PROVIDENCE PUBLIC SCHOOL DISTRICT
GUIDELINES FOR IDENTIFYING STUDENTS WITH
EMOTIONAL DISTURBANCE

Providence
Schools

Revised August 2012
Table of Contents

I. Overview (page 3)

II. Definition (page 4)

III. Evaluation Process (page 4)
   A. Initial (page 4)
   B. Re-Evaluation (page 5)

IV. Emotional Disturbance Definition Criteria (page 5)
   A. Persistent/Generalized/Extended over Time & Situations (page 5)
      1. Over long period of time
      2. To a marked degree
   B. Characteristics (page 6)
      1. Is the student exhibiting an inability to learn which cannot be
         explained by intellectual, sensory, or health factors?
      2. Is the student exhibiting an inability to build or maintain
         satisfactory interpersonal relationships with peers and teachers?
      3. Is the student exhibiting inappropriate types of behavior or feelings
         under normal circumstances?
      4. Is the student exhibiting a pervasive mood of unhappiness or
         depression?
      5. Is the student exhibiting a tendency to develop physical symptoms
         or fears associated with personal or school problems?
   C. Impact on Educational Performance (page 8)

V. Schizophrenia (page 9)

VI. Social Maladjustment (page 10)

VII. Eligibility (page 12)

VIII. Need for Special Education Services (page 12)

IX. Appendices (page 16)
    Appendix A  Emotional Disturbance Documentation Form PPSD 4C
    Appendix B  Comprehensive Psychosocial Assessment
    Appendix C  Comprehensive Psychosocial Re-Evaluation
    Appendix D  References
I. OVERVIEW

The Providence Public School District’s Guidelines for Identifying Students with an Emotional Disturbance is intended to clarify and improve special education identification, policies and practices for professionals servicing students with disabilities. The purpose of these guidelines is to:

- Promote completion of a comprehensive assessment for student identified as having emotional disturbance
- Promote consistency across the District in the process of determining eligibility for an emotional disturbance;
- Utilize the information from the comprehensive assessment to develop and provide supports and services to students;
- Prevent inappropriate or misclassification decisions ensuring that students are appropriately identified and provided the necessary supports and services in the least restrictive environment.

In developing this guidance document, Providence’s Early Intervening Team drew upon their own professional understanding and experience with students identified with an emotional disturbance, current research, State and Federal Regulations and best practices to create this reference document to support our practices and procedures.

Special thanks to the following Early Intervening Team members for creating the Guidelines for Identifying Students with an Emotional Disturbance:

Elizabeth A’Vant
Jennifer D’Artista
Ana Feenstra
Luisa Maloof
Lisa Vargas-Sinapi
II. DEFINITION:

**Emotional Disturbance:** A condition exhibiting one or more of the following characteristics over a long period of time 1) to a marked degree 3) which adversely affects a student’s educational performance: (RI Regulation 300.8)

A. The child has an inability to learn that cannot be explained by intellectual, sensory or health factors.
B. The child has an inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
C. The child has inappropriate types of behavior or feelings under normal circumstances.
D. The child has a general pervasive mood of unhappiness or depression.
E. The child has a tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia and other mental illnesses but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (Kelly, 2009)

III. EVALUATIONS PROCESS FOR INITIAL EVALUATION AND RE-EVALUATION:

A. INITIAL EVALUATION:

Students thought to have a disability must be evaluated to determine if they require special education and related services. This is accomplished by “referring” a student for an initial evaluation – also known as a referral for special education evaluation. The parent must provide written consent for the evaluations and must be afforded an opportunity to participate with the Team of Qualified Professionals (TQP). If the TQP agrees there is a suspicion that a student may have a disability and may be in need of special education and related services, the TQP proceeds to determine what questions about the student’s performance and needs must still be answered before deciding if there is a disability.

Comprehensive Psycho-Social--Functional Behavioral Assessment
- Cognitive Assessment
- Rating scales results and analysis
- Functional Assessment
  - Pathway chart
  - Behavior Intervention Plan
  - Environmental Observation
- To include several assessments summarized (ie., SAT, GRADE, ACCESS, Progress Monitoring)
- Social Assessment
- Educational Summary: consider 2-3 of the following SAT, GRADE, ACCESS)
- Response to Intervention Data (academics & behavioral - PPSD-30)
- General Medical: information from the primary care physician and any other medical staff who may be treating the student
B. RE-EVALUATION:
The Providence Public School must ensure that a re-evaluation of each child with a disability must occur at least every three years or more often if needed. The purpose of a re-evaluation is to:
  o see if the student still has a disability and needs special education and related services;
  o identify how the student is progressing in school and identify any educational needs
  o determine eligibility and determine if any changes need to be made in the child’s IEP.

At the re-evaluation IEP meeting, if the team agrees there is a suspicion that a student may have a disability and is in need of special education and related services, the team proceeds to determine what questions about the student’s performance and needs must still be answered before deciding if there is a disability.

