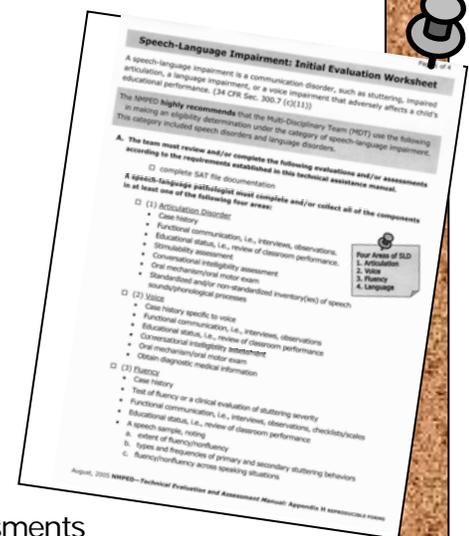


Language Disorders



In addition to SAT documentation, the following components of an initial evaluation for **LANGUAGE DISORDERS** are **highly recommended**:

1. Language
 - Case history
 - Functional communication, i.e., interviews, observations, checklists/scales
 - Educational status
 - a. review of classroom performance
 - b. analysis of oral/written samples within the classroom
 - c. observation/anecdotal records
 - Standardized and non-standardized assessments of receptive and expressive language in the areas of content (semantics), form (morphology and syntax), and use (pragmatics)
 - a. Standard scores yielded by standardized assessments must be statistically significant, i.e., below the average range, as defined by the test author.



- b. Methods of non-standardized assessment may include, but are not limited to, reviewing: classroom work samples, language samples, curriculum-based assessment, oral/written narratives, dynamic assessment, and criterion-referenced measures.

NOTE: When the results of standardized and non-standardized measures are discrepant, a weight of evidence from multiple descriptive measures must support the existence of a speech-language impairment.

- Academic achievement assessment. Depending upon individual needs, this may consist of standardized individual achievement tests, curriculum-based measures, criterion referenced tests, dynamic assessment, and/or portfolio assessment.



Potential additional components of an initial evaluation for language disorders, as determined by the evaluation team:

1. Cognitive/intellectual abilities assessment
2. Assistive technology assessment
3. Motor skills assessment
4. Audiological evaluation
5. Psychological evaluation



Finally, **for BOTH speech and language disorders**, to receive special education services, a student must meet the eligibility criteria:

1. The student has a speech-language impairment and is not merely exhibiting a language difference.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. A different disability, such as autism, mental retardation, or a specific learning disability in the area of oral expression/listening comprehension does not best describe the student's primary disability.
4. The student demonstrates a need for special education services.



What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?



- What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



Potential additional components of a reevaluation, as determined by the IEP team, may include assessments that are deemed necessary as a result of concerns, questions, or developments since the last evaluation.



When are special education services to be discontinued?

Students with speech-language impairments can be considered for discontinuation of services only when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Any student whose special education services are discontinued must be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.

Discontinuation criteria for speech-language services that may be addressed:

- 1) All speech and language objectives have been met and continued speech and/or language services are not warranted.
- 2) Medical, dental, or social circumstances warrant discontinuation of services on a temporary or permanent basis.



disorder?

What are some possible resources to get more information about this

Below is a list of local and national resources related to speech and language.

The New Mexico Public Education,
Special Education Bureau
505-827-1457
www.ped.state.nm.us/seo/index.htm

American Speech-Language-
Hearing Association
www.asha.org

American Cleft Palate-Craniofacial
Association 919-933-9044
www.cleftline.org

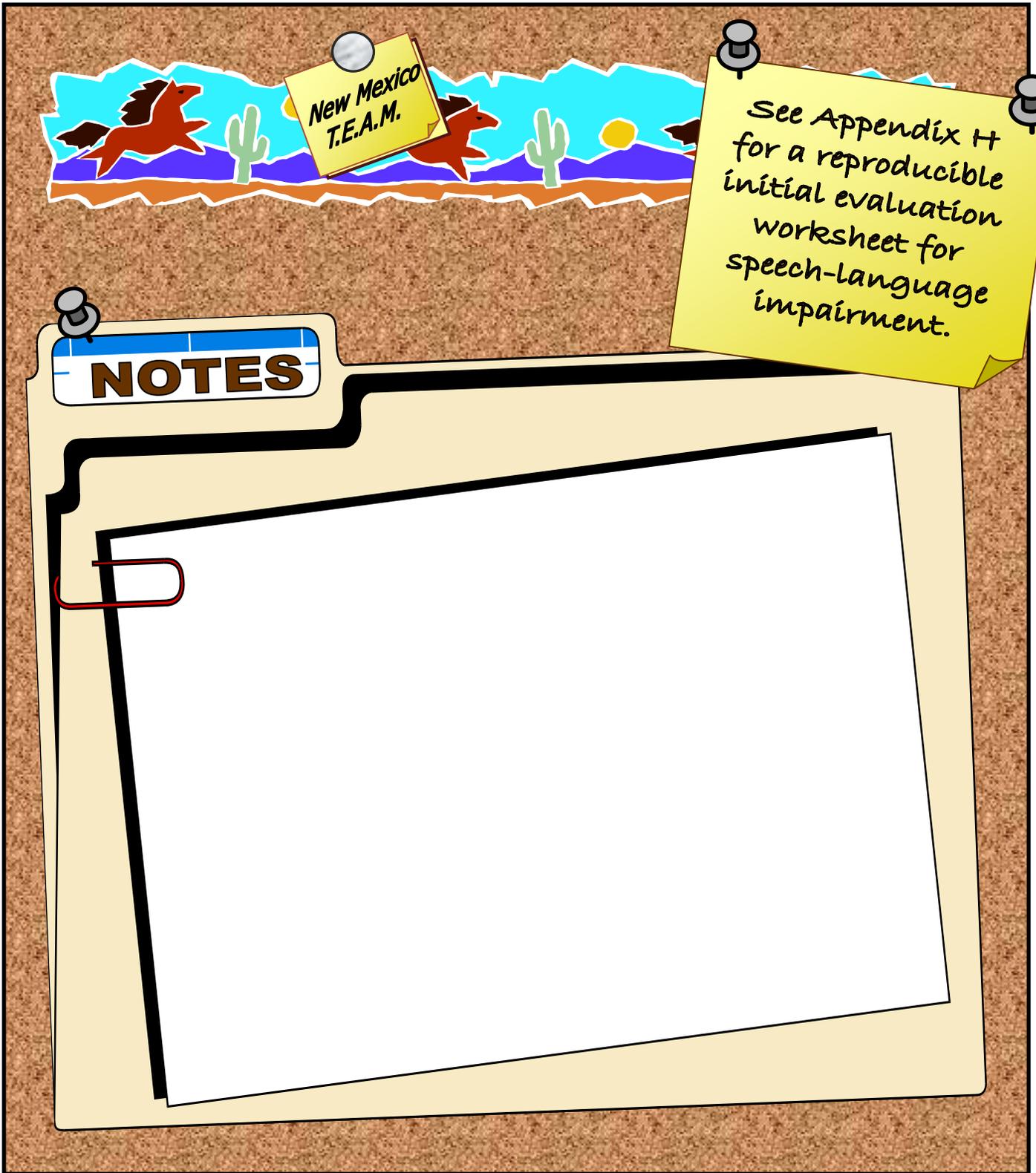
Childhood Apraxia of Speech
Association www.apraxia-kids.org

Stuttering Foundation of America
800-992-9392
www.stutteringhelp.org

Parents Reaching Out (PRO)
800-524-5176
<http://www.parentsreachingout.org/>

New Mexico Speech and Hearing
Association 505-899-6674
www.nmsaha.net







Thoughts?
Ideas?
Questions?



Traumatic Brain Injury

- XII. Traumatic Brain Injury
 - A. Definition under the IDEA
 - B. Potential Educational Impact
 - C. Consideration of all SAT Factors
 - D. Initial Evaluation
 - E. Reevaluation
 - F. Discontinuation of Special Education Services
 - G. Possible Resources



A.

What is the definition under the IDEA?

Traumatic Brain Injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one 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. (34 CFR Sec. 300.8 (c)(12))

B.

What educational impact does this disability typically have on students?

While the majority of students with TBI are able to return to school, their educational and emotional needs are likely to be very different from how they were prior to the injury. Although students with TBI may seem to function much



like children born with other handicapping conditions, it is important to recognize that the sudden onset of a severe disability resulting from trauma provides a very different context. Students with brain injuries can often remember how they were before the trauma, which can result in a constellation of emotional and psychosocial problems not usually present in children with congenital disabilities. Complications related to malingering or motivation may also be factors worthy of consideration. Further, the trauma impacts family, friends, and professionals who recall what the child was like prior to injury and who have difficulty in shifting and adjusting goals and expectations.

Students who experience a traumatic brain injury may exhibit a wide variety of deficits, such as executive functioning, speech and language, visual-motor, and behavior. Decisions regarding evaluation, placement, and educational programming must, for this reason, take individual differences into account. Therefore, careful planning for school re-entry (including establishing linkages between the trauma center/rehabilitation hospital and the special education team at the school) is extremely important in meeting the needs of the student. It will be important to determine if the child needs to relearn material previously known. Supervision may be needed (e.g., between the classroom and restroom) as the student may have difficulty with orientation. Teachers should also be aware that, because the student's short-term memory may be impaired, what appears to have been learned, may be forgotten later in the day. To work constructively with students with TBI, educators may need to adjust instruction to provide for efficient classroom learning. The following list highlights a few key areas that could be addressed:

- Provide repetition and consistency.
- Demonstrate new tasks, state instructions, and provide examples to illustrate ideas and concepts.
- Avoid figurative language.
- Reinforce lengthening periods of attention to appropriate tasks.
- Probe skill acquisition frequently and provide repeated practice.
- Teach compensatory strategies for increasing memory.
- Be prepared for students' reduced stamina and increased fatigue and provide rest breaks as needed.
- Keep the environment as distraction-free as possible.

C.

What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

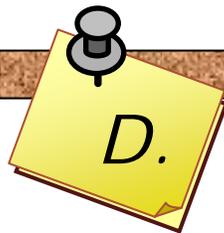
- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a



student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



What comprises an initial evaluation?

The evaluation for TBI must address functioning in terms of cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. In order to address these areas, the following documentation, assessments, and/or evaluations must be reviewed and/or conducted.



Highly recommended components of an initial evaluation:

1. Review and consideration of the **complete SAT file** documentation
2. **Medical or historical documentation of a TBI**, including premorbid functioning, if available
3. A **speech/language/communication assessment**—
Assessment should be guided by (a) questions about the student's contextual and functional use of language, and (b) questions about the impact of verbal and cognitive deficits on communicative functioning. Rather than a fixed battery of tests, assessment needs to include observations of the student in a variety of settings and contexts that sample the type of environmental stimulation encountered under natural conditions. The highly organized nature of formal testing may minimize post-traumatic communication

deficits by partially compensating for initiation deficits, sequencing difficulties, slow rate of information processing, or problems inhibiting behavior. (Russell, 1993)

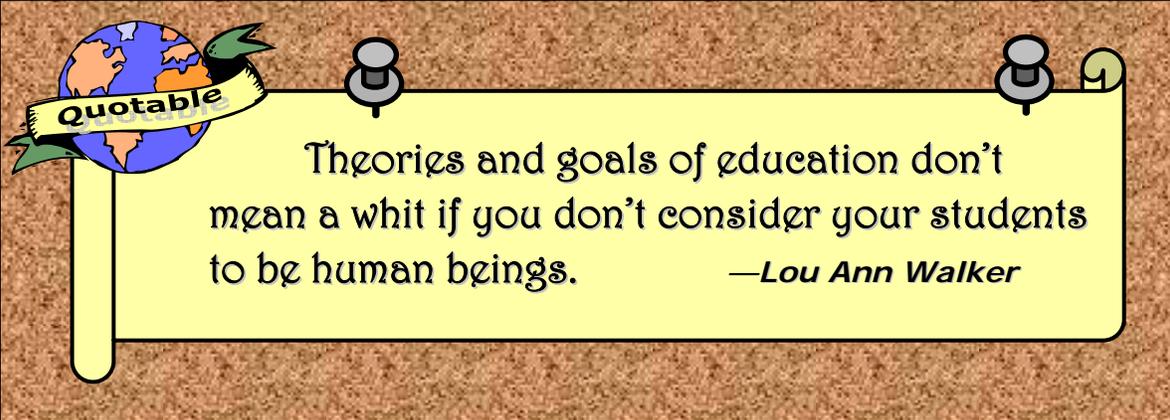
4. An **assessment of cognitive/intellectual abilities** can offer meaningful information about the student's capacity to learn, level of concept development, and method of processing information. The evaluation process should be adapted based on knowledge gained from the medical or historical information provided, as well as information gathered from the speech/language/communication assessment.
5. An **individual academic achievement assessment** offers information about how the student functions in the areas of reading, written language, and mathematics, and will provide a measure of the student's strengths, weaknesses, and mastery of skills. As with a cognitive/intellectual ability assessment, the evaluation process should be adapted based on knowledge gained from the medical or historical information provided, as well as information gathered from the speech/language/communication assessment.
6. A **motor skills assessment** brings forth information regarding fine and gross motor abilities, range of movement, sensory and perceptual skills.
7. An **adaptive behavior assessment** offers information about functioning after the injury.



Initial Evaluation
form available in
Appendix H



Quotable

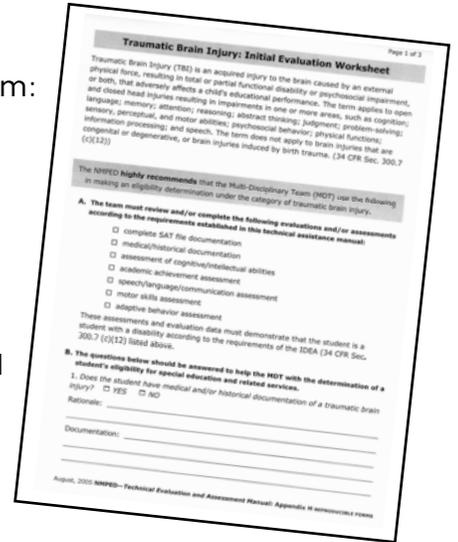


Theories and goals of education don't mean a whit if you don't consider your students to be human beings. —Lou Ann Walker



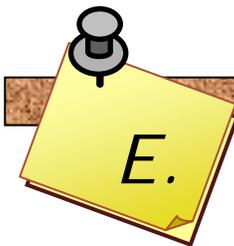
Potential additional components of an initial evaluation, as determined by the evaluation team:

1. Assistive technology assessment
2. A neuropsychological evaluation/consult may provide information regarding neurological/behavioral functioning, socio-emotional skills, educational impact, and potential instructional adaptations or accommodations.



To receive special education or related services, a student must meet the eligibility criteria:

1. The student has medical or historical documentation of a TBI.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.



What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student to include both of the following components:

- current classroom-based, local, or state assessments, and classroom-based observations
- observations by teachers and related service providers

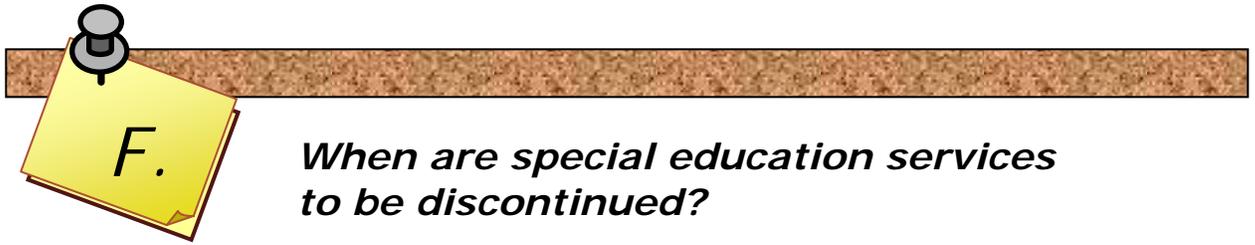


2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. They must answer these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



In addition to meeting the requirements under the law, it is **strongly suggested** that, at least annually, the IEP team determine the necessity of conducting an early reevaluation to assess the extent of change(s) in the quality and quantity of the student's daily educational performance.

1. Since ongoing standards-based assessment and documentation are absolutely essential, the IEP team should determine what is required at the time of the routine three-year reevaluation.
2. The IEP team needs to consider whether or not the student appears to be making progress toward attainment or mastery of the IEP goals and whether or not there need to be any change(s) to service delivery.



When are special education services to be discontinued?

Students with traumatic brain injuries should be considered for discontinuation of services only when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Monitoring of social skills, behavior, communication, current levels of academic performance, and independence may continue to be necessary. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



G.

What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to traumatic brain injury.

The New Mexico Public Education
Department, Special Education Bureau
505-827-1457

www.ped.state.nm.us/seo/index.htm

New Mexico Public Education
Department, Division of Vocational
Rehabilitation 505-954-8500

<http://www.dvrgetsjobs.com>.

New Mexico Department of Health
505-827-2613

<http://www.health.state.nm.us>.

Brain Injury Association
of New Mexico 888-292-7415

<http://www.braininjurynm.org>

Brain Injury Resource Foundation

<http://www.birf.info/index.shtml>.

Brain Injury Resource Foundation

<http://www.birf.info/index.shtml>.

National Brain Injury Association of
America 800-444-6443

www.biausa.org/Pages/splash.html

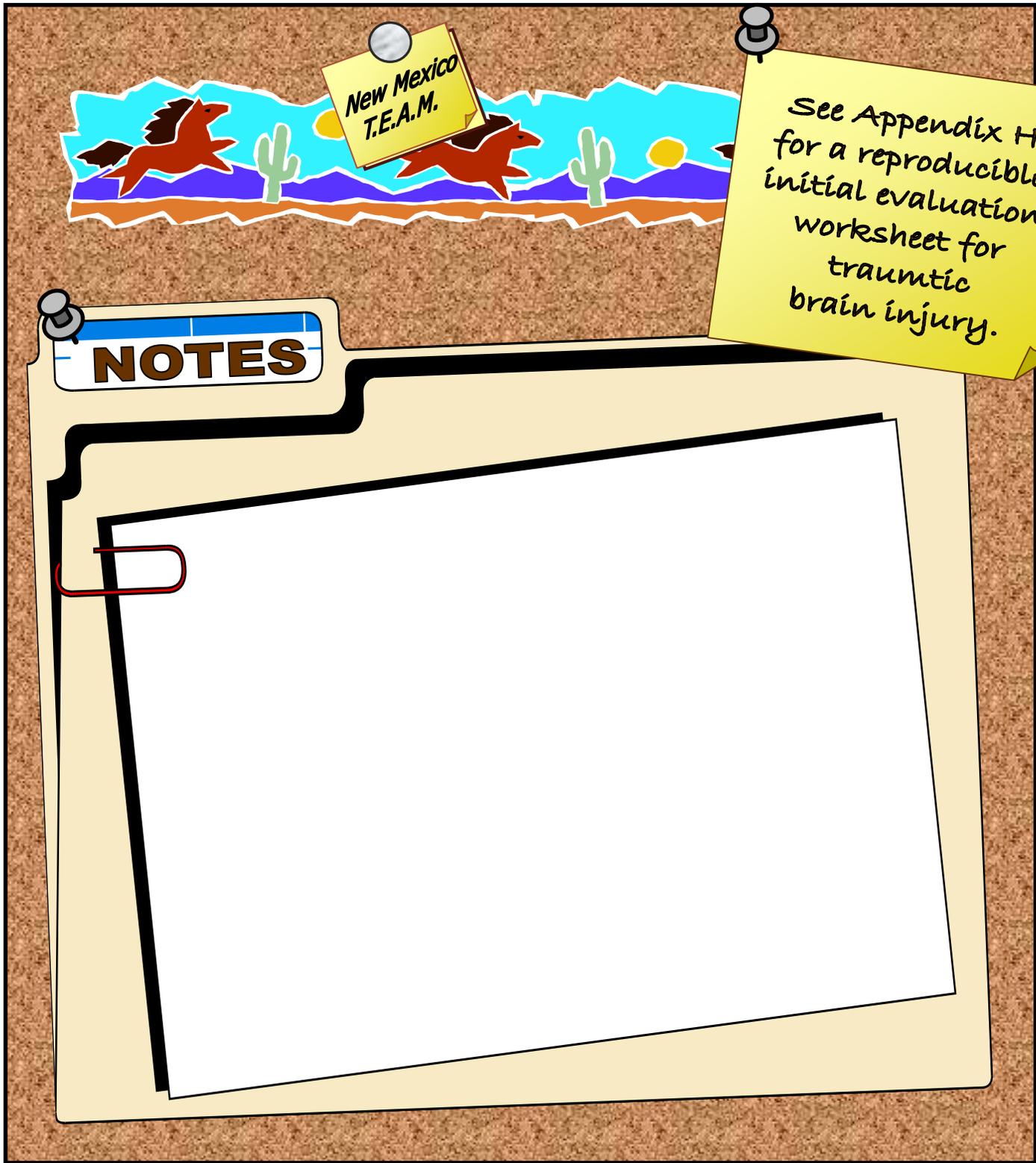
National Resource Center on
Traumatic Brain Injury

<http://www.neuro.pmr.vcu.edu>.

Parents Reaching Out (PRO)

800-524-5176

www.parentsreachingout.org





Thoughts?
Ideas?
Questions?

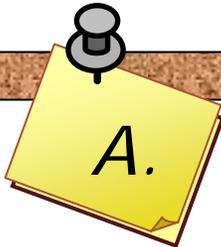




Visual Impairment Including Blindness

XIII. Visual Impairment, Including Blindness

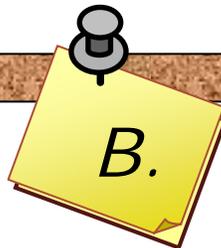
- A. Definition under the IDEA
- B. Potential Educational Impact
- C. Consideration of all SAT Factors
- D. Initial Evaluation
- E. Reevaluation
- F. Discontinuation of Special Education Services
- G. Possible Resources



What is the definition under the IDEA?

A 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. (34 CFR Sec. 300.8 (c)(13))

In New Mexico, the term "visual impairment" means a visual anomaly which has been diagnosed by an eye specialist, and which is so severe that, even after medical and conventional optical intervention, the student is unable to benefit fully from educational experiences within the regular education setting without special education services designed to meet the needs of the individual student.



What educational impact does this disability typically have on students?

Although students with visual impairments display a wide range of intellectual abilities and interests, there are some unique needs that are common to most students. A visual impairment will often interfere with the student's development of visual concepts, and the student may need to be explicitly taught the concepts

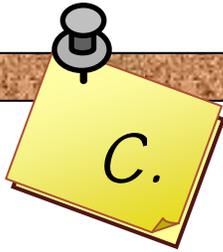


which a sighted student may grasp through incidental learning. The development of listening skills and auditory comprehension is especially important because the student may rely on auditory and tactile input for learning. A visual impairment may affect the student's observation of behavior in social situations and participation in recreational activities, so the student may need explicit instruction and support to facilitate the development of age appropriate social-emotional skills. Because the visual input that both motivates a student to explore and provides environmental feedback may not be available, students may need support in developing motor skills. Instruction in orientation and mobility skills is essential to ensure that the student becomes independent and is able to move safely within the environment. A student with a visual impairment may need to learn special techniques to be able to function independently in the areas of self-care and domestic skills, such as food preparation and taking care of clothing.

