LOW INCIDENCE DISABILITY CONDITIONS

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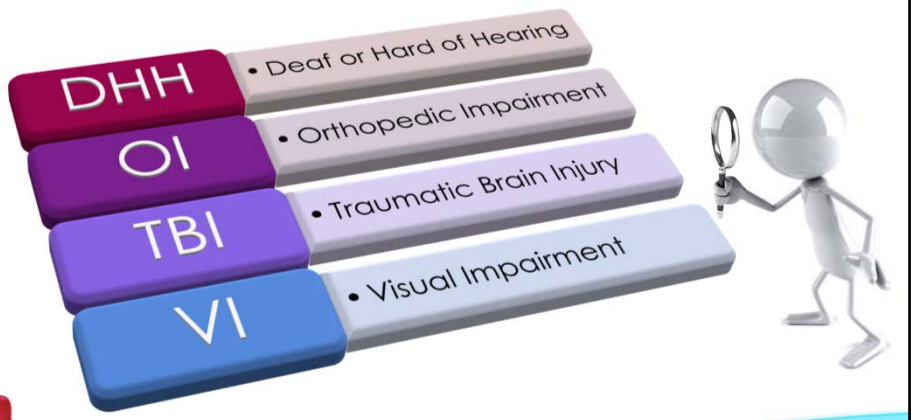
NELI Disability Condition Series - 2024

FOCUS CONDITIONS FOR TODAY



TOPICS

- ✓Statistics/Prevalence Rates
- ✓Definitions and Eligibility Requirements for Each Low Incidence Category
- ✓Challenges in Assessment for these populations
- ✓Validity Issues and Suggested Procedures
- ✓Litigation cases related to conditions

NATIONAL PREVALENCE RATES

- **National Center for Educational Statistics, US Department of Education, 2021-2022 school year**
  - **OI, VI and TBI** = <1.0% each of SPED population
  - **DHH** = ≈1% of SPED population
  - multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, traumatic brain injuries, and deaf-blindness each accounted for 2 percent or less
- **Texas consistent with these percentages**
- **Categories are often co-occurring, so percentages are likely higher when comorbidity is considered**

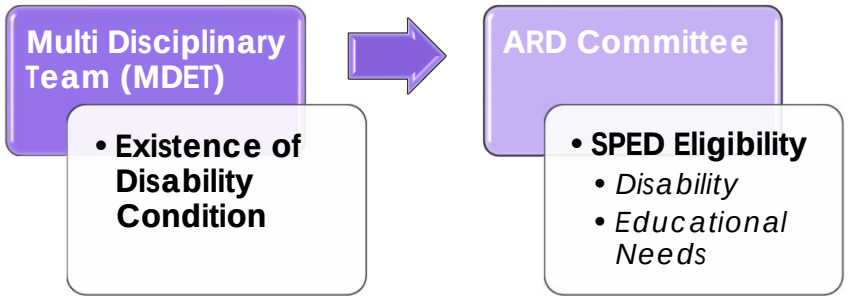
2022-23 PEIMS DATA

- **All Texas Public School Districts Including Charter Schools**
- **PEIMS Primary Disability Category**
- **Percentage of SPED:**
  - OI=.46
  - AI=1.03
  - VI=.52
  - TBI=.17
- **Collectively, OI, AI/DHH, VI and TBI account for about 2.2% of SPED population**

TEXAS LEGAL FRAMEWORK

- **For each condition, the following statements are presented prior to any specifics for the condition:**
  - *The child must be assessed in all areas of suspected disability.*
  - *The local educational agency must comply with Evaluation Procedures.*
  - *In Texas, the group of qualified professionals that determines whether the child is a child with a disability and the educational needs of the child is the child's Admission, Review and Dismissal Committee.*
- **So, basically you are doing a comprehensive evaluation that meets the requirements of the IDEA evaluation procedures, and the ARD committee decides eligibility for special education.**

Responsibilities



EVALUATION PROCEDURES

(a) Notice. The public agency must provide **notice** to the parents of a child with a disability, in accordance with §300.503, that describes any evaluation procedures the agency proposes to conduct.

(b) Conduct of evaluation. In conducting the evaluation, the public agency must—

(1) Use a **variety of assessment tools and strategies** to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

(i) Whether the child is a child with a disability under §300.8; **and**

(ii) 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);

Sec. 300.304

EVALUATION PROCEDURES

(2) **Not use any single measure or assessment as the sole criterion** for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(3) **Use technically sound instruments** that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

Sec. 300.304

(c) Other evaluation procedures. Each public agency must ensure that—

(1) Assessments and other evaluation materials used to assess a child under this part—

(i) Are selected and administered so as **not to be discriminatory** on a racial or cultural basis;

(ii) Are provided and administered in the **child's native language or other mode of communication** and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

(iii) Are used for the purposes for which the **assessments or measures are valid and reliable**;

(iv) Are **administered by trained and knowledgeable personnel**; and

(v) Are **administered in accordance with any instructions provided by the producer of the assessments**.

(2) Assessments and other evaluation materials **include those tailored to assess specific areas of educational need** and not merely those that are designed to provide a single general intelligence quotient.

(3) Assessments are selected and administered so as best to ensure that **if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure,** rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

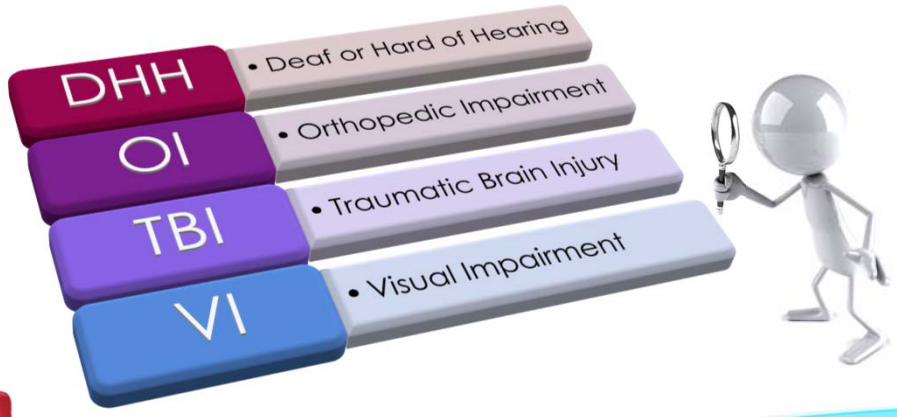
(4) The child **is assessed** in all areas related to the suspected disability, including, if appropriate, **health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities**;

(5) **Assessments of children** with disabilities **who transfer from one public agency to another public agency in the same school year** are **coordinated** with those children's prior and subsequent schools, as necessary and as **expeditiously as possible,** consistent with §300.301(d)(2) and (e), **to ensure prompt completion of full evaluations**.

