

160-4-7-.05 ELIGIBILITY DETERMINATION AND CATEGORIES OF ELIGIBILITY.

(1) DEFINITIONS. A child or youth from 3 through 21 years of age is considered to have a disability under the Individuals with Disabilities Education Improvement Act (IDEA 2004) if the child or youth meets the eligibility criteria in any of the following areas and needs special education and related services.

- (a) Autism spectrum disorder.**
- (b) Deafblind.**
- (c) Deaf/hard of hearing.**
- (d) Emotional and behavioral disorder.**
- (e) Intellectual disability (mild, moderate, severe, profound).**
- (f) Orthopedic impairment.**
- (g) Other health impairment.**
- (h) Significant developmental delay.**
- (i) Specific learning disability.**
- (j) Speech-language impairment.**
- (k) Traumatic brain injury.**
- (l) Visual impairment.**

(2) DETERMINATION OF ELIGIBILITY

(a) Upon completion of the administration of assessments and other measures, a group of qualified professionals and the parents of the child (Eligibility Team) determine whether the child is a child with a disability and the educational needs of the child. [34 C.F.R. § 300.306(a)(1)]

(b) The LEA shall provide a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent. [34 C.F.R. § 300.306(a)(2)]

(c) A child must not be determined to be a child with a disability if the primary factor for that determination is –

1. Lack of appropriate instruction in reading, including the essential components of reading instruction as defined in section 1208(3) of ESEA);
2. Lack of appropriate instruction in mathematics; or
3. Limited English proficiency; and
4. If the child does not otherwise meet the eligibility criteria under this Rule. [34 C.F.R. § 300.306(b)(1) – (2)]

(d) In interpreting evaluation data for the purpose of determining if a child is a child with a disability and the educational needs of the child, each LEA must:

1. Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations as well as the information about the child's physical condition, social or cultural background, and adaptive behavior;
2. Ensure that information obtained from all of these sources is documented and carefully considered. [34 C.F.R. § 300.306(c)(1)]
3. If a determination is made that a child has a disability, and the disability adversely affects educational performance (academic, functional and/or developmental) and therefore needs special education and related services, an IEP must be developed for the child in accordance with Rule 160-4-7-.06 INDIVIDUALIZED EDUCATION PROGRAM. [34 C.F.R. § 300.306(c)(2)]

(3) ELIGIBILITY REPORT. An eligibility report which documents the area of disability shall be completed and placed in each child's special education folder. The eligibility report shall provide statements for each component of the eligibility and shall be comprehensive enough to serve as the evaluation report when necessary.

(a) For those children determined not eligible for special education and related services the eligibility report shall clearly explain the Eligibility Team's determination.

(b) The parent of the child shall receive a copy of the eligibility report at no cost to the parent. [34 C.F.R. § 300.306(a)(2)]

Appendix (a): **AUTISM SPECTRUM DISORDER (AUT).**

Definition.

Autism spectrum disorder is a developmental disability generally evident before age three that adversely affects a child's educational performance and significantly affects developmental rates and sequences, verbal and non-verbal communication and social interaction and participation. Other characteristics often associated with autism spectrum disorder are unusual responses to sensory experiences, engagement in repetitive activities and stereotypical movements and resistance to environmental change or change in daily routines. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance as defined in (d). Children with autism spectrum disorder vary widely in their abilities and behavior. [34 C.F.R. § 300.8(c)(1)(i)]

The term of autism spectrum disorder includes all subtypes of Pervasive Developmental Disorder (such as Autistic Disorder; Rett's Disorder; Childhood Disintegrative Disorder; Asperger Syndrome; and Pervasive Developmental Disorder, Not Otherwise Specified) provided the child's educational performance is adversely affected and the child meets the eligibility criteria. Autism spectrum disorder may exist concurrently with other areas of disability.

Evaluations and Assessments.

The following evaluations and assessments shall be utilized to determine the presence of the characteristics of autism spectrum disorder.

1. Comprehensive psychological evaluation to include a formal assessment of intellectual functioning and an assessment of adaptive behavior.
2. Educational evaluation to include an assessment of educational performance and current functioning levels.
3. Communication evaluation to include assessment of verbal and non-verbal communication, prosody (linguistics including intonation, rhythm and focus in speech)), and pragmatic language utilizing both formal and informal measures.
4. Behavioral evaluations to include assessment of social interaction and participation, peer and adult interactions, capacity to relate to others, stereotypical behaviors, resistance to change, atypical responses to sensory stimuli, persistent preoccupation with or attachment to objects and other behaviors often associated with autism spectrum disorder.
5. Developmental history to include developmental differences and delays and age of onset, which is typically before the age of three. A child may be diagnosed as a child with autism spectrum disorder after age three if the characteristics of autism spectrum disorder are met.

Eligibility and Placement.

Eligibility shall be based on assessment of the five characteristic areas associated with autism spectrum disorder. The assessments shall minimally document that each of the characteristic areas of (1) developmental rates and sequences, (2) social interaction and participation and (3) verbal and non-verbal communication are affected. The adverse effect on a child's educational performance shall be documented and based on the following criteria:

1. Developmental rates and sequences. A child exhibits delays, arrests, and/or inconsistencies in the acquisition of motor, sensory, social, cognitive, or communication skills. Areas of precocious or advanced skill development may also be present, while other skills may develop at typical or extremely depressed rates. The order of skill acquisition frequently differs from typical developmental patterns.

