

SPECIAL EDUCATION: ELIGIBILITY CHECKLIST



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OVERVIEW

This document provides a broad overview of the eligibility process, describes how to read assessments, and outlines the eligibility criteria for the most common eligibilities, including (1) Other Health Impairment, (2) Emotional Disturbance, (3) Specific Learning Disability, (4) Speech and Language Impairment, and (5) Autism.¹

THE ELIGIBILITY PROCESS

The following steps generally precede an eligibility determination:

1. **Identify a Struggling Child**: Someone must notice indicators that a student's education may be impacted by a disability. Some common red flags include:
 - Poor grades or attendance;
 - Difficulty with classroom activities like writing, coloring, or learning letters/numbers;
 - Speech and language problems;
 - Problems with memory or attention; and
 - Social or emotional problems.

2. **The Referral**: Anyone, including teachers or parents, may refer a student for an evaluation to determine special education eligibility. Schools must evaluate any child "suspected" of having a disability.² This is a low threshold. If a student presents with any of the indicators above, an evaluation likely is appropriate. Schools must respond, either by refusing to evaluate, or by describing what assessments will be included in the evaluation and who will be conducting those assessments. In California, the response must be provided in writing and within 15 days of the referral.³

3. **The Evaluation**: Once the school agrees to evaluate a student and the parent consents to an assessment plan, the school will conduct assessments.

4. **The IEP**: Within sixty (60) days of parental consent to an assessment plan, the school must complete the evaluation and conduct an IEP meeting.⁴ At the meeting, the IEP team will discuss the assessment results and reach an agreement about whether a student is eligible and, if so, under what eligibility category. This meeting is the opportunity to make your case about why your child should receive special education and related services.

****Hint.** Make sure to ask the school to provide assessment reports in advance so that you have an opportunity to review them closely in preparation for the meeting.

UNDERSTANDING ASSESSMENTS

Assessments measure different types of educationally relevant information including cognitive ability, academic achievement, language ability, and behavior. Assessment results are reported using standardized scores. It is important to understand how to read and interpret these scores when assessing eligibility.

Standardized Scores: Standardized scores are objective and normed across a representative

¹ Federal guidelines are provided throughout except where noted. We have also provided California citations. All states must follow the federal laws described, but state regulations may add additional detail.

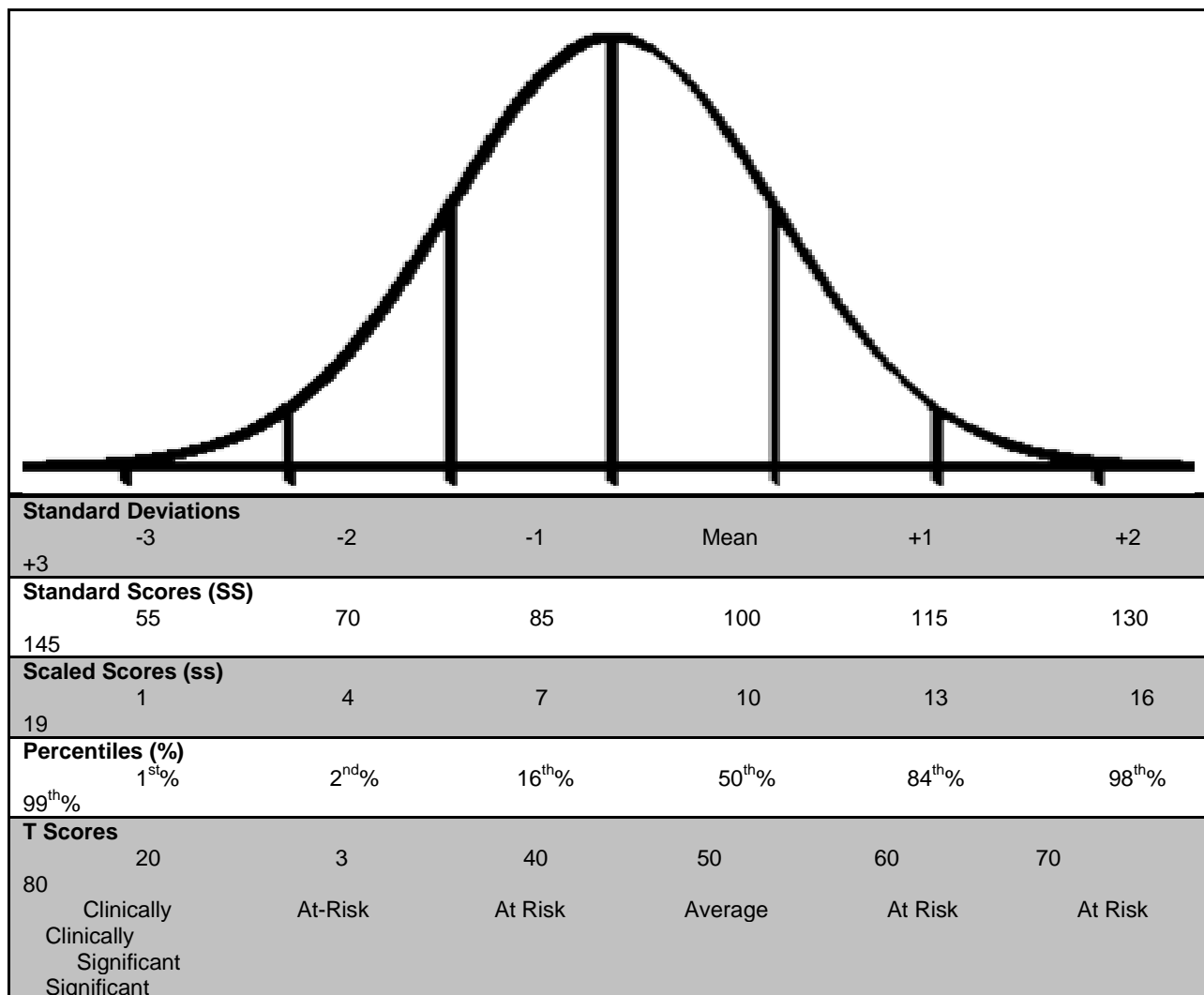
² 20 U.S.C. § 1414(a)

