

Table of Contents

Title 28 EDUCATION

Part CI. Bulletin 1508 **Pupil Appraisal Handbook**

Chapter 1.	Pupil Appraisal Services.....	1
Chapter 3.	Criteria For Eligibility, Screening, And Evaluation Procedures For Each Exceptionality	12
Chapter 5.	Special Services.....	30
Chapter 7.	Related Services	32
Index	37

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Part CI. Bulletin 1508 **Pupil Appraisal Handbook**

Chapter 1. Pupil Appraisal Services

§101. Description

A. Pupil appraisal services are an integral part of the total instructional program of school system. The purpose of pupil appraisal services is to assist students who have learning problems, adjustment problems, or other special needs by providing services to students, parents, teachers, and other school personnel. Some examples are provided below:

1. assistance to teachers in the development and implementation of behavioral and/or instructional interventions;
2. evaluation of students to determine whether they are exceptional and in need of special educational services;
3. consultation with parents, students, teachers, and other personnel on topics such as instructional or behavioral modifications, exceptional students, and student development;
4. staff development with school personnel on selected topics;
5. interpretation of evaluation findings to school personnel and parents;
6. direct support services to students with learning or behavioral problems;
7. related services to students with exceptionalities.

B. Pupil appraisal personnel are not limited to providing services solely to students referred for an individual evaluation. Many students experiencing learning problems can be helped through recommendations made by pupil appraisal personnel for use in the regular classroom, enabling the student to benefit from instruction in the general education curriculum and eliminating the need for a referral for an individual evaluation. Major functions of pupil appraisal personnel are to be child/student advocates and to assist students to remain in and profit from the regular educational program, whenever possible. When a student, as a result of an individual evaluation, qualifies for special educational services, pupil appraisal personnel will recommend services needed to assist the teachers and parents of the student in providing an appropriate special educational program.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1623 (August 2004).

§103. Qualified Examiners

A. Individuals with Disabilities Education Act (IDEA) and Louisiana Revised Statutes 17:1941 et seq. require that a student suspected of being exceptional receive a comprehensive multidisciplinary evaluation conducted by qualified examiners. Qualified examiners include pupil appraisal professionals certified by the State Department of Education and professionals from other agencies or in private practice, as described in this section.

1. Professional members of a pupil appraisal system include certified educational assessment teachers or diagnosticians; qualified school social workers; school nurses; adapted physical education teachers; speech/hearing/language specialists, speech/language pathologists, speech and hearing therapists; occupational therapists; physical therapists; audiologists; and certified school psychologists.

2. School systems shall regularly employ certified pupil appraisal personnel to conduct individual evaluations, but may also employ others as listed below:

a. qualified examiners available from the Department of Health and Hospitals, the Department of Public Safety and Corrections, the State Board Special Schools, or other public agencies;

b. private qualified examiners contracted to provide specialized assessments;

c. the student's teacher(s) as member(s) of the evaluation team;

d. a combination of the approaches listed above.

3. Regardless of the approach used for conducting individual evaluations, school systems retain full responsibility for the individual evaluation. Any failure by an employee or contractor to meet the requirements of this Handbook constitutes a failure by the school system to comply with *Bulletin 1706 Regulations for the Implementation of the Children with Exceptionalities Act*; R.S. 17:1941 et seq.

4. Professionals in private practice who provide evaluations for educational use must meet the standards of and comply with the rules and regulations set by their respective statutory professional boards. Certification by the State Board of Elementary and Secondary Education is not required for these persons; however, educational assessment teachers/diagnosticians or educational consultants are required to be certified by the Department of Education, since licensing for independent practice does not exist.

EDUCATION

a. Professionals employed by another state agency must meet the professional standards of that agency and be qualified through training to conduct evaluations.

b. The results of an evaluation conducted by these professionals may be used by a school system in determining a student's eligibility for special educational services. It remains the school system's responsibility to ensure that the student is evaluated and that his or her eligibility determination has been in accordance with the requirements of this handbook.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1623 (August 2004).

§105. Pre-Referral Activities

A. Overview. A local educational agency (LEA) shall identify a student, enrolled in an educational program operated by the LEA, as suspected of having an exceptionality by the school building level committee (See *Clarification of Terms*.) coordinating and documenting results of the activities described below. For a child not enrolled, screening activities are to be conducted by Pupil Appraisal.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1624 (August 2004).

§107. Screening

A. Educational Screening

1. A review of the results of sensory screening and of the student's educational and health history conducted by school personnel. The evaluation coordinator shall ensure that developmental screening is conducted by pupil appraisal personnel during the evaluation of preschool-aged children

2. A review of the student's academic and social performance, language and communication skills, performance on applicable statewide and district-wide assessment tests.

3. A teacher/parent communication concerning the child/student's specific problem or exceptional skills

4. At least one comprehensive and documented regular education intervention appropriate to the student's age and learning/behavioral problems. This activity is not required for a student suspected of having a speech or language impairment only, being gifted or talented, having a severe or low incidence impairment. It also is not required when there is substantial documentation that the student is likely to injure him/her self or others. Individual interventions may consist of, but are not limited to, techniques such as those listed below:

- a. restructuring the classroom/school environment;
- b. modification of the student's instructional program;
- c. peer tutoring;

d. behavior management plans specific to the behavior of concern;

e. combined home/school behavior change program;

f. individual or group counseling/therapy;

g. remedial/compensatory education.

B. Sensory Screening

1. Hearing Screening

a. Hearing screening is to be considered current only if three conditions are true:

i. normal results have been obtained within the past 24 months for enrolled students and within the past 12 months for non-enrolled students; and

ii. no hearing problems currently are exhibited by the student; and

iii. no history of acute or chronic ear infections or persistent head colds are indicated in the health screening.

b. Child/student is identified as "at-risk" of having a hearing impairment should one of the following conditions exist:

i. failure to respond at 20db in one of 1000, 2000 or 4000 frequencies in at least one ear;

ii. failure to respond at 25db in two or more frequencies in at least one ear;

iii. middle ear pressure outside the range of -200 and +50 mm H₂O in either ear; or

iv. excessively stiff or flaccid tympanogram in either ear.

c. Children/students for whom specific audiometric test results cannot be obtained because of age or degree of involvement or for whom informal hearing test results do not rule out the possibility of a hearing loss should be considered "at risk." The extent of the child/student's hearing loss must be determined, using electrophysiological techniques when necessary.

2. Vision Screening

a. Vision screening is to be considered current only if three conditions are true:

i. normal results have been achieved within the past 24 months for enrolled students and within the past 12 months for non-enrolled children; and

ii. no vision problems are currently being exhibited by the student; and

iii. no history of eye infections, either acute or chronic, is indicated in the health screening.

b. A student's vision is considered "at risk" as dictated by the criteria in the manual of the instrument used for testing. Vision screening must include tests for three conditions:

- i. acuity (near point and far point);
- ii. color blindness;
- iii. muscle balance.

c. If the required techniques are unsuccessful because of the student's immaturity, physical impairment, or mental ability, adapted methods of testing shall be used to determine the extent of the loss.

C. Health Screening

1. Health screening is conducted only when there is some concern with the health status of the student.

2. A student's health is considered "at risk" if through history, observation, and other procedures, health problems are noted.

D. Speech and Language Screening

1. Speech and language screening is conducted only on those students about whom there is some concern with communication skills.

2. The tasks, items, or tests used in screening should include a sampling to determine pertinent skills or conditions:

- a. auditory processing skills (e.g., reception, discrimination);
- b. articulation;
- c. receptive and expressive language;
- d. voice;
- e. fluency;
- f. oral motor functioning;
- g. oral structure.

E. Motor Screening

1. Motor screening is accomplished through the observation of the student's gross and fine motor skills by the teacher responsible for providing physical education to the student and if necessary in consultation with the teacher responsible for classroom based activities. The evaluation coordinator shall ensure that motor screening is conducted by pupil appraisal personnel during the evaluation for students not enrolled in school. If the screening indicates any of the following conditions, then a motor and/or assistive technology assessment may be needed:

- a. lack of strength, endurance, flexibility;
- b. difficulty with balance activities;
- c. failure to show opposition of limbs when walking, sitting, or throwing;
- d. lack of control with ball skills;
- e. difficulty in crossing the vertical midline;
- f. poor sense of body awareness;
- g. difficulty in remembering motor sequences;

- h. ability to deliver written communications.

F. Assistive Technology Screening

1. Assistive Technology screening is accomplished through an observation of the student's skills and educational environment. An assistive technology assessment may be needed if the screening results indicate the student has difficulty in any of the following areas:

- a. verbal communication;
- b. written communication;
- c. access to the curriculum;
- d. working independently to complete educational activities.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1624 (August 2004).

§109. SBLC Determination Options

A. The School Building Level Committee (SBLC), with the parent as an invited participant, shall review and analyze all screening data, including intervention results, to determine the most beneficial option for the student. The Committee's options include, but are not limited to one of the following actions:

- 1. conduct no further action at this time;
- 2. conduct additional interventions;
- 3. refer the student to appropriate committee to conduct an evaluation to determine Section 504 eligibility;
- 4. refer the student to pupil appraisal personnel for support services;
- 5. refer the student to pupil appraisal personnel for an individual evaluation.

B. Parents must be provided a report or summary by the SBLC on the status of the referral intervention at least once each grading period until a decision is reached. If the parent(s) disagrees with the SBLC decision, the parent(s) must be provided a copy of his or her rights, which include a right to a due process hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1625 (August 2004).

§111. Referral Process

A. The School Building Level Committee's referral of the student to pupil appraisal personnel for an evaluation that determines a student's eligibility for services shall be made through the principal/designee and shall include documentation of all screening activities.

B. An immediate referral may be made to pupil appraisal services for an individual evaluation of any student suspected of a severe or low-incidence impairment; or based on substantial documentation by school building level

personnel, of any student suspected of being likely to injure him/her self or others. Screening activities should be completed as part of the evaluation for these students.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1625 (August 2004).

§113. Parental Participation

A. Participation by parents is crucial in all meetings in which decisions are being made regarding their child in the area of identification and evaluation. Parents must be provided the opportunity to participate, at a minimum, in the meetings listed below:

1. the School Building Level Committee meeting in which a decision will be made whether to refer the student to pupil appraisal personnel for an individual evaluation;

2. the evaluation team meeting to consider the results of the data and determine eligibility;

3. the re-evaluation meeting of the IEP Team to determine the continued need for special education and related services.

B. For an initial evaluation or re-evaluation, the school system must obtain informed parental consent. Parents must be given a printed copy of their rights at the time of the request for parental consent. If the parent denies or fails to give informed consent for the individual evaluation, the LEA may appeal to the appropriate state court. If the parent withholds consent for the re-evaluation, the LEA may request a due process hearing following the procedures described in Chapter 5 of *Bulletin 1706*. A LEA may not use the parent's refusal to consent to deny the parent or student any other service, benefit, or activity of the LEA except as required by *Bulletin 1706*.

C. In the instance in which the parent fails to respond, informed parental consent need not be obtained for the re-evaluation, if the LEA can demonstrate that it has taken reasonable measures to obtain that consent.

D. A meeting may be conducted without a parent in attendance when the local educational agency is unable to convince the parents that they should attend. In this case, the LEA must have a record of its attempts to arrange a mutually agreed on time and place, such as detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent to the parents and any responses received; and detailed records of visits made to the parent's home or place of employment and the results of those visits. Regardless, it is important that the parent be invited and included in the evaluation process. Documentation of efforts to involve the parent must be maintained.

E. Informed parental consent is not required before reviewing existing data as part of an evaluation or re-evaluation or before administering a test or other evaluation that is administered to all students unless, before

administration of that test or evaluation, consent is required of parents of all students.

F. At the conclusion of the evaluation meeting where eligibility is determined, if the parents disagree with the consensus of the team, the LEA must afford the parents the right to challenge the evaluation report in accordance with procedural safeguards.

G. Parents must be given a copy of the evaluation report, the documentation of eligibility and their procedural safeguards, including the right to an Independent Education Evaluation. (See §115.H, Individual Evaluation, Independent Education Evaluation.)

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1625 (August 2004).

§115. Individual Evaluation

A. Evaluation Process. The final determination of whether or not a student is an exceptional student, and the nature and extent of needed special educational and related services must be based on a comprehensive assessment, integrating information drawn from different assessment sources. The depth of the assessment will vary based on the suspected exceptionality, review of screening information, and data collected during the evaluation process. All assessments shall be conducted in accordance with this Bulletin.

B. Definition. An *evaluation* is defined as a systematic process of review, examination, and interpretation of intervention efforts, test results, interviews, observations, relevant functional and developmental information including information from the parent and other assessment information relative to predetermined criteria. The product of the evaluation is a report containing professional interpretation of the child/student's performance within various settings, those factors affecting the student's performance, the nature and extent of the child/student's disability and/or exceptional ability, and the need for special education and related services, other interventions, or instructional adjustments. Evaluation is not synonymous with testing. The ultimate goal of the individual evaluation process is to provide information to educators and parents, which will facilitate future educational programming for the student. The evaluation for eligible students shall also assist in determining the content of the child/student's Individualized Education Program/Individualized Family Service Plan (IEP/IFSP), including information related to enabling the student to be involved in and progress in the general curriculum and activities; or for preschool children, to participate in appropriate activities.

C. Evaluation Objectives. The objectives of an individual evaluation are quite specific:

a. to determine the present levels of performance including performance in the general curriculum;

b. to determine whether the student is an individual with an impairment or condition which would result in the student being classified as exceptional;

c. to determine the nature and extent of such impairment or condition;

d. to determine the effect of the impairment or condition on the educational performance of the student in the general curriculum and activities;

e. to determine the need for special education and related services, including educational strengths and support needs of the student;

f. to recommend types of instruction, accommodations, additions, modifications, and related services to meet the assessed needs of the student that will enable him or her to participate, as appropriate, and in the general curriculum and activities.

D. Required Individual Evaluation

1. An initial individual evaluation shall be conducted whenever the student is not enrolled in special education and specific conditions exist.

a. Informed parental consent for the initial individual evaluation has been requested and received by the LEA. If a request was made for an evaluation during the time period in which the student is subject to disciplinary measures, the evaluation shall be conducted in an expedited manner as noted in Section J. Evaluation Timelines.

b. If the Local Education Agency (LEA) suspects that the student is exceptional, an evaluation must be conducted. If the LEA does not suspect that the student is exceptional, then it may refuse to conduct an evaluation. The SBLC, through interventions, may attempt to resolve the student's problems. When an LEA refuses to initiate an evaluation upon parental request, the parents must be given a written explanation of the reason for the decision according to the requirements listed in §504 of *Bulletin 1706* and provided a copy of their rights, which include the right to a due process hearing.

c. A final written decision has been issued by a court of competent jurisdiction requiring that an individual evaluation be conducted.

d. A written request for an individual evaluation has been issued by a state appointed hearing officer or appeals panel.