2. Social interaction and participation. A child displays difficulties and/or idiosyncratic differences in interacting with people and participating in events. Often a child is unable to establish and maintain reciprocal relationships with people. A child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

3. Communication (verbal and/or nonverbal). A child displays a basic deficit in the capacity to use verbal language for social communication, both receptively and expressively. Characteristics may involve both deviance and delay. Verbal language may be absent or if present, may lack usual communicative form, or the child may have a nonverbal communication impairment. Some children with autism may have good verbal language but have significant problems in the effective social or pragmatic use of communication.

4. Sensory processing. A child may exhibit unusual, repetitive or unconventional responses to sensory stimuli of any kind. A child's responses may vary from low to high levels of sensitivity.

5. Repertoire of activities and interests. A child may engage in repetitive activities and/or may display marked distress over changes, insistence on following routines and a persistent preoccupation with or attachment to objects. The capacity to use objects in an appropriate or functional manner may be absent, arrested, or delayed. A child may have difficulties displaying a range of interests and/or imaginative play. A child may exhibit stereotypical body movements.

A child with autism spectrum disorder may be served by any appropriately certified teacher in any educational program as described in the child's individualized education program (IEP). The identification of autism spectrum disorder for educational programming does not dictate a specific placement; however, it is based on the assessed strengths, weaknesses and individual goals and objectives of the child.

Appendix (b): DEAFBLIND (DB).

Definition.

Deafblind means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. [34 C.F.R. § 300.8(c)(2)]

Eligibility and Placement.

1. For a child to be determined eligible for placement in special programs for the deafblind, the child shall have current optometric or ophthalmological examination and an audiological evaluation, all administered by qualified professionals. Children who are deafblind shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), immittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), and an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report is required indicating the dates of the audiological evaluation and a description of the results of the audiological testing and amplification evaluation. In addition, the report should include a description of classroom environmental modifications which will assist the individualized education program (IEP) team in making instructional decisions, the child's ability to understand spoken language with and without amplification, and an interpretation of the results as they apply to the child in his or her classroom setting.

2. Children who are deafblind may receive educational services in classes with other disabled children; however, the class-size ratio for deafblind shall be maintained.

Additional Requirements.

Each child who has been diagnosed as deafblind shall be reported in the Georgia Deafblind Census.

Appendix (c): DEAF/HARD OF HEARING (D/HH).

Definitions.

A child who is deaf or hard of hearing is one who exhibits a hearing loss that, whether permanent or fluctuating, interferes with the acquisition or maintenance of auditory skills necessary for the normal development of speech, language, and academic achievement and, therefore, adversely affects a child's educational performance. [See 34 C.F.R. § 300.8(c)(3) & (5)]

1. A child who is deaf can be characterized by the absence of enough measurable hearing (usually a pure tone average of 66-90+ decibels American National Standards Institute without amplification) such that the primary sensory input for communication may be other than the auditory channel.

2. A child who is hard of hearing can be characterized by the absence of enough measurable hearing (usually a pure tone average range of 30-65 decibels American National Standards Institute without amplification) that the ability to communicate is adversely affected; however, the child who is hard of hearing typically relies upon the auditory channel as the primary sensory input for communication.

Eligibility and Placement.

1. The eligibility report shall include audiological, otological and educational evaluation reports.

(a) Audiological evaluations shall be provided with initial referral. Children who are deaf or hard of hearing shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), immittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report shall be included in the audiological evaluation. This written report shall include, but is not limited to: the date of the audiological evaluation, description of the results of the audiological testing, an amplification evaluation including the child's ability to understand spoken language with and without amplification, as well an interpretation of the results as they apply to the child in his or her classroom setting.

(b) An otological evaluation report from appropriately licensed or certified personnel is required at the time of initial placement in the program for the deaf/hard of hearing. The otological evaluation report is required as medical history pertinent to the absence of hearing. If such a report is not available upon initial placement, it shall be obtained within 90 days of placement. The initial or most recent otological evaluation result shall be summarized and that otological evaluation report shall be attached to the eligibility report.

(c) A comprehensive educational assessment shall be used in the development of the child's individualized education program (IEP). The educational evaluation shall include

assessment data from more than one measure and shall include, but is not limited to, information related to academic/achievement levels, receptive and expressive language abilities, receptive and expressive communication abilities, social and emotional adjustment and observational data relative to the child's overall classroom performance and functioning.

2. A psychological evaluation, using instruments appropriate for children who are deaf or hard of hearing, is recommended as part of the overall data when eligibility is being considered.

3. Children who exhibit a unilateral hearing loss may be considered for eligibility provided documentation exists that indicates academic or communicative deficits are the result of the hearing loss.

Additional Requirements.

1. An evaluation of the communication needs of a child who is deaf or hard of hearing shall be considered in the program and class placement decisions. An evaluation of a child's communication needs shall include, but is not limited to: language and communication needs and abilities, opportunities for direct communication with peers and professional personnel in the child's preferred language and communication mode, severity of loss, educational abilities, academic level and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

2. Any classroom to be used for a child who is deaf or hard of hearing shall be sound-treated and present an appropriate acoustical environment for the child. All placements, including regular education placements and desk arrangements within classrooms shall be made so that environmental noise and interruptions are minimized.

3. Recommendation of the appropriate educational environment, including acoustical considerations, should be made by the IEP Team.

4. Each LEA shall have written procedures to ensure the proper functioning of assistive amplification devices used by children who are deaf or hard of hearing. These procedures shall include the designated qualified responsible personnel, daily and ongoing schedules for checking equipment, as well as follow-up procedures.

Appendix (d): EMOTIONAL AND BEHAVIORAL DISORDER (EBD).

Definition.