(6) In evaluating each child with a disability under §§300.304 through 300.306, **the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs,** whether or not commonly linked to the disability category in which the child has been classified.

(7) Assessment tools and strategies that **provide relevant information that directly assists persons in determining the educational needs** of the child are provided.

FOCUS CONDITIONS FOR TODAY



COMMONALITIES ACROSS THESE CONDITIONS

- ✓All have a physiological basis; disruption of sensory, motor and cognitive pathways in the brain and body
- ✓For SPED classification, require a medical professional
- ✓High rates of comorbidity
- ✓Truly multidisciplinary requiring a variety of specialists (e.g., SLP, OT, medical professionals, physician, educators)
- ✓Comprehensive evaluations are recommended; select from available tests and modify/adapt/accommodate accordingly; challenges to assessment are present
- ✓May not be able to administer all subtests of an instrument; Selection of tests should include those with various composites available; Cross-battery approach recommended to measure as many processes as possible

COMMONALITIES ACROSS THESE CONDITIONS

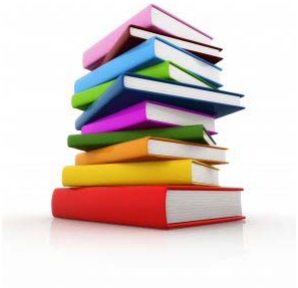
- ✓Most students with these conditions are not part of normative groups to any significant degree; tests may have data from clinical studies for these groups
- ✓Qualitative interpretation of test performance is extremely important
- ✓Quantitative interpretation must be made using multiple sources of data; need triangulation of data
- ✓Our tests are not used for establishing the conditions of DHH, OI, VI and TBI. Medical professionals determine this.
- ✓FIE is used for: describing the functional implications of the condition and if applicable, establishing a comorbid condition

FIE

- **The components of the FIE remain the same**
  - ➢Sociological, Speech-Language-Communication, Physical-Health-Motor, Intellectual, Adaptive Behavior, Academic Achievement, Emotional-Behavioral
  - ➢For these conditions, the FIE will likely include formal assessment for AT
- **Critical component:** Must present all details of the condition – e.g., age at onset, etiology, severity, level/amount of loss

SOME USEFUL REFERENCES

- Sattler, J. (2020). *Assessment of Children: Cognitive Foundations and Applications (Sixth Edition)*
- Flanagan, D. P. & McDonough, E.M. (Eds., 2018). *Contemporary Intellectual Assessment: Theories, Tests, and Issues.* Chapter on assessment of individuals with sensory and physical disabilities and TBI



OTHER REFERENCES

- ❖Texas Education Agency
- ❖Region 4 ESC
- ❖Project IDEAL
- ❖American Academy of Special Education Professionals (AASEP)
- ❖American Printing House for the Blind

For each condition, there are specific sites that provide much information

DEAF OR HARD OF HEARING

(DHH)

Federal Definition

- ***Deafness*** means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.
- ***Hearing impairment*** means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

34 CFR 300.8 (C)(3) & (C)(5)

STATE STATUTE

19 TAC 89.1040 (c)(3)

- **Deaf or hard of hearing**. A student who is deaf or hard of hearing is one who has been determined to meet the criteria for deafness as stated in 34 CFR, § 300.8(c)(3), or for students who are deaf or hard of hearing as stated in 34 CFR, § 300.8(c)(5). The evaluation data reviewed by the multidisciplinary team in connection with the determination of a student's eligibility based on being deaf or hard of hearing must include an otological examination performed by an otolaryngologist or by a licensed medical doctor, with documentation that an otolaryngologist is not reasonably available, and an audiological evaluation performed by a licensed audiologist. The evaluation data must include a description of the implications of the hearing loss for the student's hearing in a variety of circumstances with or without recommended amplification.
- TEC 30.083: An assessment of the child's potential for communications through a variety of means including: **Oral** (spoken) and **aural** (hearing) means, **Fingerspelling**; or **Sign language**.

LEGAL FRAMEWORK

- The terms ***auditory impairment*, *hearing impairment*,** and ***deaf or hard of hearing*** are all referred to in Texas law and have the same meaning while federal law generally uses the terms ***deafness*** and ***hearing impairment***.
  - ***SB 281*** *requires that we do not use the terms "auditory impairment," "hearing impairment" or "hearing impaired." This has not impacted the special education eligibility of AI.*
- The **procedures and materials used** for the assessment and placement of the child who is deaf or hard of hearing must be in the child's **preferred mode of communication**.

TYPES OF HEARING LOSS

Types	Definition
Conductive	Pathology in outer or middle ear; sound waves prevented from reaching inner ear by obstruction or reflection (e.g., ear wax, infection, fluid) Minority of hearing loss in U.S.
Sensorineural	Most common hearing loss; resonance from cochlea in response to stimuli are diminished or absent; various causes (e.g., toxins, noise exposure, age, inherited genetic traits); intervention: amplification and cochlear implants
Mixed	
Reference for this slide and the one that follows: Collins, J., Goyne, T.R., & McCabe, P.C. (March/April 2013). Deafness and Hard of Hearing in Childhood: Identification and intervention through modern listening technologies and other accommodations. Communique, National Association of School psychologists, March/April, Volume 41, Number 6.	

