



## **MLKEC ACADEMY SPECIAL EDUCATION PROCESS & PROCEDURES**

### **What is Child Find?**

The purpose of Child Find is to identify, locate, and evaluate all children, in the district, who are suspected of, or have a disability or developmental delay that may result in a need for special education and related services. MLKEC Academy serves children ages 5 through 14 years who may be in need of special education services. Child Find offers evaluations to children suspected of having a disability, at no charge. Following the evaluation, eligible children are referred to appropriate programs and services.

### **What is a Child Find evaluation?**

A team specializing in the areas of concern, works with the parents and child to determine eligibility for Special Education Services. The Child Find Evaluating Team and parents work together to determine the appropriate programs and services for eligible children.

The Child Find Evaluation Team can include the following highly qualified specialists:

School Psychologist  
School Social Worker  
Occupational Therapist  
Physical Therapist  
HI/POHI/VI Consultant  
Speech/Language Pathologist

## **INTRODUCTION**

MLKEC Academy is dedicated to the promotion of a system in which every child's educational needs are met through a cohesive and comprehensive educational procedure. As a means to promote and develop this educational system, MLKEC Academy continues to advance a data collection structure which assesses all scholars, monitors scholar development, and scholar progress in the curriculum. MLKEC Academy also promotes the use of an Educational Support Team (EST) process to systematically analyze attempts to remediate academic weaknesses and behavioral problems. The goal is that every scholar will achieve success in a supportive school environment and where their specific needs are addressed.

## **EDUCATIONAL SUPPORT TEAM PROCESS**

The Educational Support Team process was established as a means to assist MLKEC Academy in identifying at-risk scholars and creating researched based interventions. Scholars may present a variety of academic, social or behavioral issues at various times throughout their school career. Some at-risk scholars may respond to interventions at one point in their career but reemerge as at-risk at a subsequent time. A smaller number of



scholars may not respond adequately to general education interventions and ultimately present with a suspected disability. In the case of a suspected disability MLKEC Academy must have data either prior to, or as a part of the referral/evaluation process that any underachievement in basic reading skills, reading comprehension, reading fluency, math calculation, math reasoning, listening comprehension, written expression, or oral expression, etc. that might be used as a basis for eligibility is not primarily the result of lack of appropriate instruction. Ongoing documentation of appropriate instruction is extremely useful in this context because it eliminates the need to reconstruct the scholar's educational history. With increased use of a response to intervention (RTI) model using scientifically researched based interventions it is becoming ever more important to collect data systematically over time.

An educational concern is reported to the principal/dean/teacher/special education support staff, etc. and an Educational Support Team (EST) meeting is conducted consistent with the guidelines indicated in the EST manual. The intent of the EST process is that the scholar's needs be met quickly, using proven interventions, and progress monitored based on data collected through the process. The parents must be informed of the complete process, including the Educational Support Team meetings, in accordance with the concept of Least Restrictive Environment as described in IDEA 2004. This is done by sending a Notification Letter to parents and making a follow-up telephone call. This document is posted on our Forms page under Educational Support Team Notification. Additionally, the researched based interventions, the instructional strategies and the scholar-centered data collection must be documented and shared regularly with the parent. This process may also include consults with the building principal, teachers, and special education support personnel as deemed appropriate for the scholar's presenting problem. The classroom teacher prepares initial reports to the EST team and may implement interventions in conjunction with other team members as a result of the EST consultation. During these consults, alternatives/interventions are reviewed, implemented and data is collected; scholar progress is monitored to determine the success of the interventions.



## MLKEC ACADEMY REED PROCESS

The REED is the most flexible component of the special education process coordinated by Special Education Support Staff. The REED can have many important outcomes; therefore it is essential for Special Education Support Staff to thoroughly understand the process.

### Referral/Evaluation Review/Consent Process

#### Initial Referrals from EST (Educational Support Team) or Direct Referral:

If the decision of the EST is that the scholar has a suspected disability, a Review of Existing Evaluative Data (REED) or Direct Consent must be conducted within ten days of the referral. If the referral is made at an EST meeting and the parent agrees, the REED must be conducted immediately.

