



Tools and Resources Related to Special Education Eligibility

Updated August 8, 2023



south dakota
DEPARTMENT OF EDUCATION

Learning. Leadership. Service.

Table of Contents

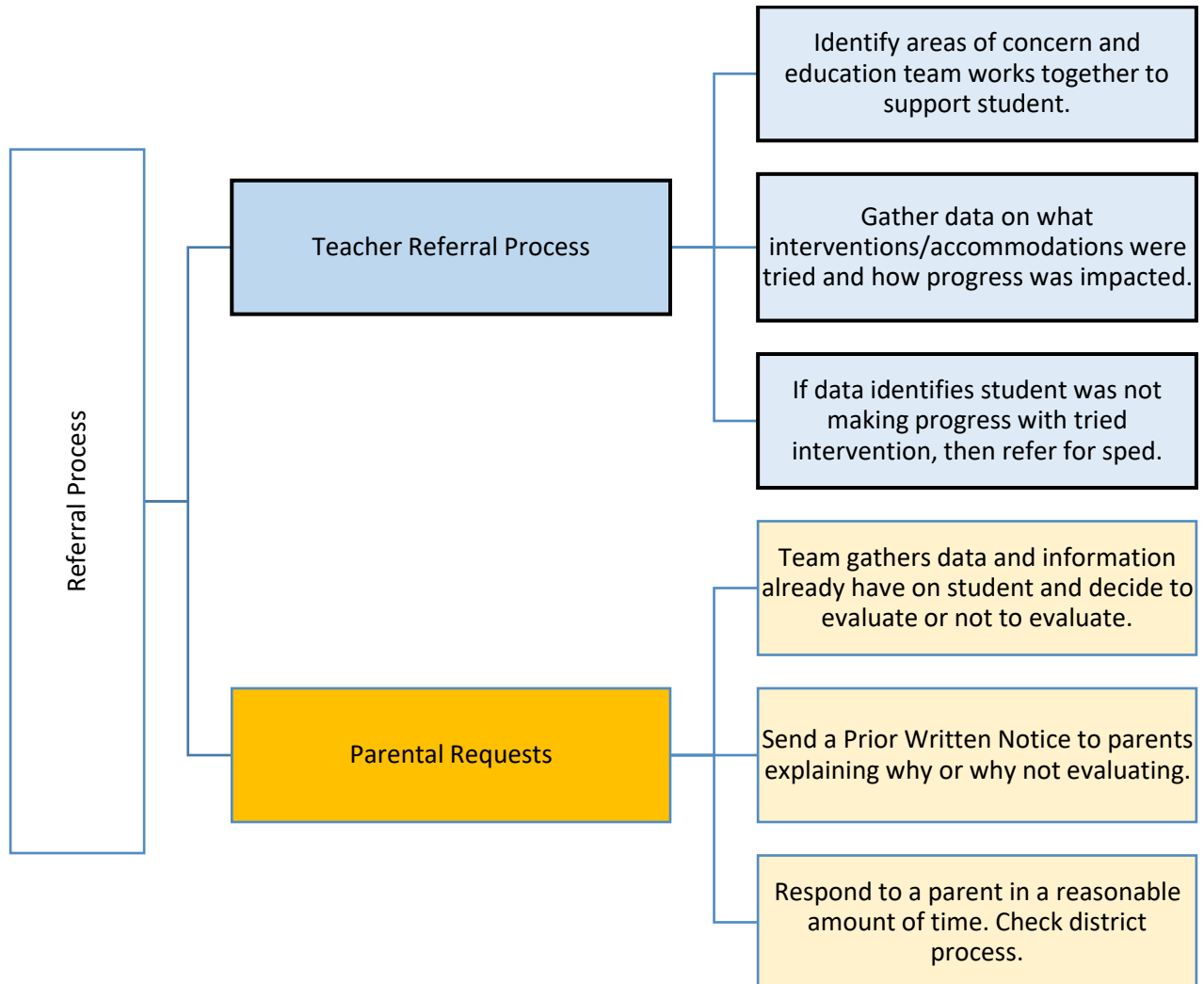
Referral to Eligibility:.....	2
Referral Process (ARSD 24:05:24)	2
Evaluation Process (24:05:25).....	2
Eligibility Determination	4
SELECTING ASSESSMENT INSTRUMENTS	5
STATISTICAL OVERVIEW	5
Evaluation Quick Reference Guide	9
Evaluation Areas to Consider	10
Disability Specific Resources (Not An Exhaustive List).....	13
DEAF-BLINDNESS-500	13
HEARING LOSS-515 and DEAFNESS-545**	14
Resources**:.....	15
SPECIFIC LEARNING DISABILITY-525	16
Discrepancy Model: Method A	16
Response to Intervention: Method B.....	18
VISION LOSS-540	20
SPEECH LANGUAGE IMPAIRMENT-550.....	21
Language Resources.....	26
AUTISM SPECTRUM DISORDER-560.....	27
Guidelines for Determining ASD Severity Levels	30
PROLONGED ASSISTANCE	31
Sample IEP Team Override Form	32
Notice Examples.....	33
Meeting Notice	33
Parental Prior Written Notice (PPWN) Consent	34
Front Page of PPWN Consent	35
Parental Prior Written Notice/Consent for Evaluation Examples.....	36
Resources.....	41

**Resources added based on [HB 1155](#) regarding language development of deaf and hard-of-hearing students

Disclaimer: The **Tools and Resources Related to Special Education Eligibility** in this guide are for general information purposes only. You should not rely upon this information as a basis for making legal determinations or decisions.

Referral to Eligibility:

Referral Process (ARSD 24:05:24)



Evaluation Process (24:05:25)

1. Team must conduct a review of existing data and information (Initial & Reevaluation)

- Discuss concerns related to the student’s academic, behavioral, and functional needs.
- Input from teachers and parents.
- Review data driven information along with specific observable skills and behaviors.
- Gather other information to support evaluation and possible eligibility.

2. If going to evaluate, the team must complete Parental Prior Written Notice (PPWN) Consent. It is based on the review of existing data discussions and individualized to the student. It must describe in parent friendly terms:

- District proposed evaluations, rejected considerations, data to support decisions and other factors.
- Evaluations the district will complete and/or use existing information to pull forward.
- Did the district cover all the evaluations needed to determine special education eligibility in the consent?
- Did the district describe parent input into the process? Did the district address parent input or concerns in the PPWN Consent?

3. PPWN Consent should have evaluations and information that will support the team in making the decision if a student qualifies for special education. The chart below identifies the three components needed to determine special education eligibility and examples of types of evaluations or considerations for each. Note: Examples are not an exhaustive consideration list.

Three Components of Special Education Eligibility	Examples of evaluation or information
1. Student has a diagnosed disability.	<ul style="list-style-type: none"> • Standardized evaluations scores • Medical diagnosis • Psychologist diagnosis • Others
2A. Student's disability adversely impacts educational performance.	<ul style="list-style-type: none"> • Informal assessments • Teacher made materials • Work samples • Normed or standardized measures • Observational data • Behavioral referrals • Others
2B. Student with a disability requires specialized instruction. Can evaluations answer?	<ul style="list-style-type: none"> • Does the impact require specialized instruction or only supports and accommodations? • Is their learning or behavior so different than peers that they need specialized instruction?

4. Send the PPWN Consent to parents.

- Follow up with parents via a phone call regarding any questions.
- Describe the evaluation timeline (especially at initial).
- Parent will sign, date, and return PPWN Consent to district.
- Ensure parents have a copy of the PPWN Consent.
- Ensure parents have access to parental rights document.

5. Timeline for Evaluations

- Once parent signs consent and is returned to the district, the district will document the date it was received for the 25-school day evaluation to begin.
- All evaluations being conducted or gathered by the district must be completed within 25-school days.
- Rare circumstances, the parent and district can agree to extend 25 school day timeline.
 - Resource: State Performance Plan: Indicator 11
- If re-evaluation, the eligibility determination may not pass the 3-year eligibility determination date.

6. Evaluation Criteria

- Valid and reliable
- Appropriate for the student
- Skill based are in all areas of concern
- Variety of evaluations were conducted
- Evaluations are administered by trained personnel

Eligibility Determination

(ARSD 24:05:25:03, 24:05:25:06)

Eligibility Timeline: 30 calendar days

- 30 calendar days after the 25-school day evaluation timeline (start on day 26), an eligibility meeting must occur. The eligibility meeting may be done earlier.
- If student is eligible, an IEP must be developed (usually at same time).

Evaluations Gathered: Evaluations that district received consent in PPWN completed

- An evaluation summary report must be written on all evaluations completed per PPWN Consent.
- Skill-based assessment report must be completed.
- (If applicable) *Transition Summary Report*.