DEGREE OF HEARING LOSS

Severity	Db HL
Slight	16-24 dB HL (0-25 normal in some charts)
Mild	26-40 dB HL
Moderate	41-55 dB HL
Moderately Severe	56-70 dB HL
Severe	71-90 dB HL
Profound	≥91dB HL
When considering degree, view in context of acoustics of average conversational speech. Consonant sounds – high in pitch and low in intensity. Vowels – low in pitch and high in intensity. Acoustic energy from /s/ spoken by average speaker is 25-30 dB HL in intensity and 6,000 to 8,000 Hz in pitch. Vowel sounds under same conditions are 200 to 500 Hz and 50 – 60 Db HL.	
It takes a considerable amount of hearing loss to make vowel energy difficult to hear, but in the case of a mild hearing loss, where thresholds are 25-40 dB HL, consonant sounds quickly become inaudible	

ADDITIONAL ASSESSMENTS: COMMUNICATION

- **Teachers** of the DHH population will conduct a comprehensive **communication assessment**.
- **SLPs** will conduct a comprehensive **speech-language-communication assessment**.
- Must know **preferred mode of communication** prior to selecting and administering standardized tests.

ROWLEY: MOST FAMOUS DHH CASE

- The first special education case decided by the Supreme Court involved a deaf student, Amy Rowley.
- Amy attended kindergarten at Furnace Woods School in Peekskill, New York.

Case: *Board of Education of the Hendrick Hudson Central School District, Westchester County v. Amy Rowley.* The Supreme Court of the United States, 458 U.S. 176, No. 80-102

ROWLEY: *BACKGROUND INFORMATION*

- Amy successfully completed kindergarten. She had minimal residual hearing, was an excellent lip reader and was provided with an "FM hearing aid."
- 1st Grade IEP: continue in general education classroom, continue to use the FM aid, receive instruction from a tutor for the deaf for 1 hour each day, and receive services from a speech therapist for 3 hours each week.

ROWLEY: *IEP AND REQUEST FOR INTERPRETER*

- The Rowley's agreed with the IEP, but also wanted Amy to be provided with a qualified sign language interpreter in all academic classes. An interpreter had been placed in Amy's kindergarten class for a 2-week experimental period, but the interpreter reported Amy did not need his services. The IEP team obtained information from various sources and concluded Amy did not need an interpreter for 1st grade.

ROWLEY: *INDEPENDENT HEARING EXAMINER*

- When the request for an interpreter was denied, the Rowley's filed and obtained a hearing – the hearing officer agreed with the school. They then appealed to the New York Commissioner of Education, who also agreed with the school.
- *An interpreter was not necessary because Amy was achieving educationally, academically and socially without such assistance.*

APPEALS: *U.S. DISTRICT COURT NY AND U.S. COURT OF APPEALS 2ND CIRCUIT*

- ***United States District Court for the Southern District of New York:*** Found a **disparity** between her *achievement* and *potential* and said the school had **denied FAPE**

  …remarkably well-adjusted, interacts and communicates well with her classmates, has developed an extraordinary rapport with teachers, performs better than the average child in her class and is advancing easily from grade to grade. ***But*** *understands considerably less of what goes on in class than she would if she were not deaf and thus is not learning as much…*
- ***United States Court of Appeals for the Second Circuit*** upheld the District Court's conclusions
- The **school district appealed** to the U.S. Supreme Court

THE ROWLEY DECISION

- FAPE – "**Appropriate**"
- The Act (PL 94-142, EHCA) **does not define appropriate** education.
- Justice Rehnquist quoting the text of the statute itself: "**The term 'free appropriate public education' means special education and related services**" followed by further definitions of those terms…the text of the legislation and the legislative intent show that the purpose of the law was **not** to allow each child to **achieve their full potential**, but to simply provide sufficient resources for handicapped children to **access education**.

THE ROWLEY DECISION

- **Appropriate**= *adequate; program reasonably calculated to produce educational benefit;* IEP offered her an education equal to that provided to non-handicapped classmates
- ***The Supreme Court*** found for the district and Commissioner of Education and **overturned** the decisions of the District and 2nd Circuit courts. The Supreme Court ruled that the **federal law did not require** that the special instruction and supportive services provided under the law by state governments to disabled students be designed to help them **achieve their full potential** as learners.
- Decision date: June, 1982

S.P. VS EAST WHITTIER CITY SCHOOL DIST.

NO. 16-56549 (9TH CIR. 2018)

- **June 1, 2018 court case:**
- A hard of hearing student was assessed and made eligible as a student with a speech & language disorder. The 9th Circuit found that the district violated the IDEA by tying S.P.'s eligibility for special education services to only her speech and language disorder and not also to her hearing impairment.
- The District's evaluation concluded that S.P. did not meet the requirement of hearing impairment because her permanent hearing loss did not impair her ability to process information though hearing aids. 9th Circuit said this is not the definition of hearing impairment.
- Although the IDEA is more concerned with services and FAPE than labels, this was not a harmless error.
- The IEP team must consider the child's language and communication needs…, academic level, and full range of needs.

S.P. VS EAST WHITTIER CITY SCHOOL DIST.

NO. 16-56549 (9TH CIR. 2018)

- Only had goals for her speech and language delay
- IDEA also requires that a student be assessed in all areas of suspected disability. "Anything less would not provide a complete picture of the child's needs."
- Assessment was focused on her speech language disability
- The auditory skills assessment consisted only of review of records and observation. This level of assessment was deemed insufficient to satisfy the district's evaluation obligation.
- **Implication**: Assessment of students with hearing loss must consider their full range of needs; the evaluation must assess more broadly - expand in scope – especially in areas of development that are most likely to be impacted secondary to hearing loss.

ORTHOPEDIC IMPAIRMENT

(OI)

Federal Definition

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

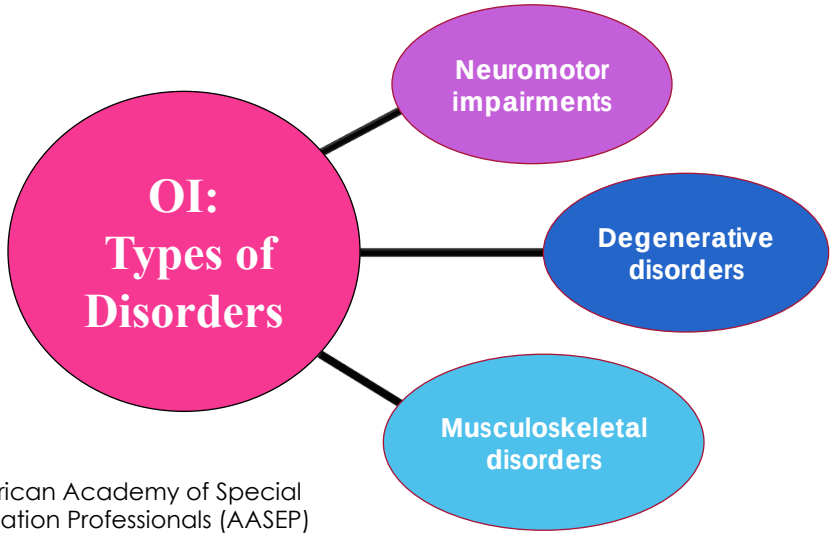
34 CFR 300.8 (C)(8)

STATE STATUTE

Orthopedic impairment. A student with an orthopedic impairment is one who has been determined to meet the criteria for orthopedic impairment as stated in 34 CFR, §300.8(c)(8). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on an orthopedic impairment must include a licensed physician.

