



# ELIGIBILITY GUIDE

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south dakota  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

# MISSION STATEMENT

## Special Education Programs

### South Dakota Department of Education

Special Education Programs, located in the South Dakota Department of Education advocates for the availability of the full range of personnel, programming, and placement options, including early intervention and transition services, required to assure that all individuals with disabilities are able to achieve maximum independence upon exiting from school. In accomplishing this mission, Special Education Programs:

1. Provides the leadership and technical support essential for school districts, other public agencies, and families to meet the individualized needs of children and youth with disabilities eligible for early intervention programming, special education, or special education and related services;
2. Facilitates and, where federal and/or state policy mandates, oversees collaboration among all agencies and individuals involved in the provision of early intervention programming and special education or special education and related services;
3. Ensures statewide compliance with all state and federal mandates governing the provision of early intervention programming, special education or special education and related services; and
4. Administers the distribution of state and federal funds appropriated to assure the provision of early intervention programming, special education, or special education and related services for all eligible infants, toddlers, children and youth with disabilities.

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# TABLE OF CONTENTS

A.	Introduction.....	9
B.	Administrative Rules of South Dakota pertaining to eligibility and Evaluation for special education in South Dakota.....	11
C.	Statistical Overview .....	24
D.	List of Testing Instruments .....	28
	Achievement Tests.....	30
	Developmental .....	34
	Reading Tests.....	36
	Math Tests.....	43
	Written Language Tests .....	44
	Speech/Language Tests.....	46
	Motor Tests .....	59
	Intelligence Tests .....	61
	Social/Behavioral/Personality Assessments .....	65
	Autism Tests .....	75
	Sensory Tests .....	78
	Adaptive Behavior Tests.....	79
	Transition Assessments.....	82
E.	Deaf-Blindness (500).....	88
F.	Emotional Disturbance (505).....	92
G.	Cognitive Disability (510) .....	98
H.	Hearing Loss (515) .....	102
I.	Specific Learning Disability (525).....	108
J.	Multiple Disabilities (530).....	128
K.	Orthopedic Impairment (535) .....	132
L.	Visual Impairments (540) .....	136
M.	Deafness (545) .....	140
N.	Speech/Language Impairment (550).....	144
	1. Articulation disorder .....	146
	2. Fluency disorder.....	149
	3. Voice disorder .....	150
	4. Language disorder.....	151

O.	Other Health Impaired (555).....	..154
P.	Autism (560).....	..160
Q.	Traumatic Brain Injury (565).....	..166
R.	Developmental Delay (570).....	..170
S.	Related Services.....	..174
T.	Prolonged Assistance.....	..178
U.	IEP Team Override.....	..180
V.	Directions for Completing the Determination for Eligibility Form.....	..186

# INTRODUCTION

When the 1995 Legislature adopted its new funding system for special education, it also required DOE to develop administrative rules which “further define special education processes regarding student identification, the placement committee process and create an extraordinary cost oversight board.” Following this directive, DOE convened a special education task force. The task force, chaired by Representative Janice Nicolay, consisted of legislators, educational cooperative directors, superintendents, higher education representatives, local district special education directors and a parent representative. After more than a year of study, expert consultation and public testimony, the special education task force proposed a set of administrative rules which set forth identification criteria in major categories of disability.

Regarding student identification, or eligibility criteria, the task force decided to adopt the disability categories as defined in the federal Individuals with Disabilities Education Act (IDEA) and quantify, to the extent possible, the federal definitions. For example, the federal definition of specific learning disabilities speaks to a student exhibiting a “severe discrepancy between achievement and intellectual ability.” The task force defined “severe discrepancy” for South Dakota students at 1.5 standard deviations between achievement and intellectual ability.

While the task force reviewed student eligibility criteria from surrounding states, members focused on criteria currently used by several South Dakota school districts. Thus, administrative rules reflect, in large part, a criterion that is used, and seems to work for many of our school districts.

The task force proposed a revised definition of children in need of “prolonged assistance.” This is a state-specific category pertinent to infants and toddlers, ages birth through two years, in need of early intervention. The category is important to school districts because districts are responsible for providing these children with early intervention services. The definition would narrow the scope of school district responsibility.

The task force also proposed definitions for occupational therapy and physical therapy as related service necessary to support special education. Due to a wide variability across the state of children receiving these therapies, the task force felt that criteria would bolster consistency in service provision.

Finally, the task force proposed a method of local IEP team override of eligibility criteria. The override is important because there are children who will not “fit” certain criteria, yet their need for special education instruction remains. Further, the federal Office of Special Education Programs requires this flexibility at the local level, particularly for students with specific learning disabilities. The IEP team override is to be used cautiously, not in a routine manner.

On June 28, 1996, the South Dakota Board of Education held a public hearing regarding proposed administrative rule for eligibility criteria, and passed those rules. However, the proposed definitions for occupational therapy and physical therapy were not adopted due to concerns expressed by parents and professionals to the board. The definitions were revisited at a later date. The final definitions for occupational therapy and physical therapy were adopted by the South Dakota Board of Education on January 27, 1997.

The definition for mental retardation was called into question during the in-service training for the eligibility criteria. A revised definition for mental retardation was adopted by the South Dakota Board of Education on January 27, 1997.

Regardless of the category under which a student is eligible for special education, the disabling condition does not affect the way the special education program is developed or where the services occur. Eligibility determination is a separate process from developing an individual education program and determining placement.

In August 2006, OSEP (Office of Special Education Programs) reauthorized IDEA. Through this reauthorization, OSEP reviewed and changed eligibility criteria, nomenclature and procedures. The Office of Education Services and Support (OESS), in conjunction with experts throughout the state, have reviewed and modified our ARSDs and eligibility criteria to match the updated federal regulations.

Among the changes, the use of the RtI (Response to Intervention) model for determining eligibility for specific learning disability has been addressed. This multi-tiered process allows for the use of scientifically-based research methods and highly effective teaching strategies to intervene with an individual student who may be experiencing learning difficulties in the classroom. This early intervening process allows educators to address issues early rather than the previous “wait-to-fail” process.

In addition to the policy changes, the workgroups evaluated terminology in order to be more sensitive to our ever changing society and populations. For example, the term “Mentally Retarded” has now been changed to “Cognitive Disability”. This type of sensitivity is an acknowledgement of individuals with special needs and a sign of respect.

Throughout this guide, parents, students and educators alike will find some answers for the most appropriate plan for children with suspected disabilities.

# ADMINISTRATIVE RULES OF SOUTH DAKOTA PERTAINING TO ELIGIBILITY AND EVALUATION FOR SPECIAL EDUCATION

## ELIGIBILITY CRITERIA

### **CHAPTER 24:05:24.01**

#### Section

- 24:05:24.01:01 Students with disabilities defined.
- 24:05:24.01:02 Screening procedures for autism.
- 24:05:24.01:03 Autism defined.
- 24:05:24.01:04 Diagnostic criteria for autism.
- 24:05:24.01:05 Diagnostic procedures for autism.
- 24:05:24.01:06 Instruments used in diagnosis of autism.
- 24:05:24.01:07 Deaf-blindness defined.
- 24:05:24.01:08 Deafness defined.
- 24:05:24.01:09 Developmental delay defined.
- 24:05:24.01:10 Hearing loss defined.
- 24:05:24.01:11 Cognitive disability defined.
- 24:05:24.01:12 Multiple disabilities defined.
- 24:05:24.01:13 Orthopedic impairment defined.
- 24:05:24.01:14 Other health impaired defined.
- 24:05:24.01:15 Prolonged assistance defined.
- 24:05:24.01:16 Emotional disturbance defined.
- 24:05:24.01:17 Criteria for emotional disturbance.
- 24:05:24.01:18 Specific learning disability defined.
- 24:05:24.01:19 Criteria for specific learning disability.
- 24:05:24.01:20 Speech or language disorder defined.
- 24:05:24.01:21 Articulation disorder defined.
- 24:05:24.01:22 Criteria for articulation disorder.
- 24:05:24.01:23 Fluency disorder defined.
- 24:05:24.01:24 Criteria for fluency disorder.
- 24:05:24.01:25 Voice disorder defined.
- 24:05:24.01:26 Criteria for voice disorder.
- 24:05:24.01:27 Language disorder defined.
- 24:05:24.01:28 Criteria for language disorder.
- 24:05:24.01:29 Traumatic brain injury defined.
- 24:05:24.01:30 Vision loss including blindness defined.
- 24:05:24.01:31 IEP team override.

**24:05:24.01:01. Students with disabilities defined.** Students with disabilities are students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing loss, cognitive disability, multiple disabilities, orthopedic impairment, other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, or vision loss, including blindness, which adversely affects educational performance, and who, because of those disabilities, need special education or special education and related services. If it is determined through an appropriate evaluation, under chapter 24:05:25, that a student has one of the disabilities identified in this chapter, but only needs a related service and not special education, the student is not a student with a disability under this article. If, consistent with this chapter, the related service required by the student is considered special education, the student is a student with a disability under this article.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:02. Screening procedures for autism.** If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

**Source:** 18 SDR 90, effective November 25, 1991; transferred from § 24:05:25:27, 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1, 13-37-28.

**Law Implemented:** SDCL 13-37-1.1, 13-37-28.

**24:05:24.01:03. Autism defined.** Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the 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.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

**Source:** 20 SDR 33, effective September 8, 1993; transferred from § 24:05:25:27.01, 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1, 13-37-28.

**Law Implemented:** SDCL 13-37-1.1, 13-37-28.

**24:05:24.01:04. Diagnostic criteria for autism.** An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

- (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 seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;
- (d) Lack of social or emotional reciprocity;

(2) Qualitative impairment in communication as manifested by at least one of the following:

- (a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;
- (b) In an individual 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 imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

- (a) Encompassing 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, such as hand or finger flapping or twisting, or complex whole-body movements;
- (d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-1-12.1, 13-37-1.1, 13-37-28.

**Law Implemented:** SDCL 13-37-1.1, 13-37-28.

**24:05:24.01:05. Diagnostic procedures for autism.** School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

**Source:** 18 SDR 90, effective November 25, 1991; transferred from § 24:05:25:29, 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1, 13-37-28.

**Law Implemented:** SDCL 13-37-1.1, 13-37-28.

**24:05:24.01:06. Instruments used in diagnosis of autism.** Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer.

No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;
- (3) The extent to which instruments and methods identify strengths as well as deficits; and
- (4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

**Source:** 18 SDR 90, effective November 25, 1991; transferred from § 24:05:25:30, 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1, 13-37-28.

**Law Implemented:** SDCL 13-37-1.1, 13-37-28.

**24:05:24.01:07. Deaf-blindness defined.** 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.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:08. Deafness defined.** Deafness is a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification, and that adversely affects a student's educational performance.

A student may be identified as deaf if the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and the student demonstrates an inability to process linguistic information through hearing, even with amplification.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:09. Developmental delay defined.** A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in § 24:05:24.01:01 or if the student experiences a severe delay in development and needs special education and related services.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social or emotional development, and adaptive development.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter 24:05:25 are appropriately addressed.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:10. Hearing loss defined.** A student may be identified as having a hearing loss if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-1-12.1, 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:11. Cognitive disability defined.** Cognitive disability is significantly below-average general intellectual functioning that exists concurrently with deficits in adaptive behavior skills, that is generally manifested before age eighteen, and that adversely affects a student's educational performance. The required evaluative components for identifying a student with a cognitive disability are as follows:

(1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § 24:05:25:04; and

(2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § 24:05:25:04.

**Source:** 23 SDR 31, effective September 8, 1996; 23 SDR 139, effective March 10, 1997.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:12. Multiple disabilities defined.** Multiple disabilities means concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:13. Orthopedic impairment defined.** Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

There must be evidence of the following:

(1) That the student's impaired motor functioning significantly interferes with educational performance;

(2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;

(3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and

(4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:14. Other health impaired defined.** Other health impaired 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, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, Tourette Syndrome, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the full and individual evaluation process as defined in subdivision 24:05:13:01(18).

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:15. Prolonged assistance defined.** Children from birth through two may be identified as being in need of 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.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:16. Emotional disturbance defined.** Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

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

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless the IEP team determines pursuant to § 24:05:24.01:17 that the student has an emotional disturbance.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:17. Criteria for emotional disturbance.** A student may be identified as emotionally disturbed if the following requirements are met:

(1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;

(2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally-normed technically adequate measures; and

(3) An adverse effect on educational performance is verified through the full and individual evaluation process as defined in subdivision 24:05:25:04.

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:18. Specific learning disability defined.** Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; cognitive disability; emotional disturbance; or environmental, cultural, or economic disadvantage.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:19. Criteria for specific learning disability.** A group of qualified professionals and the parent of the child may determine that a child has a specific learning disability if:

(1) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards in one or more of the following areas, if provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading fluency skills;

- (f) Reading comprehension;
- (g) Mathematics calculation; and
- (h) Mathematics problem solving;

(2) (a) **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 this section when using a process based on the child's response to scientific, research-based intervention; 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, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with this article; and

(3) The group determines that its findings under this section are not primarily the result of:

- (a) A visual, hearing, or motor disability;
- (b) A cognitive disability;
- (c) Emotional disturbance;
- (d) Cultural factors;
- (e) Environmental or economic disadvantage; or
- (f) Limited English proficiency.

To ensure that underachievement in a child suspected of having a specific 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 this article, data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel, and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

The school district must promptly request parental consent to evaluate the child to determine whether the child needs special education and related services, and must adhere to the timeframes described in this article unless extended by mutual written agreement of the child's parents and a group of qualified professionals. The district must request such consent if, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in this section, and whenever a child is referred for an evaluation.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:20. Speech or language disorder defined.** Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder that adversely affects a child's educational performance.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:21. Articulation disorder defined.** Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:22. Criteria for articulation disorder.** A student may be identified as having an articulation disorder if one of the following criteria exist:

(1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;

(2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;

(3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation;

(4) Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or

(5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:23. Fluency disorder defined.** A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:24. Criteria for fluency disorder.** A student may be identified as having a fluency disorder if:

(1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:

(a) Sound, syllable, or word repetition;

- (b) Prolongations of sounds, syllables, or words;
- (c) Blockages; or
- (d) Hesitations.

(2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or

(3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:25. Voice disorder defined.** A voice disorder is characterized by the abnormal production or absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:26. Criteria for voice disorder.** A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:27. Language disorder defined.** A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional, or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:28. Criteria for language disorder.** A student may be identified as having a language disorder as a primary disability if:

(1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and

(2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:29. Traumatic brain injury defined.** A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student'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. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in subdivision 24:05:13:01(12).

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:30 Vision loss including blindness defined.** Vision loss, including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a vision loss has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction;
- (2) Restricted visual field;
- (3) Limited ability to move about safely in the environment because of visual disability;

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

**Source:** 23 SDR 31, effective September 8, 1996.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

**24:05:24.01:31. IEP team override.** If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

(1) The record must contain documents that explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student;

(2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;

(3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision; and

(4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used to assist the state in evaluating the adequacy of student identification criteria.

**Source:** 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

**General Authority:** SDCL 13-37-1.1.

**Law Implemented:** SDCL 13-37-1.1.

Disability Codes	0500	Deaf-Blind
	0505	Emotional Disturbance
	0510	Cognitive Disability
	0515	Hearing Impairments
	0525	Specific Learning Disabled
	0530	Multiple Disabilities
	0535	Orthopedic Impairments
	0540	Visually Impaired
	0545	Deafness
	0550	Speech/Language Impairments
	0555	Other Health Impaired
	0560	Autism
	0565	Traumatic Brain Injury
0570	Developmental Delay	

# 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.
  - b. examples: Woodcock-Johnson Tests of Achievement-III, Wechsler Individual Achievement Test-2, Kaufman Test of Educational Achievement-II
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. examples: BRIGANCE, Qualitative Reading Inventory-4

Some of the individual achievement tests such as the Woodcock Reading Mastery Tests and KeyMath are both norm- and criterion-referenced.

## 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 +/- 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**.

## LIST OF TEST INSTRUMENTS FOR EVALUATIVE PURPOSES

ARSD 24:05:25:04 . Evaluation procedures. States that school districts shall ensure, at a minimum, that evaluation procedures include the following:

- (1) Tests and other evaluation materials are provided and administered in the child's native language or by another mode of communication that the child understands, unless it is clearly not feasible to do so. Any standardized tests that are given to a child:
  - (a) Have been validated for the specific purpose for which they are used; and
  - (b) Are administered by trained and knowledgeable personnel in conformance with the instructions provided by their producer;
- (2) Tests 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) Tests are selected and administered so as best to ensure that a test administered to a child with impaired sensory, manual, or speaking skills accurately reflects the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than the child's impaired sensory, manual, or speaking skills except where those skills are the factors which the test purports to measure;
- (4) No single procedure 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 and development 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 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, as applicable, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (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;

(9) 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; and

(10) If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.

The following list of tests is intended to be used as a brief guide when determining which assessment measures to use when evaluating children. The tests are reviewed as to the adequacy of the standardization sample, reliability, and validity, primarily using the Mental Measurements Yearbooks and test manuals.

### **Test Administration Qualifications Key**

Level A – Basic training in evaluations and measures, and supervision by qualified individual (level B-D) (Example: paraprofessional)

Level B1 – Bachelors-level degree in field relevant to the test, which includes coursework in the principles of measurement, and the administration and interpretation of tests. (Example: special education teacher, speech/language pathologists)

Level B2 – Masters-level degree in field relevant to the test, which includes advanced coursework in the principles of measurement, and the administration and interpretation of tests. (Example: special education teacher, speech/language pathologists)

Level C – All B-Level qualifications, plus an advanced professional degree that provides appropriate training in the administration and interpretation of clinical tests (Example: school psychologists, clinical psychologists)

#### **Note:**

**It is recommended that examiners not only administer but also interpret scores. As a general rule, test administrators should have an understanding of the basic principles and limitations of psychological testing, particularly psychological test interpretation. Although instruments can be easily administered and scored, the ultimate responsibility for interpretation must be assumed by a school psychologist who realizes the limitations in such screening and assessment procedures.**

<b>INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Basic Achievement Skills Inventory (BASI) (2004)	8 to 80 years	Inadequate	Questionable	Inadequate	B1	Designed as Criterion-referenced
Basic School Skills Inventory-3 <sup>rd</sup> Edition (BSSI-3) (1998)	4:0 to 8:11 years	Questionable	Questionable	Questionable		Caution advised when using to determine eligibility.
Bracken School Readiness Assessment – 3 <sup>rd</sup> Edition	2:6 to 7:11				A	NOT REVIEWED
BRIGANCE Assessment of Basic Skills-Revised, Spanish Edition (ABS-R)	Pre – Grade 9	NA	NA	NA		NOT REVIEWED
BRIGANCE Comprehensive Inventory of Basic Skills-Revised (CIBS-II) (2008)	Pre – Grade 9	Pending	Pending	Pending		
Developmental Profile 3 (DP3)	Birth to 12:11 years	Adequate	Adequate	Inadequate		***SCREENER, Norm referenced
Diagnostic Achievement Battery-Third Edition (DAB-3) (2001)	6:0 to 14:11 years	Adequate	Adequate	Adequate	B1	
Diagnostic Achievement Test for Adolescents – 2 (DATA-2) (1993)	12 to 18:11 years	Inadequate	Adequate	Inadequate		

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Hammill Multiability Achievement Test (HAMAT) (1998)	7:0 to 17:11 years	Adequate	Adequate for students 7 to 12-11 Questionable for use with students 13 and above	Adequate	A	Best used with children age 7 to 12-11
Kaufman Functional Academic Skills Test (K-FAST) (1994)	15 to 85+ years	Questionable- Northeast sample low	Adequate	Adequate	B1	
Kaufman Survey of Early Academic & Language Skills (KSEALS) (1993)	3 to 6:11 years	Questionable	Questionable	Questionable	B1	
Kaufman Test of Educational Achievement 2 <sup>nd</sup> Ed, Comprehensive Form (KTEA-II) (2004)	4:6 to 25:11 years	Adequate	Adequate (Oral Expression and Listening Comprehension Subtests Questionable)	Adequate (Oral Expression and Listening Comprehension Subtests Questionable)	B1	Age & grade norms available
Kaufman Test of Educational Achievement –Brief Form 2 <sup>nd</sup> Ed. (2004)	4:6 to 90+ years				B1	NOT REVIEWED

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Norris Educational Achievement Test (1992)	4 to 17:11 years	Inadequate	Inadequate	Inadequate		
Peabody Individual Achievement- R/NU (PIAT R/NU) (1998)	K-12 <sup>th</sup> grade	Adequate	Adequate	Adequate	B1	Caution for use with Hispanic students
Scaled Curriculum Achievement Levels Test (SCALE) (1992)	3 – 8 <sup>th</sup> grade	Inadequate	Adequate for use as skill-based instrument	Adequate for use as skill-based instrument		Best used as a skill-based measure
The Five P's (Parent, Professional Preschool Performance Profile) [2002 Update] (2004)	Children with disabilities from 6 to 59 months	Questionable	Questionable	Adequate		
Wechsler Individual Achievement Test III (WIAT-III) (2009)	4:0-19:11 years	Adequate	Adequate	Adequate	B1	
Wide Range Achievement Test – Expanded (2001-2002)	5 to 25 years	Adequate	Adequate	Questionable	B1	

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Wide Range Achievement Test-4 – Progress Monitoring Version (WRAT-4PMV) (2006)	5 to 94 years	Inadequate	Inadequate	Inadequate	B1	
Wide Range Achievement Test-4 (WRAT-4) (2006)	5 to 94 years	Inadequate	Inadequate	Inadequate	B1	***SCREENER, Quick
Woodcock McGrew Werder Mini-Battery of Achievement (MBA) (1994)	4 years to adult	Adequate	Adequate	Adequate		
Woodcock-Johnson- III Tests of Achievement: Normative Update (WJ III NU) (2005)	2 to 90+ years	Adequate	Adequate	Adequate	B1	
Young Children’s Achievement Test (YCAT) (2000)	4 to 7:11 years	Adequate	Adequate	Adequate	B1	

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Basic Achievement Skills Individual Screener (1983)  
 BRIGANCE Comprehensive Inventory of Basic Skills-Revised (Normed portions, 2005)  
 BRIGANCE Inventory of Essential Skills (IES)  
 Hudson Education Skills Inventory (1989)  
 Multilevel Academic Skills Inventory (1982)  
 Quick Score Achievement Test (1987)

INDIVIDUALLY ADMINISTERED DEVELOPMENTAL TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Ages and Stages Questionnaires: A Parent-Completed Child Monitoring System, Second Edition (ASQ) (1999)	4 to 60 months	Inadequate	Inadequate	Inadequate		First-level screening device
Ages and Stages Questionnaires: Social-Emotional: A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors (ASQ: SE) (2003) Spanish Version Available	3 to 66 months	Questionable	Questionable	Questionable		***SCREENER
Battelle Developmental Inventory, 2 <sup>nd</sup> edition (2005) (BDI-2)	Birth to 7:11 years	Adequate	Adequate	Adequate	B1	Little evidence provided on test fairness: caution on using this tool with ESL children and children with disabilities
Bayley Scales of Infant and Toddler Development—Third Edition, Screening Test (2006) (Bayley-III Screening Test)	Ages 1 to 42 months	Questionable	Adequate	Questionable		*** SCREENER
BRIGANCE Inventory of Early Development-II (IED-II) (renormed 2008)	Birth to 7:11 years	Pending	Pending	Pending	B1	

INDIVIDUALLY ADMINISTERED DEVELOPMENTAL TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Developmental Assessment of Young Children (DAYC) (1998)	Birth to 5:11 years	Adequate	Adequate	Questionable	B1	
Developmental Indicators for the Assessment of Learning-3rd Edition (DIAL-3) (1998) Spanish Edition Available	3:0 to 6:11 years	Adequate – English Questionable – Spanish	Adequate	Questionable	B1	*** SCREENER
Developmental Tasks for Kindergarten Readiness II (DTKR-II) (1994)	Pre – K	Inadequate	Inadequate	Inadequate		
Infant-Toddler Developmental Assessment (IDA) (1995)	Birth to 3 years	Questionable	Questionable	Questionable	A	
Mullen Scales of Early Learning: AGS Edition (1995)	Birth to 3:6 years	Questionable	Questionable	Inadequate	C	Caution when used for older children or children exceptionalities
Preschool Screening Test (PREST) (2001)	3:6 to 4:5 years	Inadequate	Inadequate	Inadequate		