³ Cal. Educ. Code § 56043

⁴ 20 U.S.C. § 1414(a)

sample of children in the United States. They provide proof of how a child is doing that may be more reliable than the subjective information gathered by parents or teachers.

The Bell Curve: The distribution of standardized scores is shown on a “normal” or “bell curve.”



Standard Scores (SS): Standard scores are the most reliable and common scores used in special education. For most tests, the average, or mean, standard score is 100 with a standard deviation of plus (+) or minus (-) 15. A SS falls within the average range if it falls between 85 and 115. A SS between 70 and 84 is below average and shows that the child has a deficiency. A SS between 0 and 69 shows that the child is scoring in the markedly below average range and is an area of extreme deficit.

Scaled Scores (ss): Scaled scores are used in conjunction with standard scores, often to report subtest results. Scaled scores have a mean of 10 and a standard deviation of +/- 3. The average range is between 7 and 13. The below average range between is 4 and 6. The markedly below average range is between 0 and 3.

Percentiles (%): A child's score along the bell curve can also be expressed in percentiles. For example, a SS of 70 means the child is in the second percentile, performing worse than 98 out

of 100 children. A child falls within the average range if they are between 16% and 84%. Any score below 16% is below average and may be considered an area of deficit.

Age equivalents (AE): A child's current age (CA) is measured by year and month. For example, if a child is twelve years and ten months old, his CA is 12.10. Standardized assessment results may be reported in age equivalents (AE), which report the age at which that child's test performance might, on average, be expected. If a child has an AE of 10.5, he or she is performing at the level of an average student who is ten years and five months old. For children over age five, an AE that is one or more years below a student's CA is a potential area of deficit. For example a CA of 12.6 with an AE of 10.5 in Reading Comprehension means that the student has a delay of 2.1 years, showing a deficit in this area.

Grade Equivalents (GE): A child's current grade (CG) is measured by year and month. This differs from age measurement, though, because it is measured by a ten month school year. For example if a child is in fifth grade and it is February, that child's CG is 5.5 (normally, the first month of the school year is September). Standardized assessments scores may be given in grade equivalency (GE). If a student has a GE of 3.9, the student is performing at the level of a student who is in the third grade during the ninth month. A GE that is one or more years below a student's CG is a potential area of deficit. For example, if a student's CG is 5.5 and he scores a GE of 3.9 in mathematics, then there is a delay of 1.6 years, showing a deficit in this area.