Participants in a REED must at a minimum include all of the following:

- Parent/Guardian
- An administrator or designee assigned by the administrator who will represent the public agency (school) who is knowledgeable about the availability of resources of the district; is knowledgeable about the curriculum; and has the authority (delegated by the superintendent) to commit district resources.
- At least one general education teacher of the scholar (if the scholar is or may be participating in general education)
- A special education provider/teacher
- An individual who can interpret the instructional implications of evaluations results, such as the school psychologist

Others who may participate in the REED include:

- The scholar (if, age appropriate)
- Additional teachers who provide instruction, programs, and services to the scholars
- Related service providers such as Speech and Language Pathologists, School Social Workers, Occupational Therapist, etc.
- Additional diagnostic personnel
- At the discretion of the parent of the district, other individuals who have knowledge or special expertise regarding the scholar.

The parent/guardian is invited to the REED through a Meeting Invitation and Procedural Safeguards are included with Meeting Invitation. Even if the REED is a direct result of the EST recommendation and is conducted at the EST meeting, the MET Coordinator should still complete the meeting invitation.



Each case referred for a REED/Direct Consent is assigned to a MET Coordinator based on the suspected disability. Designation of the MET Coordinators is as follows:

Suspected Disabilities	Coordinating Personnel
SLD, CI, ECDD, TBI, OHI	School Psychologist
EI, ASD	School Social Workers
SLI	Speech Pathologist
VI	Visually Impaired Consultant
HI	Hearing Impaired Consultant

Steps before the actual REED meeting:

Begin your review of existing evaluative data:

Once an initial referral is made, or your currently eligible scholars that are due are identified, begin your review of existing evaluative data by reviewing the school records, past METs & IEPs, etc. and document your reviewed data. Input from the teachers should be sought via the teacher report form.

Meet with the scholar, observe them in their classroom, and briefly interview them. Get their perspective of their progress and challenges. Verify the demographics with the scholar whenever possible. Document the results of your observation on the Classroom Observation Form.

3-year REEDs:

Identification of scholars due for 3-year REEDs:

For scholars already receiving special education, any scholar whose last initial or three-year IEP was before September three years prior to the current year, is due the current school-year. Scholars with eligibility of ECDD who will turn 8 during the current school year are also due (regardless of the date of the last initial or three-year IEP) and must have a comprehensive evaluation, MET, and IEP completed prior to their 8<sup>th</sup> birthday. You are to base your data on actual viewing of completed documents from the scholar's school records folder. Do not trust dates written on annual IEPs.

After this identification process, maintain close communication with your special education teachers and enrollment secretaries, and request that they notify you when a special education scholar enters or leaves your building throughout the school year so that you can update your list and close already identified cases as soon as possible.



Make it your goal to hold 3-year REED at least 30 to 60 days prior to their due dates to ensure compliance. Compliance is calculated from IEP date to IEP date, not REED date. While extensions are required for a 3-year if the IEP cannot be completed within 30 school days of receiving consent, the 3-year due date CANNOT be extended. If a 3-year IEP is held even one day beyond 36 months since the last initial or 3-year IEP, it is out of compliance.

It is not necessary to wait until a 3-year is 60-30 days prior to the due date if you have the opportunity to complete it. The due date is the sole determinant of the order in which your 3-year REEDs should be conducted—not convenience, annual IEP date, etc.

If records are incomplete and no previous MET can be located to confirm current eligibility, a comprehensive reevaluation should be recommended. Under the rarest circumstances should you see two consecutive “no additional studies” recommendations in two consecutive 3-year cycles. (Remember—you have the obligation as a professional to share these best practices and make that recommendation; however REED decisions are made as a team, of which the parent is a member, and the parent has the ultimate decision about consenting to an evaluation.)

Make phone contact with the parent and briefly explain the REED process and the fact that their scholar is due for a 3-year REED and IEP. Get the parent’s perspective of the scholar’s progress and challenges and update any pertinent health and social-emotional information.

Obtain the teacher report and discuss the scholar with the teacher(s). Obtain potential meeting times from the teacher. By this point, you should already have enough data to have a preliminary idea of the outcome of the REED. Remind the teacher that if the recommendation that no additional studies are needed to re-determine eligibility, then you will proceed directly to the 3-year IEP upon completion of the 3-year REED. Therefore, the teacher should come prepared with a draft PLAAFP, goals, etc.

#### Schedule the REED meeting:

Call the parent and schedule the REED meeting at a mutually agreed upon time. Follow up with the notice of meeting letter sent home via the scholar (if age appropriate) and/or US Mail. You must retain a copy of the notice of meeting letter with the case. Complete a notice of meeting even if a REED is moving directly from an EST meeting where the parent is present.