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

<b>INDIVIDUALLY ADMINISTERED READING TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Analytical Reading Inventory-6 (1998)	Primer to 9 <sup>th</sup> grade	NA	NA	NA		Criterion referenced NOT REVIEWED
Bader Reading & Language Inventory –3 (1998)	PP to 12 <sup>th</sup> grade	NA	NA	NA		Criterion referenced NOT REVIEWED
Basic Early Assessment of Reading (2002) (BEAR)	K to 3 <sup>rd</sup> grade	NA	NA	NA	B1	Criterion referenced
Burns/Roe Informal Reading Inventory: Preprimer to Twelfth Grade, Sixth Edition (2002) (IRI)	Pre to 12 <sup>th</sup> grade	NA	NA	NA		Diagnostic/ Informal- Not a standardized test
Burns/Roe Informal Reading Inventory: Preprimer to Twelfth Grade, Seventh Edition (2007) (IRI)		Pending	Pending	Pending		
Classroom Reading Inventory-9 <sup>th</sup> Edition (2000)	Pre to 8 <sup>th</sup> grade	NA	NA	NA		Criterion referenced NOT REVIEWED
Comprehensive Test of Phonological Processing (CTOPP) (1999)	5 to 24:11 years	Adequate	Adequate	Adequate	B1	
Diagnostic Assessments of Reading – 2 <sup>nd</sup> Edition (DAR-2) (2006)	K to 12 <sup>th</sup> grade	Inadequate	Inadequate	Inadequate	B1	

INDIVIDUALLY ADMINISTERED READING TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Dynamic Indicators of Basic Early Literacy Skills (DIBELS), Sixth Edition (2002-2003)	K to 3 <sup>rd</sup> grade	Not well reported	Not Adequate	Not Adequate		***SCREENER
Dyslexia Screening Instrument (DSI) (1994)	6 to 21:11	Inadequate	Inadequate	Inadequate		***SCREENER
Dyslexia Screening Test	Ages 6:6 to 16:5	Inadequate	Inadequate	Inadequate	A	
Early Literacy Skills Assessment (2007) (ELSA)	Ages 3 to 5:11 years	Inadequate	Inadequate	Inadequate		Criterion referenced assessment; used for instructional planning; not recommended as a diagnostic tool
Early Reading Diagnostic Assessment-second edition (2002-2003) (ERDA Second Edition)	K to 3 <sup>rd</sup> grade	Adequate	Questionable	Questionable	A	
Ekwall/Shanker Reading Inventory – 5 <sup>th</sup> Edition (2010)		Pending	Pending	Pending		
Gates-MacGinitie Reading Tests-4 <sup>th</sup> Edition (2000) (GMRT)	K to 12 <sup>th</sup> grade & Adults	Adequate	Adequate	Adequate		

<b>INDIVIDUALLY ADMINISTERED READING TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Gray Diagnostic Reading Test – Second Edition (GDRT-2)	6 to 13:11 years	Adequate	Questionable	Questionable	B1	
Gray Oral Reading Test – 4 (GORT-4) (2001)	6 to 18:11 years	Adequate	Adequate	Adequate	B1	
Gray Silent Reading Tests (GSRT) (2000)	7 to 25 years	Questionable	Adequate	Inadequate	B1	
Phonics-Based Reading Test (PRT) (2002)	6:0 to 12:11 years	Questionable	Adequate	Adequate		***SCREENER
Phonological Awareness Literacy Screening – 1-3 (PALS-1-3) <i>Spanish Version Available</i>						NOT REVIEWED
Phonological Awareness Literacy Screening – K (PALS-K) (2004)						NOT REVIEWED
Phonological Awareness Literacy Screening – PreK (PALS-PreK)						NOT REVIEWED
Phonological Awareness Test-2 (2007)	Pre to elementary	NA	NA	NA		Criterion referenced NOT REVIEWED
Pre-Reading Inventory of Phonological Awareness (PIPA) (2003)	4:0 to 6:11 years	Questionable	Adequate	Inadequate		

<b>INDIVIDUALLY ADMINISTERED READING TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Process Assessment of the Learner: Test Battery for Reading and Writing (2001) (PAL)	K to 6 <sup>th</sup> grade	Questionable	Questionable	Questionable		
Process Assessment of the Learner-Second Edition: Diagnostic Assessment for Reading and Writing (PAL-II-RW) (2007)	K to 6 <sup>th</sup> grade	Questionable-exclusion of students with writing and reading difficulties	Inadequate	Questionable		
Qualitative Reading Inventory – 5 <sup>th</sup> Edition	Pre to HS reading levels	NA	NA	NA		Criterion referenced NOT REVIEWED
Rapid Automatized Naming and Rapid Alternating stimulus Tests (RAN/RAS) (2005)	5:0 to 18:11 years	Adequate	Adequate	Adequate		Measure Rapid Naming Ability
Reading Fluency Indicator (RFI) (2004)	1 <sup>st</sup> to 12 <sup>th</sup> grade	Inadequate	NA	NA		
Ready to Learn: A Dyslexia Screener (2004)	3:6 to 6:5 years	Adequate	Adequate	Adequate		***SCREENER Useful to identify strengths and weakness for intervention—not for use in progress monitoring

<b>INDIVIDUALLY ADMINISTERED READING TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Rosewell-Chall Diagnostic Reading Test of Word Analysis Skills (1997)	1 <sup>st</sup> to 4 <sup>th</sup> grade	Outdated Norms	Inadequate	Inadequate		
Spanish Reading Inventory (1997)	1 to 4 <sup>th</sup> + grade	Questionable	Inadequate	Inadequate		
Standardized Reading Inventory-Second Edition (SRI-2) (1999)	6:0 to 14:6 years	Inadequate	Questionable	Adequate		Best used as a skill-based measure.
Stanford Diagnostic Reading Test-4 <sup>th</sup> Edition (1996)	Grades 1.5 to 12.9	Questionable	Questionable	Questionable		Diagnostic- Best used as a skill-based measure.
Test of Early Reading Ability – 3 (TERA-3) (2001)	3:6 to 8:6 years	Adequate	Adequate	Adequate	B1	
Test of Preschool Early Literacy (TOPEL) (2007)	3 to 5:11 years	Adequate	Adequate	Adequate		
Test of Reading Comprehension-4 (TORC-4) (2009)	7 to 17-11 Years	Pending	Pending	Pending	B1	
Test of Silent Contextual Reading Fluency (TOSCRF) (2006)	7 to 18:11 years	Questionable	Questionable	Questionable		

<b>INDIVIDUALLY ADMINISTERED READING TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Test of Silent Reading Efficiency Comprehension (TOSREC) (2010)	1 <sup>st</sup> to 12 <sup>th</sup> Grade	Pending	Pending	Pending		
Test of Silent Reading Skills (2001)	7 to 14:11 years					NOT REVIEWED
Test of Silent Word Reading Fluency (TOSWRF) (2004)	6:6 to 17:11 years	Questionable	Questionable	Inadequate		***SCREENER
Test of Word Reading Efficiency (TOWRE) (1999)	6 to 24:11 years	Inadequate	Adequate	Questionable	B1	
Wide-Range Achievement Test – Expanded Early Reading Assessment (ERA) (2003)	4:6 to 7:11 years	Questionable	Inadequate	Inadequate		Caution advised in using this test
Woodcock Reading Mastery Tests-Revised/ Updated Norms (WRMT-R/NU) (1998 Updated Norms)	K - adult	Questionable	Questionable (based on old studies)	Questionable (based on old studies)	B1	Should be administered in conjunction with other reading measures.
Woodcock-Johnson III Diagnostic Reading Battery (2004) (WJ III DRB)	2 to 80+ years	Adequate	Adequate	Questionable	B1	Selected subtests from the WJ-III; Should be used in conjunction with other diagnostic tests
Word Identification and Spelling Test (WIST) (2004)	7:0 to 18:11 years	Adequate	Questionable	Questionable		

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Decoding Skills Test (1985)  
Diagnosis Instructional Aid, Reading A & B (1974)  
Diagnostic Reading  
Durrell Analysis of Reading Difficulty-3rd Edition (1980)  
Formal Reading  
Gates-McKillop- Horowitz Reading Diagnostic Test-2nd Edition (1981)  
Gilmore Oral  
Gray Oral Reading Tests – Diagnostic (1991)  
Informal Reading  
Inventory (1986)  
Inventory (1989)  
Prescriptive Reading Inventory Reading System (1980)  
Quick Survey Word List (1985)  
Reading Test (1968)  
Scales (Spache) (1981)  
Scholastic Abilities Test for Adults (1991)  
Sipay Word Analysis Test (1974)  
SRA Diagnosis Instructional Aid - Reading A & B (1974)  
Sulcher-Allred Reading Placement Inventory (1981)

***\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.***

<b>INDIVIDUALLY ADMINISTERED MATH TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Comprehensive Mathematical Abilities Test (2003) (CMAT)	7 to 18:11 years	Adequate	Adequate	Adequate		
Early Math Diagnostic Assessment (EMDA) (2002)	Pre-Kindergarten to 3 <sup>rd</sup> grade	Adequate	Adequate	Inadequate	A	Set of subtest from WIAT-II - Screener and skill-based assessment
Key Math -3 DA (2007)	4:6 to 21:11 years	Adequate	Adequate	Adequate	B1	
Process Assessment of the Learner-Second Edition: Diagnostic Assessment for Math (PAL-II:M) (2007)	K to 6 <sup>th</sup> grade	Questionable- exclusion of students with math difficulties	Inadequate	Questionable	B1	
Stanford Diagnostic Math Test – 4 (1996)	1 to 12 <sup>th</sup> grade	Adequate	Questionable	Questionable		Best used as a skill-based measure.
STAR Math, Version 2.0 (2002)	1 <sup>st</sup> to 12 <sup>th</sup> grades	Adequate	Adequate	Adequate		Computer based instructional placement test
Test of Early Math Ability-3 (2003) (TEMA-3)	3 to 8-11 years	Adequate	Adequate	Questionable		
Test of Mathematical Abilities-2 <sup>nd</sup> Edition (TOMA-2) (1994)	8 to 18-11 years	Adequate	Adequate	Inadequate		

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Diagnosis: An Instructional Aid in Math (1981)  
 Diagnostic Mathematics Inventory (1977)  
 Diagnostic Test of Arithmetic Strategies (1984)  
 Enright Diagnostic Inventory of Basic Arithmetic Skills (1983)  
 Sequential Assessment of Mathematics Inventory (1985)

<b>INDIVIDUALLY ADMINISTERED WRITTEN LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Evaluation Tool of Children's Handwriting	1 to 6 <sup>th</sup> grade	NA	NA	NA		Criterion referenced NOT REVIEWED
Illinois Test of Psycholinguistic Abilities – 3 (ITPA-3) (2001)	5 to 12:11 years	Adequate	Questionable	Questionable		Oral and written language
Mather-Woodcock Group Writing Tests (GWT) (1997)	2.0 to 16.9 <sup>th</sup> grade	Adequate	Adequate	Questionable		Scores that are reliable but not valid are of little utility.
Oral & Written Language Scales (Written Expression) (OWLS) (1996)	5 to 21:11 Years	Adequate	Adequate	Adequate	B1	Does not require extended writing sample
Slosson Written Expression Test (2000)	8 to 17 years					NOT REVIEWED

INDIVIDUALLY ADMINISTERED WRITTEN LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Test of Early Written Language -2 <sup>nd</sup> Edition (TEWL- 2) (1996)	3 to 10:11 Years	Adequate	Adequate	Adequate	B1	
Test of Handwriting Skills-R (2007)	6 to 18	Inadequate	Inadequate	Inadequate		
Test of Orthographic Competence (TOC) (2008)	6 to 17:11 years	Pending	Pending	Pending		
Test of Written Expression (TOWE) (1995)	6:6 to 14:11 Years	Inadequate	Inadequate	Inadequate	B1	
Test of Written Language-3 (1996)	7:0 to 17:11 Years	Questionable	Inadequate for primary age students	Inadequate for primary age students		
Test of Written Spelling – Fourth Edition (TWS-4) (1999)	6:0 to 18:11 years	Inadequate	Inadequate	Inadequate	B1	
Writing Process Test (1992)	8 to 19 years 2 <sup>nd</sup> to 12 <sup>th</sup> grade	Inadequate	Questionable	Questionable		NOT REVIEWED

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Checklist of Written Expression (1980)  
 Denver Handwriting Analysis (1983)  
 Diagnostic Evaluation of Writing Skills (1980)  
 Diagnostic Spelling Test (1970)  
 Diagnostic Word Patterns (1985)  
 Spellmaster (1976)  
 Test of Legible Handwriting (1989)  
 Test of Written English (1979)  
 Written Language Assessment (1989)

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Apraxia Profile: A Descriptive Assessment Tool for Children (1997)	3 to 13:11 years	Inadequate	Inadequate	Inadequate		
Arizona Articulation Proficiency Scale-3 (2000)	18 months to 18:11 years	Adequate	Adequate	Adequate		Not for intervention planning
Auditory Processing Abilities Test (APAT) (2004)	5:0 to 12:11	Inadequate	Questionable	Inadequate		

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Bankson Language Test-2 <sup>nd</sup> Edition (BLT-2) (1990)	3 to 6:11 years	Adequate	Inadequate	Inadequate		
Bankson-Bernthal Test of Phonology (BBTOP) (1990)	3 to 9:11 years	Inadequate	Adequate	Inadequate	B1	
Bilingual Verbal Ability Tests-Normative Update (BVAT) (2010)	5 to Adult	Pending	Pending	Pending		
Boehm Test of Basic Concepts – 3 (2001)	K to 2 <sup>nd</sup> grade	Adequate	Adequate	Adequate		Not appropriate for diagnostic assessment , particularly in language problems
Boehm Test of Basic Concepts – 3 Preschool (2001)	3 to 5:11 years	Adequate	Adequate	Adequate		Ceiling effect for older 5 year olds
Boehm Test of Basic Concepts – 3 Preschool Spanish Edition (2001)	K to 2 <sup>nd</sup> grade	Adequate	Questionable	Questionable		
Bracken Basic Concept Scale – 3 <sup>rd</sup> Edition - Expressive (BBCS-E) (2006)	3 to 6:11 years	Adequate	Adequate	Adequate	B1	

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Bracken Basic Concept Scale – 3 <sup>rd</sup> Edition -Receptive (BBCS-3:R)(2006)	3 to 6:11 years	Adequate	Adequate	Questionable	B1	
Bracken Basic Concept Scale-R Spanish Edition	2:6 to 8 years	NA	NA	NA		Criterion referenced NOT REVIEWED
Children’s Speech Intelligibility Measure (CSIM) (1999)	3:0 to 10:11 years	Inadequate	Inadequate	Inadequate		
Clinical Assessment of Articulation and Phonology (CAAP) (2002)	3 to 9:11 years	Adequate	Adequate	Adequate		
Clinical Evaluation of Language Fundamentals – 4 (2003)	5 to 21:11 years	Adequate- caution as some subtests are low	Adequate	Adequate	B1	Total language scores can be used for eligibility --Caution if used for children with hearing loss
Clinical Evaluation of Language Fundamentals Preschool – Second Edition (2004) (CELF Preschool-2)	3 to 6:11 years	Adequate	Adequate	Adequate	B1	Caution when used as a diagnostic tool because of lower than acceptable reliability for some subtests and age groups
Clinical Evaluation of Language Fundamentals- Third Edition Observational Rating Scales (CELF-3ORS) (2003)	6 to 21:11 years	NA	NA	NA	B1	Skill-based Measure for planning interventions.

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Communication Activities of Daily Living: Second Edition (CADL-2) (1999)	Aphasic adults	Adequate	Adequate	Adequate		
Communication and Symbolic Behavior Scales Developmental Profile: First Normed Edition (CSBS DP) (2002)	6 to 24 months	Inadequate – Standardized in Florida area only	Adequate	Adequate		May be used for children up to 5 to 6 years if their developmental level is younger than 24 months.
Comprehensive Receptive & Expressive Vocabulary Test: Second Edition (CREVT-2) (2002)	5 years to adult	Questionable	Adequate	Inadequate		***SCREENER
Comprehensive Assessment of Spoken Language (CASL) (1999)	3 to 21:11 years	Adequate	Adequate	Adequate	B2	
Contextual Test of Articulation (2000) (CTA)	4 to 9:11 years	NA	NA	NA		Not recommended for use
Diagnostic Evaluation of Articulation and Phonology (DEAP) (2006)	3 to 8:11 years	Pending	Pending	Pending		
Diagnostic Evaluation of Language Variation – Norm Referenced (DELV) (2005)	4 to 11:11 years	Adequate	Adequate	Adequate	B1	Clearly differentiates children with language differences and disorders in both MAE and AAE

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Dos Amigos Verbal Language Scales (1996)	5 to 13:5 years	Not provided	Not provided	Not provided		***SCREENER
Early Language Milestone Scale – 2 (ELM Scale 2) (1993)	Birth to 36 months	NA	NA	NA		Designed as screener
Evaluating Acquired Skills in Communication- 3 <sup>rd</sup> Edition (EASIC -3) (2008)	3months to 6:3 years	Pending	Pending	Pending		
Expressive One-Word Picture Vocabulary Test (2000)	2 to 18:11 years	Adequate	Adequate	Questionable	B1	
Expressive One-Word Picture Vocabulary Test-Spanish-Bilingual Edition (2001)	4 to 12:11 years	Adequate	Adequate	Adequate	B1	Mexican dialect over-represented
Expressive Vocabulary Test – 2 <sup>nd</sup> Edition (EVT-2) (2007)	2:6 to 90+ years	Adequate	Adequate	Questionable	B1	
Fluharty Preschool Speech & Language Screening Test: Second Edition (FLUHARTY-2) (2001)	3 to 6:11 years	Adequate	Questionable	Questionable		***SCREENER
Functional Communication Profile- Revised (2003)	3 years to adult	NA	NA	NA		Criterion referenced – NOT REVIEWED
Goldman-Fristoe Test of Articulation: Second Edition (GFTA-2) (2000)	2 to 21:11 years	Adequate	Adequate	Adequate	B1	Not recommended for treatment planning.

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
HELP Test (1996)	6 to 12:11 yrs					NOT REVIEWED
Hodson Assessment of Phonological Patterns – Third Edition (HAPP-3) (2004)	3 to 7:11 who have unintelligible speech	Adequate	Adequate	Adequate		For students with unintelligible speech
Illinois Test of Psycholinguistic Abilities: Third Edition (ITPA-3) (2001)	5 to 12:11 years	Adequate	Adequate	Adequate		Oral & written language
Joliet 3-Minute Preschool Speech & Language Screen (1992)	2:6 to 4:5 years	Adequate	Adequate	Adequate		***SCREENER - Pragmatics not screened
Joliet 3-Minute Speech and Language Screen-R (1992)	Grades K, 2, 5	NA	NA	NA		***SCREENER
Kaufman Survey of Early Academic & Language Skills (KSEALS)(1993)	3 to 6:11 years	Questionable	Questionable	Questionable	B1	
Khan-Lewis Phonological Analysis – 2 (KLPA-2) (2002)	2 to 21:11 years	Adequate	Adequate	Adequate	B1	Must be administered with GFTA-2
Kindergarten Language Screening Test – Second Edition (KLST-2) (1998)	4 to 6:11 years	Adequate	Adequate	Adequate	B1	***SCREENER
Language Processing Test – Third Edition Elementary (LPT 3) (2005)	5 to 11:11 years	Adequate	Inadequate	Inadequate		

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Lindamood Auditory Conceptualization Test – Third Edition (2004) (LAC-3)	K - 6 grade	Adequate	Adequate	Adequate	B1	Caution on using this for hard-of hearing children
Oral & Written Language Scales: Listening Comprehension and Oral Expression (OWLS) (1995)	3 to 21:11 years	Adequate	Adequate	Adequate	B1	
Oral Speech Mechanism Screening Examination – Third Edition (OSMSE-3) (2000)	5 years to adult	Questionable	Questionable	Inadequate		***SCREENER
Peabody Picture Vocabulary Test – 4 (2007)	2:6 to 90 years	Adequate	Adequate	Adequate	B1	
Phonological Awareness Test – Revised (1997)	5 to 9:11 years					NOT REVIEWED
Phonological Awareness Test-Spanish (2004)	4 to 10:11 years					NOT REVIEWED
Photo Articulation Test – Third Edition (PAT-3) (1997)	3 to 8:11 y\ears	Adequate	Adequate	Adequate		
Pragmatic Language Skills Inventory (PLSI) (2006)	5 to 12:11 years	Adequate	Adequate	Adequate		
Preschool Language Scale – 4 <sup>th</sup> Edition (PLS-4) (2002) Spanish Edition Available	Birth to 6:11 years	Adequate	Adequate	Adequate	B1	Caution Spanish edition based on biased norms

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Receptive One-Word Picture Vocabulary Test (ROWPVT) (2000)	2 to 18:11 years					
Receptive One-Word Vocabulary Test (ROWPVT) (2000)	2-18:11 years	Adequate	Adequate	Adequate		
Receptive-Expressive Emergent Language Test-3 <sup>rd</sup> Edition (REEL-3) (2003)	Birth to 3:11 years	Adequate	Adequate	Adequate		
Reynell Developmental Language Scales: Third Edition (RDLS-III) (1997)	15 months to 7:11 years	Questionable	Questionable	Questionable		Best used as diagnostic measure
Rosetti Infant-Toddler Language Scale (2006)	B to 36 months	NA	NA	NA		Criterion referenced NOT REVIEWED
Ross Information Processing – Primary (RIPA-P) (1999)	5 to 12:11 years	Inadequate	Questionable	Questionable	B1	Cognitive–linguistics of TBI
Ross Information Processing Assessment – Second Edition (RIPA-2) (1996)	15 to 90 years	Questionable	Adequate	Questionable	B1	Cognitive–linguistics of TBI
SCAN-A Test for Auditory Processing Disorders in Adolescents & Adults (1994)	12 to 50 years	Inadequate	Questionable	Questionable	B1	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
SCAN-C Test for Auditory Processing Disorders in Children-Revised (1999)	5 to 11-11 years	Adequate	Questionable	Questionable	B1	
Screening Test for Developmental Apraxia of Speech - Second Edition (STDAS-2) (2001)	4 to 12-11 years	Inadequate	Questionable	Questionable		
Screening Test of Adolescent Language – R (1980)	11 to 18:11 years	Outdated Norms	Inadequate	Inadequate		***SCREENER
Sequenced Inventory of Communication Development – Revised (1984)	4 months to 4:11 years	Inadequate	Questionable	Questionable		
Smit-Hand Articulation & Phonology Evaluation (SHAPE) (1997)	3 to 9:11 years	Adequate	Adequate	Adequate		Conversational speech sample suggested
Speech & Language Evaluation Scale (SLES) (1990)	4.5 to 18:11 years	Inadequate	Inadequate	Inadequate		
Structured Photographic Expressive Language Test – Third Edition (SPELT-3) (2003)	4 to 9:11 years	Questionable	Adequate	Inadequate		

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Structured Photographic Articulation Test – II Featuring Dudsberry (SPAT-D II) (2001)	3 to 9:11	Adequate	Adequate	Adequate		
Structured Photographic Expressive Language Test – Preschool 2 (SPELT-P 2) (2004)	3 to 5:11 years	Questionable	Inadequate	Inadequate		
Stuttering Severity Instrument-4 <sup>th</sup> Edition (SSI:4) (2009)	2:10 years and up	Pending	Pending	Pending		
Test for Auditory Comprehension of Language-Third Edition (TACL-3) (1999)	3 to 9:11 years	Questionable- low in urban areas	Adequate	Adequate	B 1	Receptive vocabulary
Test of Adolescent and Adult Language-Fourth Edition (TAAL-4)	12 to 24:11 years	Adequate	Adequate	Questionable	B1	
Test of Auditory Processing Skills – Third Edition (TAPS-3) (2005)	4 to 18:11 years	Adequate	Inadequate	Inadequate	B1	
Test of Childhood Stuttering (TOCS) (2009)	4 to 12:11 years	Inadequate	Questionable	Questionable		
Test of Children’s Language: Assessing Aspects of Spoken Lang, Reading, and Writing (TOCL) (1996)	5 to 8:11 years	Questionable	Adequate	Adequate		Best used with 6 and 7-year-olds