2. Individual Re-evaluation

a. An individual re-evaluation shall be conducted by the IEP Team and the evaluation coordinator if conditions warrant, but at least once every three years, whenever the student is enrolled in special education or when one of the following five events occurs.

i. The re-evaluation is requested in writing by the student's teacher or by the LEA's special education director/supervisor.

ii. The re-evaluation is requested in writing by the student's parent(s)- (a request for a reevaluation may be presented orally if the parent is illiterate in English or has a disability that prevents the production of a written statement).

iii. A significant change in educational placement of a student is proposed by the school system, the parent, or both.

iv. A final written decision has been issued by a court of competent jurisdiction requiring that an individual evaluation be conducted.

v. A student is suspected of no longer having a disability and no longer in need of services.

b. For eligible students with disabilities not currently receiving special education services, a re-evaluation shall be conducted unless refused by the parent(s).

3. A school system is not required to conduct a re-evaluation of an exceptional student who transfers with a current evaluation into its jurisdiction from another jurisdiction in Louisiana. Should the receiving LEA question the accuracy or the appropriateness of the student's classification, a re-evaluation may be initiated after an IEP has been developed and the student is receiving special educational services.

E. Evaluation Coordination

1. Upon identification of a student suspected of being exceptional and when conducting a re-evaluation, a qualified pupil appraisal staff member shall be designated as evaluation coordinator.

2. While this assignment is the responsibility of the individual designated by the school system to direct the pupil appraisal system, it is recommended that the evaluation coordinator be selected on a case-by-case basis by and from the pupil appraisal personnel assigned to the school. The determination of the evaluation coordinator shall be based upon the student's specific problems and other factors such as the expertise, caseload, and other responsibilities of each pupil appraisal staff member. Evaluation coordinator is not a position; therefore, one individual shall not be routinely designated this responsibility.

3. Evaluation Coordinators. The pupil appraisal personnel certified by the Louisiana Department of Education may serve as evaluation coordinators in the school system:

- a. educational diagnostician;
- b. certified school psychologist;
- c. speech/language pathologist;
- d. qualified school social worker;
- e. audiologist;
- f. occupational therapist;
- g. physical therapist;

h. school nurse.

4. Initial Responsibilities of the Evaluation Coordinator. Following receipt of the referral by pupil appraisal for an initial individual evaluation of an identified student, the evaluation coordinator shall ensure that within 10 business days specific activities occur.

a. an interview with the teacher(s) of enrolled students is conducted to clarify specific referral concerns and develop the initial evaluation questions; or

b. an interview with the parent (or other referral source) for students not enrolled in school is conducted to clarify specific referral concerns and develop the initial evaluation questions; and

c. the student's parents are notified of the initial evaluation concerns and the type of evaluation to be conducted, and upon request, are provided advanced notice of the dates and places of assessments, and given the opportunity to participate in meetings including where the identification and eligibility determinations are made;

d. an informed parental consent is requested to conduct the individual evaluation, if not already received;

e. the student is referred to other appropriate agencies for screening/ assessment/evaluation services, when warranted. The student may also be entitled to services other than those available through the educational system.

5. Selection of Participating Disciplines. Upon receipt of informed parental consent for the evaluation, the evaluation coordinator shall ensure that at least two appropriate and qualified personnel representing different disciplines participate in the conduct of the individual evaluation (one of whom shall be the evaluation coordinator). Additional considerations shall apply.

a. If a low incidence sensory impairment is suspected, statewide assessment resources that meet state standards must be considered.

b. If the student is determined to be "at risk" through sensory, motor, or health screening, or if a sensory or other physical/health impairment is suspected, an appropriate assessment must be conducted by a physician or other qualified examiner with specialized training and experience in the diagnosis and treatment of the particular condition.

c. If a student is suspected of having only speech or language impairment, the student's teacher may serve as one of the two qualified personnel.

d. If the student has a documented health or physical impairment; has a history of head or spinal cord injury, seizures, diseases; needs assistance with activities of daily living; requires medications, health procedures and/or special diet; or has other health problems, the school nurse or other qualified personnel should be a member of the evaluation team.

e. If the student is suspected of having a specific learning disability, the student's regular education teacher (or

if the child does not have a regular teacher, a regular classroom teacher qualified to teach a student of his or her age; or for a child of less than school age, an individual certified by the State Department of Education to teach a child of his or her age) must be a member of the multidisciplinary team. In no case shall the regular teacher replace the qualified pupil appraisal person.

6. Procedural Responsibilities. Throughout the initial evaluation of a student, the evaluation coordinator shall ensure that specific procedures are followed.

a. Each individual evaluation is based on a comprehensive compilation of information drawn from a variety of sources.

b. The evaluation is conducted in accordance with all requirements of this handbook.

c. The student is evaluated in each area of suspected exceptionality.

d. Full and complete records collected or generated in connection with an individual evaluation are maintained in accordance with confidentiality requirements.

e. The results of any previously conducted specialist's evaluations are obtained through written parental authorization for the release of these records.

f. A meeting of the multidisciplinary evaluation team members, including the parent(s), is scheduled and conducted to determine whether or not the student is exceptional.

g. An integrated report describing the findings and recommendations of the evaluation process, along with the determination of eligibility, is prepared; and a copy is provided to the Supervisor of Special Education or designee.

h. The evaluation findings and recommendations are interpreted for the student's teacher(s).

i. A copy of the integrated report, including any dissenting opinions, along with the determination of eligibility, and an opportunity for an oral explanation of the findings and recommendations was provided to the student's parent(s) prior to the initial IEP/IFSP Team meeting.

j. A pupil appraisal staff member who participated in the evaluation is designated, when necessary, to attend the initial IEP/IFSP Team meeting to assist in the development of the IEP/IFSP.

F. The Individual Evaluation Process determines if a student is exceptional and must consist of all required components as specified for each exceptionality. However, it is permissible to determine a student to be non-exceptional on the basis of selected elements.

1. Initial Individual Evaluation components are specifically defined in the "Procedures for Evaluation" for each exceptionality:

a. screenings, if not previously conducted;

b. a review and analysis of all pre-referral activities and any preexisting evaluation data on the student;

c. an interview with the student;

d. a family interview conducted by the school social worker or other qualified personnel to determine the impact of educational, socioeconomic, environmental, cultural, developmental, emotional, and/or health/medical factors on the student's educational performance;

e. an interview with the student's teacher(s) in order to specify and define behaviorally the areas of concern, determine the teacher's expectations for the student and class, and clarify any previous interventions;

f. observation and study of the student's physical condition, academic and/or social behaviors in daily activities conducted by pupil appraisal personnel;

g. a determination of the student's instructional level(s) and frustrational level(s) through a classroom-based assessment within the general education curriculum;

h. a functional behavioral assessment conducted or reviewed by a certified school psychologist, a qualified school social worker, or other appropriately trained personnel, when behavior is of concern;

i. an assessment of the student's health status conducted by a school nurse or other qualified personnel when health procedures - such as special diet, medication, blood glucose monitoring, seizure management, modified activities of daily living, and respiratory treatments - are required by the student;

j. the development and implementation of individual interventions, as defined below, conducted or directed by pupil appraisal personnel for a reasonable period of time [the intervention(s) must be relevant to the referral concern(s)]:

i. individual behavioral interventions must be designed to improve or determine whether sufficient improvement can be made in the student's behavior in the general education setting with regular education accommodations/modifications/adaptations;

ii. individual instructional interventions within the general education curriculum must be designed to determine how the student learns best and to determine his or her rate of acquisition, degree of comprehension, and extent of retention of curriculum materials, when compared to grade and teacher expectations and to that of his or her peers;

iii. the intervention requirement may be waived in circumstances in which the multidisciplinary team, after a thorough review and analysis, determines that previously conducted interventions meet the requirements as stated in the "Procedures for Evaluation" for designated exceptionalities. Interventions conducted prior to the initiation of the individual evaluation must include systematic measurement, pre and post tests, etc. in order to be substituted for the intervention requirement. All intervention results must be analyzed and included in the

evaluation report. Individual interventions may consist of numerous techniques such as restructuring the classroom/school environment, peer tutoring, classroom-based reinforcement technique(s), behavioral interventions in the classroom, combined home/school behavioral change program, individual or group counseling/therapy, modification of the general curriculum and/or instructional approach, medication, other health procedures and health related services;

iv. systematic measurement of learning and/or social behaviors of concern conducted prior to and following implementation of the intervention, or prior to with repeated measures during the intervention;

v. an analysis of the results of the individual intervention(s);

k. educational or developmental, and/or adaptive behavioral assessments, as warranted;

l. psychological, social, and medical assessments;

m. speech and language assessments and/or assessment of the communication mode of the student;

n. an assistive technology assessment as warranted;

o. transitional needs addressed as part of all evaluations occurring after the 14th birthday of a student with disabilities (see §115.F.4);

p. other assessments (e.g., orientation and mobility, determined to be necessary by the multidisciplinary team.

2. If the primary determinant factor is a lack of instruction in reading or mathematics or limited English proficiency, a student may not be determined to be a student with a disability.

3. For re-evaluations, an appropriate evaluation coordinator will be assigned. Prior to the Re-Evaluation/IEP Team meeting, the specific activities will be conducted by designated individuals.

a. The evaluation coordinator, or other designated personnel, will notify parents, teachers, related service personnel, an official designee of the school system, and other appropriate personnel of the re-evaluation; and will follow prescribed procedures:

i. obtain informed parental consent (see Parental Participation);

ii. gather information regarding educational history, including all previous evaluation reports;

iii. review or conduct a classroom-based assessment to determine the student's involvement and progress in the general education curriculum;

iv. review or conduct a functional behavioral assessment, if behavior is a concern;

v. conduct at least one structured observation before the scheduled IEP Team meets for the scheduled re-evaluation;

EDUCATION

vi. ensure that any re-evaluation requirements for the existing exceptionality(ies) are completed;

vii. ensure that transitional needs are addressed as part of all re-evaluations occurring after the 14th birthday for students with disabilities;

viii. collect any additional pertinent information;

ix. document and disseminate results of the re-evaluation to the supervisor of special education or designee, parent(s) and school.

b. The special education teacher responsible for coordinating the student's IEP will collect the mandated information:

i. current vision and hearing screening results;

ii. performance toward meeting IEP goals, benchmarks or objectives;

iii. current standardized test results;

iv. performance in the general curriculum;

v. discipline records and behavior intervention plans;

vi. progress reports from all related services personnel, including the Individual School Health Services Plan;

vii. transition from school to post-school activities for students age 14 or older;

viii. other information, as deemed appropriate.

c. The parents/family will be asked to provide relevant information applicable to their child:

i. concerns/observations regarding their student's educational program;

ii. any current private evaluation data, if applicable;

iii. any current school and medical/health reports, if applicable;

iv. information regarding transition needs from school to post-school activities for students age 14 years or older;

v. Any other information, as deemed appropriate.

4. Transitional needs must be addressed as part of all re-evaluations occurring after the 14th birthday of a student with disabilities. In addressing the needed transitional services of the student, the Re-evaluation/IEP Team must provide answers to four questions.

a. What are the strengths and support needs of the student that affect future planning?

b. What are the expressed post school occupational interests of the student?

c. What vocational experience(s) has the student had, and what was the outcome?

d. Does the student have physical limitations and/or health/medical needs, and if so, what are they?

5. Re-evaluations conducted for reasons other than the third year mandate (e.g., change to a more restrictive placement, concern over the student's progress) must be specific to the referral questions and must generally include the same components specified in Subsection F, Individual Evaluation Process, Paragraphs 1. and 2.

6. For students currently enrolled in Special Education who are referred to pupil appraisal personnel as a result of concerns dissimilar to the present classification, initial procedures for each suspected exceptionality and re-evaluation procedures for the existing classification must be conducted in order to develop an integrated report.

7. For re-evaluations conducted because of disciplinary action that will result in a significant change of placement of the student, a manifestation determination review must have been conducted. (See Manifestation Determination Review in the Appendix.)

8. Re-evaluations must be conducted before determining that a student is no longer a student with a disability and no longer in need of special educational services.

9. The Re-evaluation/IEP Team shall perform specific functions.

a. It shall review existing evaluation data on the student as described above. The team may conduct this review without a meeting.

b. It shall decide, upon the basis of that review, whether there are sufficient data to determine the four concerns listed below:

i. whether the student continues to have an exceptionality;

ii. the present levels of performance and educational needs of the student;

iii. whether the student continues to need special education and related services;

iv. whether any additions or modifications to the education program and related services are needed to enable the student to meet measurable annual goals set out in the IEP of the student and to participate, as appropriate, in the general curriculum.

c. It shall sign and date the re-evaluation report agreeing to this determination that there is sufficient data to answer yes to §115.F.9.b.i-iv.

d. If the team determines no additional data are needed to determine that the student still has a disability, the parent must be informed of this determination, of the reasons for this determination, and of the right to request an assessment to determine whether, for the purposes of special educational services, their child continues to be a student with a disability.

e. It shall determine, that if additional tests or evaluation data are needed to determine §115.F.9.b.i-iv above, what data will be collected, who will collect the data, and when the team will reconvene to complete the report to determine the above. Once the team reconvenes, steps §115.F.9.a-c will be followed.

f. The re-evaluation report must be disseminated to the LEA's Supervisor of Special Education or designee, parent(s) and the school.

G. Protection in Evaluation Procedures

1. Tests and other evaluation materials used to assess a student are selected and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the student's native language or other mode of communication, unless it is clearly not feasible to do so.

2. Materials and procedures used to assess a student with limited English proficiency are selected and administered to ensure that they measure the extent to which the student has an exceptionality and needs special educational services, rather than measuring the student's English language skills.

3. A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the student, including information provided by the parent and information related to enabling the student to be involved in and progress in the general curriculum (or for a preschool child, to participate in appropriate activities) that may assist in determining whether the student is a student with an exceptionality and may influence the content of the student's IEP.

4. Standardized tests administered to a student have been validated for the specific purpose for which they are used; they are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests. 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.

5. Tests and other evaluation materials include those tailored to assess specific areas of educational need, not merely those designed to provide a single general intelligence quotient. In no event shall IQ scores be reported or recorded in any individual student's evaluation report or cumulative folder. Whenever it is necessary to conduct an individual intellectual assessment as a component of an individual evaluation, the examiner shall review all available information regarding the student, the student's family, and the socio-cultural background of the student to determine whether the evaluation results have been unduly influenced by such factors.

6. Tests are selected and administered to ensure that if administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the

student's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

7. No single procedure is used as the sole criterion for determining whether a student is a student with an exceptionality and for determining an appropriate educational program for the student.

8. The student is assessed in all areas related to the suspected exceptionality, including if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

9. In evaluating each student with an exceptionality according to established procedures, the evaluation is sufficiently comprehensive to identify all of the student's special education and related services needs, whether or not commonly linked to the exceptionality category in which the student has been classified.

10. Technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors, must be selected.

11. Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the student must be selected.