In completing a re-evaluation the following must also be included and reviewed:

  - Comprehensive Psycho-Social Re-Assessment
  - Written Review or Updated IQ test
  - Discussion and review of the following standardized test results (where appropriate): (SAT, GRADE, ACCESS, Progress Monitoring – summarized)
  - Revised/Reviewed FBA
  - Updated Social Assessment
  - Educational Summary: consider 2-3 of the following (SAT, GRADE, ACCESS)
  - Response to Intervention Data (academics & behavioral)
  - Observation of student in different environments
  - Rating scales results and analysis
  - Behavior Intervention Program: students placed in BIP program (please provide analysis of End of School Year Summary Reports for number of years in program).

IV. EMOTIONAL DISTURBANCE DEFINITION CRITERIA:

In determining eligibility under the Individuals with Disabilities Education Act (IDEA), the Team of Qualified Professionals must decide if a student has an emotional condition that is manifested by one or more of the five characteristics listed in the definition of emotional disturbance. These characteristics must meet the qualifying conditions of occurring over a long period of time (chronicity) to a marked degree (severity), and adversely affecting educational performance. The Team of Qualified Professionals must address the following questions:

A. PERSISTENT/GENERALIZED/EXTENDED OVER TIME & SITUATIONS
One requirement of establishing eligibility due to Emotional Disturbance is that one or more of the five characteristics listed in the definition is present. The definition further requires that the characteristics must be exhibited for a long period of time and to a marked degree (i.e., frequent and intense).

Question: Has the student been exhibiting, for a long period of time and to a marked degree, any of the five characteristics that define the condition?
  1. What is meant by “over a long period of time”?
     a. Typically three to four months
     b. Not a transient condition.
c. **Long Period of Time:** The standard for duration is not precisely specified. The literature frequently makes reference to several months as an appropriate standard. The intention is to avoid labeling a student who is temporarily reacting to a situational trauma. The characteristic(s) must also be evident over time and situations.

2. **What is meant by “to a marked degree”?** **Marked Degree:** The problems are significant and apparent to school staff members who observe the student in a variety of settings and situations. A comparison is made with the student’s appropriate peer group; the problems must be more severe or frequent than the normally expected range of behavior for individuals of the same age, gender and cultural group. The characteristic(s) must be persistent and generalized across environments.

In determining that one or more of the characteristics is present, it is required that the characteristic is persistent, generalized and extended over time and situations. These elements are reflected in the following descriptions of the five characteristics.

**B. CHARACTERISTICS:**

In determining that one or more of the characteristics is present, it is required that the characteristic is persistent, generalized and extended over time and situations. These elements are reflected in the following descriptions of the five characteristics.

**Question 1: Is the student exhibiting an inability to learn which cannot be explained by intellectual, sensory or health factors?**

a. Most specifically met when there is a decrement in academic achievement, significant emotional problems, and no intellectual, sensory, or health factors to account for the academic impairment difficulties (Kelly 1990).

b. This characteristic requires documentation that a student is not able to learn or unable to perform, despite appropriate instructional strategies and/or support services. The assessment should rule out any other suspected reasons for the “inability to learn”, such as mental retardation, speech and language disorders, autism, and learning disability, hearing/vision impairment, multi-handicapping conditions, traumatic brain injury, neurological impairment or other medical conditions. If any of these other conditions is the primary cause, then the student may be deemed eligible for special education under that category of disability. Such a determination does not necessarily rule out emotional disturbance as a concomitant disability, since emotional and behavioral problems may also be associated with one of the above conditions.

**Question 2: Is the student exhibiting an inability to build or maintain satisfactory interpersonal relationships with peers and teachers?**

a. Specifically met when the student demonstrates significant impairment in initiation and satisfactory maintenance of interpersonal relationships due to anxiety, depressed mood, avoidance, withdrawal, isolation, self-abuse, etc. (Kelly 1990).

b. This characteristic requires documentation that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peers and teachers. Satisfactory interpersonal relationships include the ability to demonstrate sympathy, warmth and empathy toward others; establish and maintain friendships;
be constructively assertive; and work and play independently. This characteristic does not refer to the student who has conflict with only one teacher or with certain peers. Rather it is a pervasive inability to develop relationships with others across settings and situations. Examples of unsatisfactory student behaviors include:

1. Physical or verbal aggression when others approach him or her;
2. Lack of affect or disorganized/distorted emotions toward others;
3. Demands for constant attention from others; and
4. Withdrawal from all social interactions.

**Question 3: Is the student exhibiting inappropriate types of behavior or feelings under normal circumstances?**

**a.** Specifically met when the student demonstrates significantly inappropriate behavior or emotions (reflective of depression, anxiety, or distortion of reality) particularly when these behaviors and feelings are not triggered by specific circumstances (Kelly, 1990).

**b.** This characteristic requires documentation that the student’s inappropriate behavior or feelings deviate significantly from expectations for the student’s age, gender and culture across different environments. Examples of behavior or feelings that may be inappropriate under normal circumstances include:

1. Limited or excessive self-control;
2. Low frustration tolerance, emotional overreactions, and impulsivity;
3. Limited premeditation or planning;
4. Limited ability to predict consequences or behavior;
5. Rapid changes in behavior or mood;
6. Antisocial behaviors;
7. Excessive dependence and over-closeness, and/or inappropriate rebellion and defiance; and
8. Low self-esteem and/or distorted self-concept, particularly when not triggered by specific circumstances.