T-scores: A different unit of measurement is often used to quantify behavior—the T-score. Looking at the bell curve, the mean for T-scores is 50 with a standard deviation of +/- 10. T-scores are qualitatively different from the other scores because they are not fully standardized. A behavior rating scale asks a rater (e.g., teacher, parent, student) to rate certain behaviors of the student along a continuum. For example, a teacher would rate a student's aggressive behavior as something that never occurs, sometimes occurs, or always occurs. Ratings are always subjective to the rater. T-scores can be considered partially standardized because scores from across the nation are gathered and normed for both disabled and non-disabled youth. Behaviors typically rated are attention, hyperactivity, depression, impulsivity, etc.

On most assessments, we look at the incidence of *negative* behaviors; thus, scores are higher when the behavior occurs more frequently. Higher scores indicate areas of concern. For example, when rating the negative behavior of aggression, a T-score of 60 to 69 is **at-risk** and a score of 70 or above is **clinically significant**. Behavior rating scales may also measure the incidence of *positive* behaviors. These are behaviors that we want our children to display, so lower scores indicate areas of concern. For example, when rating the positive behavior of social skills, a T-score of 31 to 40 is **at-risk** and a score of 30 or below is **clinically significant**.

ELIGIBILITY CATEGORIES

Federal law identifies 13 eligibility categories, including an optional eligibility for developmental delays for students aged three through nine.⁵

Eligibility Category	Percentage (%) of Population Served ⁶
Specific Learning Disability	36.70
Speech or Language Impairment	21.70
Other Health Impairment (Including ADHD)	11.10
Intellectual Disability	7.00
Autism	6.50
Serious Emotional Disturbance	6.10
Developmental delay (Ages 3-9 Only)	5.90
Multiple Disabilities	2.00
Hearing Impairment	1.20
Orthopedic Impairment	1.00
Traumatic Brain Injury	0.40
Visual Impairments	0.40
Deaf-Blindness	0.00
Deafness	0.00

The prevalence of the students being served under each eligibility category varies widely, and has changed over time. Criteria for several common eligibilities are described below.

ELIGIBILITY RULE-OUTS

There are three general eligibility “rule outs.” That is, even if a child meets eligibility criteria, he or she will not be eligible for special education if the **determinant factor** for the eligibility is—

- (A) A lack of appropriate instruction in reading;
- (B) A lack of instruction in math; or
- (C) Limited English proficiency.⁷

The phrase “determinant factor” is not defined, but generally means the “primary” or most important cause for the deficits otherwise leading to the eligibility. Schools often argue that poor attendance causes a lack of instruction rendering students ineligible for special education. However, unless attendance problems are *determinant*, an otherwise eligible student who also has spotty attendance should qualify for services. On the other hand, for example, a 9 year-old child who has *never* been to school may be ineligible as a student with a specific learning disability because his lack of appropriate instruction in reading likely is the determinant factor in creating a discrepancy between his potential and reading achievement. Remember that attendance problems may actually signal that special education is needed, because some children find ways to avoid school if they have had negative or difficult classroom experiences.

CHECKLISTS FOR COMMON ELIGIBILITIES

⁵ See 20 U.S.C. § 1401(3); 34 CFR 300.8(a); 34 CFR 300.8(c)(1).

⁶ INSTITUTE OF EDUCATION SCIENCE, NATIONAL CENTER FOR EDUCATION STATISTICS: DIGEST OF EDUCATION STATISTICS (2012), Table 48, available at <http://nces.ed.gov/pubs2014/2014015.pdf>.

⁷ 20 U.S.C. § 1414(b)(5)

OTHER HEALTH IMPAIRMENT (OHI)

Applicable Law

Federal: 20 U.S.C. § 1401(3), 34 CFR 300.8(9)

California: Cal. Educ. Code § 56339(a), 5 C.C.R. § 3030(b)(9)

Eligibility Criteria

A student must meet ALL of the following requirements:

- OHI is a **limited strength, vitality or alertness**, including a heightened alertness to environmental stimuli.

AND

- The limited strength, vitality, or alertness is **due to chronic or acute health problems** such as asthma, attention deficit disorder or attention deficit hyperactivity disorder (“ADHD”), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome. These disabilities cannot be temporary in nature.

AND

- The health impairment must **adversely affect the student’s educational performance**.

****Hint:** Jack and Jill both have ADHD. Jack’s ADHD is being managed by medication. He is calm in class and can work on his own without constant monitoring. Despite her medication, Jill has trouble managing her behavior (she inappropriately speaks out, has difficulty starting and completing her work, and talks excessively). Jack therefore is not OHI eligible, but Jill may be.

Is an ADHD Diagnosis Required?

