

OPERATING PROCEDURES

DISABILITIES CATEGORIES

Kermit ISD

248-901

Template update May 2020

Related Resources:

[Autism](#)

[Deaf-Blindness](#)

[Deaf or Hard of Hearing](#)

[Emotional Disturbance](#)

[Intellectual Disability](#)

[Multiple Disabilities](#)

[Noncategorical Early Childhood](#)

[Orthopedic Impairment](#)

[Other Health Impairment](#)

[Specific Learning Disability](#)

[Speech or Language Impairment](#)

[Traumatic Brain Injury](#)

[Visual Impairment](#)

Broad Category: EVALUATION

PROCEDURES:

Autism

When the student's multi-disciplinary support team will need answering questions specific to the identification of Autism additional information from a professional trained in the clinical diagnosis of Autism, such as a child psychiatrist or a pediatric neurologist. The wide-range of behaviors demonstrable by those on the Autism Spectrum require this additional specificity in educational diagnostic information for an accurate understanding of a students demonstrated behaviors.

When it comes to answering questions about the need for special education services, there is a clear need for unique information specific to the particular student. The student and the parents are going to provide the primary data with supporting information from the administrative, general and special education departments. Additionally, diagnostic information from a testing professional will be vital to the team as they form a complete picture of the student.

Those members invited to participate on the multidisciplinary team must have timely and pertinent information pertaining to the student that was acquired from recent and

persistent contact with the student. This unique insight into the student is coupled with a strong grasp of the legal, ethical and professional obligations encompassed in providing the free and appropriate education that the student is entitled to.

Specific information is collected from the parents, students and teachers as well as observation, assessment and screening of the student by a clinical professional and an educational diagnostician. In addition to the academic and cognitive data collected, functional assessments in the student's adaptive behavior can be beneficial to the committee as they form an understanding of the student's academic and social capabilities.

As the pervasive nature of Autism affects the social interactions of a student, it is absolutely vital that every member of the multi-disciplinary team understands that any cultural and linguistic differences must be reconciled before and during the evaluation of suspected Autistic characteristics. This is most effectively managed by conducting interviews and assessments in the native language of the student. Also, the members of the committee must be representative of the student's own culture and community. This is the only way to insure that particular behaviors can be correctly contributed to their constitutional origins and not mistaken for cultural or linguistic differences.

Requesting a Functional Behavior Assessment (FBA) is made as simple and easy as for any evaluation. When there is a question that is raised through the performance of a student in an academic setting or if behaviors are observed that can be suspected as problematic then a parent can simply request testing for their student. The Special Education Department will obtain consent from the parents and begin researching for those members who satisfy the conditions listed previously as effective members of the multi-disciplinary team. The pursuits of information needed to form a proper evaluation will be conducted in as timely a manner as feasible.

The important components of drafting an effective BIP come from the direct and formal observation of the student in a multitude of varying times and settings. A clear picture must be constructed for the student and the team that address specific (one to three) behaviors and tying them to equally specific replacement behaviors. The BIP will consolidate these findings between the student and the team into an agreement on how to proceed that the student can understand and comply with. Removing the generalities of expectations and addressing specific behaviors is the ultimate goal and this can be done best with the formal recording of observable behaviors and structured communication between all the stakeholders on how these behaviors impact learning.

OPERATING PROCEDURES

DISABILITIES CATEGORIES

Kermit ISD

248-901

Kermit ISD staff are trained on Autism tendencies in August of each year. As well as training in August, certain staff are trained during the year.

Students who are suspected of Autism are spoken to by the campus principal and/or the special education teacher to the parent/guardian. The parent/guardian are given a list of doctors who specialize in Autism disabilities while Kermit ISD began the evaluation process.

Each year the campus principal, special education teachers, diagnosticians, and/or the special education director are trained in the strategies it takes to identify multi-disciplinary disabilities for team members.

Deaf Blindness

Any student who is suspected of having a disability of deaf blindness may be referred by the parent, teacher, or other member who knows the student through the school district's referral process. The parent is required to sign consent for confidential information to be obtained from the student's doctors (vision, audiologist, etc.) as well as sign consent for an evaluation to be conducted.