**c.** Once it is established that the inappropriate behaviors are significantly deviant, it must also be determined that they are due to an emotional condition. The condition must be diagnosed by a comprehensive assessment. The Team must determine whether the student’s inappropriate responses are occurring “under normal circumstances.” When considering normal circumstances, the Team should take into account whether a student’s home or school situation is disrupted by stress, recent changes, or unexpected events. Such evidence does not preclude an eligibility determination.

**Question 4: Is the student exhibiting a pervasive mood of unhappiness or depression?**

**a.** Specifically met when the student consistently and significantly engages in impaired affective modulation (over-reacts to perceived transgression with rage, withdrawal, or crying spells); expressions of sadness, depressed mood, feelings of worthlessness, or irritability; morbid preoccupation; inability to establish or execute simple goals; or absence of interest in previously valued activities (Anhedonia) (Kelly, 1990).
b. This characteristic requires documentation that the student’s unhappiness or depression is occurring across most, if not all of the student’s life situations—must demonstrate a consistent pattern in keeping with “long period of time.” It is not a temporary response to situational factors or to a medical condition.

**Question 5:** Is the student exhibiting a tendency to develop physical symptoms or fears associated with personal or school problems?

a. This characteristic requires documentation that the student exhibits physical symptoms or fears associated with his or her personal or school life. Examples of these characteristics include:
   i. headaches;
   ii. gastrointestinal problems;
   iii. cardiopulmonary symptoms;
   iv. incapacitating feelings of anxiety often accompanied by trembling, hyperventilating and/or dizziness;
   v. panic attacks characterized by physical symptoms, for example, when an object, activity, individual or situation cannot be avoided or is confronted;
   vi. persistent and irrational fears of particular objects or situations; and
   vii. intense fears or irrational thoughts related to separation from parent(s).

b. Physical symptoms that qualify under the ED characteristic should adhere to the following four conditions:
   i. symptoms suggesting physical disorders are present with no demonstrable medical findings;
   ii. positive evidence or strong presumption exists that these symptoms are linked to psychological factors/conflict;
   iii. the person is not conscious of intentionally producing the symptoms; and
   iv. symptoms are not a culturally sanctioned response pattern.

**C. IMPACT ON EDUCATION**

Adversely affects a child’s educational performance include summary report on educational progress must be submitted (i.e. present and past grades, achievement test scores, ongoing classroom performance, Curriculum Based Measurement, work samples, etc.).

**Question: Is the student’s educational performance adversely affected?**

a. Adverse effect on educational performance implies a marked difference between a student’s academic performance and reasonable (not optimal) expectations of performance.
   i. Marked difference from reasonable expectation
   ii. Outcome measures of performance used
   iii. Process of learning
   iv. Adverse effect can be cumulative, cyclical, or inconsistent
   v. If unable to function in the general population without specific, substantial behavioral/emotional supports, and preliminary specific interventions have been attempted with fidelity and measured as to effectiveness (i.e. BIP, contracts).
b. The academic performance demonstrates a **significant** difference between the student’s actual and expected performance level.

c. The documentation that it adversely affects educational performance must substantiate educational deficiencies persist over time in spite of specific alternative strategies that have been provided within the regular education setting. The Team of Qualified Professionals needs to have evidence that preliminary intervention efforts such as home/school collaboration, attendance contracts and/or established behavior management approaches have been attempted (RtI, Behavior Intervention Plan, etc).

- What does adversely affect educational performance mean? Evaluating whether a child’s condition has an adverse affect on his/her educational performance cannot strictly be made on the basis of grades or the child’s scores on standardized tests. Although grades and perhaps standardized test scores may be one measure of educational performance, the law and the courts take a broader view. Although some students test well when taking standardized tests, the law does not require poor standardized test scores in order to find an adverse affect on educational performance. The courts have established that a child’s educational needs to include academic, social, health, communicative, physical, and vocational needs. (Seattle School Dist. No. 1 v B.S., 82 F.3d 1493, 1500 (9th Cir.)

The regulations under IDEA have made it clear that, when conducting evaluations, a variety of assessments, tools, and strategies must be used to gather relevant functional, developmental, and academic information. It is the Office of Special Education Programs’ (OSEP) stance that the Individuals with Disabilities Education Act (IDEA) and the regulations clearly establish that the determination about whether a child is a child with a disability is not limited to information about the child’s academic performance.

Furthermore, section 300.101 of IDEA states that each state must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or has been retained in a course or grade and is advancing from grade to grade. For example, some students with a particular special education diagnosis get good grades or score well on tests but have significant concerns with social skills that may impact their success in life. These students may have no friends, be inadvertently rude to teachers, not have the skills to interview for or keep a job, or lack functional skills that are necessary for life. Adverse educational impact must be considered in the broad sense for a student’s educational career.

Federal special education law also distinguishes between “educational” performance and “academic” performance and establishes that “educational” performance is a broad concept. In addition to grades and standardized scores, schools must consider how a child’s emotional health or other conditions adversely affect his/her non-academic performance in social, behavioral and other domains as well.