A visual impairment may also affect the student's ability to access instruction in the classroom visually and may necessitate either instruction in Braille and the provision of tactile materials, or the provision of modified materials which allow the student to access instruction, such as large print or books on tape.

Instruction in other areas of the curriculum may also need to be modified by providing tactile materials and adapting the presentation of the lesson to maximize experiential learning and verbal descriptions. Access to specialized technology, such as screen reading software and electronic Braille notetakers, may be required to allow the student to produce written work and to use a computer independently.

When provided with explicit instruction in the specialized techniques needed to be independent, modified materials, and accessible technology, most students with a visual impairment will be able to participate at the same level as a sighted student with similar abilities and aptitudes. Areas of specialized instruction could include Braille, orientation and mobility, and technology use. Accommodations and modifications that may be effective are Braille or large print materials, tactile graphs or maps, manipulatives for math or science, talking calculators, magnifiers, abacuses, and verbal descriptions of activities or environmental information. For students who are partially sighted, lighting appropriate to the visual condition should be considered.



What must be considered with respect to the SAT (Student Assistance Team)?

Appropriate referrals to tier three are typically only appropriate when the SAT at the school site has completed the child study process, implemented appropriate interventions with fidelity, and documented sufficient and sustained efforts to meet the needs of all students in the regular classroom. Multi-Disciplinary Teams cannot design an assessment/evaluation program without the information and documentation that is required in the SAT process. These information and documentation requirements are established by the NMPED's Technical Assistance Manual: *The Student Assistance Team and the Three-Tiered Model of Student Intervention*. The SAT manual is available to download at the following link: <http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

Be sure to download each of the nine files that comprise the SAT manual. You will find all of the forms on pages 54 through 75 of that manual. The forms on the list that follows should be completed in order to support the goals of the assessment and evaluation process.

- Notice of and Invitation to SAT meeting
- SAT Referral Packet
- Student Observation(s)
- SAT Meeting Summary(ies)
- SAT Intervention Plan
- SAT Intervention Progress Report(s) and Follow-Up
- Academic Improvement Plan (if appropriate)

Throughout the SAT process, all noted intangible factors, such as culture and language considerations, must be systematically and formally addressed. Particular care must be taken when addressing the educational needs of culturally and linguistically diverse students. Many learning and behavior problems that seem to be indicative of a disabling condition may actually be the manifestation of cultural, level of acculturation, sociolinguistic differences, or additional intangible factors. It is the responsibility of the SAT and all evaluators to gather information and examine underlying issues that may be causing a



student to experience academic or behavioral challenges. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation, as well as information regarding the student's own cultural and sociolinguistic background. A comparison to the development of other students from a similar background is imperative.

Of course, if a student has an obvious disability or a serious and urgent problem, the SAT must use professional judgment, rooted in an analysis of the student's existing file information, to determine an appropriate timeline to follow when considering referral to other programs.



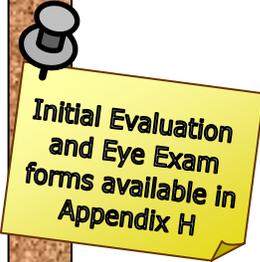
D.

What comprises an initial evaluation?



Highly recommended components of an initial evaluation:

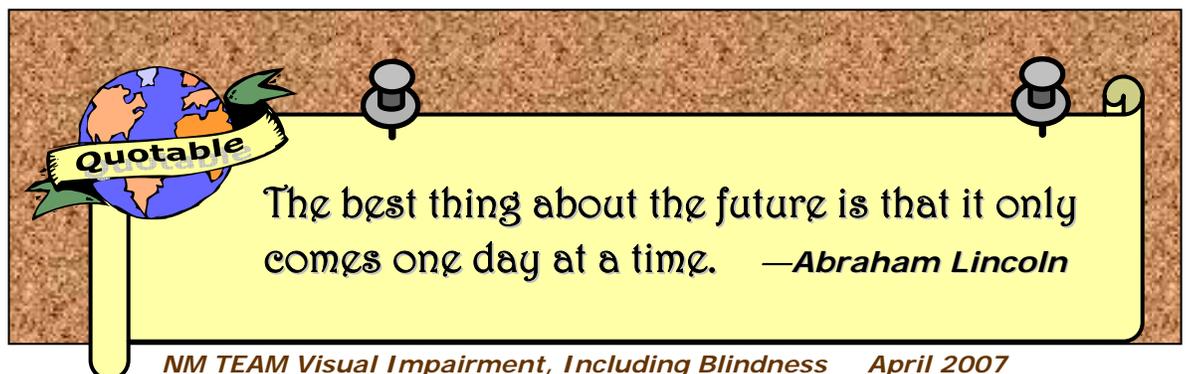
1. Review and consideration of **complete SAT file** documentation.
2. Documentation of the presence of an eye condition based on an **eye examination** by a licensed eye specialist (i.e., ophthalmologist or optometrist). A written report must be on file that includes the diagnosis of the eye condition, visual acuity, and recommendations in regard to the wearing of prescription lenses. (A sample form is available in Appendix H.) Documentation must be provided that indicates that the visual impairment affects the student's ability to access the general education curriculum, or for preschoolers, affects their ability to participate in appropriate classroom activities.
3. A **functional visual examination** to determine the amount and efficiency of the student's functional use of vision in an educational setting. This must include observations of visual responses; screening tests of visual abilities; observation by family and teacher; self report of visual abilities (when appropriate); and observation of accommodations in classroom methods, materials, and environment. This assessment must be conducted by teacher(s) of the visually impaired or those with specific training in this area.



**Initial Evaluation
and Eye Exam
forms available in
Appendix H**

4. A **learning media assessment** conducted by teacher(s) of the visually impaired or those with specific training in this area. "Learning media" are defined as the materials or methods that a student uses for reading and writing as well as the sensory channels utilized to access information.
5. An individually administered **assessment of cognitive/intellectual abilities** to provide meaningful information on the student's capacity to learn, level of concept development, and method of processing information. *The examiner will need to consider the results of the student's **functional vision evaluation and learning media assessment** and may wish to consult with a person who is trained in the education of students with visual impairments regarding choice of test instruments and any modifications in the methods, materials, and environment that might enhance the assessment.*
6. An **individual academic achievement assessment** to provide information about how the student functions in the areas of reading, written language, and mathematics, and to offer a measure of the student's strengths, weaknesses, and mastery of skills.

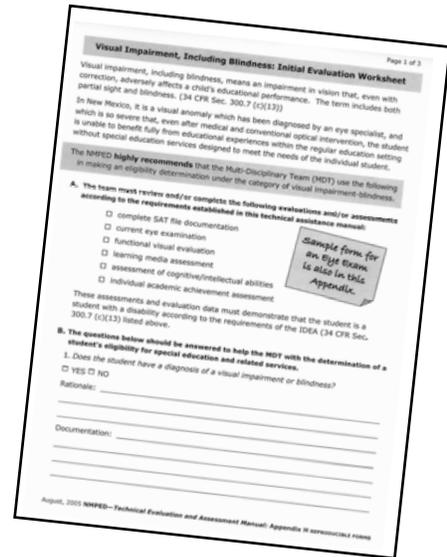
Note: For the assessments of cognitive/intellectual abilities and academic achievement above, the examiner will need to consider the results of the student's functional vision evaluation and learning media assessment and may wish to consult with a person who is trained in the education of students with visual impairments regarding choice of test instruments and any modifications in the methods, materials, and environment that might enhance the assessment.





Potential additional components of an initial evaluation, as determined by the evaluation team:

1. An orientation and mobility assessment conducted by a licensed orientation and mobility specialist determines the student's skills levels in moving purposefully, efficiently, and safely in the home, school, and community environment.
2. An assessment of social and emotional skills and behaviors may be needed if there are concerns in this area.
3. An assessment of fine and gross motor and functional skills may be necessary if there are concerns in this area.



To receive special education or related services, a student must meet the eligibility criteria:

1. There is a diagnosis of a visual impairment, including blindness.
2. Lack of appropriate instruction in reading or math, or limited English proficiency is not a determinant factor.
3. The student demonstrates a need for special education services.



E.

What about reevaluation?

Once a student has met the criteria for receiving special education or related services, an Individualized Educational Program (IEP) is developed for the child under the requirements of the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Reevaluation is an important component of this Federal legislation.

Unless the Local Education Agency (LEA) and the parent agree that a reevaluation is not necessary, the IEP team should proceed as described below.



The reevaluation *must* meet the following requirements established by the **IDEA** (2004):

1. The IEP team must review existing evaluation data on the student, with evaluations and information provided by the parents of the student, to include both of the following components:
 - current classroom-based, local, or state assessments, and classroom-based observations
 - observations by teachers and related service providers
2. On the basis of this review and input from the student's parents, the IEP team must identify any additional data needed to determine the student's status. The team must answer each of these questions:
 - Does the child continue to have a disability and what are the child's educational needs?
 - What are the child's present levels of academic achievement and related developmental needs?
 - Does the student continue to need special education and related services?
 - What, if any, changes to the special education and related services the student receives are needed to enable the child to meet the measurable annual goals set out in his or her IEP and to participate, as appropriate, in the general education curriculum?



In addition to meeting the requirements under the law, the following are **highly recommended** components of a reevaluation.

1. An eye care specialist's report of current eye examination (within the last 12 months)
2. A functional vision evaluation
3. A learning media assessment
4. An academic achievement assessment
5. A hearing screening



Potential additional components of a reevaluation, as determined by the IEP team, and may include

1. Braille assessment
2. Orientation and mobility assessment
3. Assistive technology evaluation



When are special education services to be discontinued?

Students with visual impairments including blindness can be considered for discontinuation of services only when they demonstrate the ability to function independently, access and perform adequately in the general curriculum, and no longer demonstrate a need for special education services. Any student whose special education services are discontinued should promptly be referred to the SAT at his or her school to ensure that the student is supported in this important transition period.



What are some possible resources to get more information about this disorder?

Below is a list of local and national resources related to visual impairment.

The New Mexico Public Education,
Special Education Bureau
505-827-1457

www.ped.state.nm.us/seo/index.htm

The New Mexico School for the Blind
and Visually Impaired 800-437-3505

www.nmsbvi.k12.nm.us

American Printing House for the Blind
(APH) 800-223-1389 www.aph.org

AFB (American Foundation for the
Blind) 800-232-5463 www.afb.org

New Mexico Commission for the Blind
www.state.nm.us/cftb/

National Federation of the Blind/ National
Organization of Parents of Blind Children
(NOPOBC) www.nfb.org/nopbc.htm

Parents Reaching Out (PRO)
800-524-5176

www.parentsreachingout.org/

New Mexico State Talking Book
Library 800-456-5515

www.stlib.state.nm.us

RFB&D Recordings for the Blind and
Dyslexic 800-221-4792

www.rfbd.org

Library of Congress 800-424-8567

www.loc.gov/nls

Texas School for the Blind and
Visually Impaired www.tsbvi.edu

Local Lion's Club www.lionsclubs.org

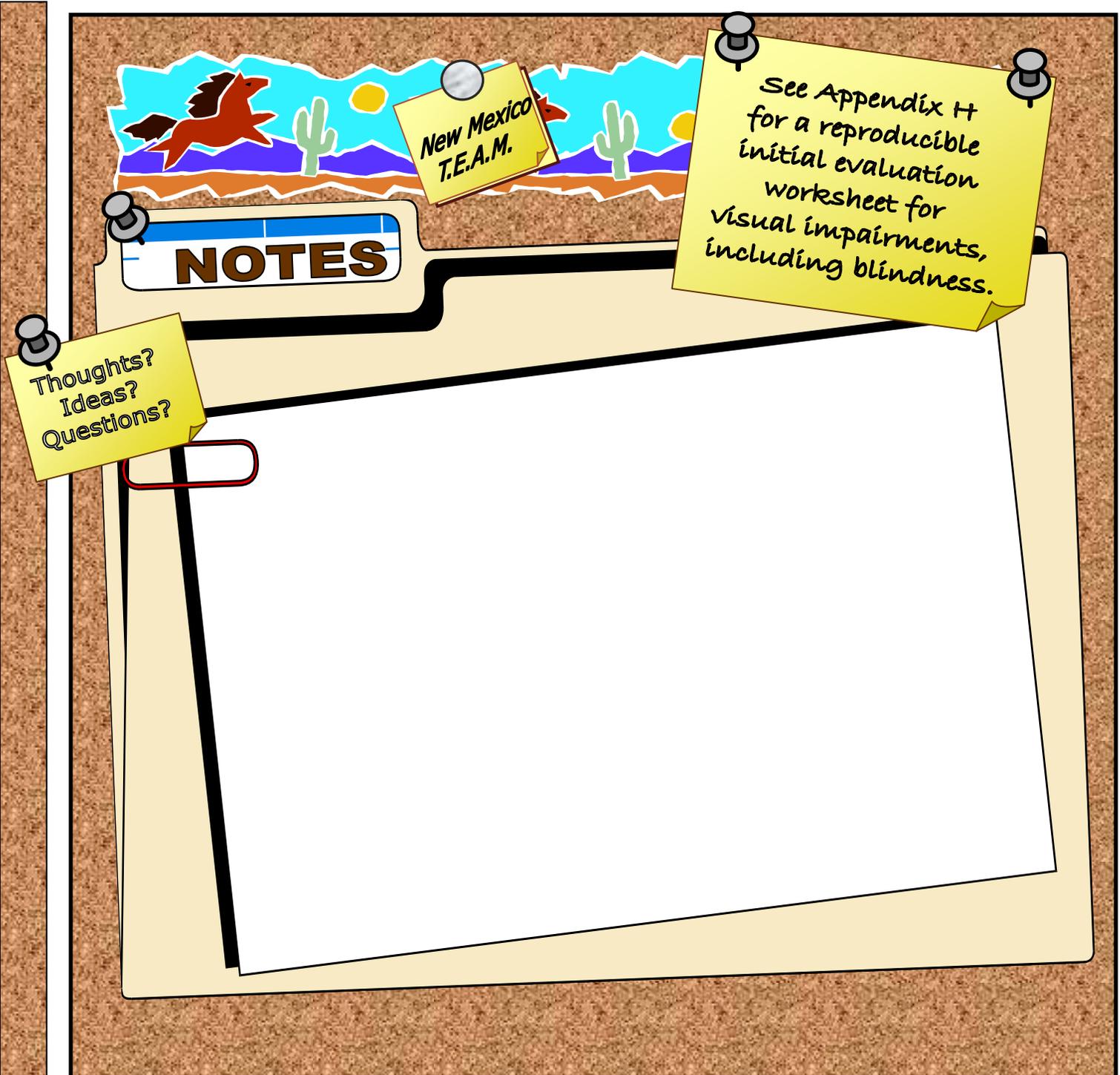
AER (Association for the Education
and Rehabilitation for the Blind
and Visually Impaired)

www.aerbvi.org

New Mexico Ophthalmological
Society www.nmos.org

New Mexico Kids

www.newmexicokids.org



New Mexico
T.E.A.M.

See Appendix H
for a reproducible
initial evaluation
worksheet for
visual impairments,
including blindness.

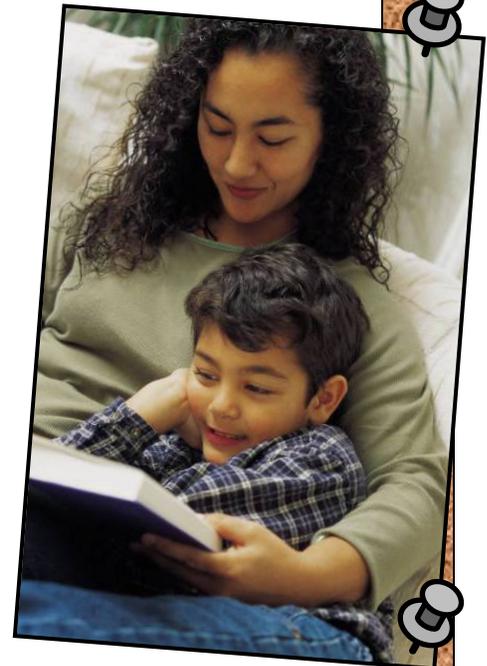
Thoughts?
Ideas?
Questions?

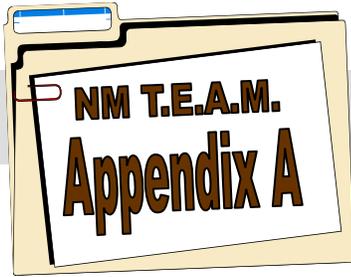


Appendices

Appendix

A	Student Assistance Team	1-3
B	Evaluation and Assessment: Federal and NM Regulations	4-26
C	Multilingual Assessment Issues	27-35
D	Unique Service Delivery Issues	36-41
E	Glossary of Terms	42-43
F	References for the NM T.E.A.M.	44-45
G	Regression Table—Severe Discrepancy	46-47
H	Reproducible Worksheets/Forms	48
	I. Autism Spectrum Disorder (4 pages)	
	II. Deaf-Blindness (3 pages)	
	III. Deaf or Hard of Hearing (3 pages)	
	IV. Developmental Delay (4 pages)	
	V. Emotional Disturbance (3 pages)	
	VI. Mental Retardation (4 pages)	
	VII. Multiple Disabilities (3 pages)	
	VIII. Orthopedic Impairment (3 pages)	
	Physical Examination (3 pages)	
	Health Examination (2 pages)	
	IX. Other Health Impairment (3 pages)	
	X. Specific Learning Disability (3 pages)	
	XI. Speech-Language Impairment (6 pages)	
	XII. Traumatic Brain Injury (3 pages)	
	XIII. Visual Impairments, Including Blindness (3 pages)	
	Eye Examination Form (3 pages)	
	Disclosure of Health Information Form (2 pages)	
I	Frequently Asked Questions	105





Student Assistance Team

The New Mexico Public Education Department's Technical Assistance Manual, *The Student Assistance Team and the Three-Tiered Model of Student Intervention*, provides LEAs with information necessary to develop SAT files that are appropriate and complete. The manual provides a description of the three-tiered model of student intervention that supports student needs being met in the general education classroom. The model also supports the potential referral process for special education as a last resort. In addition, the dual discrepancy model for determining eligibility for specific learning disabilities relies heavily upon the SAT and general education that is built upon scientific, research-based instruction and intervention practices. Thus, the dual discrepancy model requires the evolution of classroom instruction and curriculum toward a scientific and research-based foundation in order to be a viable eligibility determination model. The following language is taken from the SAT manual.

An Introduction to the Three-Tiered Model of Student Intervention

The Three-Tiered Design Model

Three-tiered model of intervention is a term borrowed from public health treatment models that focus on early intervention. Simply put, it is a model consisting of three well-defined and separate processes running on different levels within a system. This principle has been applied to develop a model of student intervention for school-aged students. The model has three distinct levels, or **tiers**, of interventions that account for **all** students within a learning system. Each tier encompasses a layer of intervention or instruction that responds to student needs. As a student has more intense learning or behavioral needs, he or she may progress to the next tier that provides more intense intervention.



TIER ONE—General Screening and Quality Instruction

Tier One provides primary intervention in the form of general screening and quality classroom instruction to **all** students. The majority (80–90%) of school-aged students will respond successfully to quality instruction in the regular education classroom at this level. A teacher may recognize that a student is either struggling to learn the standard curriculum, working beyond the standard curriculum, or having difficulty maintaining appropriate behavior in the regular education classroom. At that point, the teacher tries classroom-based interventions. In some cases, a student will demonstrate little or no positive response to the teacher's informal interventions. Or, general screening procedures will indicate a need. At that point, the student is referred to Tier Two.



TIER TWO—Child Study Process

Tier Two is designed to provide secondary intervention through early identification and assistance for a small percentage (5–10%) of students who are performing above or below standards in academics and/or behavior. Interventions for these students either are provided as targeted individual interventions in one or more areas, such as through a **SAT Intervention Plan** designed by the Student Assistance Team (SAT) as described in the manual, or through a specialized school program that includes small group instruction. Tier Two interventions are provided **in addition to** the quality instruction provided in Tier One. The interventions are designed to prevent or alleviate challenges a student may be facing. These interventions may be short-term or they may continue for an entire school year. The ultimate goal is to assist the student in succeeding within the regular education setting with the standard curriculum. In spite of a school's best efforts at delivering quality Tier One instruction and Tier Two interventions, a few students may not demonstrate a significant and positive response to intervention. In those cases, those students may move to Tier Three.



TIER THREE—Multidisciplinary Evaluation

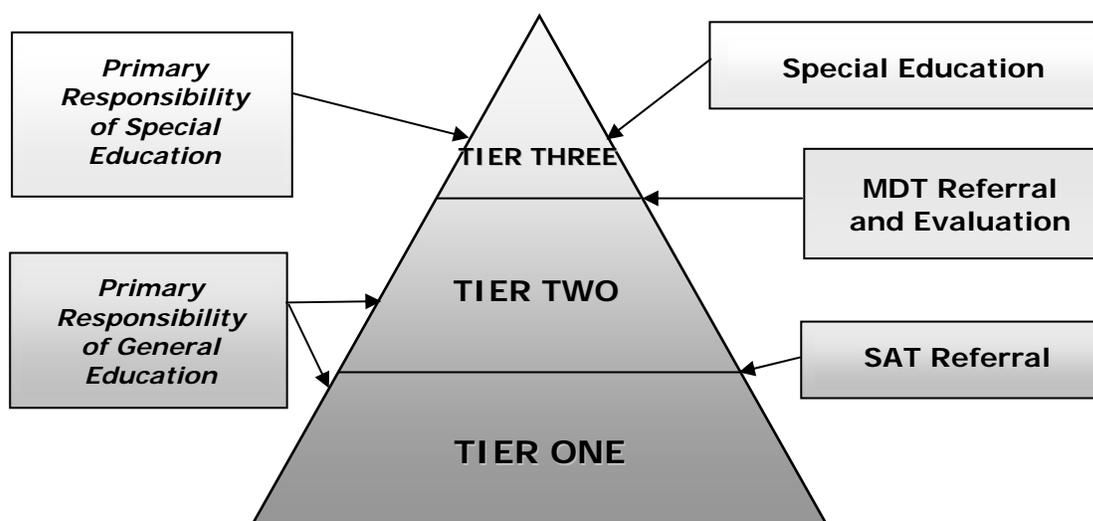
Students referred to Tier Three require a multidisciplinary evaluation to determine their need for services at this level. Tier Three serves a very small percentage of students (1–5%) who demonstrate a need for an individualized program to accommodate their learning or behavioral needs. Special education teachers, related service providers, and regular education teachers provide Tier Three interventions consisting of specially designed instruction and supplementary aids and services. Tier Three interventions are provided to a student through an Individualized Education Program (IEP). The goal of Tier Three is for the student to be successfully involved in and progress in the general education curriculum, and achieve the goals in his or her IEP.

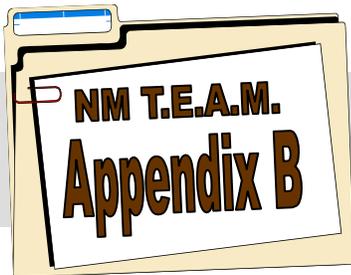
SAT Purpose and Mission

The Student Assistance Team (SAT) is a school-based group of people whose purpose is to provide additional Tier Two support to students who are experiencing difficulties that are preventing them from benefiting from general education, because they are either performing below or above expectations. By “catching” these students in the child study phase, the SAT may not only help the student be able to remain and succeed in the general education program, but also reduce unnecessary referrals to special education. The SAT's mission is to approach and arrive at appropriate solutions to problems in the school environment through a cooperative team effort. Although the team may make referrals to special education and other special programs, **the SAT is not part of the special education process, but rather a general education responsibility.**

The SAT addresses problems found through general screening or those brought up as concerns by parents, teachers, or other staff. The SAT designs interventions for those students who show need for individual consideration. Further, the SAT suggests interventions and focuses on student strengths that may alleviate or resolve the situation prior to referral for a multidisciplinary evaluation. In many cases, the SAT is able to assist students who need interventions in order to succeed, but who are not necessarily disabled and therefore do not qualify for special education or Section 504 accommodations. Simply put, the SAT is a “support group” for the regular education teachers and students who need it.

