

DeSoto County Schools
Office of Special Education
PROCEDURES

VOLUME I:

Child Find

Evaluation and Eligibility

Policies

- *Mississippi State Policies Regarding Children with Disabilities under the Individuals with Disabilities Act Amendments of 2004.*
- *State Board Policy Chapter 74, Rule 74.19*
- *Desoto County Schools Board Policy;*
 - ✓ Section I, Policy Code: IDDFAA

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CHAPTER 1: CHILD FIND

Desoto County Schools is responsible for providing education to all children with disabilities residing in Desoto County, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services are identified, located, and evaluated.

Child Find Responsibilities

Desoto County Schools is responsible for identifying, locating, and evaluating all children with disabilities from birth through twenty-one (21) years of age.

This requirement applies to, but is not limited to:

- Highly mobile children, such as migrant and homeless children;
- Children who are not enrolled in school but who have not yet graduated;
- Children who are wards of the State;
- Children with disabilities who are enrolled by their parents in private or parochial elementary and secondary schools;
- Children who are enrolled in public educational programs, such as Head Start;
- Children who are suspected of having a disability and may be in need of special education, even though they are advancing from grade to grade; and
- Children who are ages birth to three (3), including those receiving Part C services through the Mississippi State Department of Health (MSDH) Early Intervention Programs (EIP), known as First Steps.

Collaboration with other agencies and personnel may include:

- Desoto County Department of Human Services Office;
- Region IV Mental Health Department;
- Desoto County Department of Health,
- Mississippi First Steps Early Intervention
- Desoto County Juvenile Detention Center
- Mississippi Schools for the Deaf and for the Blind;
- Mississippi School for Math and Science;
- Mississippi School of the Arts;
- Head Start agencies: Eloise McClinton Head Start Center, Brown Head Start Center, Hernando Head Start Center, and Walls Head Start Center
- University-based programs;
- Physicians, nurse practitioners and other primary healthcare providers; and
- Private and parochial schools: Memphis Oral School for the Deaf, Northpoint Christian School, and Sacred Heart Catholic School

Child Find Coordinator and Child Find Contacts

Desoto County Schools designates a designated building level Child Find Coordinator who is responsible for receiving information concerning any child suspected of having a disability and for communicating this information to the Agency/District Child Find Coordinator. Desoto County Schools designates an area Special Education Supervisor as a district-level Child Find Coordinator who is responsible for coordinating all Child Find activities. All verbal or written requests made by a parent, teacher, student (if applicable), Teacher Support Team (TST), or public agency should be given to the designated building level Child Find Coordinator. The Child Find Contact should inform both the area Special Education Supervisor Child Find Coordinator and the school-level Multidisciplinary Evaluation Team (MET) any time there is a child from birth through twenty-one (21) years of age suspected of having a disability. The *Child Find Request* (Appendix CF.F) is used to document any requests received.

The Desoto County Schools Child Find policies include the following procedures for documenting verbal requests as well as a process for handling any requests when school is not in session:

- A Child Find request may be made VERBALLY or WRITTEN by anyone to any school employee.
- A Child Find Request form will be filled out explaining the type of (i.e., verbal or written) and reason for the request.
- Day 1 of the Child Find request begins the day the verbal or written request is made, no matter who receives the request.
- The MET must meet within 14 calendar days of the request.
- If school is not in session when the request is made, the date of the verbal or written request will begin the 14 days.
- After reviewing the request and other pertinent documentation, Prior Written Notice for Initial Evaluation or Prior Written Notice for Refusal to Evaluate will be given to the parent within seven calendar days of the meeting.
- If the parent does not attend the meeting, the meeting will be held and the parent will be notified of the team's decision. (It must be held within 14 days of the request.)
- If the parent misses the meeting and wants to reschedule, another meeting may be scheduled, but the timeline is tied to the initial request.

Scheduling Meeting Procedures:

- Upon receipt of verbal or written request, the designated building level Child Find Coordinator will complete the child find request form. Before scheduling the meeting, the building level Child Find Coordinator will contact the area special education supervisor to confirm a date and time to meet and will send the request form to the area supervisor.
- Upon confirmation of a date and time, the Invitation of a Committee Meeting, Developmental History, and a copy of Procedural Safeguards will be sent to the parent.

Information for meeting use will be collected prior to the meeting:

- Social/Emotional Worksheet
- Hearing/Vision Screening

- Teacher Narrative

The following data will be reviewed during the Child Find Meeting that includes, but not limited to:

- Developmental History
- Teacher Narrative(s)
- Hearing/Vision
- Social/Emotional Worksheet
- Parent Input
- Current Grades
- MTSS Data
- Discipline (Log Entries)
- Attendance
- Cumulative Record
- Previous Standardized Assessments, if applicable
- Universal Screeners
- Other Pertinent Information (outside assessments, mental health info, etc.)

Child Find Meeting

- Ensure all paperwork is available for review.
- Provide parents with a copy of Procedural Safeguards and explain them. Parent should sign Receipt of Procedural Safeguards.
- Take minutes during the meeting.
- Complete the MET Documentation form.
- Complete the Prior Written Notice at the end of the meeting to document the team's recommendations.
- Informed Parental Consent will be completed ONLY if data supports the need for a comprehensive assessment.
- Email to paperwork to the District Review Team for upload in the district's IEP database.

Annual Child Find Publicity Campaign

The Desoto County School District Level Child Find Coordinator is responsible for conducting an annual Child Find publicity campaign to identify, locate and evaluate all children residing in the jurisdiction of the agency/district who are suspected of having a disability and may be in need of special education and related services. A child is considered to be residing in Desoto County if:

- The child physically resides full time, weekdays/nights and weekends, at a place of abode located within the limits of Desoto County (State Board Policy 6600: Residence Verification);
- The child resides with a resident of Desoto County who meets the definition of parent in the *Individuals with Disabilities Education Act* (IDEA) and State Board of Education Policies;
- The child physically resides in the district as a result of placement by court order or by State agency and the child is a ward of the State; an/or

- The child is legally transferred to the Desoto County Schools District as prescribed in State law and State Board of Education policies and procedures.

The Child find publicity campaign is conducted at least once each school year involving personal AND written contacts with appropriate agencies and using outreach materials, such as letters, brochures, and news articles and Child Find notifications, which may include the use of electronic media such as websites and social media. Documentation of the annual Child Find publicity campaign is maintained on file at the Desoto County Schools Special Education Office. All written contact documents, outreach materials, and Child Find notifications must include:

- The Child Find Coordinator's name and contact information;
- Information about Desoto County School's responsibilities and Child Find timelines;
- Information about characteristics of children who may be in need of special education and related services; and
- A statement that Child Find applies to children from birth through twenty-one (21) years of age.

Interagency Collaboration

Collaboration with State Schools

State schools are jointly responsible with school districts to ensure appropriate Child Find procedures are implemented for children served by that school. Each State school may designate an Agency Child Find Coordinator who receives information concerning children who may have a disability and communicates the information to the Desoto County Schools Child Find Coordinator/Special Education Director. Desoto County Schools will collaborate with the State school personnel in the evaluation and eligibility process for any student who resides in the Desoto County School District. This may include, but not be limited to, provision of educational records as well as other pertinent information or data and will assist in determining the educational needs of the child. Evaluations will be conducted in accordance with State policies. See *List of State Schools* (Appendix CF.B).

Collaboration with Correctional Facilities

Juvenile Detention Centers are responsible for collaborating with the assigned sponsoring school district, Desoto County Schools, to identify, locate, and evaluate children suspected of having a disability. The child's district of residence, Desoto County Schools, will collaborate in the process by providing the child's educational record in a timely manner. See *Sponsoring School Districts for Juvenile Detention Centers* (Appendix CF.B)

State juvenile correctional facilities operated by the Mississippi Department of Human Services (MDHS) are responsible for identifying, locating, and evaluating children suspected of having a disability. Desoto County Schools will collaborate with MDHS in the evaluation process by providing the child's educational records and will assist in determining the educational needs of the child residing in Desoto County.

State adult correctional facilities are responsible for identifying, locating, and evaluating all children suspected of having a disability who are seventeen (17) years of age or younger. Youth ages eighteen (18) through twenty-one (21) years are included in the Child Find activities only if they had been previously identified as having a disability. The child/youth's school district of residence or previous school district of residence, Desoto County Schools, if the child left school prior to incarceration, will collaborate with Mississippi Department of Corrections (MDOC) personnel in the evaluation process by providing the child/youth's educational records to determine if the child/youth had previously identified as having a disability and if an Individualized Education Program (IEP) had been developed in their last educational placement.

NOTE: If a youth with an out-of-state eligibility ruling enters a State adult correctional facility, the facility is responsible for providing an initial evaluation using Mississippi eligibility criteria. In these cases, the facility would be responsible for providing reevaluations, special education, and related services for any youth who enters the facility with an existing eligibility ruling.

Collaboration with MSDH Early Intervention Programs (First Steps)

Under IDEA, both the lead agency for Part C services (i.e., MSDH) and the lead agency for Part B services (i.e., Desoto County Schools) have shared responsibilities for Child Find. Desoto County Schools and MSDH have specified their shared responsibilities to work collaboratively to ensure compliance with (a) Child Find responsibilities including the identification, location, and evaluation of children eligible for early intervention and/or special education services, (b) early childhood transition, (c) provision of services according to IDEA, (d) the *Family Educational Rights and Privacy Act (FERPA)*, (e) the Federal reporting requirements of these ACTS. The MSDH and Desoto County Schools also describe the procedures for the collaboration between the Mississippi EIPs known as First Steps.

For any infant or toddler from birth to forty-five (45) calendar days prior to the child's third birthday (i.e., 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, Desoto County Schools must notify the MSDH EIP Central Referral Unit within seven (7) calendar days after the identification or receipt of the request. Desoto County Schools and First Steps EIP collaborate to ensure that the child is evaluated and served, if appropriate.

For each preschool child referred to the MSDH or First Steps EIP who is fewer than forty-five (45) calendar days before the child's third birthday (i.e., older than 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, the MSDH must notify the Mississippi Department of Education (MDE) and Desoto County Schools after securing written parental consent to release personally identifiable information (i.e., the child's name, the child's date of birth, the parent's name, and the parent's contact information) as required in IDEA. First Steps will not conduct an evaluation or develop an Individualized Family Service Plan (IFSP) for these children.

First Steps will notify Desoto County Schools of children they service who meet the definition of *potentially eligible for Part B special education and related services* (i.e., toddlers who are twenty-seven (27) months of age or older with an active status in First Steps and an implemented IFSP). The assigned First Steps Service Coordinator will notify the Desoto County Schools

Special Education Supervisor or Special Education Director assigned to coordinate with First Steps within ten (10) business days* of determining eligibility for Part C early intervention services—not waiting until an IFSP has been implemented—to ensure timely notification and response by Desoto County Schools. In addition, the MSDH EIP Central Office must provide an electronic notification of the same information to the MDE to enter into the MSIS.

Desoto County Schools and First Steps EIPs have a mutual agreement to (a) designate the responsibilities of each agency, (b) define referral procedures, (c) support the use of joint evaluations if applicable, and (d) maximize resources.

**The procedures governing sharing information from Part C to Part B are contained within MSDH Part C Policies and Procedures and the MDE-MSDH Interagency Agreement, including the definition of ten (10) business days.*

Collaboration with Head Start

Personnel from head Start are responsible for screening and referring children suspected of having a disability to the child's district of residence per Head Start procedures. The Head Start should provide relevant information concerning the child's suspected disability and participate in the evaluation, should one be conducted. Desoto County Schools is responsible for Child Find requirements including the identification and evaluation of the child. Head Start and Desoto County Schools have an interagency agreement, in which (a) designates the responsibilities of each agency, (b) defines referral procedures, and (c) maximizes resources.

Collaboration with University-Based Programs

University-Based Programs are not responsible for Child Find and must refer any child suspected of having a disability to the appropriate Child Find agency. For children ages birth through 45 calendar days before their third birthday (i.e., thirty-four and a half (34.5) months), the appropriate Child Find agency is the MSDH First Steps EIP. For children older than thirty-four and a half (34.5) months, the appropriate Child Find agency is Desoto County Schools if Desoto County is where the child resides. Currently, there are no University-Based Programs affiliated with Desoto County Schools.

Collaboration with Private Facilities with DHS or Court Placement

When children with suspected disabilities who are wards of the State are placed in a private residential facility with a school, the LEA in which the private facility is located must be responsible for Child Find activities. The LEA, Desoto County Schools, must work with the private facility or school as well as a surrogate parent appointed by LEA, unless the judge overseeing the court ordered placement appointed one.

Collaboration with Private Facilities with Parental Placement

When children with suspected disabilities who are wards of the State are placed in a private residential facility with a school, the LEA in which the private facility is located must be responsible for Child Find activities. The LEA, Desoto County Schools, must work with the

private facility or school as well as a surrogate parent appointed by LEA, unless the judge overseeing the court ordered placement appointed one.

Participation of Private or Parochial School Children in Child Find

Desoto County Schools identifies, locates, and evaluates all children suspected of having a disability who have been enrolled by their parents in private or parochial elementary and secondary schools located within Desoto County. Child Find activities for these children are similar to those undertaken for public school children, including the identification and evaluation of these children and ensure the equitable participation of parent-placed school children. The Child Find process is completed in a time period comparable to that for children attending Desoto County Schools. An accurate count of these children is maintained by Desoto County Schools which includes the number of private and parochial school children evaluated, the number determined to be children with disabilities, and the number of children served. The cost of carrying out these Child Find requirements, including individual evaluations, may not be considered in determining if Desoto County schools met its obligations.

In cases where a child resides in one district but attends a private or parochial school located in the jurisdiction of another school district, the district where the private or parochial school is located is responsible for Child Find, including conducting the initial evaluation, if appropriate. If the child is eligible, the LEA where the private or parochial school is located may develop and implement a Service Plan, if the child has been designated to receive services. The child's district of residence also has responsibility for child Find Activities for this child; however, this district is encouraged to collaborate with the district where the private or parochial school is located to ensure the Child Find process is completed and to share educational records including evaluations, with parent consent, to be able to offer to provide Free Appropriate Public Education (FAPE) for eligible children were they to enroll in the district of residence. Desoto County Schools participates and collaborates information when applicable.

In cases where a parent-placed private school child resides in a state other than the state in which the private or parochial school is located, the child must be included in the Child find process of the LEA where the school is located. Desoto County Schools collaborates with districts where the private or parochial is located to ensure the Child Find process is completed and to be able to offer to provide FAPE for eligible children were they to enroll in the Desoto County School District.

NOTE: Private and parochial preschool programs and facilities do not meet the state definition of "schools" and are therefore not considered a private or parochial school. In these cases, Desoto County Schools is responsible for Child Find and for the provision of a FAPE. The LEA where these preschool programs are located is not responsible for Child Find for children who reside in another district.

Child Find Requests and Referral Procedures

Desoto County Schools has Child Find policies and procedures for responding to requests and/or concerns from schools, parents, public agencies, and other individuals knowledgeable about the child to ensure that no child is "lost" in the child find process from the initial request through the

evaluation process. A request for an evaluation may be made by any source who:

- Has knowledge of or interest in a child ages birth through twenty-one (21) years, including but not limited to parents, teachers, and Teacher Support Team (TST) members, or representatives of other public agencies; and
- Suspects that child may have a disability.

Desoto County Schools ensures that requests for initial evaluations and responses to such requests are not limited by the number per year of time of year requests are received.

When a written or verbal request for an initial evaluation is made, a Multidisciplinary Evaluation Team (MET) composed of the parent, the child (if appropriate), and qualified professionals must be convened within fourteen (14) calendar days to review the request including all pertinent existing documentation. Desoto County Schools invites the parent to participate; however, if the parent is unable to attend, the MET team must proceed. Desoto County Schools requires the MET include a Special Education Supervisor who can allocate school resources for the evaluation and, if necessary, resolve disagreements in eligibility determination decisions. Day one is the day the parent, teacher, Teacher Support Team (TST) member or representative of another public agency makes the request to Desoto County Schools.

The appropriate composition of the MET including the selection of qualified professionals depends on the concerns included in the initial request. See *Chapter 2: Evaluation and Eligibility, MET Membership* (p. 26) for more information. Consideration is given to the *Special Education Eligibility Determination Guidelines* which specify the qualified professionals required for each disability category in assembling the initial MET; however, as a child's disability must not be pre-determined, the composition of the MET must be flexible to change over time as needed for conducting specific evaluations, assessments, observations and procedures necessary for determining the eligibility and the educational needs of the child.

The MET has the sole responsibility for deciding whether or not to evaluate a child. See *Chapter 2: Evaluation and Eligibility, Section 3: Determining the Need for an Initial Evaluation* (p.28) for more information. If the MET determines that the need for an evaluation is substantiated, *Prior Written Notice* (Appendix PS.E), *Informed Parental Consent* (Appendix PS.F), and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) must be given to the parent within seven (7) calendar days of the meeting. In these cases, the MET must obtain informed written consent from the parent before it can proceed with an initial evaluation (i.e., no individual assessments may be conducted prior to obtaining this consent). If the MET determines that the need for an Initial Evaluation is not substantiated at this time, *Prior Written Notice* (Appendix PS.E) and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) must be given to the parent within seven (7) calendar days of the meeting. In these cases, the MET may refer the child to the TST for focused supplemental instruction or intensive interventions using the Three Tier Instructional Model to promote the child's success in the general education curriculum. *The MET Documentation Form* (Appendix CF.G) is used to document MET meetings and decisions.

NOTE: It is critical to remember that the Three Tier instructional model adopted by the State Board of Education, which is based on a Response to Intervention (RTI) process, provides a school-wide approach to address the needs of all children in the general education setting. It does not constitute the provision of special education services.

*Under the provisions of Child Find, it is required to identify, locate, and evaluate all children suspected of having a disability in a timely manner and to ensure that no procedures or practices, including Response to Intervention (RTI) procedures or practices, result in delaying or denying this process. Desoto County Schools has an obligation to ensure timely evaluations of children suspected of having a disability whether or not the child has participated in the Three Tier instructional model prior to an evaluation. Therefore, if a child suspected of having a disability is identified through Child Find procedures or a request for evaluation is made by a parent, guardian, representative of Desoto County Schools or others acting on behalf of a child, Desoto County Schools **will not delay or deny** the evaluation on the basis that the child has not participated in an RTI process as stated in the OSEP 11-07 Memo from Musgrove (Morrow & Musgrove, 2011).*

Consent to Evaluate for Children Who Are Wards of the State

Desoto County Schools is not required to obtain *Informed Parental Consent* (Appendix PS.F) from a biological or adoptive parent to conduct an evaluation of a child who is a ward of the State and who does not reside with a biological or adoptive parent under the following conditions:

- Desoto County Schools cannot locate the biological/adoptive parent despite reasonable efforts; or
- The rights of the biological/adoptive parent have been terminated in accordance with State law; or
- The rights of the biological/adoptive parent to make educational decisions have been subrogated by a judge and the judge has appointed an individual to represent the child (i.e., a surrogate parent). In these cases, consent to conduct an initial evaluation must be obtained from one of the persons listed below, in the following order:
 - A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;
 - A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child;
 - An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
 - A surrogate parent who has been appointed.

NOTE: If a child is a ward of the State, the State cannot be considered the "parent" of the child for educational decision-making purposes. Any Desoto County Schools case manager for a child or any family member of that child may not act as the "parent" for the child. Instead, a surrogate parent must be appointed to make educational decisions for the child.

Parent Refusal for Consent to Evaluate

If the parent of a child either does not provide consent for an initial evaluation or fails to respond to a requested consent, Desoto County Schools may, but is not required, to pursue the evaluation by using means available per the procedural safeguards, i.e., mediation or due process procedures. However, Desoto County Schools would not be considered in violation of its obligation for Child Find if it declines to pursue the evaluation under these circumstances.

NOTE: For homeschooled or parentally-placed private or parochial school children, Desoto County Schools will not pursue the evaluation by using mediation or due process procedures to override the parent refusal to evaluate.

REGULATORY REFERENCE
§§300.111; 300.300; 300.301

APPENDICES

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Top 11 Highlights for Child Find

1. Desoto County Schools is responsible for identifying, locating, and evaluating all children with disabilities from birth through twenty-one (21) years of age.
2. Child Find is an ongoing, year-round process not limited to the school year.
3. Child Find is the responsibility of the child's local education agency (LEA) of residence, unless otherwise indicated.
4. Desoto County Schools collaborates with any applicable agencies or service personnel for Child Find.
5. Desoto County Schools selects an individual to serve as the Agency/District Child Find Coordinator. In addition, Desoto County Schools has with multiple locations (e.g., schools), therefore an individual to serves as the Building/School Child Find Contact.
6. Desoto County Schools has a proactive responsibility for conducting an annual publicity campaign to identify and locate children. The publicity campaign is not limited to a newspaper article but should include a variety of outreach methods. Documentation of the publicity campaign is maintained on file by the Desoto County Schools Special Education office.
7. Desoto County Schools accepts both verbal and written requests for a comprehensive evaluation and has procedures for documenting any verbal requests.
8. Desoto County Schools ensure that requests for a comprehensive evaluation and the assembly and decisions of a Multidisciplinary Evaluation Team (MET) to such requests are not limited by a total number of requests or the time of year requests are received. Desoto County Schools respond to any requests within fourteen (14) calendar days including requests made when school is not in session.
9. Any infant or toddler from birth to forty-five (45) calendar days prior to the child's third birthday (i.e., 34.5 months) who has been identified through Child Find activities or for whom a request for an evaluation has been received, the local school district must notify the MSDH Early Intervention Program (EIP) Referral Unit within seven (7) calendar days after the identification or receipt of the request.
10. University-Based Programs are not responsible for Child Find and must refer any child suspected of having a disability to the appropriate Child Find agency. For children ages birth through forty-five (45) day before their third birthday (i.e., thirty-four and a half (34.5) months), the appropriate agency is the MSDH first Steps EIP. For children older than thirty-four and a half (34.5) months, the appropriate agency is Desoto County Schools.
11. No policies, procedures, or practices, including Response to Intervention, may result in delaying or denying a child access to the Child Find process. Children cannot be required to participate in a minimum amount of time in tiered Intervention supports before a request can be considered by the MET.

Public and Private Facilities

| State Agency Schools | County Regional Detention Center | Private Facilities |
|--|---|--|
| MS School for the Blind MS School for the Deaf MS School for the Arts MS School for Mathematics and Science | Desoto County Adult Detention Center | Millcreek Rehabilitation Centers CARES Park Academy/Olive Branch Memphis Oral School for the Deaf |
| University Based Schools | | |
| MSU T.K. Martin Center | | |

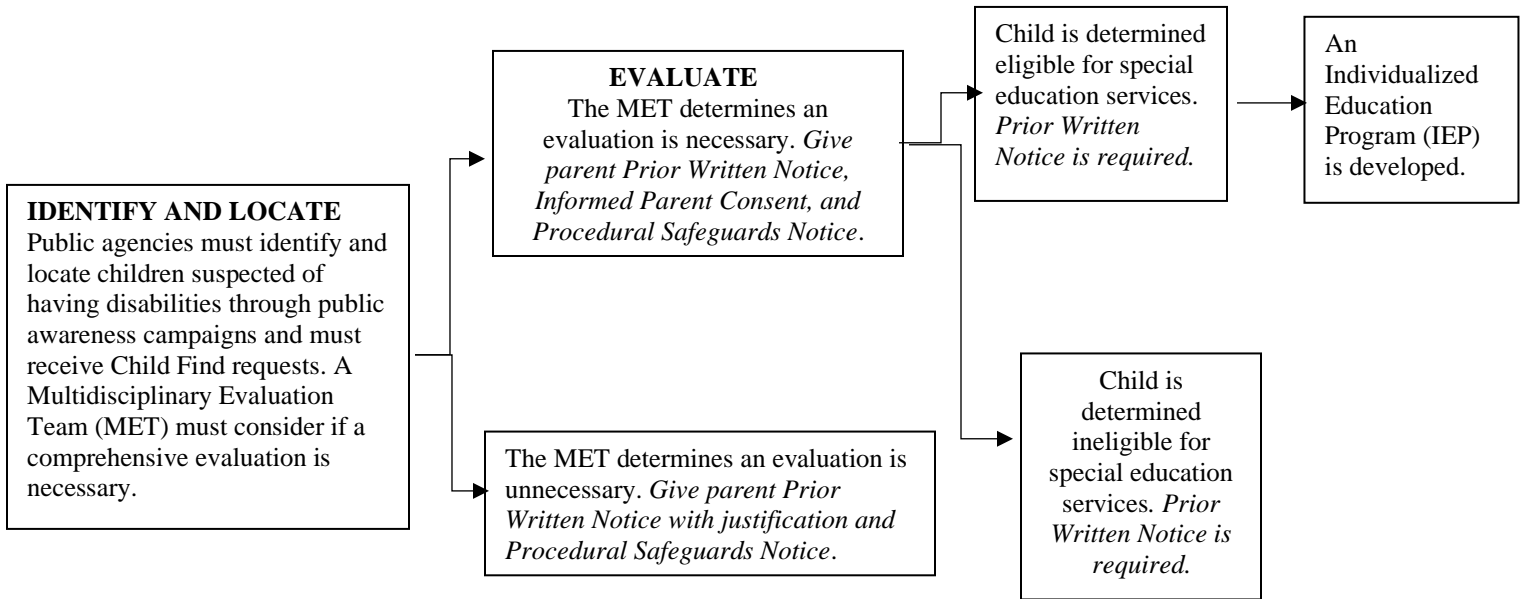
| State Adult Correctional Facilities | Juvenile Detention Centers | State Facilities |
|--|---|--|
| Central Mississippi Correctional Facility Mississippi State Penitentiary (Parchman) South Mississippi Correctional Institution | Desoto County Juvenile Detention Center | Hudspeth Ellisville State School MS Adolescent Center Magnolia Grove School East MS State Hospital MS State Hospital North MS Regional Center South MS Regional Center Lakeside School Roger Amos McMurtry School / Specialized Treatment Facility |
| State Juvenile Correctional Facilities | | |
| The Youth Offender Unit Walnut Grove Williams School | | |

Sponsoring for Local Juvenile Detention Center

| Local Juvenile Detention Center | Sponsoring School District |
|---|-----------------------------------|
| Desoto County Juvenile Detention Center | Desoto County Schools |

CHILD FIND states all children with disabilities residing in Mississippi, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services are identified, located, and evaluated.

IEP Flowchart



IEP is a written plan for individualized services and supports for a child with a disability.

The **IEP** is developed within **30 days** of the determination of eligibility. The IEP must be implemented immediately without delay.

TIMELINE

Once a verbal or written request is made to the LEA, the MET must convene within 14 days to review the existing documentation. The initial evaluation must be completed within 60 days of receiving parental consent for the evaluation.

The only exemptions to the timeline are if the child moves during the process, if the parent fails to make the child available for testing, and if the parent and public agency agree in writing to extend the timeline for evaluation of a child suspected of having a Specific Learning Disability when using a Response to Intervention process but the data are not clear after 60 days.

Publicity Campaign Activities and Sample Materials

Desoto County Schools employs a variety of methods for their annual publicity campaign for Child Find.

Desoto County Schools develops promotional materials and considers innovative methods for distributing them:

- Print media (e.g., flyers, posters, banners, brochures, and newspapers) See sample flyer.
- Nonprint media (e.g., websites, radio/TV ads, social media, and 211 or help line)
- Tangibles (e.g., pens/pencils, crayon packs, notepads, and magnets)

Typical outreach activities involve collaborating with a variety of partners and/or placing promotional materials in a variety of highly visible locations including, but not limited to:

- Hospitals, clinics, and doctors' offices
- Health Department and Human Services offices
- Department of Mental Health and Community Mental Health Centers
- (Early) Head Start or childcare centers
- Local MS Child Care Resource & Referral site (see <http://msucares.com/childcare/>)
- Newspaper or community magazine
- Libraries or community centers
- School events or meetings
- Community events and groups
- Churches or religious centers
- Local businesses and commercial retailers (e.g., real estate agencies, grocery stores, laundromats, restaurants, gas stations, baby or children's clothing stores, and toy stores)

Targeted outreach activities involve hosting events designed specifically to generate referrals including but not limited to:

- Local Health Fairs
- Mass developmental screening offered at local events (e.g., school registration days, school events, community events or fairs, and children's events)

Are you concerned about your child's speech, learning, behavior, or development?