An emotional and behavioral disorder is an emotional disability characterized by the following:

- (i) An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers.
- (ii) An inability to learn which cannot be adequately explained by intellectual, sensory or health factors.
- (iii) A consistent or chronic inappropriate type of behavior or feelings under normal conditions.
- (iv) A displayed pervasive mood of unhappiness or depression.
- (v) A displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems. [34 C.F.R. § 300.8(c)(4)(i)(A – E)]

A child with EBD is a child who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency and intensity that interferes significantly with educational performance to the degree that provision of special educational service is necessary. EBD is an emotional disorder characterized by excesses, deficits or disturbances of behavior. The child's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory general health factors, or other additional exclusionary factors

Eligibility and Placement.

1. A child may be considered for placement in a program for children with EBD based upon an eligibility report that shall include the following:

- (i) Documentation of comprehensive prior extension of services available in the regular program to include counseling, modifications of the regular program or alternative placement available to all children, and data based progress monitoring of the results of interventions
- (ii) Psychological and educational evaluations
- (iii) Report of behavioral observations over a significant period of time;
- (iv) Appropriate social history to include information regarding the history of the child's current problem(s), the professional services and interventions that have been considered or provided from outside the school; and
- (v) Adequate documentation and written analysis of the duration, frequency and intensity of one or more of the characteristics of emotional and behavioral disorders.

2. A child must not be determined to be a child with an Emotional and Behavioral Disorder if the primary factor for that determination is:

- a. Lack of appropriate instruction in reading, including the essential components of reading instruction;
- b. Lack of appropriate instruction in math;
- c. Lack of appropriate instruction in writing;
- d. Limited English proficiency;
- e. Visual, hearing or motor disability;
- f. Intellectual disabilities;
- g. Cultural factors;
- h. Environmental or economic disadvantage; or
- i. Atypical education history (multiple school attendance, lack of attendance, etc.).

3. The term does not include children with social maladjustment unless it is determined that they are also children with EBD. A child whose values and/or behavior are in conflict with the school, home or community or who has been adjudicated through the courts or other involvement with correctional agencies is neither automatically eligible for nor excluded from EBD placement. Classroom behavior problems and social problems, e.g., delinquency and drug abuse, or a diagnosis of conduct disorder, do not automatically fulfill the requirements for eligibility for placement.

Appendix (e): INTELLECTUAL DISABILITY (ID).

Definition.

Intellectual disabilities refer to significantly subaverage general intellectual functioning which exists concurrently with deficits in adaptive behavior that adversely affects educational performance and originates before age 18. [34 C.F.R § 300.8(c)(6)] Intellectual disability does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences or a history of inconsistent and/or inadequate educational programming.

(a) Significantly subaverage general intellectual functioning is defined as approximately 70 IQ or below as measured by a qualified psychological examiner on individually administered, nationally normed standardized measures of intelligence.

(1) All IQ scores defining eligibility for children with intellectual disabilities shall be interpreted as a range of scores encompassed by not more than one standard error of measurement below and above the obtained score. The standard error of measurement for a test may be found in the technical data section of the test manual.

(2) Any final determination of the level of intellectual functioning shall be based on multiple sources of information and shall include more than one formal measure of intelligence administered by a qualified psychological examiner. There may be children with IQ scores below 70 who do not need special education. Interpretation of results should take into account factors that may affect test performance such as socioeconomic status, native language, and cultural background and associated disabilities in communication, sensory or motor areas.

(i) Significantly subaverage intellectual functioning must be verified through a written summary of at least one structured observation that demonstrates the child's inability to progress in a typical, age appropriate manner and with consideration for culturally relevant information, medical and education history.

(b) Deficits in adaptive behavior are defined as significant limitations in a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age-level and cultural group, as determined by clinical judgment.

(1) The child demonstrates significantly subaverage adaptive behavior in school and home, and, if appropriate, community environments. These limitations in adaptive behavior shall be established through the use of standardized adaptive behavior measures normed on the general population, including people with disabilities and people without disabilities. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at least two standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall (composite) score on a standardized measure of conceptual, social, and practical skills. Documentation must include information from at least two sources. The first source shall be someone from the local school who knows the child and the second source shall be someone who

knows the child outside of the school environment such as a parent, guardian, or person acting as a parent.

- (i). Interpretation of results should consider the child's cultural background, socioeconomic status and any associated disabilities that may limit or impact the results of the adaptive behavior measures.

(c) Deficits in intellectual functioning and adaptive behavior must have existed prior to age 18.

(d) A child must not be determined to be a child with an Intellectual Disability if the determinant factor for that determination is:

1. Lack of appropriate instruction in reading, including the essential components of reading instruction;
2. Lack of appropriate instruction in math;
3. Lack of appropriate instruction in written expression;
4. Limited English proficiency;
5. Visual, hearing or motor disability;
6. Emotional disturbances;
7. Cultural factors;
8. Environmental or economic disadvantage; or
9. Atypical educational history (multiple school attendance, lack of attendance, etc.).

Eligibility and Placement.

A child may be classified as having an intellectual disability (at one of the levels listed below) when a comprehensive evaluation indicates deficits in both intellectual functioning and adaptive behavior. Intellectual functioning and adaptive behavior shall be considered equally in any determination that a child is eligible for services in the area of intellectual disability. A comprehensive educational evaluation shall be administered to determine present levels of academic functioning. The report shall be prepared for each child to provide an adequate description of the data collected and explicit pre-referral interventions prior to evaluation and to explain why the child is eligible for services in a program for children with intellectual disabilities. In situations where discrepancies exist between test score results from intellectual functioning, adaptive behavior and academic achievement, the eligibility report must contain a statement of specific factors considered which resulted in the decision of the eligibility team. Eligibility teams must establish that any limits in performance are not primarily due to the exclusionary factors and must document this in the eligibility report:

A child may be classified as having an intellectual disability at one of the levels listed below.

