

Guidelines for Determining Emotional Impairment



November 2003



Kent Intermediate School District

We lead learning



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IEP Team

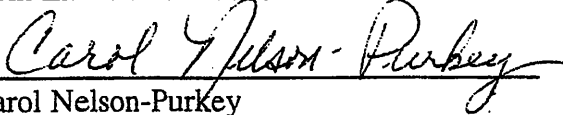
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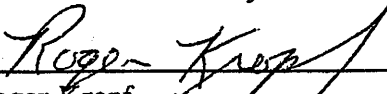
That representative(s) from my local school district and public school academy (PSA) were involved in the development of the **Guidelines for Determining Emotional Impairment** to assist Multidisciplinary Evaluation Teams in the identification and re-evaluations of students with emotional impairments within the Kent Intermediate School District. My signature certifies the fact that my district or PSA will implement the **Guidelines for Determining Emotional Impairment**.




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Kent Intermediate School District



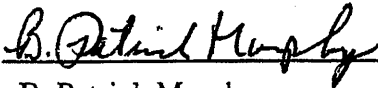
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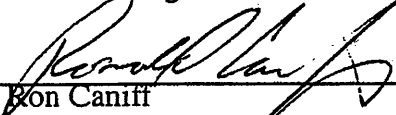
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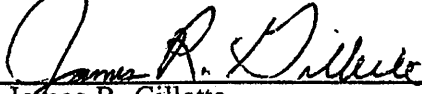
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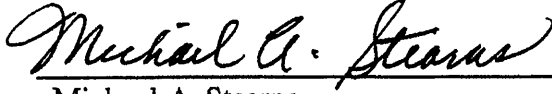
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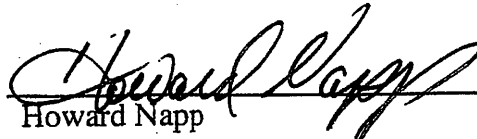
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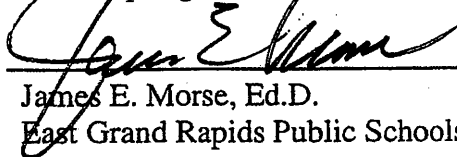
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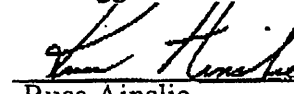
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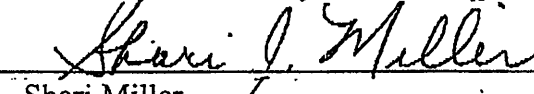
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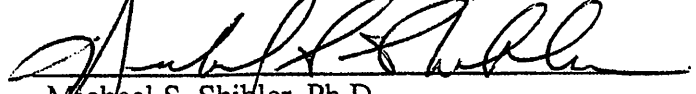
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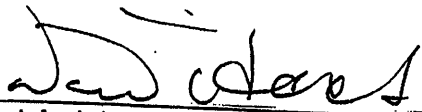
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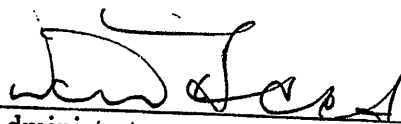
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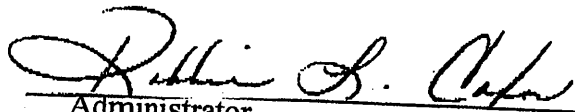
Public School Academy Signatures



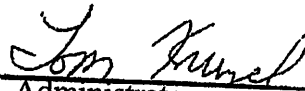
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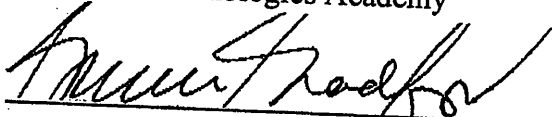
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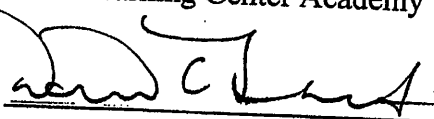
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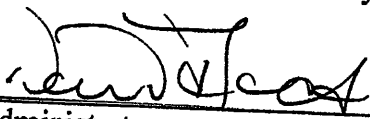
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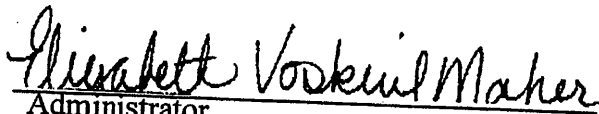
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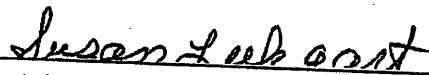
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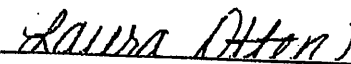
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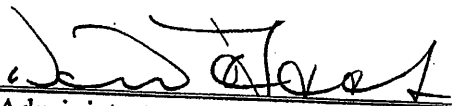
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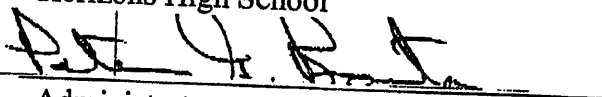
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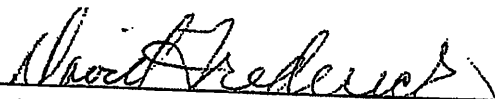
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Preface

A team of professionals developed these revised *Guidelines for Determining Emotional Impairment* over the past year. Dedicated members of the core team and subcommittees represented a collective voice from all four regions within Kent ISD.

There is a concern in Michigan about over-identification of emotional impairment. Appropriately identifying, evaluating, and determining eligibility is difficult and challenging for this population. The purpose of these revised guidelines is to support consistency across the county in identifying, evaluating, and providing service to students with an educational emotional impairment.

It is critical for evaluation teams within Kent ISD to work together when key decisions are made in planning and carrying out evaluations. It is important that we follow these guidelines to reduce the risk of misidentifying, mislabeling or programming unnecessarily for a student. We need to continue to provide support for all the students in the least restrictive environment.

I would like to thank all the members of the Kent ISD EI Guidelines Revisions Committee for the hard work and commitment they provided to this project. The work of this committee will provide support and improved services for students within our county.

Michael S. Weiler, Superintendent
Kent Intermediate School District

Introduction

To be eligible for special education services a student must meet the criteria within the eligibility category set forth by the *Individuals with Disabilities Education Act (IDEA 97)*. The ultimate goal of this committee was to update Kent ISD's guidelines to align with *IDEA* and the *Michigan Revised Administrative Rules for Special Education (2003)*. Another goal is to assure appropriate general education interventions are implemented and documented to support students who will be educated in the least restrictive environment. Policies, practices, and issues facing the identification of students with an emotional impairment were examined. The information in this document is research based and reflects the collective knowledge and experience of many people. The purpose of these guidelines is to:

- Promote consistent identification of students with an emotional impairment within Kent ISD.
- Provide a link to federal regulations and state rules.
- Provide practical tools and resources for evaluation teams
- Recommend required and appropriate evaluations for identifying a student with an emotional impairment.

It is the hope that this document will provide guidance, direction and clarification to those responsible for identifying students with an emotional impairment.

General Education Interventions

Pre-Referral Process

The Kent Intermediate School District recommends a pre-referral process to be implemented as an integral part of the referral procedures. The purposes of this process are to:

- Identify a problem.
- Identify a student's strengths and needs.
- Identify potential diagnostic/prescriptive techniques.
- Implement those techniques with the anticipated outcome of resolving a student's academic/behavioral problems in the general education setting.

This process will help ensure that students are being educated in the **least restrictive environment** as required by Public Act 451 and the Individuals with Disabilities Act of 1997 (IDEA 97), and will reduce the frequency of inappropriate referrals to special education. It is important that appropriate educational techniques and alternatives have been attempted and documented prior to referring a student for special education services.

A student suspected of having an emotional impairment should only be referred after he/she has been provided with behavioral intervention strategies including a Functional Assessment of Behavior and Positive Behavior Support Plan (Page 6) appropriate to his/her age and ability levels in general education. The behavioral intervention strategies should be documented, assessed and modified if needed. Appropriate, comprehensive interventions should be implemented for a minimum of 45 school days.

The pre-referral process is most effectively conducted by a student study team composed of teachers and related service personnel operating at the local building level. Depending on the district, students will be referred to a "student support team", "building team", "diagnostic/prescriptive team", or other team with a similar function. Regardless of the name, the committees function in a similar manner. **It is important to remember that information generated during the implementation of this process provides a source of information for the IEP Team to use in determining if special education services are necessary for an individual student.** It is appropriate for all teachers working with the student to be involved with the documentation of the student's classroom performance and the educational alternatives utilized to increase his/her ability to function in general education.

Key Elements to a Good Intervention

- Do your homework. Be sure to check with parents and teachers from previous years for suggestions of strategies which have been implemented and their respective outcomes.
- Set your expectations for students within their capabilities. A good intervention should always increase a student's likelihood for success.

- Prevent students from getting behind the rest of the class; this only reinforces their feelings of inadequacy.
- Keep good notes on the behavior in question and what you have done to remediate the problem.
- Target only one or two behaviors at a time. Focusing on more than two behaviors generally results in more frustration and confusion for both the teacher and student.
- Set reasonable time frames for intervention implementation.
- State expected behavior and consequences from a strength-based perspective; successful interventions take into account the assets of the individual; always follow through and always be consistent.
- Ensure student participation in creation of interventions and their consequences that are developmentally appropriate.