What is Child Find?

Child Find is a process required by the Individuals with Disabilities Education Act (IDEA) to **identify, locate, and evaluate** all children from birth through 21 years of age who may have disabilities and may need early intervention or special education services. It is an ongoing process of public awareness activities and evaluations to ensure children with special needs can receive the help they need to succeed as early as possible.

How are children identified and located?

Anyone concerned about a child's speech, learning, behavior, or development can make a Child Find request. A multidisciplinary evaluation team will meet with the family within 14 days to decide if an evaluation is needed. If so, written permission from the child's parent is required before an evaluation is conducted.

What is a multidisciplinary evaluation?

A multidisciplinary evaluation will involve a series of observations and tests with the child and interviews with caregivers conducted by two or more specialists such as a speech language pathologist, a school psychologist, or a special educator. A written summary of this evaluation will be provided to the family and a meeting will be held to determine if the child needs special services.

Child Find Request



Multidisciplinary Evaluation Team meets with family

No testing Needed

Multidisciplinary Evaluation

Who should I contact about making a Child Find request?

For a child birth through two years, contact the Desoto County Health Department. For a child three to twenty-one years, contact Desoto County Schools.

What should I bring to the meeting to determine if a multidisciplinary evaluation is necessary?

Although you do not have to bring anything with you, any records or information you have that can assist you in describing your concerns about your child would be helpful.

For more information contact: *Desoto County Schools Special Education Office*
5 E. South St. Hernando, MS 38632
662-449-7100

Child Find Checklist

The *Child Find Checklist* is a tool to help Desoto County Schools plan their Child Find publicity campaign and interagency collaboration activities. Desoto County Schools is responsible for conducting Child Find activities as outlined in the Procedures for State Board Policy 74.19. The *Child Find Checklist*, or a similar form, is recommended for use when planning a comprehensive Child Find effort to ensure activities will target relevant groups, partnerships with key collaborative partners are developed, and specific public awareness materials and strategies are developed.

1. Gather all Child Find policies and procedures including any relevant materials and resources currently used by Desoto County Schools and formal and informal agreement documents with collaborative partners.
2. Review the Child Find policies and procedures implemented as well as the materials and resources used to ensure that all of the listed special groups are addressed. Check the box if sufficient policies and procedures as well as materials and resources are in place. If any special groups are not appropriately addressed, consider revisions to the policies and procedures or the development of specialized materials and resources that ensure awareness and education about Child Find obligations in these special groups.
3. Review the formal and informal agreements with collaborative partners to ensure Child Find obligations are met. Check the box if a formal or informal agreement is in place and the procedures result in sufficient referrals. If the agreements are insufficient, consider revisions to these formal and informal agreements. If no agreements exist, plan how the public agency can develop formal or informal agreements with these collaborative partners.
4. Review the public awareness activities currently conducted or used. Check the box if the materials are available and/or if the approach is used. Consider if additional activities could be undertaken or enhanced. Consider if revisions are needed for any existing materials and resources or if any additional materials or resources need to be planned or developed to improve the current Child Find public awareness campaign.

Child Find Checklist

Special groups to consider:

- Children who are highly mobile, such as children who are homeless or migrant
- Children who are wards of the State
- Children ages three (3) to five (5) years
- Children ages birth to three (3) years, including those receiving Part C services
- Children who are enrolled in private or parochial schools
- Children who are homeschooled
- Children in hospitals or other institutions
- School children in Tiers One, Two, or Three whose teachers suspect a disability
- School children in Tiers One, Two, or Three whose parents request an evaluation
- School children in Tiers Two or Three who have not responded to supplemental instructional/intensive interventions (i.e., made insufficient progress)

Collaborative Partners

- MS Dept. of Human Services: Divisions of Early Childhood Care and Development, Family and Children's Services, and Youth Services
- MS Dept. of Mental Health and Community Mental Health Centers
- MS Dept. of Health: Women's and Children's Services and Early Intervention Programs (First Steps)
- Head Start agencies
- Local preschool and childcare centers (Memphis Oral School for the Deaf)
- Hospitals, clinics, and local physicians and nurse practitioners
- Private/parochial schools (North Point Christian School, Sacred Heart Catholic School)

Public Awareness Activities

- Post flyers/posters
- Distribute brochures
- Post/Place notice/article in local newspapers
- Post information on the school websites
- Place radio/TV ads
- Distribute tangibles with Child Find contact information
- Provide information at school events
- Provide information at community meetings
- Provide information to local help/crisis line
- Provide information to local churches
- Post information at local businesses
- Post/Provide information in public libraries
- Post information on school signs and banners
- Conduct/Participate in local Health Fairs
- Conduct mass developmental screenings

Child Find Request

The *Child Find Request* may be used to document verbal or written requests for a comprehensive evaluation made by any person who has knowledge of and/or interest in a child ages birth through twenty-one (21) years and who suspects the child may have a disability. In addition, the *Child Find Request* can be completed by any person empowered by the public agency to receive a written or verbal request for a comprehensive evaluation.

1. Record information about the person making the request, including the person's name, agency represented (if applicable), contact information (i.e., address, email, and phone), and relation to the child. *If the form is being completed by one of the schools in the Desoto County School District and is receiving the request from a parent or a representative of another agency, record information about the person making the request, not the person completing the form.*
2. Record the date the Desoto County Schools receives the request; this is considered day one (1) of the fourteen (14) day timeline for convening a Multidisciplinary Evaluation Team (MET) to respond to Child Find requests. If the form is being completed to document a written or verbal request that was received by Desoto County Schools on a previous day, record the day the original verbal or written request was received by Desoto County Schools – not the day the form is being completed.
3. Record as much of the information as is available, including any information known about the child and her/his family, home language, and educational setting, as well as any concerns about the child's development, behavior, and/or learning; however, if some of the information is unknown, leave the item blank.

This Child Find Request form is provided to assist Desoto County Schools with documenting requests for a comprehensive evaluation. Failure to complete any part of this form may not be used as a justification to delay or deny a referral to a Multidisciplinary Evaluation Team (MET).

To evaluate the public agency's Child Find efforts, Desoto County Schools may review the responses to "How did you hear about Child Find?"

Desoto County Schools encourages to personalize the Child Find Request and to provide the form to collaborative partners and the public so anyone who wishes knows how to make a request for a comprehensive evaluation.

**DESOTO COUNTY SCHOOL DISTRICT
Child Find Request**

School: _____

Contact Person: _____

Phone: _____

EMAIL: _____

| | |
|-------------------------------|--------------------|
| School District of Residence: | Contact Person: |
| District Address: | District Phone: |
| Contact Person Email: | Date Request Sent: |

| PERSONAL DATA | | | |
|--|--------------------|---------|------|
| Child's Full Name: | Race/Ethnicity: | Gender: | DOB: |
| HOME AND FAMILY INFORMATION | | | |
| Parent/Guardian 1: | Parent/Guardian 2: | | |
| Home Address: | Home Address: | | |
| Home Phone: | Home Phone: | | |
| Work Phone: | Work Phone: | | |
| LANGUAGE(S) SPOKEN IN THE HOME | | | |
| Is any language other than English spoken in the child's home? Yes No | | | |
| Parent/Guardian's Language: _____ | | | |
| Child's Language: _____ | | | |
| CHILD'S EDUCATIONAL SETTING | | | |
| Does the child attend a public/private school? Yes No | | | |
| Has the student attended a public/private school within the last 9 months? Yes No | | | |
| Is the student considered homeless? <input type="checkbox"/> Yes No | | | |
| Has the student attended a public/private school within the last 12 months? Yes No | | | |
| CONCERNS FOR THE CHILD | | | |
| <i>Describe any concerns that you have about the child's development, behavior, and/or learning.</i> | | | |
| | | | |
| How did you hear about Child Find? | | | |
| | | | |

Met Documentation Form

The *MET Documentation Form* is a tool to guide Desoto County Schools in MET discussions, document the information discussed at MET meetings, and the determination of the MET. The *MET Documentation Form* is recommended for use when conducting a MET meeting to ensure all data have been collected, reviewed, and considered in documenting a MET decision.

1. Collect all data necessary to make an informed decision about a particular child. The data will vary depending on the type of decision that will be determined.
2. Record the student's information (i.e., name, school, MSIS number, date of birth, grade, age, and gender). Also, document the referral source of the student to be discussed.
3. Record the date Desoto County Schools received the request; this is considered to be day one (1) of the fourteen-day timeline for convening MET to respond to any Child Find requests. Also, record the date of the actual MET meeting. The date of MET should be within 14 days of the Child Find request.
4. Record the information that was available and reviewed during the MET meeting by checking the appropriate boxes. Not all of the data listed on the form may be required. If information is not available, but needed, the MET Chairperson should document what will be additionally collected and who is responsible for each piece of information. If the MET suspects that the student may be a child with a disability, the additional documentation should be collected as part of the evaluation process.
5. Record the recommendations of the MET and the actions taken or needed. Record additional recommendations if they are necessary.
6. Record the members present at the meeting and their positions. ALL required members should be in attendance with documentation provided that the parent was in attendance or invited.
7. Provide copies of the form to the parent along with the required documents determined by the committee's decision.

DESOTO COUNTY SCHOOLS • OFFICE OF SPECIAL EDUCATION

MET DOCUMENTATION FORM

| | |
|---|--------------|
| Name _____ | School _____ |
| MSIS _____ | DOB _____ |
| Grade _____ | Age _____ |
| Gender _____ | |
| Referral Source: Teacher _____ TST Committee _____ Parent _____ | |
| Reevaluation _____ Preschool _____ Other _____ | |

| | |
|---|---|
| Date of Request _____ | Date of MET meeting _____ |
| The following information was reviewed by MET: (check only the documentation reviewed) | |
| <input type="checkbox"/> Information/Reports provided by parent/guardian <input type="checkbox"/> Universal Screening results: student and class data <input type="checkbox"/> Required Tier I, II, III forms <input type="checkbox"/> Progress monitoring for academic objectives <input type="checkbox"/> Progress monitoring for behavior objectives <input type="checkbox"/> Social/Emotional Worksheet <input type="checkbox"/> Copy of cumulative record insert <input type="checkbox"/> Discipline reports from current and previous years <input type="checkbox"/> Attendance reports from current and previous years <input type="checkbox"/> Current grades <input type="checkbox"/> Vision screening | <input type="checkbox"/> Hearing screening <input type="checkbox"/> Teacher Narrative <input type="checkbox"/> Previous assessment/Evaluation report <input type="checkbox"/> Behavior logs <input type="checkbox"/> Developmental History <input type="checkbox"/> Medical/Mental Health reports <input type="checkbox"/> Classroom observation <input type="checkbox"/> Current or previous IEP with goals updated <input type="checkbox"/> ELL information <input type="checkbox"/> 504 documents <input type="checkbox"/> FBA/BIP <input type="checkbox"/> Other/Specify _____ |

| |
|---|
| <p>Recommendation of team for Initial Referrals:</p> <p>_____ Comprehensive Assessment is recommended.</p> <p>_____ Comprehensive Assessment is not recommended.</p> <p>Recommendation of Team for Reevaluation (complete Prior Written Notice):</p> <p>_____ IEP Committee Decision – Comprehensive Assessment is recommended.</p> <p>_____ IEP Committee Decision – Comprehensive Assessment is not recommended at this time.</p> |
|---|

| MET Members Signatures/Positions | |
|----------------------------------|--|
| | |
| | |
| | |
| | |

DCS Child Find Procedures

Before the Meeting:

- Once a verbal or written request has been made, send Child Find Request to your area supervisor (Scan and email it).
- Schedule a meeting with your SPED supervisor and parent within 14 calendar days of the request.
- The following participants are required in a child find meeting: Agency rep, General education teacher, District rep (SPED supervisor), parent, and other person with knowledge of the student.
- The school's child find contact person should send the following to the parent:
 - ✓ Notice of committee meeting
 - ✓ Developmental history (ensure to send the form based on the age, refer to the top of developmental history).
 - ✓ Procedural safeguards
 - ✓ Receipt of procedural safeguards
- The school's child find contact person should give the following to the teacher:
 - ✓ Teacher narrative
 - ✓ Social/Emotional worksheet
- School testing coordinator OR SLP should complete a hearing/vision screener before the meeting.
- Print any other relevant documentation and bring to the meetings (Case 21 data, Review 360 data, MAAP data, work samples, current and/or historical grades, discipline log entries, outside evaluations, etc.)
- If the parent can't attend the meeting, the MET team should meet without the parent and offer another date or time in which the parent can attend if he/she would like.

During the Meeting:

- A school representative will offer and explain the procedural safeguards and ensure parent does not have questions. If no questions, the receipt of procedural safeguards should be signed.
- Minutes should be taken.
- MET documentation form should be signed at the conclusion of the meeting.
- Informed parental consent (This should not be filled out before the meeting).
 - ✓ If the MET team chooses not to test the student, this form should not be completed.
 - ✓ If the MET team recommends testing the student, parent must sign the informed consent. If the parent is not in person, the parent can come and sign at a later date.
 - ✓ The time line for evaluation begins when the parent signs.
- Prior Written Notice
 - ✓ This form must be specific and describe the actions proposed or refused. If the parent signs to waive the 7 days (first box), the actions proposed begins.

- The date of the meeting.
- ✓ If the parent does not waive their 7 days (second box), mark the date on the first page as to when the actions would go into effect.
- ✓ If testing was recommended, mark the box stating that the informed consent has been obtained. The informed consent should be taken to the MET chair. The informed consent and intervention documentation should be sent to drt@dcsms.org within 7 days.
- If applicable, the authorization of Educational/Health information (records release) will be provided to the parent.
 - ✓ If educational/medical information is requested, complete authorization form in its entirety. Parent consent is voluntary, but the form must be signed and dated by the parent in order for the district/school to send/receive information.

After the Meeting:

- If permission to test was or was not obtained
 - ✓ Complete a packet of all completed paperwork, that includes but not limited to: Child Find Request form, minutes, invitation, developmental history, teacher narrative, social/emotional worksheet, Hearing/vision, MET documentation, Informed consent (if applicable), Prior Written Notice, Authorization of Educational/Health information (if applicable).
 - ✓ Scan and email the completed packet to drt@dcsms.org.
 - ✓ Once central services receive the child find packet it will be uploaded to the IEP database under the student's documents.
 - ✓ If permission was obtained, the child find information will be provided to the psychologist/psychometrist who will evaluate the student.

Child Find Forms:

- Child Find Request form
- Procedural safeguards
- Minutes
- Invitation to committee reply
- Developmental history
- Teacher narrative
- Social/Emotional worksheet
- Hearing/vision worksheet
- Receipt of procedural safeguards
- MET documentation form
- Informed parental consent
- Prior Written Notice
- Authorization of Educational/Health information (if applicable)

CHAPTER 2: EVALUATION AND ELIGIBILITY

Desoto County Schools is responsible for providing education to children with disabilities including the Mississippi Department of Education (MDE), other Local Education Agencies (LEAs), Educational Service Agencies (ESAs), State Schools, State Agency schools, and nonprofit public charter schools that are not a part of an LEA or ESA.

Evaluation and Eligibility Determinations

An evaluation is an individualized discovery process to determine if a child meets the eligibility criteria for special education and related services under the Individuals with Disabilities Education Act of 2004 (IDEA) and, if so, what are the child's educational programming needs. Evaluations are conducted by a Multidisciplinary Evaluation Team (MET) consisting of multiple methods including reviewing existing records, interviewing important informants, observing the child in his/her environmental settings, and administering formal and informal assessments and measures. The results of an evaluation are summarized in a psychoeducational report used by the MET to determine eligibility for special education and related services.

Desoto County Schools may make educational eligibility determinations. University-based programs, the 15 local juvenile detention centers (See appendix CF.B), private school programs, private facilities, and Head Start centers may not determine eligibility; rather, they must work with Desoto County Schools due to being responsible for Child Find to determine eligibility for special education and related services. The following sections provide detailed information about procedures used by LEAs, State Board-governed schools, or special State agency schools regarding: the MET, the evaluation process, the eligibility determination process, and the re-evaluation process.

Multidisciplinary Evaluation Team (MET)

Desoto County Schools must assemble a MET to respond to requests for comprehensive evaluations for children identified through Child Find activities, referrals from Part C Early Intervention Programs (First Steps), and requests from parents, teachers, Teacher Support Teams (TST), and other individuals knowledgeable about the child.

Each MET is responsible for:

- Determining if the child is in need of a comprehensive evaluation;
- Designing the comprehensive evaluation; and
- Determining if the child meets eligibility criteria for special education and related services.

MET Membership

The MET must include input from parents and collect, analyze, and interpret information to make an informed decision about the eligibility of a child for special education and related

services. Depending upon the requirements of the specific evaluation and the nature of the child's suspected disability, many different people may be members of the MET. The MET must consist of the parents or guardians designated to make educational decisions for the child (unless they choose not to participate), qualified professionals from the list below who can administer individual diagnostic assessments and interpret the results, a general education teacher and/or care providers with direct knowledge of the child. It is recommended an Agency Representative, Special Education Supervisor, Assistant Director or Director who can allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions be included as needed.

Qualified professionals who are a part of the MET may include:

- **Regular Education Teachers** who have knowledge of the child, general curriculum, and Tiered Intervention supports;
- **Special Education Teachers** who have knowledge of disabilities and educational programming needs and who can conduct educational assessments;
- **Speech-Language Pathologists** who have knowledge of typical and atypical language and speech development and impairments and who can conduct speech, language, fluency, and/or voice assessments;
- **Speech Therapists** who have knowledge of typical and atypical speech development and impairments and who can conduct speech assessments;
- **School Psychologists** who have knowledge of typical and atypical development, education, interventions, and disabilities and who can conduct cognitive, academic, adaptive, social emotional, and behavioral assessments, interviews, and observations;
- **Psychometrists** who have knowledge of human development and the administration of formal assessments and, depending upon their specialized training, who can conduct cognitive, academic, adaptive, social-emotional, and behavioral assessments, interviews, and observations;
- **School Health Nurses** who have knowledge of physical development, health, and impairments and who can conduct health screenings and orofacial examinations;
- **School Counselors** who have knowledge of typical and atypical social-emotional and occupational development and, depending upon their specialized training, who can conduct child and family interviews, educational/occupational assessments, and child observations;
- **School Social Workers** who have knowledge of typical and atypical social functioning and family systems and who can conduct child and family interviews, adaptive assessments and environmental observations; or
- **Representatives of other agencies and/or additional examiners** as needed, such as Audiologists, Physical Therapists, Physicians/Nurse Practitioners, Psychiatrists, Occupational Therapists, Ophthalmologist/Optometrists, or Rehabilitation Specialists.
- **Behavior Specialists** who have knowledge of and provides specialized behavioral assessments and treatment interventions.

NOTE: In the case of a preschool child who is not enrolled in a Desoto County Schools preschool education program, a teacher qualified to teach children of that age or the child's current direct care providers (e.g., Head Start teachers or private preschool providers), if applicable, should be invited to participate as a member of the MET.

MET membership must be configured based on the specific concerns of the referral. MET membership may change based on needs or concerns identified during the evaluation process. See *Qualified Examiners* (Appendix EE.D) and State Board Policy 74.19, Special Education Eligibility Guidelines for additional information on the specific qualifications required for members of the MET. The *MET Documentation Form* (Appendix CF.G), or a similar form, may be used to document any MET meetings or decisions.

Determining the Need for an Initial Evaluation

When a parent, school agency representative, TST member, or other individual knowledgeable about the child makes a verbal or written request for an evaluation of a child, Desoto County Schools will assemble a MET to consider the request and determine the need for conducting a comprehensive evaluation. Desoto County Schools has procedures for documenting verbal requests, as well as the process for handling any requests when school is not in session.

Note: Desoto County Schools ensures that requests for evaluations and responses to those requests are not limited by the number per year or the time of year the requests are received.

The MET must meet within fourteen (14) days of receiving the request to consider the request and review any pertinent documentation and existing data. Desoto County Schools must invite the parent and others knowledgeable of the child to participate in the meeting. The MET uses the *Meeting Invitation* (Appendix PS.D), to invite the parent to participate in the meeting. Parental consent is not required for the review of existing data (e.g., existing teacher or related service provider observations, ongoing classroom assessments, criterion-referenced tests that are used to determine child progress, administration of tests or other assessments that are administered to all children, or screening by teachers or specialists to determine appropriate instructional strategies for curriculum implementation) to determine the need for a comprehensive evaluation.

Based on this review, the MET will either determine:

- There is sufficient evidence to suspect that the child may have a disability; or
- There is insufficient evidence to suspect that the child may have a disability.

NOTE: The standard of “suspecting a child may have a disability” is an intentionally low threshold to ensure that all children who may—but not necessarily will—qualify for special education services are provided a comprehensive evaluation. The intention is to prevent under identification, as well as over-identification, of children with disabilities who need special education and related services. The MET should not attempt to pre-determine whether or not a child will be eligible for special education before conducting a comprehensive evaluation.

If the MET determines there is sufficient evidence to suspect that the child may have a disability and may be in need of special education services, the MET must:

- Give the *Prior Written Notice* (Appendix PS.E), to the parent within seven (7) calendar days after the meeting to inform the parent Desoto County Schools is requesting an initial evaluation; and
- Give the *Informed Parental Consent* (Appendix PS.F), to inform the parent of the evaluation process and to secure written consent for the initial evaluation; and

- Give a copy of *Procedural Safeguards: Your Family Special Education Rights* (Appendix PS.H) to the parent.

If the MET determines there is insufficient evidence to suspect that the child may have a disability, the MET must:

- Give the *Prior Written Notice* (Appendix PS.E), to the parent within seven (7) calendar days after the meeting to inform the parent that Desoto County Schools is declining the request for an initial evaluation and the reasons for the decision; and
- Give a copy of *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) to the parent with an explanation of the due process procedures that the parent may use to dispute the MET's decision.

See *Volume III: Chapter 7: Procedural Safeguards and Chapter 8: Dispute Resolution* for more information on obtaining parental consent for evaluation and due process procedures for resolving disputes.

NOTE: Infants/toddlers receiving early intervention (First Steps) services who are transitioning from Part C to Part B services are entitled to receive a comprehensive evaluation per the MSDH-MDE Interagency Agreement; therefore, an initial MET meeting is not required. When these children reach twenty-seven (27) months of age, Desoto County Schools will receive written notification from First Steps of children "potentially eligible for Part B services." If the parent invites Part B personnel to participate in the transition meeting, this meeting can cover topics typically addressed in the initial MET meeting, such as informing the parents about Part B services, the evaluation and eligibility process, and, if consent is given, planning the evaluation.

Initial Comprehensive Evaluation

The purpose of an initial comprehensive evaluation is to assess a child's academic, developmental, and functional skills, identifying any specific strengths and deficits to determine:

- If the child meets the criteria for one or more of the disabilities as defined by the Individuals with Disabilities Education Act (IDEA) and State Board Policy 74.19; and
- If the child needs special education and related services; and
- If so, what special education and related services are needed by the child?

During an initial comprehensive evaluation, the MET must assess broad areas of development, achievement, and functioning to identify all areas of concern with special emphasis given to areas related to the initial referral question(s) and to any areas of concern or deficit identified during the evaluation process, whether or not they are included in the original referral or commonly associated with the child's disability. To conduct an appropriate evaluation, the MET must plan and conduct the evaluation process in accordance with Federal regulations and State Board policies and using best practices as dictated by research and professional standards. The MET must then interpret the results of the evaluation in reliable and valid ways to make meaningful decisions for the child.

Planning the Comprehensive Evaluation

To plan an initial comprehensive evaluation, the MET must first determine what existing information is available and relevant for decision-making, including:

- Information and evaluations provided by the parent;
- Classroom-based assessments, interventions and observations provided by the teacher(s);
- Developmental screeners/assessments and/or medical records;
- Hearing and/or vision screeners gathered through mass screening;
- Other educational records, including early intervention, childcare, preschool or Head Start records, if applicable.

Based on this review of existing information, the MET will determine what existing records are current and what, if any, additional academic, functional, and developmental information are needed to determine eligibility and plan for programming. See *Existing Records* (p. 32) to determine if records are current.

When planning additional assessment for the evaluation, the MET must consider various approaches and data-collection techniques to be used including the: (a) collecting and reviewing of existing records, samples of the child's work, and other relevant material; (b) conducting of interviews with important informants (e.g., parents and teachers), (c) conducting of observations of the child in his/her environmental settings (e.g., classrooms and playgrounds), and (d) administering of formal and informal norm-referenced and criterion-referenced academic, developmental and functional tests. The MET may use the *Evaluation Plan* (Appendix EE.E), to develop a comprehensive evaluation plan to assess all areas of development using a variety of techniques. The MET must ensure the parent has the opportunity to provide meaningful input and to participate in decision-making as a member of the team. This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, *Informed Parental Consent* (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

All materials and procedures used for assessment and placement should be selected and administered so as not to be racially or culturally discriminatory. This is to ensure that children are not misclassified, misplaced, or unnecessarily labeled as having a disability due to the inappropriate selection, administration or interpretation of materials or procedures.

Other considerations in selecting assessment strategies and/or measures for conducting an initial evaluation include best professional research-based practices outlined below:

- The assessment materials and procedures must have been validated for the purposes for which they will be used (i.e., they must have been validated for use in determining eligibility and programming for special education).
- If the child is an English Language Learner (ELL), assessments must be administered in the child's native language, if available and appropriate, and the materials and procedures selected for assessing the child's academic, developmental, and functional skills should not be impacted by the child's lack of English proficiency.
- If the child has a known sensory, motor, and/or language deficit(s), the materials and procedures selected for assessing the child's other academic, developmental, and

functional skills should not be impacted by the child's identified deficit(s) except when determining the extent of the child's sensory, motor, and language impairments. For example, if the child has a known expressive language impairment, the child's cognitive abilities should not be assessed using materials and procedures that require the child to respond using language.

Conducting the Comprehensive Evaluation

The MET must conduct an individualized comprehensive evaluation in accordance with IDEA regulations and State Board Policy 74.19 before the provision of any special education services.

General Provisions. To determine whether a child is eligible for special education services, the MET ensures the comprehensive evaluation gathers information that:

- Consistently supports the presence of a disability; and
- Indicates the need for special education and related services for the child to participate in the general education curriculum or appropriate activities; and
- Identifies all of the child's educational needs to be addressed in the IEP whether or not those needs are typically linked to the disability category identified.

NOTE: If data appears to represent inconsistencies but the MET agrees that the preponderance of the data supports the presence of a disability and the need for special education and related services, the inconsistencies must be documented and explained in the evaluation report.

To be eligible for special education and related services, the MET must document an adverse educational impact (i.e., performance in academic, developmental, functional, social, behavioral, and vocational areas) due to the child's disability. To do so, the MET must ensure the determinant factor for the adverse educational impact is not a result of:

- A lack of appropriate instruction in math or reading, including the essential components of reading instruction as defined in the Elementary and Secondary Education Act (ESEA), i.e., phonemic awareness, phonics, vocabulary development, reading fluency, including oral reading skills, and reading comprehension strategies;
- Limited proficiency in understanding and/or speaking English; or
- Social or cultural differences of the child.

Timelines. After securing informed written parental consent to conduct an evaluation, the MET has a maximum of sixty (60) calendar days in which to complete the evaluation, except for the following specific situations:

- The parent repeatedly fails or refuses to produce the child for evaluation.
- The child transfers to another public agency after the timeline has begun but before eligibility could be determined.
- The MET is using ongoing progress monitoring data collected to determine the child's Response to Intervention (RtI) as a method for identifying a Specific Learning Disability (SLD), the data do not clearly indicate the presence or absence of a disability at the end of the sixty (60) daytime period, and the public agency and the parent mutually agree in writing to extend the time period.