19 TAC 89.1040 (c)(7)

ORTHOPEDIC IMPAIRMENT



American Academy of Special Education Professionals (AASEP)

NEUROMOTOR

- Abnormality of, or damage to, the brain, spinal cord, or nervous system that sends impulses to the muscles of the body
- Acquired at or before birth, and often result in complex motor problems that can affect several body systems
- Two most common types of neuromotor impairments are cerebral palsy and spina bifida

DEGENERATIVE

- Various diseases that affect motor development
- Most common degenerative disease found in the school population is muscular dystrophy (progressive muscle weakness from degeneration of muscle fibers)

MUSCULOSKELETAL

Various conditions that can result in various levels of physical limitations; affect the human body's movement or musculoskeletal system (i.e., muscles, tendons, ligaments, nerves, discs, blood vessels, etc.)

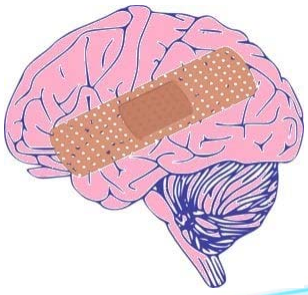
Examples include juvenile rheumatoid arthritis and limb deficiency

ADDITIONAL ASSESSMENTS: MOTOR

- OT and PT evaluations are likely conducted for students with OI.
- These evaluations will also address adaptive behavior to some degree.
- Must know the motor abilities and restrictions of students with OI prior to test selection and test administration.

TRAUMATIC BRAIN INJURY

(TBI)



Federal Definition

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

34 CFR 300.8(C)(12)

STATE STATUTE

Traumatic brain injury. A student with a traumatic brain injury is one who has been determined to meet the criteria for traumatic brain injury as stated in 34 CFR, §300.8(c)(12). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a traumatic brain injury must include a licensed physician, in addition to the licensed or certified practitioners specified in subsection (b)(1) of this section.

19 TAC 89.1040(c)(11)

TBI: TYPES OF INJURY

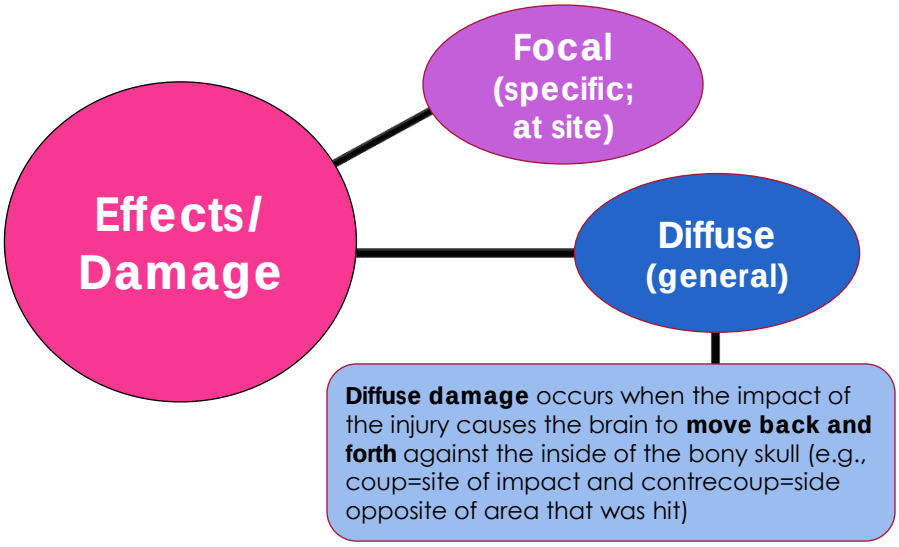
Direct

- Something passing through the skull and piercing the brain; penetrating head injury or open head injury (e.g., gun shot wound)

Indirect

- Head forcefully hitting an object; closed head injury (e.g., head hitting dashboard of car)

TRAUMATIC BRAIN INJURY



Diffuse damage occurs when the impact of the injury causes the brain to **move back and forth** against the inside of the bony skull (e.g., coup=site of impact and contrecoup=side opposite of area that was hit)

TBI: EVALUATION

Should know **premorbid functioning levels** of the student – usually determined by a review of:

- **educational records** (past achievement and cognitive scores; benchmarks; universal screeners; …) and
- quantitative performance on **measures typically resistant to neurological injury** (e.g., Gc: specifically acquired knowledge)

TBI: POSSIBLE SYMPTOMS

Medical/ Neurological	• language, sensory and motor impairments; headaches; dizziness, impaired balance; loss of intellectual capacities; seizures
Cognitive Symptoms	• decreased attention, concentration and memory; poor organizational skills; confusion; difficulty in problem solving; slowed information processing
Behavioral/Emotional Symptoms	• mood changes or mood swings; agitation and aggressive behavior; depression; loss of inhibitions and impulsivity
Social Skills Development	• difficulties maintaining relationships; socially inappropriate behaviors; limited initiation of social interactions, and social isolation

TBI: IMPORTANT ISSUES

Recovery

Recovery from TBI can be sporadic and unpredictable

Re-Evaluation

Need periodic re-evaluation to monitor progress, review instructional objectives, and revise programs

First Year

Rapid changes in many areas of the student's functioning during the first year after injury may require more frequent evaluations

VISUAL IMPAIRMENT

(VI)