Intervention Strategies

Suggestions for dealing with a child who presents as **withdrawn, silent, or sad:**

- Don't force the child to answer if he doesn't want to, even though you know he has the right answer.
- Arrange special project times for the child in the room with a special teacher- sometimes alone, sometimes with other children.
- Try to involve the child in some small group, non-academic activities.
- Try to arrange some "alone time" for the child – even three or four minutes with you.
- Try to get one or two of the more understanding students in the class to befriend the child occasionally.
- Send the child on an errand you know he can handle.
- Have the child tell you what he did last night, over the weekend.
- Have the child listen to simple riddles; then ask him to answer them.
- Find out from the parents what the child likes to do at home, and work out a project he could do and bring to school.
- Set up a point system for a specific behavior, using a special project or special times with a favorite teacher as the earned reward.
- Give verbal rewards for being on time, handing in neat work, getting work in on time.
- Encourage oral language activities.
- Refer the student to the school social worker, counselor, or psychologist.

Suggestions for dealing with a child who presents as **nervous, worrisome, or complains of illness often:**

- Have the child sit in the front of the room near the teacher.
- Have rules posted around the classroom.
- Make the child follow classroom rules as everyone else.
- State expected short term behavior and consequences; always follow through and always be consistent.

- Talk openly and honestly with the child about some of his behaviors. Venture some guesses as to how you might see it from his point of view – many times he will respond.
- Solve problem with student privately, not publicly.
- Be very frank with the child, pointing out the realities of a given situation – this will need to be done more than once.
- Find out from the parents if the child really has a physical problem and, if possible, set specific times for him to use the washroom, see the nurse, etc...
- Be consistent in terms of assignments – when they must be done and quality that will be accepted.
- Have frequent brief conversations with the child so he knows he can't play parent against the teacher.
- Refer the student to the school social worker, counselor, or psychologist.

Suggestions for dealing with a child who presents as **fidgety, overly energetic, or impulsive:**

- Have the child sit in the front of the room, near the teacher.
- Give verbal rewards for being on time, handing in neat work, getting work in on time.
- Stand by the child's desk as often as possible when talking to the class.
- Send complimentary notes home when the child's behavior is appropriate and/or improving.
- Ignore disruptive behavior if possible; compliment the child with a verbal and physical gesture when he is behaving appropriately.
- Give the child a special project when he behaves well.
- Be consistent.
- Find positive consequences for the child to develop the desire to be good.
- Make the child follow classroom rules as everyone else.
- Have the child repeat directions to see if he understands them.
- Be more visual in giving directions; show the children exactly what will be expected of them.
- Utilize the ALERT program (sensory integration program) within the classroom.

Suggestions for dealing with a child who presents as though **daydreaming, distracted, or inattentive:**

- Have the child sit in the front of the room, near the teacher.
- Monitor the child's work; ask him to show you what he has done when half completed, and have him explain what he is doing.
- Utilize an academically stable student to help monitor this child's work or to help explain directions to him.
- Use indoor recess to utilize many kinds of listening games to help children improve skills.
- Check the child's work frequently; don't stay at your desk while the children work; walk around and spread encouragement.
- Have the child do shortened versions of the class project.

- Have the child check with you when half the work is completed to make sure he is doing it correctly; compliment him when it is.
- Show the child how to organize his work; you do an example, pointing out how one should space words, skip lines between answers, etc....
- Don't let the child talk off topic, especially during independent work times; he can speak only of math during math time, etc....
- Say the child's name once in a while to see what he is doing.
- Time the child for getting started, "10 seconds to get your name on the paper".
- Adjust the assignment for the child's short attention span.
- Give visual examples, especially for math.
- Allow the child to do every other problem.
- Use short, complete sentences, especially when giving oral directions, and pause after the delivery of each idea; avoid run-on sentences.

Suggestions for dealing with a child who presents as **angry, frustrated, or irritable:**

- Have the child sit in the front of the room near the teacher.
- Isolate the child's desk, but remember that he is there when he is not being disruptive.
- Use direct eye contact whenever talking to the child.
- Give the child a special project whenever he behaves well.
- Use of appropriate humor.
- Never fly off the handle; this child lives off the teacher's frustrations.
- Don't give the child an inch; always be consistent.
- Solve problem with student privately not publicly.
- Find positive consequences for the child to develop a desire to be good.
- Time out - remove to different room, setting, etc....
- State expected short-term behavior and consequences; always follow through and always be consistent.
- Use relaxation methods (deep breathing, counting to 10, visualizations).
- Use of 123 Magic discipline system.
- Use a behavior plan.
- Try to talk openly and honestly with the child about some of his behaviors. Venture some guesses as to how you might see it from his point of view – many times he will respond.
- Model strategies for the student to approach work/behavior.
- Refer the student to the school social worker, counselor, or psychologist.

Functional Assessment of Behavior

Student _____ Birthdate _____
School/Grade _____ IEP Date/Program _____
Reading/Math Instructional Levels _____
Participants _____

Describe Behavior

Describe the student's strengths:

What is the target behavior? List the challenges that impede the student's development/learning. (E.g. tantrums, aggression, non-engagement, self-abusive):

Describe other significant variables (Communicative behavior, social skills, learning style, sensory input and tolerance, medical conditions)

Collect Data

Where, when, and how frequently does the target behavior(s) occurs?
Include early signs, verbal and non-verbal.

Describe the duration and intensity of the targeted behavior(s).

What are the antecedent event(s) associated with the target behavior? (E.g. time, prior event, transitions, hunger)

Describe the situational and/or environmental events that may be contributing the target behavior. (E.g. instructions, activity, error, no attention)

Collect Data Continued

Describe the event(s) that happens immediately after the targeted behavior?
(Consequences)

Under what circumstances has there been an absence of the targeted behavior(s)?

Describe the past and present interventions implemented to reduce the targeted behavior(s). Include any proactive strategies to prevent the behaviors.

Have the interventions been applied consistently? Yes _____ No _____
If no, explain the problem and/or difficulties.

What has been the student response?

Describe parental involvement in addressing the targeted behavior.

Hypothesis

Describe what you think the student gets from the behavior. (E.g. gain/avoid attention, increase/decrease stimulation)

Identify possible reinforcers for the student's behavior.

Describe the possible hypotheses to explain the behavior.

Functional Assessment Direct Observation

Student _____ Describe Behavior _____

	Describe Behavior	Collect Data			Hypothesis	
Date/ Time	Target Behavior e.g. tantrums, aggression, non- engagement	Setting Event e.g. time, prior negative event, transitions, hunger	Antecedent e.g. instructions, activity, error, no attention	Consequence e.g. end of activity, feedback, attention punishment	Function Gain something, avoid/escape, Increase/decrease stimulation	Hypothesis Positive/negative reinforcement, stimulation

Positive Behavior Intervention Plan

IDEA 97 requires that IEP teams undertake Functional Behavior Assessment Plans also known as Functional Assessment of Behavior (FAB), and Positive Behavior Intervention Plans also known as Behavior Intervention Plans (BIP) for students with emotional or behavior concerns. What is a Functional Assessment of Behavior? FAB is an assessment process for gathering information to develop student support plans. A comprehensive functional assessment identifies the consequences to maintaining behaviors and the contexts in which those behaviors reflect antecedents and setting events. It is flexible and revised as needed. The information obtained during the FAB is used to develop a Behavior Intervention Plan (BIP). The FAB and BIP can be undertaken by an individual teacher and the parent, or a team with the parent. A simple plan, initiated early by the teacher may prevent more severe behaviors, which would require a more involved plan.

Basic Beliefs Supporting Functional Assessment of Behavior

- Problem behavior serves a specific purpose or function, and can serve multiple purposes in the same setting or across settings.
- Behavior has a purpose, it does not occur randomly. Medical, emotional, neurological, sleep, or other types of problems may be the cause of challenging behavior. Problem behavior may serve as a means of communication.
- Behavior support must always protect the dignity of the person.
- The point of understanding the behavior is to teach and/or develop effective alternatives not just to eliminate undesirable behavior.
- Functional assessment is a method for looking at relationships between behavior and the environment.

When is a Functional Assessment of Behavior Necessary or Helpful?

- If a student's behavior interferes with learning or they are not progressing toward the written goals and objectives on the student's IEP.
- In planning a response to the behavior that results in a significant change of school placement due to expulsion or suspension.
- When a student with a disability is educated in an alternative education setting due to possession or use of illegal drugs, controlled substances, or weapons.
- To successfully and thoroughly complete the manifestation determination review.

Four Steps to a Functional Assessment of Behavior and Behavior Intervention Plan

1. Describe Behavior
2. Collect Additional Data
3. Develop a Hypothesis
4. Design an Intervention

What is a Behavior Intervention Plan? It is a written, individualized, behavior support plan based on the function assessment of the student’s behavior. It is flexible and can be revised as needed.

Basic Beliefs Supporting a Behavior Intervention Plan

- Something you do for the student, not to the student
- A team effort
- Based on a functional assessment
- Based on data
- Driven by the hypothesis
- Directed toward skill building and environmental changes
- Comprehensive, with multiple intervention components

Comparison of Traditional Behavior Management and Positive Behavior Support

Traditional Behavior Management	<i>Compared to</i>	Positive Behavior Support
Views the person as the problem		Views the system, setting, or skill deficiency as the problem
Attempts to “fix” the person		Adjusts the systems and setting and improves skills
Emphasizes reducing or eliminating behavior		Identifies and teaches replacement skills and builds relationships
Relies frequently on negative consequences		Primarily relies on positive approaches
“Quick fix” expectations		Goal of sustained results achieved over time
Designed by “expert”		Developed by a collaborative Team
Objective: “Management of students by teachers/ administrators		Objective: Student self-regulation of behavior and greater functional control of one’s life. Improved student skills lead to improved quality of life

Information from this section comes from the Michigan Department of Education, Positive Behavior Support for All Michigan Students, February 2000

Behavior Intervention Plan

Student _____ Birthdate _____ Date _____
Teacher _____ IEP Date _____ Met Date _____

Participants

Title

_____	_____
_____	_____
_____	_____
_____	_____

Target Behaviors

- 1.
- 2.
- 3.