Invite all required participants: a general education teacher, a special education teacher, an administrator or designee, and any and all service providers (SLP, SSW, OT, etc.) including scholar if age appropriate.

The goal for REEDs should be formal meetings, but it is the only component of the special education evaluation process that does not have to be a meeting. If a formal meeting is not possible, input and signatures must be obtained from all required participants.

A courtesy phone call to the parent as a reminder prior to the REED is best practice.



### At the REED Meeting (applicable to Initial or 3-year):

Be prepared to summarize and present what you have already learned about the scholar and his progress through your interviews, observation, screenings (as applicable), completed record review, and teacher reports. All of these documents are completed and available for the parent to review at the time of the REED.

When parents are not able to in attendance, give consideration to alternative modes of participation, e.g. phone call via speaker-phone, etc.

If the parent did not attend, or participated in an alternative way, e.g. via conference call, a copy of the REED should be sent to the parent as soon as possible via US Mail and/or sent home with the scholar accompanied by the REED recommendations letter. Proceed with the REED recommendations as soon as parent consent is obtained. For re-evaluations, if parents do not respond either way within 10-days of being sent the REED recommendations, you may proceed with the REED recommendations.

Copies of the signed REED should be left in the scholar's school records, IEP folder, and a copy given to parent either in person or via US Mail.

An evaluation is completed by the diagnostic team. The evaluation must adhere to state and federal requirements specific to the suspected disability.

1. A classroom observation in the area of the suspected disability must be conducted by the case manager, SSW or other identified person.
2. Background history and health information must be obtained and written into a report by case manager, School Psychologist or School Social Worker.
3. The evaluation team must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic data.
4. The evaluation team must:
  - a. NOT use any single measure or assessment as the sole criteria for determining eligibility.
  - b. Use technically sound instruments that may assess the relative contributing cognitive and behavioral factors in addition to physical or developmental factors.
  - c. Use assessments that are selected and administered so as not to be discriminatory on a racial or cultural basis.
  - d. Assure that tests are provided in the child's native language.
  - e. Assure that the tests used are valid and reliable.
  - f. Assure that tests are administered by trained and knowledgeable personnel according to the assessment's intent, in an appropriate manner to address the intended measure of the test.
  - g. Assure that the child is assessed in all areas consistent with a comprehensive evaluation and related to the suspected disability.
  - h. Assure that the assessment is sufficiently comprehensive to identify all of the child's special education and related service needs.



- I. A Multidisciplinary Education Team (MET) recommendation is produced suggesting eligibility category as appropriate. Understand that the MET Report is a recommendation only. The IEP team ultimately determines special education eligibility.
- J. Diagnostic reports and MET recommendation packet is sent to parents.
- K. Principal, special education teacher, or special education coordinator completes and delivers Invitation to Attend Individualized Educational Planning Team meeting.
- L. Eligibility and the triennial redetermination date are determined at the time of the IEP.

The IEP date (Offer of a FAPE) becomes the basis for the triennial reevaluation date.

Copies are placed:

1. The original MET packet and the IEP/Notice are placed in educational file (CA60) of scholar.
2. A copy is given to parents (if parents are not in attendance at IEPT meeting, send a copy of the IEP, with a cover letter, along with Notice to the parents). NOTE: scholar cannot receive special education services following an initial IEP without parent signature on the Notice form.

### **NOTICE REQUIREMENTS**

The signature and date of the Notice by the district is recognized as the date of the offer of a FAPE. Notice to implement an Initial IEP (offer of a FAPE) – The initial IEP requires written parent consent to implement plan. Parent consent is required for the initial provision of programs and services within 10 school days. NO CONSENT = NO IEP PLAN.

### **IEP TIMELINES**

#### **IEP Meeting Date**

- Date of the IEP meeting is when the IEP is completed, not when it is initiated unless both are on the same date.
- Within 7 calendar days of the district concluding the IEP, the district must provide written notice to the parent.

#### **Initial IEP**

- Request for informed consent

Within 10 calendar days of receipt of referral (when district receives), the district must notify the parent and request consent to conduct the evaluation.

- Receipt of consent

There is no specific timeline for the parent to give written consent.

The 30-school-day timeline starts from the date the district receives the consent.

- Initial Evaluation/IEP

The evaluation and initial IEP must be concluded within 30 school days of receiving the parent consent for evaluation.

