Tools and Resources
Related to
Special Education Eligibility

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south dakota
DEPARTMENT OF EDUCATION
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**Resources added based on HB 1155 regarding language development of deaf and hard-of-hearing students

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SELECTING ASSESSMENT INSTRUMENTS

- Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.
- The team should take into account any exceptionality of the individual in the choice of assessment procedures.
- It is up to the assessment team to determine the appropriate assessment instruments to use for each evaluation. Evaluators, including school psychologists, special education teachers and examiners need to carefully select instruments for the purpose of evaluating students.
- The technical qualities of instruments used, such as reliability, validity, and norming should be carefully examined based on the test's technical manuals, as well as independent sources. Assessments should also be culturally and ethnically relevant for each student.
- A valid diagnosis establishes the first prong of eligibility. A comprehensive evaluation is then needed to determine prongs 2 and 3 (adverse effects and need for specialized instruction)

STATISTICAL OVERVIEW

Choosing appropriate assessment instruments is a vital step in the evaluation process. Having a basic understanding of the terms and concepts used provides the evaluator with the knowledge and skills to ensure that the student will be appropriately evaluated.

A.   Norm-Referenced/Criterion-Referenced
1.   Norm-referenced instruments compare a student's performance with a norm, which indicates a student's ranking relative to that group.
   a.   norm referenced instruments provide standard scores, percentiles/stanines, and standard deviation scores.
   b.   examples: Woodcock-Johnson Tests of Achievement-IV, Wechsler Individual Achievement Test-III, Kaufman Test of Educational Achievement-3

2.   Criterion-referenced instruments compare a student's performance with a criterion or an expected level of performance. Criterion referenced tests provide useful information for program planning for the individual student.
   a.   can obtain percentage, indicate mastery, etc.
   b.   examples: BRIGANCE, Qualitative Reading Inventory-5

Some of the individual achievement tests such as the Woodcock Reading Mastery-III and KeyMath-3 are both norm- and criterion-referenced.

B.   Standardization:
1.   The test selected must be representative of the student to be evaluated.

2. The sample should be based on the most recent census data of the United States according to: age, race, ethnicity, grade, socioeconomic status, place of residence (urban/rural), and geographic location.
3. To be adequately standardized, there must be at least 100 children per age or grade level.
4. A standardization sample (also called a normative sample) should be current because of the rapidly expanding knowledge base that exists for children today. When a test is revised with a new standardization sample, the old test should not be used to ensure the accuracy of obtained scores and for comparison across examinees.

C. Reliability:
1. Reliability is the consistency or accuracy of test scores.
2. A reliability coefficient expresses the degree of consistency in measurement of the test scores. The reliability coefficient (r) ranges from 1.00 (indicating perfect reliability) to .00 (indicating absence of reliability).
3. The standard error of measurement (SEM) provides an estimate of the amount of error associated with an individual's obtained score. Factors to consider:
   a. the lower the SEM, the better, and
   b. use a range when reporting test scores. The SEM provides the basis for forming the confidence interval.
      Confidence interval = obtained score +/- Z(SEM). Z values for 90% and 95% levels of confidence are 1.65 and 1.96, respectively.

D. Three methods of estimating reliability:
1. Test/retest (stability) method estimates how stable the scores are over time. The test is administered to the same group of children two times using a specified interval and then correlated to determine consistency. Generally, the shorter the retest interval, the higher the reliability coefficient. If the two administrations of the test are close in time, there is a relatively great risk of carryover and practice effects.
2. Equivalent (parallel) forms method uses two different but equivalent forms of a test. They are administered to the same group of children and the results are correlated.
3. Internal consistency (split-half) method involves splitting the test items of a test into halves. The test is administered to a group of children and the answers are divided into odd/even, then correlated.

E. Factors that affect reliability:
1. the number of items on the test;
2. the interval between testing;
3. guessing (true-false/multiple choice tests);
4. effects of memory and practice; and
5. variations in the testing conditions.

F. Reliability in general:
1. How reliable is reliable? The answer depends on the use of the test. However, reliability coefficients of .80 or greater are generally accepted as meeting the minimum criteria for most purposes.

2.   For a test used to make a decision that affects a student's future, evaluators must be certain to minimize any error in classification. Thus, a test with a reliability coefficient of .90 or above should be considered (e.g., intelligence tests).
3.   For screening instruments, a reliability coefficient of .70 or higher is generally accepted as meeting minimum reliability criteria.

G.   Validity:
1.   Answers the question - Does the test measure what it is supposed to measure? The most recent standards emphasize that validity is a unitary concept that represents all of the evidence that supports the intended interpretation of a measure. In other words, it is viewed as a unitary concept based on various kinds of evidence.
2.   Three types of evidence for validity:
   a.   Content related evidence - determined by examining three factors:
      1.   Are the test items relevant?
      2.   Are there enough items on the entire test for each area and/or skill?
      3.   Are the testing procedures appropriate?
   b.   Criterion-related evidence - the extent to which the test results correlate with that student's performance on another measure of the same construct.
      1.   Concurrent evidence represents how much the results agree with the results from another test measuring the same construct.
      2.   Predictive evidence represents how well the results of the test predict the future success of the student (the higher the r the better)
   c.   Construct evidence - the extent to which the test measures the construct it purports to measure. The gathering of construct validity evidence is an ongoing process that is similar to amassing support for a complex scientific theory.

H.   Factors that affect validity include:
1.   reliability;
2.   intervening conditions; and
3.   test-related factors (e.g. anxiety, motivation, speed, directions, administration procedures).

I.   Relation between reliability and validity:
Reliability (consistency) of measurement is needed to obtain valid results. An assessment that produces totally inconsistent results cannot possibly provide valid information about the performance being measured. On the other hand, highly consistent assessment results may be measuring the wrong thing. Thus, low reliability indicates that a low degree of validity is present, but high reliability does not ensure a high degree of validity. In short, reliability is a necessary but not sufficient condition for validity.

J.   Choosing an assessment instrument for eligibility:
1.   must be normed on the student's age in order to compare current performance to other age peers; and
2.   must measure the skill areas identified through the referral process as areas of concern (i.e., reading, motor skills, language skills, etc.)