H. Independent Educational Evaluation

1. The parents of a student with an exceptionality have a right to obtain an Independent Educational Evaluation (IEE) of the student. The LEA shall provide to the parent, upon request for an IEE, information about where an independent educational evaluation may be obtained and the criteria by which it must be conducted.

a. *Independent Educational Evaluation (IEE)* means an evaluation conducted by a qualified examiner who is not employed by the LEA responsible for the education of the student in question.

b. *Public Expense* means that the LEA either shall pay for the full cost of the evaluation or shall ensure that the evaluation is otherwise provided at no cost to the parent.

c. To avoid unreasonable charges for Independent Educational Evaluations (IEEs), an LEA may establish maximum allowable charges for specific tests. The maximum shall be established so that it allows parents to choose among the qualified professionals in the area and eliminates unreasonably excessive fees. The LEA shall allow parents the opportunity to demonstrate unique circumstances to justify an IEE that falls outside the district's criteria.

2. An IEE is provided at public expense to the parents if:

a. the parent disagrees with an evaluation provided by the LEA, or

b. a hearing officer requests an IEE as part of a due process hearing.

3. When an LEA is notified in writing by the parent that the parent disagrees with the LEA's educational evaluation, the LEA has ten business days following the receipt of the notice to initiate a due process hearing to show that its evaluation is appropriate. If the LEA does not initiate a due process hearing within the ten business days, the IEE shall be at public expense.

a. The request for an IEE may be presented orally if the parent is illiterate in English or has a disability that prevents the production of a written statement.

b. If, in a due process hearing, the hearing officer finds that the LEA's evaluation is appropriate, the parent shall still have the right to an independent evaluation, but not at public expense.

c. If a parent requests an IEE, the LEA may ask for the parent's reasons why he or she objects to the public evaluation. However, the explanation by the parent may not be required and the LEA may not unreasonably delay either providing the IEE at public expense or initiating a due process hearing to defend the public evaluation.

4. An IEE obtained at public expense shall meet the same criteria established by these regulations and by the *Pupil Appraisal Handbook*. The LEA may not impose conditions on obtaining an IEE, other than the criteria contained in the *Pupil Appraisal Handbook*.

5. If the parents obtain an IEE at private expense and it meets the criteria in the *Pupil Appraisal Handbook*, the results of the evaluation shall be considered by the LEA in any decision made with respect to the provision of a free appropriate public education to the student; and they may be presented as evidence at a hearing as described in §507 of these regulations regarding the student.

a. Privately Obtained Independent Educational Evaluation Initiated by Parents

i. When an IEE initiated by parents at their expense, is received by the pupil appraisal office, specific procedures must be followed.

(a). Within 10 business days of receipt, the evaluation must be reviewed to determine whether procedures in this handbook were followed and whether the student meets the criteria for eligibility of the assigned exceptionality.

(b). Based on the IEE, if it is determined that the student is eligible for services, an IEP/IFSP Committee meeting must be held within 30 calendar days.

(c). Based on the IEE, if it is determined that the evaluation procedures did not meet the requirements of this handbook or that the student did not meet the eligibility requirements for the assigned exceptionality, the parents must be informed of the decisions made and the actions proposed by the school system.

ii. The IEE must be considered in any decisions made with respect to the provision of a free appropriate public education. The LEA is not required to use the IEE obtained at private expense as its only criteria for deciding the content of the student's special education program.

6. The LEA is not required to use the IEE obtained at private expense as its only criteria for deciding the content of the student's special education program.

I. Evaluation Report and Determination of Eligibility

1. The final written report for initial evaluations must be a compilation of the data gathered during the individual evaluation process. The data collected by pupil appraisal personnel must be integrated and written in language that is clear to the individuals who will use it.

a. The integrated written report of the initial evaluation of an identified student must contain the following minimal requirements:

i. the reason(s) for referral;

ii. the individual evaluation questions or statements of concern;

iii. a description of the evaluation procedures, including interventions, used to address each evaluation question, and an analysis of the results;

iv. a description of the student's present level(s) of functioning in relationship to the general curriculum;

v. a description of the student's relative strengths and support needs;

vi. a description of the educational needs of the student ranked in order of importance;

vii. a description of the impairment or condition that enables the student to be classified as eligible for special education and related services;

viii. information sufficient to permit a determination of the validity of the evaluation data for the total evaluation process to include certain criteria:

(a). compatibility of the child to the examiner(s);

(b). suitability of the evaluation environment;

(c). extraordinary conditions;

ix. an explanation of any discrepancies between formal test results and the student's customary behaviors and daily activities, or of any discrepancies among evaluation results;

x. recommendations for types of services necessary to meet the educational needs of the student to participate, as appropriate, in the general curriculum:

(a). supplementary aids and services;

(b). instrumental techniques, additions, modifications, or adaptations;

(c). classroom/behavioral management strategies;

(d). specially designed instruction;

(e). adapted physical education;

(f). assistive devices or services;

(g). the type of related services necessary for the student to benefit from special education;

x. a brief summary of the evaluation findings;

xii. explanation of all extensions of the evaluation timelines;

xiii. names of assessment personnel participating in the evaluation;

xiv. signatures of assessment personnel whose conclusions are accurately reflected in the report:

(a) if a participating appraisal person disagrees with the conclusion(s) in the integrated report, that person may submit a separate signed dissenting opinion stating the disagreement, giving supporting data and conclusion(s) prior to the IEP/IFSP meeting;

xv. the documentation of the Determination of Eligibility with the evaluation team members and the parent assigning the applicable exceptionality, when appropriate.

b. The final written report for a re-evaluation must include documentation necessary to determine that the student continues to have a disability and to write an appropriate IEP. The report must contain, at a minimum, specific components:

i. the reason for the re-evaluation;

ii. the documentation of notification, participants, and dissemination;

iii. documentation of a review of existing data on the student:

(a). previous evaluations and educational records;

(b). information provided by the parents;

(c). student progress toward meeting IEP annual goals and short-term objectives and benchmarks;

(d). current classroom-based assessments and observations in appropriate settings;

(e). observations by teachers and related service providers;

iv. based on the review in iii above, documentation verifying certain data:

(a) sufficient data to determine whether the student continues to have an exceptionality;

(b) sufficient data to determine the student's present levels of performance and educational needs;

(c) sufficient data to determine whether the student continues to need special education and related services;

(d) sufficient data to determine whether any additions or modifications to the education program and related services are needed to enable the student to meet measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum;

v. if there are not sufficient data to verify the above, documentation leading to that determination must be included in the written report;

vi. when additional data are determined to be needed, based on the review in 4 above, the results of those findings shall be included in the report. (When a different exceptionality is being considered, initial criteria shall be followed and reported, in supporting documentation, as part of the written report.);

vii. when the team determines that no additional data are needed to determine the student continues to have a disability, documentation must be provided that the parent was informed of this determination, of the reasons for this determination, and of the parent's right to request additional assessments to determine whether, for the purposes of special educational services, the student still has a disability;

viii. conclusions of the re-evaluation;

ix. diagnosed impairment(s) or condition(s);

x. exceptionality;

xi. additional services needed as documented in the report;

xii. an explanation of and documentation for all extensions of the re-evaluation time line;

xiii. signatures of the Re-evaluation/IEP Team whose conclusions are accurately reflected in the report:

(a) if a participating team member disagrees with the conclusion(s) in the report, that person may submit a separate signed dissenting opinion stating the disagreement, giving supporting data and conclusion(s).

J. Evaluation Timelines

1. Pre-evaluation activities as listed under "Initial Responsibilities" of the evaluation coordinator must be conducted within 10 business days after receipt of the referral by the pupil appraisal office for an individual evaluation.

2. A request shall be made by the school system for informed parental consent to conduct an initial individual evaluation no later than 10 business days after the receipt of the referral by Pupil Appraisal.

3. The evaluation report for an initial evaluation must be completed and disseminated within 60 business days of receipt of parental approval unless a justified extension of time is required as specified.

4. Re-evaluation reports must be completed within 60 business days of parent notice. Triennial re-evaluations must be completed on or before the third-year anniversary of the previous evaluation. Justified extensions are permitted for re-evaluations, except for end-of-school-year extensions during the mandated triennial re-evaluation.

a. The evaluation is considered complete when a written, integrated, signed evaluation report has been disseminated to the Supervisor/Director of Special Education or to the assigned designee. The date of completion must be documented on the file copy of the final evaluation report and/or in the student's folder.

5. An extension of time of no more than 30 business days is permitted under certain circumstances.

a. The evaluation coordinator and the student's teacher(s) determine that the intervention process should be extended.

b. Unusual circumstances, such as illness of the student, illness of a member of the student's family, or of the pupil appraisal person working with the student, interrupt the completion of the individual evaluation.

c. The student has received an individual evaluation within the past three years, but the report has not yet been received by pupil appraisal services.

6. An extension of time of no more than 60 business days is permitted under certain conditions.

a. Specialized diagnostic assessment and/or medical assessment services not available in the school system are necessary for the completion of the individual evaluation.

b. A natural disaster or catastrophe interrupts the completion of the evaluation. These extensions must be requested from and be approved by the State Department of Education, Division of Special Populations.

7. The maximum number of days of the extension described in 5 and 6 above shall not exceed the duration of the circumstance(s) necessitating the extension.

8. Whenever informed parental consent for an initial evaluation of a student who is suspected of being exceptional is received within 30 business days of the end of the school year, the evaluation coordinator may postpone the initiation of the evaluation until the first week of the next school year, or initiate the evaluation if it appears that the requirements of 436 of *Bulletin 1706* can be met. If the decision is to postpone or if the process, once initiated, cannot be completed, parents shall be given full and effective notice. If the process once initiated cannot be completed prior to the end of the school year, the evaluation may be completed during the next school year. The total time allotted for the completion of the evaluation must not exceed 60 business days, excluding that period during the summer when the regular school program is not in session.

9. Whenever the initial evaluation process or a re-evaluation (not a triennial) is begun within 59 business days of the end of the school year and the evaluation cannot be

completed prior to the end of the school year, the completion of the evaluation may be postponed until the next school year. The total time for the completion of the evaluation must not exceed 60 business days, excluding that period during the summer when the regular school program is not in session.

10. Parents must be provided written notification and explanation of any extension to the individual evaluation process timeliness.

11. Any extensions of the evaluation time line must be explained and documented in the individual evaluation report.

12. An initial evaluation, conducted on a student during the time period in which the student is subjected to disciplinary measures, must be conducted in fewer than 60 business days without exception or extensions.

13. For toddlers transitioning from Part C to Part B, the evaluation must be completed and the IEP developed for implementation on all eligible students by their third birthday.

14. For students with a classification of Developmentally Delayed, no evaluation timeline extension is allowed when the extension extends beyond their ninth birthday.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1626 (August 2004).

Chapter 3. Criteria For Eligibility, Screening, And Evaluation Procedures For Each Exceptionality

§301. Introduction

A. This Section of the Handbook is intended as a guide for pupil appraisal personnel when conducting individual evaluations of students suspected of being exceptional and in need of special education and related services, and as a reference for persons requiring specific information regarding the determination of eligibility for special educational services.

B. The criteria for eligibility describes the minimal data that must be obtained in order to determine whether the student is a student with an exceptionality and in need of special educational services. The Procedures for Evaluation specify minimal areas and depth of data collection, and, at times, suggest the professional who is usually most qualified to gather and interpret the data in a certain area.

1. Any deviations or exceptions from this Handbook shall be explained in the integrated written evaluation report.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1633 (August 2004).

§303. Definition of Exceptional

A. For a child to be considered an exceptional child under the Regulations for Implementation of the Children with Exceptionalities Act (R.S. 17:1941 et seq.), Bulletin 1706, two conditions must exist.

1. First, the assessment data must indicate that either:
 - a. an impairment is present; or
 - b. a requisite, such as exceptionally high abilities, is present.
2. Second, an assessment of the current and past learning environment and the educational progress of the child must demonstrate a need for special educational services. Only when both of the above are true is the child considered exceptional.

B. Misclassification can occur in evaluating children by assuming either:

1. all children with exceptionalities need special educational services, or
2. all children with special educational needs are exceptional.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1633 (August 2004).

§305. Autism

A. Definition. *Autism* means a developmental disability significantly affecting verbal and nonverbal communication and social interaction; generally evident before age three that adversely affects a 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 a student's educational performance is adversely affected primarily because the student has an emotional disturbance. A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria are satisfied.

1. There may be coexisting conditions/associated features that may include, but are not limited to cognitive delays, seizure activity, depression, anxiety, obsessive-compulsive disorders, Tourette Syndrome, Fragile X Syndrome, tuberous sclerosis, pica, allergies, self-injurious behaviors, sleeping and toileting problems, etc.

2. Asperger's Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Rett Syndrome, or Childhood Disintegrative Disorder should not be excluded from the classification if the criteria for autism are met.

B. Criteria For Eligibility. The multidisciplinary team may determine that the student displays autism if disturbances identified in all three of the categories below exist and adversely effect a student's educational

performance. These disturbances may be characterized by delays, arrests, and/or regressions in typical skill development, and/or precocious skill acquisition. While autism is behaviorally defined, manifestation of behavioral characteristics may vary along a continuum ranging from mild to severe.

1. Communication. A minimum of two items must be documented:

- a. disturbances in the development of spoken language;

- b. disturbances in conceptual development (e.g., doesn't understand time or WH-questions; good reader/poor comprehension; knows multiplication facts but can't use them functionally; does not appear to understand directional concepts, but can read a map and find the way home; repeats multi-word utterances, but can't process the semantic-syntactic structure);

- c. marked impairment in the ability to attract another's attention, to initiate, or to sustain a socially appropriate conversation;

- d. disturbances in shared joint attention (acts used to direct another's attention to an object, action, or person for the purposes of sharing the focus on an object, person or event);

- e. stereotypical and/or repetitive use of vocalizations, verbalizations and/or idiosyncratic language (made-up language);

- f. echolalia with or without communicative intent (may be immediate, delayed, or mitigated);

- g. marked impairment in the use and/or understanding of nonverbal (e.g., eye-to-eye gaze, gestures, body postures, facial expressions) and/or symbolic communication (e.g., signs, pictures, words, sentences, written language);

- h. prosody variances including, but not limited to, unusual pitch, rate, volume and/or other intonational contours;

- i. scarcity of symbolic play.

2. Relating to people, events, and/or objects: A minimum of four items must be documented:

- a. difficulty in developing interpersonal relationships;

- b. impairments in social and/or emotional reciprocity, or awareness of the existence of others and their feelings;

- c. lack of/or minimal spontaneous seeking to share enjoyment, achievements, and/or interests with others;

- d. absent, arrested, or delayed capacity to use objects/tools functionally, and/or to assign them symbolic and/or thematic meaning;

e. difficulty generalizing and/or discerning inappropriate versus appropriate behavior across settings and situations;

f. lack of/ or minimal varied spontaneous pretend/make-believe play and/or social imitative play;

g. difficulty comprehending other people's social/communication intentions (e.g., doesn't understand jokes, sarcasm, irritation), interests, or perspectives;

h. impaired sense of behavioral consequences (e.g., no fear of danger, injury to self or others).

3. Restricted, repetitive and/or stereotyped patterns of behaviors, interests, and/or activities: A minimum of two items must be documented:

a. unusual patterns of interest and/or topics that are abnormal either in intensity or focus (e.g., knows all baseball statistics, TV programs, collection of light bulbs);

b. marked distress over change and/or transitions (e.g., substitute teacher, moving from one activity to another);

c. unreasonable insistence on following specific rituals or routines (e.g., taking the same route to school, flushing all toilets before leaving a setting, turning on all lights upon returning home);

d. stereotyped and/or repetitive motor movements (e.g., hand flapping, finger flicking, hand washing, rocking, spinning);

e. persistent preoccupation with an object or parts of objects (e.g., taking magazine everywhere he/she goes, playing with a string, spinning wheels on toy car).