Report Format: It must contain

- Title of evaluation completed.
- Date(s) administered (within 25 school day timeline) unless pulled forward on PPWN Consent.
- Who administered (person qualified to administer)?
- Summary of the information (parent friendly terms) with data.

Preparation: Eligibility Meeting

Must determine, with the parent, a mutually agreed meeting date, time, location, and who be invited.

- Send out the **Meeting Notice** within a reasonable time before the meeting. (Check district procedure.)
- Most parents like to receive a copy of the reports & draft IEP before the meeting. (Follow district procedures.)
- **Review PPWN Consent** to ensure all evaluation reports are completed and available.
- **Determination of Eligibility Form** – summarizes all the evaluation information in a quick glance
- **Utilize the Disability Category Sheets**
- **Draft or blank IEP** (depends on the district)
- **Parental Prior Written Notice** to complete after the meeting.
- Initial Evaluations: Require **Consent for Initial Provisions Form**.

SELECTING ASSESSMENT INSTRUMENTS

- Evaluations must be based upon the student’s needs as determined by the IEP team. The purpose of conducting evaluations is to generate information to make decisions about eligibility, educational strategies, and placement options.
- The team should consider any exceptionality of the individual in the choice of assessment procedures.
- It is up to the assessment team to determine the appropriate up to date assessment instruments to use for each evaluation. Evaluators, including school psychologists, special education teachers and examiners need to carefully select instruments for the purpose of evaluating students.
- The technical qualities of instruments used, such as reliability, validity, and norming should be carefully examined based on the test's technical manuals, as well as independent sources. Assessments should also be culturally and ethnically relevant for each student.
- A valid diagnosis establishes the first prong of eligibility. A comprehensive evaluation is then needed to determine prongs 2 and 3 (adverse effects and need for specialized instruction)

STATISTICAL OVERVIEW

Choosing appropriate assessment instruments is a vital step in the evaluation process. Having a basic understanding of the terms and concepts used provides the evaluator with the knowledge and skills to ensure that the student will be appropriately evaluated.

- A. Norm-Referenced/Criterion-Referenced
 1. Norm-referenced instruments compare a student’s performance with a norm, which indicates a student's ranking relative to that group.
 - a. norm referenced instruments provide standard scores, percentiles/stanines, and standard deviation scores.
 2. Criterion-referenced instruments compare a student’s performance with a criterion or an expected level of performance. Criterion referenced tests provide useful information for program planning for the individual student.
 - a. can obtain percentage, indicate mastery, etc.
- B. Standardization:
 1. The test selected must be representative of the student to be evaluated.
 2. The sample should be based on the most recent census data of the United States according to age, race, ethnicity, grade, socioeconomic status, place of residence (urban/rural), and geographic location.
 3. To be adequately standardized, there must be at least 100 children per age or grade level.
 4. A standardization sample (also called a normative sample) should be current because of the rapidly expanding knowledge base that exists for children today. When a test is revised with a new standardization sample, the old test should not be used to ensure the accuracy of obtained scores and for comparison across examinees.

- C. Reliability:
1. Reliability is the consistency or accuracy of test scores.
 2. A reliability coefficient expresses the degree of consistency in measurement of the test scores. The reliability coefficient (r) ranges from 1.00 (indicating perfect reliability) to .00 (indicating absence of reliability).
 3. The standard error of measurement (SEM) provides an estimate of the amount of error associated with an individual's obtained score. Factors to consider:
 - a. the lower the SEM, the better, and
 - b. use a range when reporting test scores. The SEM provides the basis for forming the confidence interval.
Confidence interval = obtained score \pm Z(SEM). Z values for 90% and 95% levels of confidence are 1.65 and 1.96, respectively.
- D. Three methods of estimating reliability:
1. Test/retest (stability) method estimates how stable the scores are over time. The test is administered to the same group of children two times using a specified interval and then correlated to determine consistency. Generally, the shorter the retest interval, the higher the reliability coefficient. If the two administrations of the test are close in time, there is a relatively great risk of carryover and practice effects.
 2. Equivalent (parallel) forms method uses two different but equivalent forms of a test. They are administered to the same group of children and the results are correlated.
 3. Internal consistency (split-half) method involves splitting the test items of a test into halves. The test is administered to a group of children and the answers are divided into odd/even, then correlated.
- E. Factors that affect reliability:
1. the number of items on the test;
 2. the interval between testing;
 3. guessing (true-false/multiple choice tests);
 4. effects of memory and practice; and
 5. variations in the testing conditions.
- F. Reliability in general:
1. How reliable is reliable? The answer depends on the use of the test. However, reliability coefficients of .80 or greater are generally accepted as meeting the minimum criteria for most purposes.
 2. For a test used to make a decision that affects a student's future, evaluators must be certain to minimize any error in classification. Thus, a test with a reliability coefficient of .90 or above should be considered (e.g., intelligence tests).
 3. For screening instruments, a reliability coefficient of .70 or higher is generally accepted as meeting minimum reliability criteria.
- G. Validity:
1. Answers the question - Does the test measure what it is supposed to measure? The most recent standards emphasize that validity is a unitary concept that represents all of the evidence that supports the intended interpretation of a measure. In other words, it is viewed as a unitary concept based on various kinds of evidence.

2. Three types of evidence for validity:
 - a. Content related evidence - determined by examining three factors:
 1. Are the test items relevant?
 2. Are there enough items on the entire test for each area and/or skill?
 3. Are the testing procedures appropriate?
 - b. Criterion-related evidence - the extent to which the test results correlate with that student's performance on another measure of the same construct.
 1. Concurrent evidence represents how much the results agree with the results from another test measuring the same construct.
 2. Predictive evidence represents how well the results of the test predict the future success of the student (the higher the r the better)
 - c. Construct evidence - the extent to which the test measures the construct it purports to measure. The gathering of construct validity evidence is an ongoing process that is similar to amassing support for a complex scientific theory.

- H. Factors that affect validity include:
 1. reliability;
 2. intervening conditions; and
 3. test-related factors (e.g. anxiety, motivation, speed, directions, administration procedures).

- I. Relation between reliability and validity:

Reliability (consistency) of measurement is needed to obtain valid results. An assessment that produces totally inconsistent results cannot possibly provide valid information about the performance being measured. On the other hand, highly consistent assessment results may be measuring the wrong thing. Thus, low reliability indicates that a low degree of validity is present, but high reliability does not ensure a high degree of validity. In short, reliability is a necessary but not sufficient condition for validity.

- J. Choosing an assessment instrument for eligibility:
 1. must be normed on the student's age in order to compare current performance to other age peers; and
 2. must measure the skill areas identified through the referral process as areas of concern (i.e., reading, motor skills, language skills, etc.)

- K. Interpreting the assessment results:
 1. The assessment needs to be administered and scored according to the directions given in the test manual. If there are any modifications or deviations from the way a test was standardized, this should be noted in any evaluation results or reports, stating that current results may not be valid due to testing modifications.
 2. Standard scores should always be reported. Standard scores are raw scores that have been converted to equal units of measurement. They have a given mean and standard deviation. Standard scores from one test are comparable to standard scores on other assessments, if based upon the same mean and standard deviation.
 3. Age- and grade-equivalent scores should not be used in determining eligibility. These scores are computed by determining the average raw score obtained on a test by students of various ages and grade placements. Since age-equivalent and grade-equivalent scores are based on unequal units, they are not comparable across tests or

even subtests of the same battery of tests. Thus, they can be misleading. These scores should not be reported.

L. General Information:

1. Standard deviation is a measure of variability in a set of scores or spread of scores. Essentially, it is the average of the distances scores are from the mean.
 - Standard deviations of intelligence tests are typically 15 points, but always refer to the test manual to determine standard deviation.
 - Approximately 68 percent of the scores fall within one standard deviation above and below the mean.
2. Standard error of measurement (SEM) indicates how much a person's score might vary if examined repeatedly with the same test. It is perhaps the most useful index of reliability for the interpretation of individual scores. This index is used to create a confidence interval around an observed score. As a reminder, when determining eligibility, the only time the SEM range is to be utilized is for the category of cognitive disability. For all other disability categories, the standard score received must be used.
3. Regression equations – “The equation takes into account regression-to-the mean effects, which occur when the correlation between two measures is less than perfect, and the standard error of measurement of the difference score. The regression-to-the-mean effect means that children who are above average on one measure will tend to be less superior on the other, whereas those who are below average on the first measure will tend to be less inferior on the second. Use of the most effective regression equation requires knowledge of the correlation between the two tests used in the equation; the correlation should be based on a large representative sample.” (Sattler, 1988) As a reminder, the regression to the mean effect must be considered when determining if a specific learning disability exists, using the discrepancy model.