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Test of Early Language Development – Third Edition (TELD-3) (1999)	2 to 7-11 years	Adequate	Adequate	Adequate	B1	Good screening device
Test of Language Development - Intermediate: Fourth Edition (TOLD – I:4)		Pending	Pending	Pending	B1	
Test of Language Development – Primary: 4 <sup>th</sup> Edition (TOLD – P:4)		Pending	Pending	Pending	B1	
Test of Narrative Language (TNL) (2004)	5 to 11:11 years	Inadequate	Inadequate	Inadequate		Can be used for progress monitoring in this specific skill.
Test of Phonological Awareness Skills (TOPAS) (2003)	5-0 to 10:11 years	Adequate	Adequate	Adequate	B1	Caution noted for interpretation of very low scores for young children
Test of Phonological Awareness-Second Edition: PLUS ( 2004) (TOPA-2+)	5 to 8:11 years	Adequate	Adequate	Adequate		
Test of Pragmatic Language – Second Edition (TOPL-2) (2007)		Pending	Pending	Pending		

<b>INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS</b>	<b>AGE/ GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Test of Problem Solving 3: Elementary (TOPS 3) (2005)	6 to 12:11 years	Questionable	Questionable	Questionable		Stated purpose of the test as a diagnostic instrument Is not supported by tech. info.in manual
Test of Problem Solving Adolescent-2 (2007)	12 to 17:11 years	Pending	Pending	Pending		
Test of Word Finding – Second Edition (TWF-2) (2000)	4 to 12:11 years	Adequate	Questionable	Questionable		
Test of Word Knowledge (1992)	5 to 17:11 years	Inadequate	Adequate	Questionable		
The WORD Test 2: Elementary (2004)	6 to 11:11 years	Inadequate	Questionable	Questionable		May be useful for progress monitoring if scores are not used
Transdisciplinary Play-Based Assessment 2 <sup>nd</sup> Edition (TPBA2) (2008)	Birth to 6 years	Inadequate	Inadequate	Inadequate		
Woodcock Language Proficiency Battery-Revised (WLPB-R) (1991)	2 to 90+ years	Adequate	Inadequate	Inadequate	B1	
Woodcock- Munoz Language Survey-Revised (2005) (WMLS-R)	2 years to adult	Adequate	Adequate- <i>English version</i> Inadequate- <i>Spanish version</i>	Adequate- <i>English version</i> Inadequate- <i>Spanish version</i>	B1	Promising for ESL students

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Assessment of Children's Language Comprehension (1983)  
ASSET Assessing Semantic Skills Through Everyday Themes (1986)  
Carrow Elicited Language Inventory (1973)  
Clark-Madson Test of Oral Language (1984)  
Development-3 (1989)  
Developmental Assessment Scale (1976)  
Expressive Language Test (1998)  
Fisher-Logemann Test of Articulation Competence (1971)  
Full Range Picture Vocabulary Test (1948)  
Goldman-Fristoe-Woodcock Test of Auditory Discrimination (1970)  
Houston Test of Language Development (1963)  
Indiana Preschool Language Assessment Battery (1977)  
Language Assessment Scales (1977)  
Northwestern Syntax Screening Test (1969)  
Preschool Language Assessment Instrument (1978)  
Quick Test (1962)  
Rhode Island Test of Language Structure (1983)  
Riley Articulation and Language Test (1979)  
Scales of Early Communication Skills for Hearing Impaired Children (1975)  
Structured Photographic Articulation Test – 2nd Edition (2001)  
Stuttering Prediction Instrument for Young Children (1981)  
Swallowing Ability & Function Evaluation (2003)  
Templin-Darley Tests of Articulation (1969)  
Test for Examining Expressive Morphology-TEEM (1983)  
Test of Language Competence Expanded Ed. (1989)  
Test of Pragmatic Skills - R (1986)  
Test of Problem Solving – Elementary (Third Edition) (2005)  
Test of Relational Concepts (1988)  
Test of Syntactic Abilities (1978)

The Listening Test (1992)  
 The WORD Test Adolescent (1989)  
 Token Test for Children (1978)  
 Utah Test of Language  
 Verbal Language Development Scale (1971)  
 Vocabulary Comprehension Scale (1975)  
 Voice Assessment Protocol for Children & Adults (1987)  
 Wepman Auditory Discrimination Test – 2nd Edition (1987)

<b>INDIVIDUALLY ADMINISTERED MOTOR TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Bender Visual Motor Gestalt Test II (Bender Gestalt II) (2003)	4 to 85 years	Adequate	Adequate	Adequate		
Bruiniks-Oseretsky Test of Motor Proficiency-2 (BOT-2) (2005)	4 to 21 years	Questionable especially with students with disabilities	Questionable	Questionable		
Developmental Test of Visual Perception – Second Edition (DTVP-2) (1993)	4 to 10:11 years	Questionable	Adequate	Inadequate	B1	
Full Range Test of Visual-Motor Integration (FRTVMI) (2006)	5 to 74 years	Adequate	Adequate	Adequate		***SCREENER specifically for measuring copying ability

<b>INDIVIDUALLY ADMINISTERED MOTOR TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Motor-Free Visual Perception Test- Third Edition (MVPT-3) (2003)	4 to 94 years	Adequate	Adequate (Inadequate ages 4-10)	Inadequate	B1	
Movement Assessment Battery for Children – Second Edition (MABC-2) (2007)	3 to 16:11 years					NOT REVIEWED
Peabody Developmental Motor Scales – Second Edition (PDMS-2) (2000)	Birth to 72 months	Adequate	Adequate	Adequate	B1	
Test of Gross Motor Development – Second Edition (TGMD-2) (2000)	3 to 10:11 years	Adequate	Inadequate	Inadequate	A	
Test of Visual-Motor Skills – 3 (TVMS-3)		Pending	Pending	Pending	B1	
Test of Visual-Perceptual Skills – Third Edition (non-motor) (TVPS-3) (2006)	4 to 18:11 years	Inadequate	Inadequate	Inadequate	B1	
The Beery-Buktenica Developmental Test of Visual-Motor Integration, 5 <sup>th</sup> Edition (BEERY VMI) (2004)	2 to 100 years	Adequate	Adequate	Questionable		Use caution when using with 2-year-olds.
Visual Motor Assessment (ViMo) (2006)	6 years and older	Inadequate	Inadequate	Inadequate		

Wide-Range Assessment of Visual Motor Abilities (WRAVMA) (1995)	3 to 17:11 years	Adequate	Inadequate	Adequate	B1	
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**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Evaluation Tool of Children’s Handwriting  
 Motor Development Checklist (1976)  
 Movement Assessment of Infants (1980)  
 Sensory Integration & Praxis Test (1989)  
 Slingerland Screening Test for Identifying Children with Specific Language Disability (1993)

<b>INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Bayley Scales of Infant and Toddler Development—Third Edition (2006) (Bayley-III)	1 to 44 months	Adequate	Adequate	Adequate	C	Very good assessment, especially with special populations
Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2) (2009)	6 to 90 years	Adequate	Adequate	Adequate	B2	
Detroit Test of Learning Aptitude-Fourth Edition (DTLA-4) (1998)	6 to 17-0 years	Adequate	Adequate	Adequate	C	
Differential Abilities Scale-2 <sup>nd</sup> Edition (DAS-2) (2007)	2-6 to 18 years	Adequate	Adequate	Adequate	C	

<b>INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Kaufman Assessment Battery for Children, 2 <sup>nd</sup> Edition (KABC-II) (2004)	3 to 18 years	Adequate	Adequate	Adequate	C	can obtain a non-verbal score
Kaufman Brief Intelligence Test-2 <sup>nd</sup> Edition (KBIT-II) (2004)	4 to 90 years	Adequate	Adequate	Adequate	C	
Leiter International Performance Scale-Revised (Leiter-R) (1998)	2 to 21 years	Adequate	Adequate	Adequate	C	non-verbal; useful with individuals with speech or fine motor difficulties
Pictorial Test of Intelligence - Second Edition (PTI-2) (2001)	3 to 9 years	Questionable-Low number of 3 and 8 year olds. Unclear if physical disabilities included.	Adequate	Adequate		***SCREENER Useful for children with speech-language and/or fine motor difficulty. Not to be used diagnostically nor in discrepancy formulas.
Stanford-Binet Intelligence Scale: Fifth Edition (SB5) (2003)	2 to 90 years	Adequate	Adequate	Adequate	C	
Test of Nonverbal Intelligence –Third Edition (TONI-3) (1997)	6 to 90 years	Adequate	Adequate	Adequate	B2	***SCREENER

<b>INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
The Cognitive Abilities Scale-Second Edition (CAS2) (2001)	3-23 months-Infant Form & 24-47 months-Pre-school Form	Adequate	Adequate	Adequate- validity of infant form not fully established	B2	Play-based measure
The Cognitive Assessment System (Das-Naglieri) (CAS) (1997)	5 to 17 years	Adequate	Adequate	Adequate	C	Good assessment for minority students
Universal Nonverbal Intelligence Test (UNIT) (1998)	5 to 18 years	Adequate	Adequate	Adequate	C	
Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV) (2003)	6 to 17 years	Adequate	Adequate	Adequate	C	
Wechsler Intelligence Scale for Children- Fourth Edition Integrated (WISC-IV Integrated) (2004)	6 to 17 Years	Adequate	Adequate	Adequate	C	Assesses neuro- psychology of cognition
Wechsler Abbreviated Scale of Intelligence (WASI) (1999)	6 to 89 years	Adequate	Adequate	Adequate	C	***SCREENER
Wechsler Adult Intelligence Scale- Fourth Edition (WAIS-IV) (2008)	16 to 91 years	Adequate	Adequate	Adequate	C	

INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Wechsler Nonverbal Scale of Ability (WNV) (2006)	4- to 22 years	Adequate- only 75 children included at 13-0 to 21-11	Adequate	Adequate	C	
Wechsler Preschool & Primary Scale of Intelligence-Third Edition (WPPSI-III) (2002)	2.6 to 7.3 years	Adequate	Adequate	Adequate	C	
Woodcock-Johnson III NU Tests of Cognitive Abilities (2001)	2 to 90+ years	Adequate	Adequate	Adequate	C	

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Assessment for Persons Profoundly or Severely Impaired (APPSI) (1998)  
Columbia Mental Maturity Scale (1972)  
Detroit Test of Learning Aptitude-  
Extended Merrill-Palmer Scales (1978)  
Goodenough-Harris Drawing Test (draw-a-man test) (1963)  
Hiskey-Nebraska Test of Learning Aptitude (1966)  
Kaufman Adolescent & Adult Intelligence Test (1993)  
McCarthy's Scale of Children's Abilities(1972)

Merrill-Palmer Scale of Mental Test (1948)  
 Primary 2nd. Ed. (1991)  
 Raven's Progressive Matrices (1986)  
 Slosson Intelligence Test-Revised(1998)  
 Slosson Intelligence Test-Primary(1999)  
 System of Multicultural Pluralistic Assessment (1979)  
 Test of Memory & Learning (1994)  
 The Blind Learning Aptitude Test (1969)

INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Adolescent Symptom Inventory 4 <sup>th</sup> Ed (ASI-4) (1998)	12 to 18:11 years	Inadequate	Inadequate	Inadequate		***SCREENER
Achenbach System of Empirically Based Assessment (ASEBA) (2001)	18 months to 90 years	Adequate	Adequate	Adequate	B1	
Anti-Social Process Screening Device (APSD) (2001)	6 to 13:11 years	Questionable	Inadequate	Inadequate		Use caution when interpreting results. Use with other measures.
Attention Deficit Disorders Evaluation Scale –Third Edition (2004) (ADDES-3)	4 to 18:11 years	Questionable	Adequate	Questionable		
Beck Depression Inventory-II (BDI-II) (1996)	13 to 80 years	Adequate	Adequate	Adequate	C	

<b>INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Beck Youth Inventories – 2 <sup>nd</sup> Edition (BYI-III) (2005)	7 to 18 years	Adequate	Adequate	Adequate	C	Not to be used in isolation. Use with other measures.
Behavior and Emotional Rating Scale-2 (BERS-2) (2004)	5 to 18:11 years	Adequate	Adequate	Adequate	B1	
Behavior Assessment System for Children-2 <sup>nd</sup> Edition (BASC-2) (2004) Spanish version also available	2 to 25 years	Adequate	Adequate	Adequate	B1	Use of the SDH and SOS is questionable
Behavior Disorders Identification Scale-Second Edition (2000) (BDIS-2)	4:5 to 21:11 years	Inadequate	Inadequate	Inadequate		Not for diagnostic classification
Behavior Evaluation Scale- Third Edition (2005) (BES-3L, BES-3S)	4 to 19:11 years	Adequate	Adequate	Adequate		***SCREENER
Behavior Rating Inventory of Executive Function—Preschool Version (BRIEF-P) (2003)	2:0 to 5:11 years	Inadequate	Inadequate	Inadequate	B1	
Behavior Rating Inventory of Executive function—Self-Report version (BRIEF-SR) (2004)	11 to 18:11 years	Inadequate	Inadequate	Inadequate	B1	
Behavior Rating Profile Second Edition (BRP-2) (1990)	6:6 to 18:6 years	Inadequate	Inadequate	Inadequate		

<b>INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Brown Attention Deficit Disorder Scales: Adolescent Version (1996)	12 to 18:0 years	Inadequate	Questionable	Questionable	B1	***SCREENER – Use with other measures.
Burks Behavior Rating Scale – Second Edition (BBRS-2) (2006)	4 to 18 years	Adequate	Questionable	Questionable	B1	Supplemental-Use with other measures
Child Symptom Inventory 4 <sup>th</sup> Ed (CSI-4) (2002 Update)	5 to 12:11 years	Inadequate	Questionable	Questionable		Designed for use in clinical settings.
Child Symptom Inventory-4 (2002 Update) (CSI-4) (2002)	5-12:11 years	Inadequate	Questionable	Questionable		
Children’s Depression Inventory (2003 Update) (CDI) (2003)	7 -17:11 years	Inadequate	Inadequate	Inadequate	B1	
Children’s Depression Rating Scale-Revised (CDRS-R) (1992)	6 to 12:11 years	Inadequate	Adequate	Adequate		
Clinical Assessment of Attention Deficit-Child (2005) (CAT-C)	8 to 18:11 years	Questionable-Standardization sample small	Adequate	Questionable		***SCREENER
Clinical Assessment of Behavior (CAB) (2004)	2 to 18:11 years	Inadequate	Inadequate	Inadequate		
Clinical Assessment of Depression (CAD) (2004)	8 to 79 years	Questionable	Questionable	Questionable		

<b>INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL /PERSONALITY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Conduct Disorders Scale (CDS) (2002)	5 to 22:11 years	Inadequate	Inadequate	Inadequate		
Conners 3 <sup>rd</sup> Edition (Conners 3) (2008)	3 to 17:11 years	Adequate	Adequate	Adequate	B1	
Conners Comprehensive Behavior Rating Scales (Conners CI) (2008)	6 to 18 years	Adequate	Adequate	Adequate	B1	
Conners Early Childhood (Conners EC) (2009)	2 to 6:11 years	Adequate	Adequate	Adequate	B1	***SCREENER to be used with other instruments
Conners' Continuous Performance Test II (CPT II) (1996)	6 - Adult	Questionable	Questionable	Questionable		Computerized-acceptable for screening
Conners' Kiddie Continuous Performance Test (K-CPT) (2001)	4 to 5:11 years	Inadequate	Inadequate	Inadequate		Computerized-acceptable for screening
Conners-March Developmental Questionnaire						Developmental Questionnaire – NOT REVIEWED
Cooper-Farran Behavioral Kindergarten Rating Scales (CFBRS) (1991)	Kindergarten	Inadequate	Inadequate	Inadequate		
Culture-Free Self-Esteem Inventories -3 <sup>rd</sup> Edition (CFSEI-3) (2002)	6 to 18:11 years	Adequate	Adequate	Inadequate	B1	

INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Depression and Anxiety in Youth Scale (DAYS) (1994)	6 to 19:0 years	Questionable	Adequate <i>Parent form</i> <i>Questionable</i>	Adequate		***SCREENER – not for diagnostic purposes. Parent scale not recommended
Devereaux Early Childhood Assessment –Clinical Form (DECA-C) (2002)	2 to 5:11 years	Adequate	Questionable for Parent rating	Adequate	B1	
Devereux Child Behavior Rating Scale (1993)	5 to 18:11 years	Adequate	Adequate	Adequate	B1	Interpretation of Subscale Scores not recommended.
Differential Scales of Social Maladjustment and Emotional Disturbance (DSSMED) (2009)	6 to 17:11 years	Adequate	Adequate	Adequate		
Disruptive Behavior Rating Scale (1993)	7 to 18:11 years					NOT REVIEWED
Emotional and Behavior Problem Scale- Second Edition (EBPS-2) (2001)	5 to 18:11 years	Adequate	Inadequate	Inadequate		Use only in conjunction with another behavior assessment.
Emotional or Behavior Disorder Scale-Revised (EBDS-R) (2003)	5 to 18:11 years	Questionable	Adequate	Inadequate		

INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Functional Assessment and Intervention System (FAIS): Improving School Behavior (2004)	Early Childhood through High School	NA	Adequate	Adequate		For use when conducting skill-based behavioral assessment
Home and Community Social Behavior Scales (HCSBS) (2002)	5 to 18:11 years	Adequate	Adequate	Adequate		***SCREENER
House-Tree-Person and Draw-A-Person As Measures of Abuse in Children: A Quantitative Scoring System (H-T-P\D-A-P) (1994)	7 to 12:11 years	Inadequate	Adequate	Questionable	C	Projective Test
Millon Pre-Adolescent Clinical Inventory (M-PACI) (2005)	9 to 12:11	Inadequate	Inadequate	Questionable		
Minnesota Multiphasic Personality Inventory-2 <sup>nd</sup> Edition Adolescent (MMPI-2) (1992)	14 to 18:11 years	Questionable	Questionable	Questionable	C	
Multidimensional Anxiety Scale for Children (MASC) (1997)	8 to 19:11 years	Inadequate	Inadequate	Inadequate	B1	
Multidimensional Self Concept Scale (MSCS) (1992)	5 <sup>th</sup> to 12 <sup>th</sup> grades	Adequate	Inadequate	Adequate	B1	

<b>INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Multiscore Depression Inventory for Children (MDI-C) (1996)	8 to 17 :11 years	Questionable for minority children and adolescents	Adequate	Adequate		***SCREENER
Pediatric Behavior Rating Scale (PBRs) (2008)	3 to 18:11 years	Adequate	Adequate	Adequate		NOT REVIEWED
Personality Inventory for Children-2 (PIC-2) (2001)	5 to 19:11 years	Adequate	Adequate	Questionable	B1	
Piers-Harris Children's Self Concept Scale – Second Edition (PHCSCS-2) (2002)	7 to 18:11 years	Adequate	Adequate	Adequate	B1	***SCREENER
Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2) (2002)	3 to 6:11 years	Questionable	Adequate	Adequate		***SCREENER Caution for use with 3-year-olds. Spanish version available.
Preschool Behavioral and Emotional Rating Scale (PreBERS) (2009)	3 to 5:11 years	Pending	Pending	Pending		
Revised Child Anxiety and Depression Scale (2000)					B1	NOT REVIEWED
Revised Children's Manifest Anxiety Scales – 2 (RCMAS-2) (2008)	6 to 19:11 years	Adequate	Adequate	Adequate	B1	
Reynolds Adolescent Depression Scale-2 <sup>nd</sup> Edition (RADS-2) (2002)	11 to 20:11 years	Adequate	Adequate	Adequate	B1	***SCREENER

<b>INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Roberts 2	6 to 18:11 years	Questionable	Inadequate	Inadequate		
Scales for Assessing Emotional Disturbance-2 <sup>nd</sup> Edition (SAED-2) (2010)	5 to 18:11 years	Pending	Pending	Pending	B1	
Scales for Diagnosing ADHD (SCALES) (2002)	5 to 18:11 years	Adequate	Adequate	Adequate		
School Social Behavior Scales-2 <sup>nd</sup> Edition (SSBS-2) (2002)	K – 12 <sup>th</sup> grade	Questionable oversampled males	Adequate	Adequate		Meant for intervention monitoring
Self Esteem Index (SEI) (1991)	7 to 18:11 years	Adequate	Inadequate	Inadequate		
Social Emotional Dimension Scale – Second Edition (SEDS-2) (2004)	6 to 18:11 years	Adequate	Adequate	Adequate		***SCREENER Only– Use of Functional Assessment Interview not recommended
Social Problem-Solving Inventory – Revised (SPSI-R) (2002) Spanish Edition Available	13 + years	Questionable	Questionable	Questionable		***SCREENER – not to be use for decision-making
Social Skills Improvement System Rating Scales (SSIS Rating Scales) (2008)	3 to 18 years	Adequate	Adequate	Adequate	B1	
Student Self Concept Scale (1993)	3 <sup>rd</sup> to 12 <sup>th</sup> grades	Adequate	Adequate	Adequate		

INDIVIDUALLY ADMINISTERED SOCIAL/BEHAVIORAL/ PERSONALITY TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Temperament and Atypical Behavior Scale (TABS) (1999)	11 to 71 months	Adequate	Adequate	Adequate		Overall score adequate for decision making. Some scores only for screening.
The Behavior Dimensions Scale (BDS) (1995)	3 to 19:11 years	Adequate	Adequate	Questionable		
The Early Childhood Behavior Scale (ECBS) (1992)	3 to 6:11 years	Inadequate	Inadequate	Inadequate		
Transition Behavior Scale-Second Edition (TBS-2) (2000)	12 to 18:0 years	Adequate	Questionable	Inadequate		Useful for IEP Development
Youth Outcome Questionnaire (Y-OQ-2.01) (1996)	4 to 17:11	Inadequate	Adequate	Adequate		***SCREENER – Normed only in Idaho and Utah
Youth Risk and Resilience Inventory (YRRI) (2006)	10 to 17:11 years	Inadequate	Inadequate	Inadequate		

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

AML Behavior Rating Scales (1975)  
Analysis of Coping Style (1981)  
Assessment of Interpersonal Relations (1993)  
Behavior Dimensions Rating Scale (1989)  
Behavior Evaluation Scale - Kozloff (1974)  
Behavior Problem Checklist – R (1990)  
Bristol Social Adjustment Guides (1970)  
California Psychological Inventory (1975)  
California Test of Personality (1953)  
Child Anxiety Scale (1980)  
Child Behavior Profile (1986)  
Child Behavior Rating Scale (1962)  
Child Symptom Inventories (1994) (with Adolescent Supplement)  
Children Version of the Family Environment Scale (1984)  
Children’s Personality Questionnaire (1975)  
Coopersmith Self Esteem Inventory (1967)  
Depression Inventory for Children & Adults (1987)  
Early School Personality Questionnaire (1976)  
Health Resources Inventory (1976)  
High School Personality Questionnaire (1983)  
Hopelessness Behavior Checklist (1971)  
Inferred Self Concept Scale (1973)  
Kinetic Family Drawing (1970)  
Peer Nomination Inventory for Depression (1980)  
Revised Behavior Problem (1987)  
School Behavior Checklist (1977)  
Social Emotional Dimension Scale (1986)  
Test of Early Socioemotional Development (1984)  
The Temperament Assessment Battery for Children (1988)  
Thematic Apperception Test (1943)  
Walker Problem Behavior Checklist (1976)