Guidance from the federal Office of Special Education Programs (OSEP) states that a formal ADHD diagnosis is not required to determine that a student is eligible under OHI. If a school district requires a medical evaluation and formal ADHD diagnosis, that evaluation must be done at no cost to the family.⁸

Common Assessments

Connors’ Rating Scales

Behavior Assessment System for Children (BASC)

Types of Evidence

Review incident reports, teacher’s notes, report cards, cumulative notes and disciplinary actions to find evidence of ADHD symptoms. This information may provide strong evidence of how a student’s attention disorder is negatively affecting their classroom performance. Some examples include:

⁸ 34 IDELR 35 (OSEP 2000); 18 IDELR 963 (OSEP 1991).

1. Inattention (e.g., avoids or does not pay close attention to school work or other activities, is easily distracted, has trouble following directions, is forgetful, doesn't appear to listen when spoken to, is disorganized, loses school supplies and homework)
2. Hyperactivity (e.g., fidgets or squirms, leaves seat when being seated is expected, talks excessively, is on the go or "driven by a motor")
3. Impulsivity (e.g., has difficulty waiting their turn, blurts out answers before questions are completed, interrupts or intrudes in inappropriate situations)

EMOTIONAL DISTURBANCE (ED)

Applicable Law

Federal: 20 U.S.C. § 1401(3); 34 CFR 300.8(c)(4)

California: Cal. Educ. Code § 56339(a); 5 CCR 3030(b)(4)

Eligibility Criteria

A student must exhibit **at least one** of five **emotional disturbance characteristics**.

1. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - This characteristic does not refer to a student who has a conflict with one teacher or certain peers. It is a pervasive inability to develop appropriate relationships with others across settings and situations.
 - Behaviors to look for include physical or verbal aggression towards others, delayed social skills, consistently defiance towards authority, withdrawal from all social interactions, and few or no friends.
 - Possible Diagnosis: Oppositional Defiant Disorder (ODD)
2. Inappropriate types of behavior or feelings under normal circumstances.
 - Behaviors to look for:
 - “Inappropriate behavior” includes physical aggression, hurting self/others, destroying property, hallucinations, and low frustration tolerance.
 - “Inappropriate feelings” include rapid mood changes and emotional overreactions.
 - Possible Diagnoses: Bipolar Disorder, Obsessive Compulsive Disorder (OCD), Conduct Disorder.
3. A general pervasive mood of unhappiness or depression.
 - Behaviors to look for include irritable mood, diminished interest or pleasure in daily activities, significant changes in weight/appetite, insomnia, feelings of worthlessness, diminished ability to think or concentrate, and recurrent thoughts of death or suicidal ideation.
 - Possible Diagnoses: Traumatic Stress Disorder (PTSD), Depression
4. A tendency to develop physical symptoms or fears associated with personal or school problems.
 - Symptoms must have no demonstrable medical causes, linked to psychological factors or conflict. The student cannot be intentionally producing the symptoms.
 - Behaviors to look for:
 - Psychosomatic symptoms like headaches or gastrointestinal problems
 - Incapacitating feelings of anxiety (i.e. hyperventilating, dizziness)
 - Sleep disturbance
 - Possible Diagnosis: Anxiety Disorder
5. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

- Assessments must rule out other reasons for the suspected disability such as OHI or SLD
- This category rarely is used.
- Possible Diagnoses: This eligibility should be accompanied by a serious mental health diagnosis like schizophrenia.

AND

- The ED characteristic(s) are present over a **long period of time**. The length of time required to establish a long period of time is not defined by federal law. Six months is often used as a guideline, but may vary depending on the facts.⁹ The longer the characteristic can be evidenced over time, the greater likelihood of satisfying this prong.

AND

- The ED characteristic(s) are present **to a marked degree**. The characteristic must be more severe in intensity than the normally expected range of behavior for students of the same age, gender, and culture. The characteristic(s) must be persistent across environments (e.g., school, home, classroom, playground).

AND

- The ED characteristic(s) **adversely affect educational performance**. Look for evidence that despite interventions, educational deficiencies persist over time. Examples include grades, standardized test scores, classroom performance, attendance, social skills and affect.

AND

- A student is not *solely* exhibiting “social maladjustment.”