Evaluation Quick Reference Guide

24:05:25:04. Evaluation procedures -- General. School districts shall ensure, at a minimum, that evaluation procedures include the following:

(1) Assessments and other evaluation materials are provided and administered in the child's native language or by another 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. In addition, assessments and other evaluation materials:

(a) Are used for the purposes for which the assessments or measures are valid and reliable; and

(b) Are administered by trained and knowledgeable personnel in conformance with the instructions provided by their producer;

(2) Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which 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 accurately reflects the child's aptitude or achievement level or whatever other factors the assessment purports to measure, rather than the child's impaired sensory, manual, or speaking skills except where those skills are the factors which the assessment purports to measure;

(4) No single measure or assessment is used as the sole criterion for determining eligibility or an appropriate educational program for a child;

(5) A variety of assessment tools and strategies are used to gather relevant functional, developmental, and academic information about the child, including information provided by the parents, that may assist in determining:

(a) Whether the child is a child with a disability; and

(b) The content of the child's IEP, including information related to enabling the child:

(i) To be involved in and progress in the general education curriculum; or

(ii) For a preschool child, to participate in appropriate activities;

(6) Technically sound instruments, assessment tools, and strategies are used that:

(a) May assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors; and

(b) Provide relevant information that directly assists persons in determining the educational needs of the child;

(7) The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities; and

(8) 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.

Assessments of children with disabilities who transfer from one school district to another school district in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible, consistent with § 24:05:25:03.01, to ensure prompt completion of full evaluations.

ARSD 24:05:25:04.02. (02) Determination of needed evaluation data Based on the above review and input from the student's parents, identify what additional data, if any, are needed to determine:

(a) Whether the student has a particular category of disability as described in this article; (b) The present levels of academic achievement and related developmental needs of the student; and (c) Whether the student needs special education and related services.

Evaluation Areas to Consider

REMINDERS:

- Transition evaluations will need to be conducted and services included in the IEP prior to age 16, or at a younger age as determined by the IEP team.
- When a child has a previous diagnosis, such as autism spectrum disorder, ADHD, TBI, etc., best practice would be to pull forward that previous diagnosis on the Parental Prior Written Notice/Consent for Evaluation. A summary of the previous report with evaluator and date should be included in the evaluation report along with person interpreting the information.
- The IEP team should consider all areas of suspected disability and administer evaluations to assess all areas of suspected disability.
- The team should consider all potential contributing factors to the disability category such as: behavior, fine motor, speech or language, gross motor, transition, sensory, etc.
- **NOTE:** Skills-based assessment information is to be gathered for each skill area affected by the disability

Below are examples of evaluations that is considered for each disability area. Remember, depending on the student it may include other areas.

<p style="text-align: center;">500 Deaf Blindness</p>	<ul style="list-style-type: none"> • Ophthalmological or Optometric • Audiological • Ability • Academic Achievement • Language • Adaptive behavior • Braille assessment (the team shall consider based upon age-appropriateness) • Orientation and mobility
<p style="text-align: center;">505 Emotional Disability</p>	<ul style="list-style-type: none"> • Ability • Achievement • Observations • Data on behavior: <ul style="list-style-type: none"> • Over a long period time generally 6 months (existing data) and • More than one source of frequency and severity of behavior • Documentation of student condition <ul style="list-style-type: none"> • Standardized Rating Scales that demonstrate behaviors that are significant in comparison to the same age population. These can be

	<p>completed by teachers, parent/guardians, community members, and/or the student.</p> <ul style="list-style-type: none"> • If applicable, team can consider an outside diagnosis.
<p>510 Cognitive Disability</p>	<ul style="list-style-type: none"> • Ability • Academic achievement • Adaptive behavior
<p>515 Hearing Loss</p>	<ul style="list-style-type: none"> • Audiological • Ability • Academic achievement • Language
<p>525 Specific Learning Disability</p>	<p>Eligibility using the discrepancy model will be determined through a comprehensive individual evaluation process which will include:</p> <ul style="list-style-type: none"> • Ability • Academic achievement • Observation • Data on student progress • Medical (if any) <p>Eligibility using Rtl will be determined through a comprehensive individual evaluation process based on the district approved plan (plan must be sent to SD DOE for approval):</p>
<p>530 Multiple Disabilities</p>	<p>Evaluations must be conducted within the two (or more) disability areas, which the student is suspected of having.</p> <ul style="list-style-type: none"> • A child with multiple disabilities shall be evaluated by the procedures for each disability; and shall meet the criteria for two or more disabilities. The IEP team determines whether the criteria have been met. • Evaluation data shall be gathered from those persons designated for each disability in the evaluation of multiple disabilities.
<p>535 Orthopedic Impairment</p>	<ul style="list-style-type: none"> • Ability • Academic achievement • Gross and/or fine motor • Adaptive Behavior • Current medical data from a qualified medical examiner. • Documentation including observation of classroom performance and evaluation of how orthopedic impairments adversely affect education performance in the general education classroom or learning environment.
<p>540 Vision Loss</p>	<ul style="list-style-type: none"> • Ophthalmological or Optometric • Ability • Academic achievement

	<ul style="list-style-type: none"> • Adaptive Behavior • Braille assessment (the team shall consider based upon age-appropriateness).
<p>545 Deafness</p>	<ul style="list-style-type: none"> • Audiological • Ability • Academic achievement • Language
<p>550 Speech/Language Impairment</p>	<ul style="list-style-type: none"> • Articulation: a standardized articulation test and observation • Fluency: as determined by the speech/language pathologist • Voice: as determined by the speech/language pathologist, medical evaluation may be necessary • Language: standardized language assessments, checklists, language samples
<p>555 Other Health Impaired</p>	<ul style="list-style-type: none"> • Ability • Academic achievement • Documentation of a chronic or acute health problem • If ADHD (attention deficit hyperactivity disorder) is the impairment, behavioral evaluations must be administered.
<p>560 Autism Spectrum Disorder</p>	<ul style="list-style-type: none"> • Ability • Academic achievement • Language • Adaptive Behavior to include social skills • Behavior • Autism Spectrum Disorder-Specific Instrument • Observation
<p>565 Traumatic Brain Injury</p>	<ul style="list-style-type: none"> • Ability • Medical records of documentation of brain injury • Academic achievement • Adaptive Behavior to include social skills
<p>570 Developmental Delay</p>	<ul style="list-style-type: none"> • Standardized developmental assessment which evaluates skills in all development areas: <ul style="list-style-type: none"> ○ Cognitive, ○ Physical/Motor (gross and fine) ○ Communication ○ Social/Emotional ○ Adaptive

Disability Specific Resources (Not An Exhaustive List)

DEAF-BLINDNESS-500

Resources

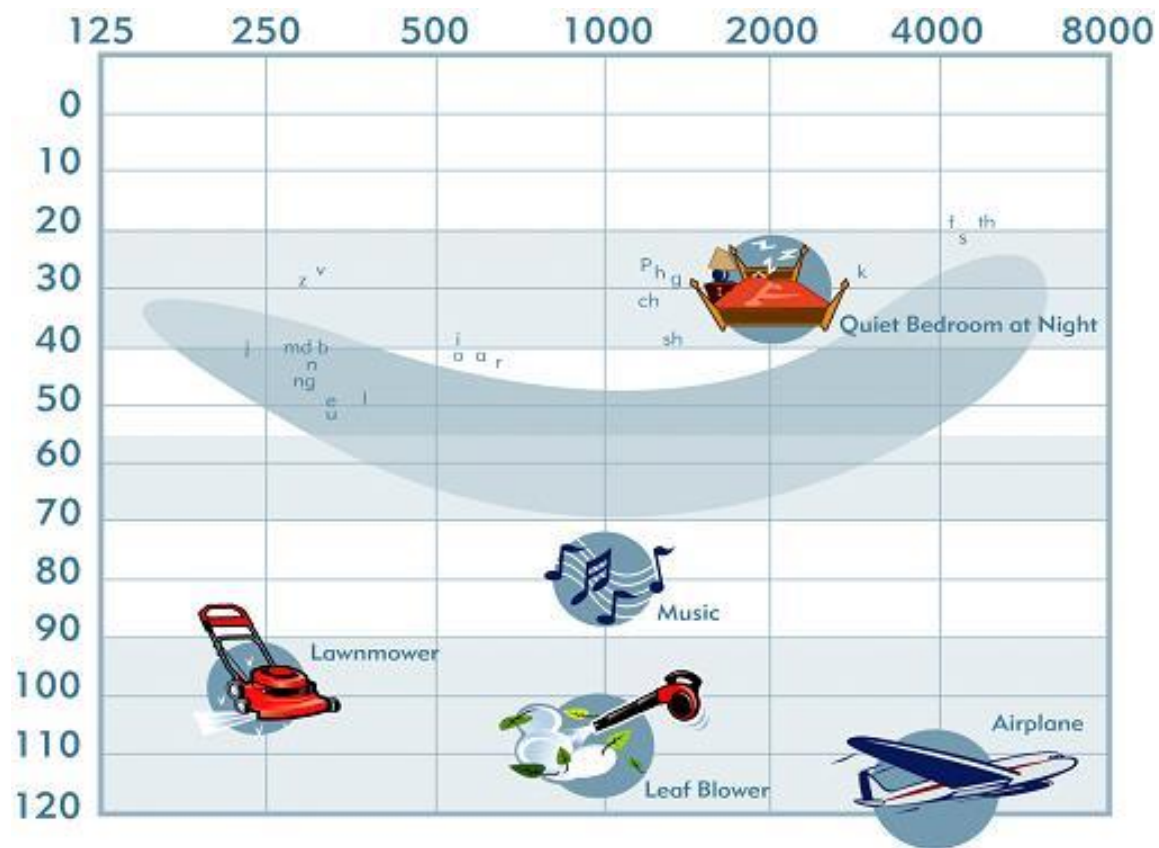
<p>Center for Disabilities Deaf-Blind Program Sanford School of Medicine 1400 West 22nd Street Sioux Falls, South Dakota 57105 Phone:605-357-1439 Fax:605-357-1438 https://www.usd.edu/Academics/Colleges-and-Schools/sanford-school-of-medicine/Center-for-Disabilities/Programs-and-Services/Deaf-Blind-Program</p>	<p>South Dakota School for the Blind and Visually Impaired 605 14th Ave SE Aberdeen, SD 57401-7699 605-626-2580 (voice and TTY) Phone: 605-626-2580 Toll-Free: 888-275-3814 Fax: 605-626-2607 https://sdsbvi.org/</p>
<p>South Dakota Services for the Deaf 4101 W 38th St, Suite 101 Sioux Falls, SD 57106 Phone: 605-367-5200 Video Phone: 605-496-9058 Fax: 605-367-5209 https://sddeaf.org/</p>	

