
Determining Special Education Eligibility - Multiple Disabilities

Department of Education, Office of Special Education



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Introduction

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification and determination of eligibility for special education services for children with multiple disabilities. If a child is identified as having multiple disabilities, the impact will likely occur across all settings and throughout the child's lifetime.

This disability category has been defined by both federal and state regulations. A three- part eligibility requirement for a child to be identified as a child with multiple disabilities is as follows:

- Meet eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance; and
- Determination that a need for special education is evident.

State Definition

Multiple-Disabilities – To qualify for special education services in the category of multiple disabilities, the child must have concomitant impairments (such as intellectual disability-visual impairment, intellectual disability-orthopedic impairment), the combination of which causes such severe developmental or educational, or in the case of a child below age five, a child's developmental needs that they cannot be accommodated in special education programs solely for one of the disabilities. This classification does not include children with deaf-blindness.

Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) should include at least:

- The child's parent(s);
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
 - For a child below age five, a teacher qualified to teach a child below age five;
- Special educator with knowledge in the area of intellectual disabilities;
- A school district administrator or a designated representative; and
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training (i.e., school psychologist, speech language pathologist, or other instructional specialist).

Section 2: GUIDELINES

The eligibility process for a child with multiple disabilities is a two-pronged process. In order for a child to be verified as a child with multiple disabilities, the evaluation should include the analysis and documentation of:

Eligibility of an intellectual disability, defined as a standard score of at least 3.0 standard deviations below the mean (45 standard score points) in each of the three areas of functioning according to the guidelines.

In order for a child to be identified as a child with multiple disabilities, the evaluation should include the analysis and documentation of the following three areas:

1. Significantly below average functioning in adaptive behavior across settings, to include school, home and community, based on assessment and analysis of adaptive skills in the areas which include, but are not limited to:
 - Communication
 - Self-care
 - Home living
 - Safety
 - Use of community resources
 - Work performance
 - Travel skills
 - Recreation/leisure
 - Social-interpersonal skills
 - Self-direction

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2. Significantly below average functioning in academic achievement, based on the assessment and analysis of functional academic skills through a combination of:
 - Individual achievement testing
 - Classroom assessment data
 - Norm-referenced testing
 3. Significantly below average functioning on an individually administered standardized intelligence test. Documented evidence of deficits in:
 - Attention
 - Perception
 - Memory
 - Problem solving
 - Logical thought
 - Speed of processing and/or capacity for abstract thinking
 - Other relevant factors, all of which impacts one's learning

Significantly below average functioning is defined as standard scores of at least 3.0 standard deviations below the mean (45 standard score points).

- ▶ Identification of one or more additional disabilities
- ▶ The multiplicity of disabilities is such that a primary disability cannot be determined.

Sensory impairments, medical or health conditions, cultural differences, or a lack of instruction or life experiences may not be the basis of a determination of a multiple disability.

Areas of Functioning Which May be Affected by Multiple Disabilities

Multiple disabilities are recognized by the manifestation of behavioral characteristics across the following areas of functioning:

- ▶ Limited skills in communication abilities
 - Limited speech
 - Generalization of skills
 - Attention
 - Problem-solving
 - Speed of processing
- ▶ Limited skills of independent functioning
 - Limited daily living skills
 - Participation in and use of community resources
 - Dressing skills
 - Eating skills
 - Hygiene
- ▶ Limited skills in social-interpersonal interaction
 - Recreation and leisure
 - Self-direction
 - Play skills

▶ Limited skills in motor areas

- Travel skills
- Gross motor
- Fine motor

These characteristics are generally evident during the child's early years and must adversely affect developmental and/or educational performance.