Mild intellectual disability (MID).

- (1) Intellectual functioning ranging between an upper limit of approximately 70 to a lower limit of approximately 55; and

(2) Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age level and cultural group, as determined by clinical judgment.

Moderate intellectual disability (MOID).

(1) Intellectual functioning ranging from an upper limit of approximately 55 to a lower limit of approximately 40; and

(2) Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age-level and cultural group as determined by clinical judgment.

Severe intellectual disability (SID).

(1) Intellectual functioning ranging from an upper limit of approximately 40 to a lower limit of approximately 25; and

(2) Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility and especially school performance that is expected of the individual's age-level and cultural group as determined by clinical judgment.

Profound intellectual disability (PID).

(1) Intellectual functioning below approximately 25; and

(2) Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility and especially school performance that is expected of the child's age-level and cultural group, as determined by clinical judgment.

Appendix (f): ORTHOPEDIC IMPAIRMENT (OI).

Definition.

Orthopedic impairment refers to a child whose severe orthopedic impairments adversely affects their educational performance to the degree that the child requires special education.

This term may include:

- (1) Impairment caused by congenital anomalies, e.g., deformity or absence of some limb.
- (2) Impairment caused by disease (poliomyelitis, osteogenesis imperfecta, muscular dystrophy, bone tuberculosis, etc.)
- (3) Impairment from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures. [34 C.F.R. § 300.8(c)(8)]

Secondary disabilities may be present, including, but not limited to, visual impairment, hearing impairment, communication impairment and/or intellectual disability.

Eligibility and Placement.

Evaluation for initial eligibility shall include the following.

- (1) A current medical evaluation from a licensed doctor of medicine. The evaluation report used for initial eligibility shall be current within one year. The evaluation shall indicate the diagnosis/prognosis of the child's orthopedic impairment, along with information as applicable regarding medications, surgeries, special health care procedures and special diet or activity restrictions.
- (2) A comprehensive educational assessment to indicate the adverse affects of the orthopedic impairment on the child's educational performance.
- (3) Assessments shall document deficits in: pre-academic or academic functioning, social/emotional development, adaptive behavior, motor development or communication abilities resulting from the orthopedic impairment. When assessment information indicates significant deficit(s) in cognitive/academic functioning, a psychological evaluation shall be given.

Children served in a program for orthopedic impairments should be functioning no lower than criteria outlined for mild intellectual disabilities programs. For those children with orthopedic impairments served in other special education programs due to the severity of their sensory or intellectual disability, support by the OI teacher regarding the implications of the child's orthopedic impairment may be appropriate.

Appendix (g): OTHER HEALTH IMPAIRMENT (OHI).

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 -

(1) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficient hyperactivity disorder, diabetes, epilepsy, or heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome, and

(2) Adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(9)]

In some cases, heightened awareness to environmental stimulus results in difficulties with starting, staying on and completing tasks; making transitions between tasks; interacting with others; following directions; producing work consistently; and, organizing multi-step tasks.

Eligibility.

1. Evaluation for initial eligibility shall include the following:

(a) The medical evaluation from a licensed doctor of medicine, or in the case of ADD and ADHD an evaluation by a licensed doctor of medicine or licensed clinical psychologist, should be considered by the child's Eligibility Team as part of the process of determining eligibility. The evaluation report shall indicate the diagnosis/prognosis of the child's health impairment, along with information as applicable regarding medications, special health care procedures and special diet or activity restrictions. The evaluation report used for initial eligibility shall be current within one year and must document the impact of the physical condition on the vitality, alertness or strength of the child. In cases of illness where the child's physical health and well-being are subject to deterioration or change, this report shall be updated as frequently as determined by the IEP Committee. A medical diagnosis does not automatically include or exclude a child from determination of eligibility.

(b) A comprehensive developmental or educational assessment to indicate the effects of the health impairment on the child's educational performance. Assessments shall document deficits in pre-academic or academic functioning, adaptive behavior, social/emotional development, motor or communication skills resulting from the health impairment. When assessment information indicates significant deficits in cognitive/academic functioning, a psychological evaluation shall be given.

(c) A child must not be determined to be a child with Other Health Impairment if the determinant factor for that determination is:

- a. Lack of appropriate instruction in reading, including the essential components of reading instruction;
- b. Lack of appropriate instruction in math;
- c. Lack of appropriate instruction in writing;
- d. Limited English proficiency;
- e. Visual, hearing or motor disability;
- f. Intellectual disabilities;
- g. Emotional disturbances;
- h. Cultural factors;
- i. Environmental or economic disadvantage; or
- j. Atypical educational history (attendance at multiple schools, lack of attendance).

Placement and Service Delivery.

(1) A child meeting eligibility criteria be served by any appropriately certified teacher in any educational program, as specified in the child's individualized education program (IEP).

(2) According to State Board of Education Rule 160-1-3-.03 Communicable Diseases, the district shall allow a child infected with a communicable disease to remain in his or her educational setting unless he or she currently presents a significant risk of contagion as determined by the district after consultation with the child's physician, a knowledgeable public health official and/or a physician designated by the LEA (at the LEA's option).

Appendix (h): SIGNIFICANT DEVELOPMENTAL DELAY (SDD).