HEARING LOSS-515 and DEAFNESS-545**

This is one example of a loudness and pitch chart. The district must indicate which loudness and pitch chart is being used.

The "Speech Banana" on the chart shows where most conversation occurs in terms of loudness and pitch in the English language:

**Chart taken from www.asha.org



Resources**:

- **Deaf Education Guidelines:** <https://deafedguidelines.org/>
- [CA Language Milestones](#) Parent resource for tracking language growth.
- Developmental Inventories – can be used as Skill Based Assessments or provided as resources for parents to document development.
 - Formal Inventories:
 1. [Kent Inventory](#) Provides a clear picture of a child’s developmental status and relative strengths and needs.
 2. [MacArthur-Bates Communicative Development Inventory Words and Gestures](#) This assessment is a parent report instrument which captures important information about their child’s developing abilities in early language, including vocabulary comprehension, production, gestures, and grammar.
 3. [Minnesota Child Development Inventory](#) This can be used to distinguish and differentiate between other disabilities and delays in language due to lack of exposure and/or access.
 - Informal Inventories:
 1. [SKI-Hi Development Scale](#) SKI-HI Language Development Scale was developed for use in early intervention programs. This is designed for children who are deaf or hard of hearing and their families. This assessment is parent friendly, and it can measure expressive and receptive language, regardless if the child uses American Sign Language or spoken English.
 2. **Pragmatic Checklist** Pragmatics refers to the ability to *use language* for different purposes. *(See Speech Language Section for checklist examples, page 18)*
 - a. The ability to *adapt language* to meet the needs of the listener or situation (e.g. talking differently to a baby versus an adult, talking louder when there is lots of noise, being aware of the listener’s knowledge and giving more information or less when needed).
 - b. Following the often “unspoken” rules of conversation and storytelling (e.g. taking turns in conversations, looking at the speaker, standing at an appropriate distance from the speaker, using facial expressions and gestures). The rules of conversation are often different across cultures, within cultures and within different families. It is therefore important for a person to quickly understand the rules of the person with whom they are communicating.

South Dakota Services for the Deaf
4101 W 38th St, Suite 101
Sioux Falls, SD 57106
Phone: 605-367-5200
Fax: 605-367-5209
<http://sdsd.sdbor.edu/>

**Resources added based on [HB 1155](#) regarding language development of deaf and hard-of-hearing students

SPECIFIC LEARNING DISABILITY-525

Discrepancy Model: Method A

An LEA has the option of utilizing a response to scientific, research- based intervention model (RTI) or a severe discrepancy model in determining a specific learning disability.

The following criteria must be used to determine SLD using Discrepancy:

If using the discrepancy model, the group finds that the child has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the eligibility areas.

The group must consider regression to the mean in determining the discrepancy.

When selecting the ability score to be used for determining discrepancy, practitioners should adhere to the accepted and recommend procedures for administration, scoring, interpretation, and reporting for the evaluation instrument they are using. These recommendations are typically found in the technical manual of the instrument administered.

Only knowledgeable trained professionals should compare and interpret the various scores in discrepancy analysis. Eligibility evaluation is an activity that uses test scores, as one of the sources of information for the student. The evaluator is responsible for interpretation of test results.

This is an example of a discrepancy chart. The district must indicate which discrepancy chart is being used.

REGRESSED SCORES FOR DETERMINING A DISCREPANCY BETWEEN ABILITY (IQ) AND ACADEMIC ACHIEVEMENT

For use with scores that have a mean of 100 and a standard deviation of 15.

Obtained IQ	Achievement	Obtained IQ score	Achievement
score	Standard Score		Standard Score
	1.5 SD		1.5 Sd
130	100 or below	102	83 or below
129	99 or below	101	83 or below
128	99 or below	100	82 or below
127	98 or below	99	81 or below
126	98 or below	98	81 or below
125	97 or below	97	80 or below
124	96 or below	96	80 or below
123	96 or below	95	79 or below
122	95 or below	94	78 or below
121	95 or below	93	78 or below
120	94 or below	92	77 or below
119	93 or below	91	77 or below
118	93 or below	90	76 or below
117	92 or below	89	75 or below
116	92 or below	88	75 or below
115	91 or below	87	74 or below
114	90 or below	86	74 or below
113	90 or below	85	73 or below
112	89 or below	84	72 or below
111	89 or below	83	72 or below
110	88 or below	82	71 or below
109	87 or below	81	71 or below
108	87 or below	80	70 or below
107	86 or below	79	69 or below
106	86 or below	78	69 or below
105	85 or below	77	68 or below
104	84 or below	76	68 or below
103	84 or below	75	67 or below
		74	66 or below
		73	66 or below
		72	65 or below

Response to Intervention: Method B

Response to Intervention (RTI) for Identification of Students with Specific Learning Disabilities (SLD)

RTI is the academic component of a Multi-Tiered System of Supports (MTSS) framework. In 2007, administrative rules were added that allow districts to use RTI as part of the evaluation process for identifying students who have a specific learning disability ([24:05:25:12.](#)). Before a district can use this process, they must submit a plan to SDDOE for approval ([24:05:25:13.01.](#)).

A district's RTI for SLD Identification plan should include a clear description of:

- The plan for screening, progress monitoring, and data-driven decision rules.
- Tiered intervention framework and evidence-based instruction provide at each tier.
- Annual review of implementation fidelity.
- Procedures for Child Find, pre-referral, and referral that include processes for responding to parent requests for a special education evaluation.
- List of SLD areas the district will identify with their RTI for SLD Identification process and psychometrically-sound assessments and/or data sources used for each identified area.
- Procedures for documentation of the required components included in the SLD administrative rules.

Districts can use the provided [RTI for SLD Identification Checklist](#) to develop and review plans before submitting to DOE for approval.

The following could be used in an Rtl Model

A student should receive increasingly intensive interventions with fidelity. The team should use data to determine the length of time to implement interventions and plan revisions when progress is not being adequately made. In reviewing student data to determine the need for a referral for a special education evaluation, the team should review the student's progress and responsiveness to increasingly intensive interventions. When there is evidence of a student's non-responsiveness to increasingly intensive interventions at Tier III, that may indicate a student is learning at a rate significantly less than the student's peers.

The following are example statements that may demonstrate a lack of achievement through the RTI process. These general statements should accompany any data or reports collected through the RTI process.

- Student have received x weeks of Tier III intervention focusing on skills XYZ. Per the attached graph, the team increased intervention intensity at week x (reduced group size to 1 on 1) and week y (increased frequency to 5 days per week) but did not see significant improvement in response to the changes.
- Student's diagnostic assessment demonstrated that student has not mastered skills xyz, indicating that student's performance is two grade levels below current grade level placement.

Definitions:

- Trend Line: a trend line is a line used to represent the movement of student progress. A trend line is formed when a student's performance decreases and then rebounds at a **data point** that aligns with at least two previous data points. In addition, a trend line is formed when a student performance increases and then rebounds at a data point that aligns with at least two previous data points.
- Aim Line: a graphic representation depicting the desired rate of progress a student needs to reach the goal from the current baseline.