Educational and developmental assessments to identify strengths and limitations for the determination of multiple disabilities may include:

- Observations
- Checklists
- Interviews
- Teacher anecdotal records
- Review of medical reports and other available information
- Developmental inventories
- Speech/language assessments
- State and District-wide Assessment
- Social history
- Parental reports and inventories

SECTION 3: PROCEDURES TO DETERMINE ADVERSE EFFECT DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors should be considered in determining whether multiple disabilities are causing or can be expected to produce significant delays in the child's development or educational performance. The factors include, but are not limited to:

Age of identification
Current age
History of intellectual delays
History of delays in other areas
History of interventions and response
Relevant family/medical history
Current educational placement
Current levels of academic and functional performance
Current language delays
Current motor delays
Current social delays
Vocational transition needs

Examination of these factors may lead to additional factors to consider. Psychologists, teachers of children with multiple disabilities, occupational/physical therapists, and speech language pathologists (SLP) are the primary professionals who can determine how these factors may impact the child. Parents, teachers, medical professionals, and the child him/herself can also provide information important in determining the impact of the multiple disabilities.

The Multidisciplinary Team (MDT) must determine whether adverse effects on: daily and independent living skills, leisure/recreational skills, participation in and use of community resources and vocational skills, are primarily the results of the multiple disabilities. In all cases, when making a determination of the adverse effects of the

multiple disabilities, the team should consider the child’s age and developmental skill levels.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child’s developmental/educational performance:

Daily and independent living skills	
Daily and independent living skills	What is the child’s ability to dress himself/herself?
	What is the child’s ability to feed himself/herself? <ul style="list-style-type: none">• Use eating utensils?• Drink from a cup?
	What is the child’s level of independence in his/her daily life?
	What is the child’s ability to take care of his/her personal hygiene? <ul style="list-style-type: none">• Bathing skills?• Brushing teeth?• Toileting skills?
	What is the child’s ability to avoid situations that may pose a danger to him/her, i.e., hot stove, electrical outlets, water that is too hot/cold, etc.?
	What is the child’s ability to complete simple tasks around the house, i.e., make his/her bed, wash dishes, sweep/vacuum? Do laundry?
	What is the child’s ability to ask for assistance from an adult when it is needed?
	What is the child’s ability to progress in functional academic skills, i.e., math, reading, writing, science, social studies?

Leisure/Recreation skills	<p>What is the child’s ability to play individual games, i.e., puzzles, etc.?</p> <p>What is the child’s ability to participate in group activities?</p> <p>What is the child’s ability to actively participate in recreational activities?</p> <p>What is the child’s ability to participate in spectator recreational activities?</p> <p>What is the child’s ability to take turns when playing games, etc.?</p> <p>What is the child’s ability to play in a cooperative manner?</p> <p>Does the child understand the concepts of “winning” and “losing”?</p> <p>Does the child understand the concept of sharing play items/ toys with others?</p> <p>What is the child’s ability to interact with others in a social situation by problem solving, acting in a courteous manner, etc.?</p>
Participation in and use of community resources	<p>What is the child’s ability to understand different community resources, i.e., stores, restaurants, doctors, schools, etc.?</p> <p>What is the child’s ability to request assistance from different community resources?</p> <p>What is the child’s ability to determine where different community resources are located and travel (walking, taking a bus, etc.) to those resources?</p> <p>What is the child’s ability to differentiate between types of community resources, i.e., restaurants, stores, etc.?</p> <p>What is the child’s ability to ask for assistance from adults in seeking out particular community resources?</p>

Vocational skills	
Vocational skills	What are the child's career interests and aptitudes?
	What is the child's ability to understand the responsibilities of different jobs?
	What is the child's ability to learn work-related tasks?
	What is the child's ability to complete one task before beginning another task?
	What is the child's ability to understand a schedule, i.e., time to begin workday, time to end workday, breaks, lunch, etc.?
	What is the child's ability to work independently, semi-independently, with a job coach, etc.?
	What is the child's ability to accept direction from a supervisor, etc.?
	What is the child's ability to work cooperatively and to interact appropriately with others in the work place?