K.   Interpreting the assessment results:

1. The assessment needs to be administered and scored according to the directions given in the test manual. If there are any modifications or deviations from the way a test was standardized, this should be noted in any evaluation results or reports, stating that current results may not be valid due to testing modifications.
2. Standard scores should always be reported. Standard scores are raw scores that have been converted to equal units of measurement. They have a given mean and standard deviation. Standard scores from one test are comparable to standard scores on other assessments, if based upon the same mean and standard deviation.
3. Age- and grade-equivalent scores should not be used in determining eligibility. These scores are computed by determining the average raw score obtained on a test by students of various ages and grade placements. Since age-equivalent and grade-equivalent scores are based on unequal units, they are not comparable across tests or even subtests of the same battery of tests. Thus, they can be misleading. These scores should not be reported.

L.   General Information:

1. Standard deviation is a measure of variability in a set of scores, or spread of scores. Essentially, it is the average of the distances scores are from the mean.

   - Standard deviations of intelligence tests are typically 15 points, but always refer to the test manual to determine standard deviation.
   - Approximately 68 percent of the scores fall within one standard deviation above and below the mean.

2. Standard error of measurement (SEM) indicates how much a person's score might vary if examined repeatedly with the same test. It is perhaps the most useful index of reliability for the interpretation of <u>individual scores</u>. This index is used to create a confidence interval around an observed score. As a reminder, **when determining eligibility, the only time the SEM range is to be utilized is for the category of cognitive disability**. For all other disability categories, the standard score received must be used.
3. Regression equations – "The equation takes into account regression-to-the mean effects, which occur when the correlation between two measures is less than perfect, and the standard error of measurement of the difference score. The regression-to-the-mean effect means that children who are above average on one measure will tend to be less superior on the other, whereas those who are below average on the first measure will tend to be less inferior on the second. Use of the most effective regression equation requires knowledge of the correlation between the two tests used in the equation; the correlation should be based on a large representative sample." (Sattler, 1988) As a reminder, **the regression to the mean effect must be considered when determining if a specific learning disability exists, using the discrepancy model**.

Evaluation Quick Reference Guide

ARSD 24:05:25:04 (07) Evaluation Procedures-General 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

ARSD 24:05:25:04 (08) Evaluation Procedures-General 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.

ARSD 24:05:25:04.02. (02) Determination of needed evaluation data Based on the above review and input from the student's parents, identify what additional data, if any, are needed to determine: (a) Whether the student has a particular category of disability as described in this article; (b) The present levels of academic achievement and related developmental needs of the student; and (c) Whether the student needs special education and related services.

Evaluation Areas to Consider

REMINDERS:

- Transition evaluations will need to be conducted and services included in the IEP prior to age 16, or at a younger age as determined by the IEP team.
- When a child has a previous diagnosis, such as autism spectrum disorder, ADHD, TBI, etc., best practice would be to pull forward that previous diagnosis on the Parental Prior Written Notice/Consent for Evaluation. A summary of the previous report with evaluator and date should be included in the evaluation report.
- The IEP team should consider all areas of suspected disability and administer evaluations to assess all areas of suspected disability.
- The team should consider all potential contributing factors to the disability category such as: behavior, fine motor, speech or language, gross motor, transition, sensory, etc.
- **NOTE:** Skills based assessment information is to be gathered for each skill area affected by the disability

500 **Deaf Blindness**	- Ophthalmological or Optometric - Audiological - Ability - Academic Achievement - Language - Adaptive behavior - Braille assessment (the team shall consider based upon age-appropriateness) - Orientation and mobility
505 **Emotional Disturbance**	- Ability - Academic achievement - Observations - Behavior – (To support educational impact a Standardized Rating Scale must be completed individually, at a minimum, by two teachers, a parent/guardian and if appropriate, the student).
510 **Cognitive Disability**	- Ability - Academic achievement - Adaptive behavior
515 **Hearing Loss**	- Audiological - Ability - Academic achievement - Language

525 **Specific Learning Disability**	Eligibility using the discrepancy model will be determined through a comprehensive individual evaluation process which will include: • Ability • Academic achievement • Observation Eligibility using RtI will be determined through a comprehensive individual evaluation process based on the district approved plan (plan must be sent to SD DOE for approval):
530 **Multiple Disabilities**	Evaluations must be conducted within the two (or more) disability areas, which the student is suspected of having. • A child with multiple disabilities shall be evaluated by the procedures for each disability; and shall meet the criteria for two or more disabilities. The IEP team determines whether the criteria have been met. • Evaluation data shall be gathered from those persons designated for each disability in the evaluation of multiple disabilities.
535 **Orthopedic Impairment**	• Ability • Academic achievement • Gross and/or fine motor • Adaptive Behavior • Current medical data from a qualified medical examiner. • Documentation including observation of classroom performance and evaluation of how orthopedic impairments adversely affect education performance in the general education classroom or learning environment.
540 **Vision Loss**	• Ophthalmological or Optometric • Ability • Academic achievement • Adaptive Behavior • Braille assessment (the team shall consider based upon age-appropriateness).
545 **Deafness**	• Audiological • Ability • Academic achievement • Language
550 **Speech/Language Impairment**	• Articulation: a standardized articulation test and observation • Fluency: as determined by the speech/language pathologist • Voice: as determined by the speech/language pathologist, medical evaluation may be necessary • Language: standardized language assessments, checklists, language samples
555 **Other Health Impaired**	• Ability • Academic achievement • Documentation of a chronic or acute health problem

	• If ADHD (Attention Deficit Hyperactivity Disorder) is the impairment, behavioral evaluations must be administered.
560 **Autism Spectrum Disorder**	• Ability • Academic achievement • Language • Adaptive Behavior to include social skills • Behavior • Autism Spectrum Disorder-Specific Instrument • Observation
565 **Traumatic Brain Injury**	• Ability • Medical records of documentation of brain injury • Academic achievement • Adaptive Behavior to include social skills

570
 	
Developmental Delay
	• Standardized developmental assessment which evaluates skills in all development areas:
	    o Cognitive,
	    o Physical/Motor (gross and fine)
	    o Communication
	    o Social/Emotional
	    o Adaptive

Disability Specific Resources

DEAF-BLINDNESS-500
Resources

Center for Disabilities Deaf-Blind Program
Sanford School of Medicine
1400 West 22nd Street
Sioux Falls, South Dakota 57105
Phone:605-357-1439
Fax:605-357-1438
http://www.usd.edu/medicine/center-for-disabilities/deaf-blind-program

South Dakota School for the Blind
and Visually Impaired
423 17th Avenue SE
Aberdeen, SD 57401-7699
605-626-2580 (voice and TTY)
Toll-Free 1-888-275-3814
Fax: 605-626-2607
http://sdsbvi.northern.edu/

South Dakota School for the Deaf
4101 W 38th St, Suite 101
Sioux Falls, SD 57106
Phone: 605-367-5200
Fax: 605-367-5209
http://sdsd.sdbor.edu/

HEARING LOSS-515 and DEAFNESS-545**

This is one example of a loudness and pitch chart. The district must indicate which loudness and pitch chart is being used.

