

ELIGIBILITY CRITERIA

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SPECIAL EDUCATION ELIGIBILITY CRITERIA

Not all students who experience difficulties in school need special education. Most of the time a student's school problem can be corrected with modification of the general education program.

A student qualifies as an individual with exceptional needs if the results of an assessment demonstrate that the degree of the student's impairment requires special education in one or more of the program options authorized by EC 56361. The decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education is made by the individualized education program team, including assessment personnel in accordance with EC 56341(c). The individualized education program team will take into account all the relevant material available on the student. No single score or product of scores will be used as the sole criterion for the decision of the individualized education program team as to the student's eligibility for special education (Title 5, CCR 3030).

It is the intent of the least restrictive environment policy that placement in special education classes, or separate schools occur only when the nature or severity of the disability is such that education with the use of supplementary aids and services cannot be achieved satisfactorily in the student's general education program. All attempts to modify the general education program as well as results of the modifications must be documented (Title 5, CCR 3042(b)).

Students Not Eligible for Special Education

Students experiencing difficulties in general education classes should first be referred to the Student Study Team (SST) or Response to Intervention (RTI) process provided by their district of residence. Alternative names for this process include, but are not limited to, Student Success Team, Intervention Team Meeting, etc. The SST process is a general education function that takes place prior to making a referral for assessment for special education. The "*Student Study Team Handbook: A Guide to Positive Approaches in Problem Solving for Students At-Risk*" is published by, and available from, the East Valley SELPA. Using the information below as a guide, EVSELPA districts design their own system to meet student needs.

Circumstances that should be considered prior to assessment for special education eligibility are:

1. There is no written documentation (i.e., Student Study Team records) of prior attempts to modify the general education program or categorical programs or to implement RTI strategies over a reasonable period of time. A "reasonable period of time" will vary with the individual student. However, the average amount of time it takes to implement a Tier 1 or Tier (RTI) intervention would be considered reasonable. Exception to this is the parent who wants an immediate assessment and requests the assessment in writing. The written request for assessment from a parent begins the legal timeline explained in the *Identification, Referral, Assessment* section of this Handbook.
2. The student is demonstrating slow but steady progress within the general education classroom.
3. The need for remedial academic instruction is not clearly related to a learning disability.
4. Excessive absence from school is the main basis for academic non-achievement.

5. A remedial health condition exists that has a significant affect on the student's academic performance but actions have not been taken to ameliorate the condition. A medical or dental condition exists which can be reasonably expected to improve if treated. Tonsils and adenoids affecting hearing, learning and dental conditions that affect speech are examples.
6. The sole basis for referral and/or assessment is the student's limited English language status or the student's cultural difference.
7. The sole basis for referral is behavior disorder without associated learning disability.
8. The sole basis for referral is maturational.
9. The sole basis for referral is lack of a general physical education program or lack of, or unwillingness to, modify the general physical education program for an individual student. Adapted Physical Education is available only for those pupils meeting eligibility as an individual with exceptional needs as defined in Title 5 CCR 3030.
10. Social maladjustment is the main basis for the referral. A "general guide" for differentiating between social maladjustment and emotional disturbance is provided on page EC-7 of this Handbook section under Eligibility Criteria for Emotional Disturbance.

Placement

Education placement is defined in **Title 5, CCR 3042** as follows:

“(a) Specific educational placement means that unique combination of facilities, personnel, location or equipment necessary to provide instructional services to an individual with exceptional needs, as specified in the individualized education program, in any one or a combination of public, private, home and hospital, or residential settings.

(b) The IEP team shall document its rationale for placement in other than the pupil's school and classroom in which the pupil would otherwise attend if the pupil were not handicapped. The documentation shall indicate why the pupil's handicap prevents his or her needs from being met in a less restrictive environment even with the use of supplementary aids and services.”

Instructional Settings

Children with disabilities are served through many instructional settings within the East Valley SELPA:

- General education class
- General education class with designated instruction and services (this includes adapted physical education; language, speech and hearing therapy; etc.)
- General education class with specialized academic instruction support services
- Specialized academic instruction in a self-contained or special day class (including those that mainstream students into a general education setting for a portion of the school day)
- Home and hospital services
- Nonpublic, nonsectarian school
- Separate school including State schools (separate school is defined as any school/center which houses only special education students)

**ELIGIBILITY CRITERIA AND PROGRAM GUIDELINES
USED WITHIN THE EAST VALLEY SELPA
(Ages 5-21)**

Disability Categories

The disability categories listed below are defined in Title 5 of the California Code of Regulations and/or Volume 34 of the Code of Federal Regulations:

- Autism — 5 CCR 3030(g), 34 CFR 300.8(c)(1)
- Deaf — 5 CCR 3030(a), 34 CFR 300.8(c)(3)
- Deaf/Blindness — 5 CCR 3030(b), 34 CFR 300.8(c)(2)
- Emotional Disturbance — 5 CCR 3030(i), 34 CFR 300.8(c)(4)
- Hard of Hearing — 5 CCR 3030(a), 34 CFR 300.8(c)(5)
- Intellectual Disability — 5 CCR 3030(h), 34 CFR 300.8(c)(6)
- Multiple Disability — 34 CFR 300.8(c)(7)
- Orthopedic Impairment — 5 CCR 3030(e), 34 CFR 300.8(c)(8)
- Other Health Impaired — 5 CCR 3030(f), 34 CFR 300.8(c)(9)
- Specific Learning Disability — EC 56337 & 56338, 5 CCR 3030(j), 34 CFR 300.8(c)(10)
- Speech/Language Impairment — 5 CCR 3030(c), 34 CFR 300.8(c)(11)
- Traumatic Brain Injury — 34 CFR 300.8(c)(12)
- Visual Impairment — 5 CCR 3030(d), 34 CFR 300.8(c)(13)

Eligibility criteria and program guidelines for each disability category are provided and explained on the following pages.

AUTISM

Eligibility: The IEP team determines special education eligibility. **All four elements listed below must exist to establish eligibility under this disability category:**

1. A written report from a school psychologist or other person with experience and training in working with autistic children. This information should be included in the multidisciplinary assessment report.
2. A written report from a speech/language specialist addressing verbal and non-verbal communication skills. This information should be included in the multidisciplinary assessment report.
3. Documentation in the written reports of any combination of autistic-like behaviors identified in Title 5 CCR 3030(g) below.
4. Assessment/observation which indicates that the behavioral manifestations are so severe that the student requires special education and/or related services and the student's needs cannot be met in the general education classroom setting even with modifications.

34 CFR 300.8(c)(1)(i)(ii): *“Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance...”*

Title 5 CCR 3030(g): *“A pupil exhibits any combination of the following autistic-like behaviors, to include but not limited to:*

1. *An inability to use oral language for appropriate communication.*
2. *A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.*
3. *An obsession to maintain sameness.*
4. *Extreme preoccupation with objects or inappropriate use of objects or both.*
5. *Extreme resistance to controls.*
6. *Displays peculiar motoric mannerisms and motility patterns.*
7. *Self stimulating, ritualistic behavior.”*

Program Emphasis: The program for autistic students stresses use of behavior management techniques to assist the student in benefiting from core curriculum. Curriculum is adjusted based on individual student needs. For students unable to benefit from core curriculum, the focus is on teaching relevant, age-appropriate skills. For students 16 and older, preparation for transition to work and community is emphasized.

DEAF/BLINDNESS

Eligibility: The IEP team must determine that the student meets the following criteria and that their educational needs cannot be accommodated in special education programs solely for deaf or solely for blind children. **All four of the elements below must exist to establish eligibility under this disability category:**

1. A qualified audiologist has determined the student's hearing loss, with and/or without amplification. This information should be included in the multidisciplinary assessment report.
2. The student has a documented visual impairment as determined by an ophthalmologist or optometrist. The multidisciplinary assessment report must include this assessment and diagnostic report documenting one of the following:
 - Student is "functionally blind" — relies basically on senses other than vision as major channels for learning.
 - Student has "low vision" — uses vision as a channel for learning, but may also benefit from instruction in Braille.
3. The student has delays in communication, social, emotional, physical and educational performance that are directly related to the hearing and visual impairment.
4. The deficits identified above adversely affect the student's educational performance, and the student's educational needs cannot be solely met within the general education classroom setting even with modifications.

34 CFR 300.8(c)(2): "Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness."

Title 5, CCR 3030(b): "A pupil has concomitant hearing and visual impairments, the combination of which causes severe communication, developmental and educational problems."

Program Emphasis: The deaf/blind program deals largely in self-help skills, communication, orientation and/or mobility training. The program is designed for students whose disability requires specialized training and developmental activities. It is for students who cannot be served in either the visually impaired or aurally handicapped programs. Students in this program should be registered with the State Depository for the Blind. The need for specialized equipment and materials will be addressed by the IEP team and documented on the student's IEP.

EMOTIONAL DISTURBANCE

Eligibility: Special education eligibility for this program is determined by the IEP team using data from the multidisciplinary assessment report. The report must emphasize the psychoeducational functioning of the pupil including language, developmental history, educational history, long-term social interaction patterns, academic achievement, intellectual functioning and health factors, if any. A student has an emotional disturbance when the nature of the prolonged disturbance adversely affects the individual’s educational performance. **The elements listed below must exist to establish eligibility under this disability category:**

1. The disturbance is of such severity that the student’s educational needs cannot be met in the general education classroom even with modifications.
2. The presenting educational difficulties are not the result of social maladjustments. State and Federal law specifically excludes for special education services those students who are “socially maladjusted” and who do not qualify under any other disability. For purposes of differentiating between social maladjustment and emotional disturbance, the following behaviors are proposed as a general guide:

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|--------------------------------------|
| Personal/Social Relationships |
|--------------------------------------|

| Social Maladjustment | Emotional Disturbance (ED) |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1. Usually has intact peer relations. | 1. Peer relationships are pervasively low, short-lived, a source of anxiety, and even chaotic. |
| 2. Often a member of a sub-culture group that is dissocial or antisocial. | 2. Has difficulty in establishing or maintaining group membership. |
| 3. Often skilled at manipulating others. | 3. Others are often alienated by the intensity of need for attention or bizarreness of idea and/or behavior. |
| 4. Conflicts are primarily with authority figures— parents, school personnel, police. A “power struggle.” | 4. Conflict and tension characterize almost all relationships. |

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|-------------------------------|
| Intrapersonal Dynamics |
|-------------------------------|

| Social Maladjustment | Emotional Disturbance (ED) |
|-----------------------------------------------------------|---------------------------------------------------------------|
| 1. Often shows ego strength, except in school situations. | 1. Often is characterized by a pervasively poor self-concept. |
| 2. Tends to be independent and appears self-assured. | 2. Often overly dependent or impulsively defiant. |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 3. Lacks appropriate guilt (under developed conscience); may show courage — even responsibility and imagination, but toward undesirable ends; generally reacts toward situations with appropriate affect. | 3. Is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect. |
| 4. Often blames others for his problems, but otherwise is reality oriented. | 4. Frequent denial and confusion; often distorts reality without regard to self-interest. |

Educational Performance

| Social Maladjustment | Emotional Disturbance (ED) |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structures. | 1. School is a source of confusion and anxiety; often responds to structure in the educational program. |
| 2. Frequently avoids school achievement, even in areas of competence. | 2. Achievement is often uneven; attention and concentration are impaired by anxiety. |

In order to differentiate between social maladjustment and emotional disturbance the dynamics behind the specific behaviors observed must be examined. Kirk (1972) describes socially maladjusted children as follows:

“Children who are socially maladjusted display behavior which may be highly valued within a small subgroup (usually a juvenile gang or peer group) but which is not ‘within the range of culturally permissible,’ either at home, in the school or in the community. The socially maladjusted are able to adapt to the street with responses approved by the peer group of which they are part (i.e., the gang), but come in conflict with parents, teachers, and others outside of their immediate peer group. These children are usually unmanageable in the home, generate problems in the school, are retarded in educational achievement, and are destructive, quarrelsome and socially immature. They are generally characterized by a lack of anxiety. Delinquents are usually a subgroup of the socially maladjusted.”

In summary, the “socially maladjusted” individual appears to be characterized by an underdeveloped conscience, a perpetual power struggle with authority, truancy from school, low school achievement, manipulation of others, and behavior which is acceptable to members of the same subculture, but which is not acceptable to society at large.

- 3. The presenting educational difficulties are not the result of environmental, cultural or economic conditions.

4. The presenting educational difficulties are not the result of behavior disorder.
5. The behavior has been observed and documented for a period of time longer than six months, and to a marked degree.
6. The inability to learn cannot be explained by intellectual or sensory factors or by limited school experience or poor attendance.
7. These deficits adversely affect the student's educational performance, and the student's needs cannot be solely met within the general education classroom setting even with modifications.

When services from the San Bernardino County Department of Behavioral Health may be necessary for the student to benefit from their educational program, a referral to and report from the Behavioral Health Department will be considered in development of the IEP. If behavioral health services are recommended by the San Bernardino County Department of Behavioral Health, those services are included as related services on the IEP and behavioral health goals and objectives developed by the Department of Behavioral Health are attached.

34 CFR 300.8(c)(4): *“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) *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 34 CFR 300.8(c)(4)(i)(A-E) above.*

Title 5, CCR 3030(i): *“Because of a serious emotional disturbance, a pupil exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:*

1. *An inability to learn which cannot be explained by intellectual, sensory or health factors.*
2. *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*
3. *Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.*

4. *A general pervasive mood of unhappiness or depression.*
5. *A tendency to develop physical symptoms or fears associated with personal or school problems.”*

Program Emphasis: The program for students with emotional disturbance emphasizes social/emotional and behavior management systems in order to assist the student in participating in the district’s core curriculum and obtaining educational benefit from the program.

HARD OF HEARING OR DEAF

Eligibility: The IEP team, including an audiologist or report from an audiologist, determines eligibility under this disability category when the student demonstrates a hearing impairment which adversely affects educational performance. This determination will be based on the multidisciplinary assessment report including current audiological functioning. **All four of the elements below must exist to establish eligibility under this disability category:**

1. Current audiological evaluation, as determined by a qualified audiologist holding a valid California license in Audiology or a California Credential with a specialization in clinical or rehabilitative services in audiology, demonstrates that the student has a hearing impairment.
2. The hearing impairment, whether permanent or fluctuating, adversely affects the following:
 - expressive and/or receptive communication
 - developmental growth
 - educational performance
3. The hearing impairment, even with amplification, makes it difficult for the student to process linguistic information through hearing.
4. These deficits adversely affect the student's educational performance, and the student's educational needs cannot be solely met within the general education classroom setting even with modifications.

34 CFR 300.8(c)(5): "Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section."

34 CFR 300.8(c)(3): "Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance."

Title 5, CCR 3030(a): "A pupil has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination."