Federal Definition

Visual impairment *including blindness* means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

34 CFR 300.8(C)(13)

STATE STATUTE

Visual impairment. A student with a visual impairment is one who has been determined to meet the criteria for visual impairment as stated in 34 CFR, § 300.8(c)(13). Information from a variety of sources must be considered by the multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on visual impairment in order to determine the need for specially designed instruction as stated in 34 CFR, § 300.39(b)(3), and must include:

(i) a medical report by a licensed ophthalmologist or optometrist that indicates the visual loss stated in exact measures of visual field and corrected visual acuity, at a distance and at near range, in each eye. If exact measures cannot be obtained, the eye specialist must so state and provide best estimates. The report should also include a diagnosis and prognosis whenever possible and whether the student has:

(I) no vision or visual loss after correction; or

(II) a progressive medical condition that will result in no vision or a visual loss after correction;

89.1040(c)(12)(A-C)

STATE STATUTE

(**ii**) a functional vision evaluation by a certified teacher of students with visual impairments or a certified orientation and mobility specialist. The evaluation must include the performance of tasks in a variety of environments requiring the use of both near and distance vision and recommendations concerning the need for a clinical low vision evaluation;

89.1040(c)(12)(A-C)

STATE STATUTE

(**iii**) a learning media assessment by a certified teacher of students with visual impairments. The learning media assessment must include recommendations concerning which specific visual, tactual, and/or auditory learning media are appropriate for the student and whether or not there is a need for ongoing evaluation in this area; and

89.1040(c)(12)(A-C)

STATE STATUTE

(**iv**) as part of the full individual and initial evaluation, an orientation and mobility evaluation conducted by a person who is appropriately certified as an orientation and mobility specialist. The evaluation must be conducted in a variety of lighting conditions and in a variety of settings, including in the student's home, school, and community, and in settings unfamiliar to the student.

(B) A person who is appropriately certified as an orientation and mobility specialist must participate in any reevaluation as part of the multidisciplinary team, in accordance with 34 CFR, §§ 300.122 and 300.303-300.311, in evaluating data used to make the determination of the student's need for specially designed instruction.

(C) A person who is appropriately certified as an orientation and mobility specialist must participate, as part of a multidisciplinary team, in accordance with 34 CFR, §§ 300.122 and 300.303-300.311, in evaluating data used in making the determination of the student's eligibility as a student with a visual impairment.

89.1040(c)(12)(A-C)

VI: LEVELS OF IMPAIRMENT

Level of Visual Impairment	Snellen visual acuity	Visual field
Mild	20/30 to 20/60	Near normal vision
Moderate	20/70 to 20/160	
Severe	20/200 to 20/400	20 degrees or less
Profound	20/500 to 20/1000	10 degrees or less

or

To be declared **legally blind**, an individual must have visual acuity of **20/200 or less**, or have a field of vision restricted to **20 degrees or less at the widest point**.

ADDITIONAL ASSESSMENTS: FVE AND LMA

Functional Vision Evaluation

- identifies the student's range of visual function
- determines how much usable vision a student has to perform visual tasks*
- identifies priorities and strategies for intervention

Learning Media Assessment

- designed to determine which senses the student uses most to get information from the environment

*How the child uses vision for **near** tasks (closer than 16 inches), **intermediate** (16 inches-3 feet) and **distance** (greater than 3 feet)

LEVELS OF FUNCTIONAL VISION

To implement classroom accommodations for students with VI, these students are often classified according to their level of functional vision:

Low Vision	Functionally Blind	Totally Blind
• students use their vision as their primary sensory channel	• students can use limited vision for functional tasks but need their tactile and auditory channels for learning	• students use tactile and auditory channels for learning and functional tasks

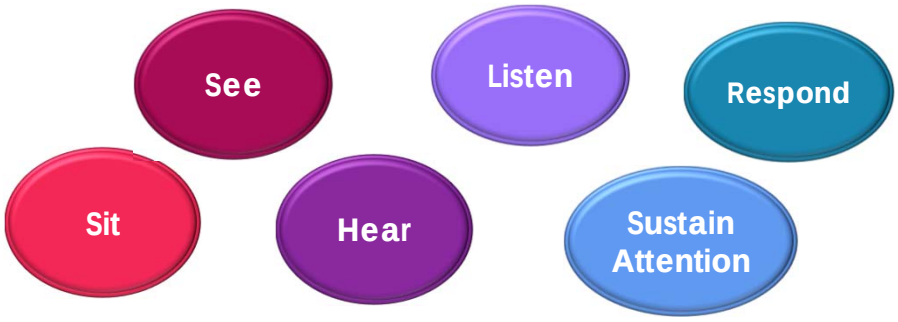
VI: OTHER CLASSIFICATION TERMS

Congenital*	• occurs during fetal development, at birth or immediately following birth; visual impairment is present before visual memory has been established
Adventitious	• occurs after having normal vision either through a hereditary condition or trauma; visual memory may remain
Acquired	• Eye injuries, retinopathy of prematurity, head injury, CNS infections, disease (diabetes)

***Congenital examples**: Optic Nerve Hypoplasia, Albinism, Retinitis Pigmentosa

EVALUATION EXPECTATIONS

What are the **typical expectations** for the **examinee** when administering standardized tests?



It is clear that these expectations may not be present to an optimal degree in students with sensory and motor conditions.

MEASURING COGNITION

- There is **not** a **nonverbal** and **verbal intelligence**. Construct of intelligence includes: reasoning, memory, crystallized, visual-spatial, retrieval, processing speed, auditory processing
- **Nonverbal Intellectual Assessment** – process of assessing the construct of intelligence in a nonverbal fashion
- For example, WISC-V Subtests: Block Design, Visual Puzzles, Matrix Reasoning, Figure Weights, Coding, Picture Span=NVI; add Symbol Search and get Gf, Gv, and Gs; Visual Memory – WJ-IV Picture Recognition – can combine with Picture Span or another measure of visual memory (NEPSY-II) to create a cluster; SB5 has a nonverbal component for visual memory – so this gives a Gsm
- **UNIT2** measures: memory, reasoning and quantitative, which are Gf, Gv and Gsm
- Many authors recommend a **cross-battery approach** for intellectual assessment for populations of students with sensory and motor impairments.