<b>AUTISM TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Asperger Syndrome Diagnostic Scale (ASDS) (2001)	5 to 18:11 years	Questionable	Adequate	Adequate	B1	***SCREENER Use with other measures
ASSQ High Functioning Autism Spectrum Screening Questionnaire (1999)	School age to adult					Diagnostic measure NOT REVIEWED
Autism Behavior Checklist (ABC) (1993)	All ages					***SCREENER NOT REVIEWED
Autism Diagnostic Interview-R (2003)	Mental age above 2 years					Pair with Diagnostic Instrument
Autism Diagnostic Observation System (ADOS) (2002) <i>(*in re-norming process)</i>	Toddler to Adult	Adequate	Adequate	Adequate	B1	Diagnostic Team administration; Consensus coding
Autism Screening Instrument for Educational Planning Third Ed (ASIEP-3) (2008)	2-0 to 3:11 years	Pending	Pending	Pending		***SCREENER
Autism Spectrum Rating Scales (ASRS) (2010)	2 to 18:11 years	Pending	Pending	Pending	B1	***SCREENER
Checklist for Autism in Toddlers (CHAT) (1992)	Birth to 18 months					Informal screening tool
Childhood Autism Rating Scale – 2 <sup>nd</sup> Edition ( )	2 to Adult	Adequate	Adequate	Adequate	B1	Companion tool with other diagnostic measure

<b>AUTISM TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Friendship Questionnaire (FQ) (2000)	Upper elem to adult					NOT REVIEWED
Gilliam Asperger's Disorders Scale 2003 Update (GADS) (2001)	3 to 22:11 years	Questionable (small sample)	Inadequate	Questionable	B1	***SCREENER Useful for developing IEP goals
Gilliam Autism Rating Scale -- Second Edition (2006) (GARS-2)	3 to 22:11 years	Adequate- Caution under- representation of older children and young adults	Adequate (test-retest low for communica- tion subscale)	Adequate	B1	SCREENER for PDD in general
Krug Asperger's Disorder Index (KADI) (2003)	6 to 21:11 years	Questionable	Adequate	Questionable		***SCREENER
Parent Interview for Autism (1993)	Children under age 6					Informal NOT REVIEWED
PDD Behavior Inventory (2005) (PDDBI)	Ages 1:6 to 12:5 years	Questionable- small	Inadequate	Questionable	B1	

<b>AUTISM TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Pervasive Developmental Disorders Screenings Test, Second Edition (PDDST-II)	Ages 12 to 48 months	Not Adequate	Questionable	Questionable		Quick screening measure
Psycho-educational Profile: TEACCH Individualized Psycho-educational Assessment for Children with Autism Spectrum Disorders- Third edition (PEP-III) (2005)	6 months to 7:5 years	Adequate	Adequate	Adequate	B1	Primarily a tool for IEP development and identifying specific strengths and needs
Social Communication Questionnaire (2003)	4 to adult, mental age				B1	Screening for autism spectrum disorders NOT REVIEWED
Social Responsiveness Scale (2005) (SRS)	4 to 18:11 years		Ages 3 and up with cognitive impairments	Not Adequate	Not Adequate	Not Adequate
WH Question Comprehension Test: Exploring the World of WH Question Comprehension for Students with Autism Spectrum Disorders (2004)	Ages 3 and up with cognitive impairments	Not Adequate	Not Adequate	Not Adequate	Licensed SLP	Screening instrument

**\*\*\*Screeners are to be used to determine if a comprehensive evaluation should be completed. Diagnostic Instruments are to be used with other evaluative instruments to ensure appropriate diagnosis.**

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

Play Observation Scale (1985)

<b>SENSORY TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Sensory Profile (1999)	3 to 10:11 years	Inadequate	Inadequate	Questionable	A	May be used for program planning
Sensory Profile School Companion (2006)	3 to 11:11 years	Questionable	Questionable	Questionable		
Adolescent/Adult Sensory Profile (2002)	11 to Adult	Inadequate	Questionable	Questionable		
Sensory Processing Measure (SPM) (2007)	5 to 12	Questionable	Questionable	Questionable		Home and school forms should be used together and not in isolation
Dean-Woodcock Neuropsychological Battery (DWMB) (2003)	4 and over	Adequate	Adequate	Adequate	C	

ADAPTIVE BEHAVIOR TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
AAMR Adaptive Behavior Scale-School 2 <sup>nd</sup> Ed (ABS-S:2) (1993)	3 to 21:11 years	Inadequate	Questionable	Questionable		
Adaptive Behavior Assessment System-Second Edition (2003) (ABAS-2)	Birth to 89 years	Adequate	Adequate	Adequate	B1	
Adaptive Behavior Evaluation Scale-R (1995) (ABES)	5 to 18:11 years	Questionable- Minorities underrepresented	Questionable	Questionable		Used with caution until further research is available
Assessment for Persons Profoundly or Severely Impaired (1998)	Birth to 8 months					Criterion referenced – NOT REVIEWED
Assessment of Adaptive Areas (1996)	3 to 17:11 (non MR), 3 to 79 years (MR)	Adequate	Questionable	Questionable		
BRIGANCE Transition Skills Inventory (TSI) (2010) <i>Replaces ESI and LSI</i>		Pending	Pending	Pending		

<b>ADAPTIVE BEHAVIOR TESTS</b>	<b>AGE/GRADE LEVELS</b>	<b>STANDARDIZATION</b>	<b>RELIABILITY</b>	<b>VALIDITY</b>	<b>QUALIFICATIONS</b>	<b>COMMENTS</b>
Checklist of Adaptive Living Skills (1991)	Birth to adult	NA	NA	NA		Criterion referenced NOT REVIEWED
Developmental Assessment for Students with Severe Disabilities 2 <sup>nd</sup> Ed (1999)	Birth to 6:11 years	NA	NA	NA		Criterion referenced NOT REVIEWED
Responsibility & Independence Scale for Adolescents (RISA) (1990)	12 to 19:11 years	Inadequate	Adequate	Adequate		Diagnostic measure useful for program planning
Scales of Independent Behavior-R (1997) (SIB-R)	Birth to adult	Adequate	Adequate for Full Scale; Questionable for Short Form and Early Development Form	Adequate	B1	More useful as a Screening Instrument
School Function Assessment (1998) (SFA)	K to 6 <sup>th</sup> grade	Adequate	Inadequate	Inadequate		Criterion referenced
Vineland Adaptive Behavior Scales, Second Edition (Vineland II) (2008)	Birth to 90 years	Adequate	Adequate	Adequate	B1	

ADAPTIVE BEHAVIOR TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	QUALIFICATIONS	COMMENTS
Vineland Social- Emotional Early Childhood Scales	Birth to 5:11 years	Pending	Pending	Pending		

**Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:**

AAMD Adaptive Behavior Scale-School Edition (1981)  
 Adaptive Behavior Inventory (1986)  
 BRIGANCE Employability Skills Inventory (ESI)  
 BRIGANCE Life Skills Inventory (LSI)  
 Children's Adaptive Behavior Scale-R (1983)  
 Comprehensive Test of Adaptive Behavior (1984)  
 Inventory for Client & Agency Planning (ICAP) (1986)  
 Normative Adaptive Behavior Checklist (1984)  
 Pyramid Scales (1984)  
 Street Survival Skills Questionnaire (SSSQ) (1983)  
 TARC Assessment for Severely Handicapped (1975)  
 Uniform Performance Assessment System (UPAS) (1981)

**TRANSITION ASSESSMENT TOOLS THAT CAN BE USED TO IDENTIFY A CHILD'S MEASURABLE POSTSECONDARY GOALS AND THE INDIVIDUALIZED SERVICES TO HELP THEM TO REACH THESE GOALS.**

## **What is transition assessment and why is it needed?**

**In May of 2007, The National Secondary Transition Technical Assistance Center, which is funded by the Office of Special Education Programs, provided the following paragraph pertaining to transition assessment.**

The Division on Career Development and Transition (DCDT) of the Council for Exceptional Children defines transition assessment as an "...ongoing process of collecting data on the individual's needs, preferences, and interests as they relate to the demands of current and future working, educational, living, and personal and social environments. Assessment data serve as the common thread in the transition process and form the basis for defining goals and services to be included in the Individualized Education Program (IEP)" (Sitlington, Neubert, & LeConte, 1997; p. 70-71).

Federal law requires **"Beginning not later than the first IEP to be in effect when the child turns 16 and then updated annually thereafter, the IEP must include: appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment and independent living skills, where appropriate. (§300.320[b][1])."**

The goal of transition assessment is to assist students, families, and professionals as teams make transition planning decisions for student success in postsecondary environments. Transition assessments may be completed for many purposes and will typically answer three basic questions:

1. To help students develop and refine postsecondary goals –  
*Where will the student work, learn, and live after high school?*
2. To provide information for the transition present levels of performance – what the student can and can't yet do related to interests, preferences, strengths, and needs –  
*Where is the student presently in relationship to where they plan to go after high school?*
3. To make instructional programming decisions, including related transition services, courses of study, annual goals and objectives for the transition component of the IEP -  
*How will the student get from where they are functioning now to where they want to be?*

Please remember that every student is unique, and that no single transition assessment tool will provide perfect results for every student. It seems most appropriate to use some combination of the following types:

Paper and pencil or computerized assessments, structured student and family interviews, community or work-based assessments (situational), curriculum-based assessments, and/or reviews of existing records.

These assessments or procedures come in two general formats – formal and informal.

Informal measures may include:

- interviews or questionnaires
- direct observations
- anecdotal records
- environmental/situational analysis
- curriculum-based assessments
- interest inventories
- preference assessments
- transition planning inventories

Formal measures may include:

- adaptive behavior and independent living assessments
- aptitude tests
- interest assessments
- intelligence and achievement tests
- personality or preference tests
- career development measures
- on the job or training evaluations
- measures of self-determination

Transition assessment information should be summarized in a brief report and transferred to the present levels

of academic achievement and functional performance (PLAAFP) page. These results should lead the **student** to **better understand** the connection between their individual academic program and post-school ambitions, the likely key to their motivation to **engage in learning and stay in school** (Kortering & Brazier, 2008).

Following is a list of assessment tools, which can be used by evaluators to help the IEP team to 1) Identify a child's measurable postsecondary goals, 2) Help determine the student's transition services, or 3) Point to the need for further transition assessment. The list is not exhaustive, contains both formal and informal assessment devices, and represents tools that are available and affordable. The transition skills measured by each device are marked with an X.

TRANSITION ASSESSMENTS	PUBLISHER	EMPLOYMENT/ VOCATIONAL INTEREST /WORK READINESS	POST SECONDARY EDUCATION/ TRAINING	INDEPENDENT LIVING	COMMUNITY LIVING	ADULT SERVICES	SELF- DETERMINATION	COMMENTS
ACT –College Entrance	<a href="http://act.org">http://act.org</a>		X					Accommodations such as extended time may be available with proper disability documentation
Adaptive Behavior Inventory (ABI)	PRO-ED Inc.	X		X	X	X		Evaluates functional daily living skills of school aged children
AIR Self-Determination (SD) Scale	<a href="http://education.ou.edu/zarrow">http://education.ou.edu/zarrow</a>						X	<b>Free</b> , identifies specific education goals that can be incorporated into IEP
Ansell-Casey Life Skills Assessment	<a href="http://www.caseylifeskills.org">www.caseylifeskills.org</a>	X	X	X	X			<b>Free</b> comprehensive online assessment and report, Culturally sensitive
Arc’s Self-Determination Scale	<a href="http://www.beachcenter.org">www.beachcenter.org</a>						X	Students rate themselves, <b>Free</b> download
Assessment of Functional Limitations	Available from VR Counselor	X		X				Completed at time of intake eligibility for Department of Rehabilitation Services
ASVAB-Armed Services Vocational Aptitude Battery			X				X	Available through your school counselor’s office
Brigance Employability Skills Inventory (ESI)	Curriculum Associates, Inc.	X	X					Junior high through adult, Replaced by Transition Skills Inventory (ESI recording booklets still available)
Brigance Inventory of Essential Skills (IES)	Curriculum Associates, Inc.	X		X	X	X		Junior high through adult, Replaced by Transition Skills Inventory (IES recording booklets still available)
Brigance Life Skills Inventory (LSI)	Curriculum Associates, Inc.	X		X	X	X		Junior high through adult, Replaced by Transition Skills Inventory (LSI recording booklets still available)
Brigance Transition Skills Inventory (TSI)	Curriculum Associates, Inc.	X	X	X	X			Optional Online Management System, Replaces former Brigance Inventories for transition aged

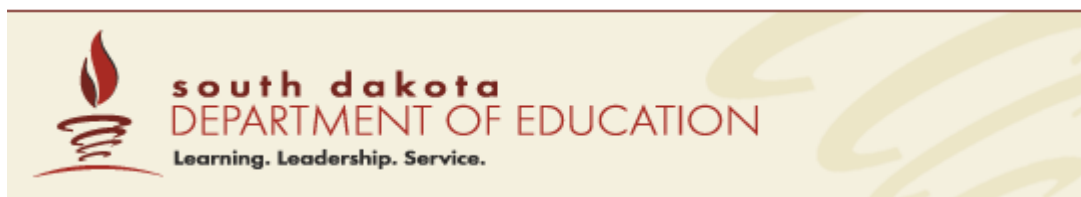
<b>TRANSITION ASSESSMENTS</b>	<b>PUBLISHER</b>	<b>EMPLOYMENT/ VOCATIONAL INTEREST/WORK READINESS</b>	<b>POST SECONDARY EDUCATION/ TRAINING</b>	<b>INDEPENDENT LIVING</b>	<b>COMMUNITY LIVING/MOBILITY</b>	<b>ADULT SERVICES</b>	<b>SELF- DETERMINATION</b>	<b>COMMENTS</b>
Career Assessment Inventory –CAI & Enhanced Edition	Pearson/Psych Corp.	<b>X</b>	<b>X</b>					Paper/pencil or computer administration available, Enhanced edition for students entering or plan to enter post-secondary education
The Career Clusters Interest Survey	<a href="http://www.careerclusters.org">www.careerclusters.org</a>	<b>X</b>						Pencil/paper survey <b>Free</b> download
Career Exploration Inventory	Jist Works, Inc <a href="http://www.jist.com">www.jist.com</a>	<b>X</b>	<b>X</b>		<b>X</b>			Reflect on 128 activities and consider their past, present, and future interest in them
The Career Game	Rick Trow Productions, Inc. <a href="http://www.careergame.com">www.careergame.com</a>	<b>X</b>						Interest Inventory
Checklist of Adaptive Living Skills (CALs)	Riverside Publishing	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	Useful for program planning, curriculum available for results
ChoiceMaker Self-Determination Assessment	Martin & Marshall, Sopris West	<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>	Curriculum available to go with ChoiceMaker
Enderle-Severson Transition Rating Scales - ESTR	<a href="http://www.ESTR.net">www.ESTR.net</a>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		3 Rating scales for individuals with mild to significantly cognitive disabilities - Online report generator available for sale
EXPLORE Assessment	<a href="http://act.org">http://act.org</a>	<b>X</b>	<b>X</b>					ACT's college readiness test for 8 <sup>th</sup> & 9th graders
FieldHoffman Self Determination Assessment Battery	<a href="http://education.ou.edu/zarrow">http://education.ou.edu/zarrow</a>						<b>X</b>	Free download Click on Self-Determination Assessment tools on left hand side
FISH: Functional Independence Skills Handbook	PRO-ED Inc.	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	Assessment/curriculum for individuals with developmental disabilities
Independent Living Assessment	Available from VR Counselor			<b>X</b>	<b>X</b>			Can obtain a blank copy from your VR office or transition liaison

TRANSITION ASSESSMENTS	PUBLISHER	EMPLOYMENT/ VOCATIONAL INTEREST/WORK	POST SECONDARY EDUCATION/ ADULT SERVICES	INDEPENDENT LIVING	COMMUNITY LIVING/MOBILIT	ADULT SERVICES	SELF- DETERMINATION	COMMENTS
The Inventory for Client and Agency Planning (ICAP)	Riverside Publishing	X		X	X	X		Also measures motor skills, & 8 categories of maladaptive behavior Used by SD Division of Developmental Disabilities to determine eligibility for services
Life Centered Career Education (LCCE)	Council for Exceptional Children	X	X	X	X	X	X	Comprehensive functional curriculum, Used with students of all ages
PLAN – College Readiness	<a href="http://act.org/">http://act.org/</a>	X	X					ACT's college readiness test for 10 <sup>th</sup> graders
P-SAT	<a href="http://www.collegeboard.com">www.collegeboard.com</a>		X					Practice test for SAT, 11 <sup>th</sup> graders can enter scholarship competition
Quick Book of Transition Assessment	Transition Services Liaison Project <a href="http://www.tslp.org">www.tslp.org</a>	X	X	X	X	X	X	Compilation of <b>FREE</b> informal transition assessments (informal surveys, interview forms & checklists),
Reading Free Vocational Interest Inventory: 2	PRO-ED Inc.	X						Uses pictures of individuals engaged in different occupations to measure the student's vocational likes and dislikes, No reading or writing is required
SDMyLife (Career Cruising)	See your School Counselor	X	X					Free to all South Dakota middle and high school students
Situational Assessments from job shadowing/Project Skills/ interning	Available from VR Counselor		X		X		X	Completed by individual observing employment opportunity
Transition Planning Inventory – TPI	PRO-ED Inc.	X	X	X	X	X	X	Assesses academic skills, also
Vineland Adaptive Behavior Scales II :Classroom-2 <sup>nd</sup> Edition (2005)	Pearson/Psych Corp.			X	X			Results may also relate to other transition areas
WorkKeys Job Skills Assessment	<a href="http://act.org">http://act.org</a>	X	X					Administered through local Department of Labor offices, Same developer as the ACT test



# DEAF- BLINDNESS

0500



# DEAF-BLINDNESS

SD Administrative Rules pertaining to eligibility criteria for deaf-blindness:

**24:05:24.01:07. Deaf-blindness defined.** 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.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• current (within 1-2 years) report from an Ophthalmologist or Optometrist</li><li>• Audiological</li><li>• Ability</li><li>• Academic Achievement</li><li>• Language</li><li>• Adaptive behavior</li><li>• Braille assessment (the team shall consider based upon age-appropriateness)</li><li>• Orientation and mobility</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as if appropriate, speech, motor, hearing, etc.</li></ul>
<p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## Frequently Asked Questions

**1. At what age is it considered appropriate for the team to assess the child in the areas of Braille?**

*It is a good idea for the IEP team to discuss Braille assessment early in the child's educational program. For a preschool-aged child, the team may consider incorporating sensory experiences or pre-Braille activities to develop a base for future Braille use. When the child is ready to learn to read, the team should begin to discuss which medium should be used for the child.*

*A number of methods may be used by the team to determine what medium for reading and writing is best suited to the child's individual needs. For some children, reading may not come up as a primary need until later in their educational program. As with all elements of the individualized educational program, the needs of the child will determine program characteristics. For every child, the program will be different.*

**2. Is it necessary for a child, due for a three-year reevaluation, to be seen again by the ophthalmologist and audiologist, if deaf-blindness has already been determined as a disabling condition?**

*The team must determine which areas need to be assessed for current information purposes. Many children who are identified as deaf-blind see these professionals on an annual or even more frequent basis. As with any disabling condition, change can and will occur over time. It is important to maintain current information to make appropriate educational decisions.*

*It is the decision of the IEP team to determine what information is necessary to determine continued eligibility. If there is information that is valid and still portrays an accurate picture of the student, the team can determine if the information will be pulled forward from previous testing by documenting it on the Prior Notice.*

**3. Can Deaf-Blindness be considered for the category of multiple disabilities if it is found concomitant with another disability?**

*Deaf-Blindness alone cannot meet the criteria for multiple disabilities. However, if an individual meets the criteria for Deaf-Blindness along with another disability that causes educational needs that cannot be met with a special education program designed solely for one of the disabilities; the category of multiple disabilities may be considered.*

**4. "Where can I go for additional resources?"**

Center for Disabilities Deaf-Blind Program  
Sanford School of Medicine  
1400 West 22<sup>nd</sup> Street  
Sioux Falls, South Dakota 57105  
1-800-658-3080  
1-605-357-1437  
<http://www.usd.edu/cd/>

South Dakota School for the Blind and  
Visually Impaired  
423 17th Avenue SE  
Aberdeen, SD 57401-7699  
605-626-2580 (voice and TTY)  
Toll-Free 1-888-275-3814  
Fax: 605-626-2607  
<http://sdsbvi.norther.edu/>



# EMOTIONAL DISTURBANCE

0505



# EMOTIONAL DISTURBANCE

SD Administrative Rule pertaining to eligibility criteria for emotional disturbance

**24:05:24.01:16. Emotional disturbance defined.** Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

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

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless the IEP team determines pursuant to § 24:05:24.01:17 that the student has an emotional disturbance.

**24:05:24.01:17. Criteria for emotional disturbance.** A student may be identified as emotionally disturbed if the following requirements are met:

- (1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;
- (2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally-normed technically adequate measures; and
- (3) An adverse effect on educational performance is verified through the full and individual evaluation procedures as provided in § 24:05:25:04.

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

### Areas to be Assessed

- Ability
- Academic achievement
- Observations
- Behavior – (To support educational impact a Standardized Rating Scale must be completed individually, at a minimum, by two teachers, a parent and if appropriate, the student).
- If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior (to include social skills), speech or language.

**NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.**

#### **REMINDER:**

- 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.
- Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.
- The team should take into account any exceptionality of the individual in the choice of assessment procedures.