Program Emphasis: The program for the deaf and hard of hearing students is designed to develop effective communication systems for the student while developing academic, social and emotional skills. Core curriculum is adapted to meet the needs of the individual child. The need for (low incidence) specialized equipment and materials will be addressed by the IEP team and documented on the student's IEP.

INTELLECTUAL DISABILITY

Eligibility: Special education eligibility is determined by the IEP team members utilizing information about the student from a variety of areas and settings. Such areas may include adaptive behavior, classroom performance, academic/pre-academic achievement, and developmental milestones. For African-American students, intelligence testing is prohibited. **All four of the elements below must exist to establish eligibility under this disability category:**

1. The student demonstrates significantly below average intellectual ability.
2. The student demonstrates concurrent deficits in adaptive behavior.
3. These deficits were manifested during the developmental period.
4. These deficits adversely affect the student's educational performance and the student's needs cannot be solely met within the general education classroom setting even with modifications.

34 CFR 300.8(c)(6): Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance."

Title 5, CCR 3030(h): "A pupil has significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect a pupil's educational performance."

Program Emphasis: Focus of the program for mentally retarded students is on teaching relevant chronological age-appropriate skills. Integration of the students both physically and socially occurs as appropriate. For students 16 and older, preparation for transition to work and community is emphasized.

MULTIPLE DISABILITIES

Eligibility: The IEP team determines eligibility for students with multiple disabilities. The multidisciplinary assessment report documents that the pupil meets eligibility for two or more disabilities, as specified in Title 5, CCR 3030(a)–(j). The disabilities must be of sufficient severity as to require enrollment in a special education instructional setting and, because of the combination of the disabilities, the student cannot be served appropriately in a single disability instructional setting.

Students who do not have multiple disabilities are those with two or more non severe disabilities. An example would be a student enrolled in RSP with speech therapy. The fact that a student is receiving one or more non-severe special education services does not make the disability multiple. It is the degree of severity that determines identification as a student with multiple disabilities.

CFR 300.8(c)(7): “Multiple disabilities means concomitant impairments (such as intellectual disability–blindness, intellectual disability–orthopedic impairment, etc.) the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.”

Program Emphasis: The program is designed to meet the unique needs of individuals who have two or more disabilities. Emphasis of the program may be on one or more of the following areas: academic skills, special adaptation skills, psychomotor skills, self-help skills, prevocational/vocational skills with modifications according to the identified disabilities.

ORTHOPEDIC IMPAIRMENT

Eligibility: The IEP team, utilizing data in the multidisciplinary assessment report, determines special education eligibility. In conjunction with the multidisciplinary assessment report, an authorized, written medical statement documenting the permanent orthopedic impairment and diagnosis is required. The identified orthopedic impairment must adversely affect the pupil's educational performance, and the student's needs cannot be solely met within the general education classroom setting even with modifications.

For clients of California Children Services (CCS) receiving medically related therapy, CCS will be identified on page one of the IEP under the "Non-School Agency Involvement" section. If known, the type, location, frequency and duration of CCS services should also be entered in the "Services" section on page 1 of the IEP. The need for (low incidence) specialized equipment and materials will also be addressed at the IEP team meeting.

34 CFR 300.8(c)(8): "Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures)."

Title 5, CCR 3030(e): "A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease and impairments from other causes."

Program Emphasis: The basic curriculum for students with orthopedic impairment reflects the core curriculum as presented in the general education classroom with modifications dictated by the student's individual physical limitations. Teachers should be aware of required adjustments as a result of prolonged absences due to illness, surgery and medical treatments. The student's need for (low incidence) specialized equipment or materials, as determined by the IEP team and documented on the IEP, will be implemented.

"Medically related" occupational and physical therapy may be provided to eligible students by California Children Services of the San Bernardino County Department of Public Health as prescribed and determined by that agency. "Educationally related" occupational or physical therapy may only be provided to a student identified as having a special education disability who has been evaluated by a licensed school occupational therapist or physical therapist and found to be in need of this related service in order to achieve benefit from their educational goals.

OTHER HEALTH IMPAIRED

Eligibility: Special education eligibility is determined by the IEP team. An authorized, written medical statement and diagnosis is mandatory for placement along with the multidisciplinary assessment report. **All three elements listed below must exist to establish eligibility:**

1. The student has a documented, permanent health impairment that may include, but not be limited to, those specified in 34 CFR 300.8(c)(9) and Title 5, CCR 3030(f) below.
2. It has been observed and documented that this student cannot be adequately served through other general education or categorical services offered within the general education instructional program.
3. The health impairment(s) adversely affects the student's education performance, and the student's needs cannot be solely met within the general education classroom setting even with modifications.