The Three-Tiered Model of Student Intervention





Evaluation and Assessment: Federal & New Mexico Regulations

Included in this appendix are the following references:

1. An excerpt of the text from the Code of Federal Regulations (IDEA 2004)
2. Section 614 of the Individuals with Disabilities Education Improvement Act (IDEA 2004)
3. NMPED Licensed Personnel Requirements
4. Title 6, Chapter 31, Part 2 of the New Mexico Administrative Code (NMAC)

Code of Federal Regulations (IDEA 2004)

§300.8 Child with a disability.

(a)General. (1) Child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having mental retardation a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, , traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2)(i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§300.304 through 300.311, that a child has one of the disabilities identified in paragraph 9a)(1) of this section but only needs a related service and not special education, the child is not a child with a disability under this part.

(ii) If, consistent with §300.39(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

(b) Children aged three through nine *experiencing developmental delays*.

Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111(b), include a child-

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

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

(c) Definitions of disability terms. The terms used in this definition 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-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 causes 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 education 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.

Evaluations and Reevaluations

§ 300.301 Initial evaluations.

- (a) *General* Each public agency must conduct a full and individual initial evaluation, in accordance with §§ 300.305 and 300.306, before the initial provision of special education and related services to a child with a disability under this part.
- (b) *Request for initial evaluation.* Consistent with the consent requirement in § 300.300, either a parent of a child or a public agency may initiate a request for an initial evaluation to determine if the child is a child with a disability.
- (c) *Procedures for initial evaluation.*
 - (1)(i) Must be conducted within 60 days of receiving parental consent for the evaluation; or
 - (ii) If the State establishes a timeframe within which the evaluation must be conducted, within the timeframe; and
 - (2) Must consist of procedures –
 - (i) to determine if the child is a child with a disability under §300.8 and
 - (ii) to determine the educational needs of the child.
- (d) *Exception.* The timeframe described in paragraph (c)(1) of this section does not apply to a public agency if –
 - (1) The parent of a child repeatedly fails or refuses to produce the child for evaluation; or

(2) A child enrolls in a school of another public agency after the relevant timeframe in paragraph (c)(1) of this section has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability under § 300.8.

(e) the exception in paragraph (d)(2) of this section applies only if the subsequent public agency is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and subsequent public agency agree to a specific time when the evaluation will be completed.

(Authority: 20 U.S.C. 1414(a))

§ 300.302. Screening for instructional purposes is not evaluation.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

(Authority: 20 U.S.C. 1414(a)(1)(E))

§ 300.303 Reevaluations.

(a) *General.* A public agency must ensure that a reevaluation of each child with a disability is conducted in accordance with §§ 300.304 through 300.311—

(1) If the public agency determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or

(2) If the child's parent or teacher requests a reevaluation.

(b) *Limitation.* A reevaluation conducted under paragraph (a) of this section—

(1) May occur not more than once a year, unless the parent and the public agency agree otherwise; and

(2) Must occur at least once every 3 years, unless the parent and the public agency agree that a reevaluation is unnecessary.

(Authority: 20 U.S.C. 1414(a)(2))

§300.304 Evaluation procedures.

(a) *Notice.* The public agency must provide notice to the parents of a child with a disability, in accordance with §300.503, that describes any evaluation procedures the agency proposes to conduct.

(b) *Conduct of evaluation.* In conducting the evaluation, the public agency must—

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

(i) Whether the child is a child with a disability under § 300.8; and

(ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

- (2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and
- (3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- (c) *Other evaluation procedures.* Each public agency must ensure that—
 - (1) Assessments and other evaluation materials used to assess a child under this part—
 - (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;
 - (ii) Are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;
 - (iii) Are used for the purposes for which the assessments or measures are valid and reliable;
 - (iv) Are administered by trained and knowledgeable personnel; and
 - (v) Are administered in accordance with any instructions provided by the producer of the assessments.
 - (2) Assessments and other evaluation 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.
 - (3) Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills the assessment results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or speaking skills (unless those skills are the factors that test purports to measure).
 - (4) the child is assessed in all areas related to the suspected disability, including, if appropriate, health vision, hearing, social and emotional statutes, general intelligence, academic performance, communicative status, and motor abilities;
 - (5) Assessments of children with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those children’s prior and subsequent schools, as necessary and as expeditiously as possible, consistent with § 300.301(d)(2) and (e), to ensure prompt completion of full evaluations.
 - (6) In evaluating each child with a disability under §§ 300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.
 - (7) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.

(Authority: 20 U.S.C. 1414(b)(1)-3), 1412(a)(6)(B))

§ 300.305 Additional requirements for evaluations and reevaluations.

- (a) *Review of existing evaluation data.* As part of an initial evaluation (If appropriate) and as part of any reevaluation under this part, the IEP Team and other qualified professionals, as appropriate, must—
 - (1) Review existing evaluation data on the child, including-
 - (i) Evaluations and information provided by the parents of the child;
 - (ii) Current classroom-based, local, or State assessments, and classroom-based observation; and
 - (iii) Observations by teachers and related services providers; and
 - (2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine-
 - (i)(A) Whether the child is a child with a disability, as defined in § 300.8, and the educational needs of the child; or
 - (B) In case of a reevaluation of a child, whether the child continues to have such a disability, and the educational needs of the child;
 - (ii) The present levels of academic achievement and related developmental needs of the child;
 - (iii)(A) Whether the child needs special education and related services; or
 - (B) In the case of a reevaluation of a child, whether the child continues to need special education and related services; and
 - (iv) Whether any addition or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out of the IEP of the child and to participate, as appropriate, in the general education curriculum.
- (b) *Conduct of review.* The group described in paragraph (a) of this section may conduct its review without a meeting.
- (c) *Source of data.* The public agency must administer such assessments and other evaluation measures as may be needed to produce the data identified under paragraph (a) of this section.
- (d) *Requirements if additional data are not needed.* (1) If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, and to determine the child's educational needs the public agency must notify the child's parents of-
 - (i) That determination and the reason for the determination; and
 - (ii) The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child's educational needs.
 (2) The public agency is not required to conduct the assessment described in paragraph (d)(1)(ii) of this section unless requested to do so by the child's parents.
- (e) *Evaluations before change in eligibility.* (1) Except as provided in paragraph (e)(2) of the section, a public agency must evaluate a child with a disability in accordance with §§ 300.30 through 300.311 before determining that the child is no longer a child with a disability.
 (2) The evaluation described in paragraph (e)(1) of this section is not require before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law.

- (3) For a child whose eligibility terminates under circumstances described in paragraph (e)(2) of this section, a public agency must provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendation on how to assist the child in meeting the child's postsecondary goals.

§ 300.306 Determination of eligibility.

- (a) General. Upon completion of the administration of assessments and other evaluation measures-
- (1) A group of qualified professional and the parent of the child determines whether the child is a child with a disability, as defined in § 200.3, in accordance with paragraph (b) of this section and the educational needs of the child; and
- (2) The public agency provides a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent.
- (b) Special rule for eligibility determination. A child must not be determined to be a child with a disability under this part-
- (1) If the determinant factor for that determination is-
- (i) Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA);
- (ii) Lack of appropriate instruction in math; or
- (iii) Limited English proficiency; and
- (2) If the child does not otherwise meet the eligibility criteria under § 300.8(a)
- (c) Procedures for determining eligibility and educational need. (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under §300.8, and the educational needs of the child, each public agency must-
- (i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and
- (ii) Ensure that information obtained from all of these sources is documented and carefully considered,
- (2) If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child in accordance with §§ 300.320 through 300.324.

Additional Procedures for Identifying Children With Specific Learning Disabilities

§ 300.307 Specific learning disabilities

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

- (3) May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in § 300.8(c)(10)
- (b) Consistency with State criteria. A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

§ 300.308 Additional group members

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

- (a)(1) The child's regular teacher; or
- (2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
- (3) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age; and
- (b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

§ 300.309 Determining the existence of a specific learning disability.

- (a) The group described in § 300.306 may determine that a child has a specific learning disability, as defined in § 300.8(c)(9)(10), if-
 - (1) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:
 - (i) Oral expression
 - (ii) Listening comprehension.
 - (iii) Written expression.
 - (iv) Basic reading skill.
 - (v) Reading fluency skills
 - (vi) Reading comprehension
 - (vii) Mathematics calculation.
 - (viii) Mathematics problem solving.
 - (2) (i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or
 - (ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with §§ 300.304 and 300.305; and
 - (3) The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of-
 - (i) A visual, hearing, or motor disability;
 - (ii) Mental retardation;
 - (iii) Emotional disturbance;

- (iv) Cultural factors;
 - (v) Environmental or economic disadvantage; or
 - (vi) Limited English proficiency.
- (b) To ensure that underachievement in a child suspected of having a special learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in §§ 300.304 through 300.306-
 - (1) Data that demonstrate that prior or as a part of, the referral process, the child was provided appropriate instruction in regular education setting delivered by qualified personnel; and
 - (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.
 - (c) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in §§ 300.301 and 300.303, unless extended by mutual written agreement of the child's parents and a group of qualified professional, as described in §300.306(a)(1)-
 - (1) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in paragraphs (b)(1) and (b)(2) of this section; and
 - (2) Whenever a child is referred for a evaluation.

§ 300.310 Observation

- (a) The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.
- (b) The group described in § 300.306(a)(1), in determining whether a child has a specific learning disability must decide to-
 - (1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
 - (2) Have at least on member of the group described in § 300.306(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with § 300.300(a), is obtained.
- (c) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

§ 300.311 Specific documentation for the eligibility determination.

- (a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in § 300.306(a)(2), must contain a statement of-
 - (1) Whether the child has a specific learning disability;
 - (2) The basis for making the determination, including an assurance that the determination has been made in accordance with § 300.306(c)(1);
 - (3) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
 - (4) The educationally relevant medical findings, if any;

- (5) Whether-
 - (i) The child does not achieve adequately for the child's age or to meet State-approved grad-level standards consistent with § 300.309(a)(2)(i); or
- (B) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards or intellectual development consistent with § 300.309(a)(2)(iii);
- (6) The determination of the group concerning the effects of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
- (7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention-
 - (i) The instructional strategies used and the student-centered data collected and
 - (ii) The documentation that the child's parents were notified about-
- (A) The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
- (B) Each group member must certify in writing whether the report reflects the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.

Individuals with Disabilities Education Improvement Act (IDEA) 2004

SEC. 614. EVALUATIONS, ELIGIBILITY DETERMINATIONS, INDIVIDUALIZED EDUCATION PROGRAMS, AND EDUCATIONAL PLACEMENTS.

(a) Evaluations, Parental Consent, and Reevaluations

(1) INITIAL EVALUATIONS—

(A) IN GENERAL—A State educational agency, other State agency, or local educational agency shall conduct a full and individual initial evaluation in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this part.

(B) REQUEST FOR INITIAL EVALUATION—Consistent with subparagraph (D), either a parent of a child, or a State educational agency, other State agency, or local educational agency may initiate a request for an initial evaluation to determine if the child is a child with a disability.

(C) PROCEDURES—

(i) In General—Such initial evaluation shall consist of procedures—

(I) to determine whether a child is a child with a disability (as defined in section 602) within 60 days of receiving parental consent for the evaluation, or, if the State establishes a timeframe within which the evaluation must be conducted, within such timeframe; and

(II) to determine the educational needs of such child.

(ii) Exception—The relevant timeframe in clause (i)(I) shall not apply to a local educational agency if—

(I) a child enrolls in a school served by the local educational agency after the relevant timeframe in clause (i)(I) has begun and prior to a determination by the child's previous local educational agency as to whether the child is a child with a disability (as defined in section 602), but only if the subsequent local educational agency is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and subsequent local educational agency agree to a specific time when the evaluation will be completed; or (II) the parent of a child repeatedly fails or refuses to produce the child for the evaluation.

(D) PARENTAL CONSENT—

(i) In General—

(I) CONSENT FOR INITIAL EVALUATION—The agency proposing to conduct an initial evaluation to determine if the child qualifies as a child with a disability as defined in section 602 shall obtain informed consent from the parent of such child before conducting the evaluation. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services.

(II) CONSENT FOR SERVICES—An agency that is responsible for making a free appropriate public education available to a child with a disability under this part shall seek to obtain informed consent from the parent of such child before providing special education and related services to the child.

(ii) Absence of Consent—

(I) FOR INITIAL EVALUATION—If the parent of such child does not provide consent for an initial evaluation under clause (i)(I), or the parent fails to respond to a request to provide the consent, the local educational agency may pursue the initial evaluation of the child by utilizing the procedures described in section 615, except to the extent inconsistent with State law relating to such parental consent.

(II) FOR SERVICES—If the parent of such child refuses to consent to services under clause (i)(II), the local educational agency shall not provide special education and related services to the child by utilizing the procedures described in section 615.

(III) EFFECT ON AGENCY OBLIGATIONS—If the parent of such child refuses to consent to the receipt of special education and related services, or the parent fails to respond to a request to provide such consent—

(aa) the local educational agency shall not be considered to be in violation of the requirement to make available a free appropriate public education to the child for the failure to provide such child with the special education and related services for which the local educational agency requests such consent; and

(bb) the local educational agency shall not be required to convene an IEP meeting or develop an IEP under this section for the child for the special education and related services for which the local educational agency requests such consent.

(iii) Consent for Wards of the State—

(I) IN GENERAL—If the child is a ward of the State and is not residing with the child's parent, the agency shall make reasonable efforts to obtain the informed consent from the parent (as defined in section 602) of the child for an initial evaluation to determine whether the child is a child with a disability.

(II) EXCEPTION—The agency shall not be required to obtain informed consent from the parent of a child for an initial evaluation to determine whether the child is a child with a disability if—

(aa) despite reasonable efforts to do so, the agency cannot discover the whereabouts of the parent of the child;

(bb) the rights of the parents of the child have been terminated in accordance with State law; or

(cc) the rights of the parent to make educational decisions have been subrogated by a judge in accordance with State law and consent for an initial evaluation has been given by an individual appointed by the judge to represent the child.

(E) RULE OF CONSTRUCTION- The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

(2) REEVALUATIONS—

(A) IN GENERAL—A local educational agency shall ensure that a reevaluation of each child with a disability is conducted in accordance with subsections (b) and (c)—

(i) if the local educational agency determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation; or

(ii) if the child's parents or teacher requests a reevaluation.

(B) LIMITATION—A reevaluation conducted under subparagraph (A) shall occur—

(i) not more frequently than once a year, unless the parent and the local educational agency agree otherwise; and

(ii) at least once every 3 years, unless the parent and the local educational agency agree that a reevaluation is unnecessary.

(b) Evaluation Procedures

(1) NOTICE—The local educational agency shall provide notice to the parents of a child with a disability, in accordance with subsections (b)(3), (b)(4), and (c) of section 615, that describes any evaluation procedures such agency proposes to conduct.

(2) CONDUCT OF EVALUATION—In conducting the evaluation, the local educational agency shall—

(A) use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent, that may assist in determining--

- (i) whether the child is a child with a disability; and
- (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general education curriculum, or, for preschool children, to participate in appropriate activities;

(B) not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and

(C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

(3) **ADDITIONAL REQUIREMENTS**— Each local educational agency shall ensure that—

(A) assessments and other evaluation materials used to assess a child under this section—

(i) are selected and administered so as not to be discriminatory on a racial or cultural basis;

(ii) are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer;

(iii) are used for purposes for which the assessments or measures are valid and reliable;

(iv) are administered by trained and knowledgeable personnel; and

(v) are administered in accordance with any instructions provided by the producer of such assessments;

(B) the child is assessed in all areas of suspected disability;

(C) assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided; and

(D) assessments of children with disabilities who transfer from 1 school district to another school district in the same academic year are coordinated with such children's prior and subsequent schools, as necessary and as expeditiously as possible, to ensure prompt completion of full evaluations.

(4) **DETERMINATION OF ELIGIBILITY AND EDUCATIONAL NEED**—Upon completion of the administration of assessments and other evaluation measures—

(A) the determination of whether the child is a child with a disability as defined in section 602(3) and the educational needs of the child shall be made by a team of qualified professionals and the parent of the child in accordance with paragraph (5); and

(B) a copy of the evaluation report and the documentation of determination of eligibility shall be given to the parent.

(5) **SPECIAL RULE FOR ELIGIBILITY DETERMINATION**—In making a determination of eligibility under paragraph (4)(A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is—

(A) lack of appropriate instruction in reading, including in the essential components of reading instruction (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965);

(B) lack of instruction in math; or

(C) limited English proficiency.

(6) SPECIFIC LEARNING DISABILITIES—

(A) **IN GENERAL**—Notwithstanding section 607(b), when determining whether a child has a specific learning disability as defined in section 602, a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.

(B) **ADDITIONAL AUTHORITY**—In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3).

(c) Additional Requirements for Evaluation and Reevaluation—

(1) **REVIEW OF EXISTING EVALUATION DATA**—As part of an initial evaluation (if appropriate)

and as part of any reevaluation under this section, the IEP Team and other qualified professionals, as appropriate, shall—

(A) review existing evaluation data on the child, including—

(i) evaluations and information provided by the parents of the child;

(ii) current classroom-based, local, or State assessments, and classroom-based observations; and

(iii) observations by teachers and related services providers; and

(B) on the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—

(i) whether the child is a child with a disability as defined in section 602(3), and the educational needs of the child, or, in case of a reevaluation of a child, whether the child continues to have such a disability and such educational needs;

(ii) the present levels of academic achievement and related developmental needs of the child;

(iii) whether the child needs special education and related services, or in the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(iv) whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the individualized education program of the child and to participate, as appropriate, in the general education curriculum.

(2) SOURCE OF DATA—The local educational agency shall administer such assessments and other evaluation measures as may be needed to produce the data identified by the IEP Team under paragraph (1)(B).

(3) PARENTAL CONSENT—Each local educational agency shall obtain informed parental consent, in accordance with subsection (a)(1)(D), prior to conducting any reevaluation of a child with a disability, except that such informed parental consent need not be obtained if the local educational agency can demonstrate that it had taken reasonable measures to obtain such consent and the child's parent has failed to respond.

(4) REQUIREMENTS IF ADDITIONAL DATA ARE NOT NEEDED—If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability and to determine the child's educational needs, the local educational agency—

(A) shall notify the child's parents of—

(i) that determination and the reasons for the determination; and

(ii) the right of such parents to request an assessment to determine whether the child continues to be a child with a disability and to determine the child's educational needs; and

(B) shall not be required to conduct such an assessment unless requested to by the child's parents.

(5) EVALUATIONS BEFORE CHANGE IN ELIGIBILITY—

(A) IN GENERAL—Except as provided in subparagraph (B), a local educational agency shall evaluate a child with a disability in accordance with this section before determining that the child is no longer a child with a disability.

(B) EXCEPTION—

(i) In General—The evaluation described in subparagraph (A) shall not be required before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for a free appropriate public education under State law.

(ii) Summary of Performance—For a child whose eligibility under this part terminates under circumstances described in clause (i), a local educational agency shall provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

NMPED Licensed Personnel Requirements

License, Licensed, and Licensure are terms defined in 6.60.2.7 NMAC

The definition of "license," "licensed," and "licensure" as used in State Board of Education regulations is declared to be synonymous with the words "certificate," "certification," and "certified" as used in the Public School Code and statutes relating thereto and in regulations of the State Board of Education.

Educational Diagnostician—is an educational diagnostician licensed under the requirements established by 6.63.4.7 NMAC

- A. "Level I Licensure" means a provisional license in Educational Diagnosis granted for up to three years. The license is nonrenewable unless the license holder verifies to the State Board of Education that he/she has not worked using the license during its effective dates.
- B. "Level II Licensure" means a renewable license in Educational Diagnosis awarded after successful completion of Level I License requirements.
- C. "Supervision for an entry-level educational diagnostician" means an entry-level educational diagnostician will be required to have a minimum of one-hour per week individual supervision with a Level II Licensed educational diagnostician.
- D. "Term of Licensure for an entry-level educational diagnostician" means the entry-level educational diagnosis license is issued for a three-year period and is non-renewable. The licensee must acquire the competencies and requirements to achieve a Level II Educational Diagnosis license within the three-year period.
- E. Satisfactory experience means the individual has:
 - (1) Satisfactorily carried out the duties and responsibilities of the position as verified by the Superintendent or the governing authority of a private school or state institution, and
 - (2) Satisfactorily met the quality of the practice of educational diagnosis and professional responsibilities as reported by the supervising educational diagnostician.

School Psychologist— is a psychologist licensed under the requirements established by 6.63.5 NMAC

- A. "School Psychologist" means a person who is trained to address psychological and behavioral problems manifested in and associated with educational systems by utilizing psychological concepts and methods in programs or actions which attempt to improve the learning, adjustment and behavior of students, including assessment and psychological pre-referral/intervention procedures in a school-related setting.
- B. "School-Related Setting" means limited to a public school, state institution, or State Board of Education accredited nonpublic school. These are settings in which the primary goal is the education of students of diverse backgrounds, characteristics, abilities, disabilities, and needs. The school setting has available an internal or external student services unit that includes at least one licensed school psychologist and provides student services according to state and federal law.
- C. "Supervision for an entry level school psychologist" means an entry level school psychologist will be required to have a minimum of one-hour per week individual supervision with a level 3A supervising school psychologist.
- D. "Term of Licensure for an entry-level school psychologist" means the entry- level school psychologist license is issued for a three-year period and is non-renewable. The licensee must acquire the competencies and requirements to achieve an independent school psychologist license within the three-year period. Supervised Experience means the individual has:

(1) Satisfactorily carried out the duties and responsibilities of the position as verified by the Superintendent or by the governing authority of a private school or state institution; and

(2) Satisfactorily met the quality of the practice of school psychology and professional responsibilities as reported by the supervising school psychologist.

- F. "Independent School Psychologist (Level 2)" means a School Psychologist who is employed by the local education agency or nonpublic school, or is under contract by these entities. These services are provided in a school-related setting. The independent school psychologist does not require supervision as described for the entry-level school psychologist.
- G. Psychological Interventions and Practices means the inclusion, but not limitation of, consultation, behavioral assessment/intervention, psychological evaluation, psycho-educational evaluation, counseling, family therapy, individual or group therapy, workshops in self-understanding, human relations, communication, and tutorial programs, and organizational development, parent counseling, vocational development, parent education programs, program planning and evaluation, crisis intervention, specific behavior management, skill training, and transition planning and evaluation. All psychological interventions and practices are to be provided within the scope of the psychologist's training and practice.

Speech-language Pathologist—is a speech-language pathologist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Occupational Therapist (OT)— is an occupational therapist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Orientation and Mobility Specialist—is an orientation and mobility specialist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Physical Therapist (PT)— is a physical therapist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Interpreter for the deaf— is an interpreter licensed under the requirements established by 6.63.3.7 and 8 NMAC

Definitions: "Instructional support providers" formerly referred to as related service or ancillary providers, shall mean anyone who provides services for a public school or state institution as an educational assistant, school counselor, school social worker, school nurse, speech-language pathologist, psychologist, physical therapist, physical therapy assistant, occupational therapist, occupational therapy assistant, recreational therapist, interpreter for the deaf, and diagnostician.