Behavioral Goals (State in observable, measurable terms related to target behaviors)

- 1.
- 2.
- 3.
- 4.

Interventions: _____ **Person Responsible** _____

1. Proactive Strategies/Classroom Accommodations

2. Replacement Behaviors/Alternative Pro-social Skills

3. Instructional Based Strategies

Timeline for Implementation

Follow-up meeting:

Plan Revisions (Date)

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Information written and gathered by: Amy Rhoades and Chris Kenward

Definition of Emotional Impairment

R340.1706 Determination of Emotional Impairment

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

- Inability to build or maintain satisfactory interpersonal relationships within the school environment;
- Inappropriate types of behavior or feelings under normal circumstances;
- General pervasive mood of unhappiness or depression; or
- Tendency to develop physical symptoms or fears associated with personal or school problems.

The term "emotional impairment" also includes persons who, in addition to the above characteristics, exhibit maladaptive behaviors related to schizophrenia or other similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted unless it is determined that such persons have an emotional impairment.

Emotional impairment shall not include persons whose behaviors are primarily the result of intellectual, sensory or health factors.

A determination of impairment shall be based on data provided by a multidisciplinary team which shall include a comprehensive evaluation by the following:

- A psychologist or psychiatrist
- A school social worker

Emotional impairment shall not include persons whose behaviors are due to lack of instruction in reading, math or limited English proficiency.

R340.1706 Definitions of Terms

Manifestation of behavioral problems primarily in the affective domain

The affective domain includes areas such as emotional stability and control, interaction and response to others, problem solving, ability to work with others, and self-control (anxiety, depression, low self-esteem).

Over an extended period of time

This phrase means the student has a history of emotional impairment (EI) symptoms or characteristics that have been exhibited for at least ninety days. However, the severity of certain EI symptoms and the danger they may pose for the student and/or others when they occur, may dictate that professional judgment take precedence over this timeline. If the condition has been evident for less than three months, the multidisciplinary evaluation team must indicate a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

Adversely affecting the person's educational performance

This phrase refers to those EI characteristics which interfere primarily with academic performance and/or social functioning in the school setting to a marked degree. This refers to the frequency, duration or intensity of a student's behavior in comparison to peers. The condition must be pervasive (continuing over time) and intense (overt, acute, observable). The adverse effect may be indicated by either reduced work production in the classroom or by lowered academic achievement. Private evaluations/DSM-IV diagnoses do not by themselves qualify a student for an educational emotional impairment.

R340.1706 (1)a Inability to Build or Maintain Satisfactory Interpersonal Relationships Within the School Environment

This criterion means the student does not relate to others in an appropriate manner. Interpersonal relationships refer to a student's actions and reactions to peers and adults in the school environment. Consideration of the student's developmental level is critical under this determination of eligibility. There is a wide range of "normal" due to personality differences and familial or cultural traits. Problem behaviors must be pervasive, generally affecting relationships with all teachers and peers and occurs over an extended period of time. It should be emphasized that "inability" must be differentiated from "unwilling" or "lacking the social skills." Some children lack social skills or choose not to build relationships.

Students may exhibit behavior(s) similar to the following. Frequency, intensity and duration must be considered.

- Acts verbally or physically aggressive to other students and/or adults
- Withdraws and isolates physically and/or verbally from others
- Demonstrates fear of peers, teachers and/or adults
- Has no friends in home, school and/or community setting
- Does not maintain socially appropriate interactive behavior with others
- Acts emotionally unresponsive to people
- Exhibits inappropriate sexual behaviors
- Alienates others by seeking excessive approval
- Persistently demonstrates regressive behaviors when stressed

Students with this characteristic are very anxious in interpersonal situations and react with avoidance, fear and/or withdrawal as well as students who alienate others by intensity of need for attention due to poor self-esteem or atypical ideas/behavior related to poor reality testing.

It should be emphasized that the above behaviors do not include fighting in and of itself. Students would not meet this criteria, despite problems with some peers/adults, if able to develop and maintain satisfactory relationships with other peers/adults, or if fighting is a "lifestyle" issue.

R340.1706 (1)b Inappropriate Types of Behaviors or Feelings Under Normal Circumstances

This criterion means the behaviors must be psychotic or extremely atypical, for which no observable reason exists. More specifically these behaviors are intrapersonal in nature. They may be potentially or actually harmful. Mere misconduct does not qualify a student in this category. Students who are choosing not to comply also would not meet this criteria.

Students may exhibit behavior(s) similar to the following. Frequency, intensity and duration must be considered.

- Over-reacts to everyday occurrences (i.e. rage, excessive laughter, hysterics)
- Exhibits catastrophic or panic reactions to everyday occurrences
- Demonstrates flat, distorted or excessive affect
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual), or thought disorders (i.e. obsessive thoughts, illogical thinking, dissociative thinking, or paranoia)
- Demonstrates extreme mood swings
- Exhibits inappropriate sexually related behaviors
- Exhibits compulsive behaviors, persistent, recurrent, and intrusive behaviors

This includes students with thoughts and/or emotions that vacillate unpredictably from one extreme to another and over which the student has no control. This criterion **does not** include students attempting to avoid stressful situations or students who are under the influence of drugs or alcohol.

R.340.1706 (1)c General Pervasive Mood of Unhappiness or Depression

This criterion means a student must exhibit depressive symptomatology which typically involves changes in all four major areas: (1) affective, (2) motivation, (3) physical/motor functioning, and (4) cognition. A pervasive mood is one that affects all aspects of a person's life.

(1) Affective:

- Isolates self from peers, adults or family when not appropriate
- Expresses feelings of worthlessness, helplessness, ineffectiveness, or excessive guilt
- Displays extreme anger or frustration in spite of efforts to control anger
- Demonstrates hyperactivity in young children
- Expresses feelings of extreme sadness, suicidal ideation

(2) Motivation:

- Demonstrates loss of interest in new/familiar activities
- Shows a decline in academic performance
- Assumes failure or refuses to attempt tasks

(3) Physical /Motor functioning (for no apparent medical reason):

- Loses appetite for long term and demonstrates significant weight loss or increased appetite/weight gain
- Experiences insomnia or hypersomnia
- Shows deterioration in appearance
- Reports or exhibits on-going unsubstantiated medical problems
- Demonstrates psychomotor agitation or lethargy

(4) Cognition:

- Experiences difficulty attending, thinking and concentration
- Demonstrates overly perfectionistic tendencies

Suicidal intent should always be explored when the student appears depressed, threatens suicide, or expresses a death wish. While such acts do not constitute evidence of emotional impairment per se, it should be an alert to school personnel. Short-term/situational depression or depression would not fit this definition. A clinical diagnosis (DSM-IV) of depression does not guarantee eligibility for an educational emotional impairment. A student's education must be adversely affected to the point where he/she cannot profit from regular learning experiences without special education support.

340.1706(1)d Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Before analysis of physical symptoms or fears is undertaken, information regarding a student's medical condition should be reviewed. After consultation with a medical professional and behavior interventions have occurred, an evaluation can proceed. This evaluation should center upon the psychological/emotional factors that could be causing the symptoms that interfere with school performance. Very few students with emotional impairment establish eligibility under this criterion. The most likely example would be a student experiencing school phobia. School phobia is the persistent refusal to go to school based on some underlying anxiety.

Physical symptoms might include:

- Facial tics, twitching, rocking, head banging;
- Somatic complaints (i.e. headaches, stomach aches, racing heart, diarrhea)

Fears might include:

- Persistent and irrational avoidance of a specific person, object or situation;
- Intense, disabling anxiety often reaching panic proportions when a person, object, or situation is approached.

Under this criterion, physical symptoms are not under voluntary control. There must be positive evidence or strong presumption that physical symptoms are linked to psychological factors or conflict.

Exclusionary Factors

R340.1706 (3) “Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.”

Factors To Consider

The intent of the eligibility criteria is to assure that students will be appropriately assessed R340.1702. Many factors must be considered as professionals collect information when determining if the student has an emotional impairment. A student may exhibit behaviors consistent with an emotional impairment which are primarily the result of other factors.

The Multidisciplinary Evaluation Team (MET) must consider the presence of these other factors. This determination should include screenings and follow-up evaluations by qualified personnel. The results of the screenings/evaluations and the recommendations regarding educational programming must be included in the team’s written report (s). The MET must consider and verify that the behaviors are/are not primarily the result of intellectual, sensory, or health factors.

Intellectual:

The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

Sensory:

Some examples are visual concerns, hearing concerns, tactile defensiveness, etc.

Health:

May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette’s Syndrome, medication reactions, ADHD, etc.

Social Maladjustment :

See page 22

Additional Considerations:

Assessment of the student’s behavior should include consideration of the student’s:

- Age/developmental level
- Cultural background
- Education/school environment
- Parents/guardians value system
- Drug or alcohol use/abuse
- Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student’s behavior, the student may not be identified as having an emotional impairment.

34CFR§300.534

- (b) “A child may not be determined eligible under this part if —
- (c) The determinant factor for that eligibility determination is—
 - (1) Lack of instruction in reading or math; or
 - (2) Limited English Proficiency; or ...

Information should be gathered regarding the following:

- Lack of instruction in reading or math
- Continued absenteeism or truancy which significantly interferes with the student’s academic and social progress.
- A history of frequent school changes may indicate sufficient reason for school integration and adaptation problems for the student.
- Appropriate instructional and intervention strategies must be implemented in general education. Special education eligibility should not be considered without documented evidence of these strategies and their effectiveness.
- Poor school performance, solely due to lack of student motivation or interest in school, may not be indicative of an emotional impairment.
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of an Emotional Impairment.
- A student whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency. A student with LEP must not be considered eligible for special education programs and services based solely on his/her English language skills.