Definition

The term significant developmental delay refers to a delay in a child's development in adaptive behavior, cognition, communication, motor development or emotional development to the extent that, if not provided with special intervention, the delay may adversely affect a child's educational performance in age-appropriate activities. The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage or lack of experience in age appropriate activities. The SDD eligibility may be used for children from ages three through nine (the end of the school year in which the child turns nine). [See 34 C.F.R. § 300.8(b)]

Eligibility

(1) Initial eligibility must be established, and an IEP in place, on or before the child's seventh birthday. SDD eligibility is determined by assessing a child in each of the five skill areas of adaptive development, cognition, communication, physical development (gross and fine motor), and social/emotional development. Any child who scores at least 2 standard deviations below the mean in one or more of the five areas or 1½ standard deviations below the mean in two or more areas shall meet eligibility for SDD.

(2) For children who are kindergarten age or older, initial eligibility shall also include documented evidence that the impact on educational performance is not due to:

- (a) Lack of appropriate instruction in reading or literacy readiness, including the essential components of reading instruction;
- (b) Lack of appropriate instruction in math or math readiness skills;
- (c) Limited English proficiency;
- (d) Visual, hearing or motor disability;
- (e) Emotional disturbances;
- (f) Cultural factors; or
- (g) Environmental or economic disadvantage.

The application of professional judgment is a critical element at every stage of eligibility determination: as test instruments are selected, during the evaluation process, in the analysis of evaluation results, as well as the analysis of error patterns on standardized, teacher made or other tests.

(3) All five skill areas shall be assessed using at least one formal assessment. In those areas in which a significant delay is suspected, at least one additional formal assessment must be utilized to determine the extent of the delay. All formal assessments must be age appropriate, and all scores must be given in standard deviations.

(4) For children eligible under SDD with hearing; visual; communication; or orthopedic impairments, a complete evaluation must be obtained to determine if the child also meets

eligibility criteria for deaf/hard of hearing, visual impairments, speech and language impairments or orthopedic impairments. Students with sensory, physical or communication disabilities must receive services appropriate for their needs, whether or not specific eligibility is determined.

Placement and Service Delivery

(1) Preschool-aged (3-5) children meeting eligibility criteria as SDD and needing special education services may receive those services in a variety of placement options, as determined by the child's IEP Team and participation by other agencies, such as, but not limited to:

- (a) Regular Early Childhood Setting;
 - Head Start Programs
 - Georgia Pre-K Classes
 - Community Daycares
 - Private Preschools
- (b) Separate Early Childhood Special Education Setting;
- (c) Day School;
- (d) Residential Facility;
- (e) Service Provider Location; or
- (f) Home

(2) School-aged children with SDD shall be served by any appropriately certified teacher in any education program designed to meet the needs of the child, as specified by the child's IEP team.

Appendix (i): SPECIFIC LEARNING DISABILITIES (SLD).

Definition

(1) Specific learning disability is defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing or motor disabilities, intellectual disabilities, emotional or behavioral disorders, environmental, cultural or economic disadvantage. [34 C.F.R. §300.8(c)(10)]

(2) The child with a specific learning disability has one or more serious academic deficiencies and does not achieve adequately according to age to meet State-approved grade-level standards. These achievement deficiencies must be directly related to a pervasive processing deficit and to the child's response to scientific, research-based interventions. The nature of the deficit(s) is such that classroom performance is not correctable without specialized techniques that are fundamentally different from those provided by general education teachers, basic remedial/tutorial approaches, or other compensatory programs. This is clearly documented by the child's response to instruction as demonstrated by a review of the progress monitoring available in general education and Student Support Team (SST) intervention plans as supported by work samples and classroom observations. The child's need for academic support alone is not sufficient for eligibility and does not override the other established requirements for determining eligibility.

Exclusionary Factors

(1) A child must not be determined to be a child with a specific learning disability if the determinant factor for that determination is:

- a. Lack of appropriate instruction in reading, to include the essential components of reading instruction (phonemic awareness, phonics, fluency, vocabulary, and comprehension);
- b. Lack of appropriate instruction in math;
- c. Lack of appropriate instruction in writing;
- d. Limited English proficiency;
- e. Visual, hearing or motor disability;
- f. Intellectual disabilities;
- g. Emotional disturbances;
- h. Cultural factors;
- i. Environmental or economic disadvantage; or
- j. Atypical educational history (such as irregular school attendance or attendance at multiple schools) [See 34 C.F.R. § 300.309(a)(3)]

Required Data Collection

(1) In order to determine the existence of Specific Learning Disability, the group must summarize the multiple sources of evidence to conclude that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards and intellectual development. Ultimately, specific learning disability is determined through professional judgment using multiple supporting evidences that must include:

(a) Data are collected that include:

(i) At least two current (within twelve months) assessments such as the results of the CRCT or other state-required assessment, norm-referenced achievement tests or benchmarks indicating performance that does not meet expectations for State-approved grade-level standards;

(ii) Information from the teacher related to routine classroom instruction and monitoring of the child's performance. The report must document the child's academic performance and behavior in the areas of difficulty.

(iii) Results from supplementary instruction that has been or is being provided:

(a) that uses scientific, research or evidence based interventions selected to correct or reduce the problem(s) the student is having and was in the identified areas of concern;

(b) such instruction has been implemented as designed for the period of time indicated by the instructional strategy(ies). If the instructional strategies do not indicate a period of time the strategies should be implemented, the instructional strategies shall be implemented for a minimum of 12 weeks to show the instructional strategies' effect or lack of effect that demonstrates the child is not making sufficient progress to meet age or State-approved grade-level standards within a reasonable time frame;

(iv) the interventions used and the data based progress monitoring results are presented to the parents at regular intervals throughout the interventions.

(b) Any educationally relevant medical findings that would impact achievement.

