Guidelines to Assist School Systems In the Identification of Students with Emotional Disability

MADSEC Behavior Task Force
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Preface

In the spring of 1997, the Maine Administrators of Services for Children with Disabilities (MADSEC) authorized the formation of a Behavior Task Force. This task force was given the responsibility of drafting a set of guidelines that could be used to assist school districts in making difficult decisions on the special education eligibility of students suspected of having behavioral impairments (now referred to as "emotional disability"). It was MADSEC's intent that these guidelines would help districts all across the state to make informed, consistent decisions regarding eligibility. In addition to special education administrators, professionals from all parts of the educational and psychological spectrum were invited to participate in the Behavior Task Force: superintendents, principals, school psychological service providers, and Maine Department of Education (MDOE) staff. From June 1997 to June 1999 members of this task force have worked to develop these guidelines for assessment and identification.

The Behavior Task Force first clarified its mission. Members were interested in exploring potential interventions for students with behavioral problems, but it was the consensus of the group that the purpose of this task force would remain focused on eligibility guidelines, and that a second task force later would address the programming needs of all students at risk. The intent and language of IDEA 97 were given careful emphasis in the development of these guidelines. Court decisions regarding the eligibility of students with suspected emotional disturbance or behavioral impairment were studied and incorporated where appropriate. The task force reviewed eligibility guidelines from eleven states: Vermont, California, Michigan, Utah, Wisconsin, Colorado, Texas, Florida, Iowa, Oregon, and New York. The "Guidelines to Assist Schools in Determining Eligibility for Behavioral Impairment in the State of Maine", written by Maria Pavalich and Rachel Belanger in 1994, was also studied in depth. Input and feedback were sought on an ongoing basis from educators and psychologists working throughout the state. When a working draft of these guidelines was ready, it was shared with MADSEC's legal counsel, so legal advice could be incorporated into the final document.

A few additional comments and caveats seem appropriate for readers and users of this document.

- In accordance with the most recent legislative action, the term "emotional disability" will replace "behavioral impairment" in the Maine Chapter 101 regulations. It is important to note that these guidelines are based on language contained in the IDEA 97 statute and implementing regulations (Federal Register / Vol. 64, No. 48 / Friday, March 12, 1999 / Rules and Regulations):

- These eligibility guidelines have been developed by this task force to complement the regulations, not to replace them. Eligibility decisions are the responsibility of Pupil Evaluation Teams (PETs). They should be based on the criteria listed in the federal law / regulations, and the Maine State Special Education Regulations. It has been noted by MADSEC's legal counsel that hearing officers and courts will not view these guidelines as having the same legal weight as law and regulations.
These guidelines are meant to provide PETs with more information regarding criteria for eligibility. The use of these guidelines should help districts be more consistent in decision making at their own PET meetings, as well as provide more consistency in decision-making from one school system to another throughout the state.

Since not all students who exhibit inappropriate behavior will qualify for special education services, it is important that schools continue to develop interventions to meet the unique needs of all students. Such options could include alternative education programs, student assistance teams (SATs), 504 teams, efforts to promote cooperation and communication with families and outside agencies, and special programs designed within the general education setting. MADSEC is committed to assuming a leadership role in addressing continued program improvements for those students identified with emotional disability as well as for all students at risk for failure in our schools.

The Behavior Task Force wishes to thank everyone who contributed to its work.
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MADSEC
Behavior Task Force

Mission Statement

All Maine children need to be educated in safe schools. As part of this global endeavor, it is the mission of the MADSEC Behavior Task Force to provide leadership in developing and recommending consistent state-wide practices for the identification of students with emotional disability.

Further study will be conducted to promote improvement of educational services for students identified with emotional disability and for all students at risk.
The Federal Definition

**Serious Emotional Disturbance**
(hereafter referred to as Emotional Disturbance)

Emotional disturbance is defined as follows:

(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) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

§ 300.7 Child with a Disability

(a) (1) As used in this part, the term child with a disability means a child evaluated in accordance with §§ 300.530 — 300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof needs special education and related services.

