

# Disabilities

**Autism** – a developmental disability significantly affecting a child’s social interaction and verbal and non-verbal communication, generally evident before age 3, that adversely affects learning and 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.

**Cognitive Disabilities** – significantly subaverage intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects educational performance. The child has deficits in adaptive behavior, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the child in adaptive behavior which are relevant to the child’s age, such as: communication, self-care, home living skills, social skills, appropriate use of resources in the community, self-direction, health and safety, applying academic skills in life, leisure, and work.

The child, at age 3 through 5 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in at least 2 of the following areas: academic readiness, comprehension of language or communication, or motor skills. The child, at age 6 through 21 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in general information and at least 2 of the following areas: written language, reading, or mathematics. Cognitive disabilities typically manifest before age 18. An etiology should be determined when possible, so that the IEP team can use this information for program planning.

**Emotional Behavioral Disabilities** – social, emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child’s academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills.

The IEP team may identify a child as having an emotional behavioral disability if the child meets the definition and all of the following: 1) demonstrates severe, chronic and frequent behavior that is not the result of situational anxiety, stress or conflict, 2) behavior occurs in school and in at least one other setting, and 3) displays any of the following: Inability to develop or maintain satisfactory interpersonal relationships; inappropriate affective or behavior response to a normal situation; pervasive unhappiness, depression or anxiety; physical symptoms, pains or fears associated with personal or school problems; inability to learn that cannot be explained by intellectual, sensory or health factors; extreme withdrawal from social interactions; extreme aggressiveness for a long period of time; and other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected.

**Hearing Impairments** – including deafness, means a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating, that significantly adversely affects a child’s educational performance including academic performance, speech perception and production, or language and communication skills. A current evaluation by an audiologist shall be one of the components for an initial evaluation of a child with a suspected hearing impairment.

**Orthopedic Impairments** – a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly, such as a clubfoot or absence of some member; impairments caused by

disease, such as poliomyelitis or bone tuberculosis; and impairments from other causes, such as cerebral palsy, amputations, and fractures or burn that cause contractures.

**Other Health Impairment** - limited strength, vitality or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance.

**Significant Developmental Delay** – for children, ages 3, 4 and 5 years of age or below compulsory school attendance age, who are experiencing significant delays in the areas of physical, cognition, communication, social—emotional or adaptive development.

A child may be identified as having significant developmental delay when delays in development significantly challenge the child in two or more of the following five major life activities: 1. Physical activity in gross motor skills, such as the ability to move around and interact with the environment with appropriate coordination, balance and strength; or fine motor skills, such as manually controlling and manipulating objects such as toys, drawing utensils, and other useful objects in the environment. 2. Cognitive activity, such as the ability to acquire, use and retrieve information as demonstrated by the level of imitation, discrimination, representation, classification, sequencing, and problem—solving skills often observed in a child's play. 3. Communication activity in expressive language, such as the production of age—appropriate content, form and use of language; or receptive language, such as listening, receiving and understanding language. 4. Emotional activity such as the ability to feel and express emotions, and develop a positive sense of oneself; or social activity, such as interacting with people, developing friendships with peers, and sustaining bonds with family members and other significant adults. 5. Adaptive activity, such as caring for his or her own needs and acquiring independence in age—appropriate eating, toileting, dressing and hygiene tasks.

**Specific Learning Disability** –a severe learning problem due to a disorder in one or more of the basic psychological processes involved in acquiring, organizing or expressing information that manifests itself in school as an impaired ability to listen, reason, speak, read, write, spell or do mathematical calculations, despite appropriate instruction in the general education curriculum. Specific learning disability may include conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

1. Upon initial identification, the child's ability to meet the instructional demands of the classroom and to achieve commensurate with his or her age and ability levels is severely delayed in any of the following areas: Oral expression, Listening comprehension, Written expression, Basic reading skill, Reading comprehension, Mathematical calculation, and Mathematical reasoning.

2. Significant discrepancy. Upon initial identification, a significant discrepancy exists between the child's academic achievement in any of the areas above and intellectual ability as documented by the child's composite score on a multiple score instrument or the child's score on a single score instrument.

3. Information processing deficit. The child has an information processing deficit that is linked to the child's classroom achievement delays and to the significant discrepancy. An information processing deficit means a pattern of severe problems with storage, organization, acquisition, retrieval, expression, or manipulation of information rather than relative strengths and weaknesses. The IEP team shall document the reasons for and data used to make its determination that the child has an information processing deficit.

The IEP team may not identify a child as having a specific learning disability if it determines that the significant discrepancy between ability and achievement is primarily due to environmental, cultural or economic disadvantage or any other impairments.

**Speech/ Language Impairments** – an impairment of speech or sound production, voice, fluency, or language that significantly affects educational performance or social, emotional or vocational development. The IEP team may identify a child as having a speech or language impairment if the child meets the definition and meets any of the following criteria:

1. The child’s conversational intelligibility is significantly affected and the child displays at least one of the following:
  - a. The child performs on a norm referenced test of articulation or phonology at least 1.75 standard deviations below the mean for his or her chronological age.
  - b. Demonstrates consistent errors in speech sound production beyond the time when 90% of typically developing children have acquired the sound.
2. One or more of the child’s phonological patterns of sound are at least 40% disordered or the child scores in the moderate to profound range of phonological process use in formal testing and the child’s conversational intelligibility is significantly affected.
3. The child’s voice is impaired in the absence of an acute, respiratory virus or infection and not due to temporary physical factors such as allergies, short term vocal abuse, or puberty. The child exhibits atypical loudness, pitch, quality or resonance for his or her age and gender.
4. The child exhibits behaviors characteristic of a fluency disorder.
5. The child’s oral communication or, for a child who cannot communicate orally, his or her primary mode of communication, is inadequate.

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

**Visual Impairments** – even after correction a child’s visual functioning significantly adversely affects his or her educational performance. The IEP team may identify a child as having a visual impairment after all of the following events occur:

(A certified teacher of the visually impaired conducts a functional vision evaluation which includes a review of medical information, formal and informal tests of visual functioning and the determination of the implications of the visual impairment on the educational and curricular needs of the child.

(An ophthalmologist or optometrist finds at least one of the following:

1. Central visual acuity of 20/70 or less in the better eye after conventional correction.
2. Reduced visual field to 50 degrees or less in the better eye.
3. Other ocular pathologies that are permanent and irremediable.
4. Cortical visual impairment.

5. A degenerative condition that is likely to result in a significant loss of vision in the future.

An orientation and mobility specialist, or teacher of the visually impaired in conjunction with an orientation and mobility specialist, evaluates the child to determine if there are related mobility needs in home, school, or community environments.