### Frequently Asked Questions

- 1. Emotional Disturbance defined lists five sets of characteristics pertinent to emotional disability. Does this mean in order to identify a student as having an emotional disability that the student must have all five sets of characteristics?**

*No, the student may exhibit one or more of any of the characteristics listed over a long period of time and to a marked degree.*

- 2. To meet the criteria for having an Emotional Disturbance, the team may only identify a student when they have demonstrated a serious behavior problem over a long period of time, generally not less than six months. Does this mean the team is restricted from doing any interventions or evaluations during that six-month period?**

*No, the team is not restricted from attempting interventions or beginning to evaluate a student. This time period would typically be a time for interventions. These interventions might include the use of behavior management plans, attempting various educational modifications, or utilizing the instructional assistance team model (sometimes called teacher assistance team).*

*The team is not limited, in any fashion, from attempting to remediate the student's behavioral and educational difficulties during this six-month time frame. This time period assists the evaluation team in making the determination of whether the student's serious behavioral problems are temporary or long lasting.*

**3. Who should complete the standardized rating scales data and where should the other sources come from?**

*A standardized behavior rating scale must be at a minimum completed individually by two school staff, and one other source such as from the student, the student's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, and/or current behavior; such as another agency, a project skills employer, a job coach, etc.*

**4. What constitutes eligibility for Emotional Disturbance?**

*The frequency and severity of the targeted behavior must fall two standard deviations or more from the mean in emotional functions and must be consistent from the school, home, and community sources. There must be clinically significant scores present in areas on the rating scales to support the criteria for emotional disability such as "anxiety" or "depression". However, eligibility determinations are based on information collected through a comprehensive evaluation, not just clinically significant scores. In addition to standardized rating scales scores, the team must consider other evidence if available, such as skill-based behavior data, a doctor's diagnosis, observation in structured and unstructured settings, and other data gathered through the informal review process if available; student background/ history, academic performance, grades, absences, number of detention(s), number of in-school and out-of school suspension. Since characteristics in students may present themselves differently, it is critical to have someone with specific training in identifying emotional disabilities as part of the team.*

**5. Can any score that is significant on a behavior scale be used to qualify students for ED?**

*Over the years, behavior scales have expanded in what they address, such as social skills, attitude toward school, etc. Best practice is to use scores that are directly related to the actual disability such as depression or anxiety, and rely on such things as social skills, adaptive skills, and learning problems as characteristics that support the disability. According to the publishers of the BASC-II, the rationale for including these selected scales is that they may have relevant item content, where part of a profile for a relevant clinical population (e.g. children with depression), or other research has found the scale to be predictive of school adjustment (e.g. the Adaptability scale), and may be of value for documenting "Emotional Disturbance". There should be a pattern of concerns between the responders as to the actual disability. Example: Internalizing behaviors high but one person notes more anxiety while another notes depression*

**6. Is there a required form to use for documenting targeted behavior?**

*No, the administrative rule requires that the emotional problem be documented, but there is no mandated form for use. The documentation must show the emotional problem has been demonstrated over a long period of time, and that there are two or more sources of the frequency and severity of the targeted behaviors. That is why the comprehensive evaluation should include a comprehensive social history collected directly from the student's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the student's circumstances, history, or current behaviors. A*

*comprehensive social assessment shall include family history, family-social interactions, developmental history, medical history (including mental health), and school history (including attendance and discipline records).*

**7. When conducting a three-year reevaluation of a student currently on an IEP for an Emotional Disturbance it is found that the student no longer meets the criteria for eligibility. Does this mean the student no longer has a disability?**

*If the adverse effects of emotional disability are alleviated by supports utilized through the current IEP process the student may still be considered as meeting the criteria for emotional disability. For example, if by removal of one or more of the current supports the student will regress and readily meet the established criteria, the student should be considered meeting the criteria. This ability for continued service should remain with the student until they have established a consistent record of appropriate behavior outside the qualifying criteria for a long period of time. In this circumstance the multidisciplinary team should complete the over-ride form stating that behavior rating scales may not be within the clinically significant range due to current supports; however, the student still shows evidence of a disability should the supports be removed.*

**8. Can students be identified as having an Emotional Disturbance and be in need of special education if they are performing academically well in the classroom?**

*In order to be identified as being in need of special education services, an adverse effect on the student's educational performance must be present. Educational Performance is a global term used to identify how a student performs in the educational setting. Poor grades or low standardized achievement scores are not the only signs of poor educational performance. IDEA Section 300.101(c) has been revised to clarify that a free appropriate public education (FAPE) must be available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course, and is advancing from grade to grade. For a student with an emotional disability, the following are examples of adverse educational effects:*

- *an inability to maintain relationships with adults and peers, which prevents the student from participating in classroom learning;*
- *an inability to attend school for emotional reasons;*
- *an inability to concentrate and/or participate as directed by the adult which is not consistent with developmental level;*
- *a discrepancy between individual achievement and classroom performance;*
- *not completing school work or completing it and not handing it in;*
- *unrealistic perceptions of school and/or home expectations;*
- *wide variability (inconsistency) in daily achievement/performance that is not based on an identified learning disability or developmental delay; and*
- *a significant decline in overall academic performance as outlined by the district grading practices.*

**9. How does the IEP team tell the difference between a student who has an emotional disability and a student who is simply having conduct problems?**

*It is imperative that the team does a thorough job of observing and documenting the student's difficulties. Furthermore, it is vital that the team include someone with specific training in identifying emotional disturbances as often behavior that appears to be purely a conduct problem may in fact be a symptom of an emotional disability. Clinical judgment is vital in determining if an emotional disability is present.*

**10. May a student who only exhibits internalizing behavior be eligible for special education services under the Emotional Disturbance category?**

*Students with emotional disabilities may exhibit both internalizing and/or externalizing behaviors depending on factors such as age, gender, and developmental level. For example, a young child with an emotional disability may frequently tantrum where an older child may exhibit chronic irritability or disrespect, and/or be withdrawn or sad. It is why it is critical to have someone on the multidisciplinary team with specific training in identifying emotional disabilities, as characteristics may present differently.*

**11. If a student has a diagnosis of Oppositional Defiant Disorder or Conduct Disorder, can they still be eligible for special education services as a student with an emotional disability?**

*A diagnosis of Conduct or Oppositional Defiant Disorder does not exclude a student from qualifying for special education services with an emotional disability if the student meets one of the five qualifying criteria. Very often students with these disorders also have a co-occurring disorder such as AD/HD or depression and exhibit characteristics meeting one of the five qualifying criteria. In the event that a student with Conduct Disorder/Oppositional Defiant Disorder does not meet the criteria, they may be eligible for a 504 plan.*

**12. Could a child with an autism spectrum disorder qualify for special education services under the category of Emotional Disturbance?**

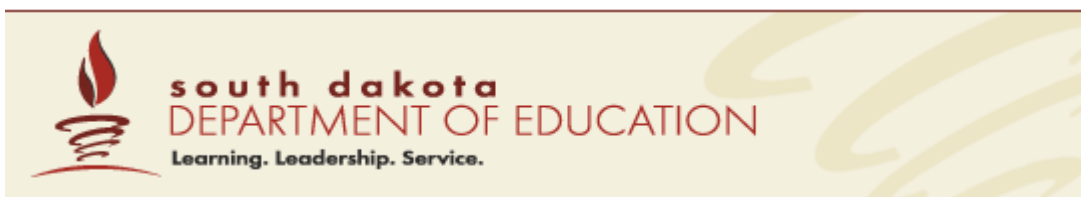
*Students with an autism spectrum disorder often meet social-related criteria such as definition criteria number two; however, there must also be an adverse educational impact as determined by the multidisciplinary team evaluation requiring special education services as determined by the multidisciplinary team evaluations.*

**13. Can I just have people answer the questions that relate to the disability we suspect (such as ADHD)?**

*No, behavior checklists are designed to look at a number of areas and, when dealing with any disorder that falls within the area of behavior/social emotional, you also want to determine if what you are seeing is related to another concern (e.g. rule out other disabilities.)*

# COGNITIVE DISABILITY

0510



# COGNITIVE DISABILITY

SD Administrative Rules pertaining to eligibility criteria for Cognitive Disability:

**24:05:24.01:11. Cognitive disability defined.** Cognitive disability is significantly below-average general intellectual functioning that exists concurrently with deficits in adaptive behavior skills, that is generally manifested before age eighteen, and that adversely affects a student's educational performance. The required evaluative components for identifying a student with a cognitive disability are as follows:

- (1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § 24:05:25:04; and
- (2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § 24:05:25:04.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Ability</li><li>• Academic achievement</li><li>• Adaptive behavior</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as motor, speech or language.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## **Frequently Asked Questions**

### **1. Why was the name changed from Mental Retardation to Cognitive Disability?**

*The term Mentally Retarded is outdated and considered offensive by many people. In American society, being labeled with "mental retardation" can be stigmatizing. Individuals with this label sometimes feel excluded and belittled.*

### **2. What does the term "plus or minus the standard error of measurement" mean when figuring the two standard deviations below the mean as determined by individual cognitive evaluation?**

*General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with §24:05:25:04; and*

*When compared with an individual's hypothetical 'true' score, the standard error of measurement (SEM) is an estimate of the error attached to the individual's obtained 'true' score. The SEM, which varies from test to test, should be given in the test manual.*

*One standard deviation equals 15 points on most commonly used ability measures; therefore, two standard deviations equal 30 points. With a mean of 100, the two standard deviations subtracted equal a score of 70. This means the team is looking for a score of 70 or below.*

*The student's standard score is tabulated for general intellectual functioning (typically, this is an ability measure). Then, the standard error of measurement (SEM) plus or minus is figured into the received standard score. The result provides a range of scoring. This range of general intellectual function must fall within a 70 or below to meet this portion of the criteria.*

***For example,** if a student achieves a WISC-IV Full Scale Intelligence Quotient of 70, and the standard error of measurement is plus (+) or minus (-) 3, the range of general intellectual functioning would be 67 to 73. Thus, this student meets this portion of the Cognitive Disability criteria, as the range falls at 70 or below.*

***REMINDER:** The category of Cognitive Disability is the only category in which the standard error of measurement is to be figured in determining eligibility for special education or special education and related services.*

### **3. Can the IEP team use subtests to figure the range?**

*No, subtest scores do not provide a comprehensive picture of the individual's ability or achievement. The total score received through the evaluation process must be used.*

### **4. Do all students who are identified as having a cognitive disability take the alternate assessment, Dakota STEP-A?**

*A student identified with a cognitive disability will not automatically be administered the Dakota STEP-A. In order to qualify to take the Dakota STEP-A, a student must meet the significant cognitive disability criteria listed below:*

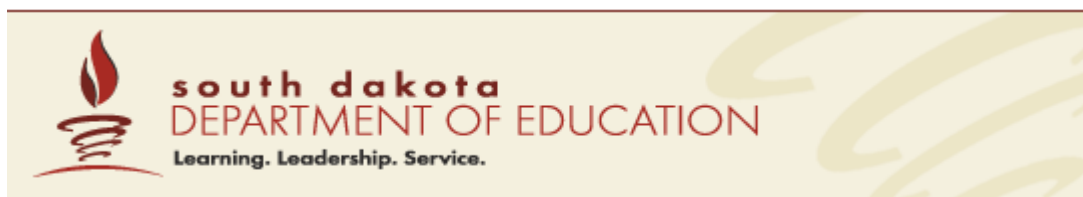
- 1. The student has an active IEP with annual goals and short term objectives/benchmarks which focus on **Alternate Content Standards**; and*
- 2. The student's cognitive abilities are 2.0 standard deviations or more below the mean (inclusive of the standard error of measurement); and*
- 3. The student primarily requires direct and extensive instruction to acquire, maintain, generalize and transfer skills done in naturally occurring settings of the student's life. (e.g. school, community, home, vocational/career, and recreation and leisure).*

*If the student meets the significant Cognitive Disability criteria and the IEP team determines that the Dakota STEP-A is the most appropriate assessment for the student, then the team would complete the appropriate assessment section in the IEP.*



# HEARING LOSS

0515



# HEARING LOSS

SD Administrative Rules pertaining to eligibility criteria for hearing loss:

**24:05:24.01:10. Hearing loss defined.** A student may be identified as having a hearing loss if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Audiological</li><li>• Ability</li><li>• Academic achievement</li><li>• Language</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior or speech.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## Frequently Asked Questions

### 1. Do milder forms of hearing loss get missed during scheduled hearing screenings?

*Yes. There are times when school districts only screen the mid-pitch range (1-4KHz) of hearing for children in the 5-18 year age range, and potentially only at a higher screening level (30-35dBHL). Children with progressive hearing losses or late-onset hearing losses get missed when their hearing is only screened at a "kindergarten round-up" and then not again until the fifth or seventh grade.*

### 2. How do you propose we screen children for hearing loss in our district?

*According to the ASHA (1997) recommended guidelines, we should conduct hearing screening "under earphones using 1000, 2000, and 4000 Hz tones at 20 dB HL. All hearing screening programs should include an educational component designed to provide parents with information, in lay language, on the process of hearing screening, the likelihood of their child having a hearing impairment, and follow-up procedures."*

### **3. At what intervals should we be screening children for hearing loss?**

*According to ASHA (1997): Screen school-age children on initial entry to school, and **annually** in kindergarten through 3rd grade, and in 7th and 11th grades.*

*Screen school-age children as needed, requested, or mandated. Additionally, children should be screened **upon entrance to special education, or grade repetition, or new entry to the school system without evidence of having passed a previous hearing screening, or absence during a previously scheduled screening.***

*The following risk factors suggest the need for a hearing screening in other years:*

- 1. parent/care provider, health care provider, teacher, or other school personnel have concerns regarding hearing, speech, language, or learning abilities.*
- 2. family history of late or delayed onset hereditary hearing loss.*
- 3. recurrent or persistent otitis media with effusion for at least 3 months.*
- 4. craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.*
- 5. stigmata or other findings associated with a syndrome known to include sensorineural and/or conductive hearing loss.*
- 6. head trauma with loss of consciousness.*
- 7. reported exposure to potentially damaging noise levels or ototoxic drugs.*

American Speech-Language-Hearing Association Audiologic Assessment Panel 1996. (1997). *Guidelines for audiologic screening*. Rockville, MD

### **4. Does just a minimal/mild hearing loss really make that big of an educational impact on children?**

*Yes, there have been multiple studies that have revealed that not only do children with milder forms of hearing loss have speech and language delays, they also are at a much higher risk for academic delays, social-emotional difficulties, and attention-related issues. These children tend to have higher rates of behavioral problems and have more difficulties with peer-interactions and socialization.*

### **5. Do hearing aids and cochlear implants have to be monitored by the school district?**

*Yes, refer to: Sec. 300.113 Routine checking of hearing aids and external components of surgically implanted medical devices.*

*(a) Hearing aids. Each public agency must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly.*

*(b) External components of surgically implanted medical devices.*

*(1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external components of surgically implanted medical devices are functioning properly.*

*(2) For a child with a surgically-implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device).*

(Authority: 20 U.S.C. 1401(1), 1401(26)(B))

**6. How are assistive listening devices, such as personal and sound-field FM systems, categorized under IDEA?**

*Assistive Technology Device: Assistive technology devices are identified in the IDEA 2004 as: Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used **to increase, maintain, or improve the functional capabilities** of children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device.*

(Authority 20 U.S.C. 1401(1))

**7. Do school districts have to provide assistive technology such as assistive listening systems to all children with a qualifying hearing impairment?**

*If a student is eligible for services under IDEA, assistive technology must be provided if the student **requires** that service. Students with hearing loss can benefit greatly from, and are frequently provided, assistive listening devices (such as frequency modulation systems) in their school.*

*Schools must also assure that those using assistive technology (including teachers) are properly trained.*

The American Speech-Language Hearing Association ([http://www.asha.org/public/hearing/treatment/child\\_aids.htm](http://www.asha.org/public/hearing/treatment/child_aids.htm))

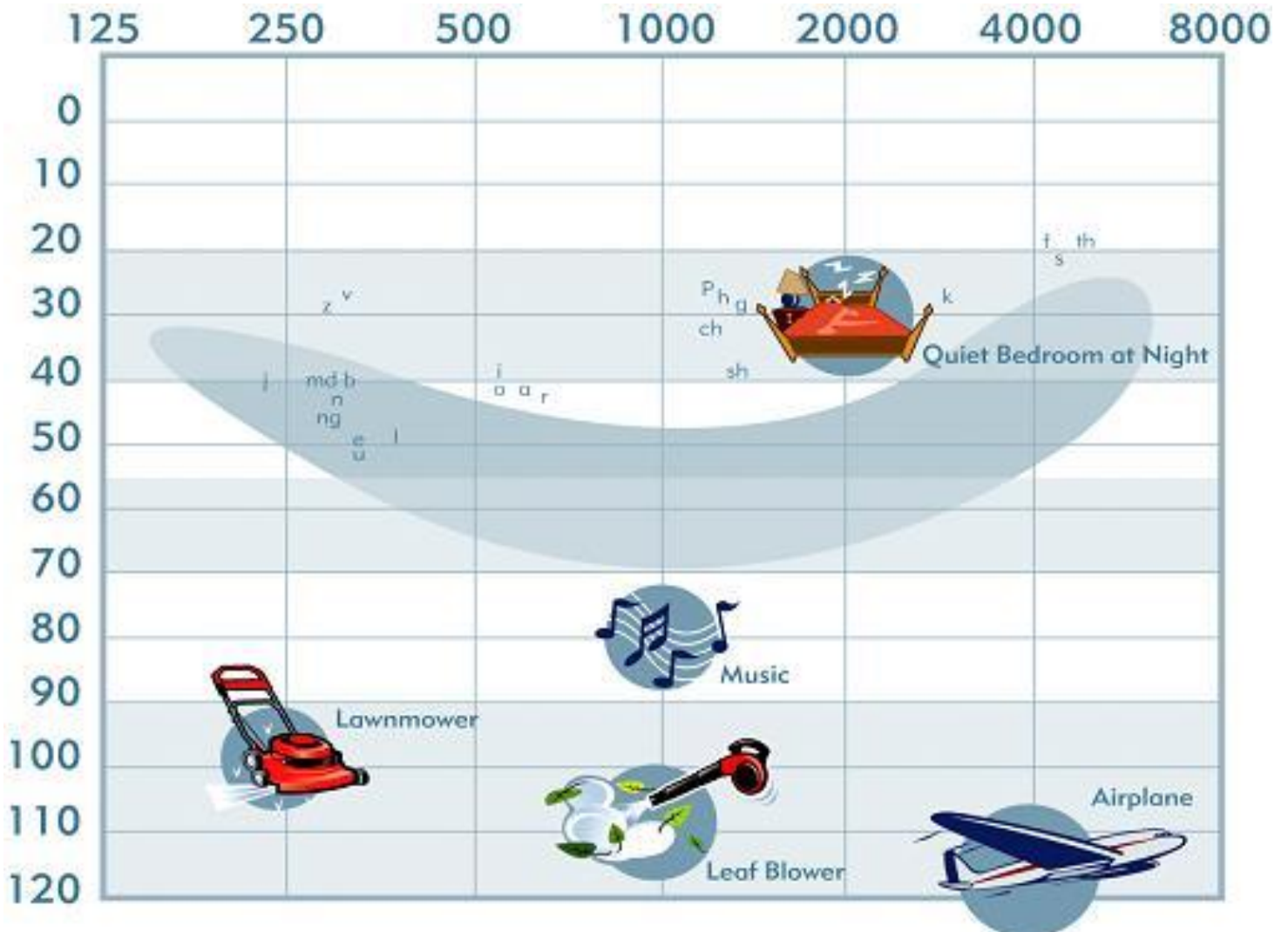
**8. How does a school district know whether a child *requires* an assistive listening device (ALD)?**

*At times, there is no argument for the need for assistive listening devices (ALD's) when it is quite clear that a child is struggling to hear and understand in the classroom, even when wearing appropriate hearing aid(s). That said, there may be times when the school district may want additional data to support the purchase/use of ALD's, such as a sound-field FM amplification system. At those times, a functional assessment of a child's listening skills may be warranted. There are several functional measures, such as the FLE (Functional Listening Evaluation), which reveal whether a child is struggling with the discrimination of connected speech in the presence of everyday classroom noise, even while wearing their hearing aid(s). These measures,*

usually performed by an audiologist, can assist the IEP team by providing objective data on how noise and reverberation are affecting the child's listening performance in their normal educational environment. These measurements can also be performed with a trial or simulated FM system to assess the effects that an ALD may have on the child's listening performance in the classroom.

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](http://www.asha.org)





# SPECIFIC LEARNING DISABILITY

0525



south dakota  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

# SPECIFIC LEARNING DISABILITY

SD Administrative Rules pertaining to eligibility criteria for specific learning disability:

**24:05:24.01:18. Specific learning disability defined.** Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; cognitive disability; emotional disturbance; or environmental, cultural, or economic disadvantage.

**24:05:24.01:19. Criteria for specific learning disability.** A group of qualified professionals and the parent of the child may determine that a child has a specific learning disability if:

(1) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards in one or more of the following areas, if provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading fluency skills;
- (f) Reading comprehension;
- (g) Mathematics calculation; and
- (h) Mathematics problem solving;

(2)(a) 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 this section when using a process based on the child's response to scientific, research-based intervention; 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, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with this article; and

(3) The group determines that its findings under this section are not primarily the result of:

- (a) A visual, hearing, or motor disability;
- (b) A cognitive disability;
- (c) Emotional disturbance;
- (d) Cultural factors;
- (e) Environmental or economic disadvantage; or
- (f) Limited English proficiency.

To ensure that underachievement in a child suspected of having a specific 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 this article, data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings,

delivered by qualified personnel, and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

The school district must promptly request parental consent to evaluate the child to determine whether the child needs special education and related services, and must adhere to the timeframes described in this article unless extended by mutual written agreement of the child's parents and a group of qualified professionals. The district must request such consent if, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in this section, and whenever a child is referred for an evaluation.

**24:05:25:07. Additional procedures for evaluating specific learning disabilities.** In order for a school district to certify a child as learning disabled for purposes of the federal child count, requirements in §§ 24:05:24.01:19 and 24:05:25:08 to 24:05:25:13, inclusive, must be met and documented in a child's record.

**24:05:25:08. Additional group members for specific learning disabilities.** The determination of whether a child suspected of having a specific learning disability is a child with a disability shall be made by the child's parents and a team of qualified professionals, which shall include:

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

**24:05:25:11. Observation for specific learning disabilities.** The school district shall 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. The group described in this section, in determining whether a child has a specific learning disability, shall:

- (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, as in a response to intervention model; or
- (2) Have at least one member of the group 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 this chapter, is obtained, as in a discrepancy model.

If a child is 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.

**24:05:25:12. Documentation of eligibility for specific learning disabilities.** For a child suspected of having a specific learning disability, the documentation of the determination of eligibility shall 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 this section;

- (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:
  - (a) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards; and
  - (b) he child does not make sufficient progress to meet age or state-approved grade-level standards; or 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;
- (6) The determination of the group concerning the effects of a visual, hearing, or motor disability; cognitive disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level;
- (7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
  - (a) The instructional strategies used and the student-centered data collected; and
  - (b) The documentation that the child's parents were notified about:
    - (i) 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;
    - (ii) Strategies for increasing the child's rate of learning; and
    - (iii) The parent's right to request an evaluation;
- (8) 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 shall consider regression to the mean in determining the discrepancy; and
- (9) If using the response to intervention model for eligibility determination, the group shall demonstrate that the child's performance is below the mean relative to age or state approved grade level standards.

**24:05:25:13. Group members to certify report in writing.** Each group member shall certify in writing whether the report reflects the group member's conclusion. If it does not reflect the group member's conclusion, the group member must submit the conclusion in a separate statement.

**24:05:25:13.01. Response to intervention model.** School districts that elect to use a response to intervention model as part of the evaluation process for specific learning disabilities shall submit to the state for approval a formal proposal that at a minimum addresses the provisions in § 24:05:25:12.

## RESPONSE TO INTERVENTION

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. See [Response to Intervention: The South Dakota Model](#).

<b>Eligibility using RtI will be determined through a comprehensive individual evaluation process which will include:</b>
Eligibility using <b>RtI</b> will be determined through a comprehensive individual evaluation process which will include: <ul style="list-style-type: none"><li>• Academic achievement (1.5 standard deviations from the mean);</li><li>• Evaluation of student growth relative to benchmark utilizing CBM data taking into account both level and rate of learning; and</li><li>• Direct observation to assess student performance in the classroom;</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior, speech or language.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child’s needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

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

**The IEP team must be able to answer YES to the following questions:**

A) Did the student receive at least two phases of intensive Tier III interventions in the general education curriculum with fidelity, which did not affect the student’s achievement? Is there evidence of the student’s non-responsiveness at Tier III reflect that he or she is learning at a rate significantly less than his or her peers?

**If NO, the district has not gathered sufficient documentation to determine eligibility using the RtI model.**

B) If yes to A, is there evidence of the student’s under achievement based on RTI and other existing data that meets **at least two of the following three** criteria?

- CBM scores are significantly lower than the scores of the child’s peers (e.g., Level of CBM score is in the lower 10% of the child’s peer group) and the student’s progress (rate of growth) is not closing the achievement gap toward the aim line;
- Individual academic achievement testing (1.5 standard deviation from the mean)
- The student’s performance level is two or more grade levels or two or more developmental levels below the current age level or grade level placement compared to state age/grade level standards.

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.

## DISCREPANCY MODEL

<b>Eligibility using the discrepancy model will be determined through a comprehensive individual evaluation process which will include:</b>
Eligibility using the <b>discrepancy model</b> will be determined through a comprehensive individual evaluation process which will include: <ul style="list-style-type: none"><li>• Ability</li><li>• Academic achievement</li><li>• Observation</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior, speech or language.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

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 using a measure of intellectual ability, the total score must be used unless there is an unusually large discrepancy between IQ, Index, or Factor scores. To warrant this course of action, each IQ, Index, or Factor score must be comprised of at least **three** subtests and the magnitude of the discrepancy is found to be in the ten percent or less base rate of the normative sample. If there is such a discrepancy, the higher score must be used.

**How do we find the base rate?** The base rate can be obtained in the testing manual for all cognitive measures (in most cases the base rate will be comparable to the 1.0, but it still needs to be checked). The school psychologist has this information and should include this information in the report if applicable.

**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 score	Achievement Standard Score 1.5 sd	Obtained IQ score	Achievement Standard Score 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

Revised March, 2010

## **Recommended Form**

The following recommended form contains all of the required content necessary for the IEP team to determine if a child is a child with a specific learning disability. The directions for completing the form, which will include additional information regarding how to complete each section, can be found in the appendix of this document. The form directs the team to complete the required information when using RtI or the discrepancy model for determining eligibility under the category of specific learning disability. Page one of the form provides a summary of the evaluation results that the IEP team will use as a basis for determining eligibility and the impact of the disability on the child's educational performance. This document may also be used as the eligibility document for all disability categories. The "IEP Process Technical Assistance Guide" contains the additional pages required to address all 13 disability categories.