After the parent has signed consent for an evaluation to be conducted, as well as consent for confidential information to be shared with individuals, the teacher who works with students with deaf blindness will contact the specific personnel who is needed in order to complete the evaluations to set up the appointments. The teacher then contacts the parent(s) to inform them of the date and time of the appointment(s), as well as offer transportation for the appointment, if transportation is needed for the student and parent.

The specialist who completes the assessment of the student's potential for communication through a variety of means, uses a variety of assessment options to determine which methods of communication modes the student uses to communicate their needs and wants, as well as interpreting these results, writing them in the evaluation report, and reporting these results to the ARD Committee. The specialist also uses the evaluation information to determine goals for programming if eligibility is determined by the ARD Committee.

When the parent comes initiates a special education referral for an evaluation, the parent is asked to complete a Consent to release Confidential Information to the specific individuals that information is needed to be requested from for any medical personnel that the student

sees or is currently receiving care. If at any time new personnel or additional forms are needed, the parent is contacted to have additional forms signed by the parent.

Deaf or Hard of Hearing

Any student who is suspected of having a disability of deaf or hard of hearing may be referred by the parent, teacher, or other member who knows the student through the school district's referral process. The parent is required to sign consent for confidential information to be obtained from the student's doctors (vision, audiologist, etc.) as well as sign consent for an evaluation to be conducted.

After the parent has signed consent for an evaluation to be conducted, as well as consent for confidential information to be shared with individuals, the teacher who works with students of students who are deaf or hard of hearing will contact the specific personnel who is needed in order to complete the evaluations to set up to the appointments. The teacher then contacts the parent(s) to inform them of the date and time of the appointment(s), as well as offer transportation for the appointment, if transportation is needed for the student and parent.

The specialist who completes the assessment of the student's potential for communication through a variety of means, uses a variety of assessment options to determine which methods of communication modes the student uses to communicate their needs and wants, as well as interpreting these results, writing them in the evaluation report, and reporting these results to the ARD Committee. The specialist also uses the evaluation information to determine goals for programming if eligibility is determined by the ARD Committee.

When the parent comes initiates a special education referral for an evaluation, the parent is asked to complete a Consent to release Confidential Information to the specific individuals that information is needed to be requested from for any medical personnel that the student sees or is currently receiving care. If at any time new personnel or additional forms are needed, the parent is contacted to have additional forms signed by the parent.

The teacher who works with students who are deaf or hard of hearing continues to work with the parent to obtain the information that is needed. If the parent is not able to afford the evaluation, then evaluation is completed at no cost to the parent. This information is documented in the evaluation that it is in progress and that is being sought and the reasons as to why an evaluation by the otolaryngologist is not included in the evaluation at the current time.

Emotional Disturbance

Any student who is suspected of having a disability of an emotional disturbance may be referred by the parent or by a teacher/other member who knows the student who has gone through the school district's referral process. The parent is required to sign consent for confidential information to be obtained from the student's doctors (vision, audiologist, etc.) as well as sign consent for an evaluation to be conducted. Procedural Safeguards are provided to the parent at this time.

The professionals included in the group of qualified professionals when evaluating a student suspected of having an emotional disturbance include the parents of the child with a disability, a special education teacher, a representative of the local education agency, at discretion of the parent anyone who has knowledge of the child, an individual who can interpret the instructional implications of the evaluation results, someone who is able to take into consideration postsecondary goals if applicable, at the consent of the parent a representative of any participating agency that is likely responsible for any transition services, and any other personnel who has knowledge about the child.

For an initial evaluation, the parent must be contacted by the special education department and the initial evaluation process paperwork be initiated, which includes consent for evaluation, parent information, consent for release for confidential information for any medical/care personnel of the child, and provision of procedural of safeguards provided. At that time, the contracted psychologist is contacted by the special education department and an appointment date and time is scheduled for the psychological evaluation is scheduled. If transportation is needed to the appointment, this is arranged at that time. For a re-evaluation for an emotional disturbance, the ARD Committee completes a Review of Existing Evaluation Data and determines if new evaluation data is needed. If a new psychological evaluation is determined to be needed, then a new consent and notice for evaluation is obtained and provided to the parent, and the procedures for a new evaluation are followed. If the ARD Committee determines that no new psychological evaluation is needed at that time, then the Review of Existing Evaluation Data is completed and serves as the student's Full and Individual Evaluation, which is included into a new evaluation report with a current date.