VISION LOSS-540

Resource

South Dakota School for the Blind
and Visually Impaired
605 14th Ave SE
Aberdeen, SD 57401-7699
605-626-2580 (voice and TTY)
Phone: 605-626-2580
Toll-Free: 888-275-3814
Fax: 605-626-2607
<https://sdsbvi.org/>

South Dakota State Library (Braille and Talking Books)
MacKay Building
800 Governors Drive
Pierre, SD 57501
Toll-Free: 1-800-423-6665 (SD only)
Fax: 1-605-773-6962
<https://library.sd.gov/>

SPEECH LANGUAGE IMPAIRMENT-550

This is an example of an Articulation Norms chart. The district must indicate which Articulation Norms chart is being used.

Iowa - Nebraska Articulation Norms¹³

Listed below are the recommended ages of acquisition for phonemes and clusters, based generally on the age at which 90% of the children correctly produced the sound.

Phoneme	Age of Acquisition (Females)	Age of Acquisition (Males)	Word-Initial Clusters	Age of Acquisition (Females)	Age of Acquisition (Males)
/m/	3;0	3;0	/tw kw/	4;0	5;6
/n/	3;6	3;0	/sp st sk/	7;0	7;0
/ŋ/	7;0	7;0	/sm sn/	7;0	7;0
/h-/	3;0	3;0	/sw/	7;0	7;0
/w-/	3;0	3;0	/sl/	7;0	7;0
/j-/	4;0	5;0	/pl bl kl gl fl/	5;6	6;0
/p/	3;0	3;0	/pr br tr dr kr gr fr/	8;0	8;0
/b/	3;0	3;0	/θr/	9;0	9;0
/t/	4;0	3;6	/skw/	7;0	7;0
/d/	3;0	3;6	/spl/	7;0	7;0
/k/	3;6	3;6	/spr str skr/	9;0	9;0
/g/	3;6	4;0			
/f-/	3;6	3;6			
/-f/	5;6	5;6			
/v/	5;6	5;6			
/θ/	6;0	8;0			
/ð/	4;6	7;0			
/s/	7;0	7;0			
/z/	7;0	7;0			
/ʃ/	6;0	7;0			
/tʃ/	6;0	7;0			
/dʒ/	6;0	7;0			
/l-/	5;0	6;0			
/-l/	6;0	7;0			
/r-/	8;0	8;0			
/ə/	8;0	8;0			

Note regarding phoneme positions:
 /m/ refers to prevocalic and postvocalic positions
 /h-/ refers to prevocalic positions
 /-f/ refers to postvocalic positions

¹³ Smit, Hand, Freilinger, Bernthal, and Bird (1990). *Journal of Speech and Hearing Disorders*, 55, 779-798.

Following are several examples of Pragmatic checklists.

PRAGMATIC LANGUAGE CHECKLIST			
Name _____		Evaluator _____	
		School _____	
Birthdate _____		CA _____	
RATING SCALE <i>Never: 1 • Rarely: 2 • Sometimes: 3 • Usually: 4 • Consistently: 5</i>		Date _____	Date _____
Nonverbal Communication Skills			
1. Uses appropriate eye contact.			
2. Understands other's use of body language. Uses appropriate body language.			
3. Understands and uses appropriate physical space boundaries.			
4. Understands changes in tone of voice.			
5. Understands changes in facial expressions.			
General Conversation Skills			
6. Interrupts appropriately.			
7. Gives effective directions to others.			
8. Gives sufficient information for listener comprehension.			
9. Revises messages when listener misunderstands.			
10. Asks appropriately for repetition and clarification.			
11. Provides relevant answers to questions.			
12. Topic Maintenance:			
a. Initiates topic			
b. Joins an on-going conversation appropriately			
c. Maintains topic			
d. Shifts topic			
e. Closes topic			
f. Gets to the point			
13. Basic Social Language:			
a. Greets, says good-bye			
b. Uses polite forms (i.e., please, thank you, excuse me, etc.)			
c. Uses introductions			
14. Tells of wants, needs and preferences.			
15. Asks appropriately for help, assistance, and permission.			
16. Understands and shares feelings appropriately.			
17. Shares ideas, opinions and remarks in a socially appropriate manner.			
18. Identifies and uses compliments appropriately.			
19. Starts and maintains friendships.			
20. Gives appropriate explanations for actions.			
21. Understands and uses humor appropriately.			
22. Demonstrates affection appropriately.			
23. Other:			
(Comments on back)			

Developed by Speech-Language Pathologists in the Cobb County School System, Marietta, GA

Teacher's Rating Scale Pragmatic Language Evaluation

Student: _____ Teacher: _____ Date: _____ Grade: _____
 (Signature)

Please complete this form based upon observation of your student and return it to the speech-language pathologist. Your observations will help determine whether this student's communication problem is adversely affecting his/her educational performance. This document will be included in the student's final report; thus, it should be completed in ink.

Compared to other students in your class, this student exhibits strengths and weaknesses in the following areas:

	Significant Difficulty	Mild Difficulty	Unsure	Average	Above Average
Nonverbal Communication Skills					
Uses appropriate eye contact	1	2	3	4	5
Understands others' use of body language/ Uses appropriate body language	1	2	3	4	5
Understands and uses appropriate physical space boundaries	1	2	3	4	5
General Conversation Skills					
Basic Social Language:					
a. Greets/Says Goodbye	1	2	3	4	5
b. Uses polite forms (i.e., please, thank you, excuse me, etc.)	1	2	3	4	5
Tells of wants, needs, and preferences	1	2	3	4	5
Asks appropriately for help, assistance, and permission	1	2	3	4	5
Starts and maintains friendships	1	2	3	4	5
Topic Maintenance:					
a. Initiates topic	1	2	3	4	5
b. Joins an on-going conversation appropriately	1	2	3	4	5
c. Maintains topic	1	2	3	4	5
d. Gets to the point	1	2	3	4	5
Provides relevant answers to questions	1	2	3	4	5
Interrupts appropriately	1	2	3	4	5
Gives sufficient information for listener comprehension	1	2	3	4	5
Revises messages when listener misunderstands	1	2	3	4	5
Demonstrates and shares feelings appropriately	1	2	3	4	5
Shares ideas and opinions in a socially appropriate manner	1	2	3	4	5
Understands and uses humor appropriately	1	2	3	4	5

SOCIAL COMMUNICATION SKILLS – THE PRAGMATICS CHECKLIST

Child's Name _____ Date _____ Completed by _____				
Parent: These social communication skills develop over time. Read the behaviors below and place an X in the appropriate column that describes how your child uses words/language, no words (gestures – preverbal) or does not yet show a behavior.				
Pragmatic Objective	Not Present	Uses NO Words <small>(Gestures - Preverbal)</small>	Uses 1-3 Words	Uses Complex Language
INSTRUMENTAL – States needs (I want....)				
1. Makes polite requests				
2. Makes choices				
3. Gives description of an object wanted				
4. Expresses a specific personal need				
5. Requests help				
REGULATORY - Gives commands (Do as I tell you...)				
6. Gives directions to play a game				
7. Gives directions to make something				
8. Changes the style of commands or requests depending on who the child is speaking to and what the child wants				
PERSONAL – Expresses feelings				
9. Identifies feelings (I'm happy.)				
10. Explains feelings (I'm happy because it's my birthday)				
11. Provides excuses or reasons				
12. Offers an opinion with support				
13. Complains				
14. Blames others				
15. Provides pertinent information on request (2 or 3 of the following: name, address, phone, birthdate)				
INTERACTIONAL - Me and You...				
16. Interacts with others in a polite manner				
17. Uses appropriate social rules such as greetings, farewells, thank you, getting attention				
18. Attends to the speaker				
19. Revises/repairs an incomplete message				
20. Initiates a topic of conversation (doesn't just start talking in the middle of a topic)				
21. Maintains a conversation (able to keep it going)				
22. Ends a conversation (doesn't just walk away)				
23. Interjects appropriately into an already established conversation with others				
24. Makes apologies or gives explanations of behavior				
25. Requests clarification				
26. States a problem				
27. Criticizes others				
28. Disagrees with others				
29. Compliments others				
30. Makes promises				
WANTS EXPLANATIONS - Tell me Why...				
31. Asks questions to get more information				
32. Asks questions to systematically gather information as in "Twenty Questions"				
33. Asks questions because of curiosity				
34. Asks questions to problem solve (What should I do? How do I know?)				
35. Asks questions to make predictions (What will happen if...?)				
SHARES KNOWLEDGE & IMAGINATIONS - I've got something to tell you...				
36. Role plays as/with different characters				
37. Role plays with props (e.g., banana as phone)				
38. Provides a description of a situation which describes the main events				
39. Correctly re-tells a story which has been told to them				
40. Relates the content of a 4-6 frame picture story using correct events for each frame				
41. Creates an original story with a beginning, several logical events, and an end				
42. Explains the relationship between two objects, actions or situations				
43. Compares and contrasts qualities of two objects, actions or situations				
44. Tells a lie				
45. Expresses humor/sarcasm				
TOTAL FOR EACH COLUMN				

AUTHOR OF CHECKLIST: Guberis, D. (1999) Pragmatics Checklist (adapted from Simon, C.S., 1984).
 Guberis, D., Dalpas, A., Brich, B., Yoshimaga-Ito (2012). The missing link in language development of deaf and hard of hearing children: Pragmatic Language Development. *Semin Speech Lang*, 33(04), 297-309 <https://www.thieme-connect.de/ejournals/pdf/10.1055/s-0032-1328916.pdf>
 The format of this information was designed by Karen L. Anderson, PhD, 2013, Supporting Success for Children with Hearing Loss <http://successforchildswithhearingloss.com>

Child's Name: _____
 Person Completing Form: _____
 Relationship to Child: _____
 Date Completed: _____

PRAGMATICS CHECKLIST

Goberis, D. (adapted from work done by Simon, C.S., 1984)

Check the column that best fits the child's language skills.