(c) After consent is received from the parents for a comprehensive evaluation for special education determination the following must occur:

1. An observation by a required group member;
2. Documentation that the determination is not primarily due to any of the exclusionary factors;

3. Current analyzed classroom work samples indicating below level performance as compared to the classroom normative sample; and

4. Documentation of a pattern of strengths and weaknesses in performance and/or achievement in relation to age and grade level standards must include:

(i) A comprehensive assessment of intellectual development designed to assess specific measures of processing skills that may contribute to the area of academic weakness. This assessment must be current within twelve months and

(ii) Current Response to Intervention data based documentation indicating the lack of sufficient progress toward the attainment of age or State-approved grade-level standards.

(iii) As appropriate, a language assessment as part of additional processing batteries may be included.

Eligibility Determination

(1) The child who is eligible for services under the category of specific learning disability must exhibit the following characteristics: a primary deficit in basic psychological processes and secondary underachievement in one or more of the eight areas along with documentation of the lack of response to instructional intervention as supported by on-going progress monitoring.

(2) Deficits in basic psychological processes typically include problems in attending, discrimination/perception, organization, short-term memory, long-term memory, conceptualization/reasoning, executive functioning, processing speed, and phonological deficits. Once a deficit in basic psychological processes is documented, there shall be evidence that the processing deficit has impaired the child's mastery of the academic tasks required in the regular curriculum. Though there may exist a pattern of strengths and weaknesses, evidence must be included documenting that the processing deficits are relevant to the child's academic underachievement as determined by appropriate assessments that are provided to the child in his/her native language. Though a child may be performing below age or State-approved grade level standards, the results of progress monitoring must indicate that the child **is** not making the expected progress toward established benchmarks. This is indicated by comparing the child's rate of progress toward attainment of grade level standards.

(3) Underachievement exists when the child exhibits a pattern of strengths and weakness in performance, achievement, or both, relative to age, State-approved grade level standards and intellectual development and when a child does not achieve adequately toward attainment of grade level standards in one or more of the following areas:

- (a) Oral expression- use of spoken language to communicate ideas;
- (b) Listening comprehension-ability to understand spoken language at a level commensurate with the child's age and ability levels;
- (c) Written expression - ability to communicate ideas effectively in writing with appropriate language;

- (d) Basic reading skills-ability to use sound/symbol associations to learn phonics in order to comprehend the text;
- (e) Reading comprehension-ability to understand the meaning of written language based in child's native language;
- (f) Reading Fluency Skills- the ability to read and process a text with appropriate rate and accuracy;
- (g) Mathematics calculation-ability to process numerical symbols to derive results, including, but not limited to, spatial awareness of symbol placement and choice of sequence algorithms for operations required; and
- (h) Mathematical problem solving -ability to understand logical relationships between mathematical concepts and operations, including, but not limited to, correct sequencing and spatial/symbolic representation.

(4) Progress monitoring includes the data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting child progress during instruction. When reviewing progress monitoring data, those students that exhibit a positive response to the research validated instruction being provided by general education cannot be considered as having a specific learning disability even though they may show deficits on achievement tests in the specified areas. In addition, children whose achievement in classroom academics indicates performance that is commensurate with pervasive weaknesses that are not indicative of a pattern of strengths and weaknesses may not be considered as having a specific learning disability.

(5) One group member responsible for determining specific learning disability must conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent for special education evaluation is obtained. The observation of the child is conducted in the learning environment, including the regular classroom setting, to document the child's academic performance and behavior in the areas of difficulty. The observation must include information from the routine classroom instruction and monitoring of the child's performance.

The SLD Eligibility Group

(1) The determination of whether a child suspected of having a specific learning disability is a child with a disability must be made by the child's parents and a team of qualified professionals that must include:

- (a) The child's regular teacher; or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age;
- (b) A highly qualified certified special education teacher; and
- (c) A minimum of one other professional qualified to conduct individual diagnostic assessments in the areas of speech and language, academic achievement, intellectual development, or social-emotional development and interpret assessment and intervention data (such as school psychologist, reading teacher, or educational therapist). Determination of the required group member should be based on the data being reviewed and the child's individual needs.

(2) Each group member must certify in writing whether the report reflects the member's conclusions. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.

Appendix (j): SPEECH-LANGUAGE IMPAIRMENT (SI).

Definitions.

Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation, language or voice impairment that adversely affects a child's educational performance. A speech or language impairment may be congenital or acquired. It refers to impairments in the areas of articulation, fluency, voice or language. Individuals may demonstrate one or any combination of speech or language impairments. A speech or language impairment may be a primary disability or it may be secondary to other disabilities. [34 C.F.R. § 300.8(c)(11)]

(1) Speech Sound Production Impairment (e.g. articulation impairment)- atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that interferes with intelligibility in conversational speech and obstructs learning ,successful verbal communication in the educational setting. The term may include the atypical production of speech sounds resulting from phonology, motor or other issues. The term speech sound impairment does not include:

- A) Inconsistent or situational errors;
- B) Communication problems primarily from regional, dialectic, and/or cultural differences;
- C) Speech sound errors at or above age level according to established research-based developmental norms, speech that is intelligible and without documented evidence of adverse affect on educational performance;
- D) Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment; or
- E) Children who exhibit tongue thrust behavior without an associated speech sound impairment.

(2) Language Impairment - impaired comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance. The term language impairment does not include:

- A) Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.
- B) Children who have regional, dialectic, and/or cultural differences
- C) Children who have auditory processing disorders not accompanied by language impairment.
- D) Children who have anxiety disorders (e.g. selective mutism) unless it is also determined that they have a speech language impairment. There must be a documented speech-language impairment that adversely affects the educational performance for these children to qualify for special education services.

(3) Fluency Impairment - interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment. Excessive tension, struggling behaviors and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany dysfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include dysfluencies evident in only one setting or reported by one observer.