The "Speech Banana" on the chart shows where most conversation occurs in terms of loudness and pitch in the English language:

**Chart taken from www.asha.org
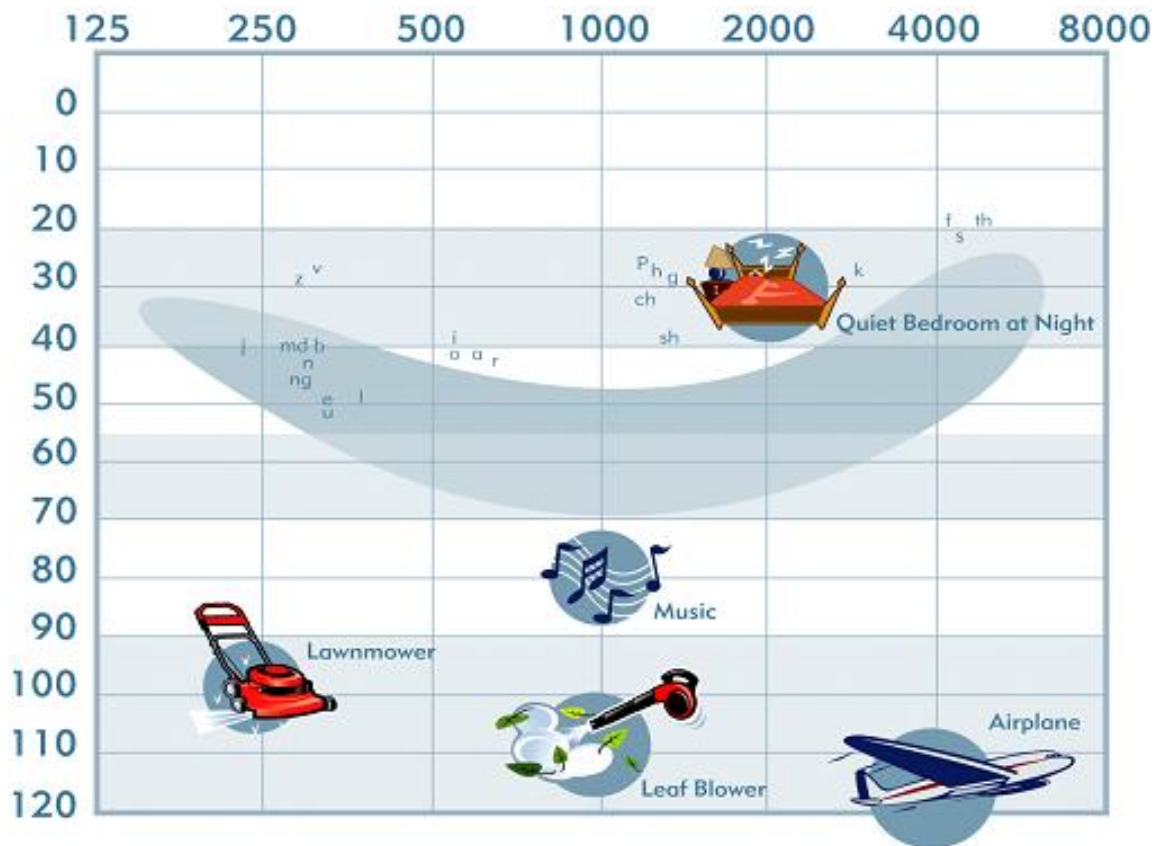
Resources**:

- **Deaf Education Guidelines:** https://deafedguidelines.org/

- CA Language Milestones Parent resource for tracking language growth.

- Developmental Inventories – can be used as Skill Based Assessments or provided as resources for parents to document development.
    - o Formal Inventories:
        1. **Kent Inventory** Provides a clear picture of a child's developmental status and relative strengths and needs.
        2. **MacArthur-Bates Communicative Development Inventory Words and Gestures** This assessment is a parent report instrument which captures important information about their child's developing abilities in early language, including vocabulary comprehension, production, gestures, and grammar.
        3. **Minnesota Child Development Inventory** This can be used to distinguish and differentiate between other disabilities and delays in language due to lack of exposure and/or access.
    - o Informal Inventories:
        1. **SKI-Hi Development Scale** SKI-HI Language Development Scale was developed for use in early intervention programs. This is designed for children who are deaf or hard of hearing and their families. This assessment is parent friendly, and it can measure expressive and receptive language, regardless if the child uses American Sign Language or spoken English.
        2. **Pragmatic Checklist** Pragmatics refers to the ability to *use language* for different purposes. *(See Speech Language Section for checklist examples, page 18)*
            a. The ability to *adapt language* to meet the needs of the listener or situation (e.g. talking differently to a baby versus an adult, talking louder when there is lots of noise, being aware of the listener's knowledge and giving more information or less when needed).
            b. Following the often "unspoken" rules of conversation and storytelling (e.g. taking turns in conversations, looking at the speaker, standing at an appropriate distance from the speaker, using facial expressions and gestures). The rules of conversation are often different across cultures, within cultures and within different families. It is therefore important for a person to quickly understand the rules of the person with whom they are communicating.

South Dakota School for the Deaf
4101 W 38th St, Suite 101
Sioux Falls, SD 57106
Phone: 605-367-5200
Fax: 605-367-5209
http://sdsd.sdbor.edu/

**Resources added based on HB 1155 regarding language development of deaf and hard-of-hearing students

SPECIFIC LEARNING DISABILITY-525

Discrepancy Model: Method A

An LEA has the option of utilizing a response to scientific, research- based intervention model (RtI) or a severe discrepancy model in determining a specific learning disability.

The following criteria must be used to determine SLD using Discrepancy:

If using the discrepancy model, the group finds that the child has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the eligibility areas.

The group must consider regression to the mean in determining the discrepancy.

When selecting the ability score to be used for determining discrepancy, practitioners should adhere to the accepted and recommend procedures for administration, scoring, interpretation, and reporting for the evaluation instrument they are using. These recommendations are typically found in the technical manual of the instrument administered.

Only knowledgeable trained professionals should compare and interpret the various scores in discrepancy analysis. Eligibility evaluation is an activity that uses test scores, as one of the sources of information for the student. The evaluator is responsible for interpretation of test results.

This is an example of a discrepancy chart. The district must indicate which discrepancy chart is being used.