Section 4: RELATED DEFINITIONS

Adaptive Behavior: is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment. Limitations in adaptive behavior can be determined by using standardized tests that are normed on the general population, including people with disabilities and people without disabilities. Examples of specific Adaptive Behavior skills include:

Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-directions.

Social skills: interpersonal, responsibility, self-esteem, gullibility (likelihood of being tricked or manipulated), naiveté, follows rules, obeys laws, avoids victimization.

Cerebral Palsy (CP): Non-progressive disease of the central nervous system that results in abnormal alterations in or limitation of voluntary movement, speech disorders or unintelligible speech, and behavior disorders; children with cerebral palsy typically have normal intelligence but sensory or emotional disorder resulting from motor deficiencies; five types, classified according to particular way movement is affected: (a) spasticity, (b) athetosis, (c) rigidity, (d) ataxia, and (e) mixed. (Norlin, 2003, p. 33)

Criterion-referenced testing (CRT): Measures a student's absolute level of mastery of a particular skill, often developed locally to reflect the content of the school district's curriculum; does not measure a student's level of mastery against that of other students. As opposed to the norm-referenced test. (*LRP, 2020*)

Curriculum-based Assessment (CBA): A formative evaluation method designed to evaluate performance in the particular curriculum to which children are exposed; usually involves giving students a small sample of items from the curriculum in use in their schools; proponents argue that CBA is preferable to comparing students with national norms or using tests that do not reflect the curriculum content learned students. (Hallahan and Kauffman, 2011, and The Iris Center)

Curriculum-based measures (CBM): Series of incremental assessments of what a student has learned. See also short-term instructional objectives.

Daily Living Skills: Skills needed for personal self-care: on the lowest level include toileting, feeding, and dressing. (Norlin, 2003)

Down Syndrome: A condition resulting from an abnormality with the twenty-first pair of chromosomes; the most common abnormality is a triplet rather than a pair (the condition sometimes referred to as trisomy 21); that often results in identifiable physical characteristics (e.g. short stature, broad facial profile) physical signs include: slanted-appearing eyes, hypotonia, a single palmar crease, shortness, and a tendency toward obesity; usually causes delays in physical and the intellectual development (Hallahan and Kauffman, 2011)

Fragile X Syndrome: An inherited genetic disorder associated with disabilities and particularly linked to intellectual disabilities; some children with fragile X have average intelligence with or without learning disabilities; other symptoms include a large head and prominent forehead, nose, ears, and jaw, ADHD, heart murmurs, and some incidence of autism-like behaviors. (The IRIS Center).

Functional Skills: Generally considered skills for self-care, social skills, domestic maintenance (housekeeping), employment or vocational skills, and recreation. Also called independent living skills. (Norlin, 2003, p. 90)

Generalization: the transfer of learned information from particular instances to other environments, people, times, and events (IRIS, 2020.)

Intelligence: Refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by a trained professional <https://www.aaid.org/>

Metacognition: Process through which one comes to understand one's own learning, to organize one's own thinking before acting, or to relate information just learned to information already stored in the brain; thinking about thinking (IRIS 2020.)

Natural Supports: Resources in a person's environment that can be used for support, such as friends, family, co-workers. (Hallahan and Kauffman, 2011)

Normalization: A philosophical belief in special education that every individual, even the most disabled, should have an educational and living environment as close to normal as possible. (Hallahan and Kauffman, 2011)

Norm-referenced measure: A standardized assessment tool that compares a student's test scores to the average score of a representative group (IRIS 2020.)

Self-Determination: A set of behaviors that includes decision-making, self-regulation, goal setting, problem-solving, and self-advocacy; a curriculum target for many students with disabilities, particularly those with intellectual disabilities (IRIS 2020.)

Self-direction: includes learning and following a schedule; initiating appropriate activities consistent with one's personal interests; completing necessary or required tasks; seeking assistance when needed; resolving problems in familiar and new situations; and demonstrating appropriate assertiveness and self-advocacy. (LRP 2020.)