(4) Voice/Resonance Impairment – interruption in one or more processes of pitch, quality, intensity, or resonance resonance that significantly reduces the speaker's ability to communicate effectively.. Voice/Resonance impairment includes aphonia or the abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or gender. The term voice/resonance impairment does not refer to:

- A) Anxiety disorders (e.g. selective mutism)
- B) Differences that are the direct result of regional, dialectic, and/or cultural differences
- C) Differences related to medical issues not directly related to the vocal mechanism (e.g. laryngitis, allergies, asthma, laryngopharyngeal reflux (eg. acid reflux of the throat, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse, neurological pathology)
- D) Vocal impairments that are found to be the direct result of or symptom of a medical condition unless the impairment impacts the child's performance in the educational environment and is amenable to improvement with therapeutic intervention.

Evaluation, Eligibility and Placement

All of the special education rules and regulations related to evaluation, eligibility and placement must be followed including:

1. Evaluation:

A) Documentation of the child's response to prior evidenced-based interventions prior to referral for a comprehensive evaluation.]

B) A comprehensive evaluation shall be performed by a certified or licensed Speech-Language Pathologist (SLP) for consideration of speech-language eligibility. Following receipt of a clear hearing and vision screening and medical clearance for voice (as appropriate) this evaluation consists of an initial screening of the child's speech sounds, language, fluency, voice, oral motor competency, academic, behavioral, and functional skills using either formal or informal assessment procedures to assist in determining if the child is a child with a disability [34 C.F.R. 300.304(b)(1)]. An in-depth evaluation of each area suspected of being impaired, using at least one formal test and/or procedure.

C) A full and individual initial evaluation for each area suspected of being a disability must be provided and considered prior to the child's eligibility for speech-language services. This may include assessments in the areas of health (e.g. ENT, otolaryngologist, ophthalmologist, and

optometrist), vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

D) The evaluation is sufficient to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been referred or classified [34 C.F.R. 300.304(b)(4)] 34 C.F.R. 300.304(b)(6).

E) Children with voice/resonance impairment must have a medical evaluation to rule out physical structure etiology by a medical specialist either prior to a comprehensive evaluation or as part of a comprehensive evaluation. The presence of a medical condition (e.g., vocal nodules, polyps) does not necessitate the provision of voice therapy as special education or related service nor does a prescription for voice therapy from a medical doctor. A written order from a medical practitioner is a medical opinion regarding the medical evaluation or treatment that a patient should receive. When directed to a school, these medical orders should be considered by the team as a part of the eligibility process. The team, not a medical practitioner, determines the need for an evaluation for special education services based on documented adverse effect of the voice impairment on the child's educational performance.

F) A variety of assessment tools and strategies must be used to gather relevant functional, developmental and academic information about the child, including information provided by the parent. Information from the evaluation is used to determine whether the child is a child with a disability and the content of the child's IEP including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities)m[34 C.F.R. 300.304(b)(i)].

2. Eligibility:

A) Determining eligibility for speech-language impaired special education services includes three components:

- 1) The Speech-Language Pathologist determines the presence or absence of speech-language impairment based on Georgia rules and regulations for special education, [34 C.F.R. § 300.8(c)(11)]
- 2) Documentation of an adverse affect of the impairment on the child's educational performance
- 3)The team determines that the child is a child with a disability [34 C.F.R. 300.304(b)(1)] and is eligible for special education and appropriate specialized instruction needed to access the student's curriculum. [34 C.F.R. 300.8(b)(2)]

B) Eligibility shall be determined based on the documented results of at least two or more measures or procedures, at least one of which must be formal, administered in the area of impairment and documentation of adverse affect.

A speech-language disorder does not exist if:

A) Environmental, cultural, or economic disadvantage cannot be ruled out as primary factors causing the impairment; or

B) A child exhibits inconsistent, situational, transitory or developmentally appropriate speech-language difficulties that children experience at various times and to various degrees.

C) Because children who have communication difficulties do not necessarily have speech or language impairments, the speech-language program may not be the appropriate service delivery model to adequately meet the child's educational needs. For this reason, all children who are suspected of having communication problems shall be the subject of a Student Support Team (SST) to problem solve and implement strategies to determine and limit the adverse affect on the child's educational performance.

(4) For nonverbal or verbally limited children and those with autism and/or significant intellectual, sensory, or physical disabilities, a multidisciplinary team of professionals shall provide a functional communication assessment of the child to determine eligibility for speech-language services. The multidisciplinary team shall consist of professionals appropriately related to the child's area of disability.

(5) A child is eligible for placement in a speech-language program if, following a comprehensive evaluation; the child demonstrates impairment in one or more of the following areas: speech sound, fluency, voice or language that negatively impacts the child's ability to participate in the classroom environment. The present adverse effect of the speech-language impairment on the child's progress in the curriculum, including social and/or emotional growth, must be documented in writing and used to assist in determining eligibility.

3. Placement:

Placement in the speech-language program shall be based on the results of the comprehensive assessment, and eligibility, along with all other pertinent information.

4. Children shall not be excluded from a speech-language program based solely on the severity of the disability. Cognitive referencing (i.e., comparing language scores to IQ scores) is not permissible as the only criteria for determining eligibility for speech-language impaired services.

Communication Paraprofessionals- A communication paraprofessional is an adjunct to the Speech Language Pathologist (SLP) and assists with certain duties and tasks within the speech-language program. The communication paraprofessional is under the supervision of a certified or licensed SLP. The communication paraprofessional can not carry their own caseload, nor do they increase the certified SLP's caseload outside of a self-contained classroom. The primary responsibility for the delivery of services, as indicated on the IEP, remains with the certified or licensed SLP. Children who receive services from the communication paraprofessional shall also receive services from the supervising SLP and/or licensed or certified SLP a percentage of the time designated in the IEP for speech-language services, but no less than one hour per month. Each LEA should develop and implement procedures for the training, use and supervision of communication paraprofessionals.