REGRESSED SCORES FOR DETERMINING A DISCREPANCY BETWEEN ABILITY (IQ) AND ACADEMIC ACHIEVEMENT

For use with scores that have a mean of 100 and a standard deviation of 15.

Obtained IQ score	Achievement Standard Score 1.5 sd	Obtained IQ score	Achievement Standard Score 1.5 sd
130	100 or below	102	83 or below
129	99 or below	101	83 or below
128	99 or below	100	82 or below
127	98 or below	99	81 or below
126	98 or below	98	81 or below
125	97 or below	97	80 or below
124	96 or below	96	80 or below
123	96 or below	95	79 or below
122	95 or below	94	78 or below
121	95 or below	93	78 or below
120	94 or below	92	77 or below
119	93 or below	91	77 or below
118	93 or below	90	76 or below
117	92 or below	89	75 or below
116	92 or below	88	75 or below
115	91 or below	87	74 or below
114	90 or below	86	74 or below
113	90 or below	85	73 or below
112	89 or below	84	72 or below
111	89 or below	83	72 or below
110	88 or below	82	71 or below
109	87 or below	81	71 or below
108	87 or below	80	70 or below
107	86 or below	79	69 or below
106	86 or below	78	69 or below
105	85 or below	77	68 or below
104	84 or below	76	68 or below
103	84 or below	75	67 or below
		74	66 or below
		73	66 or below
		72	65 or below

Response to Intervention: Method B

An LEA has the option of utilizing a response to scientific, research- based intervention model (RtI) or a severe discrepancy model in determining a specific learning disability.

Resource: http://www.doe.sd.gov/oess/sped-RtI.aspx

The following could be used in an RtI Model

The student should receive at least two phases of intensive Tier III interventions in the general education curriculum with fidelity. There should be evidence of the student's non-responsiveness at Tier III reflect that he or she is learning at a rate significantly less than his or her peers.

The following are a couple of examples of evidence of the student's under achievement based on RTI.

- CBM scores are significantly lower than the scores of the child's peers (e.g., Level of CBM score is in the lower 10% of the child's peer group) and the student's progress (rate of growth) is not closing the achievement gap toward the aim line;
- The student's performance level is two or more grade levels or two or more developmental levels below the current age level or grade level placement compared to state age/grade level standards.

Definitions:
- Trend Line: a trend line is a line used to represent the movement of student progress. A trend line is formed when a student's performance decreases and then rebounds at a **data point** that aligns with at least two previous data points. In addition, a trend line is formed when a student performance increases and then rebounds at a data point that aligns with at least two previous data points.
- Aim Line: a graphic representation depicting the desired rate of progress a student needs to reach the goal from the current baseline.

VISION LOSS-540
Resource

South Dakota School for the Blind and Visually Impaired
423 17th Avenue SE
Aberdeen, SD 57401-7699
605-626-2580 (voice and TTY)
Toll-Free 1-888-275-3814
Fax: 605-626-2607
http://sdsbvi.northern.edu/

South Dakota State Library (Braille and Talking Books)
MacKay Building
800 Governors Drive
Pierre, SD 57501
Toll-Free: 1-800-423-6665 (SD only)
Fax: 1-605-773-6962
http://library.sd.gov/

SPEECH LANGUAGE IMPAIRMENT-550

This is an example of an Articulation Norms chart. The district must indicate which Articulation Norms chart is being used

Iowa - Nebraska Articulation Norms[13]

Listed below are the recommended ages of acquisition for phonemes and clusters, based generally on the age at which 90% of the children correctly produced the sound.

Phoneme	Age of Acquisition (Females)	Age of Acquisition (Males)	Word-Initial Clusters	Age of Acquisition (Females)	Age of Acquisition (Males)
/m/	3;0	3;0	/tw kw/	4;0	5;6
/n/	3;6	3;0			
/ŋ/	7;0	7;0	/sp st sk/	7;0	7;0
/h-/	3;0	3;0			
/w-/	3;0	3;0	/sm sn/	7;0	7;0
/j-/	4;0	5;0			
/p/	3;0	3;0	/sw/	7;0	7;0
/b/	3;0	3;0			
/t/	4;0	3;6	/sl/	7;0	7;0
/d/	3;0	3;6			
/k/	3;6	3;6	/pl bl kl gl fl/	5;6	6;0
/g/	3;6	4;0			
/f-/	3;6	3;6	/pr br tr dr kr gr fr/	8;0	8;0
/-f/	5;6	5;6			
/v/	5;6	5;6			
/θ/	6;0	8;0	/θr/	9;0	9;0
/ð/	4;6	7;0			
/s/	7;0	7;0	/skw/	7;0	7;0
/z/	7;0	7;0			
/ʃ/	6;0	7;0	/spl/	7;0	7;0
/tʃ/	6;0	7;0			
/dʒ/	6;0	7;0	/spr str skr/	9;0	9;0
/l-/	5;0	6;0			
/-l/	6;0	7;0			
/r-	8;0	8;0			
/ɚ/	8;0	8;0			

Note regarding phoneme positions:
/m/ refers to prevocalic and postvocalic positions
/h-/ refers to prevocalic positions
/-f/ refers to postvocalic positions

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[13] Smit, Hand, Freilinger, Bernthal, and Bird (1990). *Journal of Speech and Hearing Disorders*, 55, 779-798.

Following are several examples of Pragmatic checklists.

PRAGMATIC LANGUAGE CHECKLIST

Name _____ Evaluator _____ School _____

Birthdate _____ CA _____

RATING SCALE Never: 1 • Rarely: 2 • Sometimes: 3 • Usually: 4 • Consistently: 5	Date ____	Date ____	Date ____
Nonverbal Communication Skills			
1. Uses appropriate eye contact.			
2. Understands other's use of body language. Uses appropriate body language.			
3. Understands and uses appropriate physical space boundaries.			
4. Understands changes in tone of voice.			
5. Understands changes in facial expressions.			
General Conversation Skills			
6. Interrupts appropriately.			
7. Gives effective directions to others.			
8. Gives sufficient information for listener comprehension.			
9. Revises messages when listener misunderstands.			
10. Asks appropriately for repetition and clarification.			
11. Provides relevant answers to questions.			
12. Topic Maintenance:			
a. Initiates topic			
b. Joins an on-going conversation appropriately			
c. Maintains topic			
d. Shifts topic			
e. Closes topic			
f. Gets to the point			
13. Basic Social Language:			
a. Greets, says good-bye			
b. Uses polite forms (i.e., please, thank you, excuse me, etc.)			
c. Uses introductions			
14. Tells of wants, needs and preferences.			
15. Asks appropriately for help, assistance, and permission.			
16. Understands and shares feelings appropriately.			
17. Shares ideas, opinions and remarks in a socially appropriate manner.			
18. Identifies and uses compliments appropriately.			
19. Starts and maintains friendships.			
20. Gives appropriate explanations for actions.			
21. Understands and uses humor appropriately.			
22. Demonstrates affection appropriately.			
23. Other:			
(Comments on back)			

Developed by Speech-Language Pathologists in the Cobb County School System, Marietta, GA

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┌─────────────────────────────────────────────┐
│          Teacher's Rating Scale               │
│      Pragmatic Language Evaluation            │
└─────────────────────────────────────────────┘
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Student: _____ Teacher: _____ Date: _____ Grade: _____

(Signature)

Please complete this form based upon observation of your student and return it to the speech-language pathologist. Your observations will help determine whether this student's communication problem is adversely affecting his/her educational performance. This document will be included in the student's final report; thus, it should be completed in ink.