Pragmatic Objective	Not Present	Uses No Words Preverbal	Uses 1-3 Words	More Complex Language
States Needs (I want...)				
Makes polite requests				
Makes choices				
Gives description of an object wanted				
Expresses a specific personal need				
Requests help				
Pragmatic Objective	Not Present	Uses No Words Preverbal	Uses 1-3 Words	More Complex Language
Gives Commands (Do as I tell you...)				
Gives directions to play a game				
Gives directions to make something				
Changes the style of commands or requests depending on who the child is speaking to and what the child wants.				

Language Resources

South Dakota Speech-Language-Hearing Association (SDSLHA)
P.O. Box 308
Sioux Falls, SD 57101-0308
605-331-2927 or 605-331-2043
<http://www.sdslha.org/>

American Speech, Language, Hearing Association (ASHA)
10801 Rockville Pike
Rockville, Maryland 20852
Members: (800) 498-2071
Non-Member: (800) 638-8255
Fax: (240) 333-4705
Available 8:30 a.m. - 5:00 p.m.
Monday - Friday EST
www.asha.org
E-mail: actioncenter@asha.org

AUTISM SPECTRUM DISORDER-560

Guidance for Autism Spectrum Disorder (ASD)

A district has the responsibility of ensuring that evaluations for children suspected of having autism spectrum disorders are completed by a team of professionals who are trained and qualified to administer and interpret required assessment components. The team must be able to verify data gathered during the evaluation was completed by qualified personnel and supports a diagnosis.

For an initial autism evaluation, best practice is to use a diagnostic instrument that focuses on the behaviors of reciprocal social interaction, communication and language, and restrictive and repetitive stereotyped interests and behaviors. It is suggested that multiple measures are used to understand the student’s functioning within these areas. Indirect measures such as an observation, interview and developmental history can be utilized to document and indicate symptoms related to the diagnostic criteria on the DSM-5TR. For Re-evaluations, results of ratings, indirect measures and previous evaluations can be pulled forward; however, autism symptoms can change over time and the team should determine whether updated information about symptoms should be gathered. In the event that a medical diagnosis of ASD exists, components of that diagnostic evaluation may be utilized in the educational evaluation process. A medical diagnosis of ASD does not satisfy comprehensive evaluation requirements, nor is it required in determining eligibility criteria for the education disability category of Autism Spectrum Disorder. While the multi-disciplinary team (MDT) must consider relevant medical information made available by parents or professionals; the existence of a medical diagnosis may not be the sole component for making an eligibility determination. The team must ensure that the student has a comprehensive evaluation that can determine all areas of need and special education eligibility. In some cases, a student may meet the criteria for ASD, but does not demonstrate the need for special education and related services. *Medical Diagnosis versus Educational Eligibility Determination*

Diagnosis	Educational Eligibility
Based on a set of criteria (DSM-V)	Based on SDCL13-3-69, 24:05:24.01:04 (DSM-V)
Used in private settings	Used in public school systems
May be determined by an individual or team	Must be determined by a team

Symptoms of autism in the categories of social communication and restricted repetitive patterns of behavior are rated for severity based on results of a comprehensive evaluation. Using evaluation information gathered, including both direct and indirect measures, as well as skill-based and functional assessments, the team determines which severity level is appropriate. Severity levels can and often do change over time as children learn through educational and behavioral interventions and as services are provided to alleviate contexts that exacerbate symptoms. A change in reported severity levels should occur only after data is gathered through a multidisciplinary comprehensive re-evaluation.

A team is cautioned against dismissing an existing autism diagnosis. Autism is not cured; however, with appropriate interventions, symptoms can and often do improve over time.

Example of an ASD Skill-based Observation

Location: _____ Date : _____ Time: _____

Activity: _____ Peers: _____ Observer: _____

Behavior	Observed	Not Observed
<u>Joint Attention:</u> A student shows interest in another person by sharing attention on an object or event?		
<u>Social orientation/social awareness:</u> How aware is the student to the social environment vs. the physical environment? Is the student drawn to people vs. the physical aspects of an environment?		
<u>Imitation:</u> Does the student learn from imitating what others are doing? For example, when the teacher gives group directions, does the student attend to his peers and imitate their actions?		
<u>Social Reciprocity/turn-taking:</u> Does the student engage in give-and-take, back-and-forth social interactions, including conversation, turn-taking in games, and waiting their turn in group situations such as during classroom group discussions?		
<u>Social Play:</u> What is the social quality of the student's play? Does the student prefer to play alone? Does the student engage in parallel play? Does the student play interactivity and appropriately, or does the student dominate play with peers? How does the student handle competition?		
<u>Group Social Skills:</u> How does the student interact in group learning activities? Does the student recognize and understand his/her role in a group, such as taking turns, waiting, following group directions ?		
<u>Social Cognition:</u> Does the student understand that others have thoughts, ideas, opinions and interests that are different from his/her own? Does the student understand his/her behavior has an impact on others?		
<u>Cognition:</u>		
Understands abstract language such as multiple meaning words or idioms		
Understands hidden meaning of language, commands, teasing, jokes		
Generates imaginative play vs. rote play		
Problem solves and makes inferences		
Makes realistic, practical predictions about situations and events		
Organizes materials begins an action or activity		
<u>Generalized concepts:</u>		
Does not over-generalize or under-generalize		
Understands the difference between reality and pretend		

Able to discriminate and prioritize attention to important information		
Uses written expression at the expected level based on their ability. How do they do on writing assignments?		
Sensory: Hypersensitivity? Hyposensitivity?		
Behavior:		
An all consuming, high interest involving objects, topics, or themes		
Restricted or narrow range of interests including unusual interests compared to their peers		
Repetitive actions and/or ritualistic behaviors		
Rigidity in routine, difficulty with change and transitions		
Perfectionism or fear of failure that impacts completion of tasks or activities perceived as difficult		
Difficulty letting go of perseverative thoughts; "gets stuck"		
Repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, chewing		

Guidelines for Determining ASD Severity Levels

Eligibility Criteria: The team discussion of eligibility for special education services should include a discussion of the following areas to determine the level of severity and the need for specialized instruction. First, the MDT team should look at the estimated level of severity that some ASD checklists provide if those scores are available. Second, the committee will examine all the assessment results and rate the student in the areas of Social Communication and Restricted/Repetitive Behaviors. Based on those ratings, the committee will choose which “Level of Severity” best describes the student’s behaviors.

SOCIAL COMMUNICATION		
Level 1: Requires Support:	Level 2: Requires Substantial Support:	Level 3: Requires Very Substantial Support:
Without supports in place, deficits in social communication cause noticeable impairments	Marked deficits in verbal and nonverbal social communication skills	Severe deficits in verbal and nonverbal social communication skills
Difficulty initiating social interactions and clear examples of atypical or unsuccessful responses to social overtures of others	Social impairments are apparent even with supports in place	Causes impairments in functioning
May appear to have decreased interest in social communication.	Limited initiation of social interactions; reduced or abnormal responses to social overtures from others	Very limited initiation of social interactions and minimal response to social overtures from others
For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful	For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication	For example, a person with few words of intelligible speech who rarely initiates interaction, and when he/she does, makes unusual approaches only to meet needs and responds to only very direct social approaches
Severity Level: _____		

RESTRICTED/REPETITIVE BEHAVIORS		
Level 1: Requires Support	Level 2: Requires Substantial Support	Level 3 Requires Very Substantial Support
Inflexibility of behavior causes significant interference with functioning in one or more contexts	Inflexibility of behavior	Inflexibility of behavior
Difficulty switching from one task to another	Difficulty coping with change	Extreme difficulty coping with change
Problems of organization and planning hamper independence	Other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer	Other restricted/repetitive behaviors markedly interfere with functioning in all spheres
	Behavior interferes with functioning in a variety of contexts	Great distress/difficulty changing focus or action
	Distress and/or difficulty changing focus or action	
Severity Level: _____		

Resources

[Center for Disabilities: Autism and Related Disorders Program](#)

1400 West 22nd Street
Sioux Falls, SD 57105
800-658-3080 (V/TTY)
605-357-1439

Black Hills Special Services Cooperative
PO Box 218
Sturgis, SD 57785
(605) 347-4467
Website: www.bhssc.org

PROLONGED ASSISTANCE

ARSD 24:05:24.01:15. Prolonged assistance defined. Children from birth through two may be identified as needing prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

Who do we contact if we have questions about prolonged assistance?