Federal Register / Vol. 64, No. 48 / Friday, March 12, 1999 / Rules and Regulations
The Maine Definition

Emotional Disability

Emotional disability is defined as follows:

(i) A student with an emotional disability has a condition which exhibits 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) The term includes schizophrenia. The term does not apply to children who are "socially maladjusted," unless it is determined that they have an emotional disturbance.

3.1 Student with a Disability

A student with a disability is an individual who:

A. Has reached the age of 5 years on or before October 15;
B. Has neither graduated from a secondary school program with a regular high school diploma nor reached 20 years of age at the start of the school year; and
C. Has been evaluated according to these rules and has been determined to have a disability which requires the provision of special education and supportive services.

A student with a disability shall have one or more of the disabilities listed in this section (Part 3, Students with Disabilities).

Maine Special Education Regulations / Chapter 101 / November 1, 1999.
(A) An inability to learn that cannot be explained by intellectual, physical, or health factors;

This category requires that a student have so severe an emotional disability that he/she cannot learn despite appropriate educational interventions. Inability to learn should not be confused with an unwillingness or disinterest in learning. Basic definitions of inability to learn may include the following:

- incapable, unable, cannot, lacks the power or capacity to learn;
- cannot make academic gains when causes such as learning disability, mental retardation, and lack of motivation are eliminated.

Aspects of the student's thoughts, feelings, and behaviors should be examined to determine if they produce an incapacity to learn in the normal school environment, under non-special education interventions. The differential assessment should rule out social/cultural issues, non-attendance, and motivation (e.g. the student refuses to complete homework as part of a pattern of disinterest in learning), as primary factors interfering with the student's ability to learn.

A student with emotional disability may exhibit discrepant achievement due to anxiety, pervasive depression, and/or reality distortion. This may be manifested as one or more of the following:

- Fragmentation of thought or disorders in thinking, reasoning, memory, and/or perception such as that resulting from schizophrenic or bipolar deterioration;
- Incoherence and/or inability to make realistic/rational decisions;
- Reports of hallucinations or delusions that interfere with learning, such as hearing or seeing things that are not there, or believing his/her thoughts are controlled by someone else;
- Disturbed or unclear awareness of reality, such as not being able to distinguish between reality and fantasy;
- Inattention or inability to focus on assigned tasks due to an emotional disability (e.g. disturbed thoughts, disordered processing, obsessive-compulsive symptoms, etc.).
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

It will need to be determined that the student has been unable to establish meaningful and/or satisfactory interpersonal relationships with peers and teachers. This inability exists primarily because of the severity of the emotional disability. Inability should be distinguished from an unwillingness to form relationships that others consider appropriate. It is not an issue of getting along with others. It is a question of whether the student has an impairment that negatively affects his/her ability to interact with others (e.g. demonstrating warmth and sympathy toward others, initiating positive interactions, enjoying working and playing with others, etc.).

Other disabilities may result in the lack of social skills that could otherwise be systematically taught to the student. Such a lack alone or as the result of another disabling condition does not make him or her eligible under this category.

A differential diagnosis needs to rule out other factors such as social maladjustment* or social immaturity as being responsible for the impairment. A student with emotional disability may exhibit one or more of the following characteristics:

- Has no friends at home, at school or in the community;
- Does not voluntarily play, socialize, or engage in recreation or structured activities with others;
- Avoids talking with teachers and peers, or is selectively mute;
- Is excessively physically or verbally aggressive when others approach him/her; alienates others through consistently hostile or detached (uncaring) behaviors;
- Shows lack of affect, disorganized emotions toward others, or auditory/visual hallucinations which negatively affect relationships with others;
- Displays consistent anxiety-based or fear-driven avoidance of meaningful school-based social interactions;
- Exhibits withdrawal, isolation and/or bizarre interactive patterns suggesting behaviors symptomatic of schizophrenia, social phobic reactions, depression, obsessive-compulsive disorders, etc.;
- Seeks excessive approval from others through abusive, self humiliating and/or immature actions;
- Seeks negative attention by being ostracized, punished, humiliated, and/or hurt by others.