Requirements: All persons who perform any duties as instructional support provider identified in Subsections A through H of this section in public schools, including charter schools, or in those special state-supported schools within state agencies, must hold valid licensure issued by the secretary. A person seeking an initial, instructional support provider license shall file a completed application for an initial license with the professional licensure bureau (PLB) of the public education department, and shall provide a copy of their current license from their respective licensing authority or a copy of any optional certification listed below, and an official transcript of their coursework. A person seeking instructional support provider licensure shall hold the licensure or certification issued by the named authority as follows:

- A. Interpreter for the deaf:

(1) Professional interpreter

(a) obtain certification from the national registry for interpreters for the deaf;

or

(b) obtain certification from the national association for the deaf national interpreter certification at levels III, IV, or V;

(2) Education interpreter: Attain educational interpreter performance assessment levels 3.5 or above.

B. Orientation and mobility specialists:

(1) obtain certification from the association for education and rehabilitation of the blind and visually impaired, or

(2) obtain certification from the academy for certification of vision rehabilitation and education professionals.

C. Physical therapist: Obtain licensure from the New Mexico physical therapy licensing board.

D. Occupational therapist:

(1) obtain licensure from the New Mexico occupational therapy licensing board; or

(2) obtain certification from the American occupational therapy certification board.

E. Certified occupational therapy assistant:

(1) obtain licensure from the New Mexico occupational therapy licensing board; or

(2) obtain certification from the American occupational therapy certification board.

F. Physical therapy assistant: obtain licensure from the New Mexico physical therapists licensing board.

G. Recreational therapist: obtain national council for therapeutic recreation certification.

H. Speech language pathologist: obtain licensure from the New Mexico speech language pathology and audiology board.

School Nurse— is a school nurse licensed under the requirements established by 6.63.2.6, 7, and 8 NMAC

Objective: This regulation establishes the requirements for three levels of school nurse licensure for persons seeking licensure as an associate school nurse, a professional school nurse, or a supervisory school nurse.

Requirements:

A. Persons seeking an associate school nurse license pursuant to the provisions of this regulation shall meet the following requirements:

(1) associate's degree in nursing from a regionally accredited college or university or from an institution accredited by the national league of nursing or a diploma program in nursing accredited by the national league of nursing; and

(2) a valid New Mexico registered nurse license issued by the New Mexico board of nursing or any successor licensing board for nurses;

B. Persons seeking a professional school nurse license pursuant to the provisions of this regulation shall meet the following requirements:

(1) bachelor's degree in nursing or in a health related field from a regionally accredited college or university or from an institution accredited by the national league

of nursing; and

(2) a valid New Mexico registered nurse license issued by the New Mexico board of nursing or any successor licensing board for nurses;

C. Persons seeking a supervisory school nurse license pursuant to the provisions of this regulation shall meet the following requirements:

(1) master's degree in nursing or in a health related field from a regionally accredited college or university or from an institution accredited by the national league of nursing; and

2) a valid New Mexico registered nurse license issued by the New Mexico board of nursing or any successor licensing board for nurses.

Title 6, Chapter 31, Part 2, New Mexico Administrative Code (NMAC)

6.31.2.7 DEFINITIONS:

A. Terms defined by federal laws and regulations. All terms defined in the following federal laws and regulations and any other federally defined terms that are incorporated there by reference are incorporated here for purposes of these rules:

(1) the Individuals with Disabilities Education Act (IDEA), 20 USC Secs. 1401 and following;

(2) the IDEA regulations at 34 CFR Part 300 (governing Part B programs for school-aged children with disabilities), 34 CFR Part 301 (governing programs for preschool children with disabilities) and 34 CFR Part 303 (governing Part C programs for infants and toddlers with disabilities).

B. For ease of reference, the following parts of the federal regulatory definitions are restated here:

(1) 34 CFR Sec. 300.7, Child with a disability -- (a) General -- (1) As used in this part, the term **child with a disability** means a child evaluated in accordance with Secs. 300.530-300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

C. (3) Additional definitions. The following terms shall have the following meanings for purposes of these rules:

(1) **"Board"** means the public education department;

(2) **"CFR"** means the code of federal regulations, including future amendments;

(3) **"Child with a disability"** means a child who meets all requirements of 34 CFR Sec. 300.7 and who:

(a) is aged 3 through 21;

- (b) has been evaluated in accordance with 34 CFR Secs. 300-530-300.536 and any additional requirements of these or other SBE rules and standards (i) as having one or more of the disabilities specified in 34 CFR Sec. 300.7, or (ii) as being developmentally delayed as defined in paragraph (5) below; and
 - (c) has not received a high school diploma or equivalent.
 - (d) At the discretion of each local educational agency and subject to the additional requirements of Paragraph F(2) of 6.31.2.10 NMAC, the term "child with a disability" may include a child aged 3 through 9 who is evaluated as being developmentally delayed and who because of that condition needs special education and related services.
- (4) **"Department"** means the public education department;
- (5) **"Developmentally delayed"** means a child aged 3 through 9: (i) with documented delays in development which are at least two standard deviations or 30 per cent below chronological age; or (ii) who in the professional judgment of the IEP team and one or more qualified evaluators needs special education or related services in at least one of the following five areas: receptive or expressive language, cognitive abilities, gross and/or fine motor functioning, social or emotional development or self-help/adaptive functioning. Use of the developmentally delayed option by individual local educational agencies is subject to the further requirements of Paragraph F(2) of 6.31.2.10 NMAC.

6.31.2.10 IDENTIFICATION, EVALUATIONS AND ELIGIBILITY DETERMINATIONS

A. Child Find. Each public agency shall adopt and implement policies and procedures to ensure that all children with disabilities who reside within the agency's educational jurisdiction, including children with disabilities attending private schools or facilities, children who are schooled at home, highly mobile children and children who are advancing from grade to grade, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated in compliance with all applicable requirements of 34 CFR Secs. 300.125-126, 300.320, 300.451, 300.530-536 and these or other SBE rules and standards.

B. General Screening for Student Needs. Pursuant to the SBE Standards for Excellence at 6.30.2 NMAC, each local school district shall conduct general screening as part of its Educational Plan for Student Success (EPSS) to identify student needs in all educational and related areas, including potential needs for special education and related services. Public agencies that are not local school districts shall develop and implement analogous screening procedures to identify possible children with disabilities.

C. The Three-Tiered Model of Student Intervention.

- (1) If general screening, a referral from a parent, a school staff member or other information available to a public agency suggests that a particular student may be a child with a disability, a properly constituted Student Assistance Team in the agency shall:
- (a) ensure that adequate screening in the areas of general health and well-being, language proficiency status, and academic levels of proficiency has been completed, in addition to addressing culture and acculturation, socio-economic status, possible lack of instruction, and teaching and learning styles, in order to rule out other possible causes of the child's educational difficulties; and

- (b) conduct the SAT child study process and consider, implement with fidelity, and document the effectiveness of appropriate interventions through curriculum-based measures; and
 - (c) if, however, a student has an obvious disability or a serious and urgent problem, the SAT must address the student's needs promptly on an individualized basis.
- (2) if curriculum-based progress monitoring demonstrates that the student's response to intervention
- (a) has not been positive and significant after no more than 18 weeks, the SAT may refer the child for a full special education evaluation, or it may resume the child study process to implement additional tier two interventions
 - (b) has been positive and significant after no more than 18 weeks, the SAT may continue to require the implementation of those interventions until such time that the student no longer requires those interventions.
- (3) Local school districts shall provide for interventions through a properly constituted SAT pursuant to the district's Educational Plan for Student Success (EPSS) as required by the SBE Standards for Excellence at 6.30.2 NMAC. Public agencies other than local school districts shall develop and implement appropriate processes for providing interventions. All such processes in all public agencies shall include provisions for participation by the student's parents and, as appropriate, the student.

D. Evaluations and Reevaluations

- (1) Each public agency shall conduct a full and individual initial evaluation at no cost to parents and in compliance with all applicable requirements of 34 CFR Secs. 300.532-533 and these or other SBE rules and standards before the initial provision of special education and related services to a child with a disability.
- (2) Pursuant to 34 CFR Sec. 300.536, a reevaluation of each child in compliance with all applicable requirements of 34 CFR Secs. 300.532-300.535 and any other applicable SBE rules and standards shall be conducted at least once every three years or more often if conditions warrant or if the child's parent or teacher requests an evaluation.
- (3) Pursuant to 34 CFR Sec. 300.533, the evaluation or reevaluation process begins with a review of existing information by a group that includes the parents, the other members of a child's prospective IEP team and other professionals, as appropriate, to determine what further evaluations and information are needed to decide whether the child is (or continues to be) a child with a disability and, if so, to identify the child's educational needs and the appropriate combination of services to meet those needs.
- (4) If the child's primary disability is a speech-language impairment, a complete battery of assessments (e.g., psychological, physical, adaptive behavior) may not be necessary. In such cases, a qualified speech-language pathologist evaluates the child using appropriate procedures and makes referrals for additional assessments deemed necessary to make an appropriate decision regarding delivery of services to the child.
- (5) Each public agency shall maintain a record of the receipt, processing and disposition of any referral for an individualized evaluation or reevaluation. Each evaluation or reevaluation shall be completed within a reasonable time and all

appropriate evaluation data, including summary reports from all individuals evaluating the child, shall be reported in writing for presentation to the IEP team.

- (6) The parents of a child with a disability who disagree with an evaluation obtained by the public agency have the right to obtain an independent educational evaluation of the child at public expense pursuant to 34 CFR Sec. 300.502.

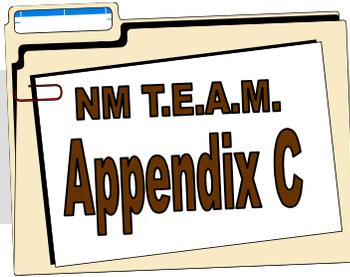
E. Assessment of Culturally and Linguistically Diverse Children

- (1) Pursuant to 34 CFR Sec. 300.532(a)(1), each public agency must ensure that tests and other evaluation materials used to assess children are selected, provided and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.
- (2) Pursuant to 34 CFR Sec. 300.532(a)(2), each public agency must ensure that materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education rather than measuring the child's English language skills.
- (3) Pursuant to 34 CFR Sec. 300.533 and 300.534(b), information about a child's language proficiency must be considered in determining how to conduct the evaluation of the child to prevent misclassification. A child may not be determined to be a child with a disability if the determinant factor for that eligibility determination is limited English proficiency.
- (4) Public agencies in New Mexico shall devote particular attention to the foregoing requirements in light of the state's cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not impermissibly discriminatory and should include appropriate references to such standards and concerns in their written reports.

F. Eligibility Determinations

- (1) General rules regarding eligibility determinations
- a) Upon completing the administration of tests and other evaluation materials, a group of qualified professionals and the parent of the child must determine whether the child is a child with a disability, as defined in 34 CFR Sec. 300.7 and Paragraph B (1) of 6.31.2.7 NMAC. The determination shall be made in compliance with all applicable requirements of 34 CFR Secs. 300.534-300.535 and these or other SBE rules and standards and, for a child suspected of having a specific learning disability, in compliance with the additional procedures of Secs. 300.540-300.543 and these or other SBE rules and standards.
- (b) The public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.
- (2) Optional use of developmentally delayed classification for children aged 3 through 9
- (a) The developmentally delayed classification may be used at the option of individual local education agencies but may only be used for children who do not qualify for special education under any other available disability category.

- (b) The addition of this classification for children aged 5 through 9 shall not affect its continued availability for preschool children with disabilities aged 3 and 4. However, its continued use for such children shall be subject to the diagnostic criteria in paragraph C(5) of 6.31.2.7 NMAC.
- (c) The use of this classification by local education agencies which decide to use it for school-aged children will be phased in as follows: For school year 2000-01, any school-aged child ages five, six or seven who meets the diagnostic criteria is eligible for this classification. For school years 2001-02 and beyond, any school-aged child ages five through nine who meets the diagnostic criteria is eligible for this classification.
- (d) Children who are classified as developmentally delayed must be reevaluated during the school year in which they turn 9 and will no longer be eligible in this category when they become 10. A student who does not qualify under any other available category at age 10 will no longer be eligible for special education and related services.



Multilingual Assessment Issues in New Mexico

Guidelines for Assessment of Students Who Are Culturally and Linguistically Diverse (CLD)

Assessment of students who are CLD is a process that attempts to explore language, cultural, and acculturation issues while gathering data from numerous sources, in different contexts, and through a variety of techniques. Specific information should be gathered and analyzed concerning a student's levels of language proficiency and acculturation as well as information regarding the student's own cultural and sociolinguistic background.

A comparison to the development of other students from a similar background is imperative. Language and cultural issues must permeate the multilingual diagnostic evaluation and interpretation of findings.

Bias may be exhibited during the assessment and evaluation process which contributes to the over-identification of students who are CLD as disabled and in need of special education services. This Appendix is intended to provide evaluators with guidelines to reduce bias and provide suggestions for the appropriate assessment of New Mexico's diverse student population. These guidelines are rooted in the nondiscriminatory principles of 34 CFR Sec. 300.532 and the Section 6.31.2.10 (D) and (E) of the New Mexico Administrative Code (NMAC).

SAT Guidelines

In New Mexico, it is essential for the SAT to consider the following information before making a referral for a MDT evaluation, unless the student has an obvious disability or a serious and urgent problem:

- ✓ Compiled **socio-cultural information** suggests that socio-cultural factors are not contributing significantly to the suspected learning/behavior problem. This information may include, but is not limited to the following factors:
 1. Family's socio-economic status
 2. Level of parental education
 3. Experiential background (e.g., customs/celebrations, religious background, etc.)
 4. Length of residency in the United States (this information should include generational level of residency in the U.S. for both student and parents)
 5. Time spent attending an American school

6. Family and student's mobility
 7. Birthplace of student
 8. Extent of sustained involvement with society or family outside of the U.S.A.
 9. Family composition (e.g., single-parent families, blended families, etc.)
 10. Ethnic identity from the student's perspective
- ✓ **Parent involvement and input**—refers to the gathering of educational, linguistic, and cultural background information from the parents. Modes of gathering pertinent and critical student history directly from parents may include, but are not limited to, these:
1. Information gathered through both formal and informal interviews
 2. Face-to-face discussions with parents are critical in conducting highly informative interviews
 3. Rating scales (including acculturation, behavioral, adaptive behavior rating scales etc.)
 4. Parent observational information
 5. Medical history, including prenatal, birth, postnatal, milestones, and developmental information. The medical history should also include details regarding medical diagnosis, high fevers, accidents, injuries, hospitalization, etc.
- ✓ **Targeted interventions** are implemented, including appropriate multilingual instructional supports, which have not resulted in sufficient student progress. The intervention process, which is part of the Three-Tier SAT requirements in New Mexico, may include, but is not limited to, these actions:
1. Confirming the length of time spent in a highly qualified multilingual instructional setting, which may include research of the type of multilingual program where the student has been receiving educational services
 2. Substantiating continuity of appropriate educational program through an appropriate length of time
 3. Obtaining information pertaining to the type(s) of interventions being used in the regular classroom setting, and considering the outcome(s) of these interventions and whether they have yielded a positive or negative educational impact
 4. Ensuring that appropriate multilingual instruction, such as appropriate teaching methodologies, has been implemented over time (e.g., Sheltered English, ESL instruction, dual language and maintenance programming, etc.)
 5. Ensuring that instructionally sound teaching strategies designed for multilingual learners have been implemented for an appropriate length of time
 6. Conducting a review of educational records and history, which includes school attendance records, grades, type(s) of instructional modes, and, possibly, early exit from multilingual programs

- ✓ All **pre-referral information** has been accurately documented and organized for evaluation reference including these components:
1. The review of records prior to evaluation should include preliminary or initial oral language acquisition screening
 2. Home Language Survey and follow-up interview with educational stakeholders concerning language proficiency
 3. Review of educational record
 4. Vision and hearing screenings
 5. Medical history
 6. Academic/behavioral concerns in regards to educational, social, and linguistic development
 7. Instructional interventions attempted
 8. Documented parental contacts/conferences which should include shared information in regards to schools' concern about student's academic, social, and developmental history

The SAT, and subsequently the evaluation team, must consider and address the interactions between cultural and sociolinguistic factors and a suspected disability. Many learning and behavior problems that appear to be indicative of a disabling condition may actually be the manifestation of cultural, acculturation, or sociolinguistic differences.

The factors below, initially proposed by Catherine Collier, should be considered prior to referral to Tier Three of the SAT model. The foundation of appropriate assessment of students who are CLD is built upon the analysis of these key socio-cultural factors:

- ▶ Cultural and linguistic background
- ▶ Experiential background
- ▶ The stage and pattern of acculturation
- ▶ Patterns of sociolinguistic development
- ▶ Cognitive learning styles (1998)



Reducing Bias in Assessment

The following are strategies for reducing bias in assessment, as suggested by Dr. Samuel Ortiz (2004):

- ✓ Utilize the best available tools with respect to the student's native and second languages.
- ✓ Remember that direct test translation is poor practice and psychometrically indefensible.
- ✓ Remember that norming samples are typically not stratified on the basis of multilingual ability and are rarely applicable to the majority of students who are CLD being assessed, thus invalidating scores.
- ✓ Adapt test items, content, stimuli, administration, or performance criteria as necessary to ensure more valid responding by the student only after administering the test first in a standardized way.
- ✓ Recognize that use of an interpreter can assist in collecting information and administering tests; however, score validity remains low even when the interpreter is highly trained and experienced.
- ✓ Use systematic methods based on established literature for collecting and interpreting data in a nondiscriminatory way.

The strategies are suggested by Jack Damico and Else Hamayan (1991) for addressing test bias during the assessment of students who are CLD:

- ✓ Increase knowledge and awareness about the student's cultural and linguistic background and focus on how this background potentially influences assessment.
- ✓ Determine the student's level of acculturation and level of stress being experienced by the student during acculturation.
- ✓ Manage the test materials and assessment techniques including analyzing formal tests for the specific cultural content and performance style(s) they require of examinees.
- ✓ Determine which language(s) are to be used during the formal and informal assessment.

Examples of Possible Assessment Bias in New Mexico

- ▶ Limited implementation of multilingual instruments that may not adequately measure what they purport to measure in a student's native language
- ▶ Use of assessment tools that are language and/or culturally loaded to the dominant culture

- ▶ Misconception of behavioral patterns a multilingual student may bring to the evaluation process (e.g., Student is not readily interacting with others or making eye contact with an adult is perceived to be demonstrating autistic tendencies.)
- ▶ Overgeneralization or predetermined understanding of cultural and ethnicity (e.g., students who attended school in Mexico prior to coming to the USA have sub-standard educational history)
- ▶ Low academic expectations based on limited English proficiency
- ▶ Students who are CLD may not be encouraged to maintain the native language, even though research demonstrates that they are better equipped to learn in school if they primarily speak their native language
- ▶ Notion that students who live in the United States should learn and speak English
- ▶ Shortage of highly-qualified multicultural evaluators

Multilingual Diagnostic Evaluation Report

Multilingual diagnostic testing is an ever-evolving avenue of evaluation. Each evaluation involves a study of issues beyond the test protocols. Language and culture issues should permeate the multilingual diagnostic evaluation and interpretation of standard score profiles. All standardized test measures should be viewed within a body of evidence that includes additional results from both formal and informal assessment(s). The diagnostic findings in the areas of cognition, language, and/or academics should always be interpreted with caution when making eligibility determinations for special education services.

All members of the evaluation team should contribute a statement to the final Diagnostic Evaluation Report so that all issues related to language, culture, and acculturation have been addressed prior to determining whether or not a student is eligible for special education services. The report should also verify that a student has been assessed in the appropriate language(s). Language and cultural concerns should be addressed directly in the Diagnostic Evaluation Report. These components should appear in that report:

1. Report writing should **encapsulate the findings**, both formal and informal, that have been gathered from several different sources including standardized testing, interviews with parents, students, and teachers, and observations.
2. **Background information** should include history concerning language, family's socioeconomic status if relevant, living conditions, complete educational history, health history, birth history, behavioral concerns and any other pertinent background information. There are many modes of gathering this information including face-to-face interviews, phone interviews, questionnaires, rating scales, and observations conducted in formal and informal settings.

3. **Intervention information** documents evidence that the student has had opportunity to receive scientific, research-based interventions that address specific academic concerns prior to being referred for evaluation. Also, the information must document the educational impact that the interventions have created.
4. **Test interpretation** should make reference to language and culture and may include qualifying statements for interpretation of scores due to these factors. In many cases, an evaluation profile of standard scores may appear to indicate that a multilingual student has a specific learning disability, but the reality may be that the test results may have been negatively impacted by a multilingual student's limited time in the country, limited CALP in both English and Spanish, SES factors, limited school experiences, etc. These issues must be noted in the diagnostic report and considered in the interpretation of scores.
5. **Parent and teacher information** should include information regarding educational instructional programs, and issues related to language acquisition history, culture, and acculturation. Face-to-face interviews are most valuable in obtaining the most accurate information.
6. **Educational recommendations** should continue to address the needs of the student in both the general and special education classroom. Research indicates that multilingual-bicultural students acquire more specific content knowledge in English when they develop cognitive-academic language in their primary language. Educational recommendations for multilingual-bicultural students should always contain recommendations regarding a system of multilingual instructional support that is required of the school setting.
7. Diagnostic Evaluation Reports should be **interpreted and shared** with parents in a way that is informative, but also understandable in the parent's preferred language. Parent observations and comments about the student's concerns, strengths, etc. should be noted in the diagnostic report and discussed in appropriate meetings.

Adopted from the Woodcock-Munoz Language Survey-Rev.

CALP Level		Student will find the English/Spanish language demands of instruction
5	Advanced	Very Easy
4-5	Fluent to Advanced	Easy
4	Fluent	Manageable
3-4	Limited to Fluent	Difficult
3	Limited	Very Difficult
2-3	Very Limited to Limited	Very Difficult to Extremely Difficult
2	Very Limited	Extremely Difficult
1-2	Negligible to Very Limited	Extremely Difficult to Marginal
1	Negligible	Marginal

CALP

Level 5 - Advanced English/Spanish CALP. When compared with others of the same age or grade, an individual at Level 5 demonstrates advanced cognitive-academic language proficiency. If provided with English instruction at the subject's chronological age or corresponding grade level, it is expected that a student at Level 5 will find the language demands of the learning task very easy.

Level 4 - Fluent English/Spanish CALP. When compared with others of the same age or grade, an individual at Level 4 demonstrates fluent cognitive-academic language proficiency. If provided with English/Spanish instruction at the subject's chronological age or corresponding grade level, it is expected that a student at Level 4 will find the language demands of the learning task manageable.

Level 3 - Limited English/Spanish CALP. When compared with others of the same age or grade, an individual at Level 3 demonstrates limited cognitive-academic language proficiency. If provided with English/Spanish instruction at the student's chronological age or corresponding grade level, it is expected that a student at Level 3 will find the language demands of the learning task very difficult.

Level 2 - Very Limited English/Spanish CALP. When compared with others of the same age or grade, an individual at Level 2 demonstrates very limited cognitive-academic language proficiency. If provided with English instruction at the student's chronological age or corresponding grade level, it is expected that a student at Level 2 will find the language demands of the learning task extremely difficult.