Existing Records. Existing current data may be used as part of the evaluation process to determine the presence of a disability, a need for special education and related services, and the educational needs of a child. Data that falls outside of the following time frames are of historical value but are no longer valid for making decisions about eligibility or educational programming:

| Definition of Current | Types of Existing Records |
|--|---|
| No more than one (1) year old at the time the parent signs consent | <ul style="list-style-type: none"> • Intelligence measures • Hearing screening and follow-up evaluations • Vision screening and follow-up evaluations • Physical examinations |
| No more than six (6) months old at the time the parent signs consent | <ul style="list-style-type: none"> • Teacher Narrative (Appendix EE.J) • Achievement measures • Social, behavioral, adaptive, and emotional measures • Language/speech assessments • Motor assessments • Curriculum-based assessments |
| No more than three (3) months old at the time the parent signs consent | <ul style="list-style-type: none"> • Developmental History (Appendix EE.H) • Developmental instruments |

Data Collection. Unless otherwise indicated, Desoto County Schools does not dictate which assessment methods or instruments to use. It is the responsibility of the MET to determine the appropriate methods and instruments necessary to obtain sufficient information to determine the presence of a disability, a need for special education and related services, and the educational needs of a child. The MET should carefully consider the administration of each assessment instrument and use what is necessary, as under-assessment may result in inconclusive data resulting in the MET’s inability to make decisions and over-assessment can lead to fatigue in the child resulting in inconsistent or uninterpretable data.

To complete the evaluation, the MET must gather information about the child using a variety of assessment tools and strategies, which must include, but are not limited to:

- The *Teacher Narrative* (Appendix EE.J) and/or *Developmental History (Ages 3 to 9)* (Appendix EE.H) or *Developmental History (Ages 10 to 21)* (Appendix EE.I)
- Documentation of the child’s functioning in the home, classroom and/or in an early childhood setting through interview, observation, assessment, or other means;
- Information contained in the child’s cumulative record, including results of statewide assessments;
- Information about the child’s physical condition, including fine and gross motor skills, general physical condition, hearing, vision, and if necessary, orofacial examination;
- Information about the child’s social, behavioral, emotional, and adaptive functioning;
- Information about pre-academic and/or academic performance;
- Information about how the child communicates;
- Indicators of cognitive abilities;

- Evaluations and other information provided by the parent;
- Evidence that the child has received appropriate instruction in reading and math (for preschool/kindergarten children, information regarding early education experiences);
- Information about the impact of social and cultural background and limited English proficiency on educational performance;
- For children age fourteen (14) and above, appropriate and ongoing assessment of the student's needs, preferences, and interests related to the demands of current and future working, educational, living, personal and social environments; and
- For re-evaluations, information from IEPs.

NOTE: When significant emotional and/or behavioral issues have been identified as adversely impacting the educational process, a qualified professional must be a member of the MET when determining eligibility. This applies regardless of the eligibility category being considered for the child.

Medical and Mental Health Diagnoses. Some children may have a medical or mental health diagnosis available in their existing records. In most cases, a diagnosis from a psychologist, psychiatrist, nurse practitioner, physician or other health care professional using criteria from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and/or *International Statistical Classification of Diseases and Related Health Problems (ICD-9 or ICD-10 Codes)* is neither required to determine special education eligibility nor is it sufficient, in the absence of other data, to determine eligibility for special education. When diagnostic or prescriptive information from a health care professional or psychologist is available to DeSoto County Schools, the MET must consider the information when making an eligibility determination for special education. When a diagnosis, evaluation, or statement by qualified professionals is required to determine eligibility under a particular special education disability category, this requirement is listed as part of the eligibility criteria for that disability.

General Evaluation Procedures. The MET should conduct evaluations using the best professional and research-based practices. In addition, the MET must follow these procedures:

- Assessment measures must be administered by qualified personnel as specified in the instructions and guidelines provided by the assessment author or publisher.
- No single assessment measure shall be used as the sole criterion for determining a disability and for determining an appropriate educational program for a child.
- Assessment measures must be administered in the child's native language, or other mode of communication unless it is clearly not feasible to do so.
- Nonstandard administrations of standardized assessments must be noted with descriptions of the extent to which they vary from standard conditions in the evaluation report. Caution must be used in interpreting these results.
- Descriptions of and data from all assessments, including observations, used as a part of the comprehensive evaluation must be included in the written evaluation report.

Procedures for Special Assessments

Special Assessments for Communication

The MET must consider the communication needs of all children with a disability. If the MET suspects the child has special communication needs, the MET must assess the child's methods of communication, demands, and opportunities for communication using a variety of methods across a variety of settings, and the skills and strategies necessary to meet those communicative demands and take advantage of communicative opportunities across settings. The MET must also assess how appropriately and effectively the child can communicate and what types and amount of support, if any, the child may need to communicate using a variety of methods across a variety of settings. *See Special Assessments for Assistive Technology* (p. 30) if the child's need for an assistive technology device or service is being assessed.

Special Assessments for Assistive Technology

An *assistive technology device* is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

An *assistive technology service* is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

- The evaluation of the assistive technology needs of the child, including a functional evaluation of the child in his/her customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by the child;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education or rehabilitation plans and programs;
- Training and/or technical assistance for the child or his/her family, if appropriate; and
- Training and/or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are substantially involved in the major life functions of the child.

The MET must consider the assistive technology needs of all children with a disability. If the MET suspects the child has a disability due to sensory or motor deficits, including a Hearing Impairment (HI), Deaf-Blind (DB), Visually Impaired (VI), Orthopedic Impairment (OI), Other Health Impairment (OHI), or Traumatic Brain Injury (TBI), or has a disability which may indicate a need for an alternate means of communication, including Autism (AU), Language/Speech Impairment (L/S), Intellectual Disability (ID), or other disability impacting communication, the MET must assess the child's need for an assistive technology device or service to support mobility, communication, or other adaptive functioning in the child's environment. In addition to areas of assessment described under *Special Assessments for Communication*, *Special Assessments for Children who are Blind or Visually Impaired*, and

Special Assessments for Children who are Deaf or Hearing Impaired, the MET must assess the child's methods of locomotion, the physical demands on the child across a variety of settings, and how appropriately and effectively the child can navigate around and engage with equipment and materials in his/her environment. The MET must also assess the skills and strategies the child needs to meet the physical demands across a variety of settings, and what types and amount of support and in which settings and/or situations the child needs support, if any, to increase, maintain, or improve his/her functional capabilities.

Special Assessments for Children who are Blind or Visually Impaired

If the MET suspects the child may be Visually Impaired (VI) or Deaf-Blind (DB), the child must have her/his vision evaluated by the Teacher of the Visually Impaired and Orientation and Mobility Specialist, including, if appropriate, a *Functional Vision Assessment (FVA)* and clinical low vision assessment to determine (a) how the child uses vision in various activities in the natural environment and (b) any recommendations for devices, tools, and/or strategies to enhance vision. The MET must also determine the child's (c) appropriate reading and writing media, including print, Braille, or both, and (d) any current or future need for instruction in Braille or the use of Braille or other reading and writing medium. See additional information in *Special Assessments for Assistive Technology* (p.34) if the child's need for an assistive technology device or service is being assessed.

Special Assessments for Children who are Deaf or Hearing Impaired

If the MET suspects the child may have a Hearing Impairment (HI) or be Deaf-Blind (DB), the child must have his/her hearing evaluated by an Audiologist, School Psychologist and Speech Language Pathologist to receive an assessment to determine his/her (a) language and communication mode, including oral and manual methods, and opportunities of direct communications with peers and professional personnel in the child's language and communication mode, (b) need for any devices, tools, and/or strategies to facilitate communication such as an amplification system, (c) any current or future need for instruction in communication modes including the need for speech, language, and auditory training and/or instruction in sign language, and (d) need for additional accommodations such as favorable setting or captioning, services and supports such as interpretive and/or note-taking assistance, or modifications such as changes to classroom acoustics. See additional information in *Special Assessments for Assistive Technology* (p. 34) if the child's need for an assistive technology device or service is being assessed.

Special Assessments for Behavior

Prior to moving toward special assessments for behavior, the IEP team monitors an agreed upon behavior goal for period of four to six weeks in the classroom. If there is no improvement, the classroom teacher will make a request for a consultation by the school's assigned Behavior Specialist. From there, additional strategies or a Behavior Modification Plan (BMP) may be implemented which will be determined by the IEP team. The additional strategies and/or BMP will continue to be monitored through data collection.

If the MET suspects the child has significant behavioral concerns that impede his/her learning or the learning of others after a BMP has been implemented and monitored, the Positive Behavior Specialist should conduct a *Functional Behavioral Assessment* (FBA) as a part of the comprehensive evaluation. An FBA is an assessment process that involves collecting data from a variety of sources, including interviews and direct observations, to develop descriptions of the child's behavior in a variety of settings and conditions and to determine the function or purpose of the child's behavior, which will in turn help develop the *Behavior Intervention Plan* (BIP).

An FBA must include the following components:

- A clear description(s) of problematic behavior;
- Identification of the antecedent events, times, and situations that predict when the problematic behavior will and will not occur;
- Identification of the consequences of the problematic behavior; and
- Hypothesis and summary statements that describe the problem behavior and its functions.

If the child has previously had an FBA and BIP, the MET must review the FBA and BIP to ensure they are currently applicable and effective. If the child's behavior(s) and the function(s) of the behavior(s) have not changed, the MET may determine the existing FBA is sufficient. If either the behavior(s) or the function(s) has appeared to change, the MET should update the FBA. In addition, if a review of the progress monitoring data collected to evaluate the BIP indicates the BIP is currently effective, the MET may determine the existing BIP is sufficient. If a review of the progress monitoring data indicates the current BIP is ineffective, the MET may determine the FBA must be updated to determine how to modify the BIP and/or may conduct additional assessments to determine the need for additional services, accommodations, modifications, and support(s) for personnel. See *Volume IV: Chapter 10: Discipline* for more information about conducting FBAs and developing BIPs as well as suggested assessment and progress monitoring tools.

Special Assessments for Children with Limited English Proficiency

If the child is an English Language Learner (ELL), the MET must determine the dominant language(s) used in the child's home, the child's primary language of communication at home and in school, the cultural values and beliefs of the parents about education and language acquisition, and the child's level of acculturation. The MET must also assess the child's language needs, including the language demands and opportunities for skill development across various settings and/or situations and the types and amount of supports necessary to meet those demands and take advantage of those opportunities, to ensure that the child will be able to communicate and learn appropriately and effectively.

Special Assessments for Vocational, Occupational, and Secondary Transition Needs

State Board Policy 74.19 requires each child ages fourteen (14) years or older, or earlier if determined appropriate by the MET or IEP Committee, to have measurable postsecondary goals related to education, employment, and, where appropriate, independent living skills as part of the child's secondary transition plan. As these postsecondary goals must be based upon assessments, the MET must assess a child with a secondary transition plan using formal and informal age-

appropriate assessments of the child's needs, preferences, and interests in current and future employment, educational or training programs that support employment, and living in personal and social environments. See *Volume V: Chapter 11: Secondary Transition* for more information about conducting transition assessments.

Procedures for Assessing Specific Areas of Development

An evaluation is an individualized discovery process. A comprehensive evaluation requires the examination of all areas of development using a variety of assessment methods and instruments including the assessment of the child's:

- Physical functioning and development, including general physical condition, hearing and vision, orofacial examination (if necessary), and gross/fine motor development and skills;
- Communication skills and development;
- Adaptive skills and development;
- Social/Emotional/Behavioral skills and development; and
- Academic/Cognitive skills and development, including visual and auditory perception, achievement, and cognitive abilities.

During the comprehensive evaluation, special emphasis should be given to areas related to the initial referral question(s) and to any areas of concern or deficit identified during the evaluation process; however, the MET must not attempt to predetermine the disability category or limit assessments to those used to substantiate eligibility for one specific disability category. The types of assessment approaches used and the order in which assessments are conducted should be determined by best professional practices. In general, direct assessments of a child should occur in the following order: (1) physical assessments, including sensory assessments of hearing and vision; (2) communication assessments to determine how the child receives and conveys information; and (3) all remaining adaptive, behavioral, social-emotional, academic, and cognitive assessments. Sensory and communication assessments must be conducted before academic and cognitive assessments as the child's sensory and communication abilities should be considered in the selection of appropriate academic and cognitive measures. The review and comparison of evaluations may result in members of the MET identifying discrepancies in sensory and communication abilities. In those instances, it is acceptable to revisit and if necessary, administer additional evaluations to explain/further explore these noted discrepancies. In these cases, a statement must be included to explain why evaluations were conducted or further explored out of the sequence noted above in this section.

See *Qualified Examiners* (Appendix EE.D) for more information about which specialists are required for conducting various assessments.

Physical Assessments

As part of the comprehensive evaluation, the MET must assess the child's general physical condition, sensory abilities (i.e., hearing and vision), and fine and gross motor skills and development to determine the presence or absence of any concerns. Physical assessments examine the child's general health, strength, vitality, alertness, and sensory processing needed to function in a learning environment and perceptual motor function, object control, locomotor

skills, and physical fitness needed to navigate a variety of school and community environments and to use equipment and materials effectively. The MET must also determine if there are any physical or sensory issues that will impact the selection or administration of assessments for other areas of development.

General Physical Condition. Existing medical records of physical examinations conducted by a licensed physician or nurse practitioner may be available. If any are provided by the parent, the MET must consider them; however, only current medical records or reports may be considered valid for making decisions about eligibility or educational programming. See *Existing Records* (p. 31) to determine if records are current.

If a child is suspected of having a disability affecting the child's general physical condition, a qualified examiner, such as a licensed physician or nurse practitioner, must conduct a physical examination and submit a report that contains the information necessary to determine the child's disability in accordance with the procedures outlined for each specific disability. The *Report of Physical Observation* (Appendix EE.G), or similar report or statement completed by a physician or nurse practitioner, may be used as documentation.

Examinations are necessary for determining eligibility for a Developmental Delay (DD) - Diagnosed Disorder, Language/Speech Impairment – Voice (LS - Voice), Orthopedic Impairment (OI), Other Health Impairment (OHI)*, Traumatic Brain Injury (TBI), or other disability that may be primarily the result of a congenital physical problem, an acquired physical disability, or a diagnosed disorder of known etiology.

NOTE: A physician's report is not required to determine the presence of ADHD for eligibility under OHI unless the MET determines an examination is necessary.

Hearing and Vision. A hearing and vision screening and, if necessary, follow-up examinations must be conducted in accordance with the Appendix EE.F: *Hearing and Vision Guidelines*. The results must be documented on the *Hearing and Vision Screening Report* (Appendix EE.F) or on a similar form that contains all the required components. If the child fails the school-based hearing screenings, an audiologist holding MDE licensure, State Board licensure, or American Speech and Hearing Association (ASHA) CCC audiological certification or a physician with expertise in conducting audiological evaluations with appropriate audiological equipment must conduct a follow-up examination. If the child fails the school-based vision screenings, a licensed ophthalmologist or optometrist must conduct a follow-up examination. The assessment must be discontinued until the follow-up results are obtained. Existing hearing and vision screenings or examination reports conducted by a qualified examiner provided by the parent may be used if they provide the required information and are current. Additional information about hearing and vision screenings and examinations is included in the *Handbook for Speech-Language Pathologists in Mississippi Schools*.

If the MET suspects the child may have a Hearing Impairment (HI) or be Deaf-Blind (DB), the child must have his/her hearing evaluated by a qualified examiner and receive an assessment to determine his/her language and communication needs, including the need for instruction in alternative modes of communication. If the MET suspects the child may be Visually Impaired (VI) or Deaf-Blind (DB), the child must have her/his vision evaluated by a qualified examiner

and receive an assessment to determine appropriate reading and writing media, including the current or future need for instruction in Braille or the use of Braille. *See Special Assessments for Children who are Blind or Visually Impaired and Special Assessments for Children who are Deaf or Hearing Impaired* (p. 35) for more information on evaluating children with sensory deficits.

Orofacial Examination. If the MET suspects the child may have an articulation Language/Speech Impairment, the child must have an orofacial examination conducted by a qualified examiner to determine if the orofacial mechanism is functioning appropriately. The examination must evaluate the following structures: facial symmetry, dentition, hard and soft palate, uvula, fauces, pharynx and tongue. Additional information about orofacial examinations is included in the *Handbook for Speech-Language Pathologists in Mississippi Schools*.

If the MET determines a follow-up medical examination is necessary, a licensed physician or dentist must conduct an examination to determine the cause of the child's impairment and to provide a statement of adverse educational impact and recommendations, if any. The MET may use an existing medical report from a licensed physician or dentist provided by the parent in lieu of obtaining a new orofacial examination if the report includes the required information about the functioning of the orofacial mechanism and is considered current data according to procedures for *Existing Records* (p. 31).

Gross and Fine Motor. The MET must assess the child's gross and fine motor skills and development as part of the comprehensive evaluation. Assessment methods include conducting record reviews, observations, interviews, and/or criterion-referenced and norm-referenced assessments, as needed.

If the MET suspects the child has a disability that may impact the child's gross and fine motor skills or development, a qualified examiner, such as a licensed physician, Occupational Therapist, or Physical Therapist, should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in motor skills and development and, if so, the child's special educational needs. These assessments should examine the child's learning environments to determine her/his ability to be mobile and engage with equipment and materials and the child's physical ability to engage in self-care including feeding and hygiene, to use gross motor skills and visual-gross motor coordination functionally, and to use fine motor skills and visual-fine motor coordination functionally, as needed.

Communication Assessments

As part of the comprehensive evaluation, the MET must assess the child's speech and language skills and development and the child's communication needs to determine the presence or absence of any concerns. Communication assessments examine the child's ability to produce fluid and intelligible speech, to understand language, to use language to express thoughts, feelings, and needs, and to understand and use language in social and practical exchanges with other people. The MET must also determine if there are any communication issues that will impact the selection or administration of assessments for other areas of development.

Speech and Language. The MET must assess the child’s speech and language skills and development as part of the comprehensive evaluation. Assessment methods include conducting record reviews, observations, interviews, and/or criterion-referenced and norm-referenced assessments, as needed.

If the MET suspects the child has a disability that may impact the child’s articulation, a qualified examiner, such as a Speech-Language Therapist (216) or Speech-Language Pathologist (215), should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in speech skills and development and, if so, the child’s special educational needs. If the MET suspects the child has a disability that may impact the child’s voice or fluency of speech or language skills or development, a qualified examiner, such as a Speech-Language Pathologist (215), should be added as a member of the MET (if not included). The examiner should conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in speech and language skills and development and, if so, the child’s special educational needs. The areas that must be assessed and the types of instruments that may be used for evaluations are listed in the *Handbook for Speech-Language Pathologists in Mississippi Schools* (Mississippi Department of Education, 2023).

Other Communication Needs. If the MET suspects the child has a disability affecting her/his communication abilities including a Hearing Impairment (HI), Autism (AU), Traumatic Brain Injury (TBI), Specific Learning Disability (SLD) in oral expression or listening comprehension, or Developmental Delay (DD) with a delay in communication, a qualified examiner should be added as a member of the MET (if not already included). The examiner must conduct observations, interviews, and/or criterion-/norm-referenced assessments, as necessary, to determine the presence of any deficits in communication skills and development and, if so, the child’s special educational needs including, if appropriate, the need of an alternate means of communication or assistive augmentative communication device, such as a speech generating device, communication board, or picture exchange communication system (PECS). See *Special Assessments for Communication* (p. 34) for more information.

Adaptive Assessments

As part of the comprehensive evaluation, the MET must assess the child’s adaptive skills and behavior to determine the presence or absence of any concerns. Adaptive assessments examine the child’s practical, everyday skills needed to function in and meet the demands of his/her environment, including the skills s/he needs to take care of himself/herself independently and to interact with other people.

If the MET suspects the child has a disability that may impact the child’s adaptive functioning including an Intellectual Disability (ID), a qualified examiner must assess the child’s adaptive skills and behaviors using observations, interviews, and criterion-referenced and/or norm-referenced assessments to determine the presence of any deficits in adaptive functioning and, if so, the child’s special educational needs.

Social, Emotional, and Behavioral Assessments

Licensed Psychologist, or Psychiatrist must review all of the assessment data and make As part of the comprehensive evaluation, the MET must assess the child's social and emotional skills and development and behavior management to determine the presence or absence of any concerns. Social and emotional assessments examine the child's ability to recognize and regulate his/her emotions to function in and meet the demands of his/her environment and the ability to develop and maintain social relationships with adults and peers. Behavioral assessments examine the child's behaviors and ability to recognize and regulate her/his behavior to function in the learning environment including the ability to engage in responsible decision-making.

If the MET suspects the child may have a disability that may impact the child's social or emotional skills or development, including Autism (AU), Traumatic Brain Injury (TBI), or Developmental Delay (DD) with a delay in social-emotional development, a qualified examiner, such as a School Psychologist, Board-Licensed Psychologist, Psychiatrist, or psychometrist (with specific training in the areas assessed) should be added as a member of the MET (if not already included). For a student with Emotional Disability (EmD), a School Psychologist, Board-Licensed Psychologist, or Psychiatrist must be a part of the MET. The examiner must determine the presence of any deficits in social or emotional skills and development and the child's special educational needs, if any, using observations in important settings, particularly those in which the child may be experiencing social and/or emotional difficulties, interviews with the parents, teachers, other important caregivers, and child, if appropriate, criterion-referenced and/or norm-referenced assessments including rating scales as necessary and appropriate. To determine eligibility determination for EmD, a School Psychologist, Board-a statement supporting the MET's conclusion that the child has an Emotional Disability. Any existing records of medical or psychological evaluations conducted by a qualified examiner provided by the parent must be considered by the MET; if these records contain data considered current according to procedures for *Existing Records* (p. 32), they may be used by the MET for making decisions about eligibility or educational programming.

If the MET suspects the child has any behavioral concerns that impede his/her learning or the learning of others, a qualified examiner must assess the child's behavioral skills to determine the presence of any deficits in behavioral regulation and, if so, the child's special educational needs using observations, interviews, and criterion-referenced and/or norm-referenced assessments. If the MET suspects the child requires an individualized Behavior Intervention Plan (BIP) to address any significant behavioral concerns, a qualified examiner should conduct a Functional Behavioral Assessment (FBA) as a part of the comprehensive evaluation. The FBA must be completed within the 60-day timeline. See *Special Assessments for Behavior* (p. 35) for more information.

Cognitive, Academic, and Educational Assessments

As part of the comprehensive evaluation, the MET must assess the child's academic, educational, and cognitive skills and development to determine the presence or absence of any concerns. Academic and educational assessments examine the child's ability to learn, recall, and use information and skills that have been taught through formal instruction such as language,

reading, writing, mathematics, and other content subjects such as science and social studies. Cognitive assessments examine the child's ability to perceive, recognize, recall, and use information to think, reason, and problem-solve using verbal and nonverbal contexts.

If the MET suspects the child has a disability that may impact the child's academic, educational, and cognitive skills and development, including a Specific Learning Disability (SLD) or Intellectual Disability (ID), a qualified examiner such as a Psychometrist or School Psychologist should be added as a member of the MET (if not already included). The examiner must assess the child's academic performance, general cognitive functioning, and the learning environment, as needed, using observations of the child and his/her learning environment, interviews with the parents, teachers, other important caregivers, and child, if appropriate, and criterion-referenced and/or norm-referenced assessments to determine the presence of any deficits in academic, educational, and cognitive skills and development and, if so, the child's special educational needs. Additional interviews and observations must be conducted to assess the learning environment, such as teacher instructional strategies, curriculum demands, and environmental influences, to determine their impact on the child's academic performance. For preschool children, the examiner must determine the child's developmental or pre-academic readiness skills using observations, interviews, norm- and/or criterion-referenced developmental measures.

Although cognitive functioning must be considered as part of the comprehensive evaluation, an assessment of intelligence using a standardized measure is not required unless specified in the eligibility criteria (e.g., Intellectual Disability (ID)). If required, a qualified examiner such as a Psychometrist or School Psychologist must assess the child using a standardized norm-referenced measure of cognitive abilities selected and administered with consideration given to the child's sensory and communication abilities.

If the MET suspects the child has a neurological impairment that impacts the child's cognitive skills and/or development, a qualified examiner with specialized training and experience must assess the child's perception and processing skills (e.g., auditory/visual perception and language processing) using criterion- and/or norm-referenced measures of these skills.

Interpreting the Evaluation

To interpret the assessment data, the MET should consider information obtained from a variety of sources, including formal and informal assessments, parent input, teacher recommendations, medical and psychological reports, and observations of physical status, adaptive behavior, and social/emotional/behavioral skills, and considerations of social, cultural, linguistic, and economic background. The MET must ensure that all of the information obtained from these sources is documented and carefully considered in the decisions made for children.

Based on the review of information, the MET members must ensure the collected data are sufficient to determine the child's present level(s) of academic achievement and functional performance and the child's educational needs. The MET must also consider and explain any inconsistencies found in the data (e.g., different scores on rating scales administered with different informants). If these inconsistencies cannot be reasonably explained, additional

assessment may be warranted for clarity. Inconsistencies and their resolution must also be explained in the evaluation report(s).

Furthermore, consideration should be given to the child's culture, environment, and socioeconomic status when interpreting the information gathered since differences can affect children's learning in important ways (Hamayan et.al, 2013).

First, culture provides the context for making sense of the world in which all new learning occurs and can affect the child's general level of comfort about his/her place in the school environment. The child's and the parents' levels of acculturation can be determined using acculturation measures collected through structured interviews with family members to gather information regarding cultural differences and adjustment to the new culture.

The MET must consider the impact of cultural differences in situations that include, but are not limited to:

- If the child's cultural background is different from the dominant/primary culture of the school, community, and/or larger society;
- If the child is a member of a minority group (i.e., cultural, linguistic, racial/ethnic, religious, or other);
- If the child (and/or the child's family) has recently emigrated to the United States;
- If the child has had limited experiences in academic culture; or
- If the child has had limited involvement in organizations and activities of any culture.

Second, the environmental and socioeconomic differences of families, impact life experiences and exposure to language and enrichment activities. Families play a large role in their child's education by developing an awareness of importance of school and creating home conditions that impact school learning and the development of appropriate behavior. These environmental and socioeconomic differences also can affect the child's general level of comfort about his/her place in the school environment. The child's and the parents' experiences and expectations as well as the impact of environmental and socioeconomic differences can be determined through structured interviews with family members and developmental histories which gather information regarding opportunities to learn and other necessary information. The MET must consider the impact of environmental or socioeconomic differences in situations that include, but are not limited to:

- Irregular attendance (i.e., absences of at least 25% of the time in a grading period or for extended periods at a time);
- High mobility (i.e., two or more moves in a single school year) that impact the exposure to curriculum and prevent adequate mastery of skills;
- Individual family histories that may impact school performance (e.g., divorce, death, imprisonment, unemployment, traumatic events, etc.);
- Family income at or below subsistence level with or without public assistance; or
- Family resides in a disadvantaged neighborhood/area that may experience concentrated poverty, violence, and/or a significant lack of resources.

If most of the children from a cultural, environmental, and/or socioeconomic group are struggling in a similar way as the child being evaluated, then these factors may, but do not

necessarily, explain these difficulties. However, if the child being evaluated is receiving the same instruction in a similar learning environment but not achieving in similar ways as his/her cultural, environmental, and/or socioeconomic peers, then these factors would not appear to be the determinant for his/her learning difficulties. See Appendix EE.L: *Environmental/Cultural Differences and Economic Disadvantage Assessment* for additional guidance.

Evaluation Reports

At the conclusion of the evaluation, the MET must document their findings in an evaluation report(s). The MET has the discretion to compile all evaluation information into a single comprehensive report or to allow evaluation team members to submit individual reports. The evaluation report(s) summarizes the child's current status in all relevant developmental areas, functional levels, and (pre-) academic performance. A description of areas of strengths, weaknesses, and significant deficit(s), if any, should be included in the evaluation summary.

A copy of all evaluation report(s) must be provided to the parent at least seven (7) calendar days prior to the meeting to determine eligibility unless the parent has waived this right in writing in advance of the meeting.