Emotional Disturbance versus Social Maladjustment: Social maladjustment is an exclusionary category often used by school districts to disqualify students from being ED eligible. Social maladjustment was *not defined* in the law, legislative history or intent, or even education literature prior to its inclusion in the law. If a student meets the other eligibility criteria, arguments you can use to argue that a student is eligible as ED include:

1. Even if a student could be found to be socially maladjusted, if they independently meet the ED qualifications, they do qualify as ED.
2. ED persists over time while social maladjustment can be resolved with short term counseling.
3. ED is characterized by acting uncontrollably and unpredictably, while social maladjustment is believed to be driven by the student’s intent to participate in bad behaviors.¹⁰

⁹ See, e.g., *Los Gatos-Saratoga Joint Union High School District*, 41 IDELR 227 (SEA CA 2004); *Maine School Administrative District 49*, 35 IDELR 174 (SEA ME 2001); *Manhattan Beach Unified School District*, 34 IDELR 249 (SEA CA, 2001); *Sierra Sands Unified School District*, 30 IDELR 306 (SEA CA 1998).

¹⁰ For further information, see Carl R. Smith et al., *Eligibility for Students With Emotional or Behavioral Disorders: The Social Maladjustment Dilemma Continues*, *J. of Disab. Policy Studies* (2014); *Torrance Unified Sch. Dist. V. E.M.*, 51 IDELR 11 at 10

Common Assessments

Behavior Assessment System for Children (BASC)

Types of Evidence:

Review incident reports, teacher's notes, grade reports, cumulative notes, teacher/parent observations and disciplinary actions to look for information that demonstrates that the emotional disturbance is negatively affecting the student's educational performance.

(Cal. SEA Aug. 21, 2008); Merrell, K. *Deconstructing a Definition: Social Maladjustment versus Emotional Disturbance and Moving the EBD Field Forward*, 41 *8 Psychol. In Sch.*, 899, 901 (Nov. 2004).

SPECIFIC LEARNING DISABILITY (SLD)

Applicable Law:

Federal: 20 U.S.C. § 1401(3)(A); 20 U.S.C. § 1401(30); 34 C.F.R. § 300.8(c)(11)

California: Cal. Educ. Code §§ 56336-8, 5 C.C.R. § 3030 (b)(10)

What is Specific Learning Disability?

Students with SLD have trouble learning in at least one academic area and are not performing up to their potential. This deficiency is caused by a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may present itself in the imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculations. One common processing disorder is a visual processing disorder in which the student sees normally but has trouble understanding what they see. For example, a student with dyslexia will see some letters backwards (i.e., Instead of 'dog' the student will see 'bog'). The student's eye is seeing correctly but their brain is reversing the letter.

Two Methods of Showing Eligibility

1. **Response to Intervention (RTI):** A child does not respond positively to evidence-based programs designed to teach reading, writing, math calculation, etc.
2. **Severe Discrepancy Model:** There is a severe discrepancy between the child's cognitive ability and academic achievement in math, reading and/or written language AND the severe discrepancy is caused by a disorder in one or more basic psychological process.

Eligibility Criteria using RTI

Using RTI to establish specific learning disabilities is a relatively new and unstructured process as compared with the severe discrepancy model described below. Many schools are still uncomfortable this method of eligibility determination, but the law mandates that they consider it where appropriate.

- The **school implemented an evidence-based intervention.** The focus on using scientifically supported interventions is an expansion of the No Child Left Behind Act, which emphasized the use of "scientifically-based research," to implement programs supporting all struggling students.¹¹ There is no single definition of "evidence-based" or "scientifically-based" interventions, but such interventions generally have been vetted by academic institutions and supported by data.

AND

- The child did not respond positively to the evidence based intervention.** There also are no universally accepted measures or time frames for determining when a child fails to respond to an intervention. However, if your child makes little or no progress in reading, writing, or math within six months of implementing an evidence-based program, you might consider arguing that he or she is eligible for SLD based on a failure to respond to interventions.

¹¹ No Child Left Behind Act of 2001 (NCLB), Pub. L. No 107-110, § 115, Stat. 1425 (2002).

Eligibility Criteria using Severe Discrepancy Model

- DETERMINE COGNITIVE ABILITY:** Cognition is a child's ability to learn, including memory and critical reasoning. Cognitive potential is used to analyze where a student would be functioning absent their disability. Cognitive ability is measured through standardized assessments.