The signature and date on the written notice form and the IEP together constitute the district's "Offer of FAPE."

#### **Annual Review IEP**

- The annual IEP Team meeting must be concluded 364 days or before from last "Offer of FAPE." The parent signature is not part of this FAPE Notice process.



### **Reevaluation IEP**

- The 3-year-reevaluation IEP Team meeting must be concluded within 36 months or before from previous eligibility recommendation IEP. The parent signature is not part of this FAPE Notice process.

### **Implementation date**

- Special education programs, services, and other provisions must be implemented within 15 calendar days counted from the date of the Notice to Parent of Intent to Implement.

## **PREVIOUS ENROLLMENT SCHOLARS**

If the scholar was receiving special education and has a current IEP (less than one year old):

- A. Have parent sign the 30-day Previous Enrollment Placement Form. (The 30 day time line begins when the principal or designee signs and dates the form.)
- B. Provide parent a copy of the Parent Handbook and Procedural Safeguards.
- C. Special Education Coordinator sends the completed forms to appropriate Special Education Support Staff.
  1. With parent consent on 30-day Previous Enrollment Placement Form, immediately implement the scholar's current IEP, or with parent consent, immediately place the scholar in an appropriate program or service and convene an IEP within 30 days to develop a new IEP.
  2. If the MLKEC Academy cannot obtain consent for placement, but has a current IEP from former district then the MLKEC Academy will implement the scholar's current IEP to the extent possible and a new IEP will be developed as soon as possible, but no later than 30 school days.
- D. Special Education Coordinator assigns diagnostic personnel to the evaluation team. In the case of a transfer scholar, the diagnostic team will evaluate the scholar's school file. If it is determined that any additional testing needs to be completed, or that the scholar is in need of a reevaluation, a REED document must be completed before any testing is begun. Again, to complete the REED, consult and follow procedures for initial evaluation.
- E. Submit a copy of the Previous Enrollment Placement Form to Mrs. Cindy Hartmann for MISTar data entry.

NOTE: A Thirty (30) Day Previous Enrollment Placement Form cannot be used to alter an existing program or IEP. Only by convening an IEP meeting can you change, add, delete, increase or decrease programs or services.

## **SCHOLARS EXITING SPECIAL EDUCATION**

- A. Hold an exit IEP if scholar is still to be attending MLKEC Academy and send a copy to Mrs. Cindy Hartmann for MISTar update.
- B. If scholar has moved to another district, alert and Mrs. Cindy Hartmann for MISTar update.
- C. If scholar has dropped out of school, alert and Mrs. Cindy Hartmann for MISTar update.
- D. Mrs. Cindy Hartmann also needs to be informed of any special education scholar's death.

## **ELIGIBILITY CATEGORIES**

The Michigan Administrative Rules for Special Education (MARSE) define eligibility for special education services within thirteen categories of disability. A child or youth from birth through 26 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.





**Autism Spectrum Disorder (ASD)** Students with autism spectrum disorder have a lifelong developmental disability that adversely affects educational performance in academic, behavioral, and/or social ways. Students' exhibit impairments in reciprocal social interactions; qualitative impairments in communication, and restricted range of interests/repetitive behavior. Unusual or inconsistent responses to sensory stimuli may also be present. Rule 340.1715

**Cognitive Impairment (CI)** Students with cognitive impairment learn at a slower rate than "typical" students. Learning and independence levels vary, and programs will range from teaching academic and vocational skills, teaching daily living and pre-vocational skills, to teaching basic self-help skills. These students' progress will often be measured with alternate assessments. Rule 340.1705

**Deaf-Blindness (DB)** Students have concomitant hearing and visual impairment, the combination of which causes severe communication and other developmental and educational needs that require special supports. Rule 340.1717

**Early Childhood Developmental Delay (ECDD)** Students eligible under this category are children up to seven (7) years of age whose development is significantly delayed in one or more areas, and who do not qualify under any other special education eligibility. Rule 340.1711

**Emotional Impairment (EI)** Students with emotional impairment demonstrate behavioral problems, related to withdrawal, depression, low self-esteem, anxiety, physical complaints, etc., over an extended period of time that negatively affect their ability to learn. Rule 340.1706

**Hearing Impairment (HI)** Students with any degree of hearing loss that interferes with learning. These persons may have mild or moderate hearing loss or be totally deaf. Rule 340.1707