V. SCHIZOPHRENIA
The reference to schizophrenia is included in the definition of ED for the purpose of illustrating one example of a psychiatric (medical) diagnosis of an Emotional Disorder. A student diagnosed with schizophrenia or comparably serious psychiatric disorders is eligible for special education and related services **only** if the ED definition criteria are met.
VI. SOCIAL MALADJUSTMENT

The Rhode Island definition of emotional disturbance specifies that students who are socially maladjusted do not qualify for special education services (?) unless they are also emotionally disturbed. **Certain characteristics** (e.g., “inability to build or maintain satisfactory interpersonal relationships with peers and teachers”, and “inappropriate types of behavior or feelings under normal circumstances”) **may be consistent with both** social maladjustment and serious emotional disturbance. In these cases the criteria for ED (long period of time, marked degree and adverse effect on educational performance) must be rigorously applied to prevent the misidentification of students.

Social maladjustment without a linkage to an emotional disorder is often characterized by deviant behavior with conscious control. Emotional overreactions may occur when the behavior is criticized or punishment is applied. Anger is a frequent reaction, but the thoughts are related to the situation. The student’s perceptions are logically related to the situation and consistent with other people’s perceptions. Indicators that are often associated with a social maladjustment and that lack the emotional disorder include:

- a. signs of depression may be present, but are not pervasive;
- b. problem behaviors are goal directed, self-serving, and manipulative;
- c. actions are based on perceived self-interest even though others may consider the behavior to be self-defeating;
- d. general social conventions and behavioral standards are understood but are not accepted;
- e. countercultural standards of the neighborhood and peers are accepted and followed;
- f. problem behaviors have escalated during pre-adolescence or adolescence;
- g. inappropriate behaviors are displayed in selected settings or situations (e.g., only at home, in school or in selected classes), while most behavior is controlled; and
- h. problem behaviors are frequently exhibited by and encouraged by the peer group, and the actions are intentional with understanding of the consequences.
- i. Information related to use of alcohol or drugs may be a factor in making a finding that social maladjustment is causal to lack of progress rather than a disability.

<table>
<thead>
<tr>
<th>Characteristics Typically Associated with Social Maladjustment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Knows and understands rules and norms, but intentionally breaks and rejects conventions.</td>
</tr>
<tr>
<td>➢ Perceives self to be “normal” and able to behave “normally” when needed.</td>
</tr>
<tr>
<td>➢ Views rule-breaking as normal and acceptable.</td>
</tr>
<tr>
<td>➢ Misbehavior is motivated by self-gain.</td>
</tr>
<tr>
<td>➢ Misbehavior does not result in anxiety or remorse unless there is risk of being caught.</td>
</tr>
</tbody>
</table>

(Clarizio, 1992a; Clarizio, 1992b; Kelly, 1990)

Often, the most difficult part of determining eligibility for special education services in this category is determining if the student has an emotional disability or social maladjustment. The following is adapted from a chart and information by Bruce Bracken. He adapted it from Social Maladjustment: A Guide to Differential Diagnosis and Educational Options (Wayne County Regional Educational Service Agency - Michigan, 2004).
<table>
<thead>
<tr>
<th>Behavior Area</th>
<th>Emotional Disturbance</th>
<th>Socially Maladjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Behavior</td>
<td>Unable to comply with teacher requests; needy or has difficulty asking for help</td>
<td>Unwilling to comply with teacher requests; truancy; rejects help</td>
</tr>
<tr>
<td>Attitude Toward School</td>
<td>School is a source of confusion or angst; does much better with structure</td>
<td>Dislikes school, except as a social outlet; rebels against rules and structure</td>
</tr>
<tr>
<td>School Attendance</td>
<td>Misses school due to emotional or psychosomatic issues</td>
<td>Misses school due to choice</td>
</tr>
<tr>
<td>Educational Performance</td>
<td>Uneven achievement; impaired by anxiety, depression, or emotions</td>
<td>Achievement influenced by truancy, negative attitude toward school, avoidance</td>
</tr>
<tr>
<td>Peer Relations and Friendships</td>
<td>Difficulty making friends; ignored or rejected</td>
<td>Accepted by a same delinquent or socio-cultural subgroup</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Poorly developed; immature; difficulty reading social cues; difficulty entering groups</td>
<td>Well developed; well attuned to social cues</td>
</tr>
<tr>
<td>Interpersonal Relations</td>
<td>Inability to establish or maintain relationships; withdrawn; social anxiety</td>
<td>Many relations within select peer group; manipulative; lack of honesty in relationships</td>
</tr>
<tr>
<td>Interpersonal Dynamics</td>
<td>Poor self-concept; overly dependant; anxious; fearful; mood swings; distorts reality</td>
<td>Inflated self concept; independent; underdeveloped conscience; blames others; excessive bravado</td>
</tr>
<tr>
<td>Locus of Disorder</td>
<td>Affective disorder; internalizing</td>
<td>Conduct disorder, externalizing</td>
</tr>
<tr>
<td>Aggression</td>
<td>Hurts self and others as a means to an end</td>
<td>Hurts others as a means to an end</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Tense; fearful</td>
<td>Appears relaxed; “cool”</td>
</tr>
<tr>
<td>Affective Reactions</td>
<td>Disproportionate reactions, but not under student’s control</td>
<td>Intentional with features of anger and rage; explosive</td>
</tr>
<tr>
<td>Conscience</td>
<td>Remorseful; self critical; overly serious</td>
<td>Little remorse; blaming; non-empathetic</td>
</tr>
<tr>
<td>Developmental Appropriateness</td>
<td>Immature; regressive</td>
<td>Age appropriate or above</td>
</tr>
<tr>
<td>Risk Taking</td>
<td>Avoids risks; resists making choices</td>
<td>Risk taker; “daredevil”</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Less likely; may use individually</td>
<td>More likely; peer involvement</td>
</tr>
</tbody>
</table>