Common Assessment Tools

(A) Cognitive Assessment System (CAS)

(B) Test of Nonverbal Intelligence (TONI)

(C) Wide Range Assessment of Memory and Learning (WRAML)

IQ testing for African American Students: Early IQ tests faced criticism for being biased against minority populations. For example, in Larry P. v. Riles, 793 F.2d 969 (9th Cir. 1984), the Ninth Circuit held that culturally insensitive IQ tests incorrectly and disproportionately identified African-American students as mentally retarded, leading to a ban on the use such tests. Since then, schools and parents have recognized the value of understanding what we now call "cognition," as long as our measure of cognition is not culturally biased. Today, new tests have been updated to include culturally appropriate norms, and should be used as part of the schools assessment of a child.

- DETERMINE ACADEMIC ACHIEVEMENT:** Academic achievement is determined by measuring skills in reading, writing and math on standardized assessments. Although it is important to look at achievement in sub-areas (e.g., in reading, look at decoding, comprehension and fluency), for eligibility purposes the following academic areas must be analyzed:
- Oral expression,
 - Listening comprehension
 - Written expression
 - Basic reading skill
 - Reading fluency skills
 - Reading comprehension
 - Mathematical calculation
 - Mathematics problem solving

Common Assessment Tools

Woodcock Johnson (WJ-III)

Kaufman Test of Educational Achievement (KTEA)

- FIND A SEVERE DISCREPANCY:** Finding a severe discrepancy involves comparing a child's cognitive ability to their academic achievement and finding that their achievement is not on par with how they should be performing, given their ability level. The IEP team decides whether or not a severe discrepancy exists. In making this decision all relevant material must be taken into account. No single score or test shall be used as the sole criterion for determining eligibility. There are two ways that the IEP team can find a severe discrepancy:

1. A severe discrepancy exists if there is a 22.5 point standard score difference between a measure of cognitive ability and an academic achievement area. In the example below, there is a 25 point discrepancy between the child's cognitive ability (SS 115) and reading comprehension (SS 90). Therefore, this child has a severe discrepancy between her cognitive ability and academic achievement in the area of reading comprehension.

Cognitive Ability:	SS 115
-- Academic Achievement: Reading Comprehension	SS 90
Discrepancy	= 25 points

2. If standardized tests do not reveal a severe discrepancy, the IEP team may decide that one exists anyways by looking at actual classroom performance, such as grades, test performance, teacher observations and work samples relative to age, grade-level standards, or intellectual development.

FIND A PROCESSING DISORDER: Once you have found a severe discrepancy, you must also find that the discrepancy is due to one or more disorders in the basic psychological processes involved understanding or using language. Look for areas of weakness pursuant to standardized test results. While the analysis is similar to finding a severe discrepancy, there is no specific point differential between ability level and area of processing. Typically, if the student has average cognitive ability, any processing score below the average range (below SS 85) could be considered a processing deficit. Psychologists can identify many processing disorders, but the most common include:

Visual Processing Disorders affect the brain's ability to process and make sense of information coming from a person's eyes. This does not involve a person's ability to physically see.

- a. Example: Visual Figure Ground is the ability to perceive and locate objects within a busy field without getting confused by the background. This keeps children from getting lost in the details. The most famous example is "Where's Waldo?"
- b. Symptoms or indicators include:
 - i. skipping words, letters, or lines when reading or writing,
 - ii. reversals of letter or numbers when reading or writing,
 - iii. problems copying from the board or overhead projector,
 - iv. high tension when reading/writing,
 - v. headaches, eye fatigue that worsens during day,
 - vi. inconsistent spacing of words/letters when writing.
- c. Use of Therapy: Vision therapy is an important for a student with a visual processing disorder. Vision therapy is a series of eye exercises and treatment procedures prescribed, created, and administered by doctors of optometry. Vision therapy treats problems that cannot be corrected by glasses. During therapy, children learn to gain control of their eye muscle coordination and build eye teaming skills necessary for success in school. While vision therapy doesn't teach a child how to read, it does make it easier for a child to learn how to read.
- d. Common Assessment

Test of Visual-Perceptual Skills (TVPS)