**Other Health Impairment (OHI)** Students with other health impairments have limited strength, vitality, or alertness which adversely affects the student's ability to learn. This includes attention deficit disorder, and health problems such as asthma, epilepsy, and diabetes. Rule 340.1709a

**Physical Impairment (PI)** Students with physical impairment have physical challenges which affect their ability to learn and may require adapted and/or special materials or equipment. Rule 340.1709

**Severe Multiple Impairment (SXI)** Students with multiple impairments have more than one disability in intellectual, physical and/or functional abilities. They typically require intensive intervention and supports for activities of daily living. Rule 340.1714

**Specific Learning Disability (SLD)** Students with a specific learning disability have 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 the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations,



including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Rule 340.1713

**Speech and Language Impairment (SLI)** Students who have difficulty with understanding or use of language may have speech or language impairment. This may interfere with learning and/or social adjustment in school and elsewhere. Typical symptoms may include poor listening skills, unclear speech, slow vocabulary development, immature grammar, difficulties with conversation, unusual loudness or quality of voice, or stuttering. Rule 340.1710

**Traumatic Brain Injury (TBI)** Students with traumatic brain injury have an acquired injury to the brain that has been caused by external physical force. This results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. Rule 340.1716

**Visual Impairment (VI)** Students who have severe problems with vision, whether partially sighted or blind, which interferes with development and learning. Characteristics may include visual acuity of 20/70 or less in the better eye, after correction, or a peripheral field of vision restricted to not more than 20 degrees. Rule 340.1708.

### **DETERMINATION OF ELIGIBILITY**

Consistent with the Individuals with Disabilities Education Act (IDEA) federal regulations at 34 CFR § 300.309 and the Michigan Administrative Rules for Special Education (MARSE) MLKEC Academy Individualized Education Program (IEP) Team determines if our scholars are eligible for Special Education Programs and/or Services based on the scholars needs and State eligibility criteria.

#### **R 340.1705 Cognitive impairment; determination.**

**Rule 5.** (1) Cognitive impairment shall be manifested during the developmental period and be determined through the demonstration of all of the following behavioral characteristics:

- (a) Development at a rate at or below approximately 2 standard deviations below the mean as determined through intellectual assessment.
- (b) Scores approximately within the lowest 6 percentiles on a standardized test in reading and arithmetic. This requirement will not apply if the student is not of an age, grade, or mental age appropriate for formal or standardized achievement tests.
- (c) Lack of development primarily in the cognitive domain.
- (d) Impairment of adaptive behavior.
- (e) Adversely affects a student's educational performance.

(2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a psychologist.

#### **R 340.1717 Deaf-blindness defined; determination.**

**Rule 17.** (1) Deaf-blindness means concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness. Deaf-blindness also means both of the following:

- (a) Documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment or hearing impairment, but the combination of the losses affects educational performance.
- (b) Such students function as if they have both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.

(2) A determination of the disability shall be based upon data provided by a multidisciplinary evaluation team which shall include assessment data from all of the following:



- (a) Medical specialists such as any of the following:
  - (i) An ophthalmologist.
  - (ii) An optometrist.
  - (iii) An audiologist.
  - (iv) An otolaryngologist.
  - (v) An otologist.
  - (vi) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.
- (b) A teacher of students with visual impairment.
- (c) A teacher of students with hearing impairment.

#### **R 340.1706 Emotional impairment; determination; evaluation report.**

**Rule 6.** (1) Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affects the student's education to the extent that the student cannot profit from learning experiences without special education support. The problems result in behaviors manifested by 1 or more of the following characteristics:

- (a) Inability to build or maintain satisfactory interpersonal relationships within the school environment.
  - (b) Inappropriate types of behavior or feelings under normal circumstances.
  - (c) General pervasive mood of unhappiness or depression.
  - (d) Tendency to develop physical symptoms or fears associated with personal or school problems.
- (2) Emotional impairment also includes students who, in addition to the characteristics specified in sub rule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.
- (3) Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.
- (4) When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:
- (a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
  - (b) The systematic observation of the behaviors of primary concern which interfere with educational and social needs.
  - (c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.
  - (d) Relevant medical information, if any.
- (5) A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a comprehensive evaluation by both of the following:
- (a) A psychologist or psychiatrist.
  - (b) A school social worker.