*Social maladjustment is defined on page 11.
(C) Inappropriate types of behaviors or feelings under normal circumstances;

Inappropriate behaviors or feelings refer to those behaviors that make the student appear strange or unusual compared to others in the same situation. Developmental norms and comparisons with peers in similar circumstances should be used to judge whether the behaviors are inappropriate or unusual.

This category does not include behaviors that would be described as solely oppositional or conduct disordered in nature. It also does not include behaviors that are willful and understood by the student. It does include behaviors that are bizarre or psychotic, such as compulsions, hallucinations, preoccupations, delusions, ritualistic body movements, or severe mood swings, as well as exaggerated forms of other problems. A student in this category may exhibit one or more of the following characteristics:

- Reacts catastrophically to everyday occurrences;
- Lacks appropriate fear reactions;
- Shows flat, blunted, distorted, or excessive affect;
- Engages in bizarre verbalizations, peculiar posturing or ritualistic behavior;
- Engages in self-mutilation;
- Demonstrates manic reactions or manic behaviors, such as unexplained euphoria, racing thoughts, and excessive activity;
- Has delusions, such as believing that his/her thoughts are controlled by someone else or having unfounded feelings of persecution, over-exaggeration of ability, or feeling that situations or discussions always refer to him/her even with evidence to the contrary;
- Has hallucinations, such as hearing things that are not there or seeing things that are not there;
- Has obsessions, such as persistent, recurrent, or intrusive thoughts that cannot be controlled;
- Displays extreme changes or shifts in mood or feelings;
- Displays unexplained rage reactions or violent temper tantrums;
- Dwells in a fantasy life or seems to be out of touch with reality;
- Displays regressive behaviors and/or unacceptable social behaviors under stress, such as temper tantrums, excessive or uncontrollable crying, wetting pants or soiling;
- Laughs or cries inappropriately in ordinary or common social or academic situations;
- Uses disjointed verbal communication in which ideas are not logically related to the content of the discussion;
- Displays extreme social withdrawal;
- Behaves aggressively in a manner that seems unprovoked or extreme for the circumstance, such as physically attacking other children for unclear or unjustified reasons;
- Expresses unusual and unprovoked sexual behaviors, such as public masturbation or attempts to fondle teachers or peers.
(D) A general pervasive mood of unhappiness or depression;

To meet this criterion the student must demonstrate actual, symptoms of depression. Depressive symptomology typically involves changes in four major areas: affective, motivational, physical and motor functioning, and/or cognition. The student's manifestation of unhappiness or depression must be pervasive, chronic, and observable in the school setting. This means that it must have become a protracted state that has persisted beyond the time usually expected for reactions to a specific traumatic event or situation.

Feelings of unhappiness or depression are considered natural reactions when they are the response to traumatic events such as parental divorce or the death of a family member. Such reactions need to be evaluated in the context of the situation in which they occur with special attention given to the intensity and duration. If the reactions appear to be of mild or moderate intensity, of short duration and closely tied to a specific situation, then they should be addressed by utilizing non-special education interventions, such as individual counseling or referral for mental health services outside of school.

If the unhappiness or depression seems unusually intense or has generalized to other situations, then this could indicate an emotional disability. Serious talk about death or a genuine desire to die or commit suicide would indicate a severe reaction that needs to be addressed immediately through referral to a mental health professional. If suicidal thought or depression persists then this could be indicative of an emotional disability. A student in this category may exhibit one or more of the following characteristics:

- Seems constantly unhappy, sad, depressed and/or hopeless;
- Has lost interest in and/or pleasure in activities, pastimes or social relations;
- Displays major changes in eating patterns and weight level when not dieting;
- Demonstrates loss of energy, is frequently fatigued/over-tired, and/or is experiencing insomnia or hypersomnia;
- Acts excessively agitated or is unusually over or under-active compared to previous behavior;
- Manifests feelings of worthlessness or inferiority, through repeated self-denigration;
- Expresses feelings of excessive or inappropriate guilt;
- Shows prolonged periods of crying and confusion about the reason for crying;
- Seems to feel little or no emotion or is emotionally unresponsive;
- Has recurrent thoughts of death or desires to be dead;
- Engages in suicidal ideation and/or attempts to harm self;
- Displays outbursts of uncontrollable and excessive anger, frustration, or irritability which are changes from previous behavior;
- Exhibits diminished ability to think or concentrate, such as memory difficulty or indecisiveness, that is not associated with marked loosening of associations or incoherence;
- Loss of interest in socialization or preferred activities.
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

This category represents physical symptoms or fears that develop as reactions to emotional problems that have no known medical cause. Biological or medical conditions such as allergies, neurological syndromes and effects of medications should be ruled out. Also, since it is common to manifest physical reactions to stress and tension, it is important to demonstrate that the physical symptoms and fear are excessive and chronic.

Fears may range from incapacitating feelings of anxiety to specific and severe phobic reactions and panic attacks. Typically such feelings and reactions are irrational and persistent to the degree that the student engages in consistent avoidance behavior in regard to the person or object of his/her fear. The inability to avoid the object or circumstance will usually result in severe anxiety or panic attacks. Generally children can describe their fears but cannot give a meaningful explanation to them. True school phobia [termed Separation Anxiety Disorder in DSM-IV] may fit under this category. The evaluation must clearly differentiate between school phobia and truancy. A student in this category may exhibit one or more of the following characteristics:

- Complains of physical problems without known medical cause, such as aches and pains, headaches, nausea, problems with eyes, rashes, stomachaches, cramps or vomiting;
- Displays physical reactions that appear specifically linked to stress or conflict, such as increased heart rate, sweating palms, or tremors;
- Shows physical reactions or behaviors that are not under voluntary control, such as tics, eye blinking, or unusual vocalizations that are not related to physical conditions;
- Has persistent and irrational fear of specific objects, situations, or activities that result in compulsive and/or avoidance behavior;
- Expresses excessive fear of going to school;
- Has irrational fear that catastrophe or harm will occur to self, parent, or other important person, or fears a parent/adult will leave home and never return;
- Worries excessively about learning or school performance to the point where somatic complaints are evident and/or result in the inability to function/perform;
- May be preoccupied with morbid beliefs or thoughts.
This condition shall have been demonstrated over a long period of time.

The qualifier "a long period of time" requires that the student must exhibit one or more of the behavioral characteristics long enough to be considered chronic. Chronicity can be manifested in a number of ways:

- Sustained behavior over a long period of time (e.g. 6 months or longer);
- A high frequency of occurrences over a short period of time;
- Multiple acute episodes that may be the culmination of underlying emotional problems.

Different time periods may be appropriate to consider depending upon the chronological age of the student or the intensity of the problem. For example, shorter duration might be considered for young children rather than for adolescents. Shorter time periods might be appropriate for acute problems that demand immediate interventions that cannot be provided through regular education and/or for conditions that are explicitly noted in DSM-IV.

The qualifier "a long period of time" excludes episodic emotional or behavioral disturbances that are transitory and would be expected to subside over time under normal circumstances. Examples of short term responses to situational stressors would include reactions to traumatic events, such as death in the family, divorce, illness, birth of a sibling, a family move or financial crisis. In these types of situations, it is necessary to determine that the problems have continued beyond the expected time limits for normal adjustment.
...and to such a marked degree...

This limiting condition comprises two separate components, both of which must be present for the condition to be met:

**Pervasiveness** — Students should demonstrate the characteristics of their disability across most settings (i.e. school, home, community). Problems should be observed and documented by several members of the school staff or in more than one class in order to verify that they are pervasive in the school environment and not confined to a single setting or relationship. If problems exist primarily in the home or community but not in the school environment, then the student should not be considered a student with emotional disability.