C. Procedures for Screening

1. Pre-referral activities shall be followed.

2. Screening for sensory processing difficulties may be warranted if the student exhibits behavioral symptoms that result in marked behavioral or social difficulties, disruption in development of self-help skills, or fine and gross motor coordination. Symptoms (examples listed below) should be clearly documented. If the results of the screening demonstrate that sensory processing difficulties appear to interfere with the student's ability to learn, an occupational therapy assessment should be considered:

a. visual symptoms: for example, squinting in normal light, use of peripheral vision, poor eye contact, staring, prolonged regarding of hands or objects, attention to illumination, close scrutiny of visual details, over arousal to extraneous visual stimuli;

b. auditory symptoms: for example, hands over ears, acting as if deaf, preoccupation with certain sounds, repetitively making certain sounds or words, abnormal behavioral responses to sound (e.g., screaming, self-injurious behavior, aggression);

c. tactile symptoms: for example, prolonged rubbing of surfaces, does not cry when injury occurs, does

not tolerate certain food textures, has to wear the same clothing all the time, tags in clothing may bother the student, cannot tolerate heat/humidity, tactile defensiveness (e.g., does not want to be touched), self-injury (e.g. pinching, biting, head banging, scratching), avoidance of tactile media (e.g., glue, sand, water);

d. vestibular (balance) symptoms: for example, prolonged swinging, whirling without dizziness, preoccupation with spinning objects, difficulty ascending/descending stairs, clumsiness, avoidance of playground equipment or repetitive and obsessive use of playground equipment, may demonstrate extreme fear regarding movement, may experience motion sickness very easily;

e. olfactory (smell) and gustatory (taste) symptoms: for example, repetitive sniffing of people/objects/food, licking of inedible objects, mouthing objects, specific and/or limited food preferences;

f. proprioceptive (movement) symptoms: for example, posturing, darting/lunging movements, hand flapping, and grimaces;

g. motor planning difficulties: for example, child is unable to develop or recall an organized plan for completing a sequence of motor actions; may need excessive repetition and prompts to learn simple tasks such as hand washing, may know the individual steps in isolation, but unable to link them together to form an integrated whole; may have difficulty using two hands together to complete a task; may appear clumsy or awkward;

h. attention/arousal difficulties: for example, child may have difficulty maintaining appropriate level of attention/arousal needed for demands of task, may hyperfocus at times and then have difficulty shifting attention.

D. Procedures For Evaluation. The individual evaluation should include at a minimum an appraisal of the student's level of development in cognitive, social, communication, sensori-motor processing, and motor areas, as appropriate:

1. a comprehensive assessment conducted by a certified school psychologist, licensed psychologist, or physician, trained or experienced in the evaluation of students with developmental disabilities or other qualified examiner;

2. behavioral observation of the student in interaction with others such as parents, teachers, and peers in the student's customary environments;

3. a physical examination by a licensed physician for students "at risk" for health difficulties;

4. an assessment of the student's hearing by an audiologist using, if possible, techniques that do not require overt or voluntary responses from the student;

5. a speech and language assessment conducted by a speech/language pathologist trained and experienced in the evaluation of children with developmental disabilities. (If

necessary, an augmentative/alternative communication assessment should be conducted):

a. consideration should be given to other assistive technology, devices and/or services that would be educationally necessary for the student to benefit from his or her educational curriculum;

6. a family interview conducted by a school social worker or other qualified pupil appraisal staff member to determine the impact of social, cultural, developmental, and/or health factors on the student's difficulties;

7. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member which shall include an assessment of the student's academic or pre-academic strengths, support needs, and learning styles;

8. an occupational therapy assessment when deemed necessary by the evaluation coordinator and the multidisciplinary team;

9. other assessments as determined to be appropriate and necessary by the evaluation coordinator and the multidisciplinary team.

E. Re-evaluation. The re-evaluation of students classified with autism shall include at a minimum all requirements under Individual Evaluation Process: Re-evaluation and any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1633 (August 2004).

§307. Deaf-Blindness

A. Definition. *Deaf-Blindness* is concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.

B. Criteria For Eligibility. Evidence of 1, 2, and 3 are required:

1. vision impairment-any of the following:

a. measured corrected visual acuity is 20/70 or less in the better eye, and/or a previous chronic condition has interfered, is interfering, or will interfere with the visual learning mode;

b. cortical blindness in the presence of normal ocular structure as verified in the report of an ophthalmologist, pediatrician, or pediatric neurologist;

c. field of vision that subtends an angle of 20 degrees or less in the better eye;

d. other blindness resulting from a documented medical condition;

2. hearing impairment:

a. sensorineural hearing loss of 25 decibels (ANSI) or more across the speech frequencies in the better ear with amplification and/or a previous chronic condition that has existed which has interfered, is interfering, or will interfere with the auditory learning mode;

3. educational need:

a. educational determination that the student's combined vision and hearing losses are such that he/she cannot be served appropriately solely by the special education program for either visual impairments or hearing impairments.

C. Procedures For Screening. Pre-referral Activities shall be followed.

D. Procedures For Evaluation. The minimum evaluation shall consist of the following:

1. an assessment of the student's vision conducted by an ophthalmologist or optometrist. When the impairment results from a documented medical condition, it shall be verified in the report of an ophthalmologist, pediatrician, or pediatric neurologist. When the condition is progressive or unstable, the need for a yearly eye examination will be documented in the integrated report;

2. an assessment of the student's hearing conducted by an audiologist or otologist;

3. an orientation and mobility screening conducted to assess the student's ability to travel around in his or her environment. (There is a suggested checklist in the back of this document.) Based on the results of the screening, an assessment conducted by a qualified orientation and mobility instructor may be warranted;

4. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member to verify that the student's combined vision and auditory losses are such that he cannot be served appropriately by a program for students with visual or hearing impairments and to identify the specific strengths and support needs of the student;

5. a family interview conducted by a school social worker or other qualified pupil appraisal staff member to include an investigation of family history of Usher Syndrome or other contributing medical anomalies;

6. a speech and language assessment conducted by a speech/language pathologist trained or experienced in the evaluation of students with developmental disabilities;

7. each LEA shall notify State Deaf-blind Census of all students who have both hearing and visual impairments.

E. Re-evaluation. The re-evaluation of students classified with deaf-blindness shall include the following procedures:

1. all requirements of the Individual Evaluation Process: Re-evaluation Section;

2. an assessment of the student's hearing conducted by an audiologist or otologist, if warranted;

3. an eye examination conducted by an ophthalmologist or an optometrist when the student's impairment is progressive or unstable. If the required annual eye examination has been completed, these results may be reviewed:

a. an eye examination conducted by an ophthalmologist or an optometrist need not occur when the student's eye condition is permanent and there is written documentation indicating such from the ophthalmologist or optometrist attached to the evaluation report. When conditions associated with the visual impairment are suspected, the Re-evaluation/IEP Team should request an eye examination;

4. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1635 (August 2004).

§309. Developmental Delay

A. Definition. *Developmental Delay* is a disability in which students, ages 3 through 8, are identified as experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development.

1. A student may be classified categorically, if it is determined through the evaluation process, that the student has a specific impairment that needs special education and related services.

2. The use of the Developmental Delay category is optional to the local educational agencies. LEAs that choose not to use this category must classify categorically.

B. Criteria For Eligibility. The student must be between the ages of 3 through 8 years, functioning significantly below age expectancy in one or more of the following areas: Criterion-Based Measures **CA** Delay of 25 percent or more, Norm-Based Measures **CA** Standard Score 1.5 standard deviations below the mean:

1. physical development, which includes:
 - a. gross motor;
 - b. fine motor;
 - c. sensory (visual or hearing);
 - d. sensory-motor;
2. social, adaptive or emotional development, which includes:
 - a. play (solitary, parallel, cooperative);
 - b. peer interaction;
 - c. adult interaction;
 - d. environmental interaction;
 - e. expression of emotions;

3. cognitive or communication development, which includes:

- a. language (receptive or expressive);
- b. concrete, abstract;
- c. perceptual discriminations;
- d. categorization and sequencing;
- e. task attention;
- f. memory;
- g. essential developmental or academic skills, as appropriate.

C. Procedures for Screening

1. General Screening Procedures in this Handbook: Sections 1, 2, 3, 4, and 5 shall be followed.

2. A developmental screening must be conducted by persons trained in such procedures.

D. Procedures For Evaluation.

1. At a minimum the evaluation shall include all areas outlined in the criteria for eligibility assessed to the appropriate depth and shall included the following procedures:

a. an examination conducted by a physician not only when the child appears to have a severe medical condition but also when deemed necessary by the evaluation coordinator. When the medical report indicates the student has a health or physical impairment requiring health technology, management or treatments including a special diet or medication, or needs assistance with activities of daily living, the school nurse or other qualified personnel will conduct a health assessment;

b. an educational assessment for school-aged students conducted by an educational diagnostician or other qualified pupil appraisal staff member to determine the student's level of performance in the general curriculum; the assessment should include informal and formal assessment, an analysis of the appropriateness of the curriculum; and a classroom-based assessment of academic strengths and concerns; or

c. a functional/developmental assessment for preschool-aged children conducted by an educational diagnostician or other qualified pupil appraisal staff member who has appropriate training in the evaluation of early childhood disorders and/or development to determine not only levels of performance but also include an analysis of the child's participation in appropriate activities;

d. a family interview conducted by a school social worker or other qualified pupil appraisal staff member to determine the impact of social, cultural, developmental and/or health factors on the student's difficulties;

e. a speech/language assessment conducted by a speech/language pathologist when a speech or language impairment is suspected;

2. The LEA shall notify State Deaf-blind Census of all students who have both hearing and visual impairments.

E. Re-Evaluation. The re-evaluation of students classified Developmental Delay shall include the following procedure:

1. all requirements specified under the Individual Evaluation Process: Re-evaluation Section and any other assessments deemed appropriate by the Re-evaluation/IEP team;

2. a re-evaluation conducted prior to the student's ninth birthday to declassify or to classify categorically, including all initial evaluation procedures for the suspected exceptionality.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1636 (August 2004).

§311. Emotional Disturbance

A. Definition. *Emotional Disturbance* means a condition characterized by behavioral or emotional responses so different from appropriate age, cultural, or ethnic norms that they adversely affect performance. Performance includes academic, social, vocational or personal skills. Such a disability is more than a temporary, expected response to stressful events in the environment; is consistently exhibited in two different settings; and persists despite individualized intervention within general education and other settings. Emotional disturbance can co-exist with other disabilities.

1. This category may include children or youth who:

a. exhibit seriously impaired contact with reality, and severely impaired social, academic, and self-care functioning; whose thinking is frequently confused; whose behavior may be grossly inappropriate and bizarre; and whose emotional reactions are frequently inappropriate to the situation; or

b. manifest long-term patterns of inappropriate behaviors, which may include, but are not limited to, aggressiveness, anti-social acts, refusal to accept adult requests or rules, suicidal behavior, developmentally inappropriate inattention, hyperactivity, or impulsiveness; or

c. experience serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include, but are not limited to, serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive; or

d. have a DSM, (current edition) diagnosis indicating a severe mental disorder, which requires 24-hour care and supervision, such as, but not limited to, psychosis, schizophrenia, major affective disorders, reactive attachment disorder of infancy or early childhood (non-organic failure to thrive), or severe conduct disorder.

2. This classification does not include children/youth who are socially maladjusted, unless it is determined that they also meet the criteria for Emotional Disturbance.

B. Criteria For Eligibility. Criteria 1, 2, and *3 must all be met.

*Criterion 3 is a pre-requisite for classification in the educational environment.

1. Functional Disability. There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least two of the following limitations:

a. the inability to exhibit appropriate behavior routinely under normal circumstances;

b. a tendency to develop physical symptoms or fears associated with personal or school problems;

c. the inability to learn or work, a limitation that cannot be explained by intellectual, sensory, or health factors;

d. the inability to build or maintain satisfactory interpersonal relationships with peers and adults;

e. a general pervasive mood of unhappiness or depression;

f. conduct characterized by the lack of behavioral control or adherence to social norms, which is secondary to an emotional disorder.

2. Duration

a. The impairment or pattern of inappropriate behavior(s) has persisted for at least one year; or

b. there is substantial risk that the impairment or pattern of inappropriate behavior(s) will persist for an extended period; or

c. there is a pattern of inappropriate behaviors that are severe and of short duration.

3. Educational Performance. There is evidence that all of the following exist.

a. Educational performance must be significantly and adversely affected as a result of behaviors that meet the definition of emotional disturbance.

b. Behavioral patterns, consistent with the definition, exist after educational assistance and/or counseling.

c. Behavior patterns, consistent with the definition, persist after individualized, systematic intervention.

i. Documented evidence must show that results of the intervention(s) with systematic measurement of the behaviors indicate failure of the intervention to significantly modify the problem behavior. *Significantly Modify* means that a change in behavior is demonstrated to such a degree that, with continuation of the intervention program by the regular teacher and/or other support personnel, the student could continue in the regular education program.

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ii. This requirement for a pupil appraisal intervention may be waived under two conditions.

(a). The multi-disciplinary team, after a thorough review and analysis of previously conducted interventions, has determined that the intervention(s) meet the requirements as stated in the Procedures for Evaluation.

(b). It is the judgment of the multi-disciplinary team that all possible interventions and adjustments in the regular program have been exhausted or are impractical because of the severity of the student's behavior.

C. Procedures For Screening

1. Pre-referral Activities shall be followed.

2. Screening procedures shall include a determination of the following:

- a. current out-of-home placement;
- b. risk of out-of-home placement;
- c. risk of out-of-school placement; and
- d. the need for multi-agency services.

3. Children determined to be out-of-home, "at risk" of out-of-school, or out-of-home placement and who also need multi-agency services must be considered for referral to any existing interagency case review process.

4. Documentation of any previously conducted interventions and their results must be provided.

5. Comprehensive screening reports which follow the procedures listed here, supplied by a public agency (e.g. Education, Mental Health, Social Services) or a qualified private service provider may be used to determine the need for further evaluation.

6. When the behavior of the student poses an immediate danger to him/herself or others, an immediate referral for an individual evaluation shall be submitted to Pupil Appraisal Services.