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Individual/Child Factors	Issues/Considerations
Age at onset	For DHH: early (<18 months) versus loss occurring after language development; For VI: prior to or after visual memory system developed
Quantitative nature of the loss	Level of loss; is loss progressive This is the severity factor and must be thoroughly identified/described
Etiology	Congenital, Acquired, Type of injury or disease
Preferred Mode of Communication (current and during development) and **Preferred modalities for receiving input/information**	1. Manual communication 2. Simultaneous communication 3. Listening and spoken language 4. Augmentative communication; Affects test selection and administration (e.g., use of interpreter, use of visual communication system) 2. FVE and LMA for students with VI
Comorbidity	Additive and Interactive factors; other medical conditions, cognition, language, including EL

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Individual/Child Factors	Issues/Considerations
Functional abilities	Severity ≠ impairment. Students with same hearing loss or optical refraction score have different functioning levels of hearing and vision. Students with the same type of brain injuries or physical impairments differ in their abilities. Students differ in compensatory abilities. "Cognitive reserve"
Cognitive Patterns	DHH: ↓Language; VI: ↓Visual and visual-spatial; OI: ↓Motor planning and execution TBI: ↓2 common problems are processing speed and attention (white matter disruption interferes with automatized behaviors)
Academic skills	Ability versus rate; Reading comprehension and writing may be much lower for DHH students; Students with VI have limited ability to learn incidentally.

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Test Factors	Issues/Considerations
Instructions	Often need accommodations in instructions (more time, repetition, different presentation); may need additional examples/practice/modeling to ensure task understanding; may need additional cues to direct the student on certain tasks; student may need more time to process instructions; instructions should be given in examinee's communication mode; may need interpreter; given low reading levels for DHH, asking student to read instructions may not be an appropriate modification
Test Stimuli	May need to be enlarged; May need to be arranged differently (on easel, flat on table, elevated, tilted)
Other considerations	Student must have access to equipment they already use when participating in the evaluation; "Testing of Limits" procedures would be applicable in some situations

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Test Factors	Issues/Considerations
Response Format	May need to accept alternative methods for student to respond – verbal, pointing .
Other factors	Rapport is a major factor for the test session; For OI, need to consider level of discomfort; Timing or timed tests may be an issue and need to be supplemented with untimed tests; It is likely that certain tests/subtests would be eliminated in specific circumstances; May need para or teacher present; May need more breaks
Examiner	Examiners must first be highly proficient in test administration before administering instruments to students who require accommodations or modifications in procedures. Examiners should then be trained in administration for these groups. Have you been trained in how to administer tests in these populations? How adept are you at making accommodations?

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Instruments	Issues/Considerations
If appropriate, administer the test battery as is and modify/accommodate as needed. If not possible/feasible, then can administer portions of an instrument (e.g., verbal subtests, visual subtests, elimination of tests that require motor skills) or specialized instruments.	
WISC-V, DAS-II	Have suggested accommodations for VI, DHH & OI; Have charts for suggested subtests; WISC-V Technical Report #2 for DHH and special group study for TBI; DAS-II has study on Special Nonverbal Composite for DHH who communicate via sign language (comparable to matched controls)
KABC-II, NEPSY-II, DAS-II	Norms/Clinical Sample scores for certain groups; NEPSY-II (DHH and Motor)
WJ-IV COG	Woodcock-Johnson IV: Adapted for Braille Readers and WJ-IV Large Print Edition
SB5	Has an entire appendix devoted to assessment with DHH students; SB-5 has adaptation for VI but old

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Instruments	Issues/Considerations
Developmental Tests	Developmental Assessment for Individuals with Severe Disabilities (DASH-3: Sensory-Motor, Language, Social-Emotional, Activities of Daily Living, Academics); DAYC-2; DP-4; Reynell-Zinkin Developmental Scales (VI); Battelle Developmental Inventory-3 (special group studies on motor delay, speech-language delay; there is a technical report on suggested accommodations for the BDI-2 for motor, hearing, & visual impairments); Bayley Scales of Infant and Toddler Development-4 (Bayley-III study on accommodations for low vision and motor impairments)
Other tests	Cognitive Test for the Blind (ages 14+; has Haptic subtests involving feeling stimuli, textured patterns, wooden shapes) Wechsler Nonverbal Scale has studies on Deaf and HH samples showing no significant differences with controls

SPECIAL CONSIDERATIONS FOR ASSESSMENT

Instruments	Issues/Considerations
Brigance	Available in large print or Braille
Adaptive Behavior	Vineland-3 Clinical Groups included: developmental delay, hearing impaired, and visually impaired tested with all forms; DHH lowest mean score in Communication but no other significant differences in other domains; VI means in high 80's with deficits equal across domains and subdomains and less than 1 SD between VI and controls ABAS-3: says particularly useful for students with sensory and motor impairments
BASC-3	Has clinical sample for Hearing Impaired (no significant difference in profile)
Achievement	Traditional tests used (WJ-IV, KTEA-3, WIAT-4); TERA-D/HH

- As noted before, select from available tests and modify or accommodate accordingly; accommodations based on level of loss; in some cases, no accommodations or modifications are necessary
- Purpose of the adaptation: **Access for the test-taker**
- **Does the adaptation change: (a) the concepts or construct being tested and/or (b) difficulty level of the item?**

VALIDITY

We are particularly concerned about **construct validity**:

- How well does the test measure the construct that it was designed to measure?
- The examiner judges the degree, if any, to which construct validity has been compromised.

CONSIDERATIONS

- Will enlarging the stimulus items on Matrix Reasoning change the construct of fluid reasoning? Would enlargement change the construct of Visualization in Visual Puzzles?
- Will providing the instructions in sign language or accepting a signed response for subtests like Vocabulary change the construct of lexical knowledge?
- Would administering a timed subtest such as Coding to a student with OI and poor fine motor skills compromise the construct of processing speed?
- Will repeating items on Digit Span compromise the validity of measuring short-term memory?

CONSIDERATIONS

- In areas where you know there will be compromises to validity, give a different type of test to measure the same construct, or perhaps the construct cannot be assessed. Can choose an instrument that does not require that construct for FSIQ (e.g., DAS-II versus KABC-II or WISC-V) if a FSIQ is needed.
- Note in your FIE whatever accommodations were made and the degree of impact on validity for the construct. Also supplement the test given with other data to determine the overall validity of the construct and ability to interpret the results.