Level 1 - Negligible English/Spanish CALP. When compared with others of the same age or grade, an individual at Level 1 demonstrates negligible cognitive-academic language proficiency. If provided with English/Spanish instruction at the student's chronological age or corresponding grade level, it is expected that a student at level 1 will find the language demands of the learning task impossible to manage.

Multilingual Glossary

Language: a) Words, their pronunciation and the methods of combining them used and understood by a considerable community. b) Audible, articulate meaningful sound as produced by the action of vocal organs; a systematic means of communicating ideas or feelings by the use of conventionalized, signs, sounds, gestures or marks having understood meanings. c) Suggestions by objects actions or conditions of associated ideas or feelings (Webster Dictionary 9th Edition)

Bilingualism: The ability to function in another language in addition to one's home language.

Culture: This refers to the unique lifestyles and being of a particular group of people. It consists of the behavior patterns, symbols, institutions, values, and other human-made components of a society. Included are living patterns related to religion, celebrations, family values, traditions etc.

Biculturalism: The ability to behave on occasions according to selected patterns of a culture other than one's own.

Acculturation: This refers to the process of transfer or borrowing of cultural elements between different cultures resulting in new and blended patterns of behavior. (Banks, 1986)

"Acculturation should be the primary goal of the schools. Schools have a responsibility to help students acculturate because additive acculturation contributes to individual empowerment and expanded life choices."

Additive Bilingualism: A bilingual educational process that allows for continued cognitive development in L1 (native language) while the student is mastering L2 (e.g. English). According to Cummins' (1982) "Threshold hypothesis," additive bilingual education provides the greatest potential for successful development of full proficiency in L2.

Subtractive Bilingualism: Subtractive bilingualism, as opposed to additive bilingualism, is the loss of or development of only limited proficiency in L1 which may lead to cognitive deficiency in L2 (Ovando & Collier, 1985). According to Alba-Ortiz, when bilingual children are misplaced in Special Education with no or minimal bilingual services, IQ and academic achievement Standard Scores are at least 20 points lower within 2 years that they are not supported.

Sociolinguistics: This is the study of language as a social and cultural phenomenon. Studies of language variation, language and social interaction, language attitudes are major divisions within the subfield of socio-linguistics (Center for Applied Linguistics, 1986).

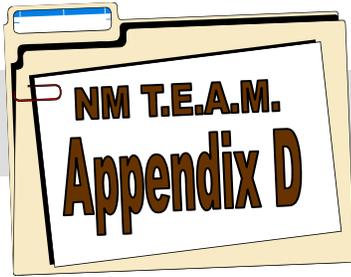
C.A.L.P. Cognitive Academic Language Proficiency

B.I.C.S. Basic Interpersonal Communication Skills

Sample Questionnaire

Possible questions for gathering information related to language, culture, and acculturation.

- ▶ What Languages do your parents usually speak at home?
- ▶ What Languages do your grandparents speak most often?
- ▶ What Languages do you speak at home most often?
- ▶ In what languages do you watch television or listen to the radio?
- ▶ What holidays do you celebrate?
- ▶ Do you have regular family traditions that your family practices during the holidays?
- ▶ How many schools have you attended?
- ▶ How would your best friend describe you?
- ▶ Do you speak a language other than English with your friends in social situations?
- ▶ Are you in a classroom where both Spanish and English are used for instruction?
- ▶ Is English used more often than Spanish in the classroom?
- ▶ Do you frequently travel outside of the country (USA)? If yes, why?



Unique Services Delivery Issues

Each category of disability under the IDEA has unique services delivery issues. These are discussed individually below.

AUTISM

Students with Autism Spectrum Disorder share the same goals as all students, namely, developing personal independence and social responsibility. Students with ASD have a wide variety of complex intervention/education needs. Typically, a single strategy will not work for all children, nor will all skills be easily taught by a single method. Students are unique individuals and therefore our teaching approaches and intervention must be individualized to meet their needs (adapted from the NMPED's *ASD Technical Assistance Manual*).

For younger children, priorities for intervention include: functional communication, social skills, appropriate use of toys, and positive/proactive approaches to behavior. For older children, the ability to access the general curriculum becomes paramount. The majority of students with ASD do best when provided with visual structure and routines. Consistent environmental adaptations are necessary in order to support learning.

Because this exceptionality is a lifelong concern, programming will need to include transition supports and current evidenced-based interventions when educating the student with ASD. A full continuum of services must be available to address the individual needs of students with Autism Spectrum Disorder.

DEAF-BLINDNESS

Students with deaf-blindness display great variability/diversity in their abilities and needs. Educational services, as specified in the IEP, shall be designed to facilitate the maximum potential of the student along a full continuum of developmental, achievement, and performance skills levels. Among the deaf-blind population, etiology and age and sequence of onset has enormous impact on educational needs. For instance, the needs of a student with Usher Syndrome (congenital deafness with progressive vision loss) will be different from those of a student with congenital hearing and vision loss.

DEAF OR HARD OF HEARING

The Task Force Report, *Toward Brighter Futures*, summarizes LRE concerns for students who are deaf or hard of hearing. These concerns should be addressed as part of the development of an IEP for a student who is deaf or hard of hearing:

IDEA requires that a child's placement be based on individual needs and therefore requires a continuum of placement options. This continuum includes, but is not limited to, regular classrooms and special schools and programs. The nature of a deaf or hard of hearing student's needs is often such that fluid, barrier-free access to communication with peers and staff may not be possible in a regular education environment even with the use of supplementary aids and services. Thus, the "LRE" for some students may be the non-regular classroom because it can provide a communication-rich learning environment. (p.7)

The IDEA specifies communication considerations for deaf or hard of hearing students:

In developing each student's IEP, the IEP team shall also consider—the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

In November of 2004, The New Mexico Public Education Department published an *Addendum for Students who are Deaf or Hard of Hearing* regarding the communication considerations required in IDEA. This addendum should be used by IEP teams to document how they have considered these needs in the process of developing the IEPs of students who are deaf or hard of hearing.

DEVELOPMENTAL DELAY

Providing developmental and educational services to children/students who are experiencing developmental delay will involve participation of families and relevant agencies. Particular consideration should be given to language and cultural issues in the development of appropriate developmental/educational programs.

Related services will typically be provided during the natural routine of the school and community, rather than having the student removed from their current setting for isolated therapy. Goal development and service delivery, consistent with a practice of integrated therapy, will require systematic coordination among related service providers, educators, and parents.

Service delivery is a dynamic concept and changes as the needs of the student change. No one service delivery model is to be used exclusively during intervention. A student might participate in several service delivery models during the course of intervention. Decisions regarding service delivery must be clearly documented in the student's IEP. Include enough information to assure that the student's program can be implemented by any related service provider. For all service delivery options concerning pre-school students with developmental delays, it is essential that time be systematically scheduled for the service coordinator to collaborate with parents, pre-school/daycare teachers, special educators, and other service providers.

EMOTIONAL DISTURBANCE

The variability in symptom patterns makes the ED student unique in service delivery needs. Thus, IEP teams need to ensure flexibility in provision of supports. Students with ED diagnosis often fluctuate in the extent to which various behaviors are present.

Some students profit from alternative placements, smaller teacher/student ratios, flexible scheduling, behavior intervention plans, family supports, curricular accommodations, testing accommodations, counseling, and environmental arrangements, in addition to other strategies.

As a service to the family, and in cooperation with the family and the prescribing physician, appropriate school staff may administer medications that have been determined by the physician to be necessary in a certain time frame, provided that appropriate permission forms have been acquired.

MENTAL RETARDATION

The following are intensities of supports that need to be considered when determining service delivery for students with mental retardation (adapted from AAMR):

- a. Intermittent: Supports are on an episodic, "as needed" basis. The student does not always need the support(s), or needs short-term supports only during lifespan transitions (e.g., job loss or an acute medical crisis). Intermittent supports, when provided, may be high or low intensity.
- b. Limited: Supports occurring in some dimensions on a regular basis for a short period of time—that is, time-limited but not of an intermittent nature. May require fewer staff and less cost than more intense levels of support (e.g., time-limited employment training or transitional supports during the school-to-adult provider period).
- c. Extensive: Supports characterized by ongoing, regular involvement (e.g., daily) in at least some environments (such as work or home) and is not time-limited (e.g., long-term work support and long-term home living support).
- d. Pervasive: Supports characterized by their constancy and high intensity. Supports are provided in several environments and are potentially life-sustaining in nature. Pervasive supports typically are more intrusive and involve more staff members than do extensive or time-limited supports.

MULTIPLE DISABILITIES

Related services will typically be provided during the natural routine of the school and community, rather than having the student removed from class for isolated therapy. Goal development and service delivery, consistent with a practice of integrated therapy, will require systematic coordination among related service providers, educators, and parents.

Service delivery is a dynamic concept and changes as the needs of the student change. No one service delivery model is to be used exclusively during intervention. A student might participate in several service delivery models during the course of intervention. Decisions regarding service delivery must be clearly documented in the student's IEP. Include enough information to assure that the student's program can be implemented by any related service provider.

For all service delivery options, it is essential that time be systematically scheduled for the service coordinator to collaborate with parents, general educators, special educators and other service providers.

ORTHOPEdic IMPAIRMENT

When developing educational programs for students with orthopedic impairments, the IEP team must take the following actions:

1. Consider the nature and severity of the student's orthopedic impairment.
2. Consider the impact of the orthopedic impairment upon the student's educational performance (PLPs).
3. Develop goals that are linked to information gathered through consideration of the two points above.
4. Identify the appropriate accommodations and/or modifications necessary in both general and special education programs, including, but not limited to: assistive technology, educational materials, adaptive equipment (computers, chairs, tables, etc.), educational supplies, intervention strategies, and instructional techniques pertinent to the student's orthopedic impairment.
 - Determine the specific types of service(s) needed and the service provider(s) who should be involved to provide an appropriate educational program which may include provision of school health services (e.g., administration of medication, medical treatments, or technical procedures) needed in order for the student to remain in school.
 - Assess the need for appropriate related services, particularly those relating to health management, safety, motor development, and self-help skills.
 - Determine the need for vocational assessment and/or training to assist with the development of a Transition Plan, as appropriate.

Service delivery options representing a full continuum of services in the least restrictive environment should be considered when developing an IEP for students with orthopedic impairments. These students may require homebound or hospital services when their medical condition(s) prevents them from attending school for an extended period of time.

OTHER HEALTH IMPAIRMENT

Service delivery options representing a full continuum of service models should be considered when planning programs with students with health impairments. Students with health impairments are likely to require access to home bound or hospital educational services when their medical condition prevents them from attending a public agency/school for an extended period of time. Services should be provided by a special education teacher and/or appropriate therapist(s) properly trained in working with students who have health impairments.

An individualized Health Management Plan should be developed as part of the IEP for students with a need for school-based medical support. (See Appendix H for sample form.)

Medically fragile students and those considered to have complex medical needs present a particular challenge. Data from multiple sources must be considered in determining program needs and delivery of services, including information from parents and caretakers, medical services providers, and the educational evaluation, as well as recommendations from the school nurse.

For students with ADD/ADHD, an individual behavior management system, including supports, should be in place to learn and develop self-regulatory behaviors in a variety of school settings.

SPECIFIC LEARNING DISABILITY

In order to successfully bridge the gap between teaching and learning styles, teachers of students with specific learning disabilities are encouraged to use a variety of appropriate learning modalities that appeal to the multiple intelligences, adapt teaching styles to fit learning styles of students with a specific learning disability, and differentiate instructional strategies. Teachers are also encouraged to provide a variety of learning supports (including assistive technology when appropriate), along with instructional and testing accommodations. To ensure that students with a specific learning disability are given an opportunity to show what they know, adjustments to curriculum and assessment may need to occur in the areas of presentation, response, timing, and setting.

Because of the broad nature of specific learning disabilities, services may be delivered by the most appropriate service provider (e.g., a speech-language pathologist, ESL/TESOL providers, school counselor, social worker, etc.).

SPEECH-LANGUAGE IMPAIRMENT

Speech-language intervention may be the primary service for a student or it may be a related/ancillary service.

Service delivery is a dynamic concept and changes as the needs of the student change. No one service delivery model is to be used exclusively during intervention. A student might

participate in several service delivery models during the course of intervention. Decisions regarding service delivery must be based on the student's individualized needs, placement in the least restrictive environment, and access to the general education curriculum.

TRAUMATIC BRAIN INJURY

Individual staffing conferences, including all service providers and parents if feasible, should be conducted at least once every school quarter within the first 18 months post-injury. Staffing conferences should be regularly scheduled thereafter.

Academic assessments, either standardized or non-standardized, may be needed at least quarterly for the first two years post-injury, and thereafter as determined by the IEP team, in order to answer specific questions regarding the student's academic performance, design intervention strategies, and assess program effectiveness.

VISUAL IMPAIRMENT, INCLUDING BLINDNESS

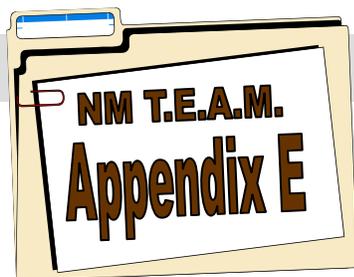
In order to determine how a student with a visual impairment gets information, reads, writes, and accesses printed material most efficiently, refer to learning media assessment in the initial evaluation section of this document (Appendix H). The primary concern of the IEP team will be to focus upon the student's strengths and how sensory channels are used in conjunction with appropriate materials and methods.

Most students with visual impairments require some form of technological support in order to access the general curriculum. Thus, an assistive technology evaluation either by, or in consultation with, a person who is trained in the area of visual impairments may be warranted based on the student's academic needs.

Braille—IDEA 614.(B)(3)(iii): *in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child.*

IEP teams addressing the needs of students who turn 14 during the school year should invite a representative from the Commission for the Blind to participate in the IEP process. The participation of a Commission for the Blind representative is appropriate in order to address the student's transition plan and potentially provide financial and other supports.





Glossary of Terms

A glossary of terminology used in this manual appears below in three categories: Key Regulations, Definitions for Terms Used in the New Mexico T.E.A.M., and NMPED Licensed Personnel Requirements.

KEY REGULATIONS

CFR—The Code of Federal Regulations (IDEA 2004 Regulations)

FERPA—*Family Educational Rights and Privacy Act*, a federal law at 34 CFR Part 99, Subpart (C)

IDEA—The *Individuals with Disabilities Education Improvement Act* (2004)

NCLB—The “No Child Left Behind Act,” also called the *Elementary and Secondary Education Act* (2001)

NMAC—The New Mexico Administrative Code

DEFINITIONS OF TERMS

Child—a person attending public school programs between the ages of 3 and 5

Current—within the last 12 months

Evaluation Team—the group of persons with a vested educational interest in the student who must be involved in the MDT evaluation process, consistent with the confidentiality requirements established by the FERPA and the IDEA. Examples include, but are not limited to, parents, regular education teachers, speech-language pathologists, educational diagnosticians, school psychologists, special education directors, special education teachers, etc.

Meeting—a gathering of stakeholders in order to address educational concerns presented by a parent or teacher of the student. The IDEA establishes specific requirements related to parent participation in meetings and what the term “meeting” means at 34 CFR Sec. 300.501 (1999). This definition may still be considered applicable for all meetings which address identification, evaluation, and educational placement decisions.

Multi-Disciplinary Team (MDT)—the group of persons who determine eligibility for special education services, “A group of qualified professionals and the parent of the child determines whether the child is a child with a disability as defined in §300.8.” For eligibility determinations under the specific learning disability category, the team must include the following members, as defined in 34 CFR Sec. 300.308, “...the child’s parents and a team of qualified professionals, which must include—the child’s regular teacher, if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or, for a child of less than school age, an individual qualified by the

SEA to teach a child of his or her age; and, at least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.” Additional recommendations are contained within each disability section in the NM T.E.A.M. and are specific to the disability determination in question.

Multiple—more than one

Standards-based assessments are tests that are tied to the New Mexico Content Standards and Benchmarks. The assessments are based on the Statewide Assessment Program or district-wide assessments. These assessments can be pencil/paper, large-scale and/or district-wide assessments, computer-based progress monitoring assessments, and/or curriculum-based measures. The Standards-Based Assessment (SBA) system is composed of both the summative and formative assessments mentioned above.

Stakeholder is a person that has an investment, share, or interest in the educational needs of a student, consistent with the confidentiality requirements established by the FERPA. Examples include, but are not limited to, parents, regular education teachers, educational diagnosticians, etc.

Student—a person attending public school programs between the ages of 5 and 21

NMPED LICENSED PERSONNEL

License, Licensed, and Licensure are terms defined in 6.60.2.7 NMAC (See Regulations, Appendix B, for citations.)

Educational Diagnostician—an educational diagnostician licensed under the requirements established by 6.63.4.7 NMAC

School Psychologist—a psychologist licensed under the requirements established by 6.63.5 NMAC

Speech-language Pathologist—a speech-language pathologist licensed under the requirements established by 6.63.3.7 and 8 NMAC

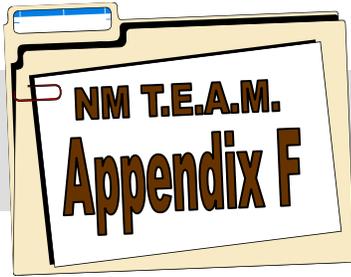
Occupational Therapist (OT)—an occupational therapist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Orientation and Mobility Specialist—an orientation and mobility specialist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Physical Therapist (PT)—a physical therapist licensed under the requirements established by 6.63.3.7 and 8 NMAC

Interpreter for the deaf—an interpreter licensed under the requirements established by 6.63.3.7 and 8 NMAC

School Nurse—a school nurse licensed under the requirements established by 6.63.2.6, 7, and 8 NMAC



References for the New Mexico T.E.A.M.

The following references are provided as general references to supplement those cited specifically within each disability category in this manual.

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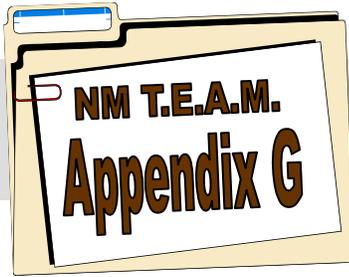
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Regression Table—Severe Discrepancy

(Updated 1/05)

	(16)	(18)	(20)	Size of Discrepancy (1.5 SD x SEe) Correlation Between Ability Score and Achievement
	.7	.6	.5	
Obtained Ability Score	Expected Achievement			<p>Table Instructions</p> <p>Use the .7 column for the regression score and a 16 point discrepancy when these tests of intelligence are used:</p> <ul style="list-style-type: none"> ▪ WJ-III General Intellectual Ability ▪ CAS Full Scale ▪ RIAS Composite Index Score ▪ WISC-IV Full Scale IQ ▪ WISC-IV Verbal Comprehension ▪ SB-V Full Scale IQ ▪ SB-V Verbal IQ ▪ WAIS-III Verbal IQ ▪ WAIS-III FSIQ ▪ Bateria III <p>Use the .6 column for the regression score and an 18 point discrepancy when these tests of intelligence are used:</p> <ul style="list-style-type: none"> ▪ WPPSI-III VIQ and FSIQ ▪ WISC-IV Perceptual Reasoning ▪ WISC-III VIQ and FSIQ ▪ WAIS-III PIQ ▪ SB-V Nonverbal IQ ▪ KABC-II Mental Processing Index ▪ KABC-II Fluid-crystallized Index
130	121	118	115	
129	120	117	115	
128	120	117	114	
127	119	116	114	
126	118	116	113	
125	118	115	113	
124	117	114	112	
123	116	114	112	
122	115	113	111	
121	115	113	111	
120	114	112	110	
119	113	111	110	
118	113	111	109	
117	112	110	109	
116	111	110	108	
115	111	109	108	
114	110	108	107	
113	109	108	107	
112	108	107	106	
111	108	107	106	
110	107	106	105	
109	106	105	105	
108	106	105	104	
107	105	104	104	
106	104	104	103	
105	104	103	103	

Table continues on the following page.

104	103	102	102	<ul style="list-style-type: none"> ▪ DTLA-4 General Mental Ability ▪ DAS Composite Intelligence Scale ▪ KAIT Composite Intelligence Scale ▪ UNIT FSIQ <p>Use the .5 column for the regression score and a 20 point discrepancy when these tests of intelligence are used:</p> <ul style="list-style-type: none"> ▪ WPPSI-III PIQ ▪ WISC-III PIQ ▪ WAIS-III PO ▪ KABC-II Nonverbal Scale ▪ TONI-3 ▪ C-TONI ▪ DAS Special Nonverbal Composite ▪ Leiter
103	102	102	102	
102	101	101	101	
101	101	101	101	
100	100	100	100	
99	99	99	100	
98	99	99	99	
97	98	98	99	
96	97	98	98	
95	97	97	98	
94	96	96	97	
93	95	96	97	
92	94	95	96	
91	94	95	96	
90	93	94	95	
89	92	93	95	
88	92	93	94	
87	91	92	94	
86	90	92	93	
85	90	91	93	
84	89	90	92	
83	88	90	92	
82	87	89	91	
81	87	89	91	
80	86	88	90	
79	85	87	90	
78	85	87	89	
77	84	86	89	
76	83	86	88	
75	83	85	88	
74	82	84	87	
73	81	84	87	
72	80	83	86	
71	80	83	86	
70	79	82	85	

Source: Tennessee Department of Education ED-4056/2004



Autism Spectrum Disorder: Initial Evaluation Worksheet

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. 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. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria described in paragraph (c)(1)(i) of this section are satisfied. (34 CFR Sec. 300.8 (c)(1))

In New Mexico, all disabilities within the three Autism Spectrum Disorder categories listed below may be eligible for special education services under the autism category as long as the student also demonstrates a need for special education services.

1. Autistic Disorder
2. Asperger's Disorder
3. Pervasive Developmental Disorder Not Otherwise Specified

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the information that follows in making an eligibility determination under the category of autism.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- direct observations
- assessment of cognitive/intellectual abilities
- academic achievement assessments
- adaptive behavior assessment
- speech/language/communication assessment
- occupational therapy evaluation
- social skills assessment
- autism spectrum disorder assessment
- parent interview

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(1)) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the MDT eliminated the possibility that the student's educational performance is adversely affected primarily because the child has an emotional disturbance?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the autism category.

2. Significant speech language impairments are a part of ASD. *Has the MDT addressed the possibility that a speech-language impairment might best describe the student's disability?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the autism category.

3. Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the autism category.

4. Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with ASD according to the requirements listed above?

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the autism category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

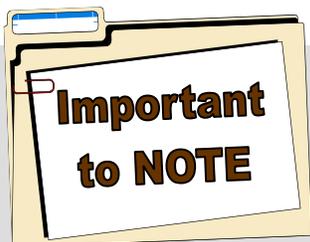
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student *NEEDS* special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Deaf-Blindness: Initial Evaluation Worksheet

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. (34 CFR Sec. 300.8 (c)(2))

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following information in making an eligibility determination under the category of deaf-blindness.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- audiological evaluation
- eye examination
- functional visual evaluation
- speech/ language/communication assessment
- learning media assessment
- assessment of cognitive/intellectual abilities
- individual academic achievement assessment

These assessments and evaluations must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(2)) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the deaf-blindness category.

2. Has the MDT determined that the assessments and evaluations demonstrate that the student is a student with deaf-blindness according to the requirements listed above?