Compared to other students in your class, this student exhibits strengths and weaknesses in the following areas:

	Significant Difficulty	Mild Difficulty	Unsure	Average	Above Average
Nonverbal Communication Skills					
Uses appropriate eye contact	1	2	3	4	5
Understands others' use of body language/ Uses appropriate body language	1	2	3	4	5
Understands and uses appropriate physical space boundaries	1	2	3	4	5
General Conversation Skills					
Basic Social Language:					
a. Greets/Says Goodbye	1	2	3	4	5
b. Uses polite forms (i.e., please, thank you, excuse me, etc.)	1	2	3	4	5
Tells of wants, needs, and preferences	1	2	3	4	5
Asks appropriately for help, assistance, and permission	1	2	3	4	5
Starts and maintains friendships	1	2	3	4	5
Topic Maintenance:					
a. Initiates topic	1	2	3	4	5
b. Joins an on-going conversation appropriately	1	2	3	4	5
c. Maintains topic	1	2	3	4	5
d. Gets to the point	1	2	3	4	5
Provides relevant answers to questions	1	2	3	4	5
Interrupts appropriately	1	2	3	4	5
Gives sufficient information for listener comprehension	1	2	3	4	5
Revises messages when listener misunderstands	1	2	3	4	5
Demonstrates and shares feelings appropriately	1	2	3	4	5
Shares ideas and opinions in a socially appropriate manner	1	2	3	4	5
Understands and uses humor appropriately	1	2	3	4	5

SOCIAL COMMUNICATION SKILLS – THE PRAGMATICS CHECKLIST

Child's Name_____Date_____ Completed by_____ Parent: These social communication skills develop over time. Read the behaviors below and place an X in the appropriate column that describes how your child uses words/language, no words (gestures – preverbal) or does not yet show a behavior. **Pragmatic Objective**	Not Present	Uses NO Words (Gestures – Preverbal)	Uses 1-3 Words	Uses Complex Language
INSTRUMENTAL – *States needs (I want....)*				
1. Makes polite requests				
2. Makes choices				
3. Gives description of an object wanted				
4. Expresses a specific personal need				
5. Requests help				
REGULATORY - *Gives commands (Do as I tell you...)*				
6. Gives directions to play a game				
7. Gives directions to make something				
8. Changes the style of commands or requests depending on who the child is speaking to and what the child wants				
PERSONAL – *Expresses feelings*				
9. Identifies feelings (I'm happy.)				
10. Explains feelings (I'm happy because it's my birthday)				
11. Provides excuses or reasons				
12. Offers an opinion with support				
13. Complains				
14. Blames others				
15. Provides pertinent information on request (2 or 3 of the following: name, address, phone, birthdate)				
INTERACTIONAL - *Me and You...*				
16. Interacts with others in a polite manner				
17. Uses appropriate social rules such as greetings, farewells, thank you, getting attention				
18. Attends to the speaker				
19. Revises/repairs an incomplete message				
20. Initiates a topic of conversation (doesn't just start talking in the middle of a topic)				
21. Maintains a conversation (able to keep it going)				
22. Ends a conversation (doesn't just walk away)				
23. Interjects appropriately into an already established conversation with others				
24. Makes apologies or gives explanations of behavior				
25. Requests clarification				
26. States a problem				
27. Criticizes others				
28. Disagrees with others				
29. Compliments others				
30. Makes promises				
WANTS EXPLANATIONS - *Tell me Why...*				
31. Asks questions to get more information				
32. Asks questions to systematically gather information as in "Twenty Questions"				
33. Asks questions because of curiosity				
34. Asks questions to problem solve (What should I do? How do I know?)				
35. Asks questions to make predictions (What will happen if...?)				
SHARES KNOWLEDGE & IMAGINATIONS - *I've got something to tell you...*				
36. Role plays as/with different characters				
37. Role plays with props (e.g., banana as phone)				
38. Provides a description of a situation which describes the main events				
39. Correctly re-tells a story which has been told to them				
40. Relates the content of a 4-6 frame picture story using correct events for each frame				
41. Creates an original story with a beginning, several logical events, and an end				
42. Explains the relationship between two objects, actions or situations				
43. Compares and contrasts qualities of two objects, actions or situations				
44. Tells a lie				
45. Expresses humor/sarcasm				
TOTAL FOR EACH COLUMN				

AUTHOR OF CHECKLIST: Goberis, D. (1999) Pragmatics Checklist (adapted from Simon, C.S., 1984).

Goberis, Beams, Dalpes, Abrisch, Baca, Yoshinaga-Itano (2012). The missing link in language development of deaf and hard of hearing children: Pragmatic Language Development. Semin Speech Lang, 33(04), 297-309 https://www.thieme-connect.de/ejournals/pdf/10.1055/s-0032-1326916.pdf

The format of this information was designed by Karen L. Anderson, PhD, 2013, Supporting Success for Children with Hearing Loss https://successforkidswithhearingloss.com

Child's Name: _____

Person Completing Form: _____

Relationship to Child: _____

Date Completed: _____

PRAGMATICS CHECKLIST

Goberis, D. (adapted from work done by Simon, C.S., 1984)

Check the column that best fits the child's language skills.

Pragmatic Objective	Not Present	Uses No Words Preverbal	Uses 1-3 Words	More Complex Language
States Needs (I want...)				
Makes polite requests				
Makes choices				
Gives description of an object wanted				
Expresses a specific personal need				
Requests help				

Pragmatic Objective	Not Present	Uses No Words Preverbal	Uses 1-3 Words	More Complex Language
Gives Commands (Do as I tell you...)				
Gives directions to play a game				
Gives directions to make something				
Changes the style of commands or requests depending on who the child is speaking to and what the child wants.				