EXAMPLE

- Mary uses sign language as her preferred mode of communication and is proficient in ASL. All subtest instructions were administered in ASL, and Mary's ability to complete the sample items provided verification that she understood the directions. Mary responded to the VCI subtests of the WISC-V in ASL. No response accommodations were required for the WISC-V VSI, FRI and PSI subtests. Given Mary's level of hearing impairment, the Digit Span subtest was not administered and Picture Span was substituted.
- There was no significant difference between the VCI and nonverbal indices, and there was no significant difference between the FSIQ and NVI. Thus, Mary's overall abilities were consistent across indices. The results of the assessment are presented below and are considered a valid representation of Mary's abilities in the areas assessed.

FACTORS

Contributory	• Factor that contributes to learning and behavior difficulties but is not the primary cause
Primary	• Factor that is the primary cause of the learning and/or academic skill weakness and behavior difficulties
Exclusionary	• If one of the exclusionary conditions listed in the IDEA is determined to be primary (causes the deficit), then an additional classification would not be warranted

CLARIFICATION ON EXCLUSIONARY FACTORS

- ✓Exclusionary is **not automatic**
- ✓To be exclusionary, must be determined to be **primary**
- ✓For this determination, must **assess** the areas under consideration

EXAMPLE

Jerry is identified as a student with DHH, and this factor must be considered in determining if he meets the criteria for LD. As noted in the FIE, Jerry's hearing loss is conductive, unilateral (right ear), and in the moderate range. His hearing in the left ear is within normal limits. Jerry wears a bone conductive hearing aid and has done so since 1st grade. Based on current assessment, Jerry has a speech reception threshold (SRT) of 20 dB (normal range for SRT is from -10 dB to 25 dB HL).

Given the SRT level, amplification, Jerry's ability to score within the average range on memory span tests (digits forward, word memory, sentence memory), and observations indicating he is able to hear and understand speech, his hearing loss is determined to be a contributory factor (has an impact), but not a primary factor in his ability to process auditory input. Therefore, the analysis to determine the presence of a learning disability was conducted.

Think About It

- *Are all students evaluated and determined to be DHH, OI, TBI, or VI eligible for special education?*
  - *If yes, why?*
  - *If no, why not?*

  How does the FIE contribute to this decision?

- *Can students evaluated for and determined to be DHH, OI, TBI or VI also meet the criteria for other disability categories?*
  - *If yes, why?*
  - *If no, why not?*

Low Incidence

Cynthia Buechler

1. The parent of a student who is deaf who needs an interpreter wants her child to attend her home campus. The district is recommending the Regional Day School for the Deaf. Is the student entitled to attend their home campus?

In order to effectively use limited resources, schools are entitled to create centralized services for students that have disabilities which are low incident. The Deaf and Hard of Hearing fall in that category. Certified interpreters are very hard to find and even the Regional Schools for the Deaf have difficulty maintaining them. Consequently, the appropriate placement is the Regional School for the Deaf which has the necessary supports for the student.

2. The student with an auditory impairment was being served at their home school by an individual that knew sign language but was not certified. The parent complained that the individual was not certified. Is there a problem?

Yes. Interpreters must be certified that are providing services within the school. The ARD committee must meet to determine if the student needs an interpreter, and if so, where those services will be provided.

3. A parent of a student with cochlear implants wants the school to provide the accommodation of a Communication Access Real-time Translation (CART). Is the school required to do so?

CART is a verbatim, word-for-word, instant translation of the spoken word into written text. Under the ADA, schools must honor the individual's choice for communication unless the school can prove that an alternative auxiliary aid or service provides communication that is as effective as that provided to students without disabilities and affords an equal opportunity to participate in and benefit from the service, program, or activity. It is important to remember that only around 30 percent of what is said is through words.

3. Continued

Nonverbal communication and intonation greatly impact what is said. “Let’s eat Grandma! is quite different from “Let’s eat, Grandma! which is relayed differently. Therefore, a student that only focuses on a transcription misses out on much of what is said. Secondly, it limits socialization and participation if the student is only reading. These determinations should be considered by the ARD committee and the ADA coordinator.

4. Is a school responsible for the maintenance of the device for a student with cochlear implants?

Under 34 CFR Sec. 300.34 (b) there is an exception for services that apply to children with surgically implanted devices, including cochlear implants.

Related services do not include a medical device that is surgically implanted, the optimization of that device’s functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

5. What is a school's responsibility regarding the operation of cochlear implants of a student?

The routine checking of an external component of a surgically implanted device to make sure it is functioning properly is within the school's responsibility.

6. Is a school required to purchase eyeglasses for a student with a visual impairment?

If a student with a vision impairment requires eyeglasses regardless of whether he or she is attending school, then a public agency will NOT be required to provide them to the student. However, if the public agency determines that the child with a disability requires eyeglasses in order to receive FAPE and the child's IEP specifies that the child needs eyeglasses, then the public agency must provide the eyeglasses at no cost to the parents and could seek funds from outside of the agency to do so. As a general matter, schools are not responsible for providing personal devices such as eyeglasses, hearing aids, or braces, that a child with a disability requires regardless of whether he/she is attending school.

7. Does the school have to provide suctioning for a student with multiple disabilities?

Under IDEA, school districts are not required to provide medical services except for diagnostic or evaluation purposes. However, schools are responsible for providing services that are necessary to maintain the health and safety of children at school, including services for breathing, nutrition, and other bodily functions (e.g., suctioning a tracheotomy, urinary catheterization) if these services are not the type of services that must be provided by a licensed physician.

8. Is a school required to provide one to one nursing services?

A school's obligation to provide nursing services includes full-time, one-on-one nursing services if that is what is necessary to provide a child with FAPE. In addition to the classroom, these services must also be provided during transportation to and from school if needed.

9. If the nursing services are contracted and the contracting nurse is absent, what are the district's obligations?

When a student's IEP requires a school nurse to provide services, the child's school must provide for coverage during nurse absences. If a school district contracts with a third party to provide its students with nursing services, this does not change the school's obligations under IDEA and to properly implement each student's IEP, including nursing services. A failure to provide for a substitute nurse could constitute a denial of FAPE.