NOTE: The evaluation report must not include any statements regarding the determination of eligibility or disability category. This is a MET decision made as a team at the eligibility determination meeting. Any written conclusions or recommendations from professionals based on evaluation results should be presented at this meeting.

Comprehensive Report

If the MET is using a comprehensive report, all of the information gathered from existing records and the formal and informal assessments for the evaluation must be integrated and interpreted in the report. This report must be submitted to the MET Chair.

The comprehensive report must include a summary of the following from all examiners:

- Dates of assessments;
- Name, title, and qualifications of examiners, informants, and/or observers;
- Testing conditions and behaviors noted during testing and observations;
- Results and interpretations of assessments;
- Explanations of any deviations from standardized testing procedures; and
- Justifications of use of instruments that are not age-appropriate.

The comprehensive report must also include the signatures of the examiners and individuals involved in writing the report and the date the report was completed. This date serves as the date that the evaluation is completed; therefore, it must be within sixty (60) calendar days of parental consent for the comprehensive evaluation.

Individual Reports

If the MET is using individual reports, information gathered from existing records and formal and informal assessments by each examiner must be described and interpreted in his/her report. Each report must be submitted to the MET Chair.

NOTE: The MET will integrate the information from individual reports at the eligibility determination meeting.

Each individual report must include a summary of the following:

- Date(s) of assessments;
- Name, title, and qualifications of examiner(s), informants, and/or observers;
- Testing conditions and behaviors noted during testing and observations;
- Results and interpretations of assessments;
- Explanations of any deviations from standardized testing procedures; and
- Justifications of use of instruments that are not age-appropriate.

Each individual report must also include the signature of the examiner and any individual involved in writing the report and the date the report was completed. The date of the last report submitted serves as the date that the evaluation is completed; therefore, it must be within sixty (60) calendar days of parental consent for the comprehensive evaluation.

Eligibility Determination

Eligibility Determination Meeting

The MET, which includes the parent, must meet within fourteen (14) calendar days of the completion of the evaluation to determine if the child is eligible for special education services. The parent must be invited in writing to attend the eligibility determination meeting. DeSoto County Schools uses the *Meeting Invitation* (Appendix PS.D).

The parent must also be provided a copy of the evaluation report(s) at least seven (7) calendar days prior to the eligibility determination meeting unless the parent waives this right in writing. For example, if the eligibility determination meeting is scheduled fourteen (14) calendar days after the completion of the evaluation, the MET has up to seven (7) calendar days to provide the parent the evaluation report(s). If the eligibility determination meeting is scheduled ten (10) calendar days after the completion of the evaluation, the MET has up to three (3) calendar days to provide the parent the evaluation report(s). If the parents waive their right to a copy of the evaluation report before the meeting, a copy should be provided at the eligibility determination meeting. In these cases, the eligibility determination meeting may be held in fewer than seven (7) calendar days after the evaluation is completed.

The MET **cannot pre-determine** a child's disability before the eligibility determination meeting. However, as specialized personnel are required to determine eligibility for some disability categories, the MET must ensure that any required examiners must be available to participate in the decision-making process. MET members may participate in person, by submitting a written statement, or by other technological means such as by phone. Assessment information may need

to be explained to the parent at the beginning of the meeting to allow the parent to participate in the determination of the presence of a disability; therefore, one (1) or more members of the MET must be available at the eligibility determination meeting who can explain the evaluation data and report(s) to the parents. See *Volume III: Chapter 7: Procedural Safeguards* for more information on notifying the parent of MET and IEP Committee meetings.

In the event that the parent cannot participate in the eligibility determination meeting despite good faith efforts, to accommodate the parent's schedule, Desoto County Schools (DCS) must hold the meeting within the deadline to prevent a delay in determining the eligibility of the child. The good faith efforts consist of three documented attempts that include but not limited to: phone calls, text messages, emails, and/or Certified Letter. DCS must provide the parent a copy of the *Eligibility Determination Report* (Appendix EE.N), or other documentation of the MET's determination of eligibility or ineligibility, and, if eligible, a *Prior Written Notice* (Appendix PS.E) of Desoto County School's intention to develop and implement an Individualized Education Program (IEP) for the child. In addition, the parent retains the right to disagree with the MET decision and may request an Independent Educational Evaluation (IEE) at public expense. See *Volume III: Chapter 7: Procedural Safeguards and Chapter 8: Dispute Resolution* for more information.

Eligibility Determination Report

During the eligibility determination meeting, the MET, which consists of the parent, the child (if appropriate), a qualified examiner, and a regular education teacher with knowledge of the child, the general curriculum, and Tiered Intervention supports, must review the evaluation report(s) to create an eligibility determination report to document the decision of the MET about the determination of eligibility for the child and, if eligible, the child's disability category. An Agency Representative (e.g., the individual who has the ability to allocate school resources **for the evaluation** and resolve disagreements in eligibility determination decisions or a designee) should also be in attendance. The MET may use the *Eligibility Determination* (Appendix EE.M) or other methods of documentation to identify the basis for the MET's decision (i.e., data supporting the presence or absence of one or more disability categories). The MET may then document the agreement or disagreement of each team member on the *Eligibility Determination Report* (Appendix EE.N). All individuals who participate in the eligibility determination meeting must sign the eligibility determination report, and the report must be dated.

Note: *Signature stamps cannot be used on any evaluation or eligibility form.*

A copy of the eligibility determination report, along with checklists, documentation of supporting evidence, and/or dissenting statements, if any, must be kept in the child's file and also provided to the parents.

Determination of Eligibility. The MET may use the *Eligibility Determination Report* (Appendix EE.N) to document the team's decision as follows:

- ***Data do not support eligibility.*** If it is determined that the data do not support the presence of a disability or the need for special education and related services, the MET must record that the child is ineligible and consider other methods of assisting the child in

the general education setting. Desoto County Schools must ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, and the *Eligibility Determination Report* (Appendix EE.N), or similar form, documenting the MET's determination of ineligibility.

- **Data support eligibility.** If it is determined that the data do support the presence of a disability and the need for special education and related services, the MET must record that the child is eligible and designate the disability category for which eligibility was established. Desoto County Schools must ensure the parents receive a copy of the evaluation report(s), if not provided before the meeting, the *Eligibility Determination Report* (Appendix EE.N), documenting the MET's determination of eligibility, and a *Prior Written Notice* (Appendix PS.E) of Desoto County School's intention to develop and implement an Individualized Education Program (IEP) for the child. Receipt of the Prior Written Notice must be verified and documented.

Parents have the right to disagree with the MET decision. If a parent disagrees with the MET decision on eligibility status or disability category, the parent must indicate his/her disagreement on the *Eligibility Determination Report* and submit a written statement of his/her conclusions to the Agency Representative. In addition, the parents have the right to request an Independent Educational Evaluation (IEE) at public expense. See *Volume III: Chapter 7: Procedural Safeguards and Chapter 8: Dispute Resolution* for more information.

If the members of the MET fail to reach a consensus in determining eligibility and/or the disability category, the Agency Representative (e.g., the individual who has the ability to allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions or a designee) must make a decision. If any member of the MET disagrees with this decision, he/she must indicate his/her disagreement of the *Eligibility Determination Report* and submit a written statement of his/her conclusions to the Agency Representative.

Eligibility Category. There are twelve (12) categorical disabilities and one (1) noncategorical designation (i.e., Developmentally Delayed) under Mississippi policies. The MET may use information gathered from evaluating or forms to document the supporting evidence for required, optional, alternate, and/or additional criteria, as applicable, for each of the specific disabilities considered. For each criterion listed for each disability category, the MET should record the data source(s) used as the basis for determining if the child meets or fails to meet the criterion. For example, when determining whether a child meets or fails to meet the eligibility criteria for the disability category of Autism, results from a standardized communication measure, a parent version of a rating scales measure, and an unstructured observation may support or fail to support the presence of the "significant delays in verbal and nonverbal communication" criterion while parent reports on a developmental history and medical records may support or fail to support the "delays before the age of 3" criterion. Required and recommended supporting evidence for each disability category can be found in *Disability Categories* (Mississippi State Board Policy Chapter 74, Rule 74.19, P.296-326) and are noted in the *Eligibility Determination*.

Individualized Education Program (IEP)

If the MET determines that a child is eligible for special education and related services, Desoto

County Schools will form an IEP Committee, composed of an agency representative, the child's educators, the parent, and, if appropriate, the child. The IEP Committee must meet to develop an IEP to provide the child with special education and related services, supplemental aids and services, program modifications and accommodations, and support for school personnel that ensure that the child receives a Free Appropriate Public Education (FAPE) in the child's Least Restrictive Environment (LRE). The child's IEP must be developed within thirty (30) calendar days of the date the child is determined to be eligible for special education by the MET. The MET, which includes the parent, may choose to develop the child's IEP during a meeting held immediately following the eligibility determination meeting or during a separate meeting to be held within thirty (30) calendar days of the eligibility determination meeting. The IEP is developed jointly with the parents to ensure their input in goal development and service provision. Once developed, the IEP must be implemented immediately. See *Volume II: Chapter 4: Individualized Education Program* for more information on the IEP Committee and development of the IEP.

NOTE: The child's MET and IEP Committee may have largely the same or very different membership depending upon the needs determined for the child. Some roles are the same including the child's general education teacher, the special education teacher (although a different special education teacher—namely the child's new special education teacher—may serve on the IEP Committee), the parent, and an Agency Representative. In some cases, members of the MET may not be appropriate to serve on the IEP Committee (e.g., a Psychometrist who conducts academic/cognitive assessments but does not provide special education or related services, or a Speech-Language Pathologist who assessed the child but found no deficits in communication).

Maintaining Data on Eligibility

Desoto County Schools maintains records for all children who have been evaluated for special education—whether the child was determined to be eligible or ineligible. The MET Chairperson must ensure the following information is forwarded to the Special Education Director in accordance with Desoto County Schools procedures:

- The child's name, race, grade/academic placement, and school of attendance;
- The child's eligibility status and the date of the eligibility determination;
- If eligible, the child's disability category; and
- Whether the determination was based on an initial assessment or a reevaluation.

Desoto County Schools develops policies and procedures for recording and maintaining student special education records to ensure compliance with the provisions of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA), including confidentiality, access, and storage provisions. See *Volume III: Chapter 9: Confidentiality* for more information on maintaining records.

Reevaluation

Desoto County Schools ensures that all children with disabilities are reevaluated periodically to determine whether the child continues to have a disability that requires special education and related services. Reevaluations must occur no less than once every three (3) years but may not occur more than once in a twelve (12) month period unless the parent and Desoto County

Schools agree that a reevaluation is needed. A reevaluation may occur more frequently than once every three (3) years, such as cases where:

- The child's parent or teacher has requested a reevaluation;
- The child's educational or related service needs, including improved academic achievement and functional performance, warrant a reevaluation;
- The child's disability category is no longer appropriate; or
- The child is to be exited from special education services for reasons other than graduation with a regular diploma, reaching the maximum age of eligibility for services, or parent revocation of services.

A reevaluation may consist of (a) a review of existing and ongoing progress monitoring data, with or without a limited collection of new data, or (b) a comprehensive reevaluation. In many cases, the more limited reevaluation is appropriate, such as when the IEP Committee establishes the child's continuing eligibility under the same disability category with changes only to some services and supports. However, when major changes are being considered, a child's parent or teacher has requested a comprehensive reevaluation, or when IEP Committee members disagree on a child's eligibility status or disability category, a comprehensive reevaluation is necessary. When considering a dismissal from any related service (i.e. speech, OT, PT), a reevaluation should be conducted.

The reevaluation process should be informed by records of services provided, ongoing progress monitoring data, and progress reports on measurable annual goals and short-term instructional objectives/benchmarks. These existing data sources should enable most reevaluations to occur within a relatively short period of time. In cases where a comprehensive reevaluation is required, the reevaluation may take more time. Desoto County Schools' procedures for the reevaluation process for students notes it should begin six months prior to the student's eligibility expiring.

Review of Existing Data for Reevaluation

The child's IEP Committee, of which the parent and other qualified professionals are members, must review existing information, including any evaluation data, on a child including:

- Evaluations and information provided by the parent;
- Current curriculum-based assessments, progress monitoring data, and other ongoing observations;
- Information from existing observations by teachers and related service providers; and/or
- Information contained in the current IEP, including progress reports on goals.

The review of data may be conducted by the IEP Committee with or without a meeting; however, each IEP Committee member, including the parent, must be given the opportunity to review all existing data and information to assist him/her in determining if additional data are necessary to establish continued eligibility and determine appropriate service provision. If the IEP Committee unanimously decides no additional data are necessary to determine (a) the child continues to be a child with a disability and (b) the child's special education or related service needs, the IEP Committee must document this decision in writing. See *Volume III: Chapter 7: Procedural Safeguards* for more information on notifying the parent about IEP Committee meetings.

Determining if Additional Data are Necessary for Reevaluation

If the IEP Committee as a whole or if any IEP Committee members determine additional data are needed, the IEP Committee, including the parent, must identify the data needed to determine:

- Whether the child continues to have a disability;
- Whether the child continues to need special education and related services;
- The child's present levels of academic achievement and functional performance;
- The child's educational needs; and
- Any additions or modifications to the child's special education and related services necessary for the child to meet the measurable annual goals addressed in the IEP and/or to participate in the general curriculum or developmentally-appropriate activities, as appropriate for the child.

Even in situations where members of the IEP Committee disagree with the parent over the need for conducting additional assessments or conducting a comprehensive reevaluation, the parent has the right to request assessments or a comprehensive reevaluation to determine eligibility under IDEA and their child's current educational needs. Desoto County Schools must inform the parent of this right. See *Volume III: Chapter 8: Dispute Resolution* for more information on due process procedures for resolving disputes.

Parental Consent for Reevaluation

Parental consent is recommended but not required prior to conducting a reevaluation using existing data. When additional data are needed to substantiate continued eligibility and/or current educational needs, the IEP Committee must provide the parent *Prior Written Notice* (Appendix PS.E) of Desoto County Schools' intention to conduct a reevaluation and obtain *Informed Parental Consent* (Appendix PS.F) prior to conducting any new individual assessments (e.g., interviews, observations, and formal and informal tests). If the parent fails to respond to the request for consent, Desoto County Schools may proceed with new individual assessments for reevaluation without written parental consent, if it has made reasonable attempts to obtain consent from the parent. Reasonable attempts consist of three documented attempts that include but not limited to: phone calls, text messages, emails, and/or Certified Letter. If the parent refuses to consent for additional data collection for reevaluation, Desoto County Schools may not conduct new individual assessments for the reevaluation. However, Desoto County Schools may continue to collect ongoing progress monitoring data used to determine sufficient progress on annual measurable goals and short-term instructional objectives or benchmarks, and the IEP Committee may use these data to determine if the child continues to be eligible for special education and the child's educational needs. In addition, Desoto County Schools may use procedures outlined under procedural safeguards to conduct a reevaluation. See *Volume III: Chapter 7: Procedural Safeguards* for more information on parental consent procedures for evaluations and reevaluations.

Assessment for Reevaluation

The IEP Committee may conduct assessments as part of the reevaluation when they determine the need for additional information to answer any of the following questions:

- What is the child's present level of academic achievement and functional performance?
- What are the child's current educational needs?
- What special education and related services does the child need?
- What, if any, additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals addressed in the IEP and/or to participate, as appropriate, in the general curriculum or, for the preschool child, to participate in age-appropriate activities?

The IEP Committee can use a variety of assessment strategies described in *Procedures for Assessing Specific Areas of Development* (p. 33) and *Procedures for Special Assessments* (p. 29) to collect the necessary information.

Comprehensive Reevaluation

If the IEP Committee is considering a change in the child's disability category, a comprehensive evaluation of all areas of development that meets the requirements of the *Initial Comprehensive Evaluation* (p. 29), *Procedures for Special Assessments* (p. 34), and *Procedures for Assessing Specific Areas of Development* (p. 37) must be conducted. A comprehensive reevaluation process should be completed within a reasonable period of time. It is recommended that a comprehensive reevaluation be completed at least every six (6) years.

Reevaluation Report

At the conclusion of the reevaluation, the IEP Committee must document the results in a written reevaluation report(s). The IEP Committee may compile all reevaluation information into a single comprehensive report or may allow each examiner to submit an individual report. The reevaluation report(s) must meet the criteria described in *Evaluation Reports* (p. 44). DeSoto County Schools provides parents a copy of all reevaluation reports at least seven (7) calendar days prior to the meeting to determine or reestablish eligibility unless the parent has expressed their preference to receive the reevaluation report at the meeting.

NOTE: The reevaluation report must not include any statements regarding the determination of eligibility or disability category. This is an IEP Committee decision made as a team at the meeting to determine or reestablish eligibility. Any written conclusions or recommendations from professionals based on reevaluation results should be presented at this meeting.

Programming Assessment

A Programming Assessment is used when the IEP committee agrees with the disability category but feels additional assessment(s) are needed to help with programming decisions. A Programming Assessment may be requested for students who are suspected may meet the criteria for a Significant Cognitive Disability. DeSoto County Schools recommends this be done mid-way through the student's second grade year to decide the state assessments to be taken and the diploma options that are appropriate. A cognitive assessment and an Adaptive Behavior measure are given. See *Programming Only (Additional Assessment Checklist)* (Appendix BB).

Eligibility Determination Meeting

The IEP Committee, which includes the parent, must meet to review the reevaluation report(s) and to draft an eligibility determination report. The parent must be invited in writing to attend the eligibility determination meeting. Desoto County Schools uses the *Notice of Invitation to Committee Meeting* (Appendix PS.D). See *Eligibility Determination Meeting* (p. 45) for more information.

Eligibility Determination Report

During the eligibility determination meeting, the IEP Committee must document the decision in an eligibility determination report either to continue or to change the child's eligibility status and/or disability category:

- If the results of the reevaluation support the child's current eligibility status and disability category, the IEP Committee will document the continued eligibility status and disability category.
- If the results of the reevaluation support the child's eligibility status but no longer reflect the child's disability category, the IEP Committee will document the change in disability category as appropriate and provide the parent *Prior Written Notice* (Appendix PS.E) of this change. Desoto County Schools documents the parent's receipt of the Prior Written Notice.
- If the results of the reevaluation no longer support the child's eligibility status, the IEP Committee will document this decision and provide the parent *Prior Written Notice* (Appendix PS.E) of the intent to exit the child from special education services.

Individualized Education Program (IEP)

If the child continues to be eligible for special education services, the IEP Committee will revise the child's IEP to reflect any necessary changes in educational programming and provide the parent *Prior Written Notice* (Appendix PS.E) for any revisions in the IEP. Desoto County Schools documents the parent's receipt of this notice. If the parent is in attendance at the IEP Committee meeting, Desoto County Schools may provide any required Prior Written Notice to the parent at the meeting.

Removal of Students from Special Education Programs (reference 300.305 (a)(e))

If the child is determined to be ineligible for special education services based on the results of a comprehensive reevaluation, the IEP Committee must provide the parents *Prior Written Notice* (Appendix PS.E) explaining their intention to exit the child from special education services at least seven (7) calendar days prior to terminating services. The Prior Written Notice must contain the basis for the decision, an explanation of the parent's right to obtain an Independent Educational Evaluation (IEE), and the parent's right to a due process hearing. Desoto County Schools documents the parent's receipt of this notice. See *Volume III: Chapter 7: Procedural Safeguards* for more information on providing the parent Prior Written Notice and *Volume III:*

Chapter 8: Dispute Resolution for more information on the due process procedures for resolving disputes.

Regulatory Reference
§§300.8, 300.39, 300.300- 300.311

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Top 22 Highlights for Evaluation and Eligibility

1. Each school in the Desoto County School District has a person designated to receive requests for evaluations, that person can compile the necessary information and forward this information to the MET to determine if the child is in need of a comprehensive evaluation, identify areas that need to be assessed, and determine if the child meets the eligibility criteria for special education and related services. The person designated at each school is an Agency Representative in the building.
2. When a verbal or written request for a comprehensive evaluation is made by a parent, Desoto County Schools or Teacher Support Team, the MET has fourteen (14) calendar days to meet and to consider the request. The first day of this timeline is the day that the request is made.
 - a. If the MET suspects the child has a disability, they must provide the parent *Prior Written Notice* (Appendix PS.E) of the intent to conduct an evaluation, *Informed Parental Consent* (Appendix PS.F), and *Procedural Safeguards: Your Family Special Education Rights* (Appendix PS.H) within seven (7) calendar days of the meeting.
 - b. If the MET does not suspect the child has a disability, the MET must provide *Prior Written Notice*, a justification for their decision, and *Procedural Safeguards: Your Family's Special Education Rights* (Appendix PS.H) within seven (7) calendar days of the meeting.
3. The MET **must** adhere to the fourteen (14) day timeline when requests are made during any break in instruction including extended breaks such as Christmas, Spring Break, or **summer months**.
4. The MET should consist of the parent, the child (if appropriate), and qualified professionals (as stated on page 23). The MET should also include an Agency Representative who can allocate school resources for the evaluation and, if necessary, resolve disagreements when making eligibility determination decisions.
5. When the MET is evaluating a child suspected of having a disability that may fall under the category of a Specific Learning Disability (SLD), the child's current general education teacher (preferably) or a general education teacher qualified to teach children of that age should be a member of the MET.
6. In the case of a preschool child who is not enrolled in a district preschool education program, a teacher qualified to teach children of that age or the child's current direct care providers (e.g., Head Start teachers or private preschool providers), if applicable, should be invited to participate as a member of the MET.'
7. The first meeting of the MET is a fact-finding meeting where existing data and reports of people with knowledge of the child are considered and the next steps are formulated.
8. If the MET refers a child for a comprehensive evaluation, the MET must develop an

Appendix EE.A

Evaluation Plan (Appendix EE.E) that addresses the reason(s) for the referral. This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, *Informed Parental Consent* (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

9. *Informed Parental Consent* (Appendix PS.F) is required prior to any assessments to ensure:
 - a. The parent has been fully informed, in their native language or other mode of communication, of all information about the action for which consent is given.
 - b. The parent understands and has agreed in writing to that action.
 - c. The parent understands that the consent is voluntary on their part and they know they may withdraw their consent at any time.

10. The initial evaluation must be conducted within **sixty (60) calendar days** of receiving *Informed Parental Consent* (Appendix PS.F) for the evaluation unless the following exceptions occur:
 - a. The child moves out of the jurisdiction for Desoto County Schools;
 - b. The parent does not make the child available for testing; or
 - c. When using a Response to Intervention (RtI) process to identify a child with a Specific Learning Disability (SLD) and the resulting data are unclear. *NOTE: The parent and school district must agree in writing to this extension. See page 27.*

11. The General Information section of the *Special Education Eligibility Determination Guidelines*, including the variety of information to be collected, applies to all comprehensive evaluations and the determinations of eligibility, including those conducted with preschool children
12. Screeners should never be used as the sole criterion for determining the need for a comprehensive evaluation or to determine eligibility status. If a measure has two versions, one of which is a shortened version (sometimes referred to as a screener) the longer, more complete version should be used as part of the evaluation to determine eligibility.
13. Scientific, research-based interventions may be used to determine eligibility for SLD. They can occur before the MET meets to determine the need for a comprehensive evaluation or **concurrently** with a comprehensive evaluation.
14. Functional Behavioral Assessment (FBA) is a type of individual assessment that may be conducted as part of an evaluation and requires *Informed Parental Consent* (Appendix PS.F). *NOTE: Ongoing observations for progress monitoring do not require parental consent.*
15. The MET should only consider current data as defined below. Depending upon the situation, the MET may determine that existing data are insufficient and should be updated to reflect the child's current status.

Appendix EE.A

| Definition of Current | Types of Existing Records |
|--|---|
| No more than one (1) year old at the time the parent signs consent | <ul style="list-style-type: none"> • Intelligence measures • Hearing screening and follow-up evaluations • Vision screening and follow-up evaluations • Physical examinations |
| Definition of Current | Types of Existing Records |
| No more than six (6) months old at the time the parent signs consent | <ul style="list-style-type: none"> • Teacher Narrative (Appendix EE.J) • Achievement measures • Social, behavioral, adaptive, and emotional measures • Language/speech assessments • Motor assessments • Curriculum-based assessments |
| No more than three (3) months old at the time the parent signs consent | <ul style="list-style-type: none"> • Developmental History (Appendix EE.H) • Developmental instruments |

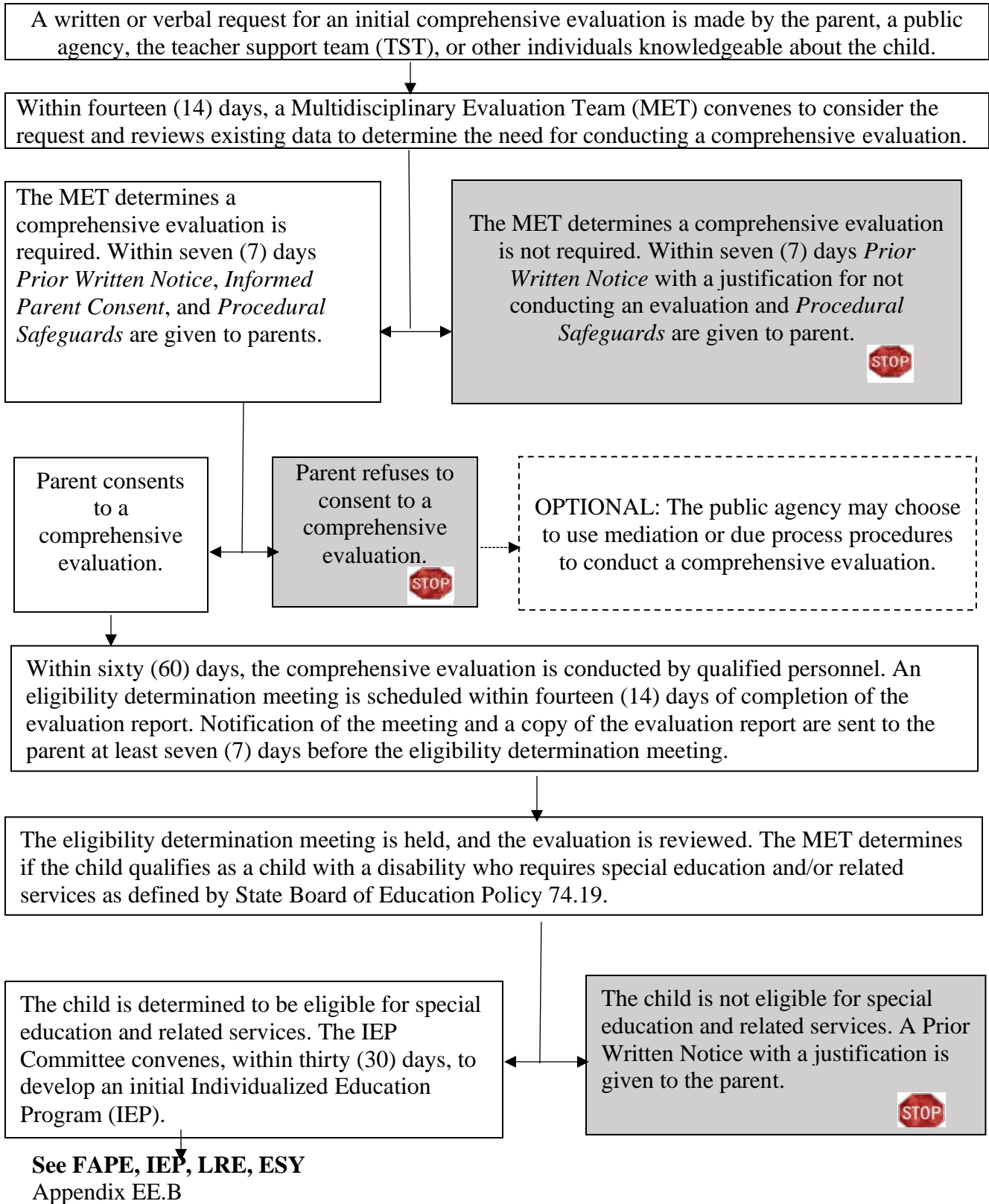
16. Districts have up to sixty (60) calendar days to complete the evaluation process. The initial evaluation process is finalized on the date the comprehensive report or last individual report is completed. The evaluation report(s) must be given to the parent seven (7) calendar days prior to the eligibility determination meeting unless the parent waives the seven (7) calendar day requirement in writing.
17. The initial eligibility determination meeting must be scheduled within fourteen (14) calendar days after the completion of the evaluation process. If the parent does not respond after multiple attempts using various methods to secure parental involvement in the eligibility determination meeting, the MET **must** determine eligibility without the parent’s participation.
18. At the eligibility determination meeting, there must be a qualified professional who can explain the results of the evaluation to parent and other participants.
19. If the qualified examiners of the MET fail to reach a consensus in determining eligibility and/or the disability category, the Agency Representative (e.g., the individual who has the ability to allocate school resources for the evaluation and resolve disagreements in eligibility determination decisions or a designee) must make a decision. If any member of the MET disagrees with this decision, he/she must indicate his/her disagreement of the Eligibility Determination Report and submit a written statement of his/her conclusions to the Agency Representative. If the parent disagrees with the school personnel, the parent may request an Independent Educational Evaluation (IEE) at public expense as outlined in *Volume III: Chapter 7: Procedural Safeguards*.
20. If the IEP Committee is considering a change in the child’s disability category