#### **R 340.1707 Hearing impairment explained; determination.**

**Rule 7.** (1) The term "hearing impairment" is a generic term which includes both students who are deaf and those who are hard of hearing and refers to students with any type or degree of hearing loss that interferes with development or adversely affects educational performance. "Deafness" means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. The term "hard of hearing" refers to students with hearing impairment who have permanent or fluctuating hearing loss which is less severe than the hearing loss of students who are deaf and which generally permits the use of the auditory channel as the primary means of developing speech and language skills.

- (2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include an audiologist and an otolaryngologist or otologist.

#### **R 340.1708 Visual impairment explained; determination.**

**Rule 8.** (1) A visual impairment shall be determined through the manifestation of both of the following:

- (a) A visual impairment which, even with correction, interferes with development or which adversely affects educational performance. Visual impairment includes both partial sight and blindness.
  - (b) One or more of the following:
    - (i) A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction.
    - (ii) A peripheral field of vision restricted to not more than 20 degrees.
    - (iii) A diagnosed progressively deteriorating eye condition.
- (2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include an ophthalmologist or optometrist.



(3) If a student cannot be tested accurately for acuity, then functional visual assessments conducted by a teacher certified in visual impairment may be used in addition to the medical evaluation for determination of impairment.

(4) For students with visual impairment who have a visual acuity of 20/200 or less after routine refractive correction, or who have a peripheral field of vision restricted to not more than 20 degrees, an evaluation by an orientation and mobility specialist shall be conducted. The orientation and mobility specialist shall also include in the report a set of recommended procedures to be used by a mobility specialist or a teacher of students with visual impairment in conducting orientation and mobility training activities.

**R 340.1709 "Physical impairment" defined; determination.**

**Rule 9.** (1) "Physical impairment" means severe orthopedic impairment that adversely affects a student's educational performance.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include assessment data from 1 of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

**R 340.1709a "Other health impairment" defined; determination.**

**Rule 9a.** (1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

(a) Is due to chronic or acute health problems such as any of the following:

- (i) Asthma.
- (ii) Attention deficit disorder.
- (iii) Attention deficit hyperactivity disorder.
- (iv) Diabetes.
- (v) Epilepsy.
- (vi) A heart condition.
- (vii) Hemophilia.
- (viii) Lead poisoning.
- (ix) Leukemia.
- (x) Nephritis.
- (xi) Rheumatic fever.
- (xii) Sickle cell anemia.

(b) The impairment adversely affects a student's educational performance.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

**R 340.1710 "Speech and language impairment" defined; determination.**

**Rule 10.** (1) A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.

(2) A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:

(a) A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:

- (i) Phonology.
- (ii) Morphology.
- (iii) Syntax.
- (iv) Semantics.
- (v) Pragmatics.



- (b) Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
- (c) Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
- (d) Voice impairment, including inappropriate pitch, loudness, or voice quality.
- (3) Any impairment under sub rule (2) (a) of this rule shall be evidenced by both of the following:
  - (a) A spontaneous language sample demonstrating inadequate language functioning.
  - (b) Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.
- (4) A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
- (5) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

**R 340.1711 "Early childhood developmental delay" defined; determination.**

**Rule 11.** (1) "Early childhood developmental delay" means a child through 7 years of age whose primary delay cannot be differentiated through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716 and who manifests a delay in 1 or more areas of development equal to or greater than 1/2 of the expected development. This definition does not preclude identification of a child through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716.

(2) A determination of early childhood developmental delay shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team.

**R 340.1713 "Specific learning disability" defined; determination.**

**Rule 13.** (1) "Specific learning disability" means a disorder in 1 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 to do mathematical calculations. The term includes such conditions as perceptual impairments, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of a visual, hearing, or motor impairment, of a cognitive impairment, of an emotional impairment, of autism spectrum disorder, or of environmental, cultural, or economic disadvantage. (2) The individualized education program team may determine that a child has a specific learning disability if the child does not achieve commensurate with his or her age and ability levels in 1 or more of the areas listed in this sub rule, when provided with learning experiences appropriate for the child's age and ability levels, and if the multidisciplinary evaluation team finds that a child has a severe discrepancy between achievement and intellectual ability in 1 or more of the following areas:

- (a) Oral expression.
  - (b) Listening comprehension.
  - (c) Written expression.
  - (d) Basic reading skill.
  - (e) Reading comprehension.
  - (f) Mathematics calculation.
  - (g) Mathematics reasoning.
- (3) The individualized education program team shall not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of any of the following:
- (a) A visual, hearing, or motor impairment.
  - (b) Cognitive impairment.
  - (c) Emotional impairment.
  - (d) Autism spectrum disorder.
  - (e) Environmental, cultural, or economic disadvantage.
- (4) At least 1 individualized education program team member other than the student's general education teacher shall observe the student's academic performance in the general education classroom setting. For a child who is less than school age or who is out of school, an individualized education program team member shall observe the child in an environment appropriate for a child of that age.