34 CFR 300.8(c)(9): *“Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that – (i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) adversely affects a child's educational performance.”*

Title 5, CCR 3030(f): *“A pupil has limited strength, vitality or alertness, due to chronic or acute health problems, including but not limited to a heart condition, cancer, leukemia, rheumatic fever, chronic kidney disease, cystic fibrosis, severe asthma, epilepsy, lead poisoning, diabetes, tuberculosis and other communicable infectious diseases, and hematological disorders such as sickle cell anemia and hemophilia which adversely affects a pupil's educational performance. In accordance with Section 56026(e) of the Education Code, such physical disabilities shall not be temporary in nature as defined by Title 5, CCR 3001(af).”*

Title 5, CCR 3001(af): *“Temporary physical disability” means a disability incurred while an individual was in a regular education class and which at the termination of the temporary physical disability, the individual can, without special intervention, reasonably be expected to return to his or her regular education class.”*

Program Emphasis: The curriculum for this program reflects the core curriculum presented in the general education classroom with modifications dictated by the student's individual physical limitations.

SPECIFIC LEARNING DISABILITY

Eligibility: Special education eligibility under specific learning disability (SLD) is determined by the IEP team utilizing the data in the multidisciplinary assessment report. Form #EV-86 is used to document the IEP team's findings. The multidisciplinary assessment team may use either method below to gather necessary information for the IEP team to determine SLD eligibility.

1. **Response to Intervention**: The student has demonstrated a specific learning disability as documented through the use of a process that determines whether the student responds to scientific, research-based intervention as part of appropriate assessment procedures described in 20 USC Section 1414(b)(2)(3).
2. **Discrepancy**: The student has demonstrated a severe discrepancy between intellectual ability and achievement on one or more of the academic areas below (EC 56327(f), EC 56337 & 34 CFR 300.309):
 - oral expression
 - written expression
 - reading comprehension
 - mathematical reasoning
 - listening comprehension
 - basic reading skill
 - mathematical calculation
 - reading fluency skills

It is the IEP team's responsibility to review all relevant material in order to determine whether there is evidence of a severe discrepancy between achievement and ability. When the IEP team determines a discrepancy exists and standardized tests do not support the decision, a written report documenting the discrepancy must be developed (form EV-86).

A disorder exists if a student has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or perform mathematical calculations. The term "specific learning disability" includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. That term does not include a learning problem that is primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage. (Education Code Section 56337(a))

"Notwithstanding any other provision of law and pursuant to Section 1414(b)(6) of Title 20 of the US Code, in determining whether a pupil has a specific learning disability as defined in subdivision (a), a local education agency is not required to take into consideration whether a pupil has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning." (Education Code Section 56337(b))

"In determining whether a pupil has a specific learning disability, a local educational agency may use a process that determines if the pupil responds to scientific, research-based intervention as a part of the assessment procedures described in Section 1414(b)(2)

and (3) of Title 20 of the US Code and covered in Sections 300.307 to 300.311, inclusive, of Title 34 of the Code of Federal Regulations.” (Education Code Section 56337(c))

*According to Title 5 of the California Code of Regulations, Section 3030(j),

- “(1) Basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.*
- (2) Intellectual ability included both acquired learning and learning potential and shall be determined by a systematic assessment of intellectual functioning.*
- (3) The level of achievement includes the pupil’s level of competence in materials and subject matter explicitly taught in school and shall be measured by standardized achievement tests.*
- (4) The decision as to whether or not a severe discrepancy exists shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d), which takes into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the individualized education program team as to the pupil’s eligibility for special education. In determining the existence of a severe discrepancy, the individualized education program team shall use the following procedures:*
 - A. When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: **first** converting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the ability test score to be compared; **second**, computing the difference between these common standard scores; and **third**, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed difference of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.*
 - B. When standardized tests are considered to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the Assessment Plan.*
 - C. If the standardized tests do not reveal a severe discrepancy as defined above, the IEP team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:*
 - 1) Data obtained from standardized assessment instruments;*

- 2) *Information provided by the parent;*
 - 3) *Information provided by the pupil's present teacher;*
 - 4) *Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;*
 - 5) *Consideration of the pupil's age, particularly for young children; and*
 - 6) *Any additional relevant information.*
- (5) *The discrepancy shall not be primarily the result of limited school experience or poor school attendance."*

**The California Code of Regulations is currently being revised. New regulations are expected in 2008.*

According to Title 34 of the Code of Federal Regulations, Section 300.309,

"(a) The group described in 34 CFR §300.306 may determine that a child has a specific learning disability, as defined in 34 CFR §300.8(c)(10), if:

- (1) *The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:*
 - (i) *Oral expression.*
 - (ii) *Listening comprehension.*
 - (iii) *Written expression.*
 - (iv) *Basic reading skill.*
 - (v) *Reading fluency skills.*
 - (vi) *Reading comprehension.*
 - (vii) *Mathematics calculation*
 - (viii) *Mathematics problem solving.*
- (2)(i) *The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or*
- (ii) *The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with §§ 300.304 and 300.305; and*
- (3) *The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of:*
 - (i) *A visual, hearing, or motor disability;*
 - (ii) *Intellectual disability;*
 - (iii) *Emotional disturbance;*
 - (iv) *Cultural factors;*
 - (v) *Environmental or economic disadvantage; or*
 - (vi) *Limited English proficiency."*

If Response to Intervention (RTI) results reflect conditions described above, the local educational agency must promptly request parental consent to evaluate the child to

determine if the child needs special education and related services, and must adhere to the timeframes described in 34 CFR §300.301 and §300.303, unless extended by mutual written agreement of the child's parents and a group of qualified professionals, as described in 34 CFR §300.306(a)(1):

- If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in 34 CFR §300.309(b)(1) and (b)(2); and
- Whenever a child is referred for an evaluation.