D. Procedures for Evaluation. An individual evaluation for emotional disturbance must consist of all required components as specified below:

1. a review and analysis of the results of current vision, hearing, health and motor screening;
2. a review and analysis of the student's educational, social, and medical history;
3. an interview with the child/youth;
4. a psycho-social assessment conducted by a social worker or other qualified pupil appraisal staff member, which includes an interview with the child/youth's parent(s), or care giver;
5. an interview with the child/youth's teacher in order to specify and define behaviorally the areas of concern, to determine the teacher's expectations for the student and class, and to clarify previous intervention(s);

6. observation and study of the child/youth's learning and/or social behaviors in daily activities;

7. a review of the appropriateness and effectiveness of the documented intervention(s), and the conduct of additional intervention(s), if deemed necessary. Suspension/expulsion cannot be used as an intervention;

8. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member to determine the student's level of performance in the general education curriculum; the assessment should include informal and formal assessment, an analysis of the appropriateness of the curriculum, and a classroom-based assessment of academic errors or a developmental assessment, when appropriate;

9. If a specific agency requires an IQ test when a mental disability is suspected, that the agency must also conduct an assessment of adaptive behavior:

a. the State Department of Education does not require a test of intelligence in order for a student to be classified with emotional disturbance

10. a comprehensive psychological assessment conducted by a certified school psychologist or a licensed psychologist, or psychiatric assessment conducted by a psychiatrist (The assessment shall include, at a minimum, an appraisal of the child/youth's cognitive, emotional, and social functioning including self-concept.);

11. an assessment of functional behavior in major life activities;

12. other assessment procedures determined to be necessary by the multidisciplinary team.

E. Re-Evaluation. The re-evaluation of students classified with an emotional disturbance shall include, at a minimum, the following procedures:

1. all requirements specified under the Individual Evaluation Process: Re-evaluation Section;
2. a determination of the following:
 - a. current out-of-home placement;
 - b. risk of out-of-home placement;
 - c. risk of out-of-school placement; and
 - d. the need for multi-agency services;
3. a psycho-social assessment conducted by a school social worker or other qualified examiner, which includes an interview with the child/youth's parents or caregiver. The family interview component of the psycho-social assessment should determine whether the behavior(s) of concern occur(s) out-of-school, and if so, when, where, under what circumstances and should identify the parental efforts to deal with the problem behavior;
4. assessments of the student's cognitive, emotional, and social functioning, and a review of related services provided the LEA and/or other agencies;

5. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1636 (August 2004).

§313. Gifted

A. Definition. *Gifted Children and Youth* are students who demonstrate abilities that give evidence of high performance in academic and intellectual aptitude.

B. Procedures for Screening

1. Sensory screening shall be conducted whenever vision or hearing problems are suspected.

2. Each school system shall develop and implement procedures for screening students suspected of being gifted. The screening criteria shall not exceed the criteria for eligibility.

3. At least two regular school staff members such as the principal or designee, teachers, counselors, pupil appraisal personnel, and other professional staff shall conduct a review of the screening information with the student's teacher and determine whether to evaluate or provide modifications for enrichment purposes.

C. Criteria for Eligibility

1. Preschool and Kindergarten: A student at the preschool or kindergarten level must meet criterion a or b.

a. The student shall obtain a score at least three standard deviations above the mean on an individually administered test of intellectual abilities appropriately standardized on students of this age and administered by a certified school psychologist or licensed psychologist.

b. The student shall obtain a combined score of at least ten when scores are entered into the cells of the Standard Matrix with at least four points earned on the aptitude/intelligence test.

2. Grades 1-12. Criterion 1, 2, or 3 must be met.

a. The student shall obtain a score of at least two standard deviations above the mean on an individually or group administered test of intellectual abilities appropriately standardized on students of this age and administered by a certified school psychologist or licensed psychologist.

b. The student shall obtain a score of at least seven when scores are entered into the cells of the Standard Matrix, at least two points of which are earned on the aptitude/intelligence test.

c. The student shall obtain a score of at least six when scores are entered into the cells of the Standard Matrix, and a recommendation for classification as gifted is made by pupil appraisal personnel who conducted the evaluation of the student in accordance with the evaluation procedures.

D. Procedures for Evaluation. All tests and other procedures used to evaluate students referred for gifted assessments shall be standardized, nondiscriminatory, and appropriate for the cultural background of the students being evaluated. Few, if any, standardized assessment instruments adequately control for the effect of such factors as environmental impoverishment, cultural differences, or the lack of opportunities to learn. It is imperative that such factors be closely attended to in any individual or group assessment of students suspected of being gifted, and given serious consideration by pupil appraisal and special education personnel when determining whether or not a student is gifted. Any significant discrepancies between formal test results and the student's customary behaviors and daily activities, or any discrepancies among test results should be examined closely during the evaluation and addressed in the evaluation report. The recommendation of the multidisciplinary team either to classify or not to classify a student as gifted must be based on a thorough evaluation of the student's abilities.

1. Preschool and Kindergarten: The individual evaluation shall include at a minimum the following procedures:

a. an individual assessment of intellectual abilities administered by a certified or licensed psychologist using an instrument or instruments appropriately standardized for students of this age;

b. an individual assessment of reading and mathematical skills using an achievement test standardized at the first grade level, conducted by an educational diagnostician or other qualified pupil appraisal member;

c. an interview with the student's parent(s) conducted by a school social worker or other qualified examiner;

d. an interview with the teacher(s) of enrolled students.

2. Grades 1 through 12. An individual evaluation shall include at a minimum the following procedures:

a. an assessment of intellectual abilities, individually or group administered, by a certified or licensed psychologist using nondiscriminatory assessment procedures;

b. additional assessments in the areas listed below, individually or group administered, by qualified pupil appraisal personnel. The regular district-wide test scores shall not be used in the Standard Matrix as part of the individual evaluation:

i. total reading;

ii. total mathematics;

c. an interview with the student's parent(s) by a school social worker or other qualified examiner;

d. an interview with the student's teacher(s);

e. for students who obtain at least six points in the matrix, further assessment conducted by pupil appraisal personnel, including at a minimum:

i. a review of the student's educational performance and all screening data with the student's teacher(s);

ii. observation of the student's behavior during and performance on at least one structured normed or criterion referenced test such as, but not limited to:

- (a). intelligence;
- (b). aptitude;
- (c). achievement;
- (d). problem solving;
- (e). creativity.

E. Standard Matrix

Points	1	2	3	4
	1.0 ≤ 1.5 SD	1.5 ≤ 2.0 SD	2.0 + SD	2.5 +SD (Preschool and K)
Aptitude/ Intelligence				
Achievement in Reading				
Achievement in Math				

F. Re-Evaluation. A re-evaluation must be conducted at least every three years. For those students whose only exceptionality is gifted, the re-evaluation may be accomplished through the IEP process at the time of an IEP review meeting, not through the Re-evaluation/IEP process. Informed parental consent of the re-evaluation must be sent to parents prior to the IEP Review meeting in which a re-evaluation will be conducted. If no concerns are evident with the student's current program, no evaluation report is required. This discussion will be documented on the IEP form, and a copy of the IEP form will be forwarded to the pupil appraisal personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1638 (August 2004).

§315. Hearing Impairment

A. Definition. *Hearing Impairment* means an impairment in hearing, whether permanent or fluctuating, that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, and that it adversely affects a student's educational performance. It includes students who are deaf or hard of hearing or who have unilateral hearing loss or high frequency hearing loss.

1. *Deafness* is a permanent hearing loss with an unaided pure tone average of 70dB (ANSI) or more in the better ear at 500, 1,000, and 2,000 Hz. The hearing loss is so severe as to limit significantly the use of the auditory

channel for processing linguistic information, with or without amplification.

2. Hard of Hearing

a. *Permanent or Fluctuating Hearing Loss* is a hearing loss with an unaided pure tone average in the better ear at 500, 1,000, and 2,000 Hz between 25 and 70 dB (ANSI). The hearing loss is severe enough to be considered educationally significant, as it will to varying degrees impact the normal development of speech and language skills and/or interfere with learning new information through the auditory channel.

b. *Unilateral Hearing Loss* is a permanent hearing loss with an unaided pure tone average in the poorer ear at 500, 1,000, and 2,000 Hz of 40 dB (ANSI) or greater. The hearing in the better ear is within the normal range (pure tone average of 20 dB or better at 500, 1,000, and 2,000 Hz). The hearing loss in the poorer ear is of sufficient severity to be considered educationally significant because it may affect the person's ability to process linguistic information, particularly in the presence of background noise.

c. *High Frequency Hearing Loss* is a bilateral hearing loss with an unaided pure tone average of 40 dB or greater at any two of the following frequencies (2,000, 3,000, 4,000 or 6,000 Hz). The hearing loss is educationally significant because it is of sufficient severity to impact the person's ability to process linguistic information, particularly in the presence of background noise.

B. Criteria For Eligibility. Criteria 1 and 2 must be met.

1. There must be audiological evidence that the student is either deaf, hard of hearing, has a unilateral hearing loss, or has a high frequency hearing loss consistent with the definition.

2. There must be evidence of hearing loss that adversely affects a student's educational performance

C. Procedures for Screening

1. Pre-referral Activities shall be followed.

D. Procedures for Evaluation:

- 1. sensory screening, if not previously conducted;
- 2. an interview with the student conducted in the student's primary mode of communication;
- 3. a family interview conducted by a school social worker or other qualified pupil appraisal staff member;
- 4. an interview with the student's teacher(s);
- 5. observation of the student's academic and/or social behaviors in daily activities conducted by pupil appraisal personnel;
- 6. an assessment of the student's hearing sensitivity and acuity with and without amplification conducted by a physician with specialized training or experience in the diagnosis and treatment of hearing impairments and/or a licensed audiologist;

7. the above interviews in 2, 3, and 4 should include the following discussions:

- a. the student's language and communication needs;
- b. opportunities for direct communication needs with peers and professional personnel in the student's language and communication mode;
- c. academic levels;
- d. the full range of needs, which include opportunities for direct instruction in the student's language and communication mode;

8. the Statewide Assessment Center for students with hearing impairments may be used as a resource to conduct the evaluation;

9. a speech and language assessment of receptive and expressive language to include the student's language level and communication skills conducted by a speech/ language pathologist. The examiner should be fluent in the child's primary mode of communication or should utilize the services of a qualified interpreter/transliterater, when necessary;

10. an educational/developmental assessment conducted by an educational diagnostician or other qualified pupil appraisal member for the purpose of identifying academic and environmental adjustments needed;

11. the LEA should notify State Deaf-blind Census of all students who have both hearing and visual impairments.

E. Re-Evaluation. The re-evaluation of students classified with hearing impairments shall include the following procedures:

1. all requirements specified under the Individual Evaluation Process: Re-evaluation Section of this Handbook, including vision screening and the following assessments and information;

- a. assessments to determine receptive and expressive language levels and academic levels of functioning in relationship to the general curriculum must be reviewed/or administered to determine progress;

- b. the information from the teacher(s) must determine opportunities for direct communication and instruction with peers and professional personnel in the student's language and communication mode;

2. if appropriate, an assessment by a physician with specialized training or experience in the diagnosis and treatment of hearing impairments and/or licensed audiologist, of the student's hearing sensitivity and speech understanding with and without amplification, when possible;

3. a comprehensive vision examination conducted by an ophthalmologist or an optometrist at least once during the student's educational career (as soon as the student is of sufficient age for valid test results to be obtained, i.e., approximately 6 years) in order to screen for the possible presence of any progressive eye disease. Students who are

considered "at risk" for Usher Syndrome shall receive a comprehensive vision examination by an ophthalmologist or optometrist by the age of 14 years.

- a. "At-risk" indicators are the following:

- i. immediate family member(s) diagnosed with Usher Syndrome;
- ii. difficulty seeing in low lighting situation;
- iii. glare sensitivity;
- iv. difficulty seeing people/objects in visual periphery;
- v. difficulty in focusing on objects/written word;
- vi. balance problems.

- b. Students identified through screening, as "at risk" shall be referred to an ophthalmologist for assessment to document the presence of any disease process.

4. Any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1639 (August 2004).

§317. Mental Disability

A. Definition. *Mental Disability* refers to substantial limitations in present functioning with the following characteristics:

1. significantly subaverage intellectual functioning, existing concurrently with:

- a. related limitations in two or more of the following applicable life skill areas:
 - i. communication;
 - ii. home living;
 - iii. community use;
 - iv. health and safety;
 - v. leisure;
 - vi. self-care;
 - vii. social skills;
 - viii. self-direction;
 - ix. functional academics;
 - x. work;

2. mental disability manifested before age 18;

3. reflects a level of academic or pre-academic functioning below chronological age expectation;

4. in every case, determinations of a mental disability shall be based on an assessment of a variety of factors including educational functioning, adaptive behavior, and past and current developmental activities (e.g., indices of

social, intellectual, adaptive, verbal, motor, language, emotional, and self-care development for age);

5. for all students meeting the classification of Mental Disabilities as defined in 1-3, the degree of impairment should be specified:

a. the measured intelligence of a student with a Mental Disability **C**Mildly Impaired generally falls between two and three standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviation as the intellectual functioning;

b. the measured intelligence of a student with a Mental Disability **C**Moderately Impaired generally falls between three and four standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviation as the intellectual functioning;

c. the measured intelligence of a student with a Mental Disability **C**Severely Impaired generally falls between four and five standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviation as the intellectual functioning;

d. the measured intelligence of a student with a Mental Disability **C**Profoundly Impaired generally falls below five standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations, generally within the same deviation as the intellectual functioning.

B. Criteria For Eligibility. Criteria 1 through 5 must all be met.

1. The learning problems are not due primarily to such factors as follow:

- a. other disabling conditions;
- b. lack of educational opportunity;
- c. emotional stress in the home or school;
- d. difficulty adjusting to school;
- e. curricular change;
- f. a temporary crisis situation;
- g. environment, cultural differences, or economic disadvantage.

2. After an assessment of each area listed in §317.A.1 above, there must be evidence of two or more limitations in life skills that occur within the context of community environments typical of the individual's age peers and that are indexed to the person's individualized needs for support. These limitations should be comparable to the assessed level of intellectual functioning.

3. The overall adaptive behavior functioning is comparable to the assessed level of intellectual functioning.

4. The assessed level of intellectual functioning is two or more standard deviations below the mean.

5. Evidence exists that the student's academic or pre-academic skill functioning is comparable to the assessed level of intellectual ability.