Appendix (k): TRAUMATIC BRAIN INJURY (TBI).

Definition.

Traumatic Brain Injury (TBI) refers to 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 the child's educational performance. The term applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing. The term does not apply to brain injuries that are congenital or degenerative in nature, brain injuries induced by birth trauma. [34 C.F.R. § 300.8(c)(12)]

Eligibility.

(1) Evaluation for eligibility shall include the following.

(a) A summary of the child's pre-injury functioning status. This information may be available through previous formal evaluations, developmental assessments, achievement tests, classroom observations and/or grade reports.

(b) Verification of the TBI through the following:

1. A medical evaluation report from a licensed doctor of medicine indicating that TBI has occurred recently or in the past, or

2. Documentation of TBI from another appropriate source, such as health department or social services reports, or parents' medical bills/records.

(c) A neuropsychological, psychological or psychoeducational evaluation that addresses the impact of the TBI on the following areas of functioning:

1. Cognitive - this includes areas such as memory, attention, reasoning, abstract thinking, judgment, problem solving, speed of information processing, cognitive endurance, organization, receptive and expressive language and speed of language recall.

2. Social/Behavioral - this includes areas such as awareness of self and others, interaction with others, response to social rules, emotional responses to everyday situations and adaptive behavior.

3. Physical/Motor - this includes areas such as hearing and vision acuity, speech production, eye-hand coordination, mobility and physical endurance.

(2) Deficits in one or more of the above areas that have resulted from the TBI and adversely affect the child's educational performance shall be documented.

Placement and Service Delivery.

The identification of TBI for educational programming does not dictate a specific service or placement. The child with TBI shall be served by any appropriately certified teacher in any educational program, as specified in the child's individualized education program (IEP) Team minutes.

Appendix (I): VISUAL IMPAIRMENT (VI).

Definitions.

A child with a visual impairment is one whose vision, even with correction, adversely impacts a child's educational performance. [34 C.F.R. § 300.8(c)(13)] Examples are children whose visual impairments may result from congenital defects, eye diseases, or injuries to the eye. The term includes both visual impairment and blindness as follows:

(1) Blind refers to a child whose visual acuity is 20/200 or less in the better eye after correction or who has a limitation in the field of vision that subtends an angle of 20 degrees. Some children who are legally blind have useful vision and may read print.

(2) Visually impaired refers to a child whose visual acuity falls within the range of 20/70 to 20/200 in the better eye after correction or who have a limitation in the field of vision that adversely impacts educational progress.

(a) Progressive visual disorders: Children, whose current visual acuity is greater than 20/70, but who have a medically indicated expectation of visual deterioration may be considered for vision impaired eligibility based on documentation of the visual deterioration from the child's optometrist or ophthalmologist.

Eligibility and Placement.

(1) A current (within one year) eye examination report shall be completed and signed by the ophthalmologist or optometrist who examined the child..

(a) A report from a neurologist in lieu of the optometrist/ophthalmologist report is acceptable for students who have blindness due to a cortical vision impairment.

(2) A clinical low vision evaluation shall be completed by a low vision optometrist for children who are not totally blind;

(a) if the student is under the age of 8 and/or has a severe cognitive and/or physical disability that would make the use of low vision aids unfeasible, a functional vision evaluation may be used instead of a low vision evaluation to establish eligibility.

1. The low vision evaluation should be completed by age 10 for children who do not have one during eligibility determination prior to age 8 unless other circumstances apply.

2. The low vision evaluation is often difficult to schedule within the 60 day timeline, therefore, if children meet all other eligibility requirements, the eligibility report shall document the date of the scheduled upcoming low vision evaluation and the team may proceed with the eligibility decision.

3. Once the low vision evaluation has occurred the eligibility information shall be updated, and as appropriate, the IEP.

(i) The low vision evaluation must occur within 120 days of receipt of parental consent to evaluate to determine eligibility for visual impairment.

(3) A comprehensive education evaluation shall be administered to determine present levels of functioning. The impact of the visual impairment on the child's educational performance shall be considered for eligibility.

(a) Educational assessments may include cognitive levels, academic achievement, and reading ability

1. Educational assessments related to vision must be completed by a teacher certified in the area of visual impairments.

(b) In some cases, comprehensive psychological evaluations may be indicated and must be completed by appropriately certified personnel

(4) Braille instruction is always considered critical to appropriate education for a child who is blind. Children identified with visual impairments shall be evaluated to determine the need for braille skills. The evaluation will include the present and future needs for braille instruction or the use of braille. For children for whom braille instruction and use is indicated, the individualized education program (IEP) shall include the following:

(a) Results obtained from the evaluation conducted for the purpose of determining the need for Braille skills;

(b) How instruction in braille will be implemented as the primary mode for learning through integration with other classroom activities;

(c) Date on which braille instruction will commence;

(d) The length of the period of instruction and the frequency and duration of each instructional session; and

(e) The level of competency in braille reading and writing to be achieved by the end of the period and the objective assessment measures to be used.

(f) For those children for whom braille instruction is not indicated, the IEP shall include a statement with supporting documentation that indicate the absences of braille instruction will not impair the child's ability to read and write effectively.

(5) This rule shall become effective March 31, 2010.

Authority O.C.G.A. § 20-2-152; 20-2-240.

Adopted: March 11, 2010

Effective: March 31, 2010