Revised 3/14/99

Resources

South Dakota Speech-Language-Hearing Association (SDSLHA)
P.O. Box 308
Sioux Falls, SD 57101-0308
605-331-2927 or 605-331-2043
http://www.sdslha.org/

American Speech, Language, Hearing Association (ASHA)
10801 Rockville Pike
Rockville, Maryland 20852
Members: (800) 498-2071
Non-Member: (800) 638-8255
Fax: (240) 333-4705
Available 8:30 a.m. - 5:00 p.m.
Monday - Friday EST
www.asha.org
E-mail: actioncenter@asha.org

AUTISM SPECTRUM DISORDER-560

Guidance for Autism Spectrum Disorder (ASD)

A district has the responsibility of ensuring that evaluations for children suspected of having autism spectrum disorders are completed by a team of professionals who are trained and qualified to administer and interpret required assessment components. The team must be able to verify on an *ASD Diagnostic Evidence Form* that data gathered during the evaluation was completed by qualified personnel and supports a diagnosis.

For an initial autism evaluation, best practice is to complete the ADOS-2 as a direct measure of symptoms. For re-evaluations, results of an ADOS-2 from a previous evaluation as a direct measure can be pulled forward. Other measures such as the Childhood Autism Rating Scale, 2nd edition, and the Gilliam Autism Rating Scale, 3rd edition, are indirect measures that provide ratings based on observations, history information, or data from other evaluation results. Results of ratings can be pulled forward; however, autism symptoms can change over time and so the team should determine whether updated information about symptoms should be gathered. Ratings that are more than a year old should be updated.

In the event that a medical diagnosis of ASD exists, components of that diagnostic evaluation may be utilized in the educational evaluation process. A medical diagnosis of ASD does not satisfy comprehensive evaluation requirements nor is it required in determining eligibility criteria for the education disability category of Autism Spectrum Disorder. While the multi-disciplinary team (MDT) must consider relevant medical information made available by parents or professionals; the existence of a medical diagnosis may not be the sole component for making an eligibility determination. In some cases, a student may meet the criteria for ASD, but does not demonstrate the need for special education and related services.   Asperger's Disorder or PDD-NOS can be acknowledged in the existing data section of the evaluation report, but those diagnoses are no longer recognized in the DSM-V or for eligibility the student must be evaluated to determine eligibility.

Medical Diagnosis versus Educational Eligibility Determination

Diagnosis	Educational Eligibility
Based on a set of criteria (DSM-V)	Based on SDCL13-3-69, 24:05:24.01:04(DSM-V)
Used in private settings	Used in public school systems
May be determined by an individual or team	Must be determined by a team

Symptoms of autism in the categories of social communication and restricted repetitive patterns of behavior are rated for severity based on results of a comprehensive evaluation. Using evaluation information gathered, including both direct and indirect measures, as well as skill-based and functional assessments, the team determines which severity level is appropriate. Severity levels can and often do change over time as children learn through educational and behavioral interventions and as services are provided to alleviate contexts that exacerbate symptoms. A change in reported severity levels should occur only after data is gathered through a multidisciplinary comprehensive re-evaluation.

A team is cautioned against dismissing an existing autism diagnosis. Autism is not cured; however, with appropriate interventions, symptoms can and often do improve over time.

Skill-based Observation

Location:_____ Date : _____ Time:_____

Activity:_____Peers:_____ Observer:_____

Behavior	Observed	Not Observed
Joint Attention: A student shows interest in another person by sharing attention on an object or event?		
Social orientation/social awareness: How aware is the student to the social environment vs. the physical environment? Is the student drawn to people vs. the physical aspects of an environment?		
Imitation: Does the student learn from imitating what others are doing? For example, when the teacher gives group directions, does the student attend to his peers and imitate their actions?		
Social Reciprocity/turn-taking: Does the student engage in give-and-take, back-and-forth social interactions, including conversation, turn-taking in games, and waiting their turn in group situations such as during classroom group discussions?		
Social Play: What is the social quality of the student's play? Does the student prefer to play alone? Does the student engage in parallel play? Does the student play interactivity and appropriately, or does the student dominate play with peers? How does the student handle competition?		
Group Social Skills: How does the student interact in group learning activities? Does the student recognize and understand his/her role in a group, such as taking turns, waiting, following group directions ?		
Social Cognition: Does the student understand that others have thoughts, ideas, opinions and interests that are different from his/her own? Does the student understand his/her behavior has an impact on others?		
Cognition:		
Understands abstract language such as multiple meaning words or idioms		
Understands hidden meaning of language, commands, teasing, jokes		
Generates imaginative play vs. rote play		
Problem solves and makes inferences		
Makes realistic, practical predictions about situations and events		
Organizes materials begins an action or activity		
Generalized concepts:		
Does not over-generalize or under-generalize		
Understands the difference between reality and pretend		
Able to discriminate and prioritize attention to important information		
Uses written expression at the expected level based on their ability. How do they do on writing assignments?		
Sensory: Hypersensitivity? Hyposensitivity?		
Behavior:		
An all consuming, high interest involving objects, topics, or themes		
Restricted or narrow range of interests including unusual interests compared to their peers		
Repetitive actions and/or ritualistic behaviors		
Rigidity in routine, difficulty with change and transitions		
Perfectionism or fear of failure that impacts completion of tasks or activities perceived as difficult		
Difficulty letting go of perseverative thoughts; "gets stuck"		
Repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, chewing		

Guidelines for Determining ASD Severity Levels

Eligibility Criteria: The committee discussion of eligibility for special education services should include a discussion of the following areas to determine the level of severity and the need for specialized instruction. First, the MDT team should look at the estimated level of severity that some ASD checklists provide, if those scores are available. Second, the committee will examine all the assessment results and rate the student in the areas of Social Communication and Restricted/Repetitive Behaviors. Based on those ratings, the committee will choose which "Level of Severity" best describes the student's behaviors.