10. Can a school ask the parent to come to school to provide the services needed?

Asking the child's parent to come to the school and provide the services is not appropriate and constitute a denial of FAPE. If a child has to stay home because there is no nurse to perform nursing services as outlined in the IEP, the child has been denied FAPE and compensatory services will be owed.

11. A parent of a child with multiple disabilities wants the private nurse to accompany the child at school. What should the school do?

First, the ARD committee needs to determine what nursing services need to be provided. If a parent chooses to have their private nurse attend, the school should have the nurse go through a background check and have the parent sign a form that indicates that the private nurse is not for educational needs, but for medical needs. Additionally, the form should ensure that the private nurse must comply with confidentiality and failure to do so could result in the loss of the privilege of being on campus.

12. What information must be provided at every annual ARD meeting for a student that is deaf or hard of hearing?

At each ARD committee meeting, written information about TSD must be shared with families.

13. A parent wants her child with an auditory impairment to attend the State School for the Deaf even though the student can be appropriately served at the Regional Day School of the Deaf. Is the district required to send the student to the State School?

The State School for the Deaf is on the continuum of placements. If the ARD committee determines that the least restrictive environment is at the school or the Regional School for the Deaf, the parent could place the student at the State School for the Deaf, but it would be a parent placement rather than an ARD committee placement and the parent would be responsible for transportation to and from the State School.

14. If a student has a visual impairment, is the school required to provide instruction in braille and the use of braille?

In the development of the individualized education program for a student with a visual impairment, proficiency in reading and writing is a significant indicator of the student's satisfactory educational progress. The individualized education program for a student with a visual impairment must include instruction in braille and the use of braille unless the student's ARD committee determines and documents that braille is not an appropriate literacy medium for the student.

14. Continued

The committee's determination must be based on an evaluation of the student's appropriate literacy media and literacy skills and the student's current and future instructional needs. Braille instruction may be used in combination with other special education services appropriate to the student's educational needs and must be provided by a teacher certified to teach students with visual impairments.

15. Is an orientation and mobility assessment required when evaluating for a visual impairment?

The full individual and initial evaluation of the student must include an orientation and mobility evaluation conducted by a person who is appropriately certified as an orientation and mobility specialist, as determined under commissioner rule; and in a variety of lighting conditions and in a variety of settings, including in the student's home, school, and community and in settings unfamiliar to the student.

16. At what age is a district responsible for providing services to a student with a visual or auditory impairment?

For a student from birth through two years of age with a visual impairment or who is deaf or hard of hearing, an individualized family services plan (IFSP) meeting must be held in place of an ARD committee meeting.

17. What are the eligibility requirements for services from TSBVI ?

A student must be 21 years of age or younger, must have a visual impairment or a visual impairment with an additional disability, and must need specialized services related to the visual impairment to receive services. The school and parents must agree to request the services of TSBVI, whether those services are at the school or provided locally by Outreach Services.

18. Must an eye medical report be obtained before the teacher of students with visual impairments (TVI) can begin evaluations?

The eye medical report is one of the four required evaluations to determine eligibility as a student with a visual impairment. It is best practice "for the functional vision evaluation (FVE), learning media assessment (LMA), and orientation and mobility (O&M) evaluations to be conducted after the eye medical exam because medical corrections, such as prescribed glasses, may influence a student's performance on other components of the assessment process".

18. Continued

"There is not a legal requirement for a specific sequence of the visual impairment evaluations. Federal law states that 'each public agency must conduct a full and individual evaluation, in accordance with 34 CFR, §§300.304-300.306, before the initial provision of special education and related services to a child with a disability 34 CFR, §300.301(a)' (OSEP 2017, 3), and no component of that evaluation may be used as a single determining factor for eligibility (OSEP 2017). Therefore, other assessments may be conducted prior to the completion of the medical exam to avoid an unnecessarily lengthy process. After the eye medical report is acquired, the visual impairment evaluations may need to be reexamined based upon the medical information" (Texas Action Committee for the Education of Students with Visual Impairments 2020, 11).

19. Does the school need to update the eye report every three years for the re-evaluation?

Unless there is a concern that the vision has changed to the extent that it would impact educational services that are provided, the district does not need to obtain a new eye report. The multidisciplinary team would make that determination in the REED.

20. Can a certified orientation and mobility specialist (COMS) observe a student before making a recommendation as a multidisciplinary team member if the student is not currently receiving the service?

Yes, according to TAC §89.1040(12)(B), the COMS is a member of the multidisciplinary team who evaluates data as part of any reevaluation for a student with a visual impairment.

The IDEA clarifies that the review of existing evaluation data (REED) includes "observations by teachers and related service providers" (34 CFR, §300.305(a)(1)(iii)).

20. Continued

TEA has further clarified that "the LEA is not required to obtain parental consent before reviewing existing data as part of an initial evaluation or a reevaluation" (TEA, n.d.).

Consequently, a COMS may observe a student to make an informed decision as a part of the REED.

21. What are some accommodations that are considered for students with an orthopedic impairment?

Many students with orthopedic impairments have no cognitive, learning, perceptual, language, or sensory issues. However, individuals with neuromotor impairments have a higher incidence of additional impairments, especially when there has been brain involvement. For most students with orthopedic impairments, the impact on learning is focused on accommodations necessary for students to have access to academic instruction. These can include the following:

21. Continued

- Seating arrangements to ensure the student is comfortable.
- Ensuring access and training with assistive technology device as needed
- Help with opening packets for lunch.
- A student's schedule should be arranged to eliminate excessive walking back and forth
- Students can be granted access to the school's elevator to allow them to travel safely between floors.

22. Can a student substitute another course if they are unable to participate in PE?

Yes. TEC §28.025(b-11) allows a student who is unable to participate in physical activity due to disability or illness to substitute 1.0 credit in English language arts, mathematics, science, social studies, or 1.0 academic elective credit for the PE graduation requirement. The PE substitution credit allowed through an academic subject or elective may not be used to satisfy a graduation requirement other than for the completion of the PE credit. The determination regarding a student's ability to participate in physical activity will be made by the ARD committee.