Adapted from *Social Maladjustment: A Guide to Differential Diagnosis and Educational Options* (Wayne County Regional Educational Service Agency - Michigan, 2004)
VII: ELIGIBILITY

Team of Qualified Professionals must then answer the following two questions:

1. Is the student’s educational performance adversely affected?
2. Has the student been exhibiting the condition for a long period of time and to a marked degree?

- An emotional disturbance exists when the traits have been exhibited over a long period of time and to a marked degree, that is, the characteristic(s) are persistent, generalized and extended over time and situations. This standard (e.g. “marked degree”) is met when the characteristic(s) are significantly deviant from age level peer expectations.

- Indicators that are often associated with emotional disturbance include:
  - a lack of understanding about consequences of actions;
  - problems with reasoning characterized by confused thoughts about and perceptions of social situations;
  - highly unusual and bizarre behaviors;
  - a lack of understanding or misinterpretations of social conventions and behavioral expectations; and;
  - excessive anxiety, pervasive depression, and/or excessive guilt.

- The Eligibility Team meeting must be convened to determine whether child has a disability and is in need of special educational or related services. The Eligibility Team is comprised of the Team of Qualified Professionals (TQP) and the parent.

- PPSD requires all schools to use the stated criteria in these guidelines when considering or determining eligibility for special education services under the ED category. In addition to the eligibility criteria described in this document, the TQP must document this disability by completing the Emotional Disturbance Documentation Form (PPSD 4-C), Appendix A.

VIII. NEED FOR SPECIAL EDUCATION SERVICES

A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted that the child has an impairment that adversely affects the child’s educational performance, and the child, as a result thereof, needs special education and related services.

As part of an evaluation or reevaluation conducted by the team in determining whether a child is or continues to be a child with a disability, the team shall identify all of the following:

a. The child’s needs cannot be met through the general education program as structured at the time the evaluation was conducted.

b. Modifications, if any, that can be made in the general education program, such as adaptation of content, methodology or delivery of instruction to meet the child’s needs identified that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.
A disability under federal and state special education requirements means that the student meets the eligibility criteria for at least one of the impairments and has a “need” for special education services. A student may meet the eligibility criteria for ED, for example, but does not automatically have a need for special education.

Once the team has determined the impairment, they now must make a decision as to whether the student needs special education and related services as a result of that impairment.

As part of an evaluation or reevaluation conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team must address three questions:

I. What are the child’s needs that cannot be met in general education as structured at the time of the evaluation?

In discussing this issue, the IEP team should keep in mind that there is some level of variability within classrooms and schools have an obligation to address it. This first question requires the IEP team to examine the general education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match-mismatch between the needs of the student and the general education program.

If there is a match between the general education program and the needs of the student, the team may decide that the child has an impairment but does not need special education. If the mismatch is too great, the IEP team’s analysis is not finished and they will move on to the second question.

One example would be a student who has significant mental health needs, including an anxiety disorder. The student meets the eligibility criteria for ED, and the IEP team must determine whether the student needs special education. The student is receiving out-patient psychiatric therapy counseling on a regular basis. School is important to him and he is holding his own in school. When the student feels pressured and his anxiety level increases, he needs a quiet place to spend up to 30 minutes relaxing and unwinding. After that time period, he is able to return to class and finish the school day. The school is able to meet his educational needs in the regular education program as structured by using the school nurse and guidance counselor when the student needs a brief respite from classes. Therefore, the IEP team decides the student does not need special education; however a 504 Plan may be the best intervention.

II. What are the modifications, if any, which can be made in the general education program to meet the child’s identified needs and that will allow the child to access the general education curriculum and meet the educational standards that apply to all children (consider adaptation of content, methodology or delivery of instruction)?

As the TQP/IEP/504 team begins to discuss modifications that may be needed in general education, they should consider the following:

- What is involved in implementing the modification—time to implement? Time for training? Preparation? Short-term implementation vs. long-term or on-going?
- Can the modification be used with more students than the one being evaluated?
- Is this modification based on the general education classroom curriculum?

Appropriate modifications in the general education classroom may or may not require special education and related services. Some modifications for a particular student may be minimal while others may be more complex.

A student who has an impairment of ED might require modifications such as:
• more challenging content
• instruction several grade levels below current grade placement
• teaching of splinter skills
• teaching of prerequisite skills
• instruction beyond what can be provided through differentiated instruction
• remediation of skill deficits
• preferential seating such as away from distractions, near the teacher, or on the edge (rather than in the middle) of the classroom so that the student can move around without having to walk past other students
• small group or individual instruction rather than large group
• a different modality of instruction (for example, visual rather than auditory presentation)
• classroom organization and management
• assistive technology
• change in pacing such as presenting material more slowly or more quickly
• alternate assignments
• alternate classroom evaluation strategies such as test taking accommodations (setting, directions) or alternate methods (oral tests vs. written; a paper or project rather than an exam)

III. What are accommodations/modifications, if any, that the child needs which are not provided through the general education curriculum (consider replacement content, expanded core curriculum or other supports)?