**Severity / Intensity** — Severity / Intensity refers to the demonstration of problem behaviors in an overt, acute and observable manner. Manifestations of the problem behaviors must be clearly apparent to school staff and others who are familiar with the student and not solely documented in psychological assessments or clinical settings. However, psychological evaluations should be used to help verify the presence and severity of the emotional disability.

Normative comparisons should be made when evaluating the seriousness of problem behaviors. Identified problems should be **significantly** more severe than those normally expected for individuals of the same age and sex. Normative comparisons can be obtained through the use of standardized measures (such as normed rating scales and personality inventories), criterion and statistically based measures (such as the DSM-IV global assessment scale), and/or the use of developmentally based evaluations.
...that it adversely affects the child's educational performance.

Manifestations of the child's emotional problems must result in an impairment of the child's ability to learn and/or perform the academic or daily living tasks required in his or her educational program. It is necessary to demonstrate that it is the manifestation of the student's emotional problems -- and not some other condition (e.g. a learning disability, limited cognitive ability, etc.) -- that impacts educational performance.

Adverse educational performance can be defined as measurable achievement that is significantly lower than one would reasonably expect for that student's level of cognitive functioning and that results in the inability to make educational progress. It can be demonstrated by any of the following:

- Inability to pass from grade to grade, or to pass several academic courses in a given year;
- Work samples that show abnormal thought processes and/or an inability to complete tasks;
- Curriculum or portfolio based information that clearly demonstrates a rate of academic progress that is noticeably slower than that of the student's peers and slower than what would have been predicted for that student based on his/her intellectual ability;
- Standardized achievement scores that are approximately one and a half standard deviations below the student's expected achievement based on intellectual ability;
- Inability to attend, concentrate, follow class discussions and/or participate appropriately in educational activities, resulting from such things as bizarre thought processes or out-of-control emotions;
- Serious, recurring disciplinary problems that are emotionally based and that interfere with educational performance.
Emotional disability does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability.

Social Maladjustment – Social maladjustment has been generally accepted as consisting of behaviors that are outside established norms of the majority culture but that may be acceptable to members of the same subculture. It involves a persistent pattern of violating societal norms through such behaviors as truancy, substance abuse, perpetual struggles with authority, poor motivation for schoolwork, and impulsive and manipulative behavior.

A child may demonstrate social maladjustment in one or more of the following ways:

- Displays misbehavior that is controlled and understood;
- Usually has intact peer relations;
- Is often a member of a subculture group that is asocial or antisocial;
- Is often skilled at manipulating others;
- Has conflicts primarily with authority figures (e.g. parents, school personnel, police);
- Often displays self-confidence or strong self-identity outside of school situations;
- Tends to be independent and to appear self-assured;
- Appears defiant and oppositional;
- Shows courage, responsibility and imagination but toward undesirable ends;
- Generally reacts toward situations with appropriate affect;
- Lacks appropriate guilt (i.e. underdeveloped conscience) and often blames others for his/her problems though otherwise appears reality oriented;
- Dislikes school except as a place for social contacts;
- Is frequently truant, and/or rebels against rules and structures;
- Is involved with the criminal justice system;
- Frequently avoids school achievement even in areas of competence;
- Has a diagnosis of conduct disorder or a dual diagnosis of conduct disorder and substance abuse.
Decision — Making

The PET shall make the determination of eligibility for special education after the results of appropriate comprehensive evaluations have been reviewed. The PET must rule out the possibility that another disability might be the predominant cause of the student's emotional/educational problems. Evaluation information should help the PET to distinguish between the essentially normal student who is exhibiting emotional or behavioral problems from the student with emotional disability.

Two factors that can be used to differentiate the student with behavior and/or discipline problems from the student with emotional disability are:

- **Operant Control** – The non-disabled student has operant control. Behavior is directed toward understandable goals. In contrast, the student with emotional disability is generally unable to control or cope with internal anxiety which results in inappropriate behavior. The non-disabled student may be able to state quite clearly and openly what his/her behavior is designed to accomplish. A careful behavioral analysis of the student's overt behaviors in terms of antecedents and consequences can lead to a more accurate understanding of the intent of his/her behavior. The behavior of the non-disabled student is rarely unexpected or surprising, although it is often disturbing. Conversely, the behavior of the student with emotional disability often appears unpredictable, bizarre, and without specific intent.