6. Evidence exists that the deficits occurred during the developmental period.

C. Procedures for Screening

1. Pre-referral Activities shall be followed.

D. Procedures For Evaluation

1. The Individual Evaluation shall include the following procedures.

- a. sensory screening, if not previously conducted;
- b. a review of the student's educational, social, and medical and health history, including the attendance record;
- c. an interview with the student;
- d. an interview with the student's teacher in order to specify and define behaviorally the areas of concern, determine the teacher's expectations for the student and class, and clarify any previous interventions;
- e. a family interview conducted by a school social worker or other qualified pupil appraisal staff member to determine the student's strengths and the impact of social, cultural, developmental, and/or health factors on the student's difficulties;
- f. observation and study of the student's academic and/or social behaviors in daily activities;
- g. the development and implementation of individual interventions conducted or directed by pupil appraisal personnel;
 - i. the intervention requirement may be waived only in circumstances in which the multidisciplinary team, after a thorough review and analysis, determines that previously conducted interventions met the requirements as stated in the Procedures for Evaluation for designated exceptionalities. Interventions conducted prior to the initiation of the individual evaluation must have included such procedures as systematic measurement, pre and post tests, etc., in order to be substituted for the intervention requirement. All intervention results must be analyzed and included in the evaluation report;
 - h. a review and analysis of the results of the individual intervention(s) including systematic measurement of academic and/or social behaviors of concern conducted prior to and following implementation of the intervention, or prior to implementation with repeated measures during the intervention;
 - i. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member to determine the student's level of performance in the general education curriculum. The assessment should include informal and formal assessments; a classroom based

assessment, an estimate or determination of instructional and frustrational levels, and an analysis of how the student's disability affects access to and progress in the general education curriculum;

j. an assessment of adaptive behavior;

k. an assessment in the ten life skill areas at A1a., and a determination of support needs for each limitation. (The Levels of Support chart in the appendix could be used as a tool in making these determinations.);

l. a psychological assessment conducted by a certified school psychologist, which includes the following procedures:

i. an appraisal of the information obtained as a result of the observation of the student in the classroom;

ii. an appraisal of emotional or cultural factors that may be causing or contributing to the student's problems;

iii. a standardized nondiscriminatory individual assessment of intellectual functioning:

(a) whenever it is necessary to conduct an individual intellectual assessment as a component of an individual evaluation, the examiner shall review all available information regarding the student, the student's family, and the socio-cultural background of the student to determine whether the intellectual assessment results have been unduly influenced by such factors;

m. an assessment of language development and/or communication skills conducted by a speech/language pathologist or other qualified pupil appraisal staff member;

n. other assessment procedures deemed necessary by the multidisciplinary team.

E. Re-evaluation.

1. The re-evaluation of students classified as having a Mental Disability shall consist of the following procedures:

a. all requirements specified under the Individual Evaluation Process: Re-Evaluation Section of this Handbook;

b. for students classified with a mental disability mildly impaired, an adaptive behavior assessment must be conducted;

c. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

2. Since no measures are perfectly reliable and since so many factors can affect an individual's performance at a given time, it is imperative that all factors assessed when initially identifying a student with a mental disability be reconsidered during the re-evaluation. This requirement does not necessarily mean automatic "retesting."

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1640 (August 2004).

§319. Multiple Disabilities

A. Definition. *Multiple Disabilities* means concomitant impairments (such as mental disabilities/blindness, orthopedic impairments/deafness, autism/orthopedic impairments, or emotional disturbance/mental impairments), the combination of which causes such severe educational problems that these students require specific special educational services to meet the needs which result from both/all impairments. The term does not include individuals with deaf-blindness.

B. Criteria for Eligibility. Criteria 1 and 2 must both be met.

1. The full criteria for eligibility as determined by the evaluation of two or more of the conditions as described in this Handbook must be met. Each of these conditions must additionally be to a severe or moderate degree.

2. The individual cannot be educated in a special educational program specifically designed for one of the impairments with additional related services for the other condition.

C. Procedures for Screening

1. Requirements specified for the appropriate exceptionalities shall be followed.

D. Procedures for Evaluation

1. Procedures for evaluation appropriate to each suspected disabling condition as described in this handbook must be followed.

2. The evaluation must indicate and the pupil appraisal examiners must certify that the disabling conditions are each moderate or severe.

3. An educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member indicating not only what educational strategies are needed but also how the severity of the student's needs leads to the classification of Multiple Disabilities.

E. Re-Evaluation

1. The re-evaluation of students classified as having multiple disabilities shall be conducted according to the requirements for re-evaluation for each condition that led to the classification and any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1642 (August 2004).

§321. Orthopedic Impairment

A. Definition. *Orthopedic Impairment* means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.); impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); and impairments from

other causes (e.g., Cerebral Palsy, amputations, and fractures or burns that cause contractures).

B. Criteria For Eligibility. Criterion 1 or 2, and 3 must be met:

1. muscular or neuromuscular disabilities that significantly limit the ability to move about, sit, or manipulate the materials required for learning.

2. skeletal deformities or abnormalities that affect ambulation, posture, and body use necessary in schoolwork;

3. impaired environmental functioning that significantly interferes with educational performance.

C. Procedures for Screening

1. Pre-Referral Activities, Excluding Requirement. 1d. shall be followed.

D. Procedures for Evaluation. The minimal evaluation shall include the following procedures:

1. a report of a medical examination conducted within the previous 12 months from a physician qualified by training or experience to assess the student's orthopedic or neurological problems. The report must provide a description of the impairment, any medical implications for instruction or physical education, and must indicate adaptive equipment and support services necessary for the student to benefit from the general curriculum, as appropriate. When the medical report indicates the student has a health or physical impairment requiring health technology, management, or treatments including a special diet or medication or that the student needs assistance with activities of daily living, the school nurse or other qualified personnel will conduct a health assessment;

2. an assessment of the need for adapted physical education shall be conducted;

3. when deemed necessary by the evaluation coordinator and the multidisciplinary team, an Occupational Therapy assessment or Physical Therapy assessment, or both shall be conducted;

4. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal member that identifies educational and environmental adjustments needed;

5. a family interview conducted by a school social worker or other qualified pupil appraisal member to clarify parental concerns about the student's educational needs and to identify health care providers and/or community resources used in caring for the child's medical or physical needs.

E. Re-evaluation. The re-evaluation of students classified as having an Orthopedic Impairment shall include the following procedures:

1. all requirements specified under the Individual Evaluation Process: Re-Evaluation Section;

2. a medical evaluation as specified under the Procedures for Evaluation Section;

3. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1643 (August 2004).

§323. Other Health Impairment

A. Definition. *Other Health Impairment* means having limited strength, vitality, or alertness—including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems—and may include such conditions as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit hyperactivity disorder, or attention deficit disorders; and adversely affects a student's educational performance.

B. Criteria for Eligibility

1. Criterion a or b, and c must be met. To be placed in this category, the individual shall possess certain impairments:

a. disabilities that result in reduced efficiency in schoolwork because of temporary or chronic lack of strength, vitality, or alertness, including such conditions as those specified in the definition;

b. a severe disability that substantially limits one or more of the student's major life activities (that is, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);

c. impaired environmental functioning that adversely interferes with his or her educational performance;

2. These disabilities must be other than those defined as disabling conditions in this handbook.

C. Procedures for Screening

1. Pre-referral activities shall be followed.

D. Procedures for Evaluation

1. The minimal evaluation for a student shall include the following procedures:

a. a report of a medical examination, conducted within the previous 12 months from a physician qualified by training or experience to assess the student's health problems, giving not only a description of the impairment but also any medical implications for instruction and physical education. When the medical report indicates the student has a health condition requiring health technology, management or treatments including a special diet or medication or that the student needs assistance with activities of daily living, the school nurse or other qualified personnel will conduct a health assessment;

b. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal

member that identifies educational and environmental adjustments needed;

c. a family interview conducted by a school social worker or other qualified pupil appraisal member to clarify parental concerns about the student's educational needs and to identify health care providers and/or community resources used in caring for the student's medical or physical needs;

d. any additional assessments deemed necessary by the evaluation coordinator and the multidisciplinary team.

E. Re-evaluation. The re-evaluation of students with other health impairments shall include the following procedures:

1. all requirements specified under the Individual Evaluation Process: Re-evaluation Section;

2. a medical evaluation as specified under the Procedures for Evaluation Section;

3. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1643 (August 2004).

§325. Specific Learning Disability

A. Definition. *Specific Learning Disability* means a severe and unique learning problem as a result of significant difficulties in the acquisition, organization, or expression of specific academic skills or concepts. These learning problems are typically manifested in school functioning as significantly poor performance in such areas as reading, writing, spelling, arithmetic reasoning or calculation, oral expression or comprehension, or the acquisition of basic concepts. The term includes such conditions as attention deficit, perceptual disabilities, process disorders, minimal brain dysfunction, brain injury, dyslexia, developmental aphasia, severe language disorder, or sensory-motor dysfunction, when consistent with these criteria. The term does not include students who have learning problems that are primarily the result of visual, hearing, or motor impairments, mental disabilities, an emotional disturbance, environmental deprivation, cultural difference, lack of instruction in reading or mathematics, limited English proficiency or economic disadvantage.

B. Criteria for Eligibility

1. Criteria a through c must all be met.

a. The learning problems are not due primarily to certain factors:

- i. lack of educational opportunity;
- ii. emotional stress in the home or school;
- iii. difficulty adjusting to school;
- iv. lack of appropriate instruction;
- v. other disabling conditions;

vi. environmental deprivation or economic disadvantage;

vii. cultural differences;

viii. lack of motivation; and/or

ix. temporary crisis situations.

b. There must be evidence that the student, after receiving supportive and remedial regular educational assistance, and after receiving intervention services specific to the identified learning problems, still exhibits a specific learning disability consistent with the definition.

c. There must be evidence of a severe discrepancy between achievement and ability as demonstrated by a difference of at least one standard deviation between the student's strongest and weakest performance in academic areas described as follows:

i. a relative academic strength as demonstrated by performance no more than one standard deviation below the mean in grades 3 through 12 or one-half standard deviation below the mean in grades K through 2 for the grade level appropriate for the student's chronological age in one or more of the areas listed under Clause ii below. The relative academic strength must, in addition, be at least one standard deviation higher than the lowest academic area identified in Clause ii below;

ii. an academic deficit or deficits, as demonstrated by performance greater than one and one-half standard deviations below the mean in grades K through 2, or two standard deviations below the mean in grades 3 through 12 for the grade level appropriate for the student's chronological age in one or more of the following areas:

- (a). basic reading skills;
- (b). reading comprehension;
- (c). mathematics calculations;
- (d). mathematics reasoning;
- (e). oral expression;
- (f). listening comprehension;
- (g). written expression;

(h). other age-appropriate developmental skill areas (pre-academic) when more appropriate for kindergarten students;

2. The multidisciplinary team may use its professional judgment to determine whether a specific learning disability exists, when an academic strength is indicated by a preponderance of the data collected as a part of the evaluation. These data must include, at a minimum, the implementation and analysis of classroom-based assessment and teacher interview(s); it may include any other data collected through the results of individual interventions, the results of the student observation, classroom formal or informal procedures. Whenever the multidisciplinary team decides to use these data to classify a student with a Specific

Learning Disability, a full explanation and justification must be included in the evaluation report.

C. Procedure for Screening

1. Pre-referral activities shall be followed.

D. Procedures for evaluation:

1. sensory screening, if not previously conducted;
2. a review of the student's educational, social, and medical history, including the attendance record;
3. an interview with the student;
4. the student's regular teacher must serve on the team in order to specify and define behaviorally the areas of concern, to determine the relationship of the behavior to the student's academic functioning, and to clarify any previous interventions:

- a. if the student does not have a regular teacher, a regular classroom teacher qualified to teach a student of his or her age; or for a student of less than school age, an individual certified by the State Department of Education to teach a student of his or her age must serve on the team;

5. a family interview conducted by a school social worker or other qualified pupil appraisal member to determine the impact of educational, environmental, socio-economic, cultural, developmental, emotional, and/or special diet, medications or other health factors on the student's current performance;

6. observation and study of the student's academic performance in the regular classroom and social behaviors in daily activities. In the case of a child of less than school age or out of school, the child shall be observed in an environment appropriate for a child of that age;

7. the development and implementation of individual interventions conducted by Pupil Appraisal personnel for a reasonable period of time:

- a. the intervention requirement may be waived only in circumstances in which the multidisciplinary team, after a thorough review and analysis, determines that previously conducted interventions met the requirements as stated in the Procedures for Evaluation for designated exceptionalities. Interventions conducted prior to the initiation of the individual evaluation must have included such procedures as systematic measurement, pre and post tests, etc. in order to be substituted for the intervention requirement. All intervention results must be analyzed and included in the evaluation report;

8. a review and analysis of the results of the individual intervention(s) including systematic measurement of academic and social behaviors of concern conducted prior to and following implementation of the intervention(s), or prior to implementation with repeated measures during the intervention(s);

9. an assessment conducted to identify and describe the student's primary learning disability. This assessment shall include the following procedures:

- a. an assessment of the student's learning problems within the educational context and with respect to the referral problem;

- b. an appraisal of emotional or cultural factors that may be causing or contributing to the student's problems;

- c. an assessment of the student's achievement motivation;

10. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal member to determine the student's level of performance in academic areas. The assessment must include a classroom-based assessment of the general curriculum, informal and formal assessments, an estimate or determination of instructional and frustrational levels, and an analysis of how the student's disability affects access to and progress in the general curriculum;

11. a psychological assessment conducted by a certified school psychologist, when necessary, to rule out a mental disability as the primary condition;

12. a speech/language assessment conducted by a speech/language pathologist when oral expression or listening comprehension is suspected to be an area of impairment;

13. when neurological or other health/medical problems are suspected, an assessment conducted by a physician, neurologist, or neuropsychologist.

E. Re-Evaluation. The re-evaluation of students classified with a Specific Learning Disability shall consist of, at a minimum, all requirements specified under the Individual Evaluation Process: Re-Evaluation Section of this handbook and any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1643 (August 2004).

§327. Speech or Language Impairment

A. Definition. *Speech or Language Impairment* means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a student's educational performance.

1. Dialectal variations alone do not qualify a student to be classified as having speech or language impairment.

B. Criteria for Eligibility. Criteria 1, 2, 3 or 4 and 5 must be met for a student to be classified as having a Speech or Language Impairment.

1. Articulation. Non-maturational speech disorder of one or more phonemes characterized by consistent omission or incorrect production of speech sounds.

2. Fluency. Inappropriate rate and time patterning of speech at least 5 percent of the time, characterized by any of the following: sound and syllable repetitions, sound prolongations, audible or silent blocking, interjections,

broken words, circumlocutions, or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle. A student exhibiting normal non-fluencies occurring during the developmental speech stage does not meet this criterion.

3. Voice. Any inappropriate consistent deviation in pitch, intensity, quality, or other basic phonatory or resonatory attribute.

4. Language. Impaired receptive, integrative, or expressive disorder of phonology, morphology, syntax, semantics, or pragmatics. A student shall exhibit a deficit of at least 1.5 standard deviations below the mean based on chronological age. If the student is functioning below age level in all areas, developmental functioning levels should be considered.

5. There is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level.

a. Some language difficulties cannot be described as a difference from the norm either because specific norms are not available or because the individual's language is deviant in a way not described adequately by developmental norms. In such cases, language samples should be analyzed and the language behavior should be documented with deviations described in various settings. An overall picture of language behavior should be described. Students who are non-verbal communicators shall be described, using their augmentative and/or alternative communication needs or modes.

C. Procedures for Screening

1. Pre-referral activities shall be followed.

2. A developmental screening for children aged 3 through 5 shall be conducted to rule out the presence of additional impairments.

a. If delays other than speech are evident as a result of screening, then follow developmental delay or one of the other categorical exceptionalities procedures for 3- through 5-year-old children.