Does the student have needs that are not met in general education even after that environment is carefully scrutinized and appropriate modifications are explored? If so, as the IEP team considers the student’s needs, they will need to identify any instruction and supports outside of the general education curriculum that the student would need. These accommodations/modifications may or may not require special education.

Replacement or supplemental content for students who are ED might include

• social skills instruction
• anger management training
• cognitive behavioral interventions such as errors in thinking
• moral development (Kohlberg)
• decision making or problem solving
• organizational and study skills
• transition skills such as self advocacy

There are numerous other supports that may be appropriate for students who are ED. These supports go beyond those modifications in regular education previously suggested in that the supports are generally substantial and time consuming. While it is possible for these supports to be provided in a regular education environment, they are typically not part of the regular education curriculum. These supports may be special education services provided, adaptations and modifications needed for the student in the regular education environment, and/or program modifications and supports for school personnel:

• immediate feedback
• high degree of structure
• one-to-one instruction or supervision
• a behavior management system such as a token economy
• an alternate setting such as neutral site or a self-contained program
- communication and coordination with family and outside agencies
- cues or prompts
- lots of verbal reinforcement and encouragement
- proximity control
- a detailed behavior intervention plan (BIP)
- crisis management
- collaboration among all involved staff
- program modifications and supports for school personnel (e.g.; a copy of the BIP or information on a specific syndrome such as Tourette’s)
- a timeout area, quiet corner, study carrel, headphones to help screen out distractions
- check in/check out

If the TQP/IEP team determines a student meets the eligibility criteria and has a need for special education services, the student then has, or continues to have, a disability.
IX: APPENDICES

Appendix A:

Emotional Disturbance Documentation Form (PPSD 4-C)

Providence Schools

Emotional Disturbance Documentation Form PPSD 4C

Name: D.O.B Date:
Current Grade: School:

RI definition of Emotional Disturbance
(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:
(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(C) Inappropriate types of behavior or feelings under normal circumstances
(D) A general pervasive mood of unhappiness or depression
(E) A tendency to develop physical symptoms or fears associated with personal or school problems
(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under (c) (4) (i) of this section” (RI 300.8).

Providence School District Procedures:

In order to reach the referral stage for consideration of qualification of special education, the student has received assessment and interventions to help address the student’s challenges and meet the student’s needs. Please see attached checklist with accompanying documentation for the process from initial documentation of problem behavior through referral for special education consideration.
STEP 1: Check all that apply

<table>
<thead>
<tr>
<th>Characteristic Present</th>
<th>Evidence to support limiting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Over a long time</td>
</tr>
<tr>
<td>Inability to learn which cannot be explained by intellectual, sensory or health factors</td>
<td></td>
</tr>
<tr>
<td>Inability to build or maintain satisfactory interpersonal relationships with peers and teachers</td>
<td></td>
</tr>
<tr>
<td>Inappropriate types of behaviors or feelings under normal circumstances</td>
<td></td>
</tr>
<tr>
<td>A general pervasive mood of unhappiness or depression</td>
<td></td>
</tr>
<tr>
<td>A tendency to develop physical symptoms or fears associated with personal or school problems</td>
<td></td>
</tr>
</tbody>
</table>

Student MUST have *all three* limiting criteria check for *at least one* characteristic in order to qualify for Emotional Disturbance eligibility.

Is this condition met? Yes______ No______

If no, then the student does not qualify as ED. *If yes, proceed to next step.*
Step 2:
Has the team considered the social maladjustment exclusion and determined that if the student exhibits social maladjustments, he or she also demonstrates the condition of emotional disturbance? Yes______ No ______

If no, and the team determines that the student exhibits social maladjustment only, the student does not qualify as ED.

**** In this case, have team consider what school and community resources can be utilized to support this child in the regular education setting.

If yes, please proceed to the next step.

Step 3:
Has the team eliminated other possibilities, including school or classroom environmental factors, temporary situational stressors, intellectual impairment, socio cultural differences, learning problems or medical problems, as the PRIMARY cause of the student´s problems in the educational setting?
Yes ______ No ______

If no, then the student does not qualify as ED.

**** In this case, have the team consider what further assessment or appropriate classification and intervention is needed.

If yes, please proceed to the next step.

STEP 4: (Not Required) for eligibility purposes
DSM IV-TR Diagnosis by a clinical psychologist, neuro-psychologist, psychiatrist accompanied by a formal narrative report.
AXIS I __________________________________________________________ Date ____________
AXIS II __________________________________________________________
AXIS III __________________________________________________________
AXIS IV __________________________________________________________
AXIS V __________________________________________________________
GAF ____________________________________________________________________________

CONCLUSION:
Do the members of the IEP team conclude that the student meets the criteria for Emotional Disturbance as defined in the Rhode Island statutes?
Yes ______ No ______
**STEP 1: Check all that apply**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Present</th>
<th>Evidence to support limiting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Over a long time</td>
<td>To a marked degree</td>
</tr>
<tr>
<td>Inability to learn which cannot be explained by intellectual, sensory or health factors</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychological and educational test results, medical records review, OT screening review if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to build or maintain satisfactory interpersonal relationships with peers and teachers</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Behavior rating scales, teacher reports, classroom data collection reports, BEP data. Reports &amp; data should speak to interpersonal relationships goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate types of behaviors or feelings under normal circumstances</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Classroom observation reports. Behavior rating scales SWIS Data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A general pervasive mood of unhappiness or depression</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Social history, psychological and psychiatric reports documenting mood severity and duration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A tendency to develop physical symptoms or fears associated with personal or school problems</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BASC Data. Other medical, social or psychological reports documenting somatic symptoms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student MUST have all three limiting criteria check for at least one characteristic in order to qualify for Emotional Disturbance eligibility.