Self-management techniques: a set of instructional procedures whereby an individual uses self-instruction, self-monitoring, or self reinforcement to modify his or her behavior.

Self-regulation: Refers generally to a person's ability to regulate his or her own behavior (e.g., to employ strategies to help in a problem-solving situation) (Hallahan and Kauffman, 2011)

Standard Deviation: in connection with standardized assessments, a statistical measure that expresses the variability and the distribution of the mean of a set of scores (IRIS, 2020.)

Systematic Instruction: Teaching that involves instructional prompts, consequences for performance and transfer of stimulus control Explicit, systematic instruction, sometimes simply referred to as *explicit instruction*, involves teaching a specific concept or procedure in a highly structured and carefully sequenced manner. (IRIS Center pulled from website 7-23-2020)

Systematic Observation of Behavior: An observational method of assessment in which "a trained observer watches behavior in a natural setting, records or classifies each behavior objectively as it occurs or shortly thereafter, ensures that the obtained data are replicable, and converts the data into quantitative information," J.M. Sattler, *Assessment of Children* (3rd ed.) Jerome M. Sattler 1986, p. 473) (Norlin, 2003, p. 234)

Williams Syndrome: A rare genetic condition resulting from deletion of material in the seventh pair of chromosomes, and characterized by mild to moderate intellectual disabilities, heart defects, and elfin facial features. (IRIS 2020)

Section 5: FREQUENTLY ASKED QUESTIONS

1. In order to verify a child with multiple disabilities; does the child have to meet both the guidelines for intellectual disability and at least one other disability category?

Yes. The child should meet the eligibility guidelines for intellectual disability with at least a 3.0 standard deviation deficit in intellectual functioning, as well as the other category(ies) for which the child is being assessed.

2. For a child to be identified with multiple disabilities, must those multiple disabilities be present at birth?

No. Sometimes due to a serious accident or a severe medical condition, the child may have multiple disabilities and be referred for an educational evaluation.

3. Is a physician's report required as a part of the evaluation for multiple disabilities?

No, it is not required. However, many times there may be a medical diagnosis made by a physician. This information will be helpful to the MDT as the team makes decisions regarding the eligibility determination and educational needs of the child. This information can be requested from a physician with the written permission from the parents of the child.

SECTION 6: RESOURCES AND REFERENCES

RESOURCES

American Association on Intellectual and Developmental Disabilities (AAIDD) <https://www.aaidd.org/>

Berndt, Sandra and Elizabeth Burmaster. "Cognitive Disability Evaluation and Decision-Making". Wisconsin Department of Public Instruction, 2002.

Hallahan, Daniel P., and James M. Kauffman. Exceptional Learners, 12th Edition. Boston: Ally and Bacon, 2011.

Heward, William L. Exceptional Children. Upper Saddle River, N.J.: Pearson Education, Inc., 2003.

Nebraska Department of Education, Rule 51: Regulations and Standards for Special Education Programs. Title 92, Nebraska Administrative Code, Chapter 51.

Norlin, John W. Special Education Dictionary, Revised Edition. Horsham, Pennsylvania: LRP Publications, 2003.

Orelove, Fred., Sobsey, Dick and Gilles, Donna. Educating Students with Severe and Multiple Disabilities, Paul Brookes Publishing, 2017.

WEB SITES

The Arc of the United States <https://thearc.org/>

Center for Parent Information and Resources <https://www.parentcenterhub.org/national-ptacs/>

Council of Exceptional Children (CEC) www.cec.sped.org

Exceptional Parent www.eparent.com

The IRIS Center <https://iris.peabody.vanderbilt.edu/>

National Rehabilitation Information Center (NARIC) www.NARIC.com

National Syndrome Congress www.ndsccenter.org

The Association for Severely Handicapped (TASH) <https://tash.org/>

United Cerebral Palsy Association, Inc. (UCP) www.ucp.org

What Works Clearinghouse, WWC <https://ies.ed.gov/ncee/wwc/>