D. Procedures for evaluation:

1. a speech/language assessment conducted by a licensed speech/language pathologist, which shall include the following procedures:

a. the use of standardized test instruments and/or published normative data in speech pathology or child development;

b. formal or informal analysis of a communication sample;

c. additional information gathered from sources such as criterion-referenced materials, communication-related data collected by other professionals (including other

pupil appraisal personnel and teachers), and an observation of communication skills;

d. an assessment of the structure and function of the oral peripheral mechanism;

e. augmentative alternate communication needs when appropriate;

2. an educational assessment conducted to review academic skills and to determine whether the speech or language impairment significantly interferes with the student's educational performance. This assessment may be conducted by a qualified pupil appraisal staff member or the student's classroom teacher, when appropriate. The effect of the speech or language impairment on educational performance must be documented in the evaluation report, including an analysis of how the student's disability affects access to and progress in the general curriculum;

3. an assessment conducted by an appropriate medical specialist in all cases in which there is a suspected voice impairment;

4. information from a parent conference or other communication with the parent(s) to determine whether developmental, health, or other factors may be causing, contributing to, or sustaining the speech or language problem;

5. medical, psychological, and additional educational assessments shall be requested by the evaluation coordinator, when appropriate to the evaluation of the suspected disability.

E. Re-evaluation. The re-evaluation of students with speech or language impairments shall consist at a minimum of all requirements as specified under the Individual Evaluation Process: Re-evaluation Section and any other assessments deemed appropriate by the Re-Evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1645 (August 2004).

§329. Talented

A. Definition. *Talented* means possession of measurable abilities that give clear evidence of unique talent in visual or performing arts or both.

B. Criteria For Eligibility. Criteria 1 and 2 must be met.

1. The student must meet all screening criteria in C. below.

2. Creative abilities in visual and/or performing arts grades K-12 must be demonstrated.

a. Music. For grades K-6: criterion i or ii, plus iii and iv or v must be met. For grades 7-12: criteria iii, plus iv or vi must be met.

i. For grades K-3: the student must obtain a score of 35-40 on the state-approved music evaluation instruments.

ii. For grades 4-6: the student must obtain a score of 30-35 on the state-approved music evaluation instrument.

iii. The student must obtain a score of 18-20 on the music interview scale.

iv. For grades K-12: the student must obtain a score of 27-30 on the instrumental music audition scale, if performing prepared selections, or a score of 23-25, if performing improvisations.

v. For grades K-6: the student must obtain a score of 33-35 on the vocal music audition scale.

vi. For grades 7-12: the student must obtain a score of 47-50 on the vocal music audition scale

b. Theater: Criteria i and ii, or i and iii must be met.

i. The student must obtain a score of 13-15 on the theater interview scale.

ii. For grades K-6: the student must obtain a score of 42-45 on the theater audition scale.

iii. For grades 7-12: the student must obtain a score of 47-50 on the theater audition scale.

c. Visual Arts: Criteria i and ii, or iii and iv must be met.

i. For grades K-6: the student must obtain a score of 12-15 on the *Art Recognition Test*.

ii. For grades K-6: the student must obtain a score of 26-30 on the *Narrative Drawing Test*.

iii. For grades 7-12: the student must obtain a score of 26-30 on the *Design Test*.

iv. For grades 7-12: the student must obtain a score of 42-45 on the *Drawing Test*.

3. State-approved art, music, and theater screening instruments and evaluation instruments are located in the *Talent Evaluation Kit*.

C. Procedures for Screening

1. A student is identified by his or her regular or special education teacher, as having artistic needs not being met in the regular class in which the student is enrolled.

2. The regular or special education teacher completes the appropriate screening instrument (Visual Arts, Music, or Theater).

3. Each item receiving a score of four or above on the rating scale must be documented with examples, or samples of the student's work, whichever is more appropriate.

4. The student must score in the range of 33-35 on the visual arts screening instrument, or 33-35 on the music instrument or 48-50 on the theater-screening instrument to warrant an evaluation.

D. Procedures for Evaluation. The minimal evaluation for a student shall consist of the following procedures.

1. An assessment of performance conducted simultaneously, independently, and without discussion of results by at least two state-approved specialists in the arts, using state-approved procedures and instruments.

2. A pupil appraisal evaluation coordinator designated from among pupil appraisal personnel to attend the performance in 1 above and integrate all evaluation results into a report that indicates whether or not the student is talented, consistent with the criteria for the appropriate classification of talented.

3. LEA selected specialists in music, theater, or visual arts who meet either Criteria a and c, or b and c below and are not employed by the LEA.

a. The specialist must possess an advanced degree in music, theater, visual arts education, or fine arts, and be currently employed in that field.

b. The specialist must have been recognized as a performing artist in the community, state, or nation and must have submitted evidence of this recognition to the State Department of Education.

c. The specialist must have been trained and approved by the State Department of Education.

E. Re-evaluation. A re-evaluation must be conducted at least every three years. For students whose only exceptionality is Talented, the re-evaluation may be accomplished through the IEP process at the time of an IEP review meeting not through the Re-evaluation/IEP process. Informed Parental Consent of the re-evaluation must be sent to parents prior to the IEP Review meeting in which a re-evaluation will be conducted. If no concerns are evident with the student's current program, no evaluation report is required. This discussion will be documented on the IEP form and a copy of the IEP form will be forwarded to pupil appraisal.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1646 (August 2004).

§331. Traumatic Brain Injury

A. Definition. *Traumatic Brain Injury* means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a 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, or 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.

B. Criteria for eligibility:

1. documented medical evidence of an external insult to the brain causing an impairment in accordance with the definition exists; and

2. the impaired functioning significantly affects educational performance.

C. Procedures for Screening

1. Pre-referral Activities shall be followed.

D. Procedures for evaluation:

1. medical documentation that there has been an external insult to the brain, which causes an impairment to the cognitive, physical, behavioral or emotional functioning of the individual. A health assessment conducted by a school nurse or other qualified personnel when the medical report indicates the student has an impairment requiring health technology, health management or health treatments including a special diet or medication or needs assistance with activities of daily living;

2. a psychological assessment conducted by a certified school psychologist or other qualified pupil appraisal member to determine the status of cognitive, behavioral and emotional functioning;

3. a family interview conducted by a school social worker or other qualified pupil appraisal member to determine not only the status of social interaction behaviors, but also the impact of social, cultural, developmental factors on the student's difficulties;

4. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal member to determine the need for educational and environmental adjustments;

5. a speech/language evaluation conducted by a speech/language pathologist to determine whether there are speech or language difficulties;

6. any other assessment procedures deemed necessary by the multidisciplinary team.

E. Re-evaluation The re-evaluation of students classified as having traumatic brain injury shall include the following procedures:

1. all requirements specified under Individual Evaluation Process: Re-Evaluation Section;

2. a medical evaluation or health assessment as specified in the Procedures for Evaluation in D1. above, when deemed appropriate by the Re-evaluation/IEP Team;

3. any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1646 (August 2004).

§333. Visual Impairment

A. Definition. *Visual Impairment* (including blindness) means an impairment in vision that even with corrections

adversely affects a student's educational performance. The term includes both partial sight and blindness.

B. Criteria for Eligibility. Criterion 1 and either 2, 3, 4, or 5 must be met:

1. loss of vision which significantly interferes with the ability to perform academically and which requires the use of specialized textbooks, techniques, materials, or equipment;

2. visual acuity in the better eye or eyes together with best possible correction of:

a. blindness-20/200 or less distance and/or near acuity; or

b. partial sight-20/70 or less distance and/or near acuity;

3. blindness due to a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees and that it affects the student's ability to learn;

4. progressive loss of vision, which may in the future affect the student's ability to learn;

5. other blindness resulting from a medically documented condition.

C. Procedures for Screening

1. Pre-referral activities shall be followed.

2. Orientation and mobility screening will be conducted to screen the student's ability to travel around in his or her environment. (There is a suggested screening checklist in the Appendix.) Based on the results of the screening, an assessment conducted by a qualified orientation and mobility instructor may be warranted.

D. Procedures for Evaluation. The minimal evaluation shall consist of the following procedures:

1. an eye examination conducted by an ophthalmologist or optometrist. When the impairment results from an active disease process, it shall be verified in the report of an ophthalmologist. When this condition is progressive or unstable, the need for a yearly eye examination shall be documented in the integrated report;

2. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal member for the purpose of identifying educational and environmental adjustments:

a. a functional vision assessment (an assessment of the degree to which the student utilizes vision to operate within the environment);

b. an assessment of the student's reading and writing skills, including the student's needs in appropriate reading and writing media (including an assessment of the student's future needs for instruction in Braille or the use of Braille). For the student who is a non-reader, learning medium assessment would involve systematic examination

of how he/she obtains information (visually, tactually, and/or auditorally);

c. appraisal personnel may refer to the *Resource Manual for Administrators and Teachers of Students with Visual Impairments* for additional information on assessing students with visual impairments;

3. an assessment conducted by a qualified orientation and mobility instructor for the purpose of identifying the student's ability to travel safely and efficiently in a variety of environments and situations with or without the use of special mobility devices and visual aids;

4. a family interview conducted by a social worker or other qualified pupil appraisal staff member, which addresses certain factors:

a. the needs of the family in understanding the student;

b. the community service agencies currently providing assistance to the family in relationship to the student;

c. the expectations of the parents for the student;

d. an appraisal of self-help and other functional skills exhibited at home;

5. a developmental screening or assessment (if the student is less than 6 years of age) conducted by persons trained in such procedures;

6. when the data indicate a severe visual impairment, the evaluation coordinator should consider referring the student to the approved specialized statewide assessment center at the Louisiana School for the Visually Impaired (LSVI). The center will assist the LEA in conducting specialized aspects of the evaluation;

7. the LEA shall notify State Deaf-blind Census of all students who have both visual and hearing impairments.

E. Re-Evaluation. The re-evaluation of students classified, as having visual impairments shall consist of the following procedures:

1. those requirements specified under the Individual Evaluation Process: Re-evaluation Section;

2. an eye examination conducted by an ophthalmologist or an optometrist:

a. if the student's impairment is a progressive or unstable loss of vision and if the required annual eye examination has been conducted, the results may be reviewed;

b. if the student's eye condition is permanent blindness and if written documentation from an ophthalmologist is attached to the re-evaluation report, this examination need not occur. When additional conditions associated with the visual impairment are suspected, the Re-evaluation/IEP Team should request this examination;

3. consideration shall be given to the appropriateness of current reading/learning media and travel abilities,

especially for the student whose vision may change or may have changed. Any other assessments deemed appropriate by the Re-evaluation/IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1647 (August 2004).

Chapter 5. Special Services

§501. Special Services

A. As used in this section, are included in the term *Special Education*, which means specially designed instruction, at no cost to the parents, to meet the unique needs of a student with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings. They include assistive technology when required as part of the student's special education; instruction in physical education (including special physical education, adapted physical education, movement education, and motor development); speech/language pathology services when the service is considered special education rather than a related service; travel training; and vocational education.

B. At no cost means that all specially-designed instruction is provided without charge, but does not preclude incidental fees that are normally charged to nondisabled students or to their parents as a part of the regular education program.

C. Specially-designed instruction means adapting, as appropriate, to the needs of an eligible student, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability; and ensuring access of the student to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the LEA that apply to all students.

D. Specific criteria for eligibility for adapted physical education and assistive technology are immediately following this introduction. When specific criteria to determine eligibility for other special services become necessary, they will be added to the document.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1648 (August 2004).

§503. Adapted Physical Education

A. Definition. *Adapted Physical Education* is specially designed physical education for students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the regular physical education program on a full-time basis and for children with disabilities aged three through five, who meet the criteria below.

1. Adapted Physical Education is a direct instructional service for students with disabilities. The provision of services shall be determined at the IEP Team meeting, using the recommendations of the adapted physical education

evaluator and the results of the motor assessment. The continuation of services shall be determined by the IEP Team at the annual IEP Review using the recommendations of the adapted physical education teacher.

B. Criteria for Eligibility

1. Children aged 3 through 5 years:

a. evidence of a motor deficit as demonstrated by performance at least one and one-half standard deviations below the mean for the student's chronological age on instruments that measure a broad range of fine and gross motor abilities. Some instruments used to assess students aged three through five years may yield a developmental age score instead of a standard score. In such cases, the student must demonstrate a motor delay of a least 20 percent of the chronological age:

i. students with a motor delay of 20 percent to 60 percent shall be identified as having motor deficits in the mild/moderate range;

ii. students with a motor delay of 61 percent or greater shall be identified as having motor deficits in the severe range;

b. corroboration of the motor deficit and the need for adapted physical education provided by the evaluator based upon observation of the student.

2. Students aged 6 through 21:

a. evidence that the student meets 70 percent or less of the state-identified physical education competencies, using the *Competency Test for Adapted Physical Education*, for the grade level appropriate to the student's chronological age:

i. students meeting 45 to 70 percent of the competencies shall be identified as having motor deficits in the mild range;

ii. students meeting 20 to 44 percent of the competencies shall be identified as having motor deficits in the moderate range;

iii. students meeting 19 percent or less of the competencies shall be identified as having motor deficits in the severe range;

b. corroboration of the motor deficit and the need for adapted physical education provided by the evaluator based upon observation of the student.

3. Students classified as having Emotional Disturbance, Traumatic Brain Injury, or Other Health Impairment:

a. documented evidence that the student is unable to participate in a regular physical education class as a result of a serious emotional disorder, brain injury, or a chronic or acute health condition;

b. corroboration of the condition and the need for adapted physical education provided by the evaluator, based upon observation of the student.

C. Procedures for screening:

1. screening shall be conducted as indicated in pre-referral activities §105.E, Motor Screening;

2. anecdotal records or observations of motor skills, documenting the specific concerns causing the referral, conducted by the person responsible for the physical education program.

D. Procedures for Evaluation. The evaluation shall include a minimum of the following procedures:

1. for students aged birth-five years: An assessment of motor abilities conducted by a certified adapted physical education teacher or professional experienced in motor assessment;

2. for students aged six - twenty-one: An assessment of grade/age level physical education competencies using the *Competency Test of Adaptive Physical Education* conducted by a certified adapted physical education teacher;

3. for students with diagnosed emotional disturbance, traumatic brain injury or other health impairments: Written documentation verifying a significantly reduced performance that prevents safe and successful participation in a regular physical education class. For students with emotional disturbance, the documentation must be provided by a certified school psychologist, licensed psychologist, or psychiatrist and an adapted physical education evaluator. For students with other health impairments or traumatic brain injury, the documentation must be provided by a physician and an adapted physical education evaluator;

4. observation of the student in both structured (e.g., one-on-one with the evaluator) and unstructured (e.g. free play, recreational) settings. These observations should focus on, but not be limited to, those motor deficits identified by the motor assessment instrument;

5. recommendations for specific types of activities and/or adaptations necessary to meet the physical education needs of the student should be included in the evaluation report.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1648 (August 2004).

§505. Assistive Technology

A. Definitions

Assistive Technology Services Any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device. Included in these services are procedures:

a. an evaluation of the needs of a student with a disability, including a functional evaluation of the student in the student's customary environment;

b. the purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for students with disabilities;

c. the selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

d. the coordinating and using of other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

e. the training or technical assistance necessary for a student with a disability, or where appropriate, for the student's family;

f. the training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or who are otherwise substantially involved in the major life functions of that student;

2. *Assistive Technology Device* is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of a student with a disability.

a. Assistive Technology encompasses a broad range of devices from very simple ("low technology") to very sophisticated ("high technology").