Social Maladjustment

Overview

IDEA regulations explicitly exclude students who are socially maladjusted from eligibility on the basis of emotional impairment.

34CFR§300.7(c)(4)(ii) *The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.*

The term is also found in the Michigan Revised Administrative Rules for Special Education (2002) as stated below:

R340.1706(2) *The term 'emotional impairment' does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.*

The term “social maladjustment” is an educational concept that has not been defined on the federal or state level. The term is also not found in clinical literature. Therefore, an understanding of this term has been left to individual school districts or local educational agencies (LEAs). A refinement of the concept is derived from a combination of educational literature and practice as well as administrative decisions and court interpretations.

Behaviors that bring a child to the point of referral are often the same whether the child is socially maladjusted and/or has an emotional impairment. The intent of the law is to exclude those children who are **solely** socially maladjusted and not those who also have an emotional impairment. This distinction is not always easy to make. It is essential for the Multidisciplinary Evaluation Team (MET) to determine if the student has an emotional impairment, is socially maladjusted, or both before making its recommendation to the IEP Team.

Definition

“Although there is no commonly agreed upon, clear definition of handicap, there is one notion that is presumably common to all definitions of this term, namely, its involuntary nature” (Clarizio, 1992). Students with an emotional impairment, therefore, are viewed as lacking the ability to control themselves. When we refer to social maladjustment, behavior is viewed as intentional, a distinguishing feature between social maladjustment and emotional impairment.

Social maladjustment is conceptualized as a conduct problem. A federal district court accepted a definition of social maladjustment as “a persistent pattern of violating societal norms... a perpetual struggle with authority, easily frustrated, impulsive and

manipulative.” (Doe v. Sequoia Union High School District (N.D. Cal. 1987)). Although these students are capable of behaving appropriately, they intentionally choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. They do not take responsibility for their actions and often blame others for their problems.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. “... they often engage in purposive acts designed to garner attention, to intimidate others for material gain, to control turf, or to avoid responsible behavior” (Clarizio, 1992). Most demonstrate a lack of age appropriate concern for their behavior and its effects on others. They lack empathy. Anxiety is generally not related to the misbehavior of socially maladjusted students, unless it is due to the fear of consequences. There is little remorse demonstrated for the actual misbehavior.

In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment.

Social maladjustment, an educational term, is often interchanged with different clinical terms. Features of social maladjustment are identified in certain psychiatric/psychological conditions. In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as Conduct Disorders, Oppositional Defiant Disorders or Antisocial Disorders. Administrative decisions and court cases have treated these disorders and social maladjustment as the same for purposes of eligibility determinations.

In making a differential diagnosis, clinical criteria may be available to the Multidisciplinary Evaluation Team. Disorders typically viewed as internalizing, such as affective disorders, elective mutism, separation anxiety disorder, **may** indicate emotional impairment, whereas, disorders viewed as externalizing, such as conduct disorders or oppositional disorder, **may** indicate social maladjustment. When making a differential diagnosis it is extremely important to remember that the external behavior may look the same but the underlying reason, etiology and intent of the behavior may be very different.

The DSM-IV is a separate clinical diagnostic system. It does not include categories of emotional impairment or social maladjustment. The diagnosis provided under the DSM-IV criteria does not guarantee eligibility for special education. For example, it is possible for a student who is eligible under the special education guidelines for emotional impairment and a student who is found to be solely socially maladjusted to each have a DSM-IV diagnosis in common such as Oppositional Defiant Disorder. It is incumbent upon the Multidisciplinary Evaluation Team to apply educational, not clinical, criteria in making the eligibility recommendation.

Differential Diagnosis

Differential diagnosis is a complex process. The most prominent characteristics of social maladjustment are:

- Intentional behavior – characterized by the violation of socially acceptable rules and norms
- Lack of empathy
- Failure to take responsibility for behavior
- Demonstrates little remorse for misbehavior

Students with a social maladjustment rebel against rules and regulations while demonstrating knowledge of such rules, and have the intellectual ability to conform to them. They may show a lack of interest in school programs through high levels of truancy, tardiness, and/or low school achievement.

Students may be found eligible under the rules for emotional impairment if they meet the characteristic of “an inability to build or maintain satisfactory interpersonal relationships within the school environment”. However, the existence of interpersonal conflicts or difficulties does not in itself determine emotional impairment. Students with a social maladjustment often violate the rights of others (not necessarily with overt aggression) and are in conflict with those in positions of authority. Furthermore, many of the relationships of these students are characterized by a lack of true empathy, and are viewed as emotionally shallow. In seeking to meet their own needs, such individuals tend to be egocentric and manipulative of others. They have a tendency to blame others in conflict situations.

The following chart of characteristics is designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both.

Table 2
Common Characteristics and Rating Scale

The characteristics listed below can also be used as a rating scale. Place a mark on the continuum provided beneath each set of characteristics to indicate which set most closely describes the student.

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Attitude toward school	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
School Attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to be truant.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Peer Relations	Ignored or rejected.	Generally accepted by sociocultural group.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Type of friends	Younger or no real friends.	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Perception by peers.	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Social skills.	Poorly developed; difficulty reading social cues.	Well attuned; well developed.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Interpersonal relations.	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality.	Smooth; agile; could also be clumsy or uncomfortable with physicality.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Group participation	Withdrawn; unhappy.	Out-going.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependant or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Adaptive behavior	Consistently poor	More situation dependent.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Anxiety	Tense; fearful.	Appears relaxed; "cool".
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like.	Generally inflated positive self-concept.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Conscience development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Reality orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	“Street-wise”.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Developmental appropriateness	Inappropriate for age.	Appropriate for age or above; “more socially mature”.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Risk taking	Avoids risks.	Prone to thrill seeking behavior.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Consequences	Consequences appropriate, consistent, structured.	Ability to ignore anyone who tries to alter socially unacceptable behavior.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Locus of control	Internalizing, inward control of choices.	Externalizing, is in control of choices.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Rules	“Doesn’t get it”.	“Gets it” but chooses to violate rules; violates the law deliberately.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	
Motivation of behavior	Fear and flight; anxiety.	Power and control.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM	

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Multidisciplinary Evaluation Team (MET)

Definition/Purpose

R 340.1721a Evaluation Procedure *Each student suspected of having a disability shall be evaluated by a multidisciplinary evaluation team. R340.1701b(b) "multidisciplinary evaluation team" means a minimum of two persons who are responsible for evaluating a student suspected of having a disability. The team shall include at least one special education teacher or other specialist who has knowledge of the suspected disability.*

34CFR§300.536 Reevaluation *Each public agency shall ensure- ... (b) That a reevaluation of each child in accordance with §300.532-300.535, is conducted if conditions warrant a reevaluation, or if the child's parent or teacher requests a reevaluation, but at least once every three years.*

The MET is a group of persons who have the responsibility of evaluating or reevaluating a student with a suspected disability. A comprehensive assessment may vary from situation to situation depending on age, physical condition, nature of presenting problem, etc. Evaluations must determine the presence or absence of an emotional condition and the manifestation of behavioral problems that adversely affect the student's educational performance over an extended period of time.

Process for MET

The information gathered by the evaluation team is compiled and considered in light of the unique characteristics of the individual student and how it relates to that student's school performance in accordance with the criteria set forth in state and federal law. The parent(s) and relevant professionals discuss the implications of the information gathered through the assessment process.

34CFR§300.534 Determination of eligibility *(a) Upon completing the administration of tests and other evaluation materials – (1) A group of qualified professionals and the parent of the child must determine whether the child is a child with a disability, as defined in §300.7; (2) the public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.*

Personnel Required for Emotional Impairment Determination

R 340.1706 (5) Emotional Impairment determination *(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.*

Roles of Participants

Parent: To provide detailed information on the student's history of behaviors, current social and behavioral functioning outside of school and medical or support services being provided to the student. Reasonable efforts must be made to gain the parent(s) participation in the MET, however a MET can be held without the parent in attendance.

General and/or Special Education Teacher: To provide specific information regarding the student's performance in the academic, behavioral and social areas indicating the student's strengths and weaknesses.

School Social Worker: To provide a comprehensive report, including a social history, indicating the student's social and emotional functioning and its impact on the student's academic performance. The School Social Worker will employ appropriate methodology and may use assessment instruments.

Psychologist or Psychiatrist: To provide a report utilizing valid and reliable diagnostic techniques and assessments, including enough information to determine that the behaviors are primarily the result of emotional difficulties.

Information Required for Determination of Emotional Impairment (See MET Responsibility Checklist, page 33)

R 340.1706 (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.*

Ability/Achievement: The student's cognitive functioning is necessary in looking to other possible explanations for behaviors. Achievement levels are needed in order to determine how the suspected disability may impact the student's education. They are also used to determine the starting point of instruction.

Performance in the school setting and adaptive behavior within the broader community: This information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning. A minimum of two evaluation instruments should be used, one of which should be a normed instrument. Consideration should be given for using evaluation instruments from varying perspectives (teacher, student, parent). The teacher should contribute information in the form of a questionnaire or interview (Teacher Interview, page 34). The student interview should include the student's perception of the concern, the student's perception of how and when it occurs, and the degree the student perceives being in control (Student Interview, page 36). The parent interview includes parent concerns and factors that influence behavior within the home and community (Parent Interview, page 39).