Birth to Three Program will assist your district in understanding the prolonged assistance process. Contact them at 605-773-3678.

Sample IEP Team Override Form

IEP TEAM OVERRIDE

STUDENT NAME:		SIMS:	
DATE OF BIRTH:	AGE:	GENDER:	
SCHOOL DISTRICT:	SCHOOL:	MEETING DATE:	
PARENT/GUARDIAN:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:

IEP Override	ARSD: 24:05:24.01:31
--------------	----------------------

The IEP Team **must** document the following

1	Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student. _____
2	Indicate what objective data were used to conclude that the student has a disability and needs special education. Data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data. _____
3	Indicate which data have the greatest relative importance for the eligibility determination. _____

IEP team members must sign-off agree to the override decision. If one or more IEP team members disagree with the override decision, the disagreeing members must include a statement of why they disagree, signed by those members

Name	Team Members	Role	Agree or Disagree with Override	
_____		Parent (s) _____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report
_____		General Education Teacher _____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report
_____		Person qualified to interpret results _____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report
_____		LEA Representative/Administrator _____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report
_____		_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report

Notice Examples

Meeting Notice

ARSD 24:05:27:02. IEP team meeting date. Initial IEP team meetings must be held consistent with § 24:05:25:03. IEP team meetings following reevaluations must be held consistent with § 24:05:25:06. As soon as possible following development of the IEP, special education and related services are made available to the child in accordance with an IEP.

ARSD 24:05:25:16. Parent participation. Each district shall take steps to ensure that one or both parents of the child are present at each IEP team meeting or are afforded the opportunity to participate. The district shall notify parents of the meeting early enough to ensure that they will have an opportunity to attend, scheduling the meeting at a mutually agreed-upon time and place. The notice to the parents shall state the purpose, time, and location of the IEP team meeting and who will be in attendance and inform the parents of the provisions relating to the participation of other individuals on the IEP team who have knowledge or special expertise about the child, including information related to the participation of the Part C service coordinator or other representatives of the Part C system at the initial IEP Team meeting for a child previously served under Part C of the IDEA.

If a purpose of the IEP team meeting is the consideration of postsecondary goals and transition services for a student, the notice must also address the provisions of § 24:05:25:16.01.

If parents cannot attend, the district shall use other methods to ensure participation, including individual or conference telephone calls consistent with § 24:05:27:08.04.

Meeting Notice

1. This notice is required prior to scheduling a meeting.
2. The district has started early enough to determine a mutually agreed-upon time and place.
3. Content of meeting notices requires meeting date, time, location, purpose, attendees and contact information. If transition agency attending, there was prior written consent obtained from the parent.
4. Remember if a team member will not be in attendance, ensure you obtain an excusal.

Parental Prior Written Notice (PPWN) Consent

ARSD 24:05:30:04. Prior notice. Written notice which meets the requirements of § 24:05:30:05 must be given to the parents five days before the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child. The five-day notice requirement may be waived by the parents.

ARSD 24:05:30:05. Content of notice. The notice must include the following:

- (1) A description of the action proposed or refused by the district, an explanation of why the district proposes or refuses to take the action, and a description of any other options the IEP team considered and the reasons why those options were rejected;
- (2) A description of each evaluation procedure, assessment, record, or report that the district uses as a basis for the proposal or refusal;
- (3) A description of any other factors which are relevant to the district's proposal or refusal;
- (4) A statement that the parents of a child with a disability have protection under the procedural safeguards of this article and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained; and
- (5) Sources for parents to contact to obtain assistance in understanding the provisions of this article.

24:05:25:03.04. Evaluation procedures -- Notice. The school district shall provide notice to the parents of a child with a disability, in accordance with this article, that describes any evaluation procedures the district proposes to conduct.

This notice is required prior to implementing any change in identification, evaluation, placement, or the provision of FAPE, regardless of whether an IEP meeting was held or not.

The PPWN must clearly reflect an ***individualized comprehensive*** overview of the proposal(s) agreed to and/or refused. The notice provides the parent/guardian a comprehensive overview of the district's decisions and affords them time and opportunity to express additional questions and/or concerns or seek resolution before any action is taken. When completing the [PPWN Consent](#), it must clearly describe the evaluations the district will conduct and/or will utilize to make the decisions if the student has a disability, educational impact and requires specialized instruction. It should reflect the team's review of existing data, what is being proposed, refused and any other considerations.

Disclaimer: Examples are provided to give some context to the type of information that can be written in each section of the Prior Written Notice Consent. Remember, PPWN consent must be individualized to the student and team decisions, copying the language in the examples does not meet the requirements of a PPWN.

Examples of PPWN after meetings and decisions can be found in the South Dakota Individual Education Plan Technical Assistance Guide (IEP TA Guide) Appendix.

Front Page of PPWN Consent

Front page of the PPWN consent documents the reason for the notice, what evaluations the district will complete upon consent and documents what current information (existing) will be pulled forward to help determine eligibility.

Purpose of Notification: The school district must give you a written notice and seek your informed consent whenever the school district proposes to conduct an evaluation or reevaluation of your child.

- Initial evaluation to determine:
 - Whether your child is a child with a disability,
 - The educational strengths and needs of your child and
 - Whether your child needs special education or special education and related services.
- 3-Year Reevaluation to determine:
 - Whether your child continues to be a child with a disability,
 - The educational strengths and needs of your child and
 - Whether your child continues to need special education or special education and related services
- Reevaluation request by you.
- Reevaluation request by the school district.
- Additional Evaluation: (specify) _____

Documented Parent Input:

Comprehensive evaluation data must be collected to assist the team in determining if your child is a child with a disability and whether the child is in need of services. The following areas of evaluation are needed and will be administered or if noted, existing evaluation information will be used (Note: Skill-based assessment data in the suspected areas of disability will be gathered as part of the evaluations administered below):

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Articulation | <input type="checkbox"/> Audiological |
| <input type="checkbox"/> Ability | <input type="checkbox"/> Language | <input type="checkbox"/> Ophthalmological |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Fluency | <input type="checkbox"/> Chronic/Acute Health (Diagnosis) |
| <input type="checkbox"/> Adaptive Behavior (to include social) | <input type="checkbox"/> Voice | <input type="checkbox"/> Current Medical Data/Records |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Autism Specific Instrument |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Orientation/Mobility |
| <input type="checkbox"/> Developmental (Cognitive, Adaptive, Motor, Communication, Personal/Social) | <input type="checkbox"/> Braille | |

List other areas to be evaluated: (Might include areas such as: vision screen, hearing screen, sensory motor, visual motor, personality, social/emotional, functional behavior assessment, etc...)

Existing Evaluation Data: If existing evaluations are to be used, document the following:

Evaluation Area:

Test Administered:

Date:

Parental Prior Written Notice/Consent for Evaluation Examples

This notice/consent is required prior to initiating or refusing evaluation procedures. It explains why district made decisions on what evaluations will be used and conducted for eligibility. The following are examples:

Example 1: Initial evaluation following academic interventions

a. Explanation of why the district proposed or refused to take the action.

The _____ referral team and parent have reviewed progress monitoring data over the last _____ weeks which indicates the reading interventions implemented during the response to intervention (RTI) process have not resulted in sufficient progress to prevent (student) from continuing to fall behind in the general curriculum. _____ is struggling in the area of phonemic awareness. Since a lack of mastery in these basic skills will continue to negatively impact _____'s educational progress. The district is recommending a special education evaluation. This will include an ability, achievement, observation, and _____. The data that identified reading concerns over last 6 months will also be used.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

The district reviewed other areas related to math, behavior, and social skills. It appears, based on teacher input, curriculum-based measurements, skill-based report cards and other progress in general education setting, the student is at same or near same level as peers. Mom, _____, provided Dr. Brown's optometric report which did not identify any concerns. Mom also did not have any concerns in the other areas or identified (student) had any medical or behavior needs for the team to note.