To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 34 CFR §300.304 through §300.306:

- Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
- Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

Program Emphasis: The program for the learning disabled student emphasizes remediation of or compensation for their specific learning disability as it relates to listening, thinking, speaking, reading, writing, spelling or doing mathematical calculations. The program provides core curriculum instruction with adjustments made due to the student's identified area(s) of disability.

SPEECH OR LANGUAGE IMPAIRMENT

Eligibility: The IEP team will determine a student eligible for special education under this category based on information documented in the multidisciplinary assessment report and identified by a language, speech and hearing specialist. There are four subcategories under the speech or language impairment umbrella: articulation disorder, abnormal voice, fluency and language. **The following elements listed under each subcategory must exist to establish eligibility:**

Articulation Disorder:

1. Significant interference in communication occurs when the student's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level. A student does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.
2. The disorder adversely affects the student's educational performance

Abnormal Voice:

1. The abnormal voice is noticeable and draws adverse attention from both familiar and unfamiliar listeners.
2. The abnormal voice interferes with communicating.
3. The abnormal voice is present over a long period of time.
4. The abnormal voice is inappropriate for the student's age and/or gender.
5. The disorder adversely affects the student's education performance.

(When indicated, vocal assessment should include medical laryngeal examination prior to the initiating of a therapy program.)

Fluency Disorder:

1. The student exhibits inappropriate rate or rhythm of speech not developmental in nature, **OR**

The student exhibits excessive repetition, revision, interjection, pauses and other breaks in the flow of speech which interfere with meaning.
2. The disorder adversely affects the student's education performance.

Language Disorder:

1. The student's scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or development level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics; **OR**

The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or development level on one or more standardized tests in one of the following areas: morphology, syntax, semantics or pragmatics and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances.

NOTE: The language sample must be recorded or transcribed and analyzed in the assessment report **OR** the report must document why the fifty-utterance sample was not obtainable including the context in which attempts were made to elicit the sample.

Education Code 56333: *“A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services. In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a language, speech and hearing specialist who determines that such difficulty results from any of the following disorders:*

- (a) *Articulation disorders, such that the pupil’s production of speech significantly interferes with communication and attracts adverse attention.*
- (b) *Abnormal voice, characterized by persistent, defective voice quality, pitch or loudness. An appropriate medical examination shall be conducted, where appropriate.*
- (c) *Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.*
- (d) *Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil’s language performance level is found to be significantly below the language performance level of his or her peers.*
- (e) *Hearing loss which results in a language or speech disorder and significantly affects educational performance.”*

34 CFR 300.8(c)(11): *“Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.”*

Title 5, CCR 3030(c): *“A pupil has a language or speech disorder as defined in Section 56333 of the Education Code, and it is determined that the pupil’s disorder meets one or more of the following criteria:*

- (1) *Articulation disorder*
- (A) *The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.*
- (B) *A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.*
- (2) *Abnormal voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.*
- (3) *Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.*
- (4) *Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:*
- (A) *The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or*
- (B) *The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.”*

Program Emphasis: The program emphasis is on developing speech/language skills necessary for the student to benefit from their educational program. For students with severe language deficits, the instruction focuses on core curriculum areas with teacher awareness of effect of language deficits on acquisition of the curriculum.

TRAUMATIC BRAIN INJURY

Eligibility: The IEP team determines special education eligibility using data provided in the multidisciplinary assessment report. All pertinent medical data regarding the acquired brain injury should be documented in or attached to the multidisciplinary assessment report. **All four elements listed below must exist to establish eligibility:**

1. The student has had an open or closed head injury that affects one or more of the following brain functions:
 - cognition
 - language
 - memory
 - attention
 - reasoning
 - abstract thinking
 - judgment
 - problem solving
 - sensory, perceptual, motor abilities
 - psychosocial behavior
 - physical functions
 - information processing
 - speech
2. The injury resulted in total or partial functional disability or psychosocial impairment.
3. The brain injury is not congenital or degenerative and was not induced by birth trauma.
4. The injury adversely affects educational performance, and the student's needs cannot be solely met within the general education classroom setting even with modifications.

CFR 300.8(c)(12): "Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma."

Program Emphasis: The program for a student with traumatic brain injury emphasizes compensation for their loss of skill as it relates to their specific loss of brain function. The program provides core curriculum instruction with adjustments made due to the student's identified area(s) of disability.

VISUALLY IMPAIRED

Eligibility: Special education eligibility for this program is determined by the IEP team. **The elements below must exist to establish eligibility:**

1. There must be a written report documenting an examination by either an ophthalmologist or optometrist certifying the pupil is blind or partially sighted.
2. The multidisciplinary report must include a Functional Vision Assessment and document one of the following:
 - Student is “functionally blind” — relies basically on senses other than vision as major channels for learning.
 - Student has “low vision” — uses vision as a channel for learning, but may also benefit from instruction in Braille.
3. The visual problem with correction is so severe that for educational purposes vision cannot be useful as a major channel of learning.
4. The visual impairment adversely affects the student’s educational performance.