Systematic observation of primary behaviors that interfere with educational and social needs: A MET member must directly observe and document a student's performance in at least two

different settings. The systematic observation is an objective and organized means of gathering data. The behavior should be described in a manner that clearly communicates its frequency, duration, and intensity. It should record only factual and unbiased data. The student should be compared to a control student or to the class in general. The written observation report should include:

- a. Date, time of day, and length of observation
- b. Setting – classroom, playground, large or small group
- c. Task – subject area, direct instruction, independent work
- d. Observed behavior in relation to teacher – arguing, refusing, talking out, etc.
- e. Observed behavior in relation to task – refusing, lack of completion, etc.
- f. Observed behavior in relation to peers – not interacting, teasing, fighting, etc.
- g. Statement of classroom factors contributing to behaviors observed
- h. Statement of successful interventions used

Intervention strategies used to improve behavior (See Functional Assessment of Behavior/Positive Behavior Support Plan, page 6): This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student and the student's response to those interventions.

Educationally relevant medical information: Medical conditions and medical interventions such as medications may affect a student's behavior. A thorough review of the student's medical history is critical for considering other causes of behavior.

Information from parents: The parent (s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services. The parent's information should include the parent's perception of the concern, the history of the behavior, birth and developmental history, and home/community factors that might be influencing behavior (See Parent Interview, page 39).

MET Form Requirements

All METs require three sections as listed below:

Initial Consent or Evaluation Review and Plan: These forms provide the evaluation team with the written permission from the parent(s) showing informed consent for the evaluation. See the *Kent ISD Instructions for Other Special Education Forms* for more information on these forms.

MET Summary page: This form identifies all of the requirements for eligibility as a student with an Emotional Impairment. Explanation of sections are as follows:

Evaluation Findings and Documentation: The team must address where information can be found for each area under this section. State the name and date of the report, i.e. Psych Report - 5/11/02.

Diagnostic Assurance Statements: At least one area must be checked for eligibility as a student with an emotional impairment. These areas are explained in more detail in the Definition of Terms section page 16.

Eligibility Recommendation: The individuals involved in the assessment of the student review the information in the evaluation findings as well as the diagnostic assurance statements. The parent(s) must be given reasonable opportunity to participate in this discussion. The team makes a recommendation of eligibility to the IEP Team. The IEP Team will review all of the information provided and make a determination of eligibility.

Present Level of Educational Performance (PLEP): If the MET recommends that the student be determined eligible under the emotional impairment rule (R340.1706), they must describe the student's Present Level of Educational Performance. This statement describes the student's deficit areas as defined through the evaluation findings and becomes the starting point for educational programming. The deficit areas must directly relate to each behavior checked under the Diagnostic Assurances Section. See more information on PLEP statements in the IEP section as well as examples of PLEP samples, page 53. This statement will be used in the IEP Team report that follows this MET.

Participant Signatures: The minimum required participants for an Emotional Impairment MET include a Psychologist or Psychiatrist and a School Social Worker.

Reports: All of the information listed in the *Evaluation and Findings and Documentation* section must be included in these reports. It is recommended that report sections be clearly labeled to identify this information. Every person who signed the MET Summary must have information included in the attached reports. The minimum required participants (Psychologist/Psychiatrist and School Social Worker) must include a signed report. This could be two separate reports or one co-authored report with both participant signatures.

MET Responsibility Checklist

Responsible Staff Member			Information Required	Tools
Psychologist	School Social Worker	Other (define)		
			<p>Ability/Achievement – The student’s cognitive functioning is necessary in looking to other possible explanations for behaviors. Achievement levels are needed in order to determine how the suspected disability may impact the student’s education. They are also used to determine the starting point of instruction.</p>	<p>Intelligence tests Academic Achievement: informal data from quizzes, tests, teacher interviews, and report cards. Normed tests, class work, grades.</p>
			<p>Performance in the school setting and adaptive behavior within the broader community – This information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student’s overall emotional functioning.</p>	<p>Adaptive behavior scales Student Interviews Teacher Reports Parent Interview Rating Scales</p>
			<p>Systematic observation of primary behaviors that interfere with educational and social needs – A MET member must directly observe and document a student’s performance in at least two different settings.</p>	<p>Systematic observation Informal observation</p>
			<p>Intervention strategies used to improve behavior – This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student and the student’s response to those interventions.</p>	<p>Pre-referral information Functional Behavior Assessments (FBA) Positive Behavior Support Planes (PBS) Assessments materials Teacher report Cumulative Record search</p>
			<p>Educationally relevant medical information – Medical conditions and medical interventions such as medications may affect a student’s behavior. A thorough review of the student’s medical history is critical for considering other causes of behavior.</p>	<p>Medical record reviews Cumulative record search Teacher interviews Parent interviews</p>
			<p>Information from parents – The parent (s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services.</p>	<p>Parent interviews Agency Reports Checklists Questionnaires</p>

Teacher Interview

These are examples of questions that could be used to gather information from the teacher. Either select appropriate questions depending on the situation or use them to develop a *Teacher Information Form*. Information should be gathered from more than one teacher.

Academic Concerns Exploration

1. What types of academic problems is _____ having in the classroom?
2. Explore student strengths or weaknesses in various subject areas: Reading, Mathematics, Spelling, Language Skills, Attention and Memory, Visual Perception, Motor Skills.

General Behavior Concerns

3. Describe with as much detail as possible what _____ does that causes you concern? Which behaviors bother you the most?
4. How long have these problem behaviors been going on? How often do they occur?
5. When does the problem behavior occur? (Explore *in* the classroom and *out* of the classroom settings.)
6. What classroom activities are generally taking place at the time the problem behavior occurs? (i.e., lecture, unstructured play,
7. How do the problem behaviors generally affect the other children in the classroom? How do they affect your ability to teach?
8. How does _____'s problem behaviors compare with that of other children in the class who show the same behavior?
9. What happens just before AND after the problem behavior begins?
10. What do you think makes the problem behavior worse AND better?
11. What do you do when the problem behavior occurs?

Relationship with Peers

12. How does _____ get along with his/her classmates?
13. Does _____ have many friends?
14. What does _____ do that encourages and/or discourages appropriate peer interactions?
15. How do the other children include _____ in their games and activities?
16. How do other children contribute to _____'s problem(s)?
17. What do other children do when _____ engages in problem behaviors?
18. Is there ever a time when students help reduce the problem behavior? If so, how?

Appropriateness of Behavior

19. Does _____ make unnecessary comments in the classroom?
20. Does _____ make unnecessary physical contact with peers?
21. Does _____ steal or take things from others by force?
22. Does _____ overreact when he loses in a game or is criticized?
23. Does _____ fly into a rage for no apparent reason?
24. Does _____ lose his/her temper easily?

25. Is _____ impulsive?
26. How well does _____ comply with teacher's requests?
27. How well does _____ accept changes to established routines?

Moods/Feelings

28. Does _____ participate in activities that are interesting to other students? (i.e., parties, field trips)
29. Does _____ blame himself/herself for situations out of his/her control?
30. In your opinion, what feelings are projected when _____ describes himself/herself?
31. Does _____ seem to move about slowly or struggle to complete simple tasks?
32. How does _____ respond to praise or compliments?
33. Does _____ frown, scowl or look unhappy during typical classroom situations?
34. Is _____ generally pessimistic?
35. Has _____ ever talked about wanting to die or engaged in self-destructive behavior?

Fears/Worries

36. Does _____ become pale, throw up, or complain of illness when anxious or scared?
37. What fears or apprehensions does _____ have in the school setting?
38. Has _____ failed to attend school due to unsupported complaints of physical illness?
39. Are _____'s fears and worries excessive when compared to peers?
40. Does _____ use drugs/inhalants? How much/often?

Adaptive/Affective Behavior

41. How does _____ handle frustration?
42. Does _____ take care of their personal hygiene?
43. Is _____ able to take care of their physical needs? (e.g. dressing, eating)
44. Is _____ responsible for, or cooperative in, taking needed medications?
45. Does _____ use good judgment regarding personal safety?
46. Is _____ able to identify and assert his/her emotional needs?
47. Is _____ able to respond appropriately to changes in his/her mood? (e.g. calming self)
48. Does _____ use appropriate coping skills to meet the demands of the school environment?
49. Does _____ know when to ask for help?

Student Interview

These are examples of questions that could be used to gather information from the student in an interview setting. Either select appropriate questions depending on the situation or use them to develop a *Student Interview Form*.

Introduction

1. Has anyone told you why you are here today? Who told you? What did they say?

Problem Exploration

2. Why do you feel you're here today?:
3. Tell me about this problem/incident (who, what, where, when, why, how long):
4. Do your (brothers, sisters, friends, or family) have this problem? (if 'yes') Is your problem better or worse than theirs?
5. What happens just before/after problem begins?
6. What makes the problem better/worse? What works best?
7. What do you think caused this problem? What do you do when it happens?
8. Was anything happening in your family when this problem first started? (you may need to give examples—divorce, relocation, lost job, illness, etc.)
9. How did you feel when (cite event) happened?
10. How does your family or friends help you with the problem (brothers/sisters/parents/friends)?

School Situations

11. How do you get along with your teacher(s)?
12. Who is your most/least favorite teacher? Tell me about him/her:
13. What subjects do you like the best? Least? Why?
14. What grades are you getting?
15. Are you in any activities at school? Which ones? Would you like to be in others?
16. How do you get along with your classmates?
17. Tell me how you spend a usual day at school.

Attention/Concentration

18. Do you have trouble following what your teacher says/asks? If so, what kind of trouble?
19. Do you daydream a lot when you are in class? Tell me about that:
20. Can you complete your assignments or are you easily distracted? What seems to distract you?
21. Do you have trouble sitting still or staying at your seat? If so, tell me about that.
22. Do you find it hard to sit still for a long time and need a lot of breaks while studying? (If 'yes'), Tell me more.
23. Do you have trouble copying what your teacher writes on the blackboard or taking notes in class? If so, tell me about that.
24. Do you have trouble remembering things? If so, tell me about that.
25. How is your concentration?
26. Do you have trouble taking tests? If so, tell me about that.