The psychologist is the personnel who completes the psychological evaluation and makes recommendations for eligibility for emotional disturbance and classroom recommendations. The assessment specialist, local education agency representative, parent, general and special education teachers, and other ARD Committee representatives

OPERATING PROCEDURES

DISABILITIES CATEGORIES

Kermit ISD

248-901

contribute information to the Full and Individual Evaluation report, as well as serve as the student's ARD Committee, who in turn determine eligibility and services.

When requesting an FBA, the LEA requires that the request come from an ARD Committee or parent. Once the request is made, the parent is provided with the notice of the evaluation and consent for evaluation is signed by the parent, with a copy of the Procedural Safeguards being provided. Once the consent is received, the evaluation must be completed within 45 schools and the evaluation report must be reviewed within 30 calendar days from the date of the evaluation report for ARD Committee review.

When drafting a BIP, information is gathered from all ARD Committee members, as well as all individuals who work with the student. The information from the FBA is used to determine goals, rewards, and consequences. This information is then conveyed to all members who work with the student via a staffing with all members who work with the student in which the BIP is reviewed to ensure that the plan is implemented with fidelity.

Each campus has a Crisis Prevention Intervention (CPI) team on the campus for behavior intervention. If a student is in need of behavior intervention, the campus calls for a CPI intervention. All team members are trained annually in the procedures to best use in controlling a student who is demonstrating behavior that is undesirable. As soon as the team arrives, other students are removed from the area as the team members discuss the situation with the student. As soon as the student has calmed down, the principal then continues with assessment of the incident in a controlled area.

Cultural and linguistic differences are considered when evaluating for an emotional disturbance through looking at each student as an individual, as well as taking into consideration their home, personal experiences, and other pertinent data that has been collected from their personal file.

Intellectual Disability

Although referrals for an evaluation can be made by any person who has knowledge of the student, most of the time, the referral is made by the Student Intervention Team of each campus. Once the team meets and agrees that a referral to special education is needed, the student is referred to special education. The diagnostician collects all pertinent information from the Student Intervention Team and also collects other data. When evaluating a student who is suspected of having an intellectual disability, the diagnostician first collects various information such as teacher input, parent input, health information, grades, CBA assessment information, and other necessary data to have a complete picture of the student's strengths and weaknesses. Then, an in-class observation of the student is

completed by the diagnostician. This helps the diagnostician determine the appropriate assessment instruments to assess the student. Some assessment instruments are more culturally biased and verbally demanding, therefore it is important to choose an instrument that takes this into consideration. More than likely the suspicion of students with an intellectual disability usually occurs in the elementary years (although there are instances of referrals for students at the middle school age). Therefore, instruments such as the ECAD (Woodcock-Johnson IV-Tests of Early Cognitive and Academic Development) or the WPPSI-IV (Wechsler Preschool and Primary Scale of Intelligence) for pre-school and younger children can be used. The WISC-V (Wechsler Intelligence Scale for Children-V) and the WJ-IV (Woodcock Johnson-IV) can be used on students with elementary children and also those at the secondary level. Observing the child in class might also provide the diagnostician with information about the student's expressive and receptive communication. The diagnostician might include the speech therapist in the evaluation as well.

When assessing adaptive behavior, the district usually collects adaptive behavior data from the student's parent as well as the student's teacher. Again, data is collected through parent, teacher, and health input forms but also through standardized assessments. Standardized data is collected in the form of a rating scale. In most instances, the ABAS-III (Adaptive Behavior Assessment System-Third Edition) is the assessment used. This is due in part because the rating scales from the two respondents can be compared and used to determine if additional attention to specific adaptive behavior areas is needed. Also, this particular instrument has rating forms in English and Spanish.

Students who are culturally and linguistically diverse are assessed in the same way as stated above, however the testing may need to be completed in the student's native language. When evaluating a student who speaks another language besides English, the student's English proficiency needs to be determined. Using instruments such as the LAS Links, Woodcock-Munoz Language Survey-Revised can provide information about a student's English proficiency. Once proficiency is determined, then testing can resume in English or the in the language in which the student is most proficient.