SOCIAL COMMUNITCATION		
Level 1: Requires Support:	**Level 2: Requires Substantial Support:**	**Level 3: Requires Very Substantial Support:**
Without supports in place, deficits in social communication cause noticeable impairments	Marked deficits in verbal and nonverbal social communication skills	Severe deficits in verbal and nonverbal social communication skills
Difficulty initialing social interactions and clear examples of atypical or unsuccessful responses to social overtures of others	Social impairments are apparent even with supports in place	Causes impairments in functioning
May appear to have decreased interest in social communication.	Limited initiation of social interactions; reduced or abnormal responses to social overtures from others	Very limited initiation of social interactions and minimal response to social overtures from others
For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful	For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication	For example, a person with few words of intelligible speech who rarely initiates interaction, and when he/she does, makes unusual approaches only to meet needs and responds to only very direct social approaches
Severity Level: _____ Need for Specialized Instruction: Yes_____ No_____		

RESTRICTED/REPETITIVE BEHAVIORS		
Level 1: Requires Support	**Level 2: Requires Substantial Support**	**Level 3 Requires Very Substantial Support**
Inflexibility of behavior causes significant interference with functioning in one or more contexts	Inflexibility of behavior	Inflexibility of behavior
Difficulty switching from one task to another	Difficulty coping with change	Extreme difficulty coping with change
Problems of organization and planning hamper independence	Other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer	Other restricted/repetitive behaviors markedly interfere with functioning in all spheres
	Behavior interferes with functioning in a variety of contexts	Great distress/difficulty changing focus or action
	Distress and/or difficulty changing focus or action	
Severity Level: _____ Need for Specialized Instruction: Yes_____ No_____		

Resources

PROLONGED ASSISTANCE

ARSD 24:05:24.01:15. Prolonged assistance defined. Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

Who do we contact if we have questions about prolonged assistance?

> *Birth to Three Program will assist your district in understanding the prolonged assistance process. Contact them at 605-773-3678.*

Sample IEP Team Override Form

IEP TEAM OVERRIDE

STUDENT NAME:		**SIMS:**
DATE OF BIRTH:	**AGE:**	**GENDER:**
SCHOOL DISTRICT:	**SCHOOL:**	**MEETING DATE:**
PARENT/GUARDIAN:		**PHONE:**
ADDRESS:	**CITY:**	**STATE:** ZIP:

IEP Override	**ARSD: 24:05:24.01:31**

The IEP Team **must** document the following	
1	Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student. _____
2	Indicate what objective data were used to conclude that the student has a disability and is in need of special education. Data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data. _____
3	Indicate which data have the greatest relative importance for the eligibility determination. _____
IEP team members must sign-off agreeing to the override decision. If one or more IEP team members disagree with the override decision, the disagreeing members must include a statement of why they disagree, signed by those members	

Name Team Members   **Role**   **Agree or Disagree with Override**

Name Team Members	Role	Agree	Disagree
_____	Parent (s)	☐ Agree	☐ Disagree-attach report
_____	General Education Teacher	☐ Agree	☐ Disagree-attach report
_____	Person qualified to interpret results	☐ Agree	☐ Disagree-attach report
_____	_____	☐ Agree	☐ Disagree-attach report
_____	_____	☐ Agree	☐ Disagree-attach report
_____	_____	☐ Agree	☐ Disagree-attach report
_____	_____	☐ Agree	☐ Disagree-attach report
_____	_____	☐ Agree	☐ Disagree-attach report

Prior Notice Examples

Meeting Notice

ARSD 24:05:27:02. IEP team meeting date. Initial IEP team meetings must be held consistent with § 24:05:25:03. IEP team meetings following reevaluations must be held consistent with § 24:05:25:06. As soon as possible following development of the IEP, special education and related services are made available to the child in accordance with an IEP.

ARSD 24:05:25:16. Parent participation. Each district shall take steps to ensure that one or both parents of the child are present at each IEP team meeting or are afforded the opportunity to participate. The district shall notify parents of the meeting early enough to ensure that they will have an opportunity to attend, scheduling the meeting at a mutually agreed-upon time and place. The notice to the parents shall state the purpose, time, and location of the IEP team meeting and who will be in attendance and inform the parents of the provisions relating to the participation of other individuals on the IEP team who have knowledge or special expertise about the child, including information related to the participation of the Part C service coordinator or other representatives of the Part C system at the initial IEP Team meeting for a child previously served under Part C of the IDEA.

   If a purpose of the IEP team meeting is the consideration of postsecondary goals and transition services for a student, the notice must also address the provisions of § 24:05:25:16.01.

   If parents cannot attend, the district shall use other methods to ensure participation, including individual or conference telephone calls consistent with § 24:05:27:08.04.

Meeting Notice

This notice is required prior to scheduling a meeting.

Content of meeting notice-requires meeting date, time, location, purpose, attendees and contact information.

Parental Prior Written Notice

> **ARSD 24:05:30:04. Prior notice.** Written notice which meets the requirements of § 24:05:30:05 must be given to the parents five days before the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child. The five-day notice requirement may be waived by the parents.
>
> **ARSD 24:05:30:05. Content of notice.** The notice must include the following:
> (1) A description of the action proposed or refused by the district, an explanation of why the district proposes or refuses to take the action, and a description of any other options the IEP team considered and the reasons why those options were rejected;
> (2) A description of each evaluation procedure, assessment, record, or report that the district uses as a basis for the proposal or refusal;
> (3) A description of any other factors which are relevant to the district's proposal or refusal;
> (4) A statement that the parents of a child with a disability have protection under the procedural safeguards of this article and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained; and
> (5) Sources for parents to contact to obtain assistance in understanding the provisions of this article.

Parental Prior Written Notice/Consent for Evaluation

This notice/consent is required prior to initiating or refusing evaluation procedures.

Example 1: Initial evaluation following academic interventions

a. *Explanation of why the district proposed or refused to take the action.*

   Data indicates the reading interventions implemented during the response to intervention (RtI) process have not resulted in sufficient progress to prevent (student) from continuing to fall behind in the general curriculum. Since reading is so important in all core subjects (student) may require specialized instruction in order to stay on track and acquire the skill necessary at (his/her) age and grade level. Therefore, we are recommending a comprehensive evaluation to be conducted. The evaluation process is required to determine if (student) is an individual with a disability requiring special education services.

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

   The district considered not completing a comprehensive evaluation. However, the district feels current interventions are not sufficient to meet his needs.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

   Intervention progress monitoring data, DIBELS benchmark assessments, Reading Recovery running records, attendance record, optometric evaluation report from Dr. Brown dated January 4, 20--, and parent, classroom teacher, and tutor input.

d. *Description of other factors that are relevant to district's proposal or refusal:*
   During grade-level screening, (student's) vision and hearing were determined adequate.

Example 2: Initial evaluation for an out of state transfer

a. *Explanation of why the district proposed or refused to take the action.*

After reviewing the evaluation data received from the previous school district (student) attended the team has determined it does not support eligibility in South Dakota. Therefore, additional evaluation data is necessary. Prior Written Notice/consent for evaluation was sent to you by the district on (date) and again on (date). The notice requires your signature (consent) to initiate evaluation procedures for (student).