- Auditory Processing Disorders** limit the ability to understand spoken language, such as instruction in the classroom. Although the ear can hear the sounds, the brain has an impaired ability to differentiate, recognize, or understand sounds and auditory information. Note that it does not include people who are deaf or hard of hearing.
- a. Example: Auditory Figure Ground is the ability to understand spoken language when there is background noise, such as in a classroom environment or on a busy street. For example, imagine you are walking down a busy street, having a conversation with a friend. Someone with an auditory processing disorder may be unable to differentiate between what they are saying and surrounding noises, such as traffic or a barking dog.
 - b. Symptoms or indicators include:
 - i. problems following directions or repeating information just heard,
 - ii. problems paying attention in class, or
 - iii. delay in response time.
 - c. Use of Therapy: Auditory therapy can be used to remediate auditory processing deficits and can be very successful if used on younger children. Auditory therapies include: the Basic Auditory Training program; Fast ForWord; Earobics; Tomatis Method; Brain Gym; Edu Kinesthetics; Auditory Integration Training; and speech and language therapy. Alternative classroom modifications can include: FM devices and preferential seating near the source of instruction.
 - d. Common Assessments
 Test of Auditory Processing Skills (TAPS)
 Comprehensive Test of Phonological Processing (CTOPP)
- Attention Processing Disorders:** if a student is having problems paying attention in class, this may be causing a discrepancy between academic achievement and cognitive potential. Although assessed the same way as in OHI, an attention processing disorder in SLD also requires the severe discrepancy, while OHI does not. See OHI Checklist above. Note that you do not need a diagnosis of ADHD to be eligible. However, the attention disorder must adversely affect the student's educational performance, i.e., by causing the discrepancy between cognitive ability and academic achievement.
- Sensory-Motor Processing** includes visual-motor integration, fine motor skills, and sensory processing.
1. **Visual-Motor Integration (VMI):** measures the interaction between fine motor skills and visual processing. For example: In order for a student to copy notes from the board, the student must be able to (1) see the board (2) process what they are seeing and (3) use fine motor skills to write notes.
 2. **Fine Motor Skills:** refers to use of the small muscles in the body that are required to complete some type of physical task. For example, the most common fine motor deficit is in the small muscles of the hand necessary for writing. Symptoms or

indicators include:

- a. problems forming numbers and letters while writing,
- b. problems writing on the lines,
- c. gripping the pencil too hard,
- d. pressing too hard on the paper when writing,
- e. hand and arm fatigue while writing,
- f. problems dressing, especially with buttons and zippers,
- g. problems feeding, including holding utensils properly,
- h. problems tying shoes.

3. **Sensory Processing:** refers to the method the nervous system uses to receive, organize and understand sensory input. It enables people to figure out how to respond to environmental demands based on sensory information (such as: auditory and visual input) and cues within the person's body (such as touch). Symptoms or indicators include:

- a. oversensitivity/sensory defensiveness,
- b. undersensitivity/ sensory seeking behaviors,
- c. complaints about how clothing feels or needing certain textures,
- d. picky eating habits,
- e. oversensitivity or undersensitivity to sounds,
- f. impulsive or distractible,
- g. persistently walks on toes to avoid sensory input on the bottom of feet.

Use of Therapy: Sensory processing therapy works best with elementary age children given that it is provided in a gym/playground environment called "Clinic OT." Therapy looks like play with movement on different types of gym equipment.

SPEECH OR LANGUAGE IMPAIRMENT (SLI)

Applicable Law

Federal: 20 U.S.C. § 1401(3); 34 C.F.R. § 300.8(c)(11)

California: Cal. Educ. Code § 56333, 5 C.C.R. § 3030(b)(11)

Common vocabulary

- Expressive and Receptive Language: Language can be divided into two categories:
 - Expressive language: the ability to express, through use of words, sentences, gestures, etc. one's thoughts, feelings, wants, and needs.
 - Receptive language: receiving communication from others, understanding meaning.
- Syntax: correct use of words when speaking
- Semantics: proper use of words in sentences, ability to string words together correctly
- Morphology: word structure, phrasing, and verb tenses
- Phonology: correct use of speech sounds/patterns, known as phonemes
- Pragmatics: relates to social skills, including use of appropriate reciprocal conversation
- Fluency: rate and intonation of speech (e.g., stuttering)

Eligibility Criteria:

A student must meet the following requirements:

- The student **has a communication disorder**. Federal law does not provide specific requirements for identifying a communication disorder. In California, a student must meet demonstrate at least ONE of the following disorders:

1. LANGUAGE DISORDER:

- a. **Method One:** On **two** separate standardized tests, a student must score at least 1.5 standard deviations below the mean (22.5 standard score points), or below the 7th percentile, for his/her chronological age or developmental level in one or more of the following areas: morphology, syntax, semantics, phonology or pragmatics.
- b. **Method Two:** On **one** standardized test, a student must: Score at least 1.5 standard deviations below the mean (22.5 standard score points), **or** below the 7th percentile, for his/her chronological age or developmental level in one or more of the following areas: morphology, syntax, semantics, phonology or pragmatics; **AND** display inappropriate or inadequate usage of expressive or receptive language as measured by a language sample with a minimum of fifty utterances/words.