34 CFR 300.8(c)(13): “Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.”

Title 5, CCR 3030(d): “A pupil has a visual impairment which, even with correction, adversely affects a pupil’s educational performance.”

Program Emphasis: The basic curriculum for visually impaired students reflects the core curriculum presented in the general education classroom with modifications dictated by individual student’s visual limitations. Orientation and mobility is a component of this program when appropriate. Specialized equipment and/or materials (low incidence) needed to facilitate instruction are included on student’s IEP.

Visually impaired students should be registered with the State Depository for the Blind.

ELIGIBILITY OF YOUNG CHILDREN WITH DISABILITIES

Assessment is necessary to determine eligibility. Assessment is a systematic observation of the child's progress along the developmental continuum, including detailed, multifaceted information gathering. This process involves the child's parents as well as educational, medical and therapeutic professionals. It is designed to determine the child's present level of performance in all developmental areas (gross motor, fine motor, cognitive, receptive and expressive language, social and emotional) and to determine the most appropriate educational and therapeutic strategies needed to foster the child's continued development. This information forms the basis for the IFSP or IEP team's decision regarding the most appropriate program options, services, curriculum and intervention approaches for the student.

Each one of these assessment strategies (parent interviews, observations, informal and formal assessments) are necessary components of valid assessment of young children with exceptional needs. Because young children are more difficult to assess and are less likely to respond well on standardized measures, assessment teams need to include parent interviews, observations in a variety of settings and informal assessments in order to develop an accurate picture of the child's level of developmental functioning.

Program Emphasis: Within the East Valley SELPA, services to young children may be provided by individual school districts and/or the Early Start Program operated by the San Bernardino County Superintendent of Schools (SBCSS) office.

Colton Joint Unified School District, Redlands Unified School District, Rialto Unified School District, and the SBCSS East Valley Operations Division operate preschool special education programs providing a full range of services for students age 3-4.9 years of age.

San Bernardino County Superintendent of Schools operates the Early Start Program for children age birth to 3. Two types of programs are offered to meet the special education needs of eligible children. The home-based program emphasizes training the parent, or other primary caregiver, as the first and most natural teacher of their child. This is accomplished through weekly home visits by a credentialed and specially trained special education infant specialist as teacher and/or a paraprofessional instructor (aide) under the supervision of the teacher. The teacher monitors the development, confers with the parent on problems or concerns that may impact educational progress, and provides a written Home Activity Sheet, which specifies for the parent certain activities developed to encourage the child to gain skills or experience during the ensuing week.

When developmentally appropriate to meet the needs of the emerging language, cognitive and socialization skills, group oriented toddler classes are available while the home visits and parent training activities continue. Interagency collaboration is a required component of this program in order to meet the total needs of the infant and family.

ELIGIBILITY CRITERIA FOR INFANTS AND TODDLERS (Ages 0-2.11)

United States Code Title 20, Chapter 33, Subchapter III, Section 1432(5)(A) defines an infant or toddler with a disability as “an individual under 3 years of age who needs early intervention services because the individual: (i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or (ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay...”

Eligible infants and toddlers are children from birth through 2 years 11 months of age, for whom a need for early intervention services is documented by means of assessment and evaluation. They must also meet one of the following criteria (California Early Intervention Services Act-Government Code Title 14, Chapter 4, Section 95014; Title 17 CCR §52022 & Title 5 CCR §3031):

1. Infants and toddlers with a developmental delay in one or more of the following five areas:
 - cognitive development;
 - physical and motor development, including vision and hearing;
 - communication development;
 - social or emotional development; or
 - adaptive development.

Developmentally delayed infants and toddlers are those who are determined to have a significant difference between the expected level of development for their age and their current level of functioning. This determination is made by qualified personnel who are recognized by, or part of, a multidisciplinary team, including the parents.

2. Infants and toddlers with an established risk condition. An established risk condition exists when an infant or toddler has:
 - a condition of known etiology which has a high probability of resulting in developmental delay; or
 - a solely low incidence disability.

The established risk condition is diagnosed by qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.

3. Infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including the parents.

ELIGIBILITY CRITERIA FOR PRESCHOOL STUDENTS (Ages 3-5)

Eligibility is determined through the transdisciplinary team process. Assessment should be conducted by a team of personnel knowledgeable in child development, atypical development, and family systems, who share procedures, data, and observations to produce a collaborative assessment process and intervention plan. Parents should be included throughout the assessment process, as informants and team members.

The transdisciplinary team assessment of the young child must take into consideration the important differences in thinking, motivation and experiences between the young child and the school-age child. The family, culture, and environment play a significant role in shaping the child's development. Thus, they must be taken into account throughout the assessment process. An early childhood assessment that has as its fundamental foundation a family focused philosophy reflects a respect for the whole child and an understanding of the child's unique and special needs. It is an interdisciplinary approach that is concerned with the optimal physical, social/emotional and cognitive development of the young child in the context of the whole family.