(5) For a student suspected of having a specific learning disability, the documentation of the individualized education program team's determination of eligibility shall include a statement concerning all of the following:

- (a) Whether the student has a specific learning disability.
  - (b) The basis for making the determination.
  - (c) The relevant behavior noted during the observation of the student.
  - (d) The relationship of that behavior to the student's academic functioning.
  - (e) The educationally relevant medical findings, if any.
  - (f) Whether there is a severe discrepancy between achievement and ability that is not correctable without special education and related services.
  - (g) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.
- (6) Each individualized education program team member shall certify, in writing, whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member shall submit a separate statement presenting his or her conclusions.
- (7) A determination of learning disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include at least both of the following:
- (a) The student's general education teacher or, if the student does not have a general education teacher, a general education teacher qualified to teach a student of his or her age or, for a child of less than school age, an individual qualified by the state educational agency to teach a child of his or her age.
  - (b) At least 1 person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, an authorized provider of speech and language under R 340.1745(d), or a teacher consultant.

#### **R 340.1714 Severe multiple impairment; determination.**

**Rule 14.** (1) Students with severe multiple impairments shall be determined through the manifestation of either of the following:

- (a) Development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions:
    - (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
    - (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility.
    - (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance.
    - (iv) A health impairment so severe that the student is medically at risk.
  - (b) Development at a rate of 3 or more standard deviations below the mean or students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the following conditions:
    - (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
    - (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility.
    - (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance.
    - (iv) A health impairment so severe that the student is medically at risk.
- (2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a psychologist and, depending upon the disabilities in the physical domain, the multidisciplinary evaluation team participants required in R 340.1707, R 340.1708, or R 340.1709, R 340.1709a, or R 340.1716.

#### **R 340.1715 "Autism Spectrum Disorder" defined; determination.**

**Rule 15.** (1) Autism spectrum disorder is considered a lifelong developmental disability that adversely affects a student's educational performance in 1 or more of the following performance areas:

- (a) Academic.
- (b) Behavioral.
- (c) Social.

Autism spectrum disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.

(2) Determination for eligibility shall include all of the following:

- (a) Qualitative impairments in reciprocal social interactions including at least 2 of the following areas:
  - (i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
  - (ii) Failure to develop peer relationships appropriate to developmental level.
  - (iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.
  - (iv) Marked impairment in the areas of social or emotional reciprocity.
- (b) Qualitative impairments in communication including at least 1 of the following:
  - (i) Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of



communication such as gesture or mime.

(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.

(iii) Stereotyped and repetitive use of language or idiosyncratic language.

(iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

(c) Restricted, repetitive, and stereotyped behaviors including at least 1 of the following:

(i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

(ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.

(iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements.

(iv) Persistent preoccupation with parts of objects.

(3) Determination may include unusual or inconsistent response to sensory stimuli, in combination with subdivisions (a), (b), and (c) of sub rule 2 of this rule.

(4) While autism spectrum disorder may exist concurrently with other diagnoses or areas of disability, to be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.

(5) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language under R 340.1745(d), and a school social worker.

#### **R 340.1716. "Traumatic brain injury" defined; determination.**

**Rule 16.** (1) "Traumatic brain injury" means an acquired injury to the brain which is caused by an external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas:

(a) Cognition.

(b) Language.

(c) Memory.

(d) Attention.

(e) Reasoning.

(f) Behavior.

(g) Physical functions.

(h) Information processing.

(i) Speech.

(2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

(3) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include an assessment from a family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

## **PLACEMENT IN AN EDUCATIONAL SETTING**

MLKEC scholars are placed in the Least Restrictive Environment (LRE). This means that our scholars will participate in the General Education Setting with their peers without disabilities as much as possible.

As with any process and procedure, there will be exceptions to the rule. The procedures above were developed to clarify what is needed and when. Please adhere to this process. Any questions or concerns should be directed to Mr. Pendleton at (313) 717-6098.