2. ARTICULATION DISORDER is marked by educed intelligibility or inability to use the speech mechanism that significantly interferes with communication and attracts adverse attention.

- a. "Significant interference" occurs when the student's production of speech sounds on a standardized articulation test is below expected levels for their chronological age or developmental level.
- b. Example: A twelve-year-old student who says "Wabbit" instead of "Rabbit" may have an articulation disorder, but a five year old who does the same thing may not be eligible because that delay is developmentally appropriate.

3. ABNORMAL VOICE is characterized by persistent defective voice quality, pitch and/or loudness.
4. FLUENCY DISORDER is when the flow of verbal expression including rate and rhythm adversely affects communication between the student and the listener. This includes inappropriate rate or rhythm of speech (stuttering), excessive repetition, pauses, or other breaks in the flow of speech.

AND

- The communication disorder **adversely affects educational performance**. Look for evidence that, despite interventions, educational deficiencies persist over time. Examples include grades, standardized test scores, classroom performance, attendance, social skills and affect.

Common Assessments

Comprehensive Assessment of Spoken Language (“CASL”)

Comprehensive Evaluation of Language Functioning (“CELF”)

AUTISM

Applicable Law

Federal: 20 U.S.C. Title 20 § 1401(3); 34 C.F.R. § 300.8 (a)(1) and (c)(1)(i-iii)

California: Cal. Educ. Code § 56846.2; 5 CCR § 3030(b)(1)

Eligibility Criteria

A student must meet all of the following criteria.

- A student must **have Autism**, a developmental disability significantly affecting verbal and nonverbal communication and social interaction. Autism can be established with a medical diagnosis, or by showing all of the following:

1. **Deficits in verbal communication.** Students with Autism may demonstrate:
 - Delay in learning how to understand language or in speaking
 - Echolalia (repeats words or phrases instead of using normal language)
 - Speaking in an abnormal tone of voice or with an odd rhythm
 - Trouble using reciprocal communication (e.g., doesn't respond to questions, walks away while being spoken to, carries on a one-sided conversation)
 - Inability to understand figurative language, humor, irony, or sarcasm (e.g., looking towards the sky when someone says, "It's raining cats and dogs.")

AND

2. **Deficits in nonverbal communication.** Students with Autism may demonstrate:
 - Poor eye contact
 - Inability to read body language or facial expressions
 - Failure to understand or use gestures appropriately

AND

3. **Deficits in social interaction.** Students with Autism may demonstrate:
 - A history of extreme withdrawal or of relating to people inappropriately
 - Wariness to approach others or to pursue social interaction
 - Inappropriate use of social greetings for age (e.g., begins a conversation with a stranger without introducing themselves first)
 - Difficulty making friends with children the same age
 - Using scripted greeting rituals (e.g., asks all new people the same question)
 - Difficulty understanding other people's feelings and reactions

AND (OPTIONAL)

4. **Other Characteristics associated with Autism.** Additional signs of Autism include:
 - Engagement in repetitive activities (e.g., opens and closes something or turns lights on and off over and over)
 - Stereotyped movements (e.g., hand flapping, ear flapping, rocking)
 - Resistance to environmental change or change in daily routines (e.g., cries excessively if bath time is skipped)
 - Unusual responses to sensory experiences. (e.g., upset by soft sounds or

normal lighting, cringing at a pat on the back

AND

- The autistic-like behaviors must affect educational performance. For example:
 1. Poor communication (e.g., difficulty speaking in class or communicating needs)
 2. Poor social interaction (e.g., difficulty participating in class or making friends)
 3. Ritualized behavior (e.g., struggles to transition from one activity to the next)
 4. Inappropriate use of objects (e.g., lining up pencils instead of using them to write)
 5. Extreme resistance to controls (e.g., refuses to follow instructions)
 6. Unusual motor patterns (e.g., toe walking could interfere with PE participation)
 7. Self-stimulating behavior (e.g., hand flapping interferes with work completion).

- If a child's educational performance is negatively impacted due to emotional disturbance, autism does not apply.

Common Assessments

Autism Diagnostic Observation Schedule (ADOS)

Gilliam Autism Rating Scale (GARS)

Childhood Autism Rating Scale- Second Edition (CARS)