Home Situations

27. Who lives with you at home? Tell me about them.
28. Does your father/mother work? If so, where? What do they do?
29. Tell me what your home is like.
 - a. Do you have your own room? Do you share a room? If so, with whom?

- b. How do you get along with that person(s)? What does he/she do that you like/dislike?
30. How do you get along with your father? Mother? What does he/she do that you like/dislike?
 31. What chores do you do at home?
 32. How do you get along with your brothers/sisters? What do they do that you like/dislike?
 33. What does your mother or father do when you argue or fight with your brothers/sisters?
 34. Does your mother/father treat your siblings differently? Tell me about that.
 35. When you get in trouble at home, who disciplines you? How?
 36. How do your parents tell you or show you that they like what you have done?
 37. When you have a problem, whom do you talk to about it? What do they do to help?
 38. Do you think your parents worry about you? If so, what are their worries?
 39. Do you spend much time home alone? If so, tell me about that.
 40. Does your family eat meals together? If so, how often?

Interests

41. What do you like to do? What hobbies/interests do you have?
42. What do you do in the afternoons after school? In the evenings? Weekends?
43. Do you play any sports? If so, tell me what you play.
44. Of all the things you like to do, what do you like to do the best? The least?
45. Do you belong to any group like boy/girl scouts? Church groups?
46. How much TV do you watch in a day? How long do you play video games?
47. What are your favorite programs/games? What do you like about them?

Friends

48. Do you have friends? (Tell me about them.) or, Why do you think you don't have friends?
49. (If child indicates friendships) What do you like doing with your friends? Are you spending as much time with them as you used to?
50. When you are with your friends, how do you feel? How are your friends treating you?
51. Who is your best friend? Tell me about him/her.
52. What do you like to do together?
53. How many of your friends do your parents know?

Moods/Feelings

54. Tell me about how you've been feeling lately?
55. Do you have different feelings in the same day? If so, tell me about them.
56. Nearly everybody feels happy at times. What things make you feel happiest?
57. Sometimes, people feel sad. What makes you feel sad? What do you do when you're sad?
58. Sometimes children/teenagers begin to get less pleasure from things that they used to enjoy. Has this happened to you? (If so,) Tell me what has happened.
59. Almost everybody feels angry at times. What makes you feel angriest?
60. What do you do when you are angry? Do you get into fights? If so, tell me about that.

Fears/Worries

61. Most children/teenagers get scared sometimes about things. What scares you? What do you do when you are scared?
62. Do you have any special worries? Tell me about them.

Self-Concept

63. What do you like best/least about yourself? Why?
64. Tell me about the best/worst things that have happened to you?
65. If you had a child of the same age as you, how would you want the child to be like you? Different from you?

Somatic Concerns

66. How do you feel about your body?
67. How have you been feeling lately?
68. Do you have problems with not having enough energy to do the things you want to do?
69. Tell me how you feel about eating?
70. Are you having problems getting enough sleep? Too much sleep?
71. Do you ever get headaches? If so, how often? Tell me about that.
72. Do you get stomachaches? If so, how often? When do you get them?
73. Do you get any other body pains? If so, how often?
74. Do you have trouble hearing/seeing things?
75. Do you take medicine? What for? How often? How does it make you feel?

Obsessions /Compulsions

76. Some children/teenagers have thoughts that they think are silly or unpleasant or do not make sense, but these thoughts keep repeating over and over in their minds. Have you had thoughts like this? (if 'yes') Tell me about these thoughts.
77. Some children/teenagers are bothered by a feeling that they have to do something over and over even when they don't want to do it. (e.g., handwashing). Is this a problem for you? If so, tell me about it.

Thought Disorders

78. Do you ever see or hear funny or unusual things no one else sees or hears? What does it say/look like? How often do you hear/see it? What do you usually do?
79. Do you ever feel as if someone's spying on you or plotting to hurt you?
80. Does your thinking seem to speed up or slow down at times?
81. Is it hard for you to make decisions?

Memory/Fantasy

82. Tell me about your dreams. Do you ever have the same dream over and over?
83. What animals do you like the best? Why?
84. If you could have three wishes, what would they be?

Aspirations

85. What do you plan on doing when you grow up?
86. Do you think you will have any problem doing that?

Adolescents

87. Do you have an after-school or summer job? Tell me about it.
88. Do you have a special girlfriend/boyfriend? Tell me about him/her.
89. Do your friends drink alcohol? Tell me about their drinking.
90. Do you drink alcohol? How much/often?
91. Tell me about the time(s) you drank too much.
92. Has alcohol ever caused problems for you?
93. Do your friends use drugs/inhalants? How much/often?
94. Do you use drugs/inhalants? How much/often?

Parent Interview – Social History

These are examples of questions that could be used to gather information from parents in an interview setting. Either select appropriate questions depending on the situation or use them to develop your own Parent Interview-Social History form.

Parent's Perception of Problem Behavior

1. Please tell me your concerns about _____.
2. What concerns you most?
3. When did you first notice the problem?
4. How long has the problem been going on?
5. Where does the problem occur?
6. Tell me how _____ behaves at school, in stores, in the car, at friends' houses, in the neighborhood.
7. What happens just before the problem begins?
8. What happens just after the problem occurs?
9. What do you do when the problem occurs?
10. Do any other children in your family have this problem?
11. Has _____ been evaluated or received help for this problem?

Early History

1. How old were you when _____ was born?
2. Did you have any illnesses or problems during pregnancy?
3. Did you take any medication or street drugs during pregnancy?
4. Did you drink alcohol during pregnancy?
5. Did you smoke cigarettes during the pregnancy?
6. Did you have prenatal health care?
7. Was _____ born on time?
8. How early/late was _____ born?
9. How long did the labor last?
10. What kind of delivery did you have?
11. Were there any complications at delivery?
12. Do you know _____'s Apgar score?
13. Did _____ have any problems with eating, drinking, sleeping, alertness, or irritability?
14. Was _____ cuddly or rigid?
15. Was _____ overactive or under active?
16. Did _____ engage in tantrums, rocking behavior, head banging?

Home Environment

1. Tell me what your home is like.
2. Where does _____ sleep?
3. Where does _____ play?
4. Who lives at your home?

Neighborhood

1. Tell me about your neighborhood.
2. Do you know your neighbors?
3. Does _____ have any problems in the neighborhood?

Sibling Relations

1. How does _____ get along with brothers or sisters?

Peer Relations

1. Does _____ have friends?
2. Tell me about _____'s friends.
3. How does _____ get along with friends?
4. Tell me about _____'s not having friends.

Child's Relations with Parents and other Adults

1. How does _____ get along with you?
2. What does _____ do with you on a regular basis?
3. What are bad times like for _____ and you?
4. Who is responsible for discipline?
5. Do you have any concerns about how other adults interact with _____?
6. Does _____ listen to what they are told to do?
7. How is _____ disciplined?
8. Which techniques are effective?
9. Which are ineffective?

Child's Interests and Hobbies

1. What does _____ like to do in his spare time?
2. Is _____ involved in any extracurricular activities?
3. How much television does _____ watch each day?
4. What are his favorite programs?
5. How much time does _____ spend playing video or computer games?
6. How much time does _____ spend listening to music?
7. What kind of music does _____ listen to?

Child's Routine Daily Activities

1. How does _____ behave when he wakes up?
2. Does _____ become more fidgety or restless as the day proceeds, or does _____ become more calm and relaxed?
3. Does _____ do household chores?
4. How does _____ behave when they go to bed?

Child's Cognitive Functioning

1. Does _____ seem to understand things that are said to him/her?
2. Does _____ seem to be quick or slow to catch on?

Child's Academic Functioning

1. How is _____ getting along in school?
2. What does _____ like best/least about school?
3. What grades does _____ get?
4. What are _____'s best/worst subjects?
5. How does _____ get along with other children?
6. What do you think about _____'s school?
7. Has _____ ever repeated a grade or attended a readiness or transition class?
8. Has any teacher recommended special help or special education for _____?

Child's Behavior

1. Tell me about _____'s attention span.
2. Tell me about _____'s activity level.
3. Tell me about _____'s impulsivity level.
4. What kind of self-control does _____ have?

Child's Affective Life

1. What kinds of things make _____ happy?
2. What makes _____ sad?
3. What does _____ do when he/she is sad?
4. What kinds of things make _____ angry?
5. What does _____ do when he/she is angry?
6. What kind of things does _____ worry about?
7. What kinds of things does _____ think about a lot?
8. What makes _____ get frustrated?

Child's Health History

1. Has _____ had any serious illnesses?
2. Has _____ had any surgical procedures?
3. How would you describe _____'s usual state of health?
4. How is _____'s hearing?
5. How is _____'s vision?
6. Did _____ have any serious accidents, injuries, stitches, or broken bones?
7. Does _____ have any allergies?
8. Does _____ eat well?
9. Does _____ sleep well?
10. Does _____ have nightmares or other sleep problems?
11. Does _____ have trouble with bladder or bowel control?
12. Does _____ take any medication regularly?
13. What medicine?
14. Does _____ report any side effects from taking the medication?

Family

1. How do you see your relationship with your husband/wife affecting _____?
2. Is this a first marriage or are other parents, stepparents involved with _____?
3. How does _____ get along with the other parents/step-parents?
4. In addition to _____, is any other member of your family having a problem at school or work?
5. What kind of serious medical or psychological difficulties have you or members of your family had?
6. Has anyone that _____ was close to died?
7. Has anyone in your family been the victim of a crime?
8. Have you recently changed your place of residence?
9. Do any members of your family have a problem with drugs or alcohol?
10. Do you have any concerns about _____ being physically or sexually abused?

Parent Expectations

1. Do you think that _____ needs treatment, special education, or special services?
2. What are your goals for _____?

Concluding Questions

1. What are _____'s strong points?
2. What are _____'s weak points?
3. Is there any other information about _____ I should know?