Is this condition met? Yes\(\times\) No

If no, then the student does not qualify as ED.
If yes, proceed to next step.
APPENDIX B:

Office of Special Populations
797 Westminster Street
Providence, RI 02903
Comprehensive Psychosocial Assessment

CONFIDENTIAL--------FOR PROFESSIONAL USE ONLY

Student: ___________________________ Examiners: ___________________________
Date of Birth: _______________________ Date of Report: _________________________
Dates of Testing: _____________________ School: _________________________________
Age: ________________________________ Grade: _________________________________
Sex: ________________________________ ID: ________________________________
Address: ___________________________ Phone: _________________________________

REASON FOR REFERRAL:

Specify the specific reason for referral. That is, operationalize the behavior (observable and measurable terms) including behavioral and/or emotional concerns, which will be reiterated in the summary section. Include interactions with teachers/staff/administration Please include parent’s understanding of reason for referral and student’s perspective of problem.

Background Information

In the background history makes sure that each of the following areas are addressed:

- Record Review: to include review of student’s Pupil Record, attendance and any other information pertinent to the referral
- Family Structure: family constellation, others in the home, language of home, time in the country, country of origin, place of birth, student proficient language, students residential history current daily routines including weekends
- Developmental History: prenatal and birth history, past significant medical history. Include in this section acquisition of milestones, language development, temperament, diet, early patterns of behavior, sleep and any attachment concerns
- Medical History: current medical information (If no information is available indicate as such.) Include the following:
  - Pre-natal and birth history, early childhood and any remarkable medical findings or delays or lack there of;
  - Identify any and all medical diagnosis including psychiatric;
  - Family history of medical, psychiatric, and/ or any other significant diagnosis;
  - Note vision, hearing, sensory and fine/gross motor functioning medication history;
Community Based Supports/Involvement
- Past services, history of trauma, DCYF involvement, social support including extended family support systems

Educational History
Include the following:
- Educational Diagnosis
- School placement history (within the district and out of district where appropriate)
- Attendance/tardiness history (documented over the years)
- Special services: ELL, ESL, alternative education placements, the Interim School, Special Education or any other related services (retentions)
- Services received (speech/language, OT, counseling, etc.)
- Report card summary including teacher comments
- Standardized test scores (NECAP, STAT10)
- If applicable summarize progress or lack of progress on the PLP or ILP

Current level of Performance/Current Placement/Teacher Concerns
Summation of educational history to outline current placement, services received, and presenting behavioral/emotional problems. Note start of behavioral deterioration and how long behavior has been present.

Tests Administered
- Standardized Cognitive Evaluation
- Social History
- Medical History
- Standardized Comprehensive Behavioral Assessment(s) including the BASC-II
- Pathway Chart/Behavior Intervention Plan
- Adaptive Behavior Assessments as appropriate (BASC-II, Vineland, ABSER) and from multiple raters.
- Other: (multiple raters’ checklists specific to reason for referral (Connors Scale, GARS, GADS)
- Classroom Observations (across settings, structured and unstructured. Observations should come from settings such as the classroom, cafeteria, playground, bus and with itinerants). Observation should speak to student’s performance relative peers/classmates).
- Summation of data collection from Behavior Intervention Plan (baseline and BIP monitoring)
- Summation of Counseling Progress Report
- Teacher Interview(s)/Progress Report(s)

BEHAVIORAL OBSERVATIONS:

Testing Situation: (Mood and Activity Level, Attention and Concentration, Persistence, Language Usage, Intelligibility, Interpreter, Current Medications). Speak to test validity; is the current assessment considered to be an accurate appraisal of student’s functioning?). If not, why?

TEST RESULTS AND INTERPRETATION:
**Present Test Data:** scale scores, percentiles, classification, etc.

**Narrative Summary:**

- **Cognitive:** If this is a re-evaluation; are current test findings consistent with previous findings? If no, account for disparity between current and previous test findings.

- **Social/Emotional/Behavioral:** Summation, integration and implication of findings from social history, behavior scales, and teacher progress reports

- **Classroom Observations:** Summation, integration, and implication of observations in lieu of cognitive, social, and behavioral/emotional test findings and presenting problems

*****It is important to validate test findings i.e., interpret findings based on cultural and other factors (e.g., teacher/parent reports, rating scales, observations). Also, NO COMPUTER GENERATED REPORTS. Synthesize and integrate findings from computer-generated reports into the context of your report.