Multiple Disabilities

Referrals to special education usually come from a parent, teacher, or the Student Intervention Team of the campus. The Student Intervention Team has usually described the student's difficulty and the reason for the referral. Once the referral is received, then diagnostician will begin to coordinate with professionals who will evaluate each area of suspected disability.

An observation by a team member other than the student's general education teacher of the student's academic performance in a general classroom setting; or in the case of a student less than school age or out of school, an observation by a team member conducted in an age-appropriate environment. A developmental history, if needed, an assessment of intellectual ability, and other assessments of the characteristics of speech and language impairments. If the student exhibits impairments in any one or more of the following areas such as cognition, fine/gross motor function, communication, and social or emotional, then these assessments will be completed by persons knowledgeable in the specific characteristics being assessed. Also, a review of cumulative records and if necessary, a medical statement or health assessment statement indicating whether there are any physical factors that may be affecting the student's educational performance.

The coding of multiple disabilities is verified by the PEIMS clerk at the appropriate campus and by the special education PEIMS clerk.

Noncategorical Early Childhood

Any student who is suspected of having a disability of a noncategorical early childhood may be referred by the parent. The parent is required to sign consent for evaluation, as well as notice of evaluation provided to the parent along with a copy of the Procedural Safeguards.

Each year those individuals who assess individual students with NCEC as having an intellectual disability, emotional disturbance, a specific learning disability, or autism receive training throughout the year in each of the specific categories, as well as NCEC. The individuals also undergo training in assessment methods and evaluation writing as well

At each Annual ARD meeting, while reviewing personnel information for the child, the diagnostician looks at the age of the child and ensures that the child has not reached the age of six. As the student gets close to the age of six, the ARD Committee is made aware of this and a discussion is begun about the change of coding of NCEC. At that, time the ARD Committee often times determines that a new evaluation is needed to determine a more specific eligibility for specific services.

Once consent and notice for evaluation is obtained and provided to the parent, an appointment date is scheduled with the parent in which the parent brings the child up to the special education department for the child to be assessed. At the scheduled date and time, the parent brings the child to the special education department, at which time they

meet with the assessment specialist to complete the evaluation. Assessment methods, such as play, parent interview, norm referenced assessments, and informal observations are used during this time.

Orthopedic Impairment

When assessing a student suspected of having health impairments that interfere with their education, the diagnostician or the assessment team should review the referral data. Most importantly, data from the school nurse and attendance data should be gathered and reviewed as well. As previously stated, an observation of the child should be completed to determine how the suspected health impairment is impacting educational performance.

Based on the outcome of observations and the data collected, the diagnostician will fax or email an Orthopedic Impairment form to the physician. The student's physician must complete and sign the form indicating the functional implications. This should include any outside activities in which the student currently participates in or currently struggles with or has participated in or struggled with in the past. The diagnostician will also administer an intelligence test and an achievement test to determine current levels of intellectual and academic functioning. Once the information is gathered and the FIE is complete, the team which will consist of the student's general education teacher, a special education teacher, the student's principal, physician's information, school nurse, parent, and any other persons that might have information about the student relating to his/her suspected disability will meet to determine eligibility. The team should consider the student's limited strength, vitality, or alertness, including heightened alertness that is due to chronic or acute health problems that affects their educational performance.

When the parent signs consent for the evaluation, they are also asked to sign a consent to release confidential information. It is explained to the parent that in order to complete, the evaluation information from the student's physician will be needed and therefore consent is needed to obtain the medical information.

Other Health Impairment

When assessing a student suspected of having health impairments that interfere with their education, the diagnostician or the assessment team should review the referral data. Most importantly, data from the school nurse and attendance data should be gathered and reviewed as well.

An observation of the child should be completed to determine how the suspected health impairment is impacting educational performance. Based on the outcome of observations and the data collected, the diagnostician will fax or email an Other Health Impairment Disability form to the physician. The student's physician must complete and sign the form indicating the functional implications. Sociological information should include information from the parent, particularly if attention or behavior is a concern as in the case with suspected ADHD and/or ADD. This should include any outside activities in which the student currently participates in or currently struggles with or has participated in or struggled with in the past.