Appendix EE.A

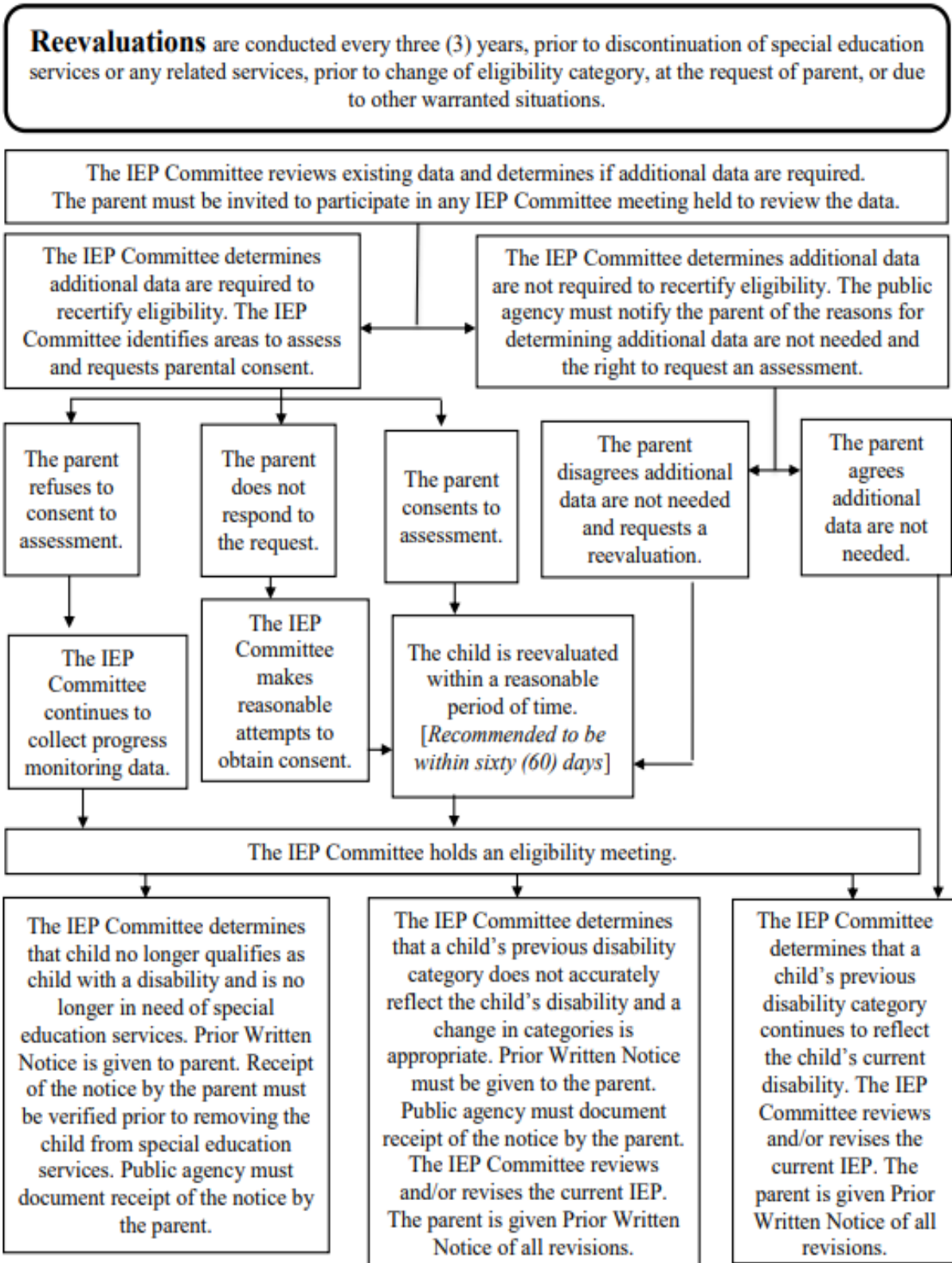
or eligibility status, a comprehensive reevaluation must be conducted. If the reevaluation supports a change in disability category or eligibility status, the IEP Committee must provide the parent *Prior Written Notice* (Appendix PS.E) before implementing these changes.

21. DeSoto County Schools, other public school districts, State Board-governed schools, and special State agency schools are allowed to make special education eligibility determinations for children.
22. University-based programs, local juvenile detention centers and private school programs are **not allowed** to make eligibility determinations for children and **must** work with the school district responsible for Child Find to determine special education eligibility.

Initial Evaluation and Eligibility Flowchart



Reevaluation Flowchart



Qualified Examiners

Multidisciplinary Evaluation Team (MET) members who conduct and interpret assessments to determine eligibility and program planning should have appropriate training and certification according to the required background, experience, and training specified in the assessment manual. The following qualifications are provided for examiners who administer and interpret assessments for eligibility and programming purposes; however, these guidelines are not intended to lower the requirements listed in any assessment manual should they exceed the criteria listed below:

Achievement Assessments

Examiners who administer and interpret achievement assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the achievement assessments according to standardized practices specified in the manual and professional best practices. This includes MDE-licensed Special Educators (221), Psychometrists (213), School Psychologists (451), and other examiners who meet the qualifications specified by the manual or the publisher of the measure.

Articulation Assessments

Examiners who administer and interpret articulation tests must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the articulation assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of typical/atypical speech development and speech disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;
2. Ability to interpret speech development and its impact on education to determine eligibility and to inform program planning; and
3. Ability to write a coherent report for school personnel and parents. This includes MDE-licensed Speech-Language Clinicians (215) and Speech-Language Therapists (216), and other examiners who meet the qualifications specified by the manual or the publisher of the measure.

Behavioral, Social, or Emotional Assessments

Examiners who administer and interpret standardized behavioral, social, or emotional assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the behavioral, social, or emotional assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of measure selection based on characteristics including the (a) purposes of the measure; (b) age and sex norms, including proportional representation of the population on key demographics; and (c) test reliability and validity data;

Appendix EE.D

2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, percentiles, percentile ranks, and stanines;
3. Ability to interpret behavioral, social, or emotional strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
4. Knowledge of typical/atypical development and specific behavioral, social, or emotional disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
5. Ability to write a coherent report for school personnel and parents. This may include MDE-licensed Special Educators (206), Psychometrists (213), School Psychologists (451), School Guidance Counselors (436), Psychologists licensed by the Board of Psychological Examiners, Psychiatrists, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

NOTE: Refer to eligibility requirements when selecting an appropriate examiner.

Developmental Assessments

Examiners who administer and interpret developmental assessments must (a) have the required background, experience, and/or specialized training specified in the manual, including specialized training in assessing young children, and (b) be able to administer and interpret the achievement assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of measure selection based on characteristics including the (a) purposes of the measure; (b) age and sex norms, including proportional representation of the population on key demographics; and (c) test reliability and validity data;
2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, normal curve equivalents, age equivalents, percentiles, percentile ranks, and stanines;
3. Ability to interpret developmental strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
4. Knowledge of typical/atypical development and specific developmental disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
5. Ability to write a coherent report for school personnel and parents. This includes MDE-licensed Special Educators (211/221), Psychometrists (213), Speech Language Clinicians (215), School Psychologists (451), and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Intelligence Tests

Examiners who administer and interpret intelligence tests must (a) have the required background, Appendix EE.D

experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the intelligence assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of appropriate methods of test selection based on the test's characteristics including the (a) purposes of the test; (b) use, dependent upon the child's native language; (c) age and grade norms, including proportional representation of the population on key demographics; and (d) test reliability and validity data;
2. Knowledge of statistical methods and ability to interpret (a) means, medians, and modes; (b) standard deviations and confidence intervals; and (c) typical scores including Z scores, T scores, normal curve equivalents, age and grade equivalents, percentiles, percentile ranks, and stanines;
3. Ability to administer and score intelligence tests accurately according to standardized practices described in the test manual and professional best practices;
4. Ability to interpret strengths and weaknesses and their educational impact to determine eligibility and to inform program planning;
5. Knowledge of typical/atypical development and specific disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes; and
6. Ability to write a coherent report for school personnel and parents.
This includes MDE-licensed Psychometrists (213), School Psychologists (451), Psychologists licensed by the Board of Psychological Examiners, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Language, Voice, and Fluency Assessments

Examiners who administer and interpret standardized language, voice, or fluency assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the language, voice, or fluency assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

1. Knowledge of typical/atypical language, voice, or fluency development and specific language, voice, or fluency disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;
2. Ability to interpret voice, fluency, or language development and its impact on education to determine eligibility and to inform program planning; and
3. Ability to write a coherent report for school personnel and parents.
This includes MDE-licensed Speech/Language Clinicians (215), Speech-Language Pathologists with a master's degree and/or an American Speech and Hearing Association (ASHA) Certificate of Clinical Competence (CCC) in Speech/Language Pathology, and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Motor Assessments

Examiners who administer and interpret standardized motor assessments must (a) have the required background, experience, and/or specialized training specified in the manual and (b) be able to administer and interpret the motor assessments according to standardized practices specified in the manual and professional best practices. In addition, examiners must have the following proficiencies:

- A. Knowledge of typical/atypical motor development and specific motor disabilities, including their characteristics, prevalence, causes, correlates, treatments, and life-course outcomes;
- B. Ability to interpret motor development and its impact on education to determine eligibility and to inform program planning; and
- C. Ability to write a coherent report for school personnel and parents.
This includes occupational therapists, physical therapists, physicians, nurse practitioners, rehabilitation specialists and other examiners who meet the qualifications specified by the assessment manual or publisher of the measure.

Orofacial Examinations

Examiners who can conduct orofacial examinations according to professional best practices include MDE-licensed Speech/Language Clinicians (215), Speech/Language Therapists (216), and other qualified medical personnel.

Specialized Instruments for Specific Disabilities or Disorders

In addition to the criteria described above, examiners who administer and interpret assessments for specific disabilities or disorders such as Autism, Traumatic Brain Injury, Attention Deficit Hyperactivity Disorder (ADHD), Tourette's Syndrome, Schizophrenia, Fetal Alcohol Spectrum Disorders, or other neurodevelopmental, health, or psychological disorders must have specialized training in the administration and interpretation of these assessments as well as specialized training in assessing children with these disabilities or disorders.

Evaluation Plan

To complete the Evaluation Plan, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee should:

1. Review any existing data, including information and evaluations provided by the parent, current classroom-based assessments, interventions, observations, and/or the child's educational records. Any current results to be used from existing records should be recorded in the "Review of Records" column.
2. The MET or IEP Committee must determine what, if any, additional information will be needed to determine eligibility and/or programming needs.

For each area of development (i.e., physical, communication, adaptive, social-emotional, and cognitive), list any assessment approaches/data-collection techniques that will be used. All areas of development must be assessed; however, not all forms of assessments are required for each area of development. For example, one area of development may be assessed through conducting observations and interviews while another area of development may be assessed through an interview and a test.

Comprehensive evaluations should be individualized. Use of a standard protocol or battery of tests with all children (e.g., all children receive an achievement and an intelligence test) is unlikely to produce the most relevant information for making decisions for individual children.

To select appropriate assessment approaches or tools:

- Consider the referral question(s) and expressed area(s) of concern when determining what evaluations are necessary. Evaluation plans should be individualized to address these concerns with sufficient detail to determine if the child has a mild, moderate, or severe impairment in the areas of concern.
- Review the criteria for any suspected disabilities to ensure that all of the required assessments and documentation will be collected during the evaluation.
- Ensure that the evaluation plan is flexible and amendable to be able to assess any concerns that may be identified during the evaluation process even if they are unrelated to the initial referral question.
- Consider the child's known characteristics (e.g., sensory, communication, behavior) and use appropriate assessment approaches and tools so that assessment results are valid.
- Ensure all materials and procedures used for assessment are selected and administered so as not to be racially or culturally discriminatory.
- Consider who is a qualified evaluator and what are appropriate assessments for a child who is an English Language Learner (ELL) depending upon the child's level of acculturation and language fluency. If available and appropriate, assessment materials should be administered in the child's native language.
- Consider who on the MET/IEP Committee is a qualified examiner and if additional examiners may be needed.
- Consider appropriate assessments for the child if s/he is found to have sensory, motor, and/or language deficit(s). Assessment materials and procedures should be selected

Appendix EE.E

- carefully so as not to be impacted by identified deficit(s) (except when determining the extent of sensory, motor, and language impairments).
- Ensure all materials and procedures used have sufficient reliability and validity for the purposes for which they will be used. 3. The Evaluation Plan may serve as a communication tool for the MET/IEP Committee to:
- Inform parents about the range of assessments to be conducted as part of the evaluation, including contingency plans if additional concerns are identified during the evaluation that may require additional assessment (e.g., if a child fails a hearing screening, a follow up examination by an audiologist may be required); and
- Assist multiple examiners in understanding their various roles in the evaluation process and in coordinating assessment efforts.

NOTE: This plan may change during the course of the evaluation based on additional concerns that arise during the process. If so, Informed Parental Consent (Appendix PS.F) for any additional assessments not included in the initial consent must be obtained.

Proposed Assessment Areas & Assessment Methods

Date: _____

Student: _____ School: _____

Upon review of data in the student's file, the following assessment areas are recommended by the school psychologist.

| | Assessment Areas | Assessment Methods | | | | | | |
|--|--|--------------------|------|------------|-------|---------|---------|-----|
| | | Rev Rec | Obs. | Inter-view | Tests | OT Eval | PT Eval | FBA |
| | Physical Status | | | | | | | |
| | General physical condition | | | | | | | |
| | Sensory abilities, incl. hearing/vision acuity | | | | | | | |
| | Fine motor | | | | | | | |
| | Gross motor | | | | | | | |
| | Sensory process. &/or perceptual-motor functioning | | | | | | | |
| | Communication Status* | | | | | | | |
| | *Please consult SLP for additional assessment methods. | | | | | | | |
| | Articulation, oral exam, speech production | | | | | | | |
| | Voice & fluency | | | | | | | |
| | Language | | | | | | | |
| | Social-Emotional Status | | | | | | | |
| | Social skills | | | | | | | |
| | Emotional development & skills | | | | | | | |
| | Self-management | | | | | | | |
| | Cognitive and Academic Status | | | | | | | |
| | Academic achievement | | | | | | | |
| | Intellectual/Cognitive | | | | | | | |
| | Adaptive Status | | | | | | | |
| | Adaptive behavior | | | | | | | |
| | Other | | | | | | | |

Other information needed checked below:

| | |
|---|--------------------------------|
| Revised or new teacher narrative | Copy of previous assessment |
| Hearing/vision screens updated | Copy of <u>cum</u> file insert |
| ABC (ADHD) observation | Medical release |
| Academic (SLD) observation | |
| Developmental history completed with parent | |
| | |
| Will send rating scales to be completed once consent to test obtained | |

Revised 6/3/2020

Hearing and Vision Guidelines

Hearing and vision must be screened as part of a comprehensive evaluation to ensure that sensory impairments in hearing or vision are not the determinant factors of a child’s difficulties. DeSoto County Schools may conduct hearing and vision screenings without obtaining parental consent if there is an agency policy for (a) mass screenings, or (b) students who have not been successful in general education programs as a means of determining if hearing and/or vision problems are the cause of the child’s lack of success. However, once a student has been referred by the MET for a comprehensive evaluation, hearing and vision evaluation becomes a component of the comprehensive evaluation and requires *Informed Parental Consent* (Appendix PS.F).

Hearing Screening and Evaluation

School-Based Hearing Screening

Hearing screenings should be conducted by a licensed professional who has been clinically trained to administer hearing screenings, such as a school nurse or Speech/Language Pathologist.

Administration of first school-based hearing screening. To screen children for potential hearing difficulties, conduct a pure tone screening of the following required frequencies and levels, i.e., Speech Reception Thresholds (SRT), in a quiet room to reduce ambient noise:

| | <i>Optional</i> | Required | Required | Required | <i>Optional</i> | <i>Optional</i> |
|-----------------------|-----------------|-------------|-------------|-------------|-----------------|-----------------|
| Frequency (Hz) | 500 | 1000 | 2000 | 4000 | 6000 | 8000 |
| Level (dB) | 30 | 25 | 25 | 25 | 30 | 30 |

Record the results of the hearing screening on Hearing/Vision Screening Report found on p. 69.

NOTE: If a child cannot be conditioned to respond to a hearing screening, a developmentally appropriate quantitative description of the child’s hearing must be completed by an individual who (a) works with the child, (b) has knowledge of the child’s hearing, and (c) is trained in recognizing developmentally appropriate hearing behavior. Use Hearing/Vision Screening Report: Part II-A, or a similar form, to record the quantitative description.

If the student is not able to be conditioned for the hearing screening after 2 attempts and Part II of the hearing screening report is completed, the student must be referred to a qualified examiner for further evaluation before the comprehensive assessment can continue.

Desoto County Schools Hearing Screening Protocol:

- Red earphone on Right ear, blue earphone on Left ear
- Stand behind the student if possible so they do not get any visual cues such as arm/shoulder movement when you press the button, looking at them for a response immediately after presenting the tone, or getting into a pattern
- Test 1000 Hz, 2000 Hz, and 4000 Hz at 25 dB for Right and Left ears (Hz means frequency/pitch and dB means intensity/loudness)
- If they do not respond at 25 dB, reinstruct. If they continue to fail, do not spend time

Appendix EE.F

increasing dB level to see where they will respond. Simply mark Fail and rescreen in 2 weeks

- Can raise either hand, or you can accept another consistent response, such as nodding their head, saying “beep”, head turn, or saying “no” or shaking their head when tone is presented
- Please do not use the functional assessment/quantitative checklist on the bottom half of the H/V form. Refer to the audiologists at Desoto County Schools.

Do not test students & refer immediately to Audiologists if any of the following occurs:

- With obvious ear infection - drainage or significant odor
- With a hearing aid (HA) or cochlear implant (CI) in either ear
- With congenital malformation, such as a missing ear
- Who are difficult to test or don’t understand directions (ELL, ID, self-contained)

Referrals:

- Every student who fails any frequency in either ear after two screenings.
- DO NOT send anything home to the parent regarding failed hearing screening
- DO NOT refer to a doctor. The Desoto County Audiologists will test and make referrals as needed.

Please send an email to the DCS Audiologists listing those who need follow-up testing.

***If a hearing loss is found during the initial evaluation process, please invite an audiologist to the eligibility meeting including speech only students and students receiving a full evaluation.*

Results of first school-based hearing screening. If the child fails to respond to any of the required frequencies at the required levels in either ear, indicate the missed items by placing a minus (-) in the corresponding box, and indicate “FAIL” on the screening form under the “1st Screening” heading. The examiner must record his/her name and the date of the screening. If the child responds to all of the required frequencies at the required levels for both ears, indicate the passed items by placing a plus (+) in the corresponding boxes, and indicate “PASS” on the screening form under the “1st Screening” heading. The examiner must record her/his name and the date of the screening.

Administration of second school-based hearing screening. A child is considered as having a potential hearing impairment if the child fails to pass:

- One or more required frequencies at the required levels in at least one ear or
- Any Speech Reception Threshold (SRT) at 25 dB in at least one ear.

Children considered as having potential hearing impairments should have a second individual hearing screening conducted within seven (7) calendar days of a failed first screening. When a child fails two school-based hearing screenings, the child should be referred to a licensed or certified audiologist or otolaryngologist.

Clinic-Based Hearing Evaluation

A clinic-based hearing evaluation should be conducted by a licensed or certified audiologist or otolaryngologist. This evaluation should consist of a protocol deemed appropriate for the individual child.

- If the audiologist or otolaryngologist determines the child does not have a hearing loss, the audiologist or otolaryngologist should provide a statement indicating such. This statement will be deemed sufficient for the MET to consider the child as not having a hearing impairment.
- If the child’s hearing ability cannot be formally determined by a licensed or certified audiologist or otolaryngologist, but there is evidence that a disability exists, then MET can continue with the comprehensive evaluation and determine eligibility taking into consideration the recommendations of the licensed examiner and documenting any deviations from standard assessment procedures undertaken as a result. The MET is responsible for using appropriate assessment tools and methods in these cases to ensure that the assessments do not underestimate the child’s performance due to difficulties in hearing (e.g., inappropriate reliance on verbally-loaded measures to determine cognitive abilities).

When a child fails a clinic-based hearing screening, the child should receive a hearing evaluation by a licensed or certified audiologist or otolaryngologist. This evaluation should include all of the components of a complete hearing evaluation to be used in determining the eligibility of Hearing Impairment as defined in State Board Policy 74.19.

NOTE: Even in cases where a child has failed the hearing screenings due to medical conditions (e.g., colds, sinus infections, cerumen [earwax], or otitis media [inflammation of the middle ear]), the comprehensive evaluation must be completed.

Vision Screening and Evaluation

School-Based Vision Screening

Vision screenings should be conducted by a licensed professional who has been trained to administer vision screenings and to use vision screening equipment and/or instruments appropriately, such as a school nurse.

Administration of first school-based vision screening. To screen children for potential vision difficulties, conduct a screening with the right eye, left eye, and both eyes. If the child wears glasses, then the glasses should be worn during screening.

| Grades | Appropriate Measures of Near-sightedness |
|---|--|
| PreK to 4 th Grade | <ul style="list-style-type: none"> • Snellen “E” • Hand Chart* |
| 5 th Grade to 12 th Grade | <ul style="list-style-type: none"> • Snellen “E” • Alphabet Chart* |

*Other instruments may be used, but the scores must be stated in Snellen equivalents.

| Ages | Appropriate Measures for Far-sightedness |
|------------|---|
| 3-5 years | <ul style="list-style-type: none"> • Near vision chart |
| 6-20 years | <ul style="list-style-type: none"> • +2.00 lens** |

** It is strongly recommended that no vision machine be used for screening children before the 5th grade.

NOTE: If a child cannot be conditioned to respond to a vision screening, a developmentally appropriate quantitative description of the child's vision must be completed by an individual who (a) works with the child, (b) has knowledge of the child's vision, and (c) is trained in recognizing developmentally appropriate visual behavior. Use Hearing/Vision Screening Report: Part II-B or a similar form to record the quantitative description.

If the student is not able to be conditioned for the vision screening after 2 attempts and Part II of the vision screening report is completed, the student **must** be referred to a qualified examiner for further evaluation before the comprehensive assessment can continue.

Results of first school-based vision screening. If the child demonstrates acceptable near vision for both eyes, and far vision in both eyes and each individual eye, record the child's far vision acuities in the corresponding boxes, indicate "PASS" on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.

- Near vision is screened with both eyes only. If the child can read the 20/20 line of the near vision chart with +2.00 lenses, or if a child cannot read the 20/20 line of a near vision chart at 13 inches unaided, indicate "FAIL" for near vision on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.
- If the child fails far vision in either eye or both eyes, record the child's visual acuities in the corresponding boxes, indicate "FAIL" on the screening form under the "1st Screening" heading, and record the examiner's name and the date of the screening.

Administration of second school-based vision screening. A child is considered "At-Risk" for having visual problems or impairments if the child demonstrates:

- Near-sightedness defined as vision worse than 20/40 using both eyes; or
- Far-sightedness defined as reading the 20/20 line with the +2.00 lens for children ages six (6) to twenty (20) or inability to read the 20/30 line on the near vision chart for children ages three (3) to five (5).

Children considered "at-risk" for visual impairments should have a second individual vision screening conducted within three (3) to ten (10) calendar days of a failed first screening.

Procedures and criteria for the second vision screening are the same as those of the first. When a child fails school-based vision screenings, the child should be evaluated by a licensed or certified ophthalmologist or optometrist.

Clinic-Based Vision Evaluation

A clinic based vision evaluation should be conducted by a licensed or certified ophthalmologist or optometrist. This evaluation should consist of a protocol deemed appropriate for the individual child and will determine if the child has a visual problem or impairment according to professional standards or the protocol.

- If the ophthalmologist or optometrist determines the child does not have a vision problem or impairment, the ophthalmologist or optometrist should provide a statement indicating such. This statement will be deemed sufficient for the MET to consider the child as not being visually impaired.
- If the ophthalmologist or optometrist determines the child has a vision problem

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correctable with aids such as glasses or contacts, the ophthalmologist or optometrist should provide a statement indicating such. This statement will be deemed sufficient for the MET to consider the child as not being visually impaired.

- If the child's vision ability cannot be formally determined by a licensed or certified ophthalmologist or optometrist, but there is evidence that a disability exists, then MET can continue with the comprehensive evaluation and determine eligibility taking into consideration the recommendations of the examiner and documenting any deviations from standard assessment procedures undertaken as a result. The MET is responsible for using appropriate assessment tools and methods in these cases to ensure that the assessments do not underestimate the child's performance due to difficulties in vision without correction (e.g., inappropriate over-reliance on spatial-visual measures to determine cognitive abilities).

Clinic-Based Vision Evaluation

When a child fails a clinic-based vision evaluation, the child should receive a complete vision evaluation by a licensed or certified ophthalmologist or optometrist. This evaluation should include all of the components of a complete vision evaluation to be used in determining the eligibility of Visually Impaired as defined in State Board Policy 74.19.