Additional Questions for Adolescents

1. Is _____ involved in any dating activities?
2. Have you talked to _____ about sexual activities?
3. Does _____ use drugs?
4. Does _____ drink alcohol?
5. Has _____ been in trouble for alcohol or drug use?
6. Has _____ been treated for alcohol or drug use?

Emotional Impairment

MULTIDISCIPLINARY EVALUATION TEAM (MET) SUMMARY

Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ MET Report Date _____
 Birthdate _____ Grade _____ School Building _____
 School District _____ Parent/Guardian _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: *(Choose one)*

- Initial eligibility** for special education *(Behind this page attach a copy of all referenced documents and a copy of the Consent for Initial Evaluation)*
- Ongoing eligibility** for special education *(Behind this page attach a copy of all referenced documents and the Evaluation Review and Plan)*

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with an emotional impairment:

Required Information

Name and Date of Attached Report/Document

Ability/achievement level	_____
Performance in the school setting and adaptive behavior in the broader community	_____
Systematic observation of primary behaviors that interfere with educational and social needs	_____
Intervention strategies used to improve behavior <i>(Including duration and results)</i>	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- Over an extended period, this student has manifested problems primarily in the affective domain to the extent that he/she cannot benefit from learning experiences without special education support.
- The problems are characterized by one or more of the following behaviors: *(Check all that apply)*
 - ___ An inability to build or maintain satisfactory interpersonal relationships within the school environment
 - ___ Inappropriate types of behaviors or feelings under normal circumstances
 - ___ A general, pervasive mood of unhappiness or depression
 - ___ A tendency to develop physical symptoms or fears in association with personal or school problems
 - ___ In addition to the above behaviors, this student exhibits maladaptive behaviors related to schizophrenia or similar disorders
- The behaviors are not primarily the result of intellectual, sensory, health factors or social maladjustment.
- The suspected disability is not due to the lack of instruction in reading, math or limited English proficiency.
- This student requires special education programs/services.

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team **1**) finds all of the diagnostic assurance statements to be true and **2**) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the emotional impairment rule (R340.1706).

- Yes** *(Complete all remaining sections)* **No** *(Proceed to the Participant Signatures section)*

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of educational performance, including a description of how the disability affects his/her progress in the general curriculum: *(For preschool age children, describe how the disability affects involvement in age-level activities)*

PARTICIPANT SIGNATURES

As a member of the Multidisciplinary Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Psychologist/Psychiatrist _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Social Worker _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Assessment Tools

Evaluation Procedures

34CFR§300.532 *Each public agency shall ensure, at a minimum, that the following requirements are met: ... (f) no single procedure is used 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. (g) 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. (h) In evaluating each child with a disability under §300.531-300.536, 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 (i) The public agency uses technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. (j) The public agency uses assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child.*

General Guidelines for Selection of Tests and Tools

When considering the use of diagnostic tests in the evaluation of students suspected of having an emotional impairment, it is important that the test user be knowledgeable of established federal standards for assessment, as well as what is considered Fair Testing Practices in Education. Projective tests do not meet reliability and validity standards necessary to make eligibility recommendations. For a list of assessment tools, see Table 1.

Federal Standards

According to Federal Regulations (34CFR§300.532), when evaluating a person suspected of being handicapped, the public agency shall assure that tests and other evaluation materials used by members of the multidisciplinary team comply with the following provisions.

- Are administered by trained personnel in conformance with the instructions provided by their producer.
- Are validated for the specific purpose for which they are used.
- Are designed to assess specific areas of educational need and not merely to provide a general intelligent quotient.
- Are reflective of the person's aptitude or achievement or whatever other factors the test purports to measure rather than reflecting the person's impaired sensory, manually, or speaking skills, unless this is what the test is intended to measure.
- Are selected and administered so as to not be socially or culturally discriminatory.

The "Code of Fair Testing Practices in Education" was initially developed by the Joint Committee on Testing Practices (JCTP). JCTP in 1988 adopted a statement of the primary

obligations that professionals who develop or use educational tests have toward test takers. The Code provides guidance separately for test developers and test users in four critical areas:

- A. Developing and Selecting Appropriate Tests
 1. Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.
 2. Evaluate evidence of the technical quality of the test provided by the test developer and any independent reviewers.

- B. Administering and Scoring Tests
 1. Test users should administer and score tests correctly and fairly, following established procedures for administering tests in a standardized manner.
 2. Provide and document appropriate procedures for test takers with disabilities who need special accommodations or those with diverse linguistic backgrounds.
 3. If test scoring is the responsibility of the test user, provide adequate training to scorers and ensure and monitor the accuracy of the scoring process.

- C. Reporting and Interpreting Test Results
 1. Test users should report and interpret test results accurately and clearly.
 2. Avoid using tests for purposes other than those recommended by the test developer unless there is evidence to support the intended use or interpretation.
 3. Avoid using a single test score as the sole determinant of decisions about test takers. Interpret test scores in conjunction with other information about individuals.

A copy of the “Code of Fair Testing Practices in Education” is available at:
<http://www.apa.org/science/code-draft.html>

Test Development Considerations

For norm referenced tests to be considered technically adequate, they must meet certain criteria:

Sampling: The normative sample should be commensurate with the percentage of people who comprise each geographic area of the United States, ethnicity, sex, socioeconomic level, and residency (e.g. urban, rural). A minimum of 100 subjects should represent each age and/or grade level. The test should also be current (e.g., standardization within the last 10 years).

Reliability: In general terms, reliability points to the degree to which a test is free of error. The test’s reliability is reflected in its test-retest reliability, internal consistency, and alternate form reliability. A reliability coefficient of .90 or higher should be considered when selecting a test.

Validity: Whether a test measures what its authors or users purport it to measure, is evaluated in terms of content validity, concurrent validity, and construct validity. Content

validity refers to whether the test items are representative of the behavior domain being measured and whether there are enough items to accurately and thoroughly assess this domain. Concurrent or criterion-related validity refers to the ability of one test to assess a skill and produce results similar to that of another reputable test measuring the same skill.

Multicultural and Bilingual Assessment: Whenever possible, a test should be administered in the student's dominant language. The practice of translating assessment batteries word-for-word is not a valid practice and compromises the test's reliability. Standardized tests remain biased in favor of the native language in which they were normed. Due to these concerns, interpretations of deficits and disabilities must be done cautiously when making reference to an instrument used that was not administered in the student's dominant language.

User Qualifications

Federal Standards clearly indicate that tests must be “administered by trained personnel in conformance with the instructions provided by their producer.”

- Each individual must decide whether his or her formal academic training and supervised experience provide the necessary background and knowledge to use a particular instrument successfully and in a way that will not harm the student or the outcome of an evaluation.
- A person who does not meet the established requirements should probably work in conjunction with someone who does meet these criteria.
- Training needed to effectively administer and interpret tests may come in any of the following formats: completed graduate coursework relevant to testing/assessment, supervised in-service training in psychological test administration/interpretation, completed workshops relevant to testing/assessment.
- The test user must be aware of and comply with state regulations regarding user qualifications.

Suggested Tests

Psychologists and school social workers were surveyed within Kent ISD to gather information on what type of tests were being used when evaluating a student suspected of having emotional impairment. The evaluation instruments listed in the table that follows reflects a sample of those instruments being used. **It is the responsibility of the test user to determine his or her level of qualification according to the guidelines set by the test producer.**

When selecting an unfamiliar test, the user should consider reviewing information provided by the Buros Institute's *Mental Measurements Yearbook and Tests in Print*.

Table 1

Emotional Impairment Assessment Tools for Eligibility Determination

Suggested Instruments	Spanish	Test Publisher
	Version	
Achenbach System of Empirically Based Assessment	X	Research Center for Children, Youth, and Families
Adaptive Behavior Inventory		Western Psychological Services
Adaptive Behavior Inventory Children (ABIC)		The Psychological Corporation
Adaptive Behavior Scale School 2nd Ed.	X	Hawthorne Educational Services Inc.
Beck Hopelessness Scale Revised		The Psychological Corporation
Beck Youth Inventories		The Psychological Corporation
Behavior Evaluation Scale 2 (BES)	X	Hawthorne Educational Services Inc.
Behavior Assessment System for Children (BASC)	X	AGS
Behavior Disorders Identification Scale - 2nd Edition (BDIS)	X	Hawthorne Educational Services Inc.
Behavior Rating Profile 2nd Ed. (BRP)		ProEd
Burks Behavior Rating Scale		ProEd
Child Anxiety Scale (CAS)		Western Psychological Services
Children's Depression Inventory (CDI)		Multi-Health Systems, Inc.
Coopersmith Self-Esteem Inventories		Consulting Psychologists Press, Inc.
Culture Free - Self Esteem Inventory III		Psychological Assessment Res., Inc.
Depression and Anxiety in Youth Scale		ProEd
Feelings, Attitudes and Behaviors Scale for Children		Multi-Health Systems, Inc.
Multidimensional Self Esteem Inventory		Psychological Assessment Res., Inc.
Personality Inventory for Children - Revised (PIC)		Western Psychological Services
Piers - Harris Children's Self-Concept Scale (The Way I Feel About Myself)	X	Western Psychological Services
Revised Children's Manifest Anxiety Scale (RCMAS)		Western Psychological Services
Reynolds Child Depression Scale (RCDS)		Psychological Assessment Res., Inc.
Vineland Adaptive Beh. Scales		AGS
Young Adult Beh. Checklist and Young Adult Self Report		Research Center for Children, Youth, and Families

Individualized Education Program (IEP)

Definition

R 340.1721e Individualized education program team meeting; ... individualized education program.