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the deaf-blindness category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

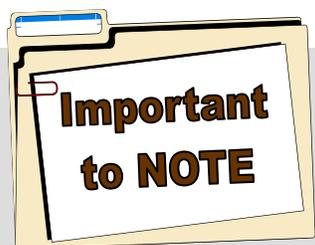
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student **NEEDS** special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Deaf or Hard of Hearing: Initial Evaluation Worksheet

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. 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. (34 CFR Sec. 300.8 (c)(3), (5))

In New Mexico, deaf or hard of hearing means a mild through profound, bilateral or unilateral, sensorineural or conductive, permanent or fluctuating hearing loss, with or without amplification.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of deaf or hard of hearing.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- current vision screening (special emphasis)
- current audiological evaluation
- speech/ language/communication assessment
- assessment of cognitive/intellectual abilities
- individual academic achievement assessment

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(3) or (5) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the deaf or hard of hearing category.

2. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student who is deaf according to the requirements listed above?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then proceed to the question directly below.

3. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student who is hard of hearing according to the listed requirements?*

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the deaf or hard of hearing category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

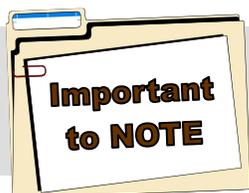
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Developmental Delay: Initial Evaluation Worksheet

Developmental Delay is defined in the Code of Federal Regulations (34 CFR Sec. 300.8 (b)). Eligibility is limited to children aged three through nine experiencing developmental delays. *Child with a disability* for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111(b), include a child who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, needs special education and related services.

In New Mexico, the category of Developmental Delay, established by Section 6.31.2.7 (C)(5) NMAC, includes students who are aged three through nine with documented delays in development which are at least two standard deviations or 30 percent below chronological age; or, who in the professional judgment of the MDT and one or more qualified evaluators needs special education or related services in at least one of the following five areas: receptive or expressive language, cognitive abilities, gross and/or fine motor functioning, social or emotional development or self-help/adaptive functioning. Use of the developmentally delayed option by individual local educational agencies is subject to the further requirements of Section 6.31.2.10 F(2) NMAC.

Section 6.31.2.10 (F)(2) NMAC establishes that the use of developmentally delayed classification for children aged three through nine may be used at the option of individual local education agencies, but may only be used for children who do not qualify for special education under any other available disability category. The addition of this classification for children aged five through nine shall not affect its continued availability for preschool children with disabilities aged three and four. However, its continued use for such children shall be subject to the diagnostic criteria in Section 6.31.2.7 (C)(5) NMAC. Children who are classified as developmentally delayed must be reevaluated during the school year in which they turn nine and will no longer be eligible in this category when they become 10. A student who does not qualify under any other available category at age 10 will no longer be eligible for special education and related services.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of developmentally delayed.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- early childhood referral or complete SAT file documentation
- investigation and analysis of developmental/educational, medical, family, and social history

- assessment of adaptive behavior
- analysis of standardized and/or non-standardized developmental/educational data and performance
- review of existing evaluation data
- observations in multiple settings
- interviews
- additional data, as needed

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (b)) described above.

B. In addition, the MDT must be able to answer YES to each of the following five statements, which stipulate eligibility criteria.

1. *The child's/student's developmental delay is **not** the result of lack of appropriate instruction in reading or math, or attributable to limited English proficiency.*

YES NO

Rationale: _____

Documentation: _____

2. *The child/student does not meet eligibility requirements for any other disability category under the IDEA.* YES NO

Rationale: _____

Documentation: _____

3. *The child/student has documented delays in development that are at least two standard deviations, or 30%, below chronological age.* YES NO

Rationale: _____

Documentation: _____

4. *If the child/student does not meet the requirements in Question 3, the MDT, using one or more qualified evaluators, has used professional judgment to determine that the child/student needs special education or related services in at least one of the following areas: physical development, cognitive development, communication development, social or emotional development, and/or adaptive development.*

YES NO If professional judgment was employed, attach to this eligibility worksheet a completed Professional Judgment form (available in Appendix H).

Rationale: _____

Documentation: _____

5. *The disability has an adverse affect on the child's/student's developmental/educational performance.* YES NO

Rationale: _____

Documentation: _____

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction.) If answered *YES*, refer the student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to Question 2.

Rationale: _____

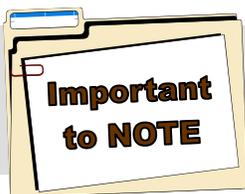
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Emotional Disturbance: Initial Evaluation Worksheet

Emotional Disturbance is 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:

- an inability to learn which cannot be explained by intellectual, sensory, or other health factors
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behavior or feelings under normal circumstances
- a general pervasive mood of unhappiness or depression
- a tendency to develop physical symptoms or fears associated with personal or school problems

Emotional Disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they (also) have an emotional disturbance under paragraph (c)(4)(i) of this section. (34 CFR Sec. 300.8 (c)(4))

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of emotional disturbance.

A. The team must complete and/or interpret these evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- assessment of cognitive/intellectual abilities
- individual academic achievement assessment
- speech/ language/communication assessment
- psychological evaluation
- behavior rating scale/checklist
- behavioral observations
- interviews of stakeholders

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(4) listed above. The MDT must include a NM licensed psychologist in order to make this determination.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?* YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the emotional disturbance category.

2. *How was social maladjustment addressed?*

Rationale: _____

Documentation: _____

3. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with an emotional disturbance according to the listed requirements?* YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the emotional disturbance category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

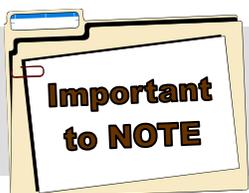
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Mental Retardation: Initial Evaluation Worksheet

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. (34 CFR Sec. 300.8 (c)(6))

In New Mexico, mental retardation refers to a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18. The following five assumptions, provided by the American Association on Mental Retardation (AAMR), are essential to the application of this definition:

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3. Within an individual, limitations often coexist with strengths.
4. An important purpose of describing limitations is to develop a profile of needed supports.
5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve. (AAMR, 2002)

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of mental retardation.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- investigation and analysis of academic, medical, family, and social history
- observations
- assessment of cognitive/intellectual abilities
- adaptive behavior assessment
- documentation of manifestation
- individual academic achievement assessment

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(6) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Does the student have a valid overall IQ score that is a standard score of 70 or below, taking standard error of measurement into consideration?* YES NO

Rationale: _____

Documentation: _____

2. *Does the student have a valid adaptive behavior score that is at least two standard deviations below the mean in either conceptual, social, or practical skills, or an overall score that includes those components?* YES NO

Rationale: _____

Documentation: _____

3. *Did the student's cognitive disability exist before the age of 18?* YES NO

Rationale: _____

Documentation: _____

4. *Does the disability adversely affect educational performance?* YES NO

Rationale: _____

Documentation: _____

The answers to questions 1–4 above must be *YES*, or the student is not eligible under the mental retardation category. If *YES*, continue with questions 5–6.

5. *Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?* *YES* *NO*

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the mental retardation category.

6. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with mental retardation according to the requirements listed above?* *YES* *NO*

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the mental retardation category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. *YES* *NO*

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

Documentation: _____

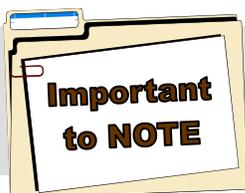
Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____

IMPORTANT NOTE: It is paramount to diagnose accurately when considering eligibility under any disability category, but this is particularly true and poignant in the case of mental retardation. Misidentifying a child who has mental retardation, such as under the category of specific learning disability, is both false and misleading and can be detrimental to the life and well-being of the child and family, particularly when considering school to life transition issues. (see Atkins v. Virginia)



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Multiple Disabilities: Initial Evaluation Worksheet

Multiple disabilities means concomitant impairments (such as mental retardation–blindness or mental retardation–orthopedic impairment), the combination of which produces 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. (34 CFR Sec. 300.8 (c)(7))

In New Mexico, this means that the category of multiple disabilities is an extremely low-incidence category that involves complex, inseparable interactions between two or more disabilities and is characterized by the need for extensive or pervasive intensities of educational supports. Therefore, it is neither generally possible nor appropriate to designate the disabilities within this category as primary and secondary.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of multiple disabilities.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- investigation and analysis of academic, medical, family, and social history
- analysis of current standardized and non-standardized academic data and performance
- review of existing evaluation data
- observations conducted by multiple educational stakeholders in multiple settings, including both structured and unstructured environments
- interview of parents and caregivers
- additional components as determined to be needed based upon concomitant disabilities and the guidance provided in this manual that is specific to those areas of suspected disability (Include with this form.)

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(7)) listed above.

B. In addition, the following criteria must be met to determine the student's eligibility for special education and related services.

1. *The team has determined to the greatest extent possible that two or more complex, inseparably interacting disabilities are present.* YES NO

Rationale: _____

Documentation: _____

2. *The team has documented the student's need for extensive and/or pervasive intensities of educational supports.* YES NO

Rationale: _____

Documentation: _____

3. *The team has excluded eligibility based on deaf-blindness alone.* YES NO

Rationale: _____

Documentation: _____

4. *The team has eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinate factor.* YES NO

Rationale: _____

Documentation: _____

The answers to questions 1–4 above must be *YES*, or the student is not eligible under the multiple disabilities category. If *YES*, answer the following question:

Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with multiple disabilities according to the requirements listed above? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the multiple disabilities category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

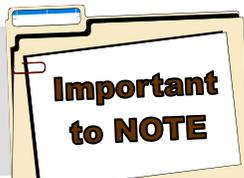
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____

 **In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.**

Orthopedic Impairment: Initial Evaluation Worksheet

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by 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). (34 CFR Sec. 300.8 (c)(8))

In New Mexico, eligibility under the orthopedic impairment category requires the presence of a chronic physical or structural limitation of the skeleton, joints, muscles, and/or fascia. This may cause impaired ability to use, move, or control the arms, legs, hands, feet, head, neck and/or trunk resulting in difficulty in the performance of gross-motor and/or fine-motor activities. Disabilities may be congenital or acquired anomalies, excluding traumatic brain injury.

A congenital anomaly refers to a condition which is present at birth. Examples include deformities, dislocation, abnormal position and/or rotation of the bones, or absence of limbs or bones. Club foot, hip dysplasia, and achondroplasia may be the result of congenital deformities. Scoliosis may be congenital or acquired. Polio, rheumatoid arthritis, muscular dystrophy, and osteogenesis imperfecta are examples of orthopedic impairments caused by disease. Other causes of orthopedic impairments might include those occurring as a result of severe burns or trauma.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of orthopedic impairment.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- documentation of medical diagnosis
- functional neuromotor assessment
- individual academic achievement assessment

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(8)) listed above.

*Sample forms for
Physical Exam
and Individualized
Health Management Plan
are also in this Appendix.*

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the team eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?* YES NO

Rationale: _____

Documentation: _____

2. *Has the MDT, including a school nurse, determined that the assessments and data demonstrate that the student is a student with an orthopedic impairment according to the requirements above?* YES NO

Rationale: _____

Documentation: _____

Unless the answer to both questions above is *YES*, the student is not eligible under the orthopedic impairment category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

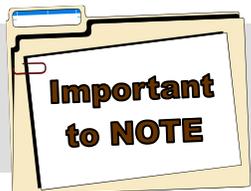
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Orthopedic Impairment Physical Examination Form

PHYSICAL EXAMINATION (To be completed by a Physician)

NOTE TO PHYSICIAN: *Appropriate educational programming for certain students requires that they receive a current physical examination and recommendations from a medical doctor, inclusive of a medical diagnosis and etiology for all physical and/or health impairments, prognosis, physical limitations, medications, and description of prosthetic devices. It is paramount that this form be completed in its entirety in order for the student to receive appropriate supports and services in the school setting.*

Name of Student	DOB		Date of Exam
School	Sex	Grade	State Student ID #
Primary Medical Diagnosis/Problem List:			
Etiology:			
Prognosis:			
Additional medical diagnosis?			
Etiology:			
Prognosis:			

1) Are there any abnormalities in physical, mental, emotional, motor, or speech development? Circle those above that apply and explain:

2) Does this child have any physical or health impairment, chronic illness, syndrome, or acute health condition which might limit strength, vitality, or alertness or require adaptation of the educational program? Yes () No () If yes, explain:

3) Current Medication: Is child on any medication? Yes () No () . If yes, list and include dosage, frequency, and time of day medication should be administered to be most effective, if applicable:

4) Will medication be administered at school? Yes () No () If so, please complete a medication administration form.

5) Allergies: Please list any known allergies or allergic reactions:

6) Nutrition: Please explain any concerns about nutritional status or feeding problems:

7) Does this child require any therapeutic or prosthetic devices? Yes () No () If yes, explain:

8) Will any nursing therapeutic procedures/treatments be required at school? (e.g., catheterization, suction, tube feeding, etc.) Yes () No () If so, please explain and complete an Individualized Health Service form.

9) Do you have any suggestions for consideration regarding management of health or safety needs at school? (e.g., physical or emotional considerations, limitation of activity, etc.) If so, explain:

Physician's Signature

Date

Physician's Name (Please print or type)

Phone

Physician's address

Orthopedic Impairment Individualized Health Management Plan

STUDENT HEALTH MANAGEMENT PLAN (To be completed by a School Nurse)

Name of Student	DOB	Report Date
School		State Student ID #
Medical Diagnosis		Verifying Physician
Plan Completed by		RN Date
Signature of Administrator/Coordinator		Date
Student Signature (if appropriate)		Date

Following are the four categories of the original landscaped plan.

1) Nursing Diagnosis/Concern	
2) Educational Goal	

3) Plan of Action

4) By Whom/When

Parent(s)/Guardian Statement:

I/We have read this plan and agree to its implementation.

Signature

Date

Signature

Date

Other Health Impairment: Initial Evaluation Worksheet

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 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 adversely affects the child's educational performance. (34 CFR Sec. 300.8 (c)(9))

In New Mexico, the other health impairment category includes impairments that are typically physical, physiological, and/or neurological in nature. Some students with isolated mental health issues may be eligible under the Emotional Disturbance category. **The mere presence of a DSM-IV diagnosis does not make a student automatically eligible under the IDEA.** Students with a medical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) may be considered as eligible under this category if the MDT also determines that their educational performance is adversely affected. A student with a medical Fetal Alcohol Syndrome (FAS) diagnosis may also be included under this category if the MDT also determines that his or her educational performance is adversely affected.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of other health impairment.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- analysis of data and performance
- documentation of medical diagnosis
- assessment of cognitive/intellectual abilities
- individual academic achievement assessment
- behavior rating scale/checklist (if required)

Sample forms for Physical Exam and Individualized Health Management Plan are also in this Appendix.

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(9)) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the team eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?* YES NO

Rationale: _____

Documentation: _____

2. *Does the student have documented chronic or acute physical, physiological, or neurological impairment that results in limited strength, vitality, and/or alertness?*
YES NO

Rationale: _____

Documentation: _____

3. *Does the disability adversely affect educational performance?* YES NO

Rationale: _____

Documentation: _____

The answers to questions 1–3 above must be YES, or the student is not eligible under the other health impairment category.

4. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with an other health impairment according to the requirements listed above?* YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the other health impairment category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

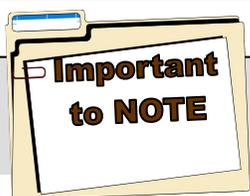
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student **NEEDS** special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Specific Learning Disability: Initial Evaluation Worksheet

A 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, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. 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. (34 CFR Sec. 300.8 (c)(10))

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of specific learning disability.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

↓ **OPTION ONE: DUAL DISCREPANCY MODEL**

- complete SAT file documentation
- investigation and analysis of academic, medical, family, and social history
- interviews
- additional observation
- standards-based assessment documentation
- assessment of cognitive/intellectual ability
- individual academic achievement assessment
- individual assessment of processing skills

↓ **OPTION TWO: SEVERE DISCREPANCY MODEL**

- complete SAT file documentation
- investigation and analysis of academic, medical, family, and social history
- interviews
- additional observation
- assessment of cognitive/intellectual ability
- individual academic achievement assessment
- individual assessment of processing skills

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(10) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

Has the MDT eliminated all exclusionary factors listed below? YES NO

- lack of appropriate instruction in reading
- lack of appropriate instruction in math
- limited English proficiency
- visual, hearing, or motor disability
- mental retardation
- emotional disturbance
- cultural factors
- environmental or economic disadvantage

Rationale: _____

Documentation: _____

The MDT must eliminate these exclusionary factors for the student to be eligible under the model for the SLD category.

↓ For **OPTION ONE: Dual Discrepancy Model**

1. Has the MDT determined that the student demonstrates significant under-achievement, based on ability; Dual Discrepancy

- a. a difference of 1.5 standard deviations between the student's mean standards-based assessment scores and that of grade-level students in the LEA in the area(s) of concern; **and**
- b. a difference of 1.5 standard deviations between the student's standards-based assessment growth (slope) and that of grade-level students in the LEA in the area(s) of concern.

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the SLD category, unless the use of professional judgment has been employed.

2. Are the standards-based achievement results both below the average range and support the dual discrepancy in the area(s) of concern? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the SLD category, unless the use of professional judgment has been employed.

3. Was the student provided with high-quality, scientific, research-based instruction and interventions by qualified personnel in regular education settings? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the SLD category, unless the use of professional judgment has been employed.

4. Have parents been provided with data-based documentation of repeated assessments of achievement at reasonable intervals (progress monitoring)? YES NO

Rationale: _____

Documentation: _____



For **OPTION TWO: Severe Discrepancy Model**

1. Has the MDT determined that the

- a. student demonstrates a severe discrepancy, at least **1.5** standard deviations on co-normed assessments. If tests are not co-normed, and only if tests are not co-normed, considering the regression table found in Appendix G and the standard error of measure of the difference between predicted achievement level and actual achievement in the area(s) of concern; **and**
- b. standards-based achievement results are both below the average range and support the discrepancy in the area(s) of concern.

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the SLD category, unless the use of professional judgment has been employed.

2. Was the student provided with high-quality, scientific, research-based instruction and interventions by qualified personnel in regular education settings? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then the student is not eligible under the SLD category, unless the use of professional judgment has been employed.

3. Have parents been provided with data-based documentation of repeated assessments of achievement at reasonable intervals (progress monitoring)? YES NO

Rationale: _____

Documentation: _____

 For **EITHER** model—OPTION ONE or OPTION TWO

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

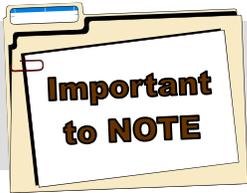
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student **NEEDS** special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Speech-Language Impairment: Initial Evaluation Worksheet

A 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. (34 CFR Sec. 300.8 (c)(11))

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of speech-language impairment. This category includes speech disorders and language disorders.

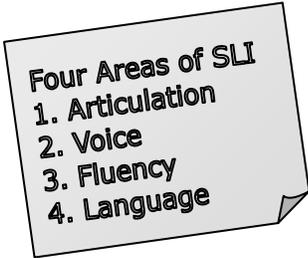
A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual.

- complete SAT file documentation

A speech-language pathologist must complete and/or collect all of the components in at least one of the following four areas:

- (1) Articulation Disorder

- Case history
- Functional communication, i.e., interviews, observations
- Educational status, i.e., review of classroom performance
- Stimulability assessment
- Conversational intelligibility assessment
- Oral mechanism/oral motor exam
- Standardized and/or non-standardized inventory(ies) of speech sounds/phonological processes



Four Areas of SLI
 1. Articulation
 2. Voice
 3. Fluency
 4. Language

- (2) Voice

- Case history specific to voice
- Functional communication, i.e., interviews, observations
- Educational status, i.e., review of classroom performance
- Conversational intelligibility assessment
- Oral mechanism/oral motor exam
- Measures/qualitative descriptions of quality, resonance, pitch, and volume
- Obtain diagnostic medical information

- (3) Fluency

- Case history
- Test of fluency or a clinical evaluation of stuttering severity
- Functional communication, i.e., interviews, observations, checklists/scales
- Educational status, i.e., review of classroom performance
- A speech sample, noting
 - a. extent of fluency/nonfluency
 - b. types and frequencies of primary and secondary stuttering behaviors
 - c. fluency/nonfluency across speaking situations

- Speech rate
 - Observations of oral, laryngeal, and respiratory behaviors
 - Oral mechanism/oral motor exam
 - Qualitative description of non-measurable aspects of fluency (i.e., coping behaviors, such as circumlocution, starter devices, postponement tactics, or attempts to disguise stuttering and emotional reactions)
- (4) Language
- Case history
 - Functional communication, i.e., interviews, observations, checklists/scales
 - Educational status
 - a. review of classroom performance
 - b. analysis of oral/written samples within the classroom
 - c. observation/anecdotal records
 - Standardized and non-standardized assessments of receptive and expressive language in the areas of content (semantics), form (morphology and syntax), and use (pragmatics)
 - Academic achievement assessment. Depending upon individual needs, this may consist of standardized individual achievement tests, Curriculum-Based Measures, criterion referenced tests, dynamic assessment, and/or portfolio assessment.

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(11)) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Has the MDT eliminated the possibility that the student's educational performance is adversely affected primarily because the student has a language difference, not a language disability?* YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the SLI category.

2. Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the SLI category.

3. Has the MDT eliminated the possibility that a different exceptionality, such as autism, mental retardation, or a specific learning disability in the area of oral language/ listening comprehension might best describe the student's primary disability?

YES NO

Rationale: _____

Documentation: _____

If answered *NO*, then a request for further evaluation information should be submitted by the SLP prior to determination of eligibility.

4. Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with a speech-language impairment according to the requirements listed above? YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the SLI category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

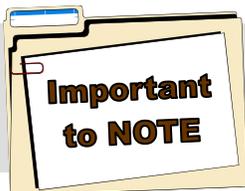
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Traumatic Brain Injury: Initial Evaluation Worksheet

Traumatic Brain Injury (TBI) means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one 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. (34 CFR Sec. 300.8 (c)(12))

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of traumatic brain injury.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- medical/historical documentation
- assessment of cognitive/intellectual abilities
- academic achievement assessment
- speech/language/communication assessment
- motor skills assessment
- adaptive behavior assessment

These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(12) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Does the student have medical and/or historical documentation of a traumatic brain injury?* YES NO

Rationale: _____

Documentation: _____

2. *Has the MDT eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor?* YES NO

Rationale: _____

Documentation: _____

The answers to questions 1–2 above must be *YES*, or the student is not eligible under the traumatic brain injury category.

3. *Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with a traumatic brain injury according to the requirements listed above?* YES NO

Rationale: _____

Documentation: _____

If answered *NO*, the student is not eligible under the traumatic brain injury category.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the

standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

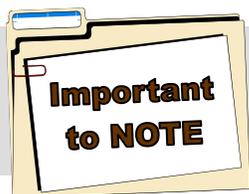
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student **NEEDS** special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Visual Impairment, Including Blindness: Initial Evaluation Worksheet

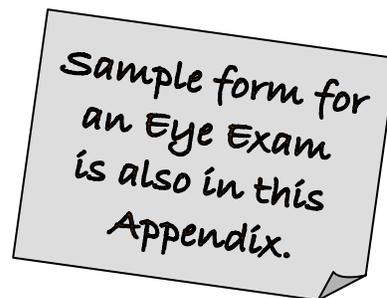
A visual impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. (34 CFR Sec. 300.8 (c)(13))

In New Mexico, it is a visual anomaly which has been diagnosed by an eye specialist, and which is so severe that, even after medical and conventional optical intervention, the student is unable to benefit fully from educational experiences within the regular education setting without special education services designed to meet the needs of the individual student.