## REQUIRED DOCUMENTATION FOR SPECIFIC LEARNING DISABILITIES

Check the appropriate box:

- RtI criteria will be used to determine eligibility.  
 Discrepancy criteria will be used to determine eligibility.

*(Required for RtI and Discrepancy)*

- The child **does** achieve adequately for the child's age or to meet state-approved grade-level standards in the following areas, when provided with learning experience and instruction appropriate for the child's age or state-approved grade-level standards.
- The child **does not** achieve adequately for the child's age or to meet state-approved grade-level standards in one of more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:
- Oral Expression
  - Listening Comprehension
  - Written Expression
  - Basic Reading Skills
  - Reading Fluency Skills
  - Reading Comprehension
  - Mathematic Calculation
  - Mathematics Problem Solving

*(Required for RtI Only)*

- Based upon the data gathered the evaluation team determines the child has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the child's response to scientific, research-based interventions.

**OR**

*(Required for Discrepancy Only)*

- 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 team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments.

**(Required for RtI and Discrepancy)**

**(Initial Only)**

Document data that demonstrates that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings by qualified personnel:

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**(Required for RtI Only)**

Qualified Personnel:

Tier I  II  III

Highly Qualified: Yes  No

Tier I  II  III

Highly Qualified: Yes  No

Tier I  II  III

Highly Qualified: Yes  No

Tier I  II  III

Highly Qualified: Yes  No

Tier I  II  III

Highly Qualified: Yes  No

Tier I  II  III

Highly Qualified: Yes  No

**(Initial Only)**

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:

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**(Required for RtI Interventions)**

Week 1: Date	Score	Week __: Date	Score	Week __: Date	Score
Week __: Date	Score	Week __: Date	Score	Week __: Date	Score
Week __: Date	Score	Week __: Date	Score	Week __: Date	Score
Week __: Date	Score	Week __: Date	Score	Week __: Date	Score

**(Required for RtI and Discrepancy)**

Attendance Record:

School Year	Total days of school	Total days in attendance			
	Total days absent: Quarter 1	Quarter 2	Quarter 3	Quarter 4	
School Year	Total days of school	Total days in attendance			
	Total days absent: Quarter 1	Quarter 2	Quarter 3	Quarter 4	

**(Required for RtI and Discrepancy)**

Based upon the above data, the evaluation team must determine that the underachievement in the child suspected of having a specific learning disability:

is due to the lack of appropriate instruction in reading or math;

**OR**

is **not** due to the lack of appropriate instruction in reading or math.

**Observation:** Relevant behaviors, if any, noted during the observation of the child and relationship of those behaviors to academic functioning. The observation must occur in the child's learning environment (including regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

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.

Observer:

Date of Observation:

**(Required for RtI)**

Information from an observation in routine classroom instruction and monitoring of the child's performance was done before the child was referred for an evaluation:

**OR**

**(Required for Discrepancy)**

Observation of the child's performance in the regular classroom was done after the child has been referred for an evaluation:

**(Required for RtI and Discrepancy)**

Document educationally relevant medical findings:

**(Required for RtI and Discrepancy)**

The evaluation team determines that the child's achievement level problem is/is not primarily the result of:

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Visual, hearing or motor disabilities;  |
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Cognitive disability;                   |
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Emotional disturbance;                  |
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Cultural factors;                       |
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Environmental or economic disadvantage; |
| <input type="checkbox"/> Is | <input type="checkbox"/> Is Not - Limited English proficiency.            |

**(Required for RtI and Discrepancy)**

**§300.311 Specific documentation for the eligibility determination.**

(a) For a child suspected of having a specific learning disability, the documentation of eligibility, as required in §300.306(a)(2), must contain a statement of -

(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) Strategies for increasing the child's rate of learning; and (C) The parents' right to request an evaluation

**Include the above required documentation if the child has participated in a process that assesses the child's response to scientific, research-based intervention:**

***THIS PAGE SHOULD ONLY BE COMPLETED IF USING A STATE-  
APPROVED RESPONSE TO INTERVENTION MODEL  
AND  
RTI CRITERIA WILL BE USED TO DETERMINE ELIGIBILITY***

**REQUIRED DOCUMENTATION FOR SPECIFIC LEARNING DISABILITIES**

*If the child has participated in a process that assesses the child's response to scientific, research-based intervention document the following:*

The instructional strategies used in the RTI process that assesses the child's response to scientific, research-based intervention:

The student has participated in \_\_\_\_\_ weeks of Tier 3 interventions. (At least two phases of Tier 3 interventions to consider eligibility)

Tier 3 supports include \_\_\_\_\_ minutes of core reading instruction, \_\_\_\_\_ minutes of flexible reading small group time, and \_\_\_\_\_ minutes of intensive, individualized intervention. The frequency of the interventions is \_\_\_\_\_ times per week.

Researched-based intervention strategies (please list by type, not name):

Name of Research-based Intervention strategy:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Duration of the intervention:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Universal Screening scores: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Actual rate of progress compared to benchmark standard:

Grade level benchmark standard for end of school year:

Desired Rate of Progress: \_\_\_\_\_ Predicted Rate of Progress: \_\_\_\_\_

National Percentile Rank as compared to benchmark standard:

Is the Predicted Rate of Progress significantly below grade level expectations? Yes  No

**1. SPECIFIC LEARNING DISABILITY** - Based upon the above information the team agrees the child:

- has a specific learning disability
- does not have a specific learning disability

This report reflects my conclusions. If not, person(s) in disagreement will indicate such and may submit a separate statement.

Name	Position	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

**2. COGNITIVE DISABILITY** - The following characteristics are indicative of students in need of special education due to a cognitive disability.

- \_\_\_ General intellectual functioning 2 standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement.
- \_\_\_ Exhibits deficits in adaptive behavior and academic or pre-academic skills as determined by an individual evaluation.

**3. DEVELOPMENTAL DELAY** - The following characteristics are indicative of children 3, 4, or 5 years old who are in need of special education due to a developmental delay. Check those that apply:

- \_\_\_ Functions at a developmental level 1.5 standard deviations below the mean in any two developmental areas; or
- \_\_\_ Functions at a developmental level 2 standard deviation below the mean in any one area of development. Check the areas of development:
  - \_\_\_ Adaptive Functioning Skills
  - \_\_\_ Cognitive Development
  - \_\_\_ Communication Development
  - \_\_\_ Social and Emotional Development
  - \_\_\_ Physical Development

**4. HEARING LOSS**

\_\_\_ A student may be identified as having a hearing loss when an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

**5. DEAFNESS**

\_\_\_ The unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and demonstrates an inability in processing linguistic information through hearing, even with amplification.

**6. DEAF-BLINDNESS**

\_\_\_ Students may be identified as deaf-blind when both a vision and hearing impairment exists 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.

**7. EMOTIONAL DISTURBANCE** - The following characteristics are indicative of students in need of special education due to an emotional disturbance. Check those that apply:

- \_\_\_ An inability to learn which cannot be explained by intellectual, sensory or 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 following criteria must also be met:

- \_\_\_ The serious behavior problems occur over a long period of time (not less than 6 months).
- \_\_\_ Documentation from 2 or more sources (one must be the school) of the frequency & severity of the targeted behaviors.
- \_\_\_ Student's performance falls 2 standard deviations below the mean in emotional functions as measured in school, home, and community on nationally formed technically adequate measures.
- \_\_\_ An adverse effect on educational performance is verified through the evaluation process.

## **8. SPEECH OR LANGUAGE DISORDER - Check those that apply:**

### **ARTICULATION DISORDER:**

- \_\_\_ Performance on a standardized articulation test falls 2 standard deviations below the mean & intelligibility is affected in conversation;
- \_\_\_ Test performance is less than 2 standard deviations below the mean but the student is judged unintelligible by the speech language clinician and one other adult;
- \_\_\_ Performance on a phonological assessment which falls in the profound or severe range & intelligibility is affected in conversation;
- \_\_\_ Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between 3 and 6 months there was a lack of improvement in the number and type of errors;
- \_\_\_ An error persists 6 months to 1 year beyond the chronological age when 90% of students have typically acquired the sound based on developmental articulation norms.

### **FLUENCY DISORDER:**

- \_\_\_ The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
  - (a) Sound, syllable, or word repetition;
  - (b) Prolongations of sounds, syllables, or words;
  - (c) Blockages; or
  - (d) Hesitations.
- \_\_\_ There is a significant discrepancy from the norm (5 dysfluencies per minute) as measured by speech sampling in a variety of contexts; or
- \_\_\_ The disruption occurs to the degree that the individual or persons who listen to the individual evidence reactions to the manner of speech and the disruptions so that communication is impeded.

### **VOICE DISORDER:**

- \_\_\_ Consistent deviations in one or more of the parameters of voice: pitch, quality, or volume exist; and
- \_\_\_ The voice is discrepant from the norm as related to age, gender, and cultural and is distracting to the listener; and
- \_\_\_ The disorder is not the result of a temporary problem such as: normal voice changes, allergies, colds, or other such conditions.

### **LANGUAGE DISORDER:**

- \_\_\_ Through age 8, performance falls 1.5 standard deviations below the mean on standardized evaluations;
- \_\_\_ Beginning at age 9, a difference of 1.5 standard deviations between performance on a individually administered language instrument and expected potential as measured by an individually administered intelligence test; and
- \_\_\_ The student's pragmatic skill, as measured by checklists, language samples and/or observation, adversely affects the student's academic and social interactions.

## **9. MULTIPLE DISABILITIES**

- \_\_\_ Concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

**10. VISION LOSS** -A deficiency in visual acuity shall be one of the following:

- Visual acuity of no better than 20/70 in the better eye after correction; or
- Restricted visual field; or
- Limited ability to move about safely in the environment due to a visual disability; or
- Blindness - Visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision such that the widest diameter subtends an angular distance of no greater than 20 degrees or has a medically indicated expectation of visual deterioration.

**11. ORTHOPEDIC IMPAIRMENT** - There must be evidence of the following:

- Impaired motor functioning significantly interferes with educational performance; **and**
- Deficits in muscular or neuromuscular functioning that significantly limits the student's ability to move about, sit, or manipulate materials required for learning; **and**
- Student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; **and**
- Medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

**12. AUTISM** - An autistic disorder is present in a student if at least 6 of the following 12 characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one from subdivision (2), and one from subdivision (3):

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

- 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;
- Failure to develop peer relationships appropriate to developmental;
- A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people such as lack of showing, bringing, or pointing out objects of interest;
- Lack of social or emotional reciprocity;

(2) Qualitative impairment in communication as manifested by at least **one** of the following:

- Delay in or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication such as gesture or mime;
- In individual with adequate speech, marked impairment in the ability to initiate or sustain conversation with others;
- Stereotyped and repetitive use of language or idiosyncratic language;
- Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least **one** of the following:

- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- Apparently inflexible adherence to specific, nonfunctional routines or rituals;
- Stereotyped and repetitive motor mannerisms such as hand or finger flapping or twisting, or complex whole-body movements;
- Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least **one** of the following areas, with onset generally prior to age three:

- Social interaction;
- Symbolic or imaginative play;
- Language as used in social communication.

**13. OTHER HEALTH IMPAIRED**

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, Tourette syndrome, nephritis, rheumatic fever, and sickle cell anemia; and That adversely affects a student's educational performance.

#### 14. TRAUMATIC BRAIN INJURY

—An acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student'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.

The term does not apply to brain injuries that are congenital or degenerative, or brain injuries inducted by birth trauma.

#### **ELIGIBILITY DETERMINATION:**

- YES - The team agrees this student:
- a. has a diagnosed disability;
  - b. the disability adversely affects the students educational performance; and
  - c. the student requires specifically designed instruction to benefit from a free appropriate public education.
- NO – The student is not eligible for special education or special education and related services.

The team determined this student meets eligibility criteria under the following category: (check the category that will be reported on child count)

- |  |   |
|--|---|
| <input type="checkbox"/> 500 - Deaf-Blindness  | <input type="checkbox"/> 540 – Vision Loss  |
| <input type="checkbox"/> 505 - Emotional Disturbance                                   | <input type="checkbox"/> 545 – Deafness   |
| <input type="checkbox"/> 510 – Cognitive Disability                                    | <input type="checkbox"/> 550 – Speech/Language  |
| <input type="checkbox"/> 515 - Hearing Loss  | <input type="checkbox"/> 555 - Other Health Impairment  |
| <input type="checkbox"/> 525 – Specific Learning Disability                            | <input type="checkbox"/> 560 – Autism   |
| <input type="checkbox"/> 530 - Multiple Disabilities (list category(s) of eligibility) | <input type="checkbox"/> 565 - Traumatic Brain Injury   |
| <input type="checkbox"/> 535 - Orthopedic Impairment                                   | <input type="checkbox"/> 570 - Developmental Delay (cognitive, physical, communication, adaptive, social/emotional) |

#### **RELATED SERVICE: Student need to be determined during IEP program development**

##### 1. Criteria for Occupational Therapy Services

The student has a disability and requires special education; the student needs occupational therapy to benefit from special education; and the student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, or visual.

##### 2. Criteria for Physical Therapy Services

The student has a disability and requires special education; the student needs physical therapy to benefit from special education; and the student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean on a standardized motor assessment instrument.

##### 3. Speech – Language Pathology

To be provided as a related service, the IEP team must determine that the related service is necessary in order for the student to benefit from the special education program.

## Frequently Asked Questions

### 1. When determining if a student has a severe discrepancy of 1.5 standard deviations between ability and achievement, can grade or age equivalent scores be used?

*No, grade or age equivalent scores cannot be used to establish a severe discrepancy. Standard scores based on age norms must be used to establish the discrepancy between ability and achievement. An exception to this is when a child has been retained more than once. In this case, the team should consider using grade norms rather than age norms when examining the child's performance on an achievement test. If one were to use the age norms, it would artificially create a discrepancy, as the child would not have one or more years of academic instruction that his or her age peers would typically have.*

### 2. The WISC-IV has four index scores and a Full Scale IQ. Which one should be used when compared to the achievement score?

*When using a measure of intellectual ability, the total score must be used unless there is an unusually large discrepancy between IQ, Index, or Factor scores. To warrant this course of action, each IQ, Index, or Factor score must be comprised of at least **three** subtests and the magnitude of the discrepancy is found to be in the ten percent or less base rate of the normative sample. If there is such a discrepancy, the higher score must be used. For example, when a child obtains a Verbal Comprehension Index of 80 and a Perceptual Reasoning Index of 98 on the WISC-IV, the difference of 18 points between the two indexes constitutes an unusually large discrepancy (base rate = less than 10%). In this case, you must use the Perceptual Reasoning Index of 98 for eligibility determination. However, the WISC-IV Working Memory and Processing Speed Index scores cannot be used for discrepancy comparisons, as each of the indexes consists of only two subtests.*

### 3. When is it appropriate to compute a General Ability Index?

*When using the WISC-IV, a General Ability Index (GAI) may be considered in lieu of a Full Scale IQ if **both** of the following conditions are met:*

- 1) Considering the four WISC-IV Indexes, there is an unusually large discrepancy between the lowest Index and the highest Index (base rate 10% or less).*
- 2) There is no unusually large discrepancy between the Verbal Comprehension Index and the Perceptual Reasoning Index (base rate more than 10%).*

*The formula for computing the GAI is as follows:*

*$GAI = .555x - 11$ , where  $x$  = sum of Verbal Comprehension Index and Perceptual Reasoning Index (Round the resulting GAI to the nearest whole number).*

*GAI conversion tables are provided by the publisher and in the WISC-IV Technical Report (2005).*

*It should be underscored that the GAI not be computed on a routine basis, unless the specified conditions above are met. If there is an unusually large discrepancy between the Verbal Comprehension Index and the Perceptual Reasoning Index (base rate 10% or less), the higher of the two must be considered for documentation of an ability-achievement discrepancy.*

#### **4. What is meant by high quality “research based instruction”?**

*Scientifically-based research means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and*

- (1) Employs systematic, empirical methods that draw on observation or experiment;*
- (2) Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;*
- (3) Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;*
- (4) Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;*
- (5) Endures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at minimum, offer the opportunity to build systematically on their findings;*
- (6) Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.*

*The new IDEA requirements emphasize the importance of using high-quality, research-based instruction in regular education settings (consistent with requirements of NCLB). In addition, there must be evidence that progress was measured by on-going (repeated) assessments and this information was provided to parents. If a child is not making progress, the information should include any additional interventions that were provided for this child. This would be considered to be part of any high quality, research-based instruction.*

#### **5. Can spelling be used for eligibility under a Specific Learning Disability?**

*No, spelling alone does not constitute a Specific Learning Disability.*

#### **6. Does a child with a diagnosed disability (e.g. dyslexia, FAS, FAE, NVLD etc.) qualify for special education services under the category of a Specific Learning Disability?**

*No, unless the child meets the specific criteria for a Specific Learning Disability. Any student, regardless of his/her identified disability, must meet a two-prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in SD Administrative Rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it would be possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect his educational performance. Therefore, the student would not be considered in need of special education under South Dakota Administrative Rule.*

#### **7. Can a district use both an RtI and a Discrepancy model for a single student?**

*Yes, as long as the department has an approved RtI plan from the district. At this time, it is acceptable that a student may be evaluated using RtI for literacy, but the discrepancy model should be used in other areas.*

**8. If a student moves into a district with an IEP, are they eligible?**

*If a child with a disability (who had an IEP from the same state) transfers to a new public agency in the same state, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child's IEP) until the new public agency either adopts the child's IEP from the previous agency, or develops, adopts and implements a new IEP.*

*If a child with a disability (who had an IEP that was in effect in a previous public agency in another state) transfers to a public agency in a new state, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide the child with FAPE (including services comparable to those described in the child's IEP from the previous public agency), until the new public agency conducts an evaluation and writes a new IEP.*

*Once the district receives a copy of the student's current IEP the student is considered eligible for service and FAPE must be provided. In both cases above, if the team determines evaluation procedures need to be initiated to gather sufficient evaluation data to support the South Dakota eligibility criteria the evaluation process is considered to be an initial evaluation. The student's eligibility status would be determined by the IEP team based upon these current comprehensive evaluation results.*

**9. Can I use a Reading Fluency subtest score within a discrepancy analysis to determine if a learning disability exists in that area?**

*If the reliability of the Reading Fluency subtest is .80 or greater, it can be used within a discrepancy analysis.*

**10. When determining if a significant discrepancy exists between IQ and Achievement, should I use the subtest scores or the composite scores of the Achievement Test?**

*Most test development companies have designed their achievement tests to measure the learning disability areas defined within IDEA (i.e., reading comprehension, basic reading, reading fluency, written expression, math calculations, math problem solving, oral expression, listening comprehension). As such, it is recommended these subtests be used in the discrepancy analysis if their reliability is .80 or greater across all age levels. Composite scores may also be utilized unless there is an unusually large difference (base rate = 10% or less) between two or more of the subtests that make up the composite score. If an unusually large difference exists, the composite score is invalid and should not be used in the discrepancy analysis.*

# MULTIPLE DISABILITIES

0530



south dakota  
DEPARTMENT OF EDUCATION  
Learning. Leadership. Service.

# MULTIPLE DISABILITIES

SD Administrative Rules pertaining to eligibility criteria for multiple disabilities:

**24:05:24.01:12. Multiple disabilities defined.** Multiple disabilities means concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

<b>Areas to be Assessed</b>
Evaluations must be conducted within the two (or more) disability areas, which the student is suspected of having. <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluation data shall be gathered from those persons designated for each disability in the evaluation of multiple disabilities.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## **Frequently Asked Questions**

**1. Does the student have to meet the criteria under each of the disability categories in order to be considered as having a multiple disability?**

*Yes, the student would have to meet the requirements of each disabling condition. Each disabling condition listed has specific criteria under administrative rule. In order to be considered as a student with the disabling condition, those criteria must be met. However, the combination of the additional multiple disability categories causes such severe educational needs that they can not be accommodated in special education programs solely for one of the impairments.*

**2. Can “0500 Speech or Language Impairment” be used as one of the impairments when determining eligibility for Multiple Disabilities?**

*In most cases, a speech or language impairment in combination with another disorder such as specific learning disability does not result in severe educational needs. For example, an articulation disorder based on developmental articulation normative data or a language disorder in combination with a specific learning disability in reading or math would not result in severe educational needs. In the rare occurrence that the student’s speech or language needs are not the result of the primary disability, Speech and Language Impairment may be considered as a category to be included for the diagnosis of a Multiple Disability. For example, a student who has unintelligible speech and requires the use of an augmentative communication device would meet the eligibility criteria for a speech or language impairment. If this same students also exhibits cognitive and/or learning disabilities, the IEP team may determine that the student has severe educational needs that cannot be met by one special education program alone and that the student thus meets the criteria for Multiple Disabilities*

**3. Can Deaf-Blindness be considered for the category of Multiple Disabilities if it is found concomitant with another disability?**

*Deaf-Blindness alone cannot meet the criteria for Multiple Disabilities. However, if an individual meets the criteria for Deaf-Blindness along with another disability that causes educational needs that cannot be met with a special education program designed solely for one of the disabilities; the category of multiple disabilities may be considered.*



# ORTHOPEDIC IMPAIRMENTS

0535



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# ORTHOPEDIC IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for orthopedic impairment:

**24:05:24.01:13. Orthopedic impairment defined.** 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).

There must be evidence of the following:

- (1) That the student's impaired motor functioning significantly interferes with educational performance;
- (2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;
- (3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and
- (4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Ability</li><li>• Academic achievement</li><li>• Gross and/or fine motor</li><li>• Adaptive Behavior</li><li>• Current medical data from a qualified medical examiner.</li><li>• Documentation including observation of classroom performance and evaluation of how orthopedic impairments adversely affect education performance in the general education classroom or learning environment.</li><li>• If the team decides there are other areas of suspected disability, other evaluation must be given, such as speech or language.</li></ul>
<p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## Frequently Asked Questions

**1. The administrative rule lists a number of orthopedic impairments- are these the only identified orthopedic impairments a student may have in order to be considered eligible under this category?**

*The list provided in administrative rule §24:05:24:13 is not an all-inclusive list. A student may have another type of orthopedic impairment not specifically listed in the rule, but still meet all the criteria of having an orthopedic impairment.*

**2. Does the student have to meet all four elements of the administrative rule- (1) impaired motor functioning interfering with educational performance; (2) exhibits deficits in muscular or neuromuscular functioning that limits the student's ability to move about, sit or manipulate materials for learning; (3) the student's bone, joint or muscle problems affect ambulation, posture or gross and fine motor skills; and (4) current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment. - in order to meet the criteria for having an orthopedic impairment?**

*Yes, there must be evidence supporting all four elements in ARSD §24:05:24:01.13 Orthopedic impairment defined.*

**3. Who is considered a qualified medical evaluator?**

*A medical evaluator must be licensed to practice medicine or osteopathy by the State Board of Medical and Osteopathic Examiners.*

**4. Would a student with a temporary disability, such as a broken leg, qualify as a student with an orthopedic impairment?**

*A student with a temporary disability, such as a broken leg, would have to meet the two-prong test in order to be considered as a student in need of special education or special education and related services. First, the student would have to have an identified disability which meets the criteria outlined in administrative rule; second, as a result of the disability, there must be an adverse effect on their educational performance, and the student needs special education or special education and related services.*

*Typically, students with injury that is short-term would not be in need of special education, but rather might be in need of some short-term accommodations and adaptations in order to continue to participate fully in their educational program. Every child must be referred and evaluated on an individual basis; therefore, no one answer will meet every situation. It must be a team decision in terms of what steps to take.*



# VISION LOSS

0540



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# VISION LOSS

SD Administrative Rule pertaining to eligibility criteria for visually impaired:

**24:05:24.01:30 Vision loss including blindness defined.** Vision loss including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a vision loss has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction;
- (2) Restricted visual field;
- (3) Limited ability to move about safely in the environment because of visual disability;

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Current (within 1-2 years) reports from an Ophthalmologist or Optometrist</li><li>• Ability</li><li>• Academic achievement</li><li>• Adaptive Behavior</li><li>• Braille assessment (the team shall consider based upon age-appropriateness).</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as speech, language, or orientation and mobility.</li></ul> <p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## Frequently Asked Questions

**1. Does a student who has been medically identified as either visually impaired or blind automatically qualify for special education services?**

*Any student, regardless of his identified disability, must meet a two-prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in SD Administrative Rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it would be possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect his educational performance. Therefore, the student would not be considered in need of special education under South Dakota Administrative Rule.*

**2. Does a student who has been diagnosed with Cortical Visual Impairment qualify under this disability category?**

*A child with a diagnosis of Cortical Visual Impairment could fall under this disability category, but may also be served under other disability categories based upon other disabling conditions presented. After a comprehensive evaluation has been completed, the IEP team must consider all information to determine which category is most appropriate for a student.*

**3. Where can families and professionals go to receive assistance with evaluations, training and program development when working with children who are visually impaired?**

*One source of information is the South Dakota School for the Blind and Visually Impaired. The school provides educational residential programs, outreach consulting services and comprehensive multidisciplinary assessments to evaluate a student's abilities and current skills. The contact information for the South Dakota School for the Blind and the Visually Impaired is:*

South Dakota School for the Blind and Visually Impaired  
423 17th Avenue SE  
Aberdeen, SD 57401-7699  
605-626-2580 (voice and TTY)  
Toll-Free 1-888-275-3814  
Fax: 605-626-2607

<http://sdsbvi.northern.edu/>



# DEAFNESS

0545



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# DEAFNESS

SD Administrative Rules pertaining to eligibility criteria for deafness:

**24:05:24.01:08. Deafness defined.** Deafness is a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification, and that adversely affects a student's educational performance.