- **Pervasiveness** - The non-disabled student's behavior tends to be situation-specific rather than pervasive. This student will tend to demonstrate markedly different responses in different situations or with different individuals. The disabled student will display characteristics of emotional disability across most domains (school, home, and community). A behavioral assessment will be used to document similarities or differences in behaviors across these domains.

If it is determined that a student exhibits characteristics of emotional disability, the question of whether he/she requires special education in order to benefit from his/her educational program must be addressed. This requirement is necessary in the identification of all disabilities. There should be a direct relationship between the assessment information and the intervention planning for the student in question. It is possible for a student to exhibit behaviors that are emotionally-based and still not require special education services. The academic, social, and emotional needs of the student may require modifications of his/her regular education program, and/or other support services more appropriately provided through such vehicles as Student Assistance Teams or Section 504 of the Rehabilitation Act of 1973.
Guidelines for the Assessment of Emotional Disability

General Note: All italicized words and phrases are taken directly from the Federal Register / Vol. 64, No. 48 / Friday, March 12, 1999 / Rules and Regulations.

BASIC LEGAL REQUIREMENTS

Maine special education regulations require that the provision of a free appropriate public education shall be preceded by an identification and evaluation procedure which focuses on the student's individual needs and determines if the student qualifies as a student with a disability. Federal regulations require that the school shall conduct a full and individual initial evaluation that utilizes a variety of assessment tools and strategies. This evaluation should gather relevant functional and developmental information about the child including information provided by the parent and information related to enabling the child to be involved in and progress in the general curriculum. The goals of this evaluation are to:

- Assist in determining whether the child has a particular category of disability (i.e., emotional disability);
- Assess the present levels of performance and educational needs of the child;
- Assist in determining whether or not the child needs special education and related services;
- Assist in determining the content of the child's I.E.P.

In order to reach these goals, the use of multiple procedures is required. The child must be assessed in all areas related to the suspected disability including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities. The evaluation must be sufficiently comprehensive to identify all of the child's special education and related service needs. The school is required to use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. These instruments should be selected and administered so as not to be discriminatory on a racial or cultural basis. They should be provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so. All evaluation instruments should be administered by trained and knowledgeable personnel, in accordance with any instructions provided by the producers of the test. Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child must be utilized.

Under Maine special education regulations, the formulation of the assessment plan is the responsibility of the Pupil Evaluation Team.

Members of this group shall review existing evaluation data on the child including evaluations and information provided by the parents of the child, current classroom-based assessments and other observations, and observations by teachers and related services providers. On the basis of that review the members of the P.E.T. shall identify what additional data, if any, are needed.
Given these regulations, the following guidelines for developing assessment plans for students referred for special education services due to suspected emotional disability are offered.

**FOCUS OF THE ASSESSMENT**

Emotional disability is an educational determination based upon federal (IDEA) and state (Chapter 101) regulations. It is not a medical diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (commonly referred to as the DSM-IV). A DSM-IV diagnosis does not automatically qualify a student under this category. However, the presence of such a diagnosis should be considered in the overall determination of eligibility for special education.

A school assessment examines the manifestations of a student's emotional problems and their adverse effect on the student's educational performance over an extended period of time. The student's social and cultural background, physical condition, life stressors, demands and expectations across the home, school, and broader community settings need to be considered. The assessment should lead to appropriate intervention under general education or special education, depending upon the determination of the P.E.T.

**PLANNING THE ASSESSMENT**

When a student is referred because of suspected emotional disability, an individualized assessment plan needs to be developed. Every effort should be made to obtain information that defines not only the characteristics of emotional disability displayed by the student, but also their adverse educational effect. Maine special education regulations require that the PET review existing data and determine what additional evaluations are necessary in order to make eligibility decisions. Existing data may include

- Evaluations and information provided by the parents;
- Relevant background information including pre-referral interventions and results;
- Current classroom-based assessments;
- Observations by teachers and related service providers;
- A description of the emotional characteristics or behavioral problems which precipitated the referral.