(2) An individualized education program shall be based on all diagnostic, medical and other evaluative information requested by the team, or provided by the parent or student who is disabled and shall include all of the following information in writing:

- (a) A statement of the student's present level of educational performance.*
- (b) A statement of annual goals, including short-term objectives.*
- (c) Appropriate objective criteria and evaluation procedures and schedules for determining whether the objectives are being achieved.*

IEP Team Report Sections

Present Level of Educational Performance (PLEP)

The PLEP for an IEP that follows an initial or three-year reevaluation should be taken from the MET Summary. The PLEP should also, however, reflect any additional information that is provided at the IEP Team meeting. In subsequent IEP Team reports, it is expected that progress is made on goals and objectives and the PLEP statement should be updated to reflect the student's progress. The PLEP is a statement that addresses the student's deficit areas, as defined under the MET Summary Diagnostic Assurances statement, and should include the following:

- Baseline assessment data such as achievement tests, classroom performance data, documented observations.
- A specific narrative summary which will serve as a starting point for instruction and the writing of goals and objectives.
- A statement regarding the extent to which the student can be involved in the general education curriculum.
- Any other needs related to the disability.

For examples of PLEP statements, see page 53.

Annual Goals, including short-term objectives

Areas of need identified in the PLEP statement must be addressed with either an annual goal or through the supplementary aids/services or transition sections. Every annual goal written must include at least two short-term objectives.

- Affective (Social/Emotional) goals - Students with emotional impairments by definition will have deficits in the affective domain that will require at least one annual goal. Examples include, but are not limited to adaptive behaviors, interpersonal skills, self-management and task completion behaviors.
- Academic goals – The PLEP statement may also describe academic deficit areas. Goals and objectives must be developed for academic areas when the PLEP defines these as specific deficits for the student.
- Other goals may be necessary when additional deficits are determined such as in the areas of motor development or speech and language.
- The social/emotional deficits may be at a severity level that requires academic classes in the supportive environment of a classroom for students with emotional impairments. Annual

goals should not be developed for these subjects if the student does not have a specific deficit in this academic area. Example: A student placed in a self-contained classroom due to severe behaviors who is functioning at grade level and does not have significant needs in reading even though he/she may be in a special education language arts classroom.

Appropriate objective criteria and evaluation procedures and schedules for determining whether the objectives are being achieved

All annual goals must include at least two short-term objectives. These objectives must be measurable and include the schedule for evaluation as well as the criteria for success. See Appendix B for suggestions on goals and objectives.

Responsibility for Goals and Objectives

All annual goals must include the title(s) of the person(s) who will be working with the student on this goal. Staff recorded here are responsible to work on the goal and objectives with the student, keep data related to the student's progress and report progress on goals and objectives in the manner determined by the IEP Team. Shared responsibility for Social/Emotional goals is encouraged as these goals are rarely achieved when addressed in isolation by a School Social Worker or teacher.

Reporting Progress

At least as often as general education reports progress (report cards), the service providers must report on progress toward IEP goals and objectives. If the progress is not sufficient for the student to meet their goals and objectives, an IEP team meeting must be convened to review the program. When responsibility is shared for a goal, all providers listed must collaborate on the progress report. Progress report comments are essential in order to provide the parent(s) with sufficient information to assess their student's progress.

Accommodations and Modifications

34CFR§300.346 *Development, review and revision of IEP (2) Consideration of special factors. The IEP team also shall – (i) In the case of a child whose behavior impedes his or her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.* The Positive Behavior Support Plan should be referenced in the Accommodations and Modifications section. This section requires that the frequency and location of the plan be defined. Most often the frequency for a positive behavior support plan will be daily. Locations may vary depending upon the plan. Examples may include on the bus, in all settings, in non-structured settings like recess/lunch/passing time, and in general education classes.

State and Districtwide Assessments

All students must be given access to state and districtwide assessments. The IEP team may determine that the assessments will cause disruption to the student's progress due to his/her emotional state in test situations. In this case, the IEP team must consider appropriate accommodations or an alternate assessment.

Transportation Needs

Some students with an emotional impairment require special transportation due to safety factors related to the student's behavioral issues. Students with emotional impairments may require lower numbers of students on the bus, pick up and drop off sites close to supervised areas such as the student's home, or transportation to programs not within the student's regular attendance area. If a safety vest or harness is required, it must be directly addressed in the transportation section of the IEP.

Extended School Year (ESY)

The regulations implementing the Individuals with Disabilities Education Act (IDEA) of 1997 define extended school services as "*special education and related services that are provided to a child with a disability beyond the normal school year of the public agency in accordance with the child's IEP; and at no cost to the parents of the child.*" IDEA requires each school district to ensure that ESY services are available for individual students if the IEP Team determines that those services are necessary for the student to receive a free appropriate public education. This is a decision based upon the individual student's need(s) and not the program needs. See the *Kent ISD Guidelines for Determining Extended School Year Services* for more information.

Manifestation Determination Review

A manifestation determination review is used in disciplinary situations of special education students where the suspension/expulsion results in a change of placement (more than ten consecutive days or more than ten cumulative days with a pattern of exclusion). Within ten calendar days of the decision to suspend/expel, the IEP team must convene to determine whether the behavior subject to disciplinary action is a manifestation of the student's disability. The test for a manifestation determination consists of three questions listed below. Before addressing the questions, conduct a thorough discussion of evaluation and diagnostic results, information supplied by the parent, observations regarding the student and the student's current IEP and placement (see page 52).

Questions for Manifestation Determination

Q. Is the current IEP and placement appropriate?

A. Ask whether the IEP was appropriate at the time of the behavior.

Q. Were the IEP programs and services provided in accordance with the student's IEP?

A. A thorough review of the IEP and how it is implemented must occur. Include the behavior support plan (BSP) if the IEP determined a plan was needed. Review the BSP in relation to the behavior subject to disciplinary action.

Q. Did the student understand the impact and consequences of the behavior subject to disciplinary action?

A. Review prior acts similar to the behavior subject to disciplinary action as well as information related to the student's knowledge of right and wrong. Answer questions such as: Was the student aware of the rule/consequences? Did the student recognize the behavior as wrong? Can the student discriminate between behaviors?

Q. Did the student have the ability to control the behavior subject to disciplinary action?

- A. Indications of the student's ability or inability to control the behavior in question can be evidenced by the student's prior planning, the antecedents to the behavior, and the student's specific area of deficit.

If the answer to any of the above questions is no, the behavior must be found to be a manifestation of the disability.

Note: Refer to the *Kent ISD IEP Team Manual Instructions* for information on how to address the Kent Intermediate School District Individualized Education Program forms.

MANIFESTATION DETERMINATION REVIEW

Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date of Review _____
Birthdate _____ Age _____ School District _____

CONTACT INFORMATION

School staff contacted parents to explain the purpose of this meeting and the role of the participants as well as to arrange a mutually agreeable time and place for this meeting.

Method _____ By _____ Date _____
Method _____ By _____ Date _____

PARTICIPANT SIGNATURES

Student _____ Parent/Guardian _____
General Ed Teacher _____ Parent/Guardian _____
Special Ed Provider _____ School District Rep _____
Eval Team Rep _____ Other/Title or Role _____

PURPOSE

The purpose of this review is to determine whether the behavior subject to discipline is a manifestation of this student's disability.

Describe the behavior that is subject to disciplinary action _____

Disability of this student _____

RELEVANT INFORMATION

In relation to the described behavior, the IEP Team must consider relevant information from the following: *(Review and check all)*

- Evaluation and diagnostic results _____
- Information supplied by the parent _____
- Observations regarding this student _____
- This student's current IEP and placement _____

MANIFESTATION DETERMINATION

Giving consideration to the relevant information, answer all of the following as they relate to the described behavior and the disability of this student:

- Is the current IEP and placement appropriate? Yes No
- Were the special education services, supplementary aids and services, and behavioral intervention strategies provided in accordance with the requirements of this student's IEP? Yes No
- Did this student understand the impact and consequences of the behavior subject to disciplinary action? Yes No
- Did this student have the ability to control the behavior subject to disciplinary action? Yes No

(If the answer to any of the above questions is "NO," the behavior must be considered a manifestation of this student's disability.)

The determination of the IEP Team is that the behavior subject to discipline: *(Choose one)*

- Is not a manifestation** of this student's disability and general education disciplinary procedures may be followed.
- Is a manifestation** of this student's disability.

NOTICE AND CONSENT

I, as parent/guardian, **1** was notified by the district the decision to take disciplinary action on the day that such action occurred, **2** have received a copy of all procedural safeguards and: *(Choose one)*

- Agree with this manifestation determination review.
- Do not agree with this manifestation review but/and *(Choose one)*
 - Will allow it to be used
 - Request mediation
 - Request an expedited hearing

Parent/Guardian/Student _____ Date _____
Parent/Guardian/Student _____ Date _____

Present Level of Education Performance (PLEP)

Examples for EI MET Summary PLEP:

- 1) Corey's behavior is very unpredictable. He becomes irritable, teases others and is very disrespectful. Based on reports from his teacher and family, Corey's moods vary dramatically and rapidly at home and at school. Test results indicate Corey is depressed and highly anxious. His behavior hinders his interpersonal relationships and lowers his self-esteem. Corey needs help with his social skills.
- 2) Mary's behavior is extremely antagonistic with peers and adults. Based on reports from her teacher, school personnel, family and documented observation, Mary's behavior is equally inappropriate in multiple settings. Testing indicates she is angry and has significant self-esteem issues. Mary's negative attitude makes friendships extremely difficult. She needs help with her emotional expression.
- 3) Devon exhibits considerable depression. He is distant and lethargic. He puts little or no effort into his school work and refuses to talk with school personnel. Reports from his parents indicate Devon behaves similarly at home. Testing results suggest he is experiencing significant anxiety and depression. Devon's behavior seriously hinders his social relationships and his emotional growth. He needs help with identifying and expressing his emotions and feelings.