Placing a high priority on the child's natural interactions with others, especially his/her mother, father and siblings, the family focused assessment demonstrates an awareness that children do not operate in isolation outside the rest of the family. Because both people and events directly and indirectly influence the child's development, a quality early childhood assessment must reflect a high regard for:

- * Child's/family's strengths, not weaknesses
- * Interaction between the child, setting and significant individuals
- * Family values, cultures, and child rearing practices
- * Contributions of other team members
- * Linking assessment to intervention
- * Parent/family involvement

The IEP team may find a student eligible for special education preschool services, if they meet preschool eligibility requirements defined in either Title 5 CCR §3031 **or** Education Code Section 56441.11.

EC 56441.11 Requirements

To be identified as an individual with exceptional needs per EC 56441.11, the student must meet the following criteria:

1. Identified as having one of the following disabling conditions as defined in Title 34 CFR 300.8 **or** an established medical disability as defined in EC 56411.11(d):
 - Autism
 - Deaf-Blindness

- Deafness
 - Hearing Impairment
 - Intellectual Disability
 - Multiple Disabilities
 - Orthopedic Impairment
 - Other Health Impairment
 - Emotional Disturbance
 - Specific Learning Disability
 - Speech or Language Impairment in one or more of voice, fluency, language and articulation
 - Traumatic Brain Injury
 - Visual Impairment
 - Established Medical Disability (This is a disabling medical condition or congenital syndrome that the IEP team determines has a high predictability of requiring special education and services.)
2. Needs specially designed instruction or services as defined in EC 56441.2 and 56441.3.
 3. Has needs that cannot be met with modification of a regular environment in the home or school, or both, without ongoing monitoring or support as determined by an IEP team.
 4. Meets eligibility criteria specified in Title 5 CCR §3030.

A child is not eligible for special education and services if the child does not otherwise meet the eligibility criteria and his or her educational needs are due primarily to:

- Unfamiliarity with the English language.
- Temporary physical disabilities.
- Social maladjustment.
- Environmental, cultural, or economic factors.

Program Emphasis: Once a student is identified as an individual with exceptional needs, **all program options are available to meet the student's unique needs.**

Specially designed early education services, including those listed below, may be provided on an individual student basis or in small groups.

1. Observing and monitoring the student's behavior and development in his or her environment.
2. Providing developmentally and age appropriate activities, specifically designed to enhance the student's development.
3. Interacting and consulting with the family members, general education preschool teachers and other service providers to demonstrate developmentally appropriate activities necessary to implement the IEP.

4. Assisting parents in accessing and coordinating services provided by other agencies or programs in their community.
5. Providing opportunities for play, exploration activities, building self-esteem and development of pre-academic skills.
6. Providing access to developmentally appropriate equipment and specialized materials.
7. Providing appropriate related services that include parent counseling and training to understand and meet their child's unique strengths and needs.

Because a young child's development is overlapping and interrelated, the transdisciplinary team model facilitates the "whole child" approach to service delivery. Professionals work in coordination to provide a total, unified program to the child and family, rather than fragmented therapies provided in isolation.

The transdisciplinary team approach is characterized by regularly scheduled team meetings, active family involvement in the educational process, and joint planning and carrying out assessment and program strategies.

State law requires that early education services be provided in an age appropriate setting. Such settings include:

1. The child's regular environment that may include the home.
2. Child development centers or family day care homes.
3. Regular public or private nonsectarian preschool programs.
4. Special sites where preschool programs for both children with and without disabilities are located close to each other and have an opportunity to share resources and programming.
5. Special education preschool programs with non-disabled children attending and participating for all or part of the program.
6. Public school settings, which provide age appropriate environments, materials, and services.

Family Involvement is required for the preschool program. Family involvement includes a variety of activities individualized to meet each family's unique needs in order to:

1. Assist families in understanding the importance of early education for the young child.
2. Provide information on their child's strengths and needs.

3. Provide support for the family in dealing with the unique needs of the child in relation to his/her family.
4. Assist families in accessing and coordinating services needed by the child and family.

Family involvement activities can include: parent education, classroom participation, toys and materials workshops, parent to parent support, parent support groups, sibling support groups, assistance in accessing respite or child care services, lending libraries of toys, books, materials, etc., fund raising activities, social activities, community resource identification and access, family advocacy, parent newsletters, parent orientation to the program, development of parent leadership and a variety of other activities, identified as needs by program families.

Transition planning is another mandated component of the preschool program to ensure that the student experiences a smooth and effective transition between early intervention and school-age programs. As a child becomes ready to transition to another preschool program, kindergarten, or first grade, they must be reassessed to determine if they continue to need special education services. As part of the transition process, the IEP team must identify a means of monitoring their progress in kindergarten or first grade.

When a child exits special education as a result of reassessment and IEP team decision, their present performance levels and learning styles must be noted and provided to their general education teacher. Support should also be provided to the teacher so that the child's gains are not lost.