The NMPED **highly recommends** that the Multi-Disciplinary Team (MDT) use the following in making an eligibility determination under the category of visual impairment-blindness.

A. The team must review and/or complete the following evaluations and/or assessments according to the requirements established in this technical assistance manual:

- complete SAT file documentation
- current eye examination
- functional visual evaluation
- learning media assessment
- assessment of cognitive/intellectual abilities
- individual academic achievement assessment



These assessments and evaluation data must demonstrate that the student is a student with a disability according to the requirements of the IDEA (34 CFR Sec. 300.8 (c)(13)) listed above.

B. The questions below should be answered to help the MDT with the determination of a student's eligibility for special education and related services.

1. *Does the student have a diagnosis of a visual impairment or blindness?*

YES NO

Rationale: _____

Documentation: _____

2. Has the team eliminated the possibility that lack of appropriate instruction in reading or math, or limited English proficiency is a determinant factor? YES NO

Rationale: _____

Documentation: _____

Unless the answer to both questions above is *YES*, the student is not eligible under the category of visual impairment, including blindness.

3. Has the MDT determined that these assessments and evaluation data demonstrate that the student is a student with a visual impairment or blindness according to the requirements listed above? YES NO

Rationale: _____

Documentation: _____

Unless the answer to this question is *YES*, the student is not eligible under the category of visual impairment, including blindness.

C. The student must also demonstrate a need for special education. Ask these questions:

Question 1. YES NO

Can adaptations be made in the regular education program to support both the student's access to the general education curriculum and his/her ability to meet the standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction) If answered *YES*, refer student back to the SAT. If answered *NO*, provide rationale and documentation and proceed to question two.

Rationale: _____

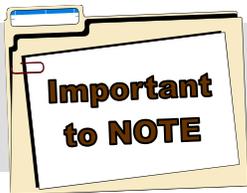
Documentation: _____

Question 2. YES NO

Are there additions or accommodations that the student needs that can not be provided through general education? If answered *YES*, provide rationale and documentation and complete MDT eligibility determination process.

Rationale: _____

Documentation: _____



In order for the MDT to determine that the student NEEDS special education, the team must answer *NO* to Question 1 and *YES* to Question 2.

Eye Examination Form

District: _____

Patient's Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Ocular History (e.g., previous eye diseases, injuries, or operations): _____

_____ Age of Onset: _____

History of Treatment

- Glasses
- Patches (schedule) **R**_____ **L**_____
- Medication _____
- Refer for other medical treatment/exam _____

- Other _____

**Attention
Eye Care Specialist**
*Please address each
item below.
Your thoroughness
in this evaluation
is essential for this
patient to receive
appropriate service.*

Without Glasses		With Best Correction	
Near	Distance	Near	Distance
R	R	R	R
L	L	L	L
Is depth perception impaired? _____ YES _____ NO			

If acuity cannot be measured, please check the most appropriate estimation:

hand movements counts fingers object perception
 light perception totally blind (NIL)
 functions at definition of blindness (due to brain injury/dysfunction, cortical/cerebral impairment)

Authorization for Disclosure of Protected Health Information

I hereby authorize workforce members of _____ [Health Information Provider – HIP] to disclose information from the health records of

Patient's Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

This authorization is valid covering the time period(s): *Fill in ranges of dates.*

from _____ to _____; from _____ to _____; from _____ to _____

Information that I authorize to be disclosed: _____

This information is to be disclosed to:

(district) _____ (phone)

(address)

This information is to be disclosed for the follow purposes:

At my request Other (specify): _____

I understand that:

(a) [HIP] _____ may not place conditions upon treatment, payment, enrollment, or eligibility for benefits based on whether I sign this agreement;

(b) my health information may potentially be redisclosed by the recipient identified in this

authorization. [HIP] _____ is not responsible for any such

disclosures. [HIP] _____ and its workforce are released from any legal responsibility of liability for disclosures made pursuant to this authorization.;

(c) this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless revoked, this authorization will expire on the following date, event, or condition: _____.

Signature of Parent, Student, or Legal Representative **Date**

Description of authority of Representative acting on behalf of the student: _____

New Mexico Technical Evaluation and Assessment Manual (NM-TEAM)
Frequently Asked Questions Document (FAQs)

The NM TEAM was published on August 10, 2005. Participants were asked to record questions on written questionnaires and the New Mexico Evaluation and Assessment Core Team members gathered to address those questions. Those questions and answers are included below with a few exceptions. It must be explained that it was not possible, or in some cases appropriate, to answer every question that was submitted. Some questions were not answered because the answer already exists in the NM TEAM. Additional questions were not answered because they are related to the Response to Intervention (RtI) model. The New Mexico Public Education Department convened a group of stakeholders in the 2005-2006 school year to develop additional guidance surrounding RtI. Therefore, these questions have been addressed by the RtI Workgroup in the *Response to Intervention: A Systematic Process for Increasing Learning Outcomes for All Students* guidance document. Other questions were not answered because they deal with district policy decisions that should be left to district administration.

The NMPED's Student Assistance Team (SAT) technical assistance manual can be downloaded from the following link:

<http://www.ped.state.nm.us/resources/downloads/sat.manual.html>.

The revised 2006-07 New Mexico Technical Evaluation and Assessment (NM TEAM) technical assistance manual can be downloaded from the following link: <http://www.ped.state.nm.us/seo/library/nmteam.htm>.

Please note that no written questions were submitted in the DB, D/HoH, and VI/B sessions.

Autism Spectrum Disorder (ASD):

1. What is a social skills assessment and who does it?

Answer: Social skills assessments are typically rating scales. There are many available. District administration will determine who completes the relevant assessments in all cases, within the boundaries of appropriate licensure.

2. If you encourage a medical diagnosis of ASD and get a DSM-IV diagnosis, do you still do a full assessment for ASD? In other disability categories the manual makes it clear that a DSM-IV cannot be used.

Answer: If the team chooses to adopt components or the entirety of the DSM-IV diagnosis, further assessment under ASD should include whatever necessary components are not provided by the DSM-IV diagnosis (such as a language evaluation, academic impact, need for special education services, etc.).

The NM TEAM makes it clear that a DSM-IV diagnosis cannot be the sole basis for determining eligibility under the IDEA. Information from a DSM-IV diagnosis should certainly be considered by the team.

3. Does the school psychologist have to be involved in the assessment process for ASD? Can the team be a parent, diagnostician, ASD consult, and classroom staff?

Answer: The psychologist should be involved in the evaluation process as a member of the district's evaluation team if it is determined that they could provide necessary expertise regarding the evaluation. The members of the evaluation team should be determined based upon the highly recommended components of the initial evaluation under ASD and expertise in those specific areas.

4. How will school districts, including charter and special state-supported schools (hereafter referred to as school districts or districts) provide direct observation in home setting for initial evaluations for ASD? Who will be responsible?

Answer: The revised version of the NM TEAM is now available on the website. On page 18, you will notice that the evaluation team has the option of conducting community/home observations and/or school observations and/or symbolic play skills observations. The determination regarding how districts will conduct these observations and who is responsible is at the discretion of individual districts.

Developmental Delay (DD):

1. When do you change the exceptionality if the child is currently eligible under the DD category?

Answer: Unless evaluation data suggests that the student is eligible under another disability category prior, ongoing eligibility for special education services must be addressed in the school year in which the student turns 10.

2. Are the preschool evaluators doing the language proficiency assessment? It's highly recommended under the DD assessment.

Answer: If language proficiency or dominance is a concern at the preschool level, then it should be evaluated prior to the completion of a comprehensive evaluation. There are language screening instruments that are appropriate for this age group. The NMPED cannot recommend specific test instruments due to legal conflicts that this presents; however, we can recommend that you contact similar districts in the state or a variety of assessment vendors if you are not aware of what resources are available in this regard. Note: language proficiency and language dominance assessment is not required for monolingual English speakers, which is implied by the first version of the NM TEAM. The vision statement for the NM TEAM states that, "...cultural and linguistic diversity are foundational considerations..."

3. When formal evaluation is not feasible, how are functional skills assessed as per page 54 #9? And... who will do this? How is this different from adaptive behavior (P54 #4) and analysis of other information (P53 #2)?

Answer: Under the DD category, functional skills can be assessed through play-based assessments. There are, again, a variety of assessment instruments that are available. The assignment of personnel responsible for conducting the evaluation is left up to the district to determine, within the realm of appropriate licensure and best practice.

4. When doing a re-evaluation for DD to determine other eligibility (disability) why aren't re-evaluation criteria used instead of initial criteria?

Answer: This is the way that the law is written. Also, it was the intention of the USED to provide effective early intervention – if the child has a true disability it will still be apparent at the age of nine– if the child's challenges are the result of a developmental delay, they should have been remediated by the age of 9-10.

5. What is meant by developmentally appropriate activities?

Answer: Children are compared (in their performance) to typically developing peers. Delays in developmental milestones in all five DD domains should be explored.

6. What should be included in an early childhood referral packet?

Answer: The packet should mirror the SAT packet with decreased emphasis on academic interventions and increased emphasis on parent participation and cultural considerations. Early childhood and SAT personnel should work together to create a district packet.

7. Why isn't a cognitive measure "highly recommended"?

Answer: It is not always possible to obtain a valid measure of cognitive abilities at this age. Cognitive assessment is not discouraged; it was simply determined that it is not always necessary to conduct a cognitive assessment under the DD category.

8. How can we use the exclusionary factor of "lack of experience/opportunity" for preschool?

Answer: You will often be looking at resources that are or are not available in the home and community settings.

9. Must we address sensory integration difficulties in our evaluations?

Answer: In so far as the sensory integration difficulties are a result of motor impairment, they must be addressed under the DD category.

10. Do you have to reassess DD students transitioning to Kindergarten?

Answer: The MDT should review current, valid information regarding the child and if no assessment information is needed to aid transition decisions – then formal assessment may not be necessary at that time. It is not a requirement of the transition process.

11. Do we honor an IEP from another district when the child doesn't meet eligibility criteria?

Answer: Districts should honor the current IEP, but are also entitled to require a re-evaluation to determine continued need for special education services. One example would be similar to reviewing an outside evaluation for determination of validity of results and disability determination.

12. May school-age children be kept in a DD preschool at a parent's request? Do they get DD funding?

Answer: School-age children may remain in a DD preschool setting only if the teacher is licensed to teach Kindergarten. These decisions must be made carefully and in the student's best interest, particularly when considering the subsequent transitions into higher grades, such as first. Teams must answer the question of how the DD preschool would be better able to meet the student's needs, when compared to a kindergarten classroom.

13. When are "stand-alone" services appropriate – under DD and/or OI?

Answer: The term "stand alone" is not applicable in a service provision model, such as New Mexico's, that is non-categorical. All service provision must be tied to evaluation data that indicate that the student needs the service to access and progress in the general curriculum, or participate in appropriate activities.

14. Why don't we use DD along with other specific disability categories?

Answer: It's specifically prohibited by the NMAC and is unnecessary. The IEP Team may determine what services are necessary for the child under any disability or exceptionality category.

15. Please address delay v. disorder – particularly in the area of language. Why must we use specific disability categories before DD?

Answer: Language disorder is addressed in the SLI section. The NMAC currently requires that all other disability categories be eliminated before eligibility under DD may be considered. The DD category is designed to assist students with early intervention in order to remediate developmental delays. As such, they may not be considered life-long disabilities.

Emotional Disturbance

1. Can a psychiatrist serve in place of a psychologist?

Answer: The NM TEAM makes it clear that a New Mexico-licensed psychologist should participate in the MDT (p.63). It is also expected that this will be the same psychologist who conducted the psychological evaluation.

2. Does the psychologist need to attend annual and re-evaluation MDT meetings, as well as initials, or can they send their report and someone knowledgeable about the report?

Answer: The person who is responsible for and knowledgeable about the student's goals should attend the annual and re-evaluation meetings. This may or may not be the psychologist; in some cases this role might be filled by a qualified social worker. The intent of the NM TEAM is that psychologists attend re-evaluation meetings, as continued eligibility must be addressed.

3. (PG 66) With evaluations and information provided by parents..... Does this mean the parents' "outside" evaluations? It's slightly confusing.

Answer: The re-evaluation requirements listed in IDEA 2004 establish that existing evaluation data (typically supplied by the district) and any information provided by parents, including outside evaluation information, must be considered.

4. What do we suggest they use to differentiate ED from socially maladjustment?

Answer: The NM TEAM suggests that a scientifically based conceptual framework must be established and specified by the team to define social maladjustment. There are national resources available to teams who are developing such a framework. It is also expected that specific assessment tools that address this issue will soon be published. The AAMR's text *Clinical Judgment* provides guidance with regard to the process of developing a scientifically based conceptual framework and exercising clinical judgment.

5. How do you determine if student is ED or SLD if the student has low academics but also meets ED criteria. How about SLI & ED co-morbid eligibility?

Answer: ED must be ruled out as the primary cause of the learning disability.

6. In the past educational diagnosticians have been able to evaluate and diagnose EDs for those not severely ED, but have emotional or behavior issues effecting academics. Is this still appropriate or must the evaluation be done by a psychologist?

Answer: The premise of this question is inaccurate. The NM TEAM makes it clear that the MDT must include the participation of a New Mexico-licensed psychologist. It is also the intent of the NM TEAM that the psychologist be responsible for components six through nine on page 64. This means that we see the psychologist as the lead evaluator for those components, conducting the observations and interviews and compiling the psychological evaluation. See Question #1.

7. Is a psychological evaluation needed for discontinuation of special education services?

Answer: The evaluation to discontinue special education services is referred to specifically in Section 614 (c)(5) of the IDEA 2004. It is unclear whether or not this implies a full evaluation, or a review of existing data that drives the determination for further evaluation. It is the NMPED's policy that the components of the evaluation referred to must meet the re-evaluation requirements.

8. We need examples and resources for a "Scientifically based conceptual framework for identifying social maladjustment."

Answer: (See Question #4). The MDT should investigate available resources in order to address this issue. The NMPED is aware of this as a need, but has yet to endorse any research-based model for this use.

9. Are you recommending that a diagnostician conduct the formal observation, or can these be conducted by school personnel?

Answer: Observations can be conducted by qualified school personnel. Staff members involved might include teachers, administrators, related service providers, diagnosticians, or psychologists.

10. When should a child younger than nine be determined to be eligible as ED vs. DD social or emotional development?

Answer: If the student meets ED eligibility criteria, they can no longer be eligible as DD according to the NMAC section 6.31.2.10(F)(2). Eligibility under all other disability categories must be excluded before DD can be considered.

11. Can a reevaluation occur with a student who is ED with the outcome SLD being additional eligibility?

Answer: A Specific Learning Disability must not be primarily the result of an Emotional Disturbance. Emotional Disturbance may be the primary disability, however, with SLD as a secondary disability if the student meets both sets of criteria and it is determined by the IEP team that the learning problems are not the result of an Emotional Disturbance. The test results from the processing assessments will provide some direction for this consideration.

12. There is a student who was previously identified as ED but has been out of school for two years and then enrolls again in a school. What testing, if any, is needed? What if the student has been out of school for over three years? Does the student have to go to SAT or would a re-evaluation be appropriate?

Answer: No current IEP would be available in this situation. Existing evaluation data must be considered. The IEP team will decide what information, if any, they require to determine continued eligibility and develop an appropriate IEP, if necessary. It would not be appropriate in this context to send the student through the SAT process, as this could constitute a denial of FAPE.

13. Are there any specific DSM-IV diagnoses which are not considered for ED eligibility?

Answer: The mere presence of a DSM-IV diagnosis does not make a student automatically eligible under the IDEA. This statement is cross-categorical. Any diagnosis must be considered within the eligibility criteria provided and the IDEA definition of Emotional Disturbance, in this case.

14. Are we to think of a two to nine month span as that which consists "over a long period of time" under the IDEA definition of ED?

Answer: OSEP provided this time frame as a generally acceptable definition. This assumes that preliminary interventions have been implemented and proven ineffective during this period. Section 6.31.2.10 (C) of the NMAC requires that no more than 18 weeks should elapse between SAT meetings to address the efficacy of interventions. The RtI guidance document supplies the expectation that SATs wait no longer than four weeks if progress monitoring demonstrates that a student is not responding favorably to the extant intervention plan.

15. Does a child who is determined to be "socially maladjusted" but not ED go back to the SAT?

Answer: Any student who does not qualify for IDEA special education services should be referred back to the school's SAT. The SAT should consider additional support options.

16. For ED, under the highly recommended evaluation tools, a language proficiency assessment is included. Is this required for all students even if there are no second language issues involved?

Answer: This component is critical for students with more than one language modality. This component has been moved to the Potential Additional Component list, as it is not always necessary. (also removed in ASD, DD, MR, SLD)

17. Can a parent give qualified consent for a comprehensive, e.g., everything except a psychological evaluation? Many parents seem to have a problem with psychological evaluations.

Answer: The parent can, of course, consent for a qualified evaluation that does not include a psychological evaluation. However, the MDT may subsequently not have the information necessary to complete an eligibility determination under the ED category. It may be determined that the student qualifies for another disability category. For further information regarding parent consent, see CFR 300.300.

Mental Retardation

1. Can a child with IQ scores 70 or below but with one subtest (e.g. processing speed) higher still be labeled MR? Is it not acknowledged that a child with MR can have strengths in the normal range and still be MR?

Answer: Yes! The manual does make it clear that students with mental retardation have strengths and weaknesses. This is supported by the NM TEAM, the AAMR, and current research.

2. In the area of mental retardation, what is the rationale for the age of 18? If we have a 15 year-old student who, because of drug abuse, damages her brain. Can she now be considered eligible under the MR category if cognitive functioning and adaptive behavior are consistent with the requirements?

Answer: There are two questions here. Mental retardation is manifested during the developmental period, before age 18. The AAMR established this age in their definition of mental retardation. The rationale is based on neurological and policy research. A child or student within the developmental period who manifests the requisite cognitive and adaptive skill deficits may be considered under the MR category as eligible irrespective of the etiology.

3. MR lists transition plan as a highly recommended component of an initial evaluation, but it is not listed in other disability sections. If it's required for all, then shouldn't it be recommended under all?

Answer: Transition planning is required for all students; however, this requirement begins at age 14 or grade eight. For students with significant disabilities, the NMPED is encouraging transition planning at an earlier age.

Multiple Disabilities

1. Will most students with multiple disabilities be in the severe need range or can it include children with minor to moderate needs in two or more exceptionalities?

Answer: The educational needs that result from the multiple disabilities must be severe. Most students who are eligible under this category also have significant cognitive deficits.

2. Are there any exclusionary factors with MD now like in the past? For example, SLI should not be one of the exceptionalities per the Federal Register?

Answer: There aren't any exclusionary factors, per se. See question #1.

3. We have a student who is SLD, SLI-Language, and OHI/ADHD. Should he be considered as eligible under the category of multiple disabilities? If so, does severity factor into it?

Answer: The description, as provided, does not meet the requirement that the educational needs resulting from the disabilities require extensive or pervasive intensities of educational supports. This profile does not meet that expectation and therefore the student would not be eligible under the category of MD.

4. Would a child w/severe autism and Down syndrome fall under the multiple disabilities eligibility?

Answer: The MDT makes this determination. Based upon the profile provided in the question, the student may be eligible under the category of multiple disabilities, if the interactions between the disabilities are inseparable and the educational needs that result from such disabilities are determined to be extensive or pervasive. As in question number one, remember that most students who are eligible under the multiple disabilities category have significant cognitive deficits.

Other Health Impaired (OHI):

1. Is the state adding a time/sample observation to the highly recommended components?

Answer: Highly recommended component number 6 on page 100 has been amended to reflect the following language, "If the referral concern being considered is attention, focus, and/or hyperactivity, use **behavior rating scales/checklists** completed by different observers in different settings; a **time-sampled classroom observation** must also be conducted."

2. Could we get more specific criteria in the OHI definition to prevent students with minor health problems being placed in SPED as OHI?

Answer: Other Health Impaired means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in adverse academic impact. If a health condition cannot be substantiated which is directly aligned with the definition provided by IDEA, a student may not qualify for special education services.

3. Need Clarification from the NMPED on what credentials are needed to make an ADD diagnosis (e.g. School Psychologist Level II or III, Clinical Psychologist, Medical Doctor, Neuro-Psychological etc.). For example, in some states it is required that a clinical Psychologist, Psychiatrist, Medical Doctor or licensed Social Worker make the diagnosis.

Answer: New Mexico has not clearly delineated who is qualified to make an educational diagnosis of ADD/ADHD in our licensure competencies. According to the NM TEAM, it is necessary to have a documented diagnosis of ADD or ADHD. There is no modifier which states whether that diagnosis, in this case, is medical or educational. The intent of the NM TEAM was not to prohibit evaluation teams, if appropriately qualified, or medical personnel from making diagnoses of ADD or ADHD. Of course, the diagnosis itself is insufficient to consider overall eligibility; the MDT must also consider whether or not the disability is having an adverse affect on the student's educational performance and whether the student needs special education services.

4. Who makes the ADD/ADHD diagnosis? How is it determined by the team? What tools are utilized?

Answer: See question #3.

5. Are there factors that should be considered under OHI such as attendance issues (e.g. out 40 days because of re-occurring strep-throat), Should these factors be considered under OHI?

Answer: Attendance issues must always be considered under any disability or exceptionality identification. Lack of opportunity is determined to be an exclusionary factor; however, in the case of a student with a significant medical condition that causes continual absences, the absences may be considered causal instead of exclusionary. The team must then make the distinction by weighing all evidence and information pertaining to the student's health condition and educational needs.

6. Are students who are diagnosed with ADHD and on medication recommended by an M.D., which parents are refusing to give, eligible for special education services as OHI assuming that there appears to be educational impact, etc.?

Answer: If adverse academic impact can be substantiated and is related to the ADHD condition, then the student may meet criteria to

be identified as entitled to special education services whether or not they are on medication. In general, parents have the right to choose not to medicate their children except for in cases where failure to medicate endangers the child him/herself or others. For more information about medication, see Section 612 (a)(25)(A) of the IDEA 2004, in which it is stated that schools cannot require a child to obtain a prescription for a substance covered by the Controlled Substance Act as a condition of attending school, receiving an evaluation, or receiving special education services.

7. According to the Spring Law Conference, it is not necessary for the student to be on medication for ADD/ADHD in order to be eligible under OHI. Is this also correct in New Mexico? Do they need to be taking medication to be OHI eligible?

Answer: See above.

8. Now that more children are being effected by drugs, either inter-uterine or by proximity, are these kids going to qualify under the OHI umbrella, or where would they fit best?

Answer: In New Mexico the OHI category includes impairments that are typically physical, psychological, and or neurological in nature. The aforementioned students may fit under the OHI umbrella if the MDT determines that educational performance is adversely affected. Evaluation teams and MDTs must also consider intellectual and adaptive functioning as potential indicators of mental retardation.

9. May we utilize "characteristics of FAS, ADHD," describing the characteristics, so students can be eligible under OHI when the child does not have a diagnosis? (example: mother denies using alcohol during pregnancy)

Answer: A diagnosis is a highly recommended component of the initial evaluation. In the case of ADHD, the evaluation team can make an educational diagnosis based upon the assessment information gathered. In the case of FAS, the team is dependent upon the medical diagnosis information provided by parents. Medical information may provide documentation that alcohol use during pregnancy is suspected or corroborated, despite parental denial or lack of knowledge.