A student may be identified as deaf if the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and the student demonstrates an inability to process linguistic information through hearing, even with amplification.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Audiological</li><li>• Ability</li><li>• Academic achievement</li><li>• Language</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior or speech.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## **Frequently Asked Questions**

### **1. Is a student who is deaf automatically eligible for special education?**

*Any student, regardless of his identified disability, must meet a two-prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in administrative rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect educational performance. Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.*

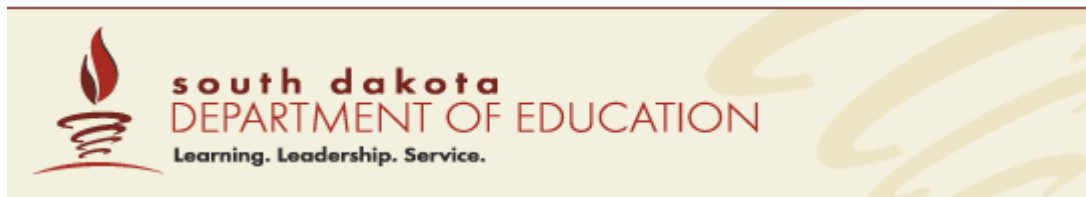
- 2. If a student is identified as being deaf by an audiologist, does the student have to be evaluated any further?**

*Yes, the student would need to have a comprehensive evaluation completed in accordance with ARSD §24:05:25:04. Evaluation Procedures. This rule outlines the requirement that no single procedure is to be used as the sole criterion for determining an appropriate educational program for a child.*



# SPEECH OR LANGUAGE IMPAIRMENTS

0550



# SPEECH OR LANGUAGE IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for speech or language impairments:

**24:05:24.01:20. Speech or language disorder defined.** Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder that adversely affects a child's educational performance.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Articulation: a standardized articulation test and observation</li><li>• Fluency: as determined by the speech/language pathologist</li><li>• Voice: as determined by the speech/language pathologist, medical evaluation may be necessary</li><li>• Language: standardized language assessments, checklists, language samples</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior.</li></ul> <p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

# ARTICULATION

**24:05:24.01:21. Articulation disorder defined.** Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

**24:05:24.01:22. Criteria for articulation disorder.** A student may be identified as having an articulation disorder if one of the following criteria exist:

- (1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;
- (2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;
- (3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation; or
- (4) Performance on a phonological assessment falls in the moderate range, intelligibly is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or
- (5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

## Iowa - Nebraska Articulation Norms<sup>13</sup>

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

<sup>13</sup> Smit, Hand, Freiling, Bernthal, and Bird (1990). *Journal of Speech and Hearing Disorders*, 55, 779-798.

**The Iowa-Nebraska norms as published in the South Dakota Eligibility Guide are to be used when determining when a 6-12 month delay beyond the age of mastery exists.**

1. **ARSD §24:05:24:01.22 Criteria for articulation disorder lists five ways a student may be identified as having an articulation disorder. Does a student have to meet all five criteria in order to be identified as speech or language impaired?**

*No. When reading the administrative rule, note that these are five different criteria in which a student could meet the eligibility criteria. The student need only meet one of the five criteria listed.*

2. **Does a standardized articulation test have to be given?**

*Yes, a standardized articulation test must be given. In administrative rule, the requirements for evaluation state specifically that the tests must be valid, using procedures that are appropriate for the diagnosis and appraisal of speech and language impairments.*

3. **Why are there now statewide articulation norms?**

*The statewide norms will ensure uniformity from district to district. It is important to remember that a student may have a disability in an identified disability category, but not qualify according to state criteria for receiving services. Many students score below average in reading, but not low enough to receive special education services according to state criteria. By using the Iowa-Nebraska articulation norms, the eligibility guidelines are not saying that the student is not delayed or does not have a disorder if (s)he does not meet the criteria for an articulation disorder using this one particular criteria. The team may determine that the student meets one of the other available criteria for articulation disorder and is eligible to receive services.*

# FLUENCY

**24:05:24.01:23. Fluency disorder defined.** A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

**24:05:24.01:24. Criteria for fluency disorder.** A student may be identified as having a fluency disorder if:

- (1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
  - (a) Sound, syllable, or word repetition;
  - (b) Prolongations of sounds, syllables, or words;
  - (c) Blockages; or
  - (d) Hesitations.
- (2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or
- (3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

## Frequently Asked Questions

**1. What does “significant discrepancy from the norm” mean?**

*This is defined in rule as five dysfluencies per minute. A speech observation is necessary to document the significant discrepancy.*

**2. Does a student have to exhibit one or more symptomatic behaviors have a significant discrepancy from the norm and have impeded communication in order to be considered as meeting all the criteria under Fluency Disorders?**

*A student could meet the criteria by:*

- 1) exhibiting one or more symptomatic behaviors of dysfluency **AND***
- 2) having a significant discrepancy from the norm (average) **OR***
- 3) having disruptions to such a degree that communication is impeded.*

# VOICE DISORDER

**24:05:24.01:25. Voice disorder defined.** A voice disorder is characterized by the abnormal production or absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

**24:05:24.01:26. Criteria for voice disorder.** A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

## Frequently Asked Questions

**1. Is a medical evaluation required to verify a voice disorder?**

*It is not required; however, it is highly recommended as many voice problems are based on medical concerns such as polyps on the vocal chord.*

**2. Can a student who has a voice disorder and is performing well in the classroom qualify for special education services?**

*Remember, eligibility for special education is a two-prong test. First, the student must have an identified disability which meets the criteria defined in administrative rule. Second, as a result of the disability, educational performance is adversely affected, and therefore the student is in need of special education or special education and related services. If a student can make his or her self understood and communicate effectively despite the disorder, then educational performance is not adversely affected by the disorder.*

**3. To meet the criteria for Voice Disorder, must a student have all three of the following:**

- **consistent deviations in one or more parameters of voice;**
- **the voice is discrepant from the norm and is distracting to the listener; AND**
- **The disorder is not the result of a temporary problem?**

*Yes, all elements listed must be met in accordance with ARSD §24:05:24.01.26.Criteria for voice disorder.*

# LANGUAGE DISORDER

**24:05:24.01:27. Language disorder defined.** A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

**24:05:24.01:28. Criteria for language disorder.** A student may be identified as having a language disorder as a primary disability if:

- (1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and
- (2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

## Frequently Asked Questions

### **1. What are the “pragmatic skills” as referenced in #2 of the criteria for language disorder?**

*In this section, pragmatic skills refer to the dictionary definition of “pragmatic”, which is functional. In other words, there must be evidence of a functional impact on communication in the student's academic and social interactions to be considered eligible for special education services under this category.*

### **2. Given the state criteria for Language Disorder, can a student qualify for special education services based on delays in pragmatic language?**

*Yes, the student must meet eligibility criteria #1 and #2. If the area of concern or suspected disability is pragmatic language, a standardized evaluation instrument of adequate reliability and validity for pragmatic language can be administered for #1 of the criteria.*

### **3. Can subtest scores be used when figuring eligibility for Language Disorders?**

*Yes, subtest scores may be used if the reliability is at .80 or higher.*

**4. Can clinical judgment be used when determining eligibility?**

*No. The administrative rule does not include the use of clinical judgment when determining eligibility.*

**5. Does a student who has been diagnosed with a Central Auditory Processing Disorder automatically qualify for language services?**

*No. The student must meet the criteria for a language disorder. If there is not a language disorder evident based on state criteria, the student would not qualify for services. However, the team could consider eligibility in another disability category.*

**6. “Where can I go for additional resources?”**

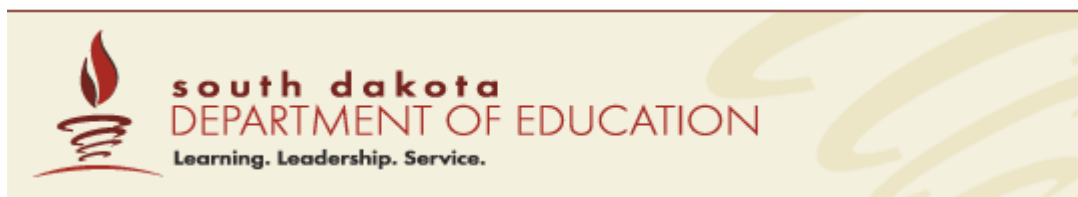
South Dakota Speech-Language-Hearing  
Association (SDSLHA)  
P.O. Box 308  
Sioux Falls, SD 57101-0308  
605-331-2927  
605-331-2043  
<http://www.sdslha.org/>

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](http://www.asha.org)  
E-mail: [actioncenter@asha.org](mailto:actioncenter@asha.org)



# OTHER HEALTH IMPAIRMENTS

0555



# OTHER HEALTH IMPAIRMENT

SD Administrative Rule pertaining to eligibility criteria for other health impaired:

**24:05:24.01:14. Other health impaired defined.** Other health impaired 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, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, Tourette Syndrome, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the full and individual evaluation process as defined in subdivision 24:05:13:01 (18).

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>● Ability</li><li>● Academic achievement</li><li>● <b>Documentation of a chronic or acute health problem</b></li><li>● If ADHD (Attention Deficit Hyperactivity Disorder) is the impairment, behavioral evaluations must be administered. To support educational impact, a standardized rating scale must be completed individually, at a minimum, by two teachers, a parent and if appropriate, the student).</li><li>● If the team decides there are other areas of suspected disability, other evaluations must be given, such as adaptive behavior, speech or language.</li></ul>
<p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>● 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.</li><li>● Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>● The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## Frequently Asked Questions

- 1. The administrative rule lists a number of health impairments. Are these the only identified health impairments a student may have in order to be considered eligible under this category?**

*The list provided in ARSD §24:05:24:14 Other health impaired defined, is not an all-inclusive list. It provides examples, “such as a heart condition, tuberculosis, rheumatic fever...” A student may have another type of health impairment not specifically listed in the rule, but still meet all the criteria of having a health impairment (limited strength, vitality or alertness, due to chronic or acute health problems) that adversely affects a student’s educational performance.*

- 2. Does every student diagnosed with “ADHD” qualify for services under the Other Health Impaired category of IDEA?**

*Under IDEA each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The child’s individualized education program (IEP) team uses the results of the evaluation to determine the educational needs of the child. The results of a medical doctor’s, psychologist’s, or other qualified professional’s assessment indicating a diagnosis of ADHD may be an important evaluation result, but the diagnosis does not automatically mean that a child is eligible for special education and related services. A group of qualified professionals and the parent of the child determine whether the child is an eligible child with a disability according to IDEA. Children with ADHD also may be eligible for services under the “Specific Learning Disability”, “Emotional Disturbance”, or other relevant disability categories of IDEA if they have those disabilities in addition to ADHD.*

*The Office of Special Education and Rehabilitative Services (OSERS) and the Office of Civil Rights (OCR) issued a joint memorandum on Sept. 16, 1991. The memorandum states, in part: “The term ‘other health impaired’ includes chronic or acute impairments that result in limited alertness, which adversely affects educational performance. Thus, children with ADHD, Inattentive Type, should be classified as eligible for services under the ‘other health impaired’ category in instances where ADHD is a chronic or acute health problem that results in limited alertness which adversely affects educational performance. Thus, children with ADHD, Inattentive Type, should be classified where ADHD is a chronic or acute health problem that results in limited alertness which adversely affects educational performance.” OSERS provided further clarification on May 13, 1993, when asked the question: “Does ‘limited alertness’ apply to a child whose alertness is limited to a specific academic task by virtue of being overly alert to the environment in general?” The office responded “if evaluators determine that a child’s heightened alertness to environmental stimuli results in limited alertness with respect to the educational environment, the ‘limited alertness’ criterion of the OHI category would be satisfied.”*

**3. What does “adversely affects educational performance” mean in satisfying eligibility criteria for special education under OHI?**

*In order to be identified as being in need of special education services, an adverse effect on the student’s educational performance must be present. An adverse effect on educational performance can incorporate all aspects of the child’s functioning at school, including educational performance as measured by grades or achievement test scores. It can also be manifested through behavioral difficulties at school; and impaired or inappropriate social relations; impaired work skills such as being disorganized, tardy, having trouble getting to class on time, and difficulty with following the rules. Schools are required to address the effects of a child’s disability in all areas of functioning, including academic, social/emotional, cognitive, communication, vocational, and independent living skills.*

**4. What type of information should be considered in determining an adverse effect on educational performance?**

*Because the documentation of “adverse effects” is data-driven, evaluative information should be considered from all sources (school district evaluation team and/or outside clinician) regarding the child’s school functioning. Evaluative components include an interview with the child, an interview with the parent(s); an observation of the child in the learning environment; review of grades, academic records, disciplinary records, school attendance and tardies, availability to learning. In addition, behavioral rating scales by parent(s), teacher(s), and student (if age applicable); anecdotal reports from teacher(s), Curriculum Based Assessment, and formal assessment should be considered regarding the child’s current and historical functioning.*

**5. Is it a requirement to have a licensed physician provide medical diagnosis in order to identify a student as being Other Health Impaired?**

*Yes, if the impairment to learning is due to a medical condition. If the impairment to learning is a result of a psychiatric disorder as defined in the DSM-IV and/or DSM-IV-TR, such as ADHD, a physician, certified school psychologist, or licensed professional qualified to determine such disorders, may provide the diagnosis. The Office of Special Education, ADHD Resource, May 2003, states: Part B of IDEA does not necessarily require a school district to conduct a medical evaluation for the purpose of determining whether a child has ADHD. If a public agency believes that a medical evaluation by a licensed physician is needed as part of the evaluation to determine whether a child suspected of having ADHD meets the eligibility criteria of the OHI category, or any other disability category under Part B, the school district must ensure that this evaluation is conducted at no cost to the parents (OSEP Letter to Michel Williams, March 14, 1994, 21 IDELR 73).*

**6. When should a licensed physician be included in the evaluation process?**

*A child may be referred for special education by their parent with an existing medical diagnosis or due to concerns surrounding ADHD characteristics. The special education team will identify the necessary components of evaluation through the referral process in order to determine the child's need for special education. It is recommended that a physician be consulted to rule out any co-existing conditions such as seizures or other medical conditions.*

*In May 2000, the American Academy of Pediatrics (AAP) published a clinical practice guideline that provides recommendations for the assessment and diagnosis of school-aged children with ADHD.*

- *Medical evaluation for ADHD should be initiated by the primary care clinician. Questioning parents regarding school and behavioral issues, either directly or through a pre-visit questionnaire, may help alert physicians to possible ADHD.*
- *In diagnosing ADHD, physicians should use DSM-IV criteria.*
- *The assessment of ADHD should include information obtained directly from parents or caregivers, as well as a classroom teacher or other school professionals, regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms, and degree of functional impairment.*
- *Evaluation of a child with ADHD should also include assessment of co-existing conditions such as learning and language problems, aggression, disruptive behavior, depression, and anxiety.*

**7. Can Fetal Alcohol Spectrum Disorder (FASD) qualify as OHI?**

*A student with a medical diagnosis of FASD should be evaluated for special education in all areas suspected of having a disability. FASD alone does not make the student eligible for special education services. Those are based on what is interfering in the student's learning in school. When the IEP team considers the individual's eligibility for special education, any of the special education conditions could be considered for eligibility. Dependent on the manifestation of the disability in each individual situation, different disabling conditions need to be considered dependent on the individual student's presenting evaluation data. Evaluative information is required to determine the "adverse effect" of the disability on the child's education.*

**8. Can Sensory Integration Dysfunction qualify for services under OHI?**

*Sensory Integration Dysfunction should be addressed through a 504 Plan unless a comprehensive evaluation is conducted and the team determines that the educational needs of the child require special education services due to the adverse effects on educational performance.*



# AUTISM

0560



# AUTISM

SD Administrative Rules pertaining to eligibility criteria for autism:

**24:05:24.01:02. Screening procedures for autism.** If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

**24:05:24.01:03. Autism defined.** Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the student'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.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

**24:05:24.01:04. Diagnostic criteria for autism.** An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

- (1) Qualitative impairment in social interaction, as manifested by at least two of the following:
  - (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 seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;
  - (d) Lack of social or emotional reciprocity;
- (2) Qualitative impairment in communication as manifested by at least one of the following:
  - (a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;
  - (b) In an individual 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 imitative play appropriate to developmental level;

- (3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:
- (a) Encompassing 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, such as hand or finger flapping or twisting, or complex whole-body movements;
  - (d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

**24:05:24.01:05. Diagnostic procedures for autism.** School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

**24:05:24.01:06. Instruments used in diagnosis of autism.** Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer. No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;
- (3) The extent to which instruments and methods identify strengths as well as deficits; and
- (4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

### **Areas to be Assessed**

Note: School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

- Ability
- Academic achievement
- Language
- Adaptive Behavior to include social skills
- Behavioral - (To support educational impact, a standardized rating scale must be completed individually, at a minimum, by two teachers, a parent and if appropriate, the student).
- Autism-specific Instrument
- Observation
- If the team decides there are other areas of suspected disability, other evaluations must be given, such as motor, speech, health, vision or hearing.

**NOTE: Skill-based assessment and/or early development information is to be gathered for each skill area affected by the disability.**

#### **REMINDER:**

- 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.
- Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.
- The team should take into account any exceptionality of the individual in the choice of assessment procedures.

### **Frequently Asked Questions**

**1. If a student has Asperger's Disorder, can they be identified as having Autism?**

*No, after a comprehensive evaluation has been completed, the IEP team must consider all information to determine which eligibility category is most appropriate for a student. The disability categories of Other Health Impaired or Emotional Disturbance are typically considered when the team suspects the diagnosis of Asperger's.*

**2. Does an Autism evaluation need to be done again at each three-year re-evaluation?**

*It is the decision of the IEP team to determine what information is necessary to determine continued eligibility. If there is information that is valid and still portrays an accurate picture of the student, the team can determine if the information will be pulled forward from previous testing by documenting it on the Prior Notice.*

**3. If an older student had not been previously identified as having Autism, can that diagnosis be considered?**

*A student's eligibility area can always be reconsidered as new information is gained or circumstances change. It is important to remember that all the needed information and evaluation data that are necessary to determine eligibility for the disability areas must be collected/obtained.*

**4. Where can professionals and families go to obtain more information about the diagnosis and evaluation of Autism?**

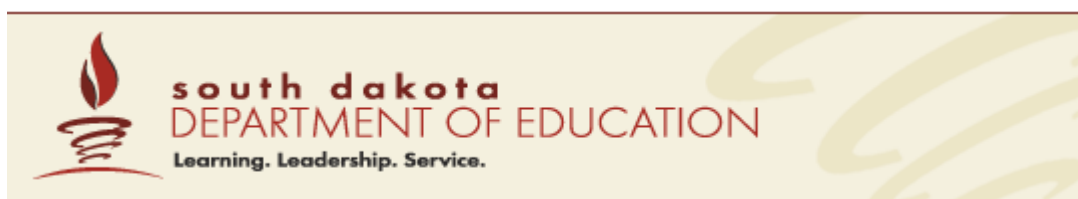
Center for Disabilities: Autism and  
Related Disorders Program  
1400 West 22<sup>nd</sup> Street  
Sioux Falls, SD 57105  
800-658-3080 (V/TTY)  
605-357-1439  
Website: [www.usd.edu/cd/autism](http://www.usd.edu/cd/autism)  
E-mail: [cd@usd.edu](mailto:cd@usd.edu)

Children's Care Hospital and School  
2501 W. 26th Street  
Sioux Falls, SD 57105-2498  
Phone (605) 782-2300  
(800) 584-9294  
Website: [www.cchs.org](http://www.cchs.org)  
E-Mail [cchs@cchs.org](mailto:cchs@cchs.org)

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

# TRAUMATIC BRAIN INJURY

0565



# TRAUMATIC BRAIN INJURY

SD Administrative Rules pertaining to eligibility criteria for traumatic brain injury:

**24:05:24.01:29. Traumatic brain injury defined.** A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student'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. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §24:05:13:01 (18).

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Ability</li><li>• Medical records of documentation of brain injury</li><li>• Academic achievement</li><li>• Adaptive Behavior to include social skills</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as speech, language, gross motor, fine motor or attention</li></ul>
<p><b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b></p>
<p><b>REMINDER:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li><li>• The team should take into account any exceptionality of the individual in the choice of assessment procedures.</li></ul>

## **Frequently Asked Questions**

### **1. What steps should a district take to prepare for a student with a brain injury upon reentry to the educational setting?**

*Care for students with brain injury requires collaborative effort between the family, medical, educational, vocational, social, and community service providers. Reentry into school is only one point on a continuum of services for children with brain injury. As a result of this collaboration can allow more students with brain injury to participate with*

peers, both in school and in the community.

*Examples of service the IEP team may need to consider in order to meet the individual needs of the student may include: retraining in academics, physical therapy, training in independent living skills, prevocational training, job coaching, and counseling. In some instances students with TBI make rapid progress in the months following the injury and changes may be unpredictable. Therefore, it may be necessary to review the IEP goals on a more frequent basis than would be needed for a student with other disabilities.*

*Educational services may be required prior to the student returning to school. Hospital-bound or home-bound educational services should be provided by the local school district according to IDEA*

## **Definitions**

### **Closed head injury**

Closed head injury refers to brain injury without any penetrating injury to the brain. It may be the result of a direct blow to the head; of the moving head being rapidly stopped, such as when a person's head hits a windshield in a car accident; or by the sudden deceleration of the head without its striking another object. The kind of injury the brain receives in a closed head injury is determined by whether or not the head was unrestrained upon impact and the direction, force, and velocity of the blow. If the head is resting on impact, the maximum damage will be found at the impact site. A moving head will cause a "contrecoup injury" where the brain damage occurs on the side opposite the point of impact, as a result of the brain slamming into that side of the skull. A closed head injury also may occur without the head being struck, such as when a person experiences whiplash. This type of injury occurs because the brain is of a different density than the skull, and can be injured when delicate brain tissues hit against the rough, jagged inner surface of the skull.

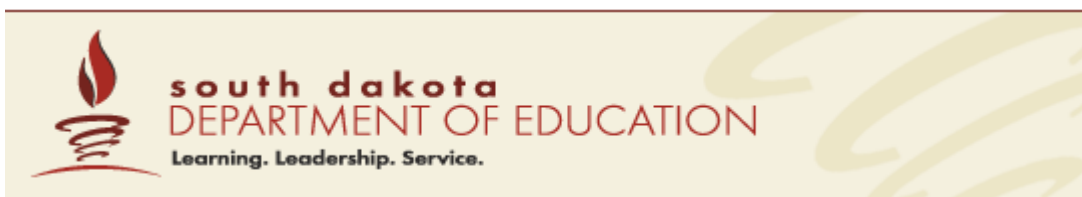
### **Penetrating head injury**

If the skull is fractured, bone fragments may be driven into the brain. Any object that penetrates the skull may implant foreign material and dirt into the brain, leading to an infection.