Desoto County Schools • Office of Special Education

HEARING/VISION SCREENING REPORT

| PERSONAL DATA | | | |
|------------------|-----------------|---------|------|
| Child's Name: | Race/Ethnicity: | Gender: | DOB: |
| District/School: | MSIS #: | Grade: | Age: |

PART I – INSTRUMENTAL ASSESSMENT

A. HEARING SCREENING

Instrument:

| | 1 st Screening | | 2 nd Screening | |
|-----------------|---------------------------|--|---------------------------|--|
| 1000 Hz / 25 dB | L Ear | | L Ear | |
| | R Ear | | R Ear | |
| 2000 Hz / 25 dB | L Ear | | L Ear | |
| | R Ear | | R Ear | |
| 4000 Hz / 25 dB | L Ear | | L Ear | |
| | R Ear | | R Ear | |
| Optional: | L Ear | | L Ear | |
| | R Ear | | R Ear | |
| Hearing | PASS | | PASS | |
| | FAIL | | FAIL | |
| EXAMINER | | | | |
| DATE | | | | |

B. VISION SCREENING

Instrument:

| | 1 st Screening | | 2 nd Screening | |
|---------------------------|---------------------------|------|---------------------------|------|
| Screened wearing glasses? | YES | | YES | |
| | NO | | NO | |
| Near Vision (Both Eyes) | PASS | | PASS | |
| | FAIL | | FAIL | |
| Far Vision | Left Eye | / | | / |
| | Right Eye | / | | / |
| | Both Eyes | / | | / |
| | | PASS | | PASS |
| | FAIL | | FAIL | |
| EXAMINER | | | | |
| DATE | | | | |

PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD

| A. HEARING | YES | NO |
|---|-----|----|
| 1. Does the child respond to his or her name when called? | | |
| 2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)? | | |
| 3. Does the child interact with others verbally? | | |
| 4. Can the child identify a body part when requested to do so verbally? | | |
| 5. Does the child respond to simple verbal commands? | | |
| 6. Can the child point to a person or objects when asked? | | |
| 7. Does the child imitate the speech of others? | | |
| 8. Does the child turn his or her eyes and/or head toward a voice? | | |
| 9. Does the child react when told "No!"? (NOTE: Compliance is not required.) | | |
| 10. Does the child attend to music or songs sung to him or her? | | |
| EXAMINER | | |
| DATE | | |

| B. VISION | YES | NO |
|--|-----|----|
| 1. Does the child follow an object with his or her eyes? | | |
| 2. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes? | | |
| 3. Does the child pick up objects placed on a table or the floor? | | |
| 4. Does the child reach for objects being handed to him or her? | | |
| 5. Does the child reach for objects unaided or without direction from teacher? | | |
| 6. Does the child look at an object or scan an image placed in front of him or her? | | |
| 7. Does the child look at pictures in a book? | | |
| 8. Does the child turn his or her eyes and/or head toward a light that is introduced? | | |
| 9. Does the child watch his or her own hand movements? | | |
| 10. Does the child look at himself or herself in a mirror? | | |
| 11. Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight? | | |
| EXAMINER | | |
| DATE | | |

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming:

Report of Physical Observation (ROPO)

The *Report of Physical Observation (ROPO)* documents an examination by a qualified healthcare provider (i.e., physician or nurse practitioner) to determine if a child has any significant physical/health impairments and/or injuries that should be considered by the Multidisciplinary Evaluation Team (MET) in their determination of eligibility and, if eligible, in the development of an Individualized Education Program (IEP). The *Report of Physical Observation* is given in writing containing the same information as *the Report of Physical Observation* form and is used when considering eligibility under the following disability categories: Developmental Delay (DD) – Diagnosed Disorder, Language/Speech Impairment–Voice (L/S-Voice), Orthopedic Impairment (OI), Other Health Impairment (OHI)*, or Traumatic Brain Injury (TBI).

1. The Report of Physical Observation must document any problems that might affect the child's performance on psychological and educational evaluations, such as side effects of medication and/or poor motor control.
2. The Report of Physical Observation must document any problems that would require special planning for or adaptations of the child's program, such as the need for leg braces or a wheelchair.
3. The specialty of the healthcare provider who completes the examination must be recorded along with the provider's signature and the date on the bottom of the form.
4. The Report of Physical Observation should not delay the evaluation process for a student with DD. The committee must document attempts to get ROPO and utilize the preponderance of data to determine eligibility. If the ROPO is available after eligibility, the committee must reconvene to consider the data. The ROPO is not required for a DD ruling unless the child has a diagnosed disorder that needs to be considered. Districts should consider a ROPO in all cases for a potential DD ruling.

NOTE: For an OHI eligibility for ADHD, a diagnostic report from a physician or a nurse practitioner is not required.

Developmental History (Ages 3 – 9)

The *Developmental History (Ages 3 – 9)* is used to document a parent or guardian's concerns for their child and information about their child's overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The, or a similar form containing the same information, should be used when considering eligibility under any category, especially for children ages three (3) to nine (9) years of age.

1. The *Developmental History (Ages 3 – 9)* should be completed as part of a structured interview with the child's parent or guardian. Most parents/guardians will not be able to complete all areas of the *Developmental History (Ages 3 – 9)* without adequate guidance and explanations.
2. The child's parent or guardian should be encouraged—but not required—to answer all of the questions included on the *Developmental History (Ages 3 – 9)*. Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.
3. The *Developmental History (Ages 3 – 9)* should document any concerns of the parent or guardian.
4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.
5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

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DEVELOPMENTAL HISTORY (AGES 3-9)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

| | |
|------------|----------------------------|
| Informant: | Relationship to the Child: |
|------------|----------------------------|

| PERSONAL DATA | | | |
|------------------|-----------------|---------|------|
| Child's Name: | Race/Ethnicity: | Gender: | DOB: |
| District/School: | MSIS #: | Grade: | Age: |

| HOME AND FAMILY INFORMATION | |
|-----------------------------|--|
| Parent(s)/Guardian(s): | Age: |
| Home Address: | Home Phone: |
| Employer/Occupation: | Work Phone: |
| Child lives with: | <input type="checkbox"/> Birth Parent(s) <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ |

| PERSONS LIVING IN THE HOME | | | | | |
|----------------------------|------|-----|--------|--------------|--|
| | NAME | AGE | GENDER | RELATIONSHIP | SPECIAL NEEDS |
| 1. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| LANGUAGE(S) SPOKEN IN THE HOME | | | | |
|--|-------------|--------|-----------------------|--------|
| Is any language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section) | | | | |
| Language(s) | Child | | Parent(s)/Guardian(s) | |
| | Understands | Speaks | Understands | Speaks |
| English | | | | |
| | | | | |

| YOUR CHILD'S STRENGTHS/INTERESTS |
|---|
| Describe your child's strengths /interests: |
| |

| CONCERNS FOR YOUR CHILD |
|--|
| Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information). |
| |

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| LIFE EVENTS OR FAMILY TRANSITIONS | |
|---|---|
| Describe any major life events or changes in the family situation that may have affected your child (e.g., abused, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.). | |
| | |
| MEDICAL/PHYSICAL DEVELOPMENT | |
| BIRTH HISTORY | |
| Mother's age at birth: _____ yrs | Mother received prenatal care during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were there any complications during pregnancy or delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| <input type="checkbox"/> High blood pressure/toxemia | <input type="checkbox"/> Maternal injury/illness <input type="checkbox"/> Emergency C-section |
| <input type="checkbox"/> Exposure to alcohol/cigarettes/drugs | <input type="checkbox"/> Rubella/German measles <input type="checkbox"/> Gestational diabetes |
| <input type="checkbox"/> Premature (____ weeks gestation) | <input type="checkbox"/> Low birth weight (indicate one: <input type="checkbox"/> <2.3 lbs. <input type="checkbox"/> 2.3-3.3 lbs <input type="checkbox"/> 3.4-5.4 lbs |
| <input type="checkbox"/> Oxygen deprivation | <input type="checkbox"/> Other _____ |
| Did your child have an extended stay in the hospital after birth? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| Length of time: <input type="checkbox"/> <one week <input type="checkbox"/> one to four weeks <input type="checkbox"/> one month or more (____ months) | |
| Reason _____ | |
| GENERAL HEALTH | |
| Has your child been hospitalized or had any significant operations? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| Explain _____ | |
| Has your child had any significant medical conditions or illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| <input type="checkbox"/> Eye or vision problems | <input type="checkbox"/> Heart problems <input type="checkbox"/> Seizures/neurological issues |
| <input type="checkbox"/> Hydrocephalus, hemorrhages, and/or shunt | <input type="checkbox"/> Ear infections and/or ear tubes <input type="checkbox"/> Allergies (specify _____) |
| <input type="checkbox"/> Asthma or breathing difficulties | <input type="checkbox"/> Significant infections (e.g., meningitis, encephalitis, etc.) or high fever |
| <input type="checkbox"/> Other _____ | |
| Has your child had any significant accidents/injuries (e.g., head injuries)? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| <input type="checkbox"/> Motor vehicle accident(s) | <input type="checkbox"/> Fall-related injury(ies) <input type="checkbox"/> Significant blow(s) to the head |
| <input type="checkbox"/> Oxygen deprivation | |
| <input type="checkbox"/> Other _____ | |
| Explain _____ | |
| Has your child had any difficulties or disorders with the following? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| <input type="checkbox"/> Eating difficulties/disorders | <input type="checkbox"/> Sleeping difficulties/disorders <input type="checkbox"/> Toileting difficulties/disorders |
| <input type="checkbox"/> Sensory Sensitivities | |
| Explain _____ | |
| Is your child currently being treated for a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| Does your child have a regular healthcare provider or medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| When was your child's last visit to a healthcare provider? Indicate one: <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >1 year | |
| May we access your child's medical records? <input type="checkbox"/> Yes (please complete a release form) <input type="checkbox"/> No | |
| Is your child currently taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain _____ | |
| Has your child ever received speech, physical, or occupational therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| Explain _____ | |
| HEARING AND VISION | |
| Has your child ever had his/her hearing and/or vision tested? <input type="checkbox"/> Yes (skip to next question) <input type="checkbox"/> No | |
| <input type="checkbox"/> Hearing only | <input type="checkbox"/> Vision only <input type="checkbox"/> Hearing <u>and</u> vision |
| Hearing results _____ | |
| Vision results _____ | |
| Does your child require devices to assist with hearing or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | |
| <input type="checkbox"/> Hearing aids (when acquired _____) | <input type="checkbox"/> Glasses (when acquired _____) |
| <input type="checkbox"/> Cochlear Implants | |
| <input type="checkbox"/> Other _____ | |

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| MOTOR DEVELOPMENT | | |
|--|--|---|
| <i>Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).</i> | | |
| <i>Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.)</i> | | |
| <i>Describe any additional concerns you have about your child's physical development.</i> | | |
| EDUCATIONAL BACKGROUND | | |
| Has your child ever attended a preschool program or childcare center? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Where _____ | When _____ | |
| Address _____ | Teacher _____ | |
| <i>Describe any difficulties your child has had with learning activities.</i> | | |
| Has your child ever been evaluated/assessed/tested for learning difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| By whom _____ | When _____ | |
| Results _____ | | |
| COGNITIVE/ADAPTIVE DEVELOPMENT | | |
| Can your child follow directions? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| <input type="checkbox"/> One-step directions only | <input type="checkbox"/> Two-step directions | <input type="checkbox"/> Multi-step directions |
| Does your child know any of the following information about him/herself? | | |
| <input type="checkbox"/> Name | <input type="checkbox"/> Age | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Parent(s) name(s) | <input type="checkbox"/> Address | <input type="checkbox"/> Home phone number |
| Does your child: | | |
| <input type="checkbox"/> Identify parts of the body | <input type="checkbox"/> Identify colors | <input type="checkbox"/> Count (highest number _____) |
| <input type="checkbox"/> Identify letters of the alphabet | <input type="checkbox"/> Play with building toys/puzzles | <input type="checkbox"/> Identify size (e.g., big, little, tall, short, etc.) |
| <input type="checkbox"/> Look at books independently | <input type="checkbox"/> Enjoy being read to | <input type="checkbox"/> Identify shapes (e.g., circle, square, etc.) |
| <input type="checkbox"/> Recognize written words | <input type="checkbox"/> Read books independently | <input type="checkbox"/> Identify money (e.g., dime, quarter, dollar) |
| Does your child independently: | | |
| <input type="checkbox"/> Drink from a cup without spilling | <input type="checkbox"/> Dress self completely | <input type="checkbox"/> Use toilet without accidents during day |
| <input type="checkbox"/> Eat with a spoon and fork | <input type="checkbox"/> Put shoes on correct feet | <input type="checkbox"/> Use toilet without accidents during night |
| <input type="checkbox"/> Brush hair and teeth | <input type="checkbox"/> Put on coat/jacket | <input type="checkbox"/> Clean table/space after eating/activity |
| <input type="checkbox"/> Bathe self | <input type="checkbox"/> Make up bed | <input type="checkbox"/> Cross the street safely |
| <i>Describe any additional concerns you have about your child's thinking or daily living skills.</i> | | |
| COMMUNICATION DEVELOPMENT | | |
| Does your child seem to understand what is said to him/her? <input type="checkbox"/> Yes (skip to next question) <input type="checkbox"/> No | | |
| Explain _____ | | |
| How does your child communicate? | | |
| <input type="checkbox"/> Gestures only | <input type="checkbox"/> Gestures and some speech | <input type="checkbox"/> Primarily speech with some gestures |
| Does your child.... | | |
| <input type="checkbox"/> Make up stories/songs | <input type="checkbox"/> Talk about daily activities | <input type="checkbox"/> Use "me", "you", plurals, and past tense |

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| | | | |
|---|--|---|--|
| Who can understand what your child says? (check all that apply) | | | |
| <input type="checkbox"/> Family/caregivers | <input type="checkbox"/> Other children | <input type="checkbox"/> Unfamiliar adults | |
| <i>Describe any additional concerns you have about your child's language or speech skills.</i> | | | |
| SOCIAL/EMOTIONAL DEVELOPMENT | | | |
| In the first three years, was/did your child: | | | |
| <input type="checkbox"/> Difficult to calm/comfort | <input type="checkbox"/> Resist being cuddled | <input type="checkbox"/> Show fascination with specific objects | |
| <input type="checkbox"/> Excessively irritable | <input type="checkbox"/> Fail to make eye contact | <input type="checkbox"/> Engage in frequent head banging | |
| <input type="checkbox"/> Have poor sleep routines | <input type="checkbox"/> Fail to look at caregivers | <input type="checkbox"/> Difficult to feed/nurse | |
| <input type="checkbox"/> Repetitive behaviors | | | |
| <i>If any of these behaviors have continued beyond age 3, give an example:</i> | | | |
| Describe your child's behavior (compared to other children his/her age): | | | |
| How active is your child? | <input type="checkbox"/> less active than others | <input type="checkbox"/> about the same | <input type="checkbox"/> more active |
| How well does your child pay attention? | <input type="checkbox"/> less distracted than others | <input type="checkbox"/> about the same | <input type="checkbox"/> easily distracted |
| How does your child handle change? | <input type="checkbox"/> handles change easily | <input type="checkbox"/> about the same | <input type="checkbox"/> resists change |
| How does your child respond to new things? | <input type="checkbox"/> readily accepts new things | <input type="checkbox"/> about the same | <input type="checkbox"/> resists new |
| How strong are your child's emotions? | <input type="checkbox"/> passive/indifferent | <input type="checkbox"/> about the same | <input type="checkbox"/> very intense |
| How moody is your child? | <input type="checkbox"/> very easygoing | <input type="checkbox"/> about the same | <input type="checkbox"/> very changeable |
| How predictable is your child? | <input type="checkbox"/> unpredictable | <input type="checkbox"/> about the same | <input type="checkbox"/> rigid routines |
| Indicate if your child has had any of the following difficulties: | | | |
| <input type="checkbox"/> Refuses to follow directions | <input type="checkbox"/> Withdrawn or keeps to self | <input type="checkbox"/> Cries easily or whines frequently | |
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Extremely fearful or nervous | <input type="checkbox"/> Explosive outbursts | |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Depressed or very unhappy | <input type="checkbox"/> Stealing or lying | |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Frequently complains of aches/pains | <input type="checkbox"/> Destructive behaviors/starts fires | |
| <input type="checkbox"/> Impulsive behaviors | | | |
| <i>For any difficulties identified, give an example:</i> | | | |
| Does your child play with siblings or other children? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | | |
| Describe how your child plays with siblings or other children: | | | |
| <input type="checkbox"/> plays near—not with—others (e.g., dolls, cars) | | <input type="checkbox"/> plays together with others (e.g., chase/tag games) | |
| <input type="checkbox"/> plays turn-taking games (e.g., hide-and-seek, hopscotch) | | <input type="checkbox"/> plays games with rules (e.g., board games, sports) | |
| <input type="checkbox"/> plays make-believe or role playing games (e.g., playing house, cops and robbers, recreating scenes from movies) | | | |
| <i>Describe any additional concerns you have about your child's social-emotional development or behavior.</i> | | | |
| ADDITIONAL INFORMATION | | | |

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| |
|---|
| <i>Please provide any additional information that would help us understand your child better.</i> |
| What is the best day and time to contact you? |
| What is the best day and time to arrange a meeting with you? |

Form completed by

Date completed

Developmental History (Ages 10 – 21)

The *Developmental History (Ages 10–21)* is used to document a parent or guardian’s concerns for their child and information about their child’s overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Developmental History (Ages 10–21)* should be used when considering eligibility under any category, especially for children ages ten (10) to twenty-one (21) years of age.

1. The *Developmental History (Ages 10–21)* should be completed as part of a structured interview with the child’s parent or guardian. Most parents/guardians will not be able to complete all areas of the Developmental History (Ages 10–21) without adequate guidance and explanations.
2. The child’s parent or guardian should be encouraged—but not required—to answer all of the questions included on the Developmental History (Ages 10–21). Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.
3. The *Developmental History (Ages 10–21)* should document any concerns of the parent or guardian.
4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.
5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

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DEVELOPMENTAL HISTORY (AGES 10-21)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

| | |
|------------|----------------------------|
| Informant: | Relationship to the Child: |
|------------|----------------------------|

| PERSONAL DATA | | | | |
|--|--|---|---|--|
| Child's Name: | Race/Ethnicity: | Gender: | DOB: | |
| District/School: | MSIS #: | Grade: | Age: | |
| HOME AND FAMILY INFORMATION | | | | |
| Parent(s)/Guardian(s): | | | Age: | |
| Home Address: | | Home Phone: | | |
| Employer/Occupation: | | Work Phone: | | |
| Child lives with: | <input type="checkbox"/> Birth Parent(s) | <input type="checkbox"/> Adoptive Parent(s) | <input type="checkbox"/> Parent and Step-Parent | |
| | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Other | |
| PERSONS LIVING IN THE HOME | | | | |
| NAME | AGE | GENDER | RELATIONSHIP | SPECIAL NEEDS |
| 1. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LANGUAGE(S) SPOKEN IN THE HOME | | | | |
| Is any language other than English spoken in the home? <input type="checkbox"/> Yes (please list below) <input type="checkbox"/> No (skip to next section) | | | | |
| Language(s) | Child | | Parent(s)/Guardian(s) | |
| | Understands | Speaks | Understands | Speaks |
| English | | | | |
| | | | | |
| | | | | |
| YOUR CHILD'S STRENGTHS/INTERESTS | | | | |
| Describe your child's strengths /interests: | | | | |
| | | | | |
| CONCERNS FOR YOUR CHILD | | | | |
| Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information). | | | | |
| | | | | |

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| | | |
|--|--|--|
| LIFE EVENTS OR FAMILY TRANSITIONS | | |
| <i>Describe any major life events or changes in the family situation that may have affected your child (e.g., abused, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).</i> | | |
| | | |
| <i>Describe any involvement your child has had with State/Local agencies (e.g., mental health, human services, juvenile justice, etc.)</i> | | |
| | | |
| MEDICAL/PHYSICAL DEVELOPMENT | | |
| DEVELOPMENTAL | | |
| <i>Describe any problems in birth or early childhood that may have impacted your child's development.</i> | | |
| | | |
| GENERAL HEALTH | | |
| Has your child been hospitalized or had any significant operations? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Explain _____ | | |
| Has your child had any significant medical conditions or illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| <input type="checkbox"/> Eye or vision problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Seizures/neurological issues |
| <input type="checkbox"/> Hydrocephalus, hemorrhages, and/or shunt | <input type="checkbox"/> Ear infections and/or ear tubes | <input type="checkbox"/> Allergies (specify _____) |
| <input type="checkbox"/> Asthma or breathing difficulties | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Significant infections (e.g., meningitis, encephalitis, etc.) or high fever |
| <input type="checkbox"/> Other _____ | | |
| Has your child had any significant accidents/injuries (e.g., head injuries)? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| <input type="checkbox"/> Motor vehicle accident(s) <input type="checkbox"/> Fall-related injury(ies) <input type="checkbox"/> Significant blow(s) to the head <input type="checkbox"/> Oxygen deprivation | | |
| <input type="checkbox"/> Other _____ | | |
| Explain _____ | | |
| Has your child had any difficulties or disorders with the following? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| <input type="checkbox"/> Eating difficulties/disorders | <input type="checkbox"/> Sleeping difficulties/disorders | <input type="checkbox"/> Sensory sensitivities |
| <input type="checkbox"/> Toileting difficulties/disorders | | |
| Explain _____ | | |
| Is your child currently being treated for a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Does your child have a regular healthcare provider or medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| When was your child's last visit to a healthcare provider? Indicate one: <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >1 year | | |
| May we access your child's medical records? <input type="checkbox"/> Yes (please complete a release form) <input type="checkbox"/> No | | |
| Is your child currently taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please list _____ | | |
| Has your child ever received speech, physical, or occupational therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Explain _____ | | |
| HEARING AND VISION | | |
| Has your child ever had his/her hearing and/or vision tested? <input type="checkbox"/> Yes (skip to next question) <input type="checkbox"/> No | | |
| <input type="checkbox"/> Hearing only | <input type="checkbox"/> Vision only | <input type="checkbox"/> Hearing <u>and</u> vision |
| Hearing results _____ | | |
| Vision results _____ | | |
| Does your child require devices to assist with hearing or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| <input type="checkbox"/> Hearing aids (when acquired _____) | <input type="checkbox"/> Glasses (when acquired _____) | |
| <input type="checkbox"/> Cochlear implants | | |
| <input type="checkbox"/> Other _____ | | |

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| PHYSICAL FUNCTIONING | | |
|--|---|--|
| <i>Describe any concerns you have about your child's physical functioning.</i> | | |
| | | |
| EDUCATIONAL/COGNITIVE | | |
| Can your child follow multi-step directions? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Does your child regularly need: | | |
| <input type="checkbox"/> significant help with homework | <input type="checkbox"/> afterschool tutoring | <input type="checkbox"/> significant help organizing their school work |
| <input type="checkbox"/> follow-up to ensure he/she completes homework | <input type="checkbox"/> instructions or directions to be repeated or explained | |
| Indicate any areas that your child has difficulties with: | | |
| <input type="checkbox"/> Getting along with teachers | <input type="checkbox"/> Basic math calculations | <input type="checkbox"/> Reading aloud, pronouncing words |
| <input type="checkbox"/> Planning ahead/solving problems | <input type="checkbox"/> Figuring money, time, etc. | <input type="checkbox"/> Understanding what she/he reads |
| <input type="checkbox"/> Word problems | <input type="checkbox"/> Written expression/writing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | | |
| <i>Describe any difficulties your child has with thinking or learning activities.</i> | | |
| | | |
| Has your child ever been evaluated/assessed/tested for learning difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| By whom _____ When _____ | | |
| Results _____ | | |
| ADAPTIVE | | |
| Does your child independently: | | |
| <input type="checkbox"/> Groom him/herself appropriately | <input type="checkbox"/> Run errands for the family | <input type="checkbox"/> Take care of his/her possessions |
| <input type="checkbox"/> Complete chores at home | <input type="checkbox"/> Handle money/make change | <input type="checkbox"/> Take care of younger siblings or relatives |
| <input type="checkbox"/> Put shoes on correct feet | <input type="checkbox"/> Eat with a spoon and fork | |
| | <input type="checkbox"/> Uses toilet independently | |
| <i>Describe any concerns you have about your child's daily living skills.</i> | | |
| | | |
| COMMUNICATION | | |
| Indicate any areas that your child has difficulties with: | | |
| <input type="checkbox"/> Articulation (e.g., pronouncing sounds and words) | <input type="checkbox"/> Receptive language (e.g., understanding what others say) | |
| <input type="checkbox"/> Expressive language (e.g., express thoughts and feelings) | | |
| <i>Describe any concerns you have about your child's language or speech skills.</i> | | |
| | | |
| Has your child ever received language/speech therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | |
| Explain _____ | | |

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| SOCIAL/EMOTIONAL/BEHAVIORAL | | | |
|---|---|---|--|
| Indicate if your child has had any of the following difficulties: | | | |
| <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Being a victim of teasing/bullying | <input type="checkbox"/> Engaging in teasing/bullying behavior | |
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Anxious in groups of people | <input type="checkbox"/> Fearful of speaking in social settings | |
| <input type="checkbox"/> Withdrawn or keeps to self | <input type="checkbox"/> Inflexible/difficulty compromising | <input type="checkbox"/> Insensitive to others' emotions/needs | |
| <i>Describe any concerns you have about your child's ability to get along with peers.</i> | | | |
| | | | |
| Indicate if your child has had any of the following difficulties: | | | |
| <input type="checkbox"/> Extremely fearful or nervous | <input type="checkbox"/> Cries easily or whines frequently | <input type="checkbox"/> Frequently complains of aches/pains | |
| <input type="checkbox"/> Depressed or very unhappy | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Explosive/angry outbursts | |
| <input type="checkbox"/> Self-injurious (e.g., cutting) | <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Obsessive/compulsive behaviors | |
| <i>Describe any concerns you have about your child's emotional functioning:</i> | | | |
| | | | |
| Has your child ever received counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question) | | | |
| Explain _____ | | | |
| Describe your child's behavior (compared to other children his/her age): | | | |
| How active is your child? | <input type="checkbox"/> less active than others | <input type="checkbox"/> about the same | <input type="checkbox"/> more active |
| How well does your child pay attention? | <input type="checkbox"/> less distracted than others | <input type="checkbox"/> about the same | <input type="checkbox"/> easily distracted |
| How does your child handle change? | <input type="checkbox"/> handles change easily | <input type="checkbox"/> about the same | <input type="checkbox"/> resists change |
| How does your child respond to new things? | <input type="checkbox"/> readily accepts new things | <input type="checkbox"/> about the same | <input type="checkbox"/> resists new |
| How strong are your child's emotions? | <input type="checkbox"/> passive/indifferent | <input type="checkbox"/> about the same | <input type="checkbox"/> very intense |
| How moody is your child? | <input type="checkbox"/> Very easygoing | <input type="checkbox"/> about the same | <input type="checkbox"/> very changeable |
| How predictable is your child? | <input type="checkbox"/> unpredictable | <input type="checkbox"/> about the same | <input type="checkbox"/> rigid routines |
| Indicate if your child has had any of the following difficulties: | | | |
| <input type="checkbox"/> Stealing or lying | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Defiance/oppositional behavior | |
| <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Destructive behaviors/starts fires | |
| Has your child: | | | |
| <input type="checkbox"/> skipped school repeatedly or had a truancy officer contacted to address lack of school attendance | | | |
| <input type="checkbox"/> been suspended from school [indicate the reason for each suspension and the total days of each suspension] | | | |
| -reason _____ | _____ | days _____ | _____ |
| -reason _____ | _____ | days _____ | _____ |
| -reason _____ | _____ | days _____ | _____ |
| -reason _____ | _____ | days _____ | _____ |
| <input type="checkbox"/> been expelled from school [indicate the reason for expulsion and the amount days of expulsion] | | | |
| -reason _____ | _____ | days _____ | _____ |
| -reason _____ | _____ | days _____ | _____ |
| -reason _____ | _____ | days _____ | _____ |

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| |
|---|
| <i>Describe any concerns you have about your child's behavior.</i> |
| ADDITIONAL INFORMATION |
| <i>Please provide any additional information that would help us understand your child better.</i> |
| What is the best day and time to contact you? |
| What is the best day and time to arrange a meeting with you? |

Form completed by

Date completed

Teacher Narrative

The *Teacher Narrative* is used to document the concerns of the child's general education teacher (and/or special education teacher when used for a reevaluation) and important information about the child's learning and development. It should be used to identify areas that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Teacher Narrative* must be used when considering eligibility under any disability category.

1. The *Teacher Narrative* must be completed prior to the administration of any academic or social/emotional/behavioral assessments. The information gathered from this document should be used by the MET to assist in the selection of assessment instruments in these areas.
2. The *Teacher Narrative* must be completed by the child's general education teacher and/or the child's special education teacher.
3. The *Teacher Narrative* must document any academic and/or behavioral problems that might affect the child's performance in an educational setting.
4. The *Teacher Narrative* must document any interventions and/or accommodations that have been used with the child to address academic and/or behavioral problems.
5. Supporting evidence such as academic and behavioral records that highlight concerns about the child (e.g., State and/or districtwide assessment data, grade reports, attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, work samples, behavior intervention plans, etc.) must be collected with the *Teacher Narrative*.