B. Criteria for Eligibility

1. a and b must be met:

a. the student must be classified and eligible for special educational services;

b. there is documented evidence that assistive technology is required within the educational setting.

2. Each LEA shall ensure that assistive technology devices and/or assistive technology services are made available to a student with a disability, if required, as a part of the student's special education, related services, or supplementary aids and services. Consideration should be given for every student with a disability who is eligible for an individualized education program as to whether the student requires assistive technology devices and/or services to receive an appropriate education.

C. Procedures for Screening

1. A review of available medical and/or educational information, environmental concerns, and anecdotal records must be conducted to determine whether the assistive technology needs of the student have been considered.

2. Assistive technology screening will be conducted to document physical, social, and motor areas where assistive technology might be considered.

D. Procedures for Evaluation

1. The assistive technology evaluation shall be conducted by qualified professional(s) with the level of expertise necessary to address the specific areas of concern. These professionals may include, but are not limited to

audiologists, occupational therapists, physical therapists, speech/language pathologists, teachers of the visually impaired, adapted physical education teachers:

a. an observation of the student interacting with parents, teachers or peers in the educational environment during daily activities. The utilization of observational tools such as interaction checklists, criterion-based instruments, task analysis, and needs assessment, etc., is recommended;

b. an interview with the primary care providers and classroom teacher(s) to determine what intervention strategies for assistive technology devices and services, if any, have already been attempted or provided and what the results were;

c. an assessment of the student's current mobility, seating, positioning, and neuromotor ability, if applicable, to determine selection techniques and the method(s) of access for assistive technology as well as to address further seating, positioning, and mobility needs;

d. the results of an assessment with a variety of assistive technology devices that would be appropriate for the student. Trials with assistive technology devices could include options for both low technology and high technology solutions:

i. the student and family should be involved in this process to ensure the likelihood that the technology that is selected will be used;

ii. specific recommendations for educationally necessary interventions, strategies and/or modifications of assistive technology devices and/or services should be included in the evaluation report. Recommendations should also include personnel who will need training and technical assistance to work with the student.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1649 (August 2004).

Chapter 7. Related Services

§701. Related Services

A. As defined in *Bulletin 1706* **Related Services** means transportation and such developmental, corrective, and other supportive services as are required to assist a student with an exceptionality to benefit from special educational services. Related services include speech/language pathology and audiological services, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in students, counseling services including rehabilitation counseling, assistive technology devices and services, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parental counseling and training.

B. When the need for such services is indicated by the referral concerns during the evaluation process, the

evaluation coordinator shall ensure that appropriate and qualified personnel participate in the evaluation process. The criteria for eligibility for school health services, occupational therapy, orientation and mobility services, physical therapy, and speech/language pathology services immediately follow this introduction. Eligibility criteria for other related services are based on written documentation of need. When specific criteria to determine eligibility for other related services are necessary, they will be added to the document.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1650 (August 2004).

§703. Occupational Therapy

A. Definition.

1. *Occupational Therapy* services include the following procedures:

a. evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, sensorimotor functions and daily living skills;

b. planning and implementing treatment strategies for students based on evaluation findings;

c. improving, developing, restoring or maintaining functions impaired or lost through illness, injury, or deprivation;

d. improving or maintaining ability to perform tasks for independent functioning when functions are impaired or lost;

e. administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

2. Each school system shall identify, locate, and evaluate each suspected student with disabilities, birth through 21 years of age, but is responsible for providing OT services to only those eligible students ages 3 through 21. The provision of services shall be determined at the IEP Team meeting, using the input of the occupational therapist and the results and recommendations of the therapy assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

B. Criteria for Eligibility

1. Both Subparagraphs a and b must be met.

a. The student is classified and eligible for special educational services. There is documented evidence that occupational therapy is required to assist the student to benefit from the special educational services.

b. The student demonstrates a motor impairment in one of the following categories: Developmental, Motor Function, or Sensorimotor.

i. Developmental. Students (excluding those with neurophysiological impairments) who demonstrate a fine

motor, visual motor, oral motor, or self help delay. *Functional abilities* are defined as the student's overall educational performance in the areas of cognition, communication, social, self help, and gross motor.

(a). Students with Disabilities Ages 3y0m-5y6m. Students who demonstrate a fine motor, visual motor, oral motor or self help delay greater than 1 standard deviation below functional abilities as measured by an appropriate assessment instrument. Some instruments yield a development age score instead of a standard score. In such cases, a student must demonstrate a delay of at least 6 months below functional abilities.

(b). Students with Disabilities Ages 5y7m-9y11m. Students who demonstrate a fine motor, visual motor, oral motor or self help delay greater than 1 standard deviation below functional abilities as measured by an appropriate assessment instrument. Some instruments yield a developmental age score instead of a standard score. In such cases, a student must demonstrate a delay of at least 12 months below functional abilities.

(c). Students with Disabilities Ages 10y0mo-21y. Students who demonstrate a fine motor, visual motor, oral motor or self help delay greater than 1 standard deviation below functional abilities as measured by an appropriate assessment instrument. Some instruments yield a developmental age score instead of a standard score. In such cases, a student must demonstrate a delay of at least 18 months below functional abilities.

ii. Motor Function. According to clinical and/or behavioral observations (which may include, but are not limited to available current medical information, medical history and/or progress reports from previous therapeutic intervention), the student exhibits neurophysiological limitations or orthopedic limitations, that affect his or her physical functioning in the educational setting. These limitations might include abnormalities in the area(s) of fine motor, visual motor, oral motor, or self help skills. In addition to OT assessment, current student information must indicate one of the following abilities:

(a). an ability to improve motor functioning with occupational therapy intervention; or

(b). an ability to maintain motor functioning with therapeutic intervention (if the student maintains motor functioning without therapeutic intervention, OT would not be required in the educational setting); or

(c). an ability to slow the rate of regression of motor function with therapeutic intervention (if the student has a progressive disorder).

iii. Sensorimotor. According to clinical behavior observation and/or an appropriate assessment instrument, the student exhibits an inability to integrate sensory stimulus effectively, affecting his or her capacity to perform functional activities within the educational setting. These activities might include abnormalities in the area of fine motor, visual motor, oral motor, self-help or sensory

processing (sensory awareness, motor planning and organization of adaptive responses).

2. In addition to OT assessment, current student information must indicate an ability to improve functional activity performance through OT intervention.

C. Procedures for Evaluation

1. The assessment shall be conducted by an occupational therapist and shall include at a minimum the following procedures:

a. a review of available medical and educational information, environmental concerns, anecdotal records and observation of motor skills which document the specific concerns causing the referral;

b. an assessment of motor abilities.

2. For students ages 6-21, the assessment should be conducted in the educational environment.

3. The occupational therapist's assessment should be designed to answer the questions listed below.

a. Does this problem interfere with the student's ability to benefit from his or her educational program?

b. Is there a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1650 (August 2004).

§705. Orientation and Mobility Services

A. Definition. *Orientation and Mobility Services* means services provided to blind or visually impaired students by a university or agency trained and certified professional to enable those students to attain systematic orientation to and safe movement within their environment in school, home and community. These include teaching students appropriate skills:

1. spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g. using sound at a traffic light to cross the street);

2. use of the long cane as a tool to supplement visual travel skills or as a tool to safely negotiate the environment for students with no available travel vision;

3. the understanding and use of one's remaining vision and distance low vision aids;

4. other concepts, techniques, and tools.

B. Criteria for Eligibility

1. Both a and b must be met.

a. The student must be classified and eligible under federal or state law as an individual with a visual impairment.

b. There is documented evidence that orientation and mobility services are required to enable the student to benefit from special education.

C. Procedures for screening:

1. orientation and mobility screening conducted to assess the student's ability to travel around in his or her environment (Suggested screening procedures are in the Appendix.);

2. anecdotal records or observation of behaviors that document impaired visual function relating to the student's ability to travel safely and efficiently in a variety of environments.

D. Procedures for Evaluation. The assessment shall be conducted by an orientation and mobility instructor recognized by the State Department of Education. The assessment shall include the following information:

1. an assessment of the student's ability to travel safely and efficiently in a variety of environments and situations with or without the use of special mobility devices and visual aids;

2. a listing of the student's observed strengths and weaknesses in the area of travel safety and mobility skills;

3. recommendations concerning the student's demonstrated need for formal orientation and mobility training within the specific areas. These recommendations should be addressed by the IEP Team in planning the student's educational program.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:0000 (August 2004).

§707. Physical Therapy

A. Definition. *Physical Therapy* services includes:

1. evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions;

2. planning and implementing treatment strategies for students based on evaluation findings;

3. improving, maintaining and/or slowing the rate of regression of the motor functions of a student to enable him/her to function in his educational environment;

4. administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

B. Each school system shall identify, locate, and evaluate each suspected child/student with disabilities, birth through 21 years of age, but is responsible for providing PT services only to those eligible students ages 3 through 21. The provision of services shall be determined at the IEP Team meeting using the input of the therapist and the results and recommendations of the therapy assessment. The

continuation of services shall be determined at the annual IEP review using input of the therapist.

C. Criteria for Eligibility

1. Both a and b must be met.

a. The student is classified and eligible for a special educational program. There is documented evidence that physical therapy is required to assist the student to benefit from special education.

b. The student demonstrates gross motor impairment in either the Developmental or Motor Function category.

2. Developmental. Students (excluding those with neurophysiological impairments) who demonstrate a gross motor delay. Functional abilities are defined as the student's overall educational performance in the areas of cognition, communication, social, self help, and fine motor.

a. Students with Disabilities Ages 3y0m-5y6m. Students who demonstrate a gross motor delay of 6 months or more below level of functional abilities as measured by an appropriate assessment instrument.

b. Students with Disabilities Ages 5y7m-9y11m. Students who demonstrate a gross motor delay of 12 months or more below level of functional abilities as measured by an appropriate assessment instrument.

c. Students with Disabilities Ages 10y0m-21y. Students who demonstrate a gross motor delay of 18 months or more below level of functional abilities as measured by an appropriate assessment instrument.

3. Motor Function. According to clinical and/or behavioral observations which may include but are not limited to available current medical information, medical history and/or progress reports from previous therapeutic intervention the student exhibits neurophysiological, orthopedic, cardiovascular, respiratory, or sensorimotor limitation that affect his or her gross motor functioning in the educational setting.

a. In addition to PT assessment, current student information must indicate one of the following:

i. an ability to improve motor functioning with physical therapy intervention;

ii. an ability to maintain motor functioning with therapeutic intervention (if the student maintains motor functioning without therapeutic intervention, PT would not be required in the educational setting);

iii. an ability to slow the rate of regression of motor function with therapeutic intervention (if the student has a progressive disorder).

D. Procedures for Evaluation

1. The assessment shall be conducted by a licensed physical therapist and shall include at a minimum the following procedures:

a. a review of available medical and educational information, environmental concerns, anecdotal records and observation of motor skills that document the specific concerns causing the referral;

b. an assessment of gross motor abilities:

i. for students ages 6-21, the assessment should be conducted in the educational environment.

2. The physical therapy assessment shall be designed to answer the following questions.

a. Does this problem interfere with the student's ability to benefit from his or her educational program?

b. Is there a potential for change in the student's educational functioning if he/she receives therapeutic intervention?

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

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§709. School Health Services

A. Definition. *School Health Services* are those related services specially designed for a student who has a disability (defined under federal and state statutes), having a special health need, and who is unable to participate in his or her educational program without the use of such health services, which may include, among others health treatments, technology, and/or management.

1. The school health services referred to in this section are those determined through a health assessment during the evaluation process. The provision of services will be meeting, using the input from the school nurse or other qualified personnel and the results and recommendations of the health assessment. The continuation of services will be determined at the annual IEP Review using input from the school nurse.

B. Criteria for Eligibility

1. Criteria a, b, and c must be met.

a. The student must be classified and eligible, under Federal or State law, as an individual with a disability.

b. There is documented evidence that special health services are required within the educational setting to enable the student to benefit from the special educational program.

c. A prescription from a physician or dentist licensed to practice in Louisiana or adjacent state prescribes the health treatment, technology, and/or health management that the student must have in order to function within the educational environment; or there is a documented need for a modification of his or her activities of daily living.

C. Procedures for Evaluation. When there is evidence of the need for health technology, treatment and/or management, the assessment of a student by a school nurse or other qualified personnel shall include at a minimum the following procedures:

EDUCATION

1. an assessment of the student's health status conducted in the educational setting;

2. an analysis and interpretation of the special health service needs, health status, stability, complexity of the service, predictability of the service outcome, and risks that may be involved with improperly performed services.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1652 (August 2004).

§711. Speech/Language Pathology Services

A. Definition. Speech/Language Pathology Services includes:

1. identification of students with speech or language impairments;

2. diagnosis and appraisal of specific speech or language impairments;

3. referral for medical or other professional attention necessary for the habilitation of speech or language impairments, as appropriate;

4. provision of speech and language services for the habilitation of communication or prevention of communication impairments;

5. assessment and interventions for augmentative/alternative communication;

6. counseling and guidance of parents, students, and teachers regarding speech and language impairments.

B. Each school system shall identify, locate, and evaluate each suspected child/student with disabilities, birth through 21 years of age, but is responsible for providing speech/language pathology services as a related service only to those eligible students ages 3 through 21. The provision of services shall be determined at the IEP Team meeting using the input of the therapist and the results and recommendations of the speech/language assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

C. Criteria for Eligibility

1. Criteria a, b, and c must be met.

a. The student is classified as a student having a disability other than Speech or Language Impairment.

b. The student meets the criteria for eligibility for Speech or Language Impairment.

c. There is documented evidence that speech/language pathology services are required to assist the student to benefit from the special educational services.

2. Non-verbal students with disabilities who have augmentative communication needs may not be denied speech/language pathology services as a related service because an inability to assess using traditional methods.

D. Procedures for Evaluation

1. The assessment shall be conducted by following the procedures for evaluation under Speech or Language Impairment.

2. The speech/language assessment shall be designed to answer the following questions.

a. Does this problem interfere with the student's ability to benefit from his or her educational program?

b. Is there a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?

E. Provision for Services

1. Speech/Language Pathology Services may be provided through direct, consultation, or monitoring/tracking services as described in *Related Services Guidelines for IEP Teams*.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 30:1652 (August 2004).

Title 28
EDUCATION
Index

Adapted Physical Education, 30
Assistive Technology, 31
Autism, 13
Deaf-Blindness, 15
Definition of Exceptional, 13
Description, 1
Developmental Delay, 16
Emotional Disturbance, 17
Gifted, 19
Hearing Impairment, 20
Individual Evaluation, 4
Introduction, 12
Mental Disability, 21
Multiple Disabilities, 23
Orthopedic Impairment, 23

Other Health Impairment, 24
Parental Participation, 4
Physical Therapy, 34
Pre-Referral Activities, 2
Qualified Examiners, 1
Referral Process, 3
SBLC Determination Options, 3
School Health Services, 35
Screening, 2
Specific Learning Disability, 25
Speech or Language Impairment, 26
Speech/Language Pathology Services, 36
Talented, 27
Traumatic Brain Injury, 28
Visual Impairment, 29