The diagnostician will also administer an intelligence test and an achievement test to determine current levels of intellectual and academic functioning. Once the information is gathered and the FIE is complete, the team which will consist of the student's general education teacher, a special education teacher, the student's principal, physician's information, school nurse, parent, and any other persons that might have information about the student relating to his/her suspected disability will meet to determine eligibility. The team should consider the student's limited strength, vitality, or alertness, including heightened alertness that is due to chronic or acute health problems that affects their educational performance.

When the parent signs consent for the evaluation, they are also asked to sign a consent to release confidential information. It is explained to the parent that in order to complete the evaluation information from the student's physician will be needed and therefore consent is needed to obtain the medical information.

Specific Learning Disability

Although referrals for an evaluation can be made by any person who has knowledge of the student, most of the time, the referral is made by the Student Intervention Team. Once the team meets and agrees that a referral to special education is needed, the student is referred to special education. The diagnostician collects all pertinent information from the Student Intervention Team of each campus and also collects other data. When evaluating a student who is suspected of having a learning disability, the diagnostician first collects various information such as teacher input, parent input, health information, grades, CBA assessment information, and other necessary data to have a complete picture of the student's strengths and weaknesses. Then, an in-class observation of the student is completed by the diagnostician. The district uses the Dual-Discrepancy Model: Pattern of Strengths and Weaknesses Analyses to determine SLD.

Children who are younger than school age will be observed by the diagnostician or by another member of the evaluation team in the age-appropriate environment of the child, such as in the home, at a daycare facility, etc.

Instruction for students who are homeschooled is addressed through the IEP. The IEP is developed just like it would be developed for a special education student who receives services at school. Depending on the types of services needed for the child to be successful, the district will coordinate services, amount of time, length of time, and the appropriate personnel who will be responsible for providing the services.

When evaluating an English Learner, the following procedures are followed:

Although referrals for an evaluation can be made by any person who has knowledge of the student, most of the time, the referral is made by the Student Intervention Team. Once the team meets and agrees that a referral to special education is needed, the student is referred to special education. The diagnostician collects all pertinent information from the Student Intervention Team and also collects other data such as teacher input, parent input, health information, grades, CBA assessment information, and other necessary data to have a complete picture of the student.

The diagnostician will then determine which assessments are appropriate to be administered based on the referral concerns, the student's background, and the student's English proficiency level.

If the student's English proficiency is not known, then the student's English and native language proficiency will be determined using the Woodcock-Munoz or LAS Links to name a few assessment instruments that can be used.

Based on the proficiency level of the student, the student may require evaluation in two languages, an evaluation in almost all English with minimal Spanish testing or an assessment in almost all Spanish with only minimal testing in English. The diagnostician must take into consideration the student's language status (EL VS Non-EL) educational history (ESL class vs Bilingual class vs All English class), and their overall educational history to determine the amount of testing needed in a given language.

Once testing is completed, data is entered into the Cross Battery Assessment Software System (XBASS-2.1) and the Culture-Language Interpretive Matrix (C-LIM). The purpose of the C-LIM is to assist in determining the extent to which linguistic and cultural factors

may have affected the validity of the abilities that were intended to be measured. When cognitive test scores from various evaluation batteries are entered, the C-LIM will help the evaluator determine if the pattern of strengths and weaknesses is a function of increases in cultural loading and linguistic demand and whether this impacts the validity of the tests.

Transfer students from out of state:

ARD committee meets and continues with the IEP and places the student in special education pending an initial evaluation.

Consent is obtained for a new evaluation.

Evaluation is completed using the Dual-Discrepancy Model:
Pattern of Strengths and Weaknesses Analyses to determine SLD.

Transfer students within the state:

ARD committee reviews the evaluation and determines that the FIE is appropriate. If appropriate, the student continues in SPED. If more evaluation data is needed, then consent is obtained for the evaluation.

Speech or Language Impairment

Any student who is suspected of having a speech or language disability may be referred by the parent. The parent is required to sign consent for evaluation, as well as notice of evaluation provided to the parent along with a copy of the Procedural Safeguards.

