

Identification as Having "Special Needs"

When a child is suspected of having a disability that interferes with learning, he/she is evaluated by school district personnel to determine if he/she qualifies to be a 'student with special needs' under the definitions provided in IDEA, the federal Individuals with Disabilities Education Act. This kind of evaluation is not the same as a "medical diagnosis". This evaluation can provide helpful information to parents and school staff about the learning strengths and weakness of a child, so that appropriate educational programming can be developed. It is important that this evaluation is conducted by a team of school personnel who have learned how to assess this type of child effectively. It can provide information about a number of different areas, such as if he/she is a visual learner vs. auditory learner, the speed at which the child processes information, the current ability level of various communication skills, current academic levels, etc. This kind of information might also be included in evaluations conducted by medical and other types of professionals such as psychologists, psychiatrists, neurologists, or speech pathologists.

In order for a child to be eligible to receive special education services, the collected information must show not just that the child has a disability, but also that the disability impacts the child's ability to learn. IDEA provides for only 15 different categories that a child can be 'categorized' under, even though there are hundreds of medical diagnoses that may, in some children, affect learning. A school may provide special education services under the category 'autism' if the child shows educational need, and fits the following definition:

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance

is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (b)(4) of this section.

[34 CFR ; 300.7 (b)(1)(1997)]

The decision of whether or not a child qualifies for special education, as well as which category a child may fall under, is a decision that the planning and placement team (PPT), which includes the parents, makes together. The definition that best fits the child (addresses all areas of need) is the one that should be used. More than one category can be chosen, but the one the team will use in their record-keeping will be the child's primary disability. In other words, if a child has autism and a specific learning disability (dyslexia), they would be listed in the records as having autism, because it would be a more disabling condition than dyslexia. Asperger's syndrome and PDD-NOS are not listed in the choice options, and so a decision would need to be made as to which category to use for these children. Generally speaking, since the *Autism* definition above includes the components of affected communication (both verbal and nonverbal), social skills, and sensory differences, this description may fit most students on the autism spectrum best, including those with Asperger's syndrome and PDD-NOS. The choice can be changed if new information comes to light that another category might suit the child better.

The other categories are:

- q Deaf-blindness
- q Deafness
- q Developmental delay (only for 3-5 year olds)
- q Emotional disturbance
- q Hearing impairment
- q Intellectual disability (mental retardation)
- q Multiple disabilities
- q Neurological impairment

- q Orthopedic impairment
- q Physical impairment
- q Traumatic brain injury

- q Specific learning disability (i.e. dyslexia, math disability, etc.)
- q Speech or language impairment
- q Visual impairment, including blindness
- q Other health impairment (i.e. limited strength, vitality or alertness due to a chronic or acute health problems such as asthma, attention deficit disorder or diabetes, that adversely affects a child's educational performance)

Once a child is identified as needing special education services and supports, the team is required to develop an individualized education plan (IEP) and to reevaluate the child as necessary (such as if the child's performance suddenly changed or new information came forth about an additional disabling condition), but at least every three years. Any time the school conducts an evaluation, the information the team obtains must be shared with the parents as well as with the rest of the PPT team.

While the school evaluation can produce information that is useful in deciding on educational programming, it is *not* intended to replace a medical professional's opinion on the health or well being of the child (see *Assessment*, page 40). Parents should consider obtaining a diagnosis from a medical/psychological professional to rule out other possible diagnoses that have similar profiles (such as Tourette's syndrome or obsessive compulsive disorder) and/or complications (i.e. seizures, hearing dysfunction, severe anxiety, etc.) that may affect medical treatment choices. These choices can include appropriate medication, need for ear tubes, etc. that school staff are not qualified to recognize or provide advice about to concerned family members.

For more information about identification and assessment, IEP

development, and special education services, contact the Bureau of Special Education and Pupil Services, (860) 807-2025.