Encyclopedia of Children's Health. <http://www.healthofchildren.com/G-H/Head-Injury.html>

# DEVELOPMENTAL DELAY

0570



# DEVELOPMENTAL DELAY

SD Administrative Rule pertaining to the eligibility criteria for developmental delay:

**24:05:24.01:09. Developmental delay defined.** A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in § 24:05:24.01:01 or if the student experiences a severe delay in development and needs special education and related services.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social or emotional development, and adaptive development.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter 24:05:25 are appropriately addressed.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Standardized assessment which provides assessment in all development areas:</li><li>• Cognitive</li><li>• Physical/Motor (gross and fine)</li><li>• Communication</li><li>• Social/Emotional</li><li>• Adaptive</li><li>• If the team decides there are other areas of suspected disability, other evaluations must be given, such as speech.</li></ul>
<b>NOTE: Skill-based assessment information is to be gathered for each skill area affected by the disability.</b>
<b>REMINDER:</b> <ul style="list-style-type: none"><li>• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.</li></ul>

## Frequently Asked Questions

- 1. The category of developmental delay is specifically for use with children who are ages 3, 4, and 5 who are in need of special education or special education and related services. Upon turning age 6, does the child have to be automatically reevaluated to determine which category he may no be eligible under?**

*Upon turning age 6, in order to receive special education services, the child must meet the criteria for eligibility in a category other than Developmental Delay as outlined in administrative rules. It is the responsibility of the team to determine if they have current, appropriate evaluation information with which to make this determination. For some children, this may mean they will need to be reevaluated. For other children who have a current comprehensive assessment, reevaluation may not be necessary. The IEP team is responsible for ensuring that the child has been appropriately evaluated.*

- 2. Please explain the two different standard deviation measures given in ARSD §24:05:24:01.09 Developmental Delay defined.**

*A student can meet the criteria for developmental delay two ways. First, a student can be functioning at a developmental level of 2 or more standard deviations below the mean (usually a score of 70 or below on a standardized measure) in any one area of development (cognitive, physical, communication, social and emotional or adaptive behavior). The second way a student could meet the criteria is by functioning at a developmental level of 1.5 standard deviations (usually a score of 78 or below on standardized tests) in any two areas of development (cognitive, physical, communication, social and emotional or adaptive behavior).*

- 3. Is developmental delay the only disability category that can be used with students who are 3 through 5 years old?**

*No, a student who meets the criteria of any of the categories listed in administrative rule and who is determined to be in need of special education or special education and related services should be identified by that category.*

- 4. “Where can I go for additional resources?”**

[Battelle Developmental Inventory 2<sup>nd</sup> Edition \(BDI-2\) Q&A Technical Assistance Document](#)

[Early Intervention – Pre-School Section 619 Website](#)



# OCCUPATIONAL THERAPY AND PHYSICAL THERAPY



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DEPARTMENT OF EDUCATION  
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# THE RELATED SERVICES OF OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

SD Administrative Rule pertaining to eligibility criteria for Occupational Therapy:

**§24:05:27:22. Occupational therapy defined.** Occupational therapy, as a related service, includes the development of fine motor coordination; sensory motor skills; sensory integration; visual motor skills; use of adaptive equipment; consultation and training in handling, positioning, and transferring students with physical impairments; and independence in activities of daily living.

**§24:05:27:23. Criteria for occupational therapy.** A student may be identified as in need of occupational therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs occupational therapy to benefit from special education; and
- (3) The student demonstrates performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, and visual motor skills.

**SD Administrative Rule pertaining to eligibility criteria for Physical Therapy:**

**§24:05:27:24. Physical therapy defined.** Physical therapy, as a related service, includes gross motor development; mobility; use of adaptive equipment; and consultation and training in handling, positioning, and transferring students with physical impairments.

**§24:05:27:25. Criteria for physical therapy.** A student may be identified as in need of physical therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs physical therapy to benefit from special education; and
- (3) The student demonstrates a delay of at least 1.5 standard deviations below the mean on a standardized motor assessment instrument.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Standardized assessments that address the gross and/or fine motor needs of the student.</li></ul>

## Frequently Asked Questions

**1. What are the requirements under IDEA for finding a student eligible for related services?**

*First, the student must be evaluated and determined to be a student with a disability which adversely affects educational performance, and who, because of those disabilities, needs special education or special education and related services.*

*Second, the related service must support the provision of special education, including transportation and those developmental, corrective, and other supportive services determined by an IEP team to be required for an eligible child to benefit from special education.*

**2. Can OT and/or PT services be considered as special education in South Dakota?**

*No. If it is determined through an appropriate evaluation, under chapter §24:05:25, that a student has one of the disabilities identified in this chapter, but only needs a related service and does not need special education/instruction, the student is not a student with a disability under this article. Unless they are determined eligible under one of the disability categories, these services would not be provided.*

**3. What are the requirements under IDEA for finding a student eligible for OT and/or PT services?**

*There are two answers to this question:*

- 1) To be eligible for OT or PT as a related service, the evaluation team must establish the existence of a disability and educational need.*
- 2) Once the child is determined to be eligible for special education services, the IEP team will develop the student's special education program. The IEP team will identify which related services (if any) the child needs in order to benefit from the special education program. OT and PT may be added as a related service only if needed for the student to benefit from the special education program being provided.*

**4. Can a student receive OT and/or PT as a related service if they meet the 1.5 standard deviation but do not meet the criteria as a student with a disability?**

*No. The student must first meet the criteria as a student with a disability which adversely affects educational performance under one of the thirteen 13 disability categories.*

**5. How are OT and/or PT services discontinued from a student's IEP?**

*The same process and requirements used for initial evaluation and/or reevaluation apply before determining that the child is no longer a child's with a disability.*

*To dismiss a student from special education or special education and related services the district would precede as follows:*

1. *The district evaluation team would review the student's information and decide what evaluation information is necessary before determining the child is no longer a child with disability.*
2. *Once the district has decided what evaluations are necessary, contact the parent, review the districts evaluation plan with the parent and ask them if they agree or if they recommend any changes to the district evaluation plan.*
3. *The district must complete the written prior notice/consent document and list the test/evaluations, records, and reports that will be used to determine if the child continues to be eligible for services.*
4. *When documenting previous evaluation information to be used on the prior notice, indicate the area or name of the evaluation and the date it was administered. This also holds true with any information to be used that was not administered during the 25 school day evaluation timeline. This will let the parent know that previous information will be used and that a new evaluation will not be administered. Parent consent is required if any new evaluation information will be gathered or administered.*
5. *Parents must be informed of their right 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 in the prior notice.*
6. *All the evaluation procedures stated in ARSD 24:05:25:04 Evaluation procedures apply.*
7. *Copies of all evaluation reports/documentation used by the team to determine if the child continues to be a child with a disability must be provided to parents.*
8. *Prior notice is sent to parent setting up a meeting at a mutually agreeable time at which time the IEP team will review the evaluation data and determine if the child continues to be eligible for services.*
9. *The team will complete the evaluation report and the documentation of determination of eligibility (content required for students identified with specific learning disabilities) reporting the team's decision regarding the child's eligibility for services. A copy of this document with the team's decision must be given to parents.*

**6. Should there be separate goals on the IEP that are dedicated to OT and/or PT?**

*No. IEP goals facilitate more of a collaborative effort from the IEP team. Since the student's special education program is developed from the present levels of performance, OT and/or PT services should support the accomplishment of the child's educational goals.*

**7. How is eligibility for sensory integration service determined?**

*Once the child is determined to be eligible for special education services under one of the fourteen disability categories, the IEP team will develop the student's special education program. The IEP team will identify which related services (if any) the child needs in order to benefit from the special education program. Sensory integration services provided by an Occupational Therapist may be included as a related service only if evaluation results indicate criteria has been met to receive such services.*

# PROLONGED ASSISTANCE



# PROLONGED ASSISTANCE

SD Administrative Rule pertaining to eligibility criteria for prolonged assistance:

**24:05:24.01:15. Prolonged assistance defined.** Children from birth through two may be identified as being in need of 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.

<b>Areas to be Assessed</b>
<ul style="list-style-type: none"><li>• Standardized assessment which provides assessment in all development areas including:<ul style="list-style-type: none"><li>▪ Cognitive,</li><li>▪ Physical,</li><li>▪ Communication,</li><li>▪ Social and Emotional, and</li><li>▪ Adaptive functioning</li></ul></li></ul>

## **Frequently Asked Questions**

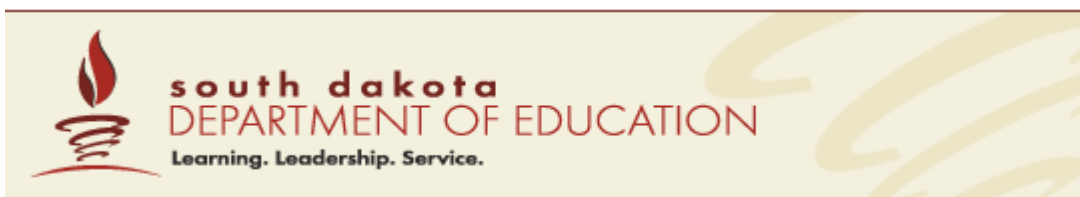
### **1. What age group does Prolonged Assistance apply to?**

Prolonged Assistance applies only to children, birth through age two. Upon turning three, the IEP team must utilize Developmental Delay and the other thirteen categories to determine if a child is in need of special education or special education and related services.

### **2. Who is responsible for paying for the evaluation of children who are suspected of being in need of prolonged assistance?**

School district requirements related to child find and evaluation are included in each local school district's comprehensive plan. While school districts are only required to provide services to children in need of prolonged assistance, they are responsible for identification, location and evaluation of any child that would qualify under Part B of Individuals with Disabilities Education Act (IDEA), regardless of the severity of his disability. This is true even for those children not suspected of being in need of prolonged assistance. A school district is required to evaluate any child that it suspects may be eligible as a "child with disabilities" under Part B of Individuals with Disabilities Education Act (IDEA), not just those children in need of prolonged assistance. If a school district does not suspect a child would be eligible under Part B as a "child with a disability", then the district is not required to evaluate the child. However, the school district must notify the parents that they are not going to evaluate their child following the prior notice requirements found in ARSD Chapter §24:05:30, Procedural Safeguards.

# IEP TEAM OVERRIDE



# IEP TEAM OVERRIDE

SD Administrative Rules pertaining to IEP team override:

**24:05:24.01:31. IEP team override.** If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

- (1) The record must contain documents that explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student;
- (2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;
- (3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data have the greatest relative importance for the eligibility decision; and
- (4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used in order to assist the state in evaluating the adequacy of student identification criteria.

## Frequently Asked Questions

**1. If a district uses the IEP team override process, exactly what are they saying?**

*In utilizing the IEP team override process, the IEP team is saying that a student has a disabling condition and requires special education, even though the student does not meet all the eligibility criteria defined in administrative rule. The team is making the statement that although the tests given to the student were valid, reliable, and appropriate, they have resulted in invalid results for that student.*

**2. What are the procedures a district must follow when using the IEP team override?**

*The district must follow all the basic evaluation procedures outlined in ARSD Chapter §24:05:25, Evaluation and Placement Procedures, in order to determine a student's eligibility for special education services. The responsibility for conducting a student's evaluation rests with the IEP team. All of the decisions are made by the IEP team as a whole, including the parents, not by one individual alone.*

*Each student who is evaluated for a suspected disability must be measured against his own expected performance and not against some arbitrary general standard. The IEP team, including the parents, must determine which tests and evaluation materials are used to evaluate the student. In the evaluation process, professional judgment plays a role in decision making.*

*In order for a school district to consider the use of the IEP team override, the district must have completed all of the required evaluation procedures in ARSD Chapter §24:05:25, Evaluation and Placement Procedures. Only then, will the school district be in the position of documenting and explaining why the standards and procedures used with most students were not valid for the student in question. The documented explanation, coupled with objective data, will serve as the basis for determining eligibility. IEP team members who agree to the override decision must sign-off to this effect. Those members who disagree must make a statement as to why they disagree, include it with the record and sign off.*

*The district is responsible for maintaining a list of those students on whom an IEP team override decision was used for determining eligibility for special education services.*

**3. Can a student who has been determined to be eligible through the override process be listed on child count?**

*Yes. The student may be listed on child count if he is enrolled in school and has been receiving special education and related services as noted on the IEP as of December 1 of the count year.*

**4. We have a student who we have a “gut feeling” needs special education. Is this enough to document the placement committee override process?**

*No. The IEP team must document through objective data how they concluded the student has a disability and is in need of special education. The data may include test scores, work products, self-reports, teacher comments, previous tests, skill-based assessment, observational data, and other developmental data.*

**5. During the compliance monitoring process, can Special Education Programs overrule the local IEP team’s decision of using an override? What sanctions will Special Education Programs use if a district incorrectly completes an override or has too many students on overrides?**

*The Special Education Programs staff will not overrule a local IEP team’s decision. Through the monitoring process, staff will review the district’s procedures and the use of the override process. In the compliance monitoring process, systemic problems are the area of focus. Therefore, if through monitoring the team finds that a district is not following all the administrative rule components for the IEP team override process,*

*district staff can expect that the office will ask the district to pursue corrective action to correctly use the IEP team override process.*

*There is no set number of students allowed to be made eligible through the override process. The nature of the process dictates that it will be used very narrowly and infrequently. Districts are required to keep a list of the students made eligible through the override process to assist the state in evaluating the adequacy of the student identification criteria. In reviewing this list, the state will be able to have immediate information on the numbers of students identified and the disabling condition under which the override was applied. A high number of students made eligible through the override procedure might suggest that the district is not accurately applying the IEP team override process, as use of the override should occur on a limited basis. This type of information would prompt the monitoring team to review the override procedures used by the district to determine if it is being applied according to administrative requirements. If it is determined that the district has applied the override procedures correctly, no corrective action would be required.*

## Suggested IEP Team Override Form

**STUDENT** \_\_\_\_\_ **BIRTHDATE** \_\_\\_\_\\_\_  
**AGE** \_\_\_\_\_ **SEX** M / F  
**GRADE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_  
**PARENT/GUARDIAN** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**DATE OF MEETING** \_\_\\_\_\\_\_

The IEP team **must** document the following:

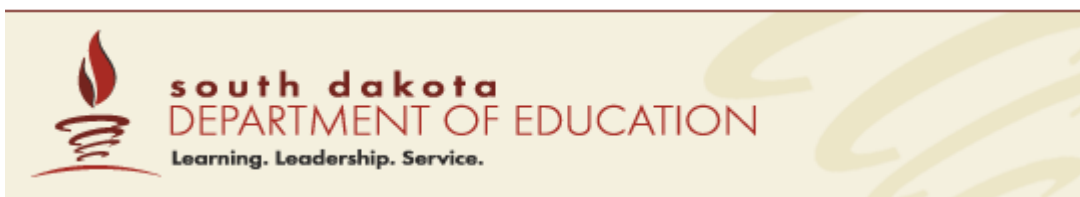
1. Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student.
2. Indicate what objective data were used to conclude that the student has a disability and is in need of special education. Data may include test scores, work products, 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.
4. IEP team members must sign-off agreeing 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.

**IEP team member signatures:**

Name	Title	Agree w/Override
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report



# DETERMINATION FOR ELIGIBILITY



## Directions for Completing the Determination for Eligibility Form

Complete after an initial evaluation, reevaluation, or review of an independent or outside evaluation. After reviewing and analyzing the evaluation data, the team must determine if the child is eligible for special education services under IDEA.

<b>Page 1</b>	<p style="text-align: center;"><b>Summary of Evaluation Reports</b> (First Prong of Eligibility)</p> <p style="text-align: center;"><i>(Required for Initial and Re-evaluation)</i></p> <p style="text-align: center;"><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Think of this section as a look-at-a-glance. At a minimum, list the name of the test (acronym), date the test was given, and the standard scores/ability scores (when applicable) for each test administered, representing the specific score(s) that will be used in determining eligibility. For example, for a student suspected of having a Specific Learning Disability, document the regression score, ability score, and achievement score(s) that meet eligibility criteria should be listed. For Other Health Impaired due to ADD/ADHD, document the ability score, achievement score(s), the clinically significant score(s) from behavior checklists completed, and diagnosis from a school psychologist or documentation of diagnosis by a medical doctor.</p>
	<p style="text-align: center;"><b>Adverse Effects of the Disability on Student's Educational Performance</b> (Second Prong of Eligibility)</p> <p style="text-align: center;"><i>(Required for Initial and Re-evaluation)</i></p> <p style="text-align: center;"><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>For each area skill affected, describe the impact of the disability on the student's educational performance. For example, for a student who is suspected of a Specific Learning Disability in basic reading, the statement may read, "Based on the functional/skill-based evaluation, the student is functioning two grade levels below his peers in the general curriculum." If an area of suspected disability does not reflect educational impact, a statement may read, "Based on functional/skill-based evaluation, there is no evidence that the disability impacts the student's performance in the general curriculum." In this situation, there would not be a need to include this skill area in their Individual Education Program.</p>

**Pages 2, 3 and 4 are required documentation for students evaluated for a Specific Learning Disability (SLD) only.**

Page 2	Areas of SLD Eligibility	Check the appropriate box, whether using Response to Intervention (RtI) criteria or discrepancy criteria.
	<p align="center"><i>(Required for Initial and Re-evaluation)</i></p> <p align="center"><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Based upon the data documented on the front page, check one or more of the following areas in which the team finds the student eligible.</p>
Page 3	<p align="center"><b>Documentation of Highly-Qualified Personnel</b> <i>(Initial only)</i></p> <p align="center"><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Students whose lack of achievement can be attributed to a lack of appropriate instruction in reading and math should not be determined to have an SLD. Such students should be provided with appropriate instruction in general education as well as scientific, research-based interventions.</p> <p>Appropriate instruction in reading or math should include explicit and systematic instruction in the following:</p> <ul style="list-style-type: none"> <li>• Phonemic Awareness;</li> <li>• Phonics;</li> <li>• Vocabulary Development;</li> <li>• Reading Fluency, including oral reading skills; and</li> <li>• Reading Comprehension Strategies;</li> <li>• Mathematic Calculation; and</li> <li>• Mathematic Problem Solving.</li> </ul> <p><b>For RtI</b>, provide the names of the person responsible for working with the student during each intervention phase, and whether or not he/she meets the requirements of a highly qualified teacher.</p> <p><b>For Discrepancy</b>, include a statement addressing the pre-referral interventions implemented by highly-qualified staff. For example, “(Student) participated in a pre-referral process for a period of six weeks where four interventions were implemented by highly-qualified staff.”</p>
	<p align="center"><b>Data-Based Documentation</b> <i>(Initial only)</i></p> <p align="center"><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>A student’s progress should be documented by using an objective and systematic process administered at reasonable intervals. In other words, <b>information such as teacher reports and teacher made tests, while helpful, are not adequate for this determination.</b> Data should be used to determine the effectiveness of a particular instructional strategy or program and should be provided to parents in order to keep them informed of their child’s progress, so that they can support</p>

		<p>instruction and learning at home.</p> <p>If a team charged with determining whether a student has an SLD decides that this documentation is not adequate, a decision may be made to conduct additional evaluation and/or collect additional data to determine eligibility.</p>
	<p><b>Attendance Record</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Document the total number of days in the school year, days the student was in attendance, and the days absent.</p>
	<p><b>Decision of Lack of Instruction in Reading or Math</b></p> <p><i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Check the appropriate box as determined by the final decision of the eligibility team.</p>
<p><b>Page</b> <b>4</b></p>	<p><b>Observation</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>The school district shall ensure the child's academic performance is observed in the general education setting to document the child's academic performance and behavior in the areas of difficulty.</p> <p>In the case of a child of less than school age or out of school, a team member must observe the child in an environment appropriate for a child of that age.</p> <p>The information should include:</p> <ul style="list-style-type: none"> <li>• The name of the observer;</li> <li>• The dates of the observation;</li> <li>• The location of the observation;</li> <li>• The summary of relevant behaviors, if any, noted during the observation of the child and relationship of the behaviors to academic functioning.</li> </ul> <p>When determining eligibility using RtI, the documented observation should be conducted during the RtI process.</p>
	<p><b>Medical Findings</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>The team must document any medical information including any medical diagnoses, health conditions or medications that may impact the child's education.</p>

	<p><b>Exclusionary Criteria</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>If the evaluation team determines the child's lack of achievement can be attributed primarily to any of these factors, the child <u>should not</u> be identified as having an SLD. Such students may be eligible under other disability categories if appropriate evaluations were conducted.</p>
	<p><b>Parental Involvement</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>This information must be provided whether determining eligibility using RtI or the discrepancy model.</p> <p>Documentation should show that the student's parents were fully informed about the policies, strategies, and services provided as part of the intervention process. This could be accomplished by: brochures, open houses, parent letters, news articles, progress monitoring graphs, and individual student meetings.</p> <p>If the district is implementing RtI, this section should include notification to inform parents of data collected at reasonable intervals, informing them of educational services and strategies.</p>
Page 5	<p><b>Additional RtI Documentation</b> <i>(Initial Only)</i></p> <p><i>(Required for RtI Only)</i></p>	<p>This section illustrates what has been done beyond the core curriculum, perhaps in Tier II or III. Summarize the research-based interventions attempted (instructional strategies, not names of programs); including time spent each day in each tier.</p> <p>Information that should also be documented includes Universal Screening scores and the student's predicted rate of progress.</p>
Page 6	<p><b>SLD Determination</b> <i>(Initial and Re-evaluation)</i></p> <p><i>(Required for RtI and Discrepancy)</i></p>	<p>As with any eligibility determination, the decision of whether a student has an SLD and requires special education is made by a group of individuals to include the student's parent(s) and a team of qualified professionals. Those professionals must include the student's Individual Education Program Team.</p> <p>Each member participating in the determination must provide written certification that the documentation reflects the member's conclusion. If any member(s) disagree with the conclusion, a statement of that member(s) conclusion must also be included in the documentation.</p>

## Rate of Progress

### Desired Rate of Progress:

$$\frac{(\text{End of the Year Benchmark Score}) - (\text{Initial Universal Screening Score})}{(\text{Number of weeks from initial benchmark to final benchmark})}$$

$$\frac{90 \text{ wpm} - 9 \text{ wpm}}{32 \text{ weeks}}$$

A second grade student read 9 words per minute (wpm) at the *initial universal screening*. By the end of the year, the student would need to be reading 90 wpm to meet *end of the year standards*. The intervention period was calculated as 32 weeks. Therefore, the student's desired rate of progress = 2.53 wpm/week

$$\frac{90 \text{ wpm} - 9 \text{ wpm}}{32 \text{ weeks}}$$

$$32 \text{ weeks}$$

$$2.53 \text{ wpm/week}$$

### Actual Rate of Progress:

$$\frac{(\text{Most recent progress monitoring score}) - (\text{Initial Universal Screening Score})}{(\text{Number of weeks from initial benchmark to final benchmark})}$$

$$\frac{31 \text{ wpm} - 9 \text{ wpm}}{25 \text{ weeks}}$$

The same student received interventions for 25 weeks and had a most recent progress monitoring score of 31 wpm during progress monitoring. The student's actual rate of progress = .88 wpm/week

$$\frac{31 \text{ wpm} - 9 \text{ wpm}}{25 \text{ weeks}}$$

$$25 \text{ weeks}$$

$$.88 \text{ wpm/week}$$

### Predicted Score Based on Current Rate of Progress:

$$(\text{Actual Rate of Progress} \times \text{Number of remaining weeks to final benchmark}) + (\text{Current Progress Monitoring Score})$$

The student's actual rate of progress if there are 7 weeks left until the end of the benchmark and the student currently performed at 31 wpm, the predicted score = 37.16 wpm/week

$$(.88 \text{ wpm/wk} \times 7 \text{ wks}) + 31 \text{ wpm}$$

$$37.16 \text{ wpm}$$