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

Intervention progress monitoring data, DIBELS benchmark assessments, Reading Recovery running records, attendance record, optometric evaluation report from Dr. Brown dated January 4, 20--, and parent, classroom teacher, and tutor input.

d. Description of other factors that are relevant to district's proposal or refusal:

During grade-level screening, (student's) vision and hearing were determined adequate. English is the student's primary language.

Example 2: Initial evaluation for an out of state transfer

a. Explanation of why the district proposed or refused to take the action.

After reviewing the evaluation data received from the previous school district (student) attended, the team has determined it does not support _____ eligibility in South Dakota. Therefore, additional evaluation data and information in areas of _____ is necessary. This Prior Written Notice/consent for evaluation has identified areas that need to be completed. The team, including parents, discussed the areas that are most concern and reflected in the information received. It is agreed these areas are still a concern _____.

Upon review the IEP from _____, the district can implement comparable services until evaluations are complete.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

After reviewing the eligibility documentation from previous evaluations, the ability and achievement is still appropriate. We reject updating these at this time. These evaluations will be pulled forward. Parents are concerned with social aspect of the coming to the new district. Teachers indicated that the student is beginning to interact with other students and will continue to monitor.

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

The district reviewed all educational records received from (name of the out of state school district) to include (student's) evaluation reports, eligibility document and current IEP. 20----ability, achievement, SLD eligibility, current IEP, progress reports, and parent input

d. Description of other factors that are relevant to district's proposal or refusal:

Parents and district discussed the student is shy and will need to feel comfortable to appropriately assess the student. Parents said student's favorite topic is _____ and likes kids jokes. This may help when completing assessments with people the student does not know.

Evaluations will be completed 25 school days from receiving your written consent. After evaluations are completed and reports have been received, the district will contact you to schedule a meeting to discuss the evaluation results, determine eligibility and if eligible, an IEP would be written.

Example 3: Initial evaluation following screening

a. Explanation of why the district proposed or refused to take the action.

(Student) was part of the district's free developmental screening on _____. At that time, his/her overall scores in the major areas of Motor, Concepts, and Language were in potential delay. During our visit at developmental screening, you also had concerns in those areas. We are requesting your permission to conduct an initial evaluation of (student's) developmental functioning in order to determine if he/she is a student with a disability.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

We considered social/emotional needs of the child and other family information on the child. There were no additional concerns in other areas to evaluate. Team discussed waiting with the evaluation until (student) starts kindergarten but feel it would be more beneficial to identify a potential disability at this time in order to pursue early intervention of specialized instruction as soon as the school year begins.

- c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:**

DIAL-4 screening scores, preschool teacher, speech screening and parent input.

- d. Description of other factors that are relevant to district's proposal or refusal:**

You indicated that you have not decided whether to send (student) to kindergarten or junior kindergarten in August. The evaluation data may assist with making that decision. The child currently attends Headstart on _____ .

Example 4: Reevaluation

- a. Explanation of why the district proposed or refused to take the action.**

The team met last week and reviewed information from progress monitoring data, teacher, and parent input, and determined student still had concerns in the area(s) _____ the team noticed (improvement, decline, etc....)_____. This supports continued need for special education. Student is utilizing _____ strategies which have assisted in _____.

District proposing to conduct evaluations in _____. These evaluations will help support (disability/education impact/functional)_____.

- b. Description of other options that the IEP team considered and the reasons why those options were rejected:**

Team discussed if any concerns in _____ areas with teachers and parents. It does not appear there were any new concerns. The IEP team considered bringing forward student's previous _____. However, the IEP team feels a reevaluation of _____ is (necessary or not necessary) in order to _____ .

- c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:**

Previous 3-year-comprehensive evaluation reports, current academic performance, current IEP and progress reports, parent, teachers, and student input

- d. Description of other factors that are relevant to district's proposal or refusal:**

The re-evaluation is due in September, however the team wanted to complete it this spring to ensure an appropriate IEP is in place as student transitions to _____. The student is in _____ this spring so team will need to be mindful when scheduling evaluations.

Example 5: Reevaluation – Transition

- a. Explanation of why the district proposed or refused to take the action.**

(Student) was last evaluated and determined to be eligible for special education and related services in _____. Currently (Student) is receiving special education and related services in _____.

reading, written expression, and math daily as well as language services weekly. Past history and evaluations were also considered when proposing this evaluation.

Since that time behavior concerns have become more pronounced at school and at home such as _____. The district and parents agree to also evaluate in areas of behavior reflecting the current concerns noted in and out of school is necessary for (Student).

(Student) is 15 years old, therefore the team proposes to evaluate in the area of transition to ensure the IEP will include a transition plan to meet student's current post-secondary goals. If student is still eligible for special education. The team determined to pull forward interest inventory and the career skills portfolio to help develop transition plan.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

The district evaluation team determined listening comprehension and oral expression were not significant issues for (Student) therefore chose not to evaluate these areas for eligibility purposes. The student is currently receiving language as a related service. Data indicates the student is meeting the skills. After discussion with parents the team determined they will utilize the speech data from _____ to _____ and rejected new formal language assessment in determining continued need for speech as a related service.

Team discussed if an outside medical diagnosis is necessary, such as considering _____. Discussed with dad on _____ if (student) had any medical needs or outside supports. Dad indicated _____. IEP team discussed if need to do a new _____ since 15 years old. Since _____, the team determined it be beneficial to _____.

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

Eligibility documents from _____, student grades, attendance, behavioral referrals, parent input, teacher input, progress reports on current goals, career information from Career Exploration course, along with work task completion observation.

d. Description of other factors that are relevant to district's proposal or refusal:

Inviting an outside agency to the meeting for transition was discussed but parents indicated they would not provide consent to invite an outside agency to be invited at this time.

Example 6: Initial evaluation - parent request for evaluation

a. Explanation of why the district proposed or refused to take the action.

Parent visited with _____ at the parent teacher conference on _____ regarding concern in areas of _____. Parent requested a referral for special education. The district reviewed information they already have on student's skills in these areas of concern, the intervention team has indicated the (Student) has been having difficulty in (Student) core academics (reading and math) and attention. Intervention team has tried these interventions over the last _____. Teacher has communicated with parents bi-weekly on these areas. The district agrees to the evaluation in area of _____. The evaluations noted

on the front will be conducted _____ The evaluation is necessary to determine if (student) is eligible for special education and related services as well as provide the team with specific skill-based information on (Student)'s academic and behavioral strengths and weaknesses.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

(Student) is currently receiving many different interventions to aide in his academic success. He receives Title I for math and reading 30 minutes daily. For reading, (student) attends after school tutoring. The team considered conducting evaluation in the areas of oral expression and listening comprehension however after discussing this with parents the team determined these two skill areas will not be assessed. The school counselor also helps (Student) with organization and study skills weekly. Visual and/or verbal cues are provided to assist with staying on topic during class.

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

Input from you as the parents, academic background, progress reports (academic and behavior) from teachers and data gathered from the districts informal review following the referral.

d. Description of other factors that are relevant to district's proposal or refusal:

Student is engaged in sports and other activities. When on the playground, will gather other students to play a game that has a lot of movement. Student needs a fidget toy and will, at times, pace back and forth. When assessing the student, may want to keep that in mind.

Example 7: Parent/guardian referral and district refusal (Use Prior Written Notice)

a. Explanation of why the district proposed or refused to take the action.

The district has considered your request to evaluate (student) along with the diagnosis presented to the district. After a review of (student's) educational performance in the area(s) of _____, the district has decided not to evaluate him/her at this time. The teachers are providing _____. These accommodations and strategies are useful in managing off-task behaviors.

The district reviewed (the student) academic standing within each current class; (the student) is submitting work in a timely manner; and (the student) grades are satisfactory. (Student) has not had any referrals to the principal's office due to inappropriate behaviors in the last 5 months. Teachers have also reported they have no concerns within the classroom as (the student) behaviors are similar to classmates.

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

The district considered the ADHD diagnosis you presented on ___ and your physician's report stating that (student) needs to be on an IEP. However, there is no evidence (the student) ADHD is adversely affecting (student) within the school setting at this time.

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

District reviewed grades, attendance records, behavior records and interviewed each of his/her current teachers, review doctors information

d. Description of other factors that are relevant to district's proposal or refusal:

Parents indicated increased lack of focus at home. Student has been complaining that school is not going well. Parents and student are encouraged to visit with the counselor and/or teacher if concerns. The district will monitor student's progress over next couple months if need reconsider.

Resources

Special Education Programs website includes a variety of information, processes, and best practices information: <https://doe.sd.gov/sped/>

Under the Special Education Process and Forms and [Individual Education Program Process Documents](#) will provide a variety of documents to support evaluation process and development of IEP. Such documents include Eligibility in South Dakota, Evaluation Instruments (not exhaustive list), IEP Technical Assistance Guide.

It also includes the word forms of all disability categories including Spanish.