DESOTO COUNTY SCHOOLS
Teacher Narrative

| PERSONAL DATA | | | | |
|--|--------------------|--------|-----------------------|--------|
| Child's Name | Race/Ethnicity | Gender | DOB | |
| District/School | MSIS # | Grade | Age | |
| HOME AND FAMILY INFORMATION | | | | |
| Parent(s)/Guardian(s) | | | | |
| LANGUAGE(S) SPOKEN IN THE HOME | | | | |
| Is any language other than English spoken in the home? <input type="checkbox"/> Yes (Please List) <input type="checkbox"/> No (skip to next section) | | | | |
| Language(s) | Child | | Parent(s)/Guardian(s) | |
| | Understands | Speaks | Understands | Speaks |
| English | | | | |
| | | | | |
| | | | | |
| HISTORY OF PARENT CONTACTS | | | | |
| Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you contacted/been contacted by the child's parent(s) to discuss any concerns about the child's academic progress, development, and/or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section) | | | | |
| DATE | REASON FOR CONTACT | | RESULTS | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| REFERRAL INFORMATION | | | | |
| CHILD'S STRENGTHS AND INTERESTS | | | | |
| <i>Describe the Child's Strengths and interests.</i> | | | | |
| | | | | |
| Has the child ever been evaluated/assessed/tested for special education? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section) <i>Attach previous assessment reports.</i> | | | | |
| COGNITIVE AND ACADEMIC CONCERNS | | | | |
| <i>Please attach any applicable academic records available that highlight your concerns about the child's cognitive and/or academic progress such as State and/or District Wide assessment data (MCT scores), grade reports, universal screening data, Tier Intervention records, progress monitoring charts, work samples, etc.</i> | | | | |
| COGNITIVE CONCERNS | | | | |
| <i>Describe any concerns you have about the child's cognitive abilities (e.g., memory, problem-solving, imagination, etc.)</i> | | | | |
| | | | | |

DESOTO COUNTY SCHOOLS
Teacher Narrative

Characteristics: Please check those characteristics the student exhibits consistently and in relation to the other students in your classroom. If the child exhibits none of the characteristics, check "no problems noted". Please circle the appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the MET meeting.

| ADAPTIVE CONCERNS | | | |
|---|---|---|--|
| Describe any concerns you have about the child's adaptive functioning and daily living skills. <input type="checkbox"/> No problems noted | | | |
| Need for high degree of supervision | Unable to wash/dry hands independently | Inadequate skills in exchange of money | |
| Immature for his/her age | Not toilet trained | Inadequate skills in telling time | |
| Has only younger playmates | Inadequate skills in using telephone | | |
| Constant thumb/finger sucking | Does not engage in independent community skills | | |
| Constant hair chewing | Inadequate skills in appropriate personal hygiene | | |
| Difficulty feeding self | Lacks daily living skills (e.g., sweeping, mopping, using washer/dryer, etc.) | | |
| Other (specify): | | | |
| MEDICAL/PHYSICAL CONCERNS | | | |
| GENERAL HEALTH <input type="checkbox"/> No problems noted | | | |
| Always complains of feeling sick | Takes prescription medication | Has improper eye movements | |
| Is continually thirsty | Wears glasses | Seizures observed in classroom | |
| Has fluid draining from ears | Frequently squints/rubs eyes | Often has bruises on body | |
| Complains of not being able to see the board | Complains of double/blurred vision | Tics- involuntary movements/noises | |
| Has frequent earaches | Eating problems | Has a serious illness | |
| Wears hearing aids | Holds printed material too close/too far away | Health problems that require special care | |
| Cochlear implant | Diagnosed medical condition (please list): | | |
| Sensory sensitivity | Other (specify): | | |
| MOTOR SKILLS | | | |
| Gross Motor <input type="checkbox"/> No problems noted <input type="checkbox"/> Does the child receive Physical Therapy? | | | |
| Difficulty going up/down stairs, alternating feet | Difficulty throwing a ball | Has unusual gait | |
| Problems with lower body movement | Difficulty catching a ball | Problems with balance | |
| Other (specify): | | | |
| Fine Motor <input type="checkbox"/> No problems noted <input type="checkbox"/> Does the child receive Occupational Therapy? | | | |
| Problems with reaching/retaining motions | Problems with grasping reflex | Difficulty copying letters/numbers/words | |
| Cannot transfer object hand to hand | Difficulty holding crayon/pencil | Difficulty spacing | |
| Difficulty cutting paper with scissors | Difficulty building a tower of blocks | Other (specify): | |
| Difficulty tying/buttoning/zippping | Difficulty staying in the lines when writing | Other (specify): | |

DESOTO COUNTY SCHOOLS
Teacher Narrative

| COMMUNICATION CONCERNS | | | |
|---|--|--|--|
| Does the child receive speech or language therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Receptive Language <input type="checkbox"/> No problems noted | | | |
| Difficulty comprehending new ideas | | Does not understand vocabulary words related to curriculum | |
| Does not comprehend questions | | Does not understand age-appropriate vocabulary | |
| Does not understand spoken directions | | Does not understand information in class that is presented daily | |
| Cannot identify simple objects | | Does not follow multistep directions | |
| Does not demonstrate use of position words (e.g., on, under, front, behind, beside, over, etc.) | | | |
| Other (specify): | | | |
| Expressive Language <input type="checkbox"/> No problems noted | | | |
| Difficulty organizing thoughts | | Nonverbal | Uses oral grammar incorrectly |
| Does not use age appropriate grammar | | Difficulty asking questions | Hesitant to engage in verbal interaction |
| Difficulty finding the right words | | Silent much of the time | Difficulty giving directions |
| Does not tell definitions of words | | Cannot tell a story | Difficulty telling a story |
| Difficulty putting thoughts down on paper | | Does not use spoken compound sentences | Does not name object/actions in pictures |
| Uses immature words | | Uses immature sentence patterns | |
| Verbal responses do not relate to questions asked or subject under discussion | | | |
| Other (specify): | | | |
| Speech <input type="checkbox"/> No problems noted | | | |
| Articulation | | Voice | Fluency |
| Substitutes one sound for another | | Nasal sounding- like a constant cold | Rate of delivery too fast or too slow |
| Omits sounds | | Too loud or too soft | Words prolonged |
| Difficulty sequencing sounds | | Pitch too high or too low | Excessive repetition syllable/sound/word |
| Difficult to understand | | Voice "lost" by end of or during day | Interferes with daily communication |
| Able to self-correct errors | | Quality makes difficult to understand | Inserts unnecessary words into speech |
| Uses dialect | | Quality resulting from culture | |

DESOTO COUNTY SCHOOLS
Teacher Narrative

| SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS | | | |
|---|--|--|--|
| <i>Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier Intervention records, progress monitoring charts, Behavior Intervention Plans, etc.</i> | | | |
| Social Skills <input type="checkbox"/> No problems noted <input type="checkbox"/> Does the child receive psychological services? | | | |
| Rarely interacts with others | Engages in rocking/repetitive movements | Does not join in group | |
| Is frequently alone at lunch/recess | Unaware/takes no interest in other people | Does not share with others | |
| Is frequently teased by others | Does not recognize another's feelings | Does not apologize | |
| Usually withdraws from touch | Cannot deal with being left out | Does not express own feelings | |
| Does not ask for help | Does not accept "no" as an answer | Other (specify): | |
| Does not look at person talking | Does not accept consequences of own actions | | |
| Behavior <input type="checkbox"/> No problems noted | | | |
| Unable to interact with minimal friction | Frequently quarrels, pouts, or sulks | Difficulty staying on task | |
| Denies mistakes/blames others | Insults other students/adults | Easily frustrated | |
| Prefers to be alone or isolated | Acts before thinking/impulsive | Easily loses temper | |
| Mute/refuses to speak | Fails to complete assignments | Bullies others | |
| Threatens other students | Fails to turn in homework | Interrupts others | |
| Frequently found to be untruthful | Yells at other students/adults | Teases others | |
| Puts down peers | Refuses to complete work | Fails to bring materials to class | |
| Difficulty paying attention to a task, extracurricular activity, or academic | | | |
| Disciplinary actions have been initiated by principal or other school authorities | | | |
| Oppositional/resistant/noncompliant/negative/defiant | | | |
| Disciplinary actions initiated through juvenile court system | | | |
| Other (specify): | | | |
| Emotional <input type="checkbox"/> No problems noted | | | |
| Upset by ANY change in routine | Talks about suicide or death wishes | Unresponsiveness | |
| Pronounced fear of failure | Exhibits unwarranted self-blame/self-criticism | Show excessive fears of specific objects | |
| Irritable for greater part of day | Performs obsessive/compulsive behaviors | Engages in self-destructive behaviors | |
| Appears withdrawn from peers | Changes mood for no apparent reason | Rarely laughs or smiles | |
| Depressed for most of the day | Creates imaginary/fantasy situations in an attempt to escape reality | | |
| Has attempted suicide | Tells of extremely strange/illogical thoughts of fears | | |
| Has experienced significant changes in activity levels, or concentration, or school grades or interests | | | |
| Other (specify): | | | |
| ADDITIONAL INFORMATION | | | |
| <i>Please attach any additional information that would help us understand the child and his/her difficulties better. Include any concerns or explanations needed which have not been documented on this form</i> | | | |

Form completed by

Date completed

Revised May 2016

Classroom Observation

The *Classroom Observation* documents an observation by a qualified professional to examine the child's learning and behavior in a classroom setting, the teacher's support for the child's learning and behavior, and the impact of the child's instructional environment. Direct observations of the child in the classroom should be considered by the Multidisciplinary Evaluation Team (MET) in their determination of eligibility and, if eligible, in the development of an Individualized Education Program (IEP). The *Classroom Observation* is recorded in the Multi-Disciplinary Evaluation Team Report by a qualified professional when conducting a comprehensive evaluation or reevaluation for any disability categories. It is mandatory to include the observation when considering eligibility for Specific Learning Disabilities (SLD).

1. The *Classroom Observation* must be completed by a professional trained in conducting classroom observations. The specialty/position of the qualified professional who completes the classroom observation will be recorded in the Multi-Disciplinary Evaluation Team Report.
2. The *Classroom Observation* must be conducted in the location(s) and/or during instruction in the subject(s) in which the child is reported to have difficulties. Multiple observations may need to be conducted to ensure that adequate information is gathered to assist in determining eligibility and to provide for quality planning for the child's IEP, if eligible.
3. The *Classroom Observation* should document strengths as well as weaknesses of the child and the child's instructional environment to enable quality planning for the child's IEP, if eligible.
4. To conduct the *Classroom Observation*:
 - a) Before conducting the observation, the observer should record the student information and the area(s) of concern.
 - b) At the beginning of the observation, the observer should record information about the observational setting including the location, subject(s), and teacher(s) being observed as well as describe the physical environment of the classroom.
 - c) During the observation, the observer should record narratives of supporting evidence related to each of the learning and behavioral components being observed.
 - d) At the end of the observation, the observer should rate the amount/quality of evidence supporting each of the learning and behavioral components being observed and complete the observation summary statements.
 - e) Teacher Narratives may also be reviewed by the observer and recorded in the Multi-Disciplinary Evaluation Team Report.

Environmental/Cultural Differences and Economic Disadvantage Assessment

To determine if a child is eligible for special education, Desoto County Schools must first rule out cultural differences, environmental differences, and economic disadvantages as the determinant factor affecting the child's academic or functional performance.

Cultural Differences

Cultural differences are present for any child who is not a member of the dominant culture, even if they are natural-born citizens. When ruling-out cultural differences as the determinant factor, the Multidisciplinary Evaluation Team (MET) should review the disaggregated results of achievement data which compare performance among subgroups (e.g., race/ethnicity, gender) in the Desoto County School District. This disaggregated data might indicate that most children of a particular cultural or ethnic group are achieving at acceptable levels in response to the instruction they are receiving. For example, if a particular child is receiving the same instruction in a similar learning environment but not achieving commensurate with the child's cultural or ethnic group with similar levels of acculturation, the child's learning difficulties are unlikely to be due to cultural factors.

Cultural differences affect the learning of children in two ways (Hamayan et.al, 2013). First, culture provides the context for making sense of the world through which all new learning is filtered. The way children and their families understand or interpret educational content or the learning process will vary according to their culture. Second, culture can affect the child's general level of comfort about his/her place in the school environment. The child's and family's level of acculturation should be determined using an acculturation measure as membership in a particular ethnic group or length of time in the U.S. cannot be equated with level of acculturation. Interviews with families will be important to gather information regarding cultural differences and adjustment to the culture of the school, which may be impacting student learning.

Cultural difference considerations include, but are not limited to:

- Child's cultural background is different from the (dominant or primary) culture of the school, community, and/or larger society;
- Child has had limited experiences in culture of the school;
- Child has had limited involvement in organizations and activities of any culture.

For more information refer to: Rhodes, R. L., Ochoa, S. H., & Ortiz, S. O. Assessing culturally and linguistically diverse students: A practical guide.

Environmental Differences and Economic Disadvantages

Children who attend Desoto County Schools, as with the general population, will represent a diversity of family compositions, environmental conditions, and socioeconomic groups. When ruling out environmental differences and economic disadvantages as the determinant factor, the MET should review the disaggregated results of district achievement test data which compare the

performance of children of similar socioeconomic status and race/ethnicity in the district, as well as conducting interviews with the family and collecting developmental histories. Families will play a large role in determining whether environmental or socioeconomic factors play a primary role in a child's learning difficulties. Family interviews and developmental histories can assist in gathering the necessary information to determine any effects of environmental differences or economic disadvantage.

Environmental difference considerations include, but are not limited to:

- Patterns of school attendance;
- Mobility within and across school districts;
- Extent of social networks and systems of support;
- Family history that may impact school performance (e.g., divorce, stress, trauma, etc.)

Economic disadvantage considerations include, but not limited to:

- Family is low income at subsistence level;
- Child resides in a depressed economic area;
- Child receives public assistance.

NOTE: Economic factors are to be considered but do not necessarily determine the child's achievement or lack thereof. Desoto County Schools recognizes that there are cultural/ environmental differences and economic disadvantages among children; however, Desoto County Schools will determine that those differences/disadvantages are NOT the determinant factor for the child's lack of progress in the general education curriculum.

Assessing Environmental/Cultural Differences and Economic Disadvantage

The Multidisciplinary Evaluation Team (MET) determines of whether or not environmental/cultural and/or economic factors are the determinant factor(s) for the child's educational difficulties. The MET will review all of the information gathered throughout the evaluation process, including the *Developmental History* (Appendix EE.H or Appendix EE.I), *Teacher Narrative* (Appendix EE.J), and parent and teacher interviews, for any evidence of environmental/cultural and/or economic factors including differences in opportunity, motivation, and/or attendance that may have impacted the child's educational performance. The review of all information is noted in the Multidisciplinary Evaluation Report Team Report, which contains the same information from the *Environmental/Cultural Differences and Economic Disadvantage Assessment* that the Mississippi Department of Education provides.

Eligibility Determination

The eligibility determination is considered are by the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee to document the determination of eligibility based on a review of the (re)evaluation report(s). The MET reviews required, optional, alternative or additional criteria along with any exclusionary facts for each disability category.

1. For all disability categories, the MET/IEP Committee must first determine that:
The determinant factor for the child's performance is NOT:
 - Due to a lack of appropriate instruction in reading or math, including the essential components of reading instruction as defined in section 1208(3) of ESEA; or
 - Due to limited English proficiency or social or cultural differences.
 The evaluation results SUPPORT the following statements:
 - The preponderance of the evidence supports the need for special education and related services with any inconsistencies explained.
 - The evaluation is sufficiently comprehensive to identify all of the child's educational needs, regardless of whether those needs are typically linked to the disability category.
 - The preponderance of the evidence supports the presence of a disability with any inconsistencies documented and explained.

2. For individual categories, the MET/IEP Committee must review disability specific criteria. See notes for required and recommended supporting evidence at the bottom of each checklist.
 - **Required Criteria:** The MET/IEP Committee must provide supporting evidence for each of these criteria.
 - **Optional Criteria** (Autism and Other Health Impairment): The MET/IEP Committee must provide supporting evidence when behaviors are present.
 - **Alternate Criteria** (Developmental Disability, Language/Speech Impairment): The MET/IEP Committee must provide supporting evidence of at least one of the multiple routes to determine eligibility for this disability category.
 - **Additional Criteria** (Traumatic Brain Injury): The MET/IEP Committee must provide supporting evidence of at least one or more of the additional criteria.

3. For individual categories, the MET/IEP Committee must review and document any exclusionary factors, if applicable.

NOTE: For Specific Learning Disability (SLD), the MET/IEP Committee must specify one or more of the methods for the basis of the determination:

- *The child's response to scientific, research-based interventions (RtI); and/or*
- *A severe discrepancy between intellectual ability and achievement; and/or*
- *Alternative research-based procedures.*

Eligibility Determination Report

The *Eligibility Determination Report* documents the conclusion of the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee regarding their determination of eligibility based on a review of the (re)evaluation report(s) and the completion of one or more eligibility determination checklists, as necessary.

1. At the eligibility determination meeting, the MET/IEP Committee should review the evaluation report(s) to determine areas of impairment or delay. The assessment results must be explained sufficiently to the parent before the determination of the presence of a disability to ensure the parent can actively participate in the decision-making process.
2. The MET/IEP Committee should select one or more eligibility determination categories, as appropriate, to review the criteria. For an initial evaluation, all possible disability categories based on the evidence should be considered; however, the eligibility determination would identify applicable disability categories that are appropriate.
3. The MET/IEP Committee should record the date of the meeting.
4. Based upon their review of the evaluation report(s) and the criteria for eligibility, the MET/IEP Committee select the appropriate statement(s) about their determination:
 - a) If eligibility has been determined, record the disability category in the space provided. If the child has a Language/Speech Impairment that is not the primary disability, record this as a related service. The parent must receive a copy of the *Eligibility Determination Report* as part of the meeting. Parents must also receive a *Meeting Invitation* (Appendix PS.D) to develop an Individualized Education Program (IEP) for the child.
 - b) If eligibility is not supported by the data, record the reasons for not determining eligibility, listing criteria not met and/or exclusionary factors. The parent must receive a copy of the *Eligibility Determination Report* as part of the meeting.
5. Each MET/IEP Committee member, including the parent, must sign the *Eligibility Determination Report* certifying either agreement or disagreement with the determination. If any member does not agree with the eligibility determination, that member must also submit a separate statement presenting their conclusions to the Agency Representative in the school building. If the parent disagrees with the determination, they must be informed of their right to request an independent education evaluation (IEE) at public expense as outlined in the Procedural Safeguards.

Desoto County School District
 IDEA DETERMINATION OF ELIGIBILITY REPORT

STUDENT IDENTIFICATION

| | |
|--|---|
| Name: Moshe Test | School: Olive Branch Intermediate School |
| MSIS #: TEST1281 | Grade: 5th Grade |
| Parents: Moshe's momma | DOB: 09/10/2010 |
| Phone: 662-555-5555 | Age: 12 |
| Address: 123 street, Hernando, MS, 38632 | Sex: F |
| | Race: Hispanic or Latino |

Assessment data does does not support a disability in accordance with eligibility criteria and the need for special education and related services including the disability having an adverse effect on educational performance.

ELIGIBLE:

PRIMARY DISABILITY

- Autism
- Deaf-Blind
- Developmentally Delayed
- Emotional Disability
- Hearing Impairment
- Intellectual Disability
- Language/Speech Impairment
Articulation Fluency Language Voice
- Multiple Disabilities
- Other Health Impairment
- Orthopedic Impairment
- Specific Learning Disability
- Traumatic Brain Injury
- Visually Impaired

Specific Learning Disabilities For:

- | | |
|--|--|
| <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Problem Solving |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Written Expression |

SECONDARY DISABILITY

Language/Speech Impairment Articulation Fluency Language Voice

ELIGIBILITY DATE: 07/10/2023

MEMBERS PRESENT: (MEMBERS SIGN AND LIST POSITIONS)

Name - Title

Signature

Obtaining Parental Consent for Evaluation

Before the Meeting

- A psychologist/psychometrist will notify the MET chair that parental consent for evaluation needs to be obtained.
- A meeting with the parent should then be scheduled.
- Invite pertinent team members to the MET meeting: Agency Rep, STC, General Education teacher, District rep (if applicable), parent, and any other person with knowledge of the student.
- Send the following to the parent:
 - ✓ Invitation to committee meeting
 - ✓ Procedural safeguards and receipt
 - ✓ If the parent can't attend the meeting in person, the meeting can be virtual or by phone, however, the IPC can not be block printed or sent home. The parent would need to come to school to sign. The line for evaluation starts when the parent signs and dates consent.

During the meeting

- Offer and explain the Procedural safeguards, Receipt of procedural safeguards is signed.
- Take minutes
- Complete the MET Documentation Form—Completed and signed by all team members.
- Informed Parent consent
 - ✓ Indicate initial evaluation on the form.
 - ✓ Mark the assessment areas and assessment methods the psychologist/psychometrist has indicated are applicable.
 - ✓ Parent must sign at the meeting or come and sign at a later date. The timeline for evaluation begins when the parent signs and they agree to consent.
 - ✓ If parent refuses consent, the student will not be evaluated.
- Prior Written Notice
 - ✓ This form must be specific on the action proposed or refused. The parent will sign this and will either waive their 7 days to consider the proposal/refusal or take 7 days to consider what was recommended by the committee.
 - ✓ If the parent agrees to consent, they are waiving the 7 days and all actions/proposals begin that day.
 - ✓ If testing is recommended, the box on the PWN should state that the informed consent has been obtained.
- Authorization for Educational/Health Information (Records release) if applicable
 - ✓ If educational/medical information is requested, complete authorization form in its entirety. Parental consent is voluntary, but the form must be signed and dated by parent in order for the district/school to send/receive information.
 - ✓ Add Elisa Goss in blank 6c and be sure to add 1 year expiration date at the bottom of the form.

After the Meeting

- Compile a packet of all completed paperwork according to the initial checklist: Child Find request, minutes, invitation and reply, developmental history, teacher narrative, social/emotional worksheet, hearing/vision screening, receipt of procedural safeguards, MET documentation form, informed parental consent, Prior written notice, authorization for educational/health information (records release) if applicable.
 - ✓ Upload all paperwork to Edplan
 - ✓ Notify by group email the psychologist/psychometrist and other related service providers (OT, PT, Audiology, Speech) who may be involved in the evaluation that permission for the evaluation was or was not obtained).

DCS Procedures for Conducting an Eligibility Meeting

- Send the report, the Invitation to Committee Meeting (with the scheduled date to meet), Parent Reply, Procedural Safeguards, and Receipt of Safeguards to the parent within 7 days upon receiving the Multidisciplinary Evaluation Team Report from the Psychologist/Psychometrist
- Invite all required team members to the eligibility meeting. (Psychologist/Psychometrist, all related service providers who conducted testing if applicable, Agency Representative, General Education Teacher, Special Education Teacher, parent)
- Confirm the meeting date and time with the parent 2 days prior to the meeting
- Include paperwork in the meeting: Invitation and Reply, Receipt of and Procedural Safeguards, Minutes, Prior Written Notice, Multidisciplinary Evaluation Team Report, and IDEA Determination of Eligibility (The underlined documents should be created in EDPlan.)
- Complete the IDEA Determination of Eligibility in EDPlan & have all team members sign the paper copy (the evaluators will review the report in the meeting and the team will determine eligibility if applicable)
- Complete the Prior Written Notice and explain the 7-day waiver (Parent signs and either waives the 7 days or not)
- Provide the parent with copies of all paperwork completed in the eligibility meeting
- Complete the IEP Information Form and mark “Eligibility Initial”
- Submit to MET Chair for review
- Give a copy of the IEP Information Form to the MSIS clerk and email a copy to your area data clerk, once the MET chair reviews
- Upload all paperwork to EDPlan within 7 days of the meeting making sure to title the upload. For example, “eligibility_7-11-22”
- Schedule a meeting to develop the IEP within 30 days of the Eligibility meeting

DCS Procedures for Conducting an Eligibility Meeting for Additional Assessment (Continued Eligibility)

- Send the report, the Invitation to Committee Meeting (with the scheduled date to meet), Parent Reply, Procedural Safeguards, and Receipt of Safeguards to the parent within 7 days upon receiving the Multidisciplinary Evaluation Team Report from the Psychologist/Psychometrist
- Invite all required team members to the eligibility meeting. (Psychologist/Psychometrist, all related service providers who conducted testing if applicable, Agency Representative, General Education Teacher, Special Education Teacher, parent)
- Confirm the meeting date and time with the parent 2 days prior to the meeting
- Include paperwork in the meeting: Invitation and Reply, Receipt of and Procedural Safeguards, Minutes, Prior Written Notice, Multidisciplinary Evaluation Team Report, and IDEA Determination of Eligibility (The underlined documents should be created in EDPlan.)
- Complete the IDEA Determination of Eligibility in EDPlan & have all team members sign the paper copy (the evaluators will review the report in the meeting and the team will determine eligibility if applicable)
- Complete the Summary of Revision and revise any areas needed on the IEP
- Complete the Prior Written Notice and explain the 7-day waiver (Parent signs and either waives the 7 days or not)
- Provide the parent with copies of all paperwork completed in the eligibility meeting/Review Revision
- Complete the IEP Information Form by marking “Re-eval” only
- Submit to MET Chair for review
- Give a copy of the IEP Information Form to the MSIS clerk and email a copy to your area data clerk, once the MET chair reviews
- Upload all paperwork to EDPlan within 7 days of the meeting making sure to title the upload. For example, “eligibility re-eval_7-11-22”

(Main Page District Documents)



Initial Evaluation Checklist

MET Meeting (aka Child Find or Permission to test):

- | | |
|---|--|
| <input type="checkbox"/> Child Find Form | Remember to keep up with dates! |
| <input type="checkbox"/> TST Folder | (purple folder- if receiving intervention-includes academic/behavioral intervention) |
| <input type="checkbox"/> Teacher Narrative | If not included in TST Folder (Not applicable for preschool) |
| <input type="checkbox"/> Hearing/Vision | If not included in TST Folder |
| <input type="checkbox"/> Developmental History Form | Completed by parent |
| <input type="checkbox"/> Medical Release | Completed by parent if applicable |
| <input type="checkbox"/> Invitation to Committee Meeting with reply | |
| <input type="checkbox"/> MET Documentation Form | Documentation of Information reviewed & Recommendations |
| <input type="checkbox"/> Prior Written Notice | Prior Written Notice (pages 1 & 2) |
| <input type="checkbox"/> Informed Parental Consent | Informed Parental Consent or Refusal to test |
| <input type="checkbox"/> Copies of information reviewed | (if not included in TST folder) |
| <input type="checkbox"/> Minutes | |

All information above must be submitted to Sam Boland within 48 hours of meeting at drt@dcsms.org
 School Psychologist/Psychometrist may contact MET chair for additional information(i.e observation, etc.)


ELIGIBILITY:

- Multi-Disciplinary Evaluation Team Report (if evaluation was conducted)
- IDEA Determination of Eligibility
- Invitation to Committee Meeting with Parent Reply
- Prior Written Notice
- Minutes

IEP:

- Invitation to Committee Meeting with parent reply
 - Excusal Form (If applicable- Written documentation of excused members must come with form.)
 - IEP (Signatures of all present at IEP meeting)
 - Prior Written Notice (If meeting is not held immediately following eligibility meeting)
 - Minutes MUST be taken during meeting.
Best practice: Read aloud & initial by printed name.
- IEP Information Form Upload all signed documents, attachments, and minutes to Edplan
- Information gathered from IEP/IDEA Determination of Eligibility
 - Submit copy to MET Chair
 - Submit copy to MSIS Clerk with student's schedule
 - Submit copy to area data clerk

- MET chair to contact Amber Melton (504 coordinator) if student is ineligible for SPED services. (449-7170)
- Parents to receive copy of reports and IEP within 5 days of meeting per MDE.
- Indicator 11 (if applicable)- must send to area data clerk with blue form.

Revised 6/16/22 

DeSoto County Schools
PRESCHOOL Initial Evaluation Checklist

Name: _____ DOB: _____

Early Intervention ___ Yes ___ No

If YES, eligibility and IEP MUST be completed PRIOR to the child's 3rd birthday.