A decision then needs to be made relevant to what additional data, if any, is needed to assist the P.E.T. in determining if the child is eligible to be identified as a student with an emotional disability. This should form the basis of the assessment plan. The process should conclude with a consent for evaluation form being signed by the parents.

**EVALUATION PROCEDURES**

The purpose of these guidelines is not to make specific recommendations regarding assessment tools, but rather to provide general procedures that should be considered when assessing a student suspected of having an emotional disability. A multidisciplinary, ecological approach should be used to ensure that all relevant functioning areas are observed and assessed within the
school setting. The evaluation should be individualized — i.e., planned with the needs of the particular student in mind. The assessment should provide information that will help the P.E.T. determine if the behavior problems are primarily the result of emotional disability or if they result from physical conditions, transitional stressful events, social maladjustment, chemical dependency, and/or other disabilities. For most evaluations, the following general assessment procedures should be utilized to gather the information that will be needed to make eligibility decisions:

- Record review including an analysis of pre-referral intervention results;
- Teacher interview;
- Parent interview;
- Student interview;
- Review / observation of the instructional environment (including the curriculum, the teaching style, and the classroom management system);
- Multiple observations of the student across school settings;
- Behavior rating scales;
- Individual testing of the student.

There are four domains which should be considered when planning the individualized assessment of the student who exhibits serious problem behaviors at school. The domains and the areas that they cover include:

- **Physical Domain**
  - Comprehensive developmental and health history (e.g., general physical development, developmental milestones, past and present health status, history of serious illnesses or injuries, past and present physical or mental health diagnoses, medication history, and exposure to serious life stressors and traumatic events);
  - Updated health, vision, and hearing screening;
  - History of drug and/or alcohol use.

- **Cognitive Domain**
  - Intelligence;
  - Learning abilities (e.g., attention, memory, visual and auditory perception, kinesthetic skills);
  - Academic achievement;
  - Current academic performance (e.g., student work samples, portfolios, learning plans);
  - Speech and language skills.

- **Adaptive Domain**
  - Daily living skills;
  - Communication skills;
  - Study skills.

- **Social / Emotional Domain**
  - Personal adjustment (e.g., self perception, affect, motivation, thought processes);
  - Problem solving skills (e.g., impulse control, coping skills, decision-making abilities);
  - Socialization skills;
  - Functional behavior.
FUNCTIONAL BEHAVIORAL ASSESSMENT

A functional behavioral assessment (FBA) may be conducted as part of the multidisciplinary evaluation process. For the purposes of this document, an FBA is defined as a collaborative process which incorporates a multidisciplinary, ecological approach in which a child's problem behaviors within the school setting are closely examined. An FBA attempts to clearly identify the function or communicative intent of the problem behaviors, the events which precipitate or reinforce their occurrence, and the kinds of behavioral interventions / plans that should be most effective in dealing with those behaviors in the school setting. An FBA can thus provide important information on the issues relevant to the determination of special education eligibility: the presence of observable characteristics of emotional disturbance; the severity, intensity, chronicity and pervasiveness of the problem behaviors; and the presence or absence of operant control of those behaviors. The information provided by an FBA can be used to help develop a behavior plan, regardless of whether a student is placed in special education. At some later point, an FBA also could serve as a foundation when modifying the behavior plan and when completing a manifestation determination evaluation if one becomes necessary.

It should be noted that conducting an FBA should not preclude the use of more traditional forms of psychological or personality assessments (e.g., projective tests, personality inventories). The information provided by those assessments may be extremely valuable in understanding the emotional basis for the student's problem behaviors.
References

Belanger, R. and Pavalich, M. "Guidelines to Assist School in Determining Eligibility for Behavioral Impairment in the State of Maine" (December 1994).