**SUMMARY:**

Briefly synthesize the report including all aspects of the referral and findings

**RECOMMENDATION:**

Per Providence School Department and Rhode Island Department of Education Regulation, complete recommendations will be developed at the time of team conferencing.

Name/Degree(s)  
School Psychologist  
Name/Degree(s)  
Social Worker

Date:____________________  
Date: _____________________
Appendix C:

Providence Schools
Office of Special Populations
797 Westminster Street
Providence, RI 02903

Comprehensive Psychosocial Re-Evaluation

CONFIDENTIAL--------FOR PROFESSIONAL USE ONLY

Student: ____________________________________________ Examiners: __________________________
Date of Birth: __________________________ Date of Report: __________________________
Dates of Testing: ____________ School: __________________________
Age: __________________________ Grade: __________________________
Sex: __________________________ ID: __________________________
Address: __________________________ Phone: __________________________

For re-evaluation, update each area

REASON FOR REFERRAL:

Specify the specific reason for referral. That is, operationalize the behavior (observable and measurable terms) including behavioral and/or emotional concerns, which will be reiterated in the summary section. Include interactions with teachers/staff/administration. Please include parent’s understanding of reason for referral and student’s perspective of problem.

Background Information

In the background history makes sure that each of the following areas are addressed:

- Record Review: to include review of student’s Pupil Record, attendance and any other information pertinent to the referral
- Family Structure: family constellation, others in the home, language of home, time in the country, country of origin, place of birth, student proficient language, students residential history current daily routines including weekends
- Developmental History: prenatal and birth history, past significant medical history. Include in this section acquisition of milestones, language development, temperament, diet, early patterns of behavior, sleep and any attachment concerns
- Medical History: current medical information (If no information is available indicate as such.) Include the following:
  - Pre-natal and birth history, early childhood and any remarkable medical findings or delays or lack there of;
  - Identify any and all medical diagnosis including psychiatric;
  - Family history of medical, psychiatric, and/ or any other significant diagnosis;
  - Note vision, hearing, sensory and fine/gross motor functioning medication history;
Community Based Supports/Involvement
- Past services, history of trauma, DCYF involvement, social supports including extended family support systems

Educational History
Include the following:
- Educational Diagnosis
- School placement history (within the district and out of district where appropriate)
- Attendance/tardiness history (documented over the years)
- Special services: ELL, ESL, alternative education placements, the Interim School, Special Education or any other related services (retentions)
- Services received (speech/language OT, counseling, etc.)
- Report card summary including teacher comments
- Standardized test scores (NECAP, STAT10)
- If applicable summarize progress or lack of progress on the PLP or ILP

Current level of Performance/Current Placement/Teacher Concerns
Summation of educational history to outline current placement, services received, and presenting behavioral/emotional problems. Note start of behavioral deterioration and how long behavior has been present.

Tests Administered
- Standardized Cognitive Evaluation
- Social History
- Medical History
- Standardized Comprehensive Behavioral Assessment(s) including the BASC-II
- Pathway Chart/Behavior Intervention Plan
- Adaptive Behavior Assessments as appropriate (BASC-II, Vineland, ABSER) and from multiple raters.
- Other: (multiple raters’ checklists specific to reason for referral (Connors Scale, GARS, GADS)
- Classroom Observations (across settings, structured and unstructured. Observations should come from settings such as the classroom, cafeteria, playground, bus and with itinerants). Observation should speak to student’s performance relative peers/classmates).
- Summation of data collection from Behavior Intervention Plan (baseline and BIP monitoring)
- Summation of Counseling Progress Report
- Teacher Interview(s)/Progress Report(s)

BEHAVIORAL OBSERVATIONS:
Testing Situation: (Mood and Activity Level, Attention and Concentration, Persistence, Language Usage, Intelligibility, Interpreter, Current Medications). Speak to test validity; is the current assessment considered to be an accurate appraisal of student’s functioning?). If not, why?
TEST RESULTS AND INTERPRETATION:

Present Test Data: scale scores, percentiles, classification, etc.

Narrative Summary:

- **Cognitive:** If this is a re-evaluation; are current test findings consistent with previous findings? If no, account for disparity between current and previous test findings.

- **Social/Emotional/Behavioral:** Summation, integration and implication of findings from social history, behavior scales, and teacher progress reports

- **Classroom Observations:** Summation, integration, and implication of observations in lieu of cognitive, social, and behavioral/emotional test findings and presenting problems

*****It is important to validate test findings ie. interpret findings based on cultural and other factors (e.g., teacher/parent reports, rating scales, observations). Also, NO COMPUTER GENERATED REPORTS . Synthesize and integrate findings from computer-generated reports into the context of your report.

SUMMARY:

Briefly synthesize the report including all aspects of the referral and findings

RECOMMENDATION:

Per Providence School Department and Rhode Island Department of Education Regulation, complete recommendations will be developed at the time of team conferencing.

<table>
<thead>
<tr>
<th>Name/Degree(s)</th>
<th>Name/Degree(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Date:________________</td>
<td>Date: _______________</td>
</tr>
</tbody>
</table>
Appendix D:

REFERENCES


- SchoolPsychologistfiles.com


- Wisconsin Department of Public Instruction. *Emotional Behavioral Disability Evaluation Guide*. Revised: July 2010