MET Meeting (aka Child Find or Permission to Test)

- ___ Hearing/Vision Screening
- ___ Developmental History Form
- ___ Medical Release (if applicable)
- ___ Invitation to Committee Meeting with Reply
- ___ MET Documentation Form
- ___ Prior Written Notice
- ___ Informed Parental Consent
- ___ Copies of information reviewed by MET

ELIGIBILITY

- ___ Preschool Assessment Team Report
- ___ IDEA Determination of Eligibility
- ___ Invitation to Committee Meeting with Reply
- ___ Prior Written Notice
- ___ Minutes

IEP

- ___ Child Outcomes Summary (COS)* completed for all eligible children 5.5 years and younger
*Eligibility and IEP must be held together in order for the assessment team to complete the COS.
- ___ Invitation to Committee Meeting with Reply
- ___ Excusal Form (If applicable – written documentation of excused members must come with form.)
- ___ IEP (Including signatures of all present at IEP meeting)
- ___ Prior Written Notice (If meeting is not held immediately following eligibility meeting.)
- ___ Minutes MUST be taken during meeting (Best practice is to read aloud & initial by printed name.)
- ___ IEP Information Form – Upload all signed documents, attachments, and minutes to EDPlan
 - ___ Information gathered from IEP/IDEA Determination of Eligibility
 - ___ Submit copy to MET Chair
 - ___ Submit copy to MSIS Clerk
 - ___ Submit copy to area data clerk including a copy of the completed COS form
- ___ Child Find Form
- ___ Head Start to receive a signed copy of the IEP once student is registered, if they attend Head Start.
- ___ Parents to receive copy of reports and IEP within 5 days of meeting per MDE.
- ___ Indicator 11 (if applicable) – must be sent to area data clerk with blue form.

| Summary of Timeline | Due Date | Date Completed |
|---|----------|----------------|
| Informed Parental Consent (date signed) | | |
| 60-days (from the date informed parental consent is signed) | | |
| Eligibility (within 14 days of the report date) | | |
| IEP (within 30 days of eligibility date) | | |

April 2023

Child Outcomes Summary Indicator 7

What is purpose of the Child Outcomes Summary?

- Tracks children aged 3 through 5 with IEPs who demonstrate improved progress in the following outcome areas:
 - Positive social-emotional skills
 - Acquisition & use of knowledge and skills
 - Use of appropriate behavior to meet their needs
- Opens a discussion about the three outcome areas with the IEP committee ensuring that providers are working toward the same end goals
- More information about COS: <https://www.mdek12.org/OSE/EC/ecse-indicator-7>

What are the procedures of the Child outcomes summary?

- Document the IEP committee's decision on the COS form
- Document IEP committee members who had input in the process on the COS form
- Upload all forms into Edplan and email the form to your area data clerk
- Complete the Entry COS form at the time of initial placement for all children 5 1/2 years of age or younger
- Complete the Exit COS form on these same children prior to their 6th birthday
- The fillable COS form can be accessed on the following website:
https://www.mdek12.org/sites/default/files/child_outcomes_summary_form_fillable_pdf_1.pdf_1.26.22.pdf



Child Outcomes Summary (COS): What Families Should Know

What is it?

The Child Outcomes Summary (COS) summarizes information on a child's functioning in each of the three child outcome areas listed below using a 7-point scale. With the COS process, a team of individuals who are familiar with a child (including parents) should consider multiple sources of information about his/her functioning, including parent/provider observation and results from assessment. The team documents the ratings in the child's special education record.

Outcome 1: Positive Social Emotional Skills, including but not limited to:

- Relating with caregivers
- Attending to other people in a variety of settings
- Interacting with peers
- Engaging in social games and communication with others
- Adapting to changes in the environment or routines
- Expressing own emotions and responding to the emotions of others

Outcome 2: Acquisition and Use of Knowledge and Skills, including but not limited to:

- Showing interest in learning
- Using problem solving
- Engaging in purposeful play
- Understanding pre- academic and literacy concepts
- Progressing from sounds to words
- Understanding questions asked and directions given

Outcome 3: Use of Appropriate Behaviors to Meet their Needs, including but not limited to:

- Moving around and using tools/manipulating things to meet needs
- Eating and drinking with increasing independence
- Dressing and undressing with increasing independence
- Diaper/toileting & washing with increasing independence
- Communicating needs
- Showing safety awareness

Who participates?

Children ages three through five who are receiving special education services are included in this process.

When does it happen?

Ratings are determined when a child begins receiving special education services (known as entry) and again just before his or her sixth birthday or dismissal from services (known as exit). The same three outcomes are used at both entry and exit.

Why should my child participate?

While the main purpose of the COS process is to meet federal requirements, these outcomes data have other valuable uses. These data should be used by districts to improve programs and services for preschool children. Additionally, this information can help inform families and providers about the child's functioning. While individual student information is kept confidential and only used by the team working with the child, district level information can be collected and shared publicly with legislators and other stakeholders.

How can I as a parent be involved?

Parents are experts about their child and can provide valuable information about how their child learns best and the progress he/she is making on specific developmental skills. Parents are included on the team that discusses all available data and determines the ratings for each of the three outcomes at entry and exit.



Child Outcomes Summary (COS) Form

Check one: Entry COS Interim Rating Exit COS

Date Completed: _____

I. Child Information

Name: _____

Date of Birth: _____ MSIS#: _____

Primary Disability: _____

Secondary Disability: _____

II. Rating Summary

For Interim/Exit Only:
(Any progress made since Entry rating?)

Outcome 1 Rating: _____
Having Positive Social-Emotional Skills

Y N

Outcome 2 Rating: _____
Acquiring and Using Knowledge and Skills

Y N

Outcome 3 Rating: _____
Using Appropriate Behavior to Meet Needs

Y N

III. Anchor Assessment _____

IV. Sources of Information (check all that apply):

Observations

Anecdotal Notes

Interviews

Classroom Data

Other Assessment Tools (list) _____

Other Sources (list) _____

V. Persons involved in determining the rating:

| Name | Role |
|------|---------------------------|
| | Parent |
| | General Education Teacher |
| | Special Education Teacher |
| | Agency Representative |
| | Related Service Provider |
| | Other |
| | Other |

1. Positive Social-Emotional Skills (including social relationships)

To answer the questions below, think about the child’s functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Relating to adults
- Relating to other children
- Following rules related to groups or interacting with others

1a. To what extent does the child show age-expected functioning, across a variety of settings and situations, on this outcome? (choose one number)

1 2 3 4 5 6 7

Supporting evidence for this outcome rating

Concerns in this area? Yes No (describe)

Age-expected functioning

Immediate foundational skills/Functioning that is not yet age-expected but approaching age-expected

Functioning that is not yet age-expected or immediate foundational

1b. (For Interim/Exit only) Has the child shown ANY new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Choose one number)

Yes 1 – Describe progress:

No 2 – Describe why no progress:

2. Acquiring and Using Knowledge and Skills (including early language/communication and early literacy)

To answer the questions below, think about the child’s functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical and social worlds

2a. To what extent does this child show age-expected functioning, across a variety of settings and situations, on this outcome? (choose one number)

1 2 3 4 5 6 7

Supporting evidence for this outcome rating

Concerns in this area? Yes No (describe)

Age-expected functioning

Immediate foundational skills/Functioning that is not yet age-expected but approaching age-expected

Functioning that is not yet age-expected or immediate foundational

2b. (For Interim/Exit only): Has the child shown ANY new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Choose one number)

Yes 1 – Describe progress:

No 2 – Describe why no progress:

3. Appropriate Behavior to Meet Needs

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)
- Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects, etc.)
- Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects, etc.)

3a. To what extent does this child show age-expected functioning, across a variety of settings and situations, on this outcome? (choose one number)

1 2 3 4 5 6 7

Supporting evidence for this outcome rating

Concerns in this area? **Yes** **No (describe)**

Age-expected functioning

Immediate foundational skills/Functioning that is not yet age-expected but approaching age-expected

Functioning that is not yet age-expected or immediate foundational

3b. (For Interim/Exit only): Has the child shown ANY new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary? (Choose one number)

Yes 1 – Describe progress:

No 2 – Describe why no progress:

DCS Procedures for Conducting an Eligibility Meeting for Additional Assessment (Not Eligible)

- Send the report, the Invitation to Committee Meeting (with the scheduled date to meet), Parent Reply, Procedural Safeguards, and Receipt of Safeguards to the parent within 7 days upon receiving the Multidisciplinary Evaluation Team Report from the Psychologist/Psychometrist
- Invite all required team members to the eligibility meeting. (Psychologist/Psychometrist, all related service providers who conducted testing if applicable, Agency Representative, General Education Teacher, Special Education Teacher, parent)
- Confirm the meeting date and time with the parent 2 days prior to the meeting
- Include paperwork in the meeting: Invitation and Reply, Receipt of and Procedural Safeguards, Minutes, Prior Written Notice, Multidisciplinary Evaluation Team Report, and IDEA Determination of Eligibility (The underlined documents should be created in EDPlan.)
- If the student is no longer eligible for Special Education services:
- Complete the Summary of Revision stating the student no longer meets criteria for an eligibility. Change the service end dates to the date of the meeting. Finalize the IEP.
- Complete the IDEA Determination of Eligibility in EDPlan showing not eligible. The compliance symbol should change to “DNQ”.
- Complete the Prior Written Notice and explain the 7-day waiver: Parent signs and either waives the 7 days or not
- Provide the parent with copies of all paperwork completed in the eligibility meeting/review revision
- Complete the IEP Information Form and mark “Re-eval, dismissal”
- Submit paperwork to MET Chair for review
- Give a copy of IEP Information Form to the MSIS clerk and email a copy to your area data clerk once reviewed
- Refer the parent to the 504 coordinator if applicable
- Upload all paperwork to EDPlan within 7 days of the meeting

Ineligible/Speech Only Dismissal (Steps)

Complete the summary of revision.

Finalize the review/revision.

Mark the student ineligible on the eligibility determination form and make sure it has the date of the meeting on the form.

Finalize the eligibility determination report.

Make sure the compliance code is marked NE (not eligible). You will find the compliance code at the top of the student's record.

Send IEP information form to data clerks.

MET chair will update PowerSchool.

Make sure all forms/parework is uploaded into IEP data system.

Keep files in the Inactive files.

Speech Dismissals Re-evaluation or IEP?

- 1.No check marks can be removed from the IEP eligibility form without a re-evaluation.
- 2.Fluency, Voice and Articulation are always dismissed via re-evaluation REGARDLESS of the students primary eligibilty category.
- 3.Language is the ONLY category that can be dismissed through the IEP.
- 4.If language is marked on the SP07 as a secondary eligibility (check mark on the language box), then it must be dismissed via an reevaluation.
- 5.If language is noat marked on the SP07, but the student receives language services due to the eligibility category (AU, TBI, HI, DD, or SLD: OE and/or LC), then you may dismiss via the IEP. This is the only scenario where dismissal via the IEP is appropriate.

Appendix V
Language-Speech Dismissal Form

DeSoto County Schools

Student Name _____ Date of Birth _____

SLP _____

The IEP Committee convened _____, and based on reevaluation data has determined that _____ is no longer eligible for Special Education services for the category of Language-Speech.

Procedures used to reach this determination include (check all that apply):

- A review of the IEP
- Review of current data to determine adverse educational impact
- Administration of assessments/evaluations when appropriate
- Interviews with teachers, parents, and therapists
- Observations across settings
- If testing was warranted, the parent received WPN and gave parental consent for testing (report of testing attached)

The IEP Committee determines that Language-Speech services are no longer warranted due to (check one):

- The student no longer meets the eligibility criteria for language-speech services because (check all that apply):
 - The student has mastered IEP goals/objectives.
 - The student's language-speech skills are within the normal range.
- The student's progress has plateaued or has shown a lack of progress, and the student no longer benefits from language-speech services due to (check all that apply):
 - Limited physical, mental, or emotional ability to self-monitor communication
 - Poor attendance
 - Lack of motivation
 - Limited potential for a significant change in communication skills
- The student's communication no longer has an adverse educational impact on educational, social/behavioral or vocational performance.
- The student no longer requires language-speech services due to their disability.
 - Skills are being monitored and maintained in the student's environment.
 - Skills are being addressed by others in the student's environment (i.e., special education teacher, general teacher, etc.).

Re-Evaluation with Additional or No Additional Assessment

- A student's eligibility lasts for 3 years. The Re-evaluation process for a special education student should begin 6 months prior to the student's eligibility expiring.
- A student must have a re-evaluation with additional assessment when the student has the eligibility of Developmentally delayed and turning 10.
- When determining if a student should receive a reevaluation with additional assessment or a reevaluation with no additional assessment, please utilize the guidance document (appendix EE.Z).
- When the student is receiving a reevaluation, the eligibility and the IEP meeting can be completed on the same day.
- The IEP meeting is a review/revision meeting in the district's IEP database.

- When completing a reevaluation with additional assessment and/or reevaluation with no additional assessment, please utilize the checklists and consult with your area psychologist and/or supervisor if you have any questions.



Reevaluation Checklist (Additional Assessment)

Submit the following to DRT and/or area School Psychologist/ Psychometrist
(Files for students who are ruled eligible under DD should be submitted 6 months prior to 10th birthday)

- | | |
|---|--|
| <input type="checkbox"/> Hearing/Vision | <input type="checkbox"/> Intervention Data (<i>Academic or Behavior</i>) |
| <input type="checkbox"/> Teacher Narrative | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> Cumulative Insert | <input type="checkbox"/> Developmental History/Student Data Update |
| <input type="checkbox"/> Current Grades | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> Testing Data (Case 21, I-ready) | <input type="checkbox"/> Assessment Information (<i>Evaluation Report</i>) |
| <input type="checkbox"/> Medical Records (<i>If applicable</i>) | <input type="checkbox"/> Screener (Speech, Dyslexia etc..) |

DRT Reviewed, permission to test requested

MET/IEP Meeting (*Permission to test*)

- | | |
|--|--|
| <input type="checkbox"/> Procedural Safeguards | |
| <input type="checkbox"/> Invitation to Committee Meeting with reply page | |
| <input type="checkbox"/> Excusal Form | (If applicable- Written documentation for excused members must come with form) |
| <input type="checkbox"/> Minutes | MUST be taken during meeting. |
| <input type="checkbox"/> MET Documentation Form | Documentation of Information Reviewed & Recommendations |
| <input type="checkbox"/> Informed Parental Consent | Parent Permission to reevaluate |
| <input type="checkbox"/> Review/Revise IEP | Make sure all Committee Meeting Members present sign signature page of IEP. |
| <input type="checkbox"/> Prior Written Notice | Prior Written Notice (pages 1 & 2) |
| <input type="checkbox"/> IEP Information Form | Original to Central Services within 7 days of meeting <input type="checkbox"/> Check information with IEP <input type="checkbox"/> Copy to MET Chair <input type="checkbox"/> Copy to MSIS Clerk |

Eligibility Meeting (*within 14 days of receiving MET Report*)

- | | |
|---|--|
| <input type="checkbox"/> Procedural Safeguard | |
| <input type="checkbox"/> Invitation to Committee Meeting with Reply | |
| <input type="checkbox"/> Excusal Form | (If applicable- Written documentation for excused members must come with form) |
| <input type="checkbox"/> Minutes | MUST be taken during meeting. |
| <input type="checkbox"/> Multidisciplinary Evaluation Report | |
| <input type="checkbox"/> IDEA Determination of Eligibility | |
| <input type="checkbox"/> Prior Written Notice | Prior Written Notice (pages 1 & 2) |
| <input type="checkbox"/> Review/Revise IEP | Make sure all Committee Meeting Members present sign signature page of IEP. |
| <input type="checkbox"/> IEP Information Form | Original to Central Services within 7 days of meeting <input type="checkbox"/> Check information with IEP/IDEA Determination of Eligibility <input type="checkbox"/> Copy to MET Chair <input type="checkbox"/> Copy to MSIS Clerk |

IEP Meeting (*within 30 days of eligibility meeting*)

- | | |
|---|--|
| <input type="checkbox"/> Invitation to Committee Meeting with Reply | |
| <input type="checkbox"/> Excusal Form | (If applicable- Written documentation for excused members must come with form) |
| <input type="checkbox"/> Minutes | MUST be taken during meeting. |
| <input type="checkbox"/> Procedural Safeguard | |
| <input type="checkbox"/> Review/Revise IEP | Make sure all Committee Meeting Members present sign page of IEP |
| <input type="checkbox"/> Prior Written Notice | |
| <input type="checkbox"/> IEP Information | Original to Central Services within 7 days of meeting <input type="checkbox"/> Check information with IEP/IDEA Determination of Eligibility <input type="checkbox"/> Copy to MET Chair <input type="checkbox"/> Copy to MSIS Clerk with students schedule (if schedule changed) |

Upload all information listed above to Edplan. (Originals stay at school in red folder)

Revised May 2022

(Main Page District Documents)



Re-Evaluation Checklist (No Additional Assessment)

Collect the following information(data):

- Hearing/Vision
- Teacher Narrative
- Current Grades
- Testing Data (Case 21, I-ready)
- Medical Records *(If applicable)*
- Discipline Records
- Current IEP progress

MET MEETING/IEP MEETING

- Invitation to Committee Meeting with reply
- Excusal Form
- Minutes
- Present Information (data) collected to TEAM
- MET Documentation Form
- Informed Parental Consent
- IDEA Determination of Eligibility
- Review/Revised IEP
- Prior Written Notice
- IEP Information Form
- Parent
(If applicable- Written documentation for excused members must come with form)
MUST be taken during meeting.
Best practice: Read aloud & members initial by printed name.
- Complete middle section (review of records)
(Signatures must match attendees)
Make sure all Committee Meeting Members present sign signature page of IEP.
- Original to Central Services within 7 days of meeting
 - Check information with IEP/IDEA Determination of Eligibility
 - Copy to MET Chair
 - Copy to MSIS Clerk with students schedule (if schedule changed)
- Upload all information listed above to Edplan. (Originals stay at school in red folder)
- Parents to receive copy of reports and IEP within 5 days of meeting per MDE.
- Indicator 11 (if applicable)- must send to area data clerk with IEP Information Form.



Revised 6/16/22

Guidance Document – Re-Evaluation with Additional Assessment

Student Name: _____ School: _____

Birthdate: _____ Age: _____ Grade: _____

Current Eligibility Category: _____ Eligibility Date: _____

| | | | |
|----|--|-----|----|
| 1. | Does the student continue to exhibit deficits related to the current eligibility? | YES | NO |
| 2. | Does the student exhibit a continued need for special education services? | YES | NO |
| 3. | If yes to #1 & #2, why is re-evaluation being considered? <ul style="list-style-type: none"> • SCD determination [adaptive and/or cognitive needed] <ul style="list-style-type: none"> ○ Proceed with additional assessment for programming purposes ○ Note on Informed Parental Consent that it is for Programming Purposes Only and NOT re-evaluation • New concerns unrelated to current disability <ul style="list-style-type: none"> ○ Language or Speech ruling with new academic concerns, SLD with new behavior concerns-document concerns (e.g., iReady, Case 21, NWEA, MAAP, grades; Review 360) ○ Outside mental health and/or medical reports reflecting new concerns (send to school psychologist or psychometrist for review) • Questions regarding present levels of performance <ul style="list-style-type: none"> ○ Document existing data related to the area of concern (e.g., iReady, Case 21, NWEA, MAAP, grades, reports of progress; Review 360, discipline data). ○ If data gives necessary information to answer questions, make programming changes. | | |
| 4. | If no to #1 and #2, do you have data to support discontinuing special education services? <ul style="list-style-type: none"> • Data to be considered <ul style="list-style-type: none"> ○ Academic areas - curriculum-based data, grades, IEP reports of progress ○ Behavior areas – IEP reports of progress, Review 360, discipline • If data supports discontinuing services and progress can be made without services, re-evaluation can be done through review of data. | | |
| 5. | What data do we have that explains student's performance? (most recent) iReady _____ NWEA _____ MAAP _____ Review 360 _____ Reading _____ Reading _____ ELA _____ (improvement analysis report) Math _____ Math _____ Math _____ | | |
| 6. | If testing is done, new assessment may not meet MDE eligibility for special education. Could a student be successful without special education supports? | YES | NO |

Programming Assessment Procedures

1. WHAT IS A PROGRAMMING ASSESSMENT?

A programming assessment is when the IEP committee agrees with the disability category but feels additional assessment(s) are needed to help with programming decisions

2. WHEN SHOULD A PROGRAMMING ASSESSMENT BE REQUESTED?

For students that we suspect may meet the criteria for a significant cognitive disability it is recommended that this be done mid-way through the student's second grade year.

3. WHAT ASSESSMENTS ARE REQUESTED?

A Cognitive assessment and an Adaptive Behavior measure

4. WHY IS THIS DONE IN SECOND GRADE?

SCD Determination is used only to decide the state assessments to be taken and the diploma options that are appropriate.

5. WHAT HAPPENS IF THE STUDENT IS DETERMINED TO HAVE A SIGNIFICANT COGNITIVE DISABILITY?

The student's instruction will be based on the Alternate Academic Achievement standards and will participate in MAAP-A. Alternate Diploma or Certificate of Completion will be their Exit Option. SCD DOES NOT DETERMINE LRE!!!

***There may be other instances when a programming assessment may be needed.**

**** Please consult with School Psychologist/ Psychometrist and/or Special Education Supervisor before requesting a Programming Assessment.**



Programming Only (Additional Assessment) Checklist

___ Consultation with School Psychologist/ Psychometrist and/or Special Education Supervisor

MET/IEP Meeting *(Permission to test)*

- ___ Invitation to Committee Meeting with reply page
- ___ Excusal Form *(If applicable- Written documentation for excused members must come with form)*
- ___ Procedural Safeguards
- ___ Minutes *MUST be taken during the meeting.*
- ___ Guidance Document *Review Guidance Document for additional assessment*
- ___ Informed Parental Consent *Parent Permission to conduct assessment for programming ONLY*
- ___ Review/Revise IEP *All Committee Meeting Members present sign signature page of IEP.*
- ___ Prior Written Notice *Prior Written Notice (pages 1 & 2)*
- ___ Submit File to DRT *Scan/pony to DRT*

IEP Meeting *(after report is submitted)*

- ___ Invitation to Committee Meeting with Reply
- ___ Excusal Form *(If applicable- Written documentation for excused members must come with form)*
- ___ Procedural Safeguards
- ___ Minutes *MUST be taken during the meeting.*
- ___ Review/Revise IEP *All Committee Meeting Members present sign page of IEP*
- ___ SCD Determination Form
- ___ Prior Written Notice *Prior Written Notice (pages 1 & 2)*
- ___ IEP Information *Original to Central Services within 7 days of meeting*
 - ___ Check information with IEP/IDEA Determination of Eligibility
 - ___ Copy to MET Chair
 - ___ Copy to MSIS Clerk with student’s schedule (if schedule changed)

Upload all information listed above to Edplan. (Originals stay at school in red folder)

Functional/Instructional Grade & Calculated Test Grade Clarification

| IEP INFORMATION FORM | |
|---|---|
| STUDENT IDENTIFICATION: | SCHOOL _____ |
| Name _____ | MSIS# _____ Grade _____ |
| Age _____ Sex _____ Race _____ DOB _____ | ONLY Complete if a 56 or 58: Functional/Instructional Grade (Peer Grade): _____ Calculated Test Grade (Peer Test): _____ |
| Current IEP Date _____ Eligibility Date _____ | |
| Previous Elig Date & Ruling _____ | |

Functional/Instructional Grade (Peer Grade):

1. The reading grade level the student is functioning in the classroom based on data
2. Document data and list in the IEP PLAAFP
3. Use one or more assessments to determine the Functional/Instructional level. For example: iReady, Brigance, BASC, Vineland Adaptive Behavior Scales, TABE Aptitude Test, etc
4. REMEMBER:

Do NOT confuse this with grade level standards with scaffolding

Do NOT use “I THINK or I FEEL” to determine the functional/instructional Grade.

USE DATA to back it up!

Calculated Test Grade (Peer Test):

1. The grade level test the student should take based on AGE
2. Calculate the student’s age on or before September 1
3. Reference the “Birthday Chart” for current school year to determine the test grade

IEP INFORMATION FORM

STUDENT IDENTIFICATION: SCHOOL _____
 Name _____ MSIS# _____ Grade _____
 Age _____ Sex _____ Race _____ DOB _____
 Current IEP Date _____ Eligibility Date _____
 Previous Elig Date & Ruling _____

ONLY Complete if a 56 or 58:
 Functional/Instructional Grade (Peer Grade): _____
 Calculated Test Grade (Peer Test): _____

- Eligibility Initial Ineligible Initial Placement IEP Rewrite (change of Annual Date)
 Review/Revision Re-Evaluation (Dismissal Refusal) In-State Transfer

GRADUATION TRACK (HIGH SCHOOL ONLY): Traditional Alternate Diploma Certificate

PRIMARY DISABILITY

| | | | | | | | |
|---|--|--|---------------------------------|---------------------------------|---|--|--|
| <input type="checkbox"/> Developmentally Delayed | Specific Learning Disabilities for: | | | | | | |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Basic Reading | <input type="checkbox"/> Oral Expression | | | | | |
| <input type="checkbox"/> Multiple Disabilities Specify: _____ | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension | | | | | |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Written Expression | | | | | |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Math Calculation | | | | | | |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Math Problem Solving | | | | | | |
| <input type="checkbox"/> Orthopedic Impairment | | | | | | | |
| <input type="checkbox"/> Other Health Impairment Specify: _____ | | | | | | | |
| <input type="checkbox"/> Hearing Impaired | | | | | | | |
| <input type="checkbox"/> Visually Impaired | | | | | | | |
| <input type="checkbox"/> Autism | | | | | | | |
| <input type="checkbox"/> Language or Speech Impairment: | | | | | | | |
| <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice | | | | | | | |
| RELATED SERVICES (check all that apply and list name of provider) | | | | | | | |
| SERVICES: | LANG/ SPEECH <input type="checkbox"/> | TRANS <input type="checkbox"/> | O/T <input type="checkbox"/> | P/T <input type="checkbox"/> | PSYCH. SERVICES OR ABA <input type="checkbox"/> | AUDIOLOGY <input type="checkbox"/> | ORIENT/MOBIL <input type="checkbox"/> |
| PROVIDER: | | Williams | | R. Smith | E. Johnson | <input type="checkbox"/> O'Connor <input type="checkbox"/> Mitchell | |
| IS THIS STUDENT SCD? YES NO | | | | | | | |
| DOES THIS STUDENT ATTEND A DISTRICT WIDE CLASS? YES NO | | | | | | | |
| IS YOUR SCHOOL THE STUDENT'S ATTENDANCE ZONE? YES NO | | | | | | | |
| IF NOT, LIST THE SCHOOL THE STUDENT SHOULD ATTEND: | | | | | | | |
| IS THE CHILD PLACED BY IEP OR PARENT/RESIDENCY COMMITTEE? | | | | | | | |

PRESCHOOL CODE (CHOOSE ONE) PI PK PG PF PE PC PH PJ

****REQUIRED**** _____ % OF TIME IN GENERAL EDUCATION CLASSROOM (LRE)

SPED TEACHER'S ROLL _____ L/S TEACHER'S ROLL (IF L/S ONLY) _____
 NAME OF TEACHER NAME OF TEACHER

 SIGNATURE OF SPED OR L/S TEACHER DATE ENTERED IN MSIS MSIS CLERK INITIALS

 MET CHAIR SIGNATURE DATE

Revised 7-16-21



References

Hamayan, E. V., Marler, B., Cristina Sánchez López, & Damico, J. (2013). *Special education considerations for English language learners: delivering a continuum of services*. Caslon Publishing.

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https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OSE/Info-and-Publications/Handbook_speech_lang_path.pdf

Morrow, D., & Musgrove, M. (2011). UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES SUBJECT: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA) (pp. 20202–22600).
<https://sites.ed.gov/idea/files/osep11-07rtimemo.pdf>

State Policies Regarding Children with Disabilities under the Individuals with Disabilities Education Act Amendments of 2004. (September 13, 2013). P. 296-326.
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Every Student
Every Employee
Every School
#TeamDCS

Our Vision

The DeSoto County School District will be regionally and nationally recognized as a system of superior-performing schools that ignite a passion for learning, while inspiring student success through instructional excellence and exemplary leadership.

Our Mission

The DeSoto County School District is dedicated to ensuring world-class academic excellence within a safe learning environment, while providing a variety of exceptional extracurricular programs that foster the physical, social, and emotional growth of all students.