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

Without the additional evaluation information the district will be unable to support continued eligibility for special education and would need to consider dismissal from services.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

The district reviewed all educational records received from (name of the out of state school district) to include (student's) evaluation reports, eligibility document and current IEP. Based upon a review of this data, the district must initiate an evaluation to determine if (student) meets the South Dakota eligibility criteria and need for special education services.

d. *Description of other factors that are relevant to district's proposal or refusal:*

After evaluations are completed and reports have been received, the district will contact you to schedule a meeting to discuss the evaluation results, determine eligibility and if eligible, an IEP would be written. Please bring any concerns and/or ideas you may have for your child's education to the meeting.

Example 3: Initial evaluation following screening

a. *Explanation of why the district proposed or refused to take the action.*

(Student) was part of the district's free developmental screening. At that time, his/her overall scores in the major areas of Motor, Concepts, and Language were in potential delay. We are requesting your permission to conduct an initial evaluation of (student's) developmental functioning in order to determine if he/she is a child with a disability.

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

We considered waiting with the evaluation until he/she starts kindergarten but feel it would be more beneficial to identify a potential disability at this time in order to pursue early intervention of specialized instruction, as soon as the school year begins.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

DIAL-4 screening scores, preschool teacher and parent input

d. *Description of other factors that are relevant to district's proposal or refusal:*

You indicated that you have not decided whether to send (student) to kindergarten or junior kindergarten in August. The evaluation data may assist with making that decision.

Example 4: Reevaluation

a. *Explanation of why the district proposed or refused to take the action.*

After reviewing data regarding (student's) IEP goals and his/her performance in the general classroom the district has determined (Student) has been making steady progress over the past two and a half years. It is now time to look at the skills he has learned in the general curriculum and set new target skills for him to obtain. Therefore, the district is proposing a reevaluation.

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

The IEP team considered bringing forward student's previous ability score. However, the IEP team feels a reevaluation of his ability is necessary in order to obtain a valid and reliable representation of his current cognitive skills.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

Previous 3-year-comprehensive evaluation reports, current academic performance, current IEP and progress reports

d. *Description of other factors that are relevant to district's proposal or refusal:*

This evaluation will help determine if he/she continues to be a child with a disability in need of specialized instruction to benefit from his/her education. Evaluation results will also provide strengths and needs of (student) to assist with designing an appropriate educational program.

Example 5: Reevaluation

a. *Explanation of why the district proposed or refused to take the action.*

(Student) was last evaluated and determined to be eligible for special education and related services in January 2011. Since that time behavior concerns have become more pronounced at school and at home. Currently (Student) is receiving special education services under the category of specific learning disability but the district and parents agree a thorough comprehensive evaluation reflecting the current concerns noted in and out of school is necessary for (Student).

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

Since it has been almost two years since the last comprehensive evaluation, the team discussed the option to pull forward previous assessments given but has decided to move forward with requesting permission to administer new assessments rather than pull forward previous assessments administered.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

Currently (Student) is receiving special education and related services in reading, written expression, and math daily as well as language services weekly. Current behavior records from parents and teachers were also considered. Past history and evaluations were also considered when proposing this evaluation. The district evaluation team determined listening comprehension and oral expression were not significant issues for (Student) therefore chose not to evaluate these areas for eligibility purposes.

d. *Description of other factors that are relevant to district's proposal or refusal:*

(Student) is 15 years old, therefore the team proposes to evaluate transition area to ensure the IEP will include transition if (Student) is determined to be a student with a disability which causes an adverse effect to her education and is in need of specially designed instruction. Inviting an outside agency to the meeting for transition was discussed but parents indicated they would not provide consent to invite an outside agency to be invited at this time.

Example 6: Initial evaluation request of consent for evaluate

a. *Explanation of why the district proposed or refused to take the action.*

As we have discussed in the past, (Student) has been having difficulty in his core academics and attention. The evaluation is necessary to determine if he is eligible for special education and related services as well as provide the team with specific skill based information on (Student)'s academic and behavioral strengths and weaknesses.

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

(Student) is currently receiving many different interventions to aide in his academic success. He receives Title I for math and reading 30 minutes daily. For reading he attends after school tutoring. The team considered conducting evaluation in the areas of oral expression and listening comprehension however after discussing this with parents the team determined these two skill areas will not be assessed. The school counselor also helps (Student) with organization and study skills weekly. Visual and/or verbal cues are provided to assist with staying on topic during class.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

Additional data to be used by the team in the eligibility decision will be initial evaluation information from 2005 along with the reevaluation data from 2007. Input from you as the parents, academic background, progress reports (academic and behavior) from teachers and data gathered from the districts informal review following the referral.

d. *Description of other factors that are relevant to district's proposal or refusal:*

(Student) continues to struggle with his grades in most classes. His teachers as well as his parents are concerned with academic difficulty as well as an increase in behavioral issues. (Student) has received special education services in the past however, at his last reevaluation while concerns were noted with behavior and academics he was found ineligible due to his achievement being commensurate with his ability, and the behavior evaluations did not demonstrate symptoms of ADHD.

Example 7: Parent/guardian referral and district refusal

a. *Explanation of why the district proposed or refused to take the action.*

The district has considered your request to evaluate (student). After a review of (student's) educational performance, the district has decided not to evaluate him/her at this time.

b. *Description of other options that the IEP team considered and the reasons why those options were rejected:*

The district considered the ADHD diagnosis you presented on 2-13-13 and your physician's report stating that (student) needs to be on an IEP. However, there is no evidence his/her ADHD is adversely affecting (student) within the school setting at this time.

c. *Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:*

District reviewed grades, attendance records, behavior records and interviewed each of his/her current teachers

d. *Description of other factors that are relevant to district's proposal or refusal:*

The district reviewed his/her academic standing within each current class; he/she is submitting work in a timely manner; and his/her grades are satisfactory. He/she has not had any referrals to the principal's office due to inappropriate behaviors in the last 5 months. Teachers have also reported they have no concerns within the classroom as his/her behaviors are commensurate with his/her peers.

Resources

Special Education Programs: https://doe.sd.gov/sped/IEP.aspx

1. Individual Education Program Section:
    a. Documents:
        i. Eligibility Guide – https://doe.sd.gov/sped/documents/16-Eligib.pdf include information on what is required for eligibility
        ii. Evaluation Instruments – https://doe.sd.gov/sped/documents/18-EvalInst.xlsx includes a list of evaluation instructions that could be used to determine eligibility