When evaluating an English learner for a speech or language impairment, the student is evaluated in their native language by the evaluator, as well as the examiner takes into consideration if the errors made by the student are based on cultural or linguistic factors.

Cultural and linguistic differences are considered when evaluating for a speech or language impairment by considering the language of the child when giving the assessment. Whenever possible, the child is given an assessment in their native language. Secondly, if the student is already identified as a student with a speech or language impairment, errors for articulation may not be counted as errors on a language assessment. Lastly, norm referenced assessments that have had population samples that include the culture/linguistic diversity of the child should be used for more valid results.

Each speech pathologist has a TSHA membership to be able to review and monitor any guidelines issued by the organization.

Traumatic Brain Injury

Any student who is suspected of having a disability of traumatic brain injury may be referred by the parent, teacher, or other member who knows the student through the school district's referral process. The parent is required to sign consent for confidential information to be obtained from the student's doctors, as well as sign consent for an evaluation to be conducted. Procedural Safeguards are provided to the parent at this time.

After the parent has signed consent for an evaluation to be conducted, as well as consent for confidential information to be shared with individuals, the assessment specialist who works with student will contact the specific personnel who is needed in order to complete the evaluations to set up to the appointments. The teacher then contacts the parent(s) to inform them of the date and time of the appointment(s), as well as offer transportation for the appointment, if transportation is needed for the student and parent.

Each of the evaluations are conducted by the assessments specialists that are knowledgeable in that area. Evaluations in cognition, information processing, memory, reasoning, abstract thinking, perceptual and motor abilities is able to be completed by a diagnostician or someone trained in the assessments that evaluate these areas. The language and speech evaluations are conducted by the speech language pathologist. Physical functions and psychosocial behaviors are evaluated by a licensed physician. Sensory concerns may be assessed by an occupational therapist, as well as a licensed physician. Each evaluation must be listed as being included as part of the evaluation process when the parent is provided notice of the evaluation when they sign consent for evaluation.

When the parent comes to initiates a special education referral for an evaluation, the parent is asked to complete a Consent to release Confidential Information to the specific individuals that information is needed to be requested from any medical personnel that the student sees or is currently receiving care. If at any time new personnel or additional forms are needed, the parent is contacted to have additional forms signed by the parent.

Visual Impairment

Any student who is suspected of having a disability of visual impairment may be referred by the parent, teacher, or other member who knows the student through the school district's

OPERATING PROCEDURES

DISABILITIES CATEGORIES

Kermit ISD

248-901

referral process. The parent is required to sign consent for confidential information to be obtained from the student's doctors, as well as sign consent for an evaluation to be conducted. Procedural Safeguards are provided to the parent at this time.

After the parent has signed consent for an evaluation to be conducted, as well as consent for confidential information to be shared with individuals, the teacher who works with students with visual impairments will contact the specific personnel who is needed in order to complete the evaluations to set up the appointments. The teacher then contacts the parent(s) to inform them of the date and time of the appointment(s), as well as offer transportation for the appointment, if transportation is needed for the student and parent.

The specialist who completes the assessment of the student's potential need for services using a variety of assessment options to determine vision and orientation and mobility concern in and out in the community, as well as interpreting these results, writing them in the evaluation report, and reporting these results to the ARD Committee. The specialist also uses the evaluation information to determine goals for programming if eligibility is determined by the ARD Committee.

When the parent comes to initiates a special education referral for an evaluation, the parent is asked to complete a Consent to release Confidential Information to the specific individuals that information is needed to be requested from any medical personnel that the student sees or is currently receiving care. If at any time new personnel or additional forms are needed, the parent is contacted to have additional forms signed by the parent.

STAFF RESPONSIBLE:

District Level: Director of Special Education, Diagnostician, Speech Pathologist

Campus Level: Campus Principal, Special Education Teachers, General Ed Teacher

TIMELINES FOR IDENTIFYING DISABILITY CONDITIONS:

- Initial evaluations
- Reevaluations

EVIDENCE OF PRACTICE:

- Forms or checklists used
- Training artifacts (sign-in sheets, agendas, etc.)
- List of qualified evaluators with appropriate licenses and certifications
- Copies of evaluations