Federal Register / Vol. 62, No. 204 / Wednesday, October 22, 1997 / Proposed Rules.

Federal Register / Vol. 64, No. 48 / Friday, March 12, 1999 / Rules and Regulations.

Herlan, E. "Guidelines for Behavioral Impairment Label or Do We All Have Behavioral Impairments?", Workshop on Responding to Students with Behavior Challenges (October 1997).

Henry County Board of Education. 22 IDLER 761 (SEA ALA. May 10, 1995).

"Maine Special Education Regulations". Chapter 101 (November 1, 1999).

Pflugerville Independent School District. 21 IDLER 308 (SEA TX. January 17, 1994).

Portland Public Schools. 25 IDLER 1247 (SEA ME. May 13, 1997).

Emotional Disability
Evaluation Report

Student____________________________________________DOB  _____________Age ________
Date ________________ School__________________________________________Grade_______

General Note: Page numbers specified below are from "Guidelines to Assist School Systems in the Identification of Students with Emotional Disability".

1. Does the student exhibit one or more of the following characteristics that adversely affects his/her educational performance:

   A. p.3  An inability to learn that cannot be explained by intellectual, sensory, or health factors?  □yes □no
   B. p.4  An inability to build or maintain satisfactory interpersonal relationships with peers and teachers?  □yes □no
   C. p.5  Inappropriate types of behaviours or feelings under normal yes □no
   D. p.6  A general pervasive mood of unhappiness or depression?  □yes □no
   E. p.7  A tendency to develop physical symptoms or fears associated with personal or school problems?  □yes □no

If all of the above are "no", go to Conclusions on page 2; if any are "yes", please complete Verifications below and continue completing the form.

Verification:

A behavior scale has indicated: ____________________________________________________

A psychological report has identified: _______________________________________________

A minimum of two observations (one must have been in a classroom) noted: _______________

______________________________________________________________________________

Other (e.g. DSMIV diagnosis, functional behavioral assessment, social work evaluation): ______
______________________________________________________________________________

2  Have the behaviors identified above been:

   A. p.8 demonstrated over a long period of time (chronicity)?  □yes □no
   B. p.9 displayed to a marked degree in school (severity/pervasiveness)? □yes □no

Verification:

Chronicity ____________________________________________________________________
Severity /Pervasiveness __________________________________________________________

Have pre-referral interventions (e.g. behavior plans) been implemented? □ yes □ no

Interventions and results: __________________________________________________________

3. *p.10* Have the behaviors demonstrated in the school setting adversely affected the student's educational performance? □ yes □ no

Verification: __________________________________________________________

Classroom performance: _________________________________________________________

Standardized achievement scores: _________________________________________________

Classroom observation information: _______________________________________________

Other: _______________________________________________________________________

4. *p.11* Has social maladjustment been ruled out as the primary explanation for the student's educational difficulties? □ yes □ no

Verification: ____________________________________________________________________

5. *p.3,4,11,12* Have visual, hearing, or motor handicaps; physical or health factors; mental retardation; learning disability; or environmental, cultural, or economic disadvantage been ruled out as the primary explanation for the student's educational difficulties? □ yes □ no

Verification: ____________________________________________________________________

**Conclusions**

A. **Does the student exhibit the characteristics of emotional disability?** □ yes □ no

If "no" is checked, skip B below, and go directly to "ELIGIBILITY DECISION" below.

Verification: ____________________________________________________________________

B. **Does the student's emotional disability** adversely affect **his/her educational performance** to the degree that he/she requires specially **designed instruction in order to benefit from his/her regular education program?** Maine Chapter 101, Section 2.23 p. 7 and 3.1C p. 10

□ yes □ no

Verification: ____________________________________________________________________
**ELIGIBILITY DECISION:** It is the conclusion of the pupil evaluation team that this student **is / is not** eligible for special education as a student with emotional disability.

I certify this report reflects my conclusions.

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I certify this report **does not** reflect my conclusions.

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Dissenting members are requested to submit separate statement.