10. Will the NMPED develop a list of suggested tests, evaluation instruments, rating scales that might be used in the evaluation process?

Answer: No. The NMPED will not develop a list of evaluation instruments for evaluation of OHI or any other category, as fair trade laws do not allow the State Department to promote any particular testing companies' products.

11. If a letter from a doctor with a diagnosis identified is included with SAT information is it necessary to send the doctor the OI-OHI form of Physical Exam?

Answer: The OHI-OI forms provided by NM TEAM are highly recommended tools. Much thought was put into the comprehensive construction of these forms; however, they do not preclude a doctor from sending his/her own form of documentation to the school. It is important to consider all available information to help guide teams in the decision making process of the student's educational planning.

12. What does "Vitality" mean as compared to "Strength" & "Alertness" thinking about ADHD?

Answer: The MDT is responsible for applying the terms vitality, strength, and alertness as part of the evaluation process. The NM TEAM does provide a description of these three terms on page 98.

13. FAS (Fetal Alcohol Syndrome) now falls under OHI, will FAE (Fetal Alcohol Effect) also fall under OHI?

Answer: This question must be qualified, as FAS does not automatically "fall under" the OHI category. This also applies to FAE. The NM TEAM states that a student with FAS may be eligible under the OHI category. Depending upon levels of intellectual and adaptive functioning, a child or student with an FAS diagnosis may be eligible under the MR category. It is incredibly important that an appropriate diagnosis is made.

14. Would Toilette's Syndrome fall under OHI, as some go under several other eligibilities?

Answer: Toilette's Syndrome is now included as an example under the OHI category.

15. Why was the need to conduct structured observations under OHI not included? Will this cause too many students to be identified?

Answer: The need for observation in various settings by various observers was mentioned and determined to be an important component of evaluation in the OHI section. (See question #1 and page 100 in the NM TEAM). As with all evaluation determination, observation is only a part of the overall identification of exceptionalities and qualification for special education services. The observation information should be weighted along with all other pertinent testing procedures and information prior to determining a disability condition for all referred students. Keep in mind that student observations should also be part and parcel of the SAT file that the evaluation team receives.

Specific Learning Disabilities (SLD)

The NMPED acknowledges that some substantial changes are required in the SLD section of the NM TEAM. The manual was published as official guidance in order for the NMPED to be able to respond constructively to issues that the field presents in the 2005-2006 school year. The following changes have been made in order to make the evaluation process more meaningful and more appropriate.

- Please find Appendix G, which is the revised version of the Regression Table used for calculating the severe discrepancy. The original table could be interpreted to promote cognitive assessment using fewer than three subtests. This was not the intention of the NM TEAM. You will notice that only those batteries or indices that contain three or more subtests are now included. Keep in mind also that evaluation reports must provide evidence that supports the selection of cognitive results that are not based on global or full-scale tests, e.g. index scores. There have also been some additions in terms of the assessments that are included.
- Please note that the first re-evaluation eligibility criterion has been deleted. Academic information must be gathered from multiple sources to demonstrate continued educational need.

1. Do you need to differentiate Basic Reading and Reading Comprehension as well as Math Reasoning and Math Calculation with this model? If so, how?

Answer: The IDEA provides the eight areas in which specific learning disabilities may be manifested. It is not information that is specific to any state model. It is part of Federal law. It is important to distinguish one type of SLD from another in order to determine specific support needs that are individualized for each student. Data and documentation gathered from the evaluation process must be sufficient not just to determine eligibility. It must provide the information necessary to develop appropriate special education supports, if necessary. The first phase of this process is determining which area(s) under SLD is problematic for the student using appropriate assessment and diagnostic instruments. Subsequently, the data gathered must be interpreted by qualified evaluators in order to develop recommendations for instructional staff in terms of intervention strategies and learning supports that the student requires.

2. Is it implied for SLD that the IQ is within the average range of functioning?

Answer: There is nothing in the definition indicating "average" cognitive ability.

3. Is the NMPED going to address and include the cultural/linguistic factors in the SAT manual?

Answer: They are included in the SAT manual on pages 18-22.

4. Will the NMPED address this when they monitor school districts?

Answer: The Special Education Bureau may indeed include monitoring of district implementation of the expectations established by the NM TEAM if the district is focused monitored for over-identification of SLD/SLI, or if monitors determine that the district is out of compliance with regard to evaluations and/or eligibility determinations.

5. There seems to be a lot of research and materials available for reading intervention, but what about other academic areas (math, written language)?

Answer: Information regarding written language is embedded in some of the reading research, certainly. There is also a growing wealth of math information that is currently available and more research studies are under way. The most comprehensive reports available are provided by the *What Works Clearinghouse* available at the following link: <http://www.whatworks.ed.gov/>. This site is sponsored by the US Department of Education and currently addresses several content areas and grade levels.

6. What should a SAT do for interventions if a child is struggling in all aspects of reading/writing and has not had reading instruction to meet standards; how do we handle a referral for writing (written language) only?

7. **Answer:** It is unlikely that a referral would be made for written language alone since this area is connected so intimately with reading skills. That being said, there are a variety of online resources and reviews that provide guidance regarding interventions that are specific to writing. One such review is published by Learning Disabilities Online at the following link: http://www.ldonline.org/ld_indepth/writing/ERIC_E590.html. Though the review is specific to expressive writing for students with specific learning disabilities, there are programmatic recommendations that would be appropriate for any student who is struggling to write. There are also references provided. *Intervention Central* also has resources available at the following link: <http://www.interventioncentral.org/htmldocs/interventions/writing/intwriting.shtml> In addition, a comprehensive resource book has been written regarding research-based interventions for students with specific learning disabilities across skill and content areas. It is called *A Comprehensive Analysis of Interventions for Students with Learning Disabilities: A Metaanalysis of the Literature*. The authors are H. Lee Swanson, Maureen Hoskyn & Carole Lee.

8. Could they (student in question #7) qualify in written language only?

Answer: Though this is unlikely, a student can be eligible for special education services in any of the seven specific learning disability areas established by the IDEA, including written language.

9. How long do the students need to receive “high quality, research-based instruction” and how does that impact referrals for K and 1st, as well as schools who are making a good faith effort to improve their school-wide curriculum?

Answer: Section 6.31.2.10 (C) of the NMAC establishes that SATs can wait “no longer than 18 weeks” before convening to determine the efficacy of intervention and/or instruction. This applies to both behavioral and academic concerns. The Rtl guidance document states that SATs should wait no longer than four weeks if it is clear that the student is not responding to intervention. There is no distinction regarding the age or grade of the student. Schools that are making strong efforts to improve instruction and intervention should document what has been done, noting any data that demonstrates improved outcomes for the school, student, etc., and use this information when addressing possible lack of instruction issues.

10. Please define “small group instruction” in regular class placement.

Answer: Small group instruction is a homogeneous grouping of four to six students. How this strategy is implemented would be individualized based on the students, school, district, etc. Individualized instruction can be groups that range from a size of one to three students.

11. Where can we find lists of the programs that are scientifically-based for all grades?

Answer: There is currently no exhaustive list of scientific, research-based programs for all content areas and for all grades. The *What Works Clearinghouse* link, provided in answer eight above is currently the most comprehensive resource for this concern. The Institute of Educational Sciences, which is the research branch of the US DOE, provides the following definition of the terms:

According to the [Institute of Education Sciences](#), scientifically based research:

- employs systematic, empirical methods that draw on observation or experiment; involves data analyses that are adequate to support the general findings; relies on measurements or observational methods that provide reliable data; makes claims of causal relationships only in random-assignment experiments or other designs (to the extent such designs substantially eliminate plausible competing explanations for the obtained results);
- ensures that studies and methods are presented in sufficient detail and clarity to allow for replication or, at a minimum, to offer the opportunity to build systematically on the findings of the research;

- obtains acceptance by a peer-reviewed journal or approval by a panel of independent experts through a comparably rigorous, objective, and scientific review; and
- uses research designs and methods appropriate to the research question posed.

This definition is aligned with that provided in Section 9101 (37) of the Elementary and Secondary Education Act of 2001, also called the No Child Left Behind Act (NCLB).

12. When determining whether a specific reading program is scientifically based, quality instruction, should a district take the word of the publisher that it is or must a district look at independent reviews (educational journals, etc.) to make the determination?

Answer: The US DOE has published a reference guide for education teams as they attempt to ascertain the research validity of their instructional and intervention programs. It is available at the following link:

<http://www.ed.gov/rschstat/research/pubs/rigorous/vid/rigorous/vid.pdf>. The guide includes a process that districts can use to determine the rigor of the research that is cited by publishers. There is also a checklist provided in the RtI guidance document for this purpose.

13. How are Tier One and Two interventions and expectations being communicated to SATs?

Answer: The NMPED is addressing all training issues surrounding the Student Assistance Team. The Quality Assurance Bureau is responsible for professional development coordination in this area. The QAB can be contacted at 505-827-4277.

14. Testing at the local private school is different from the public schools. They are allowed to give the state testing to students based upon their developmental level (i.e., a 4th grader can be given the 2nd grade test if they feel this is their reading level). So do we use these test scores? Even when we know they are inaccurate but the private schools want the public school to test a student for SLD?

Answer: For clarification, private schools have independence with regard to the assessments they choose to administer. They are not required to participate in the New Mexico Statewide Assessment Program and typically do not choose to participate. The evaluation can be conducted using the information that is provided. It may be determined that additional data is needed as a result of the evaluation before eligibility can be determined. If so, a plan should be developed and implemented to gather this additional data. As with any unusual or complex situation, there must be complete and thorough documentation of the process employed.

15. Does the need to document scientific, research-based intervention apply only to initial referrals involving academic concerns, or does it apply to all referrals?

Answer: All students need scientific, research-based interventions if they are demonstrating academic and/or behavioral weaknesses. The need to document these interventions applies in the SAT in Tier One, Tier Two, and Tier Three. If an IEP is developed, the need to document interventions is requisite in order to conduct formative evaluation of educational programs.

16. For the severe discrepancy model, can we use age norms? If a child is under age nine, are we using the 1.5 SD?

Answer: Age norms are the most commonly used norm set. Justification for using grade norms must be provided in the report if grade norms are employed in the discrepancy determination process. The 1.5 SD expectation applies to all school age students. In situations where the diagnostician or psychologist feels that the cognitive results may not be an accurate representation of the student's ability, they should consult their diagnostic supervisor.

17. Are we allowed to use a severe discrepancy as defined by the test authors on co-normed cognitive and achievement assessments?

Answer: Yes. It is the preferred method of determining a discrepancy. Use the software scoring, set at 1.5 standard deviations or the .05 level of significance. The software scoring report will indicate the significance of the difference for each academic area. Base rates, if available, should be considered. Of course, this information should be combined with all evaluation data and information in order to determine eligibility. Note: if the tests are co-normed, then Appendix G should not be used.

18. Clarify – processing deficit is needed for eligibility for SLD or processing information is more insight into the child's profile? If no processing deficit is found is the child not eligible?

Answer: The eligibility criteria for SLD do not include a processing deficit. The evaluation must serve two purposes, one of determining eligibility and the second of providing sufficient information to develop an IEP should the student be determined as eligible for special education services. Therefore, processing information is part of the highly recommended components of an initial evaluation.

19. Reevaluation: If the team reviews multiple sources of data on the child, why do achievement assessment for the re-evaluation?

Answer: The SLD reevaluation criterion #1 listed on page 121 of the NM TEAM has been deleted in the revised version.

20. If the SAT does not provide sufficient documentation (i.e., sends a packet and the child has several absences) do we stop this by returning the packet before testing – or at the MDT where the child will be found ineligible?

Answer: If the referral file is incomplete, then the file should be returned to the responsible team so that missing components can be gathered. It is reasonable to assume that specific guidance regarding which components are missing or incomplete in the file would be provided. Districts must be mindful of the 60-day timeline and keep parents informed throughout this process. The cumulative effect of absences must be ruled out as causal in the determination of disability.

21. What about the 60-day timeline for testing and placement? When does it begin; is this a 5-day week or 7-day week; runs from when to when?

Answer: The 60-day timeline established by IDEA 2004 is from parent consent to MDT. LEAs have an additional 30 days to develop an IEP, should they choose to hold the two meetings separately. The expectation applies to calendar days. It applies throughout the year, including summer and school holidays.

22. Where do SLD listening comprehension/oral expression fit re: “research based instruction” since those areas are not typically addressed directly in the general education classroom?

Answer: Instruction should address both listening comprehension and oral expression in the general education classroom. Teachers must assess the degree to which students are following a variety of directions, including oral, written, and gestured. There are a variety of research-based strategies online for teachers to employ to build oral comprehension. Assignments that require students to speak to the class or to the teacher can be designed to address oral expression. Again, there are a variety of resources available on the web. There are several “off-the-shelf” programs that are available, as well.

Speech Language Impairment (SLI)

1. Can students identified as SLI receive other special education services besides speech/language therapy? Can students with disabilities (ED, ASD) other than SLI still receive speech/language services as a related service?

Answer: Yes, once a student is identified as a student with a disability, services are determined based on educational need and may be delivered by the most appropriate service provider. IDEA does not refer to a “secondary disability”, but rather to “educational needs that result from the child’s disability” and to “related services . . . to be provided to the child . . . to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general

education curriculum. . . , to be educated and participate with other children” (Section 614 (d)(1)(A), IDEA 2004). The NM TEAM, Appendix D, states that “Because of the broad nature of specific learning disabilities, services may be delivered by the most appropriate service provider (e.g. a speech-language pathologist, ESL/TESOL providers, school counselor, social worker, etc.).

2. What options are available when children receiving speech-language services are failing to make progress, for any of a variety of reasons?

Answer: Note: The following guidance is provided, in part, by the American Speech-Language-Hearing Association. (ASHA. 2003. IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21. Rockville, MD: Author.)

Discontinuation of services may occur if:

- The child no longer has a speech-language impairment; OR
- Although the child has a speech-language impairment, it no longer affects his/her educational performance; OR
- Although the child who has received speech-language services as special education still has a speech-language impairment that affects his/her educational performance, the eligibility team determines that he/she does not need special education; OR
- Although the child who has received speech-language services as special education still has a speech-language impairment that affects his/her educational performance, the eligibility team determines that he/she does not need related services to benefit from special education.

3. What is meant by “social circumstances” which may warrant discontinuation of services?

Answer: An example of a “social circumstance” might be when an older student is no longer willing to continue working on a communication impairment. The IEP team, including the student, would need to meet to consider whether the speech-language impairment still has an adverse effect on educational performance and whether the student needs special education or the related service of speech-language services to benefit from special education.

For further examples of options to pursue when a student fails to make progress, see the ASHA document referenced above.

4. If all language deficits identified in the evaluation were not addressed by IEP goals, but the IEP goals addressed were met, can the services still be discontinued?

Answer: Discreet skills measured by speech-language assessment instruments are indicators of a speech-language impairment, and do not necessarily translate directly into intervention goals. Using all

available educational and language data, the IEP team describes the student's present level of performance and develops goals and services to meet the child's current needs.

5. What is the adverse educational effect of a speech impairment (articulation, voice, or fluency disorder)?

Answer: Adverse effects of a speech impairment may be noted in phonological development and awareness, oral participation, oral reading, or spelling. Adverse effects may also appear in social-emotional adjustment and behavior, as well as in the reactions of the student, peers, teachers, and/or parents. New Mexico Educational Standards include many Benchmarks and Performance Standards which require speech, e.g. LA II-A: Demonstrate competence in speaking to convey information.

6. How is the SLI/DD distinction made? Can articulation, fluency, voice qualify a student as DD in the absence of a language delay? In (LEA), if the cognitive ability is average, then use SLI; if the cognitive ability is below average, then use DD. Still true?

Answer: See p. 48 of NM TEAM – Section 6.31.2.10 (F)(2) NMAC establishes that the use of developmentally delayed classification for children aged three through nine may be used at the option of the individual local education agencies but may only be used for children who do not qualify for special education under any other available disability category.

7. Does a referral for speech, articulation, voice or fluency, go through the complete SAT process or is it considered an "obvious" disability?

Answer: Articulation, voice, or fluency are not usually considered "obvious" disabilities. A referral to Tier Two of the SAT is appropriate. The *SAT Manual* provides a flow chart on page 31. An individual screening of the student's speech by the speech-language pathologist may or may not be necessary.

8. Can a speech/language pathologist participate in the SAT meeting, either in person or with a written comment?

Answer: "One or more special education professionals may serve on the SAT, but must not serve as its 'leader'. . . . It is best practice to ask these and other specialists, such as speech therapists to join the SAT on an 'as needed' basis." *SAT Manual*, p. 10.

9. What is the difference between "informal" and "formal" speech-language screening? Is parental consent required for screening?

Answer: 34 CFR 300.302 states that screening for instructional purposes shall not be considered to be an evaluation for eligibility for special education and related services, and, therefore does not require parent consent. However, it is certainly best practice to keep parents

informed at all times with regard to their child's education and how the schools is making efforts to meet their child's needs.

10. Can an SLI determination be made without a cognitive assessment?

Answer: Yes. See pages 129-132 of the NM TEAM. The NMAC also supports this procedure, "...the evaluation or reevaluation process begins with a review of existing information by a group that includes the parents, the other members of a child's prospective IEP team and other professionals, as appropriate, to determine what further evaluations and information are needed to decide whether the child is (or continues to be) a child with a disability and, if so, to identify the child's educational needs and the appropriate combination of services to meet those needs...If the child's primary disability is a speech-language impairment, a complete battery of assessments (e.g., psychological, physical, adaptive behavior) may not be necessary. In such cases, a qualified speech-language pathologist evaluates the child using appropriate procedures and makes referrals for additional assessments deemed necessary to make an appropriate decision regarding delivery of services to the child." (NMAC 6.31.2.10)

11. Are children who have commensurate IQ and language scores eligible for speech-language services?

Answer: "Comparing IQ and language scores as a factor for eligibility for speech-language intervention is frequently referred to as cognitive referencing. Cognitive referencing is based on the assumption that language functioning cannot surpass cognitive levels. However, according to researchers, the relationship between language and cognition is not that simple. Some language abilities are more advanced, others closely correlated, and others less advanced than general cognitive level. Research results in recent years have demonstrated that cognitive prerequisites are neither sufficient nor even necessary for language to emerge." American Speech-Language-Hearing Association. (2003). IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 through 21. Rockville, MD: Author In addition, "No single procedure is used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child." (34 CFR 300.304)

12. What does "below average as defined by the test author" mean?

Answer: The examiner's manual of each standardized speech or language test has a section of a chapter which describes how to interpret test scores. For example, Chapter 3 of the CELF 4 Examiner's Manual is "Interpretation of Level 1 and Level 2 Assessments." The first section is called *Determining If There is a Disorder*. These chapters describe what scores are below average, based on performance on that particular test instrument.

13. If a medical evaluation is necessary before treatment of a voice disorder can begin, is the school ultimately responsible for payment?

Answer: Voice therapy cannot be provided without a medical evaluation. If parents are not able to pay for the medical evaluation, then the school district is ultimately responsible for these expenses.

14. Can a student's eligibility change from SLI to SLD based on information obtained during a reevaluation?

Answer: Yes. The team may identify additional data that is needed to determine if SLD best describes the student's current status. The student, in order to be eligible, must meet the SLD eligibility criteria with oral expression and listening comprehension treated as an academic area- just like reading, math, and written expression.

15. What is the difference between SLD – listening comprehension/oral expression and SLI receptive/expressive language disorder?

Answer: Eligibility decisions are made by a comprehensive MDT. When listening comprehension and oral expression are the areas of concern, the SLP and the diagnostician/psychologist must work collaboratively to address the referral concern. In SLI, expressive and receptive language eligibility is determined based on mean scores provided by language assessments (in addition to consideration of additional data). In SLD, listening comprehension and oral expression eligibility is based on academic discrepancy- just like in the areas of reading, math, and written language (in addition to consideration of additional data).

16. Can an educational diagnostician diagnose SLD-listening comprehension/oral language without an SLP on the team?

Answer: Any diagnostic decision concerning an assessment of speech or language should be made by a team that includes a speech-language pathologist.

17. If a child is only SLI – can they get other services?

Answer: Yes – the IEP Team determines what services are necessary for a child. A child who is eligible under any disability category is eligible for any special education services that are necessary to provide FAPE.

Traumatic Brain Injury

1. Can diagnosis change from TBI to a resulting cause like VI? Blind if years later that is the only resulting problem from TBI.

Answer: Yes. The diagnosis can change based upon the changes that must have been noted regarding educational impact.

2. A child who suffered a stroke with bleeding to the brain & exhibits left side paralysis, plus a lot of behavior similar to traumatic brain injury- can be labeled as having TBI? She is "diagnosed" as OHI, and OI, but I think the TBI fits her as a primary disability.

Answer: No. The TBI must have been caused by an external physical force. This applies to both open and closed head injuries.

3. If a student is reported to have fallen from a roof and have been in a coma, but no medical documentation has been produced, can a diagnosis of TBI be made with enough current assessment results? Would some type of current medical evaluation be needed?

Answer: Information provided by the parents must be considered. A neuropsychological evaluation might be considered, as well. Final diagnosis under TBI should not be made until evaluation data is sufficient to make the eligibility determination.

4. I would question why vision/ audio testing is not included in initial evaluation for TBI?

Answer: Hearing and vision should already have been addressed by the SAT.

General ?s and Comments

1. I am on the [District] team for reviewing ASD and so many times we get to discussion on medical vs. educational models in ASD- where we need help and possible follow-up workshops is on the benefits of educational diagnosis-helping not only professionals, especially psychologists, but all SAT personnel to gear the referral as our educational need vs. a medical need. Not sure if this is a questions-but more of comment on how the NMPED can help us in the future.

Answer: The NMPED is currently developing a training model for ASD teams at the district level. Information regarding training and opportunities will be posted on the SEB website.

2. I would like more support in writing, on completing FBAs in the SAT process. Some of our principals are opposed to this.

Answer: The SAT has the responsibility to assess and address student behavioral concerns. Conducting a Functional Behavioral Assessment (FBA) and then developing a Behavioral Intervention Plan (BIP) as the SAT's intervention plan is one way to do this. The PED has recently published an updated manual entitled *Addressing Student Behavior—A Guide for All Educators* which contains technical assistance and guidance for conducting an FBA and developing a BIP for any student that demonstrates behavioral concerns. This manual was distributed to all schools and is available at the PED's website at <http://www.ped.state.nm.us/seo/discipline/guide.html>.

3. Presentation was very well done. Thank you, Macy & Pat! *Add "transition assessment" to potential additional components of initial evaluation or re-evaluation for ASD as well as all other disability categories. {MR category does this for an initial eval (pg. 74)-but does not include it for re-evaluation (pg. 75-76.)}

Answer: This component has been added to the revised NM TEAM as part of the re-evaluation under ASD. Keep in mind that the highly recommended components serve as a required baseline. Any additional components that the team deems necessary should be part of the evaluation process, regardless of the student's age.

4. There was little discussion of evaluation planning. What is the current role of the evaluation planning team?

Answer: The AERA/APA/NCME Standards for educational and psychological testing addresses most of the expectations surrounding appropriate planning for evaluation teams. It is important to sufficiently address Standards 4, 7, 8, 9, 10, 11, and 12. The evaluation team must include at least the highly recommended components established by the NM TEAM. The evaluation team must select instruments that limit test bias to the greatest extent possible and are appropriate for the child's/students' cultural and linguistic background. (Section 614(b)(3